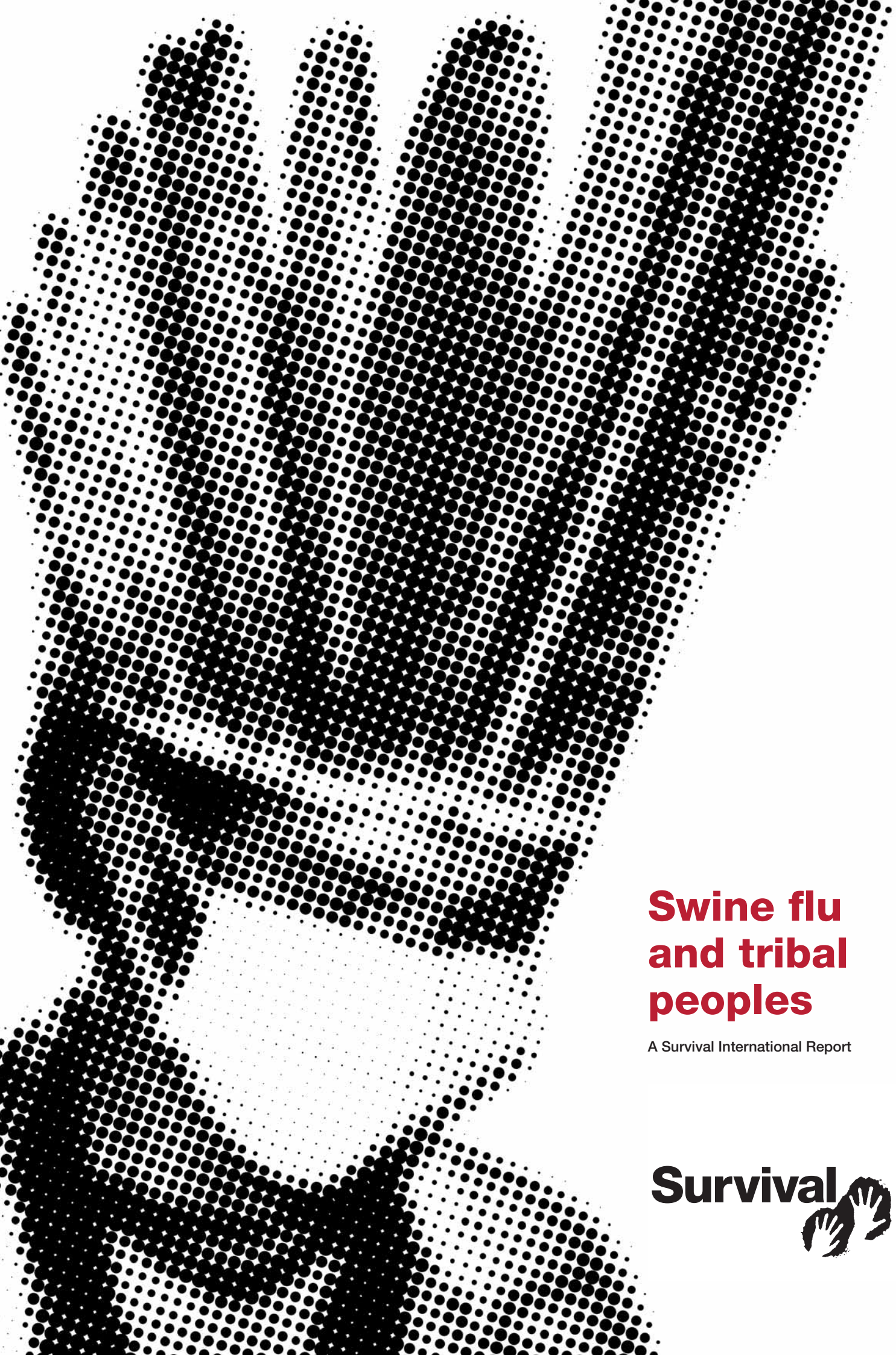
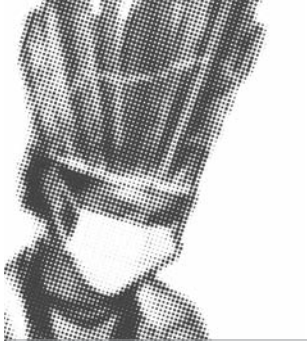


Swine flu and tribal peoples

A Survival International Report

Survival



INTRODUCTION

TO DATE, HUNDREDS OF THOUSANDS OF PEOPLE AROUND THE WORLD ARE KNOWN TO HAVE CONTRACTED SWINE FLU; APPROXIMATELY FOUR THOUSAND PEOPLE HAVE DIED FROM THE VIRUS.[2] THE WORLD HEALTH ORGANIZATION (WHO) HAS DECLARED A GLOBAL FLU PANDEMIC.

