

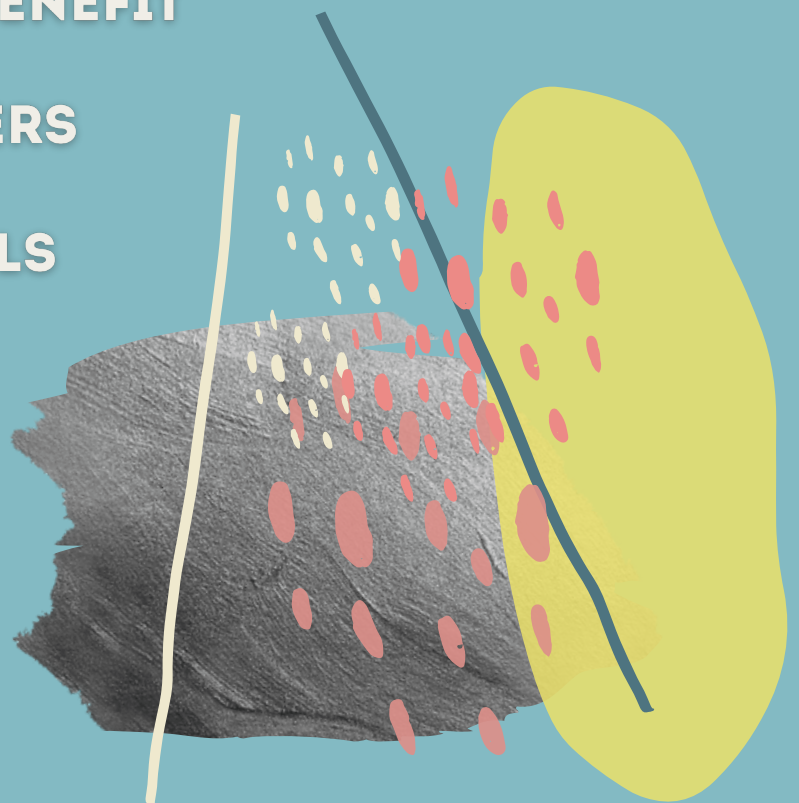


LAC

2021 Impact Report

Table of Contents

- 2 OUR MISSION AND VISION**
- 3 LETTER FROM OUR LEADERSHIP**
- 4 OUR TEAM**
- 5 OUR APPROACH AND OUR PRIORITIES**
- 6 OUR IMPACT FIGHTING DISCRIMINATION**
- 9 OUR IMPACT BUILDING HEALTH EQUITY**
- 11 OUR IMPACT RESTORING OPPORTUNITIES**
- 14 OUR ANNUAL BENEFIT**
- 15 OUR SUPPORTERS**
- 18 OUR FINANCIALS**



Our Mission and **VISION**

The Legal Action Center (LAC) uses legal and policy strategies to fight discrimination, build health equity, and restore opportunities for people with arrest and conviction records, substance use disorders, and HIV or AIDS. LAC seeks to end punitive responses to health conditions like addiction, mental illness, and HIV, and to create equitable access to affordable, quality treatment for these and other health care needs in the communities where people live.

We envision a society that upholds the civil rights of all individuals, regardless of their involvement in the criminal legal system or medical condition. And we aim to end the historic and persistent impact of systemic racism that has fueled mass incarceration and disparate community health systems.



Letter from Our **LEADERSHIP**

*"Prisons do not disappear social problems, they disappear human beings. Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending with them are relegated to cages."
– Angela Davis*

For nearly five decades, the Legal Action Center has worked to ensure that individuals with criminal legal system involvement, substance use disorders, and/or HIV/AIDS are not erased.

We have focused our efforts on combatting punitive drug policies, inequitable criminal legal system outcomes, and widespread disparities in access to health care, as well as the historic and persistent systemic racism driving these injustices.

As the nation grapples with the intersecting crises of mass incarceration, overdose, and widening inequities, the fight to defend the dignity of those most harmed and break down discriminatory barriers to health and justice is more pressing than ever - as are opportunities for enacting lasting change.

In 2021, the Legal Action Center met this imperative with urgency and action. We led coalitions to change discriminatory laws that keep people with conviction histories from obtaining housing and employment, as well as those that keep people with substance use disorders from accessing the treatment they need to get and stay well.

From providing legal and policy guidance to the highest levels of government, to advocating on behalf of thousands of individual New Yorkers oppressed by discriminatory barriers, to offering technical assistance and training to providers and other advocates nationwide, the breadth of what our relatively small organization accomplishes each year is remarkable.

We are often asked how it is possible for an organization of our size to have such an enormous impact. The answer is simple: **at the center of everything we do at the Legal Action Center are the people who drive our mission forward.**

It is the **brilliant and passionate staff** who bring their talents and dedication to this work each and every day. It is the **generous and committed donors and funders** who understand that complex problems require multifaceted solutions, and whose support enables LAC to bring these solutions to bear. But most importantly, it is the **people contending with discrimination, inequity, and a slew of hardships related to criminal legal system-involvement and inadequate health care access who activate us.** It is their experiences that inform our advocacy; their courage that inspires our passion; and their civil rights and health care needs that we fight relentlessly to advance and protect.

[This video captures how LAC staff feel about the people we work with and for, and why it's easy for us to go to battle for them every day.](#) We hope you will take a moment to watch it.

Still, there is so much more work that remains to be done. Together, we will persist in fighting discrimination, building health equity, and restoring opportunity, so that all Americans can access care, community, and justice.

Thank you for standing with us,
Brad S. Karp and Paul N. Samuels

OUR TEAM

Staff

Dante A. Apaestegui
Sherie V. Boyd
Roberta Meyers Douglas
Sally Friedman
Tracie Gardner
Lindsee Gregory
Gabrielle de la Guéronnière
Sharon Hayes
Rebekah Joab
Arianne Keegan
Christine Khaikin
Katarina Leiser
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Sika Yeboah-Sampong
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Richard Zabel, Esq.

Arthur L. Liman, Founding Chairman
Daniel K. Mayers, Esq., Chairman