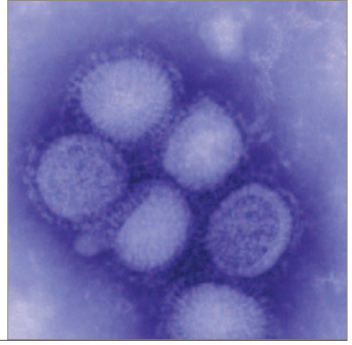
TRIBAL PEOPLES ARE PARTICULARLY VULNERABLE TO SWINE FLU. THOSE THAT ARE ISOLATED LACK IMMUNITY TO FIGHT OUTSIDE DISEASES, WHILST THOSE IN REGULAR CONTACT WITH OUTSIDERS OFTEN SUFFER UNDERLYING HEALTH PROBLEMS WHICH INCREASE THE RISK FROM THE VIRUS. THE WHO HIGHLIGHTS INDIGENOUS POPULATIONS AS AMONG CERTAIN SUBGROUPS AT RISK OF HOSPITALIZATION AND DEATH FROM THE VIRUS, ADDING THAT STUDIES HAVE SHOWN THAT THE RISK IS 'FOUR TO FIVE TIMES HIGHER THAN IN THE GENERAL POPULATION'.[3]

HEALTH EXPERTS ACROSS THE WORLD HAVE EXPRESSED THEIR CONCERNS ABOUT THE IMPACT OF SWINE FLU ON TRIBAL COMMUNITIES, CALLING ON GOVERNMENTS TO MAKE SPECIAL PROVISIONS FOR THEIR COUNTRIES' INDIGENOUS POPULATIONS.

THIS REPORT TAKES A CLOSE LOOK AT HOW SWINE FLU HAS AFFECTED TRIBAL COMMUNITIES SO FAR, AND THE POTENTIAL IMPACT IT MAY HAVE ON THE HEALTH OF THE WORLD'S MOST VULNERABLE PEOPLES.

'I am rather fearful that there will be more deaths from this illness in indigenous populations. The underlying factor is that indigenous people are susceptible to infections because they have low immunity, they're often undernourished, and they often have pre-existing illnesses.'

Professor Michael Gracey, Curtin University, Australia [1]



ABOUT SWINE FLU

Swine influenza is a disease found in pigs. Although such flu is a regular occurrence, and does not normally affect people, this particular viral strain (H1N1) has mutated, making it possible to infect humans and be transmitted between one person and another.

Swine flu is highly contagious, spreading in much the same way as regular flu. The virus can live on hard surfaces for up to 24 hours, and a soft surface for around 20 minutes, making it easily transferable from person to person.

Although anyone is susceptible to the virus, people who are most at risk of developing complications from swine flu are those with chronic health problems, including respiratory, heart, kidney and liver disease.[4]

Hundreds of thousands of people across the world are known to have contracted swine flu; approximately four thousand people have died as a result of the virus. Most of the deaths have been among people with underlying chronic health problems.

THE HEALTH GAP

Tribal peoples are at greater risk from swine flu because many are living in poverty, even in affluent countries, with severe underlying health problems. Chronic diseases such as diabetes, heart disease and respiratory disease are often higher in tribal communities, putting them at greater risk of complications from swine flu. According to the Lancet, 'indigenous people have much higher rates of infection than do their non-indigenous counterparts and these infections are likely to be more severe or more frequently fatal'.[5]

This disparity stems from colonization and assimilation policies, which have seen tribal peoples removed from their lands and forced to abandon their traditional ways of life. Changes to diet, housing, livelihood, culture

> 'It is depressingly predictable, and you don't have to evoke complex biological explanations for it. It brings home the well-known and quite sad fact that indigenous communities are at risk for all sorts of reasons.'
>
> Dr Andrew Pesce,
> President of the Australian Medical Association.[6]

have had a profound impact on the health and well being of tribal peoples.[7]

Many tribal peoples who have lost their lands and ways of life suffer poor living conditions, including overcrowding and poor sanitation, poor nutrition and greater exposure to infections. As a result, many suffer diseases of poverty including tuberculosis, and skin and respiratory infections. For many tribal communities there has not been a significant increase in medical provision, and reliable access to good healthcare remains unavailable and/or unaffordable.

Simultaneously, many poor, displaced tribal peoples also suffer from diseases of affluence, such as diabetes and obesity, as a result of rapidly changing lifestyles. A change in diet to high-calorie, fatty foods, coupled with decreased physical activity and alcohol and drug misuse, has had a profound impact on indigenous peoples' health. 'Diabetes, cardiovascular disease, and tobacco use account for half of the indigenous health gap', not to mention the mental health problems and disproportionately high levels of suicide that accompany such a change in lifestyle.[8]

Underlying all these illnesses is dislocation from ancestral lands, marginalization and loss of an independent livelihood. Where tribal people live independently on their own lands, eating traditional foods, they can continue to be healthy and strong, and their communities thrive.[9]

Thrown off their lands, many Brazilian Guarani are forced to live by the side of the road. This level of poverty puts them at greater risk of complications from swine flu.

THE IMPACT OF SWINE FLU

It is difficult to accurately assess the impact of swine flu on tribal peoples, given that statistics are constantly changing as the virus continues to spread, and also because of the lack of research into populations that are at higher risk. However, looking at what is happening in Australia and Canada, we can see the disparity between indigenous and non-indigenous health come into play, as the virus sweeps through the countries' indigenous communities.

First Nations in Manitoba, Canada, have seen infection rates of 130 per 100,000 compared to 24 per 100,00 for the general population.

"I firmly believe that this pandemic will reveal – in a highly visible, measurable, and tragic way – exactly what it means, in life-and-death terms, when health needs and health systems have been neglected, for decades, in large parts of the world."

WHO Director-General Margaret Chan.[10]

CANADA

Native Canadians are in much poorer health generally than their non-native neighbours. They have high rates of chronic diseases including obesity, diabetes, heart disease and alcoholism, and have a life expectancy of 7.4 years (men) and 5.2 years (women) less than the respective all-Canada statistics.[11]

The Canadian government has described a 'rising epidemic' of type 2 diabetes among the First Nations communities, with Native people 420% more likely to die from diabetes than their non-Native counterparts.[12] Obesity is also a major problem, with up to 30% of Inuit women now diagnosed as clinically obese.[13]

Swine flu

Canada's indigenous population has been hard hit by swine flu with aboriginal leaders declaring a state of emergency in response to the high rates of infection among First Nations people. The country's prime minister, Stephen Harper, has expressed concern about the levels of swine flu among First Nations communities, saying, 'We are very concerned, obviously, about H1N1 generally and, in particular, the high incidence we've seen in aboriginal communities, particularly in Manitoba.'[14]

First Nations communities in the province of Manitoba have been badly affected by the pandemic. It has been reported that while the swine flu infection rate in the general population has seen an infection rate of 24 per 100,000, First Nations in Manitoba have seen rates of 130 per 100,000, and they constitute the majority of those in intensive care in the province.[15]

Health clinics in the Split Lake Cree First Nation, about 120 km north of Winnipeg, have been overwhelmed and the school had to be closed as so many children contracted swine flu. Mike Moose, health director for the community, told CBC News that the community had received no resources and simply wasn't prepared to deal with the outbreak.[16]

Overcrowding has been blamed for the spread of the virus among native communities. Glen Sanderson, a policy analyst for Manitoba's northern First Nation communities, has described reserves as a 'breeding ground for the virus to spread', adding that 'when you've got as many as 11 people walking around the house, it really will spread to everybody'.[17]

That Canada's native population has been disproportionately affected by the recent strain of swine flu is nothing new. The same disparity has been seen in previous flu outbreaks, including the 1918 Spanish flu which saw various indigenous communities devastated by the virus. The village of Cris, Manitoba, for example, saw 20% of the population die over a six-week period.[18]

Ethan Rubinstein, professor of infectious diseases at University of Manitoba, has suggested that the current swine flu pandemic will follow much the same pattern as the 1918 Spanish flu, though he does not expect the same death toll.[19]

Government's response

In response to the outbreak, the Assembly of Manitoba Chiefs turned to corporate donations in a bid to raise $1.5 million to buy medical kits for First Nations communities in the province. Grand Chief Ron Evans told the Canadian Press that First Nations people could not wait 'to see what the federal government is going to do'.[20]

The Manitoba government has appointed a special health adviser to work with First Nations communities on swine flu. However, the federal government has been heavily criticized for its handling of the outbreak among the indigenous population,

particularly its failure to deliver much-needed medical supplies to vulnerable communities.

Health Canada, the country's department of health, came under fierce criticism from the Assembly of Manitoba Chiefs after it delayed delivery of hand sanitizers (waterless antibacterial hand-washing products) to remote First Nations communities. Although many households in Manitoba's reserves do not have access to clean water with which to wash their hands, the department spent two weeks debating whether to send the sanitizers. Their fear was that people living in reserve communities, where there are high rates of alcoholism, would attempt to ingest the alcohol in the sanitizers.

The Assembly of Manitoba Chiefs said some communities had to wait almost a month before they received the sanitizers they needed to fend off swine flu. Dr Kim Barker, a physician who works for the Assembly, is reported to have said, 'We heard that ... people were spending days discussing the pros and cons of a non-alcohol-based hand sanitizer versus an alcohol-based one because of the concerns about addictions in communities. It was absolutely outrageous.'[21]

In the Garden Hill First Nations community, the government's delay led Chief David Harper to take $15,000 from the community's education fund to buy supplies in response to an outbreak of swine flu on the reserve. After waiting weeks for the supplies, Harper used money intended to buy laptops for students, to stock up on masks and hand sanitizers. A week after the $15,000 was spent, 2,500 bottles of government-issued hand sanitizer were delivered.[22]

AUSTRALIA

Like Native Canadians, Aborigines across Australia are typically in much poorer health than their non-indigenous counterparts. On average, their life expectancy is 15-20 years lower and they are 22 times more likely to die from diabetes, 8 times more likely to die of coronary heart disease, 8 times more likely to die from lung disease and 6 times more likely to die from a stroke than the national average.[23]

One major factor that explains these differences is poverty: average incomes of the aboriginal population are only 62% of those of the non-indigenous population.[24] Aborigines have poor housing, poor access to resources – including health resources – and a lethal combination of loss of traditional knowledge coupled with a lack of education. Such poverty has given rise to a multitude of chronic illnesses, leaving Aborigines especially vulnerable to the swine flu pandemic.

The life expectancy of Australian Aborigines is 15-20 years less than other Australians.

Swine flu

At the time of writing, tens of thousands of people in Australia are known to have contracted swine flu. However, it seems that the country's indigenous population has been the worst affected group, as Aboriginal people account for almost one in ten of the fatalities, despite only accounting for 2% of the total population.

Indeed, the country's first fatality from the virus was a 26 year-old Aboriginal man from Kirrikurra community in Western Australia. The man was known to suffer from a number of serious illnesses prior to contracting swine flu.

Swine flu has hit residents of the country's largest Aboriginal community on Palm Island, north Queensland. The most recent victim of swine flu was a young pregnant woman who lost her unborn baby after contracting the virus and was left in a critical condition.

Poor living conditions have been blamed for the spread of the virus, as residents struggle with overcrowding, giving rise to chronic health problems and poor nutrition. Associate Professor Gracelyn Smallwood, who has worked on indigenous health for over 40 years, told the Australian, 'If you have a population of 3,000 people with only 300 houses, then people are vulnerable… it's not Einstein stuff.'[25]

Swine flu has also spread across Aboriginal communities in the Northern Territory; at the time of writing, half of the 78 swine flu cases are indigenous people and of the three fatalities in the area, two were Aboriginal people. It is perhaps no coincidence that among Aboriginal communities in the Northern Territory, only 13% of settled households surveyed had functioning water, waste, cooking and cleaning facilities.[26]

Government's Response

Following concerns about their vulnerability to swine flu, the Australian government has promised free flu shots for Aborigines, along with other 'high risk' groups including pregnant women and the chronically ill.

In response to the outbreak on Palm Island, a special clinic has been set up and supplies of anti-viral drugs have been flown in. However, community elders have criticized the government for its handling of the epidemic, arguing that government advice has not reached their communities.

Speaking to the New York Times about the Australian government's failure to take into consideration the needs of the country's Aborigine population, Alf Lacey, the mayor of Palm Island, said, 'There are a lot of barriers in terms of culture and particularly cultural awareness for people who are working in Aboriginal communities. Putting up a generic poster isn't going to do much good if you're dealing with people who can't read.'[27]

WHAT DOES THIS MEAN?

Canada and Australia's experience shows that tribal peoples are more vulnerable to swine flu than their non-tribal counterparts and sends a clear signal to other countries to make special provisions for their indigenous populations.

Professor Michael Gracey, Professor of Aboriginal Health at Curtin University, has expressed concern about what Australia and Canada's experience could mean for indigenous peoples in developing countries. 'These countries [developing countries] have very large indigenous populations and they do not have the underlying public health infrastructure and preventive programs and the capability for dealing with pandemics that Canada, Australia, and the U.S. do.'[28]

Perhaps the greatest cause for concern are the world's isolated peoples, those with little or no regular contact with non-indigenous populations, and those who have recently been contacted by outsiders. Such peoples lack immunity to outside diseases – even the common cold can prove fatal to tribes who have never been exposed to the virus before – making them extremely vulnerable to a swine flu pandemic.

Swine flu has already reached the Peruvian Amazon, with seven members of the Matsigenka tribe testing positive for the virus. Although all seven have now recovered, it raises fears of a contagion among neighbouring uncontacted tribes who lack immunity to outside diseases.

In Brazil, the Conference on Indigenous Education, scheduled for 21st September, was cancelled because of the risk of swine flu.[30] There are also reports of Indians in Brazil fleeing riverbanks into the forests to escape contact with outsiders carrying the virus.[31]

Such fear is justified. History has shown that entire communities can be wiped out by the introduction of diseases. For example, between 1967 and 1975 one Yanomami community in Roraima, Brazil, was totally wiped out by measles. Other villages in the area suffered a dramatic population decline of up to 70% because of diseases spread by road builders.[32]

> 'Isolated tribes have no immunity to the infectious diseases that circulate through our industrial society and will be particularly susceptible to swine flu. This could be devastating, infecting whole communities simultaneously, leaving no-one to care for the sick or bring in and prepare food.'
>
> Dr Stafford Lightman, Professor of Medicine, University of Bristol.[29]

Seven members of the Matsigenka tribe have already tested positive for swine flu.

Travel and tourism

Isolated tribes have long been an attraction for tourists keen to catch a glimpse of such peoples. Tourist developments have been built in areas close to isolated tribes, and there are even 'first contact' expeditions on offer, apparently promising tourists the chance to contact uncontacted tribes. Even at the best of times, such tourism can spell disaster for isolated tribes who find themselves unwittingly exposed to diseases previously unknown to them. But at a time of a global pandemic, such ventures are cause for even greater concern.

International travel is central to the spread of swine flu and other infectious diseases. A study conducted by infectious disease physician Dr Kamran Khan accurately predicted the spread of the swine flu virus by tracing the destinations of passengers leaving Mexico. Their findings showed a clear connection between the international destination of air passengers and the spread of the virus across the world.[33]

Research has shown that aircraft passengers develop colds with a higher than normal frequency the week following their flights, and findings show an average of 20% of passengers develop such infections after flights.[34] Tourists just stepping off international flights therefore play a key role in the spread of swine flu, carrying the virus from country to country. And those who move straight from the airport to areas of close proximity to isolated tribes risk introducing the virus to some of the most vulnerable peoples in the world.

There have been various attempts to curb the spread of swine flu by international flights. Some airline companies, including British Airways and Virgin Atlantic, have started preventing people displaying symptoms of the virus from boarding flights and there have also been attempts to screen passengers for the virus at airports, using thermoscanners to check for fevers, one of the key symptoms of swine flu.

However, the WHO has dismissed attempts to screen passengers on entry and exit as futile, arguing that they do not work to reduce the spread of swine flu. It also argues that imposing travel restrictions on passengers would have little effect on stopping the spread of the virus, advising countries to focus instead on minimizing the impact of severe outbreaks.[35]

One tribe in the US postponed a major village event for fear of international visitors introducing swine flu to the community. The Havasupai tribe, whose village in the Grand Canyon flooded last August, postponed the re-opening of the community. Matthew Putesoy, village vice-chairman, said, 'We're a small isolated community. People come from all over the world to visit and even though we've lost our economy, we couldn't take the risk'.[36]

However, most isolated tribes are not in a position to control who enters their lands. As passengers continue to travel internationally, swine flu continues to spread and the risk of the virus to isolated peoples increases.

As passengers continue to travel internationally and swine flu continues to spread, the risk of the virus to isolated peoples increases.

JARAWA

The Jarawa are nomadic and self-sufficient, and have only had contact with outsiders since 1998. The majority of the tribe live deep in the forest, isolated from the islands' mainstream population, which makes them vulnerable to epidemics. In 1999, many Jarawa suffered from respiratory tract complications after a measles outbreak; 50% of the population are thought to have contracted measles at this time.[37]

However some, mostly younger members of the Jarawa do have contact with non-tribal people through the Andaman Trunk Road that cuts though the heart of the tribe's reserve. The Road brings the Jarawa into contact with tourists and settlers who risk passing swine flu on to the tribe.

The Jarawa also risk contracting swine flu from tourists as a result of resorts close to their reserve. For example, Barefoot, a travel company with resorts in the Andamans, recently opened a new resort situated dangerously close to the Jarawa reserve. Although there are other developments bringing the Jarawa in closer contact with outsiders, including the Trunk Road, the international nature of Barefoot's clientele significantly increases the risk of exposing the tribe to swine flu and other potentially fatal infections. Visitors to the resort are likely to have very recently travelled on international flights.

Survival is calling for the Andamans' administration to take emergency action to minimize contact between the Jarawa and outsiders at this time. This includes closing the Andaman Trunk Road, and for all tourist resorts and attractions within the proposed 5km buffer zone from the reserve to be closed.

LOSS OF LAND

Isolated tribes face threats from oil workers, illegal loggers, ranchers and settlers encroaching on their land and

Jarawa by the side of the Andaman Trunk Road, which runs through the tribe's land.

bringing with them a multitude of diseases and infections previously unknown to the people.

In Peru, Perenco, an Anglo-French company, has a huge oil project in the country's northern Amazon, in an area inhabited by at least two uncontacted tribes. One of the tribes is believed to be a sub-group of the Waorani, and the other is known as the Pananujuri.

Perenco claims the area is uninhabited, but the Peruvian government, the Ecuadorian government, local indigenous organizations and countless experts have all recognized the presence of isolated Indians in the area. Despite the overwhelming evidence, Perenco plans to transport between 1,400 and 1,680 workers into the area, risking the introduction of disease and infection, including swine flu.

Similarly, in Paraguay, the isolated Ayoreo-Totobiegosode face threats from land speculators and ranchers invading their lands in the Chaco, a vast expanse of dense, scrubby forest stretching from Paraguay to Bolivia and Argentina. Their territory is now being rapidly cleared by private landowners and wealthy cattle-ranching businesses. Some of the Ayoreo came out of the forests in 1998 and 2004, as a result of continual invasion of their lands. However, many remain uncontacted and particularly vulnerable to the introduction of diseases from workers invading their lands.

Survival has long been calling for the land rights of isolated peoples to be recognized and protected. However, in times of a global pandemic, this takes on an added urgency. Any encroachment on their land could introduce swine flu to isolated tribes, with disastrous consequences.

CONCLUSION

> ‘As leaders of a vulnerable population living in Third World conditions, First Nations deserve no less attention.’
>
> Assembly of Manitoba Chiefs.[38]

The current swine flu pandemic has affected hundreds of thousands of people across the globe. However, it has hit indigenous populations in Australia and Canada particularly hard, serving to highlight the disparity between indigenous and non-indigenous health, which although well known, has remained largely unaddressed.

The threat of swine flu to isolated and recently contacted tribes is real and cause for great concern, particularly given that the virus has already reached areas very close to where such peoples live. The introduction of the virus to isolated tribes, as with any other new disease, could have devastating consequences.

Survival is urging governments and healthcare agencies across the world to make special provisions for tribal peoples during the swine flu pandemic, particularly:

- Ensuring that information about swine flu is made available to tribal peoples in appropriate formats and languages;
- Alerting health professionals to the elevated risk of the virus to tribal communities;
- Educating tribal communities’ health workers about the disease, its symptoms and ways of minimizing transmission;
- Quickly providing tribes with necessary supplies of medications and other equipment;
- Taking all possible steps to protect isolated tribal communities from forced contact with outsiders, including closing roads, resorts and other operations that threaten the tribes’ isolation;
- Immediately removing all illegal loggers, oil workers, ranchers and poachers operating on lands belonging to isolated or uncontacted peoples.

Governments need to acknowledge the vulnerability of tribal peoples to the virus and take special measures to ensure that indigenous communities are well equipped to deal with an outbreak.

Footnotes

[1] Vancouver Sun, July 3 2009

[2] http://www.who.int/csr/don/2009_08_28/en/index.html

[3] http://www.who.int/csr/disease/swineflu/notes/h1n1_second_wave_20090828/en/index.html

[4] http://www.nhs.uk/Conditions/Pandemic-flu/Pages/QA.aspx

[5] Gracey, M and M. King. 2009. *Indigenous health part 1: determinants and disease patterns.* The Lancet, vol. 374:68

[6] http//www.nytimes.com/2009/08/16/world/asia/16australia.html

[7] Survival International, 2008. *Progress can kill* p.10

[8] Gracey, M and M King. 2009. *Indigenous health part 1: determinants and disease patterns.* The Lancet, vol. 374:72

[9] Survival International, 2008. *Progress can kill* p.1

[10] UN/Global Health Forum, 15 June 2009, New York

[11] Survival International, 2008. *Progress can kill*, p.11

[12] Survival International, 2008. *Progress can kill*, p.11

[13] Survival International, 2008. *Progress can kill*, p.19

[14] http://www2.canada.com/topics/news/story.html?id=1732690

[15] http://www2.macleans.ca/2009/07/16/people-at-risk/#more-69592

[16] http://www.cbc.ca/canada/manitoba/story/2009/06/08/mb-influenza-winnipeg.html

[17] http://www.cbc.ca/canada/manitoba/story/2009/06/08/mb-influenza-winnipeg.html

[18] http://www.abs-cbnnews.com/world/07/29/09/canada-natives-fear-swine-flu-spread-coming-months

[19] http://www.abs-cbnnews.com/world/07/29/09/canada-natives-fear-swine-flu-spread-coming-months

[20] http://www.macleans.ca/canada/wire/article.jsp?content=n19704614

[21] http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090623/first_nations_/20090623

[22] http://www2.macleans.ca/2009/06/26/the-unseen-costs-of-swine-flu

[23] Survival International, 2008. *Progress can kill*, p.12

[24] Survival International, 2008. *Progress can kill*, p.12

[25] The Australian, July 22 2009

[26] Survival International, 2008. *Progress can kill*, p.13

[27] http://www.nytimes.com/2009/08/16/world/asia/16australia.html

[28] http://www.vancouversun.com/health/swine-flu/Swine+potential+devastate+indigenous+populations+worldwide+medical+journal+reports/1754987/story.html

[29] Correspondence with Survival International

[30] http://www.agenciabrasil.gov.br/

[31] Terra Noticias, August 19 2009

[32] Survival International, 2008. *Progress can kill*, p.4

[33] The Canadian Press, June 29 2009

[34] Hocking and Foster, 2004. *Common cold transmission in commercial aircraft: industry and passenger implications.* Journal of Environmental Health Research, Vol.3, Issue 1

[35] WHO, May 7 2009, Global Alert and Response

[36] http://motherearthjournal.blogspot.com/2009/05/h1n1-flu-spreads-to-over-20-states.html

[37] The High Court commissioned Expert Committee on Health and Hygiene 2003 described the respiratory tract infection as 'a major killer disease among the Jarawas'.

[38] http://www.manitobachiefs.com/index1.html

Photos: p2 & 3: Guarani mother and child, Brazil © João Ripper/Survival; p5: Aborigine woman, Alice Springs, Australia © Ceanne Jansen/Survival; p7 (top): Uncontacted tribe, Brazil © Gleison Miranda/FUNAI; (bottom): Matsigenka children, Peru © Survival; p8: Remote Uru Eu Wau Wau village, Brazil © Fiona Watson/Survival; p9: Jarawa, Andaman Islands © Salomé/ Survival; p10: Yanomami girl, Brazil © Victor Englebert/Survival.

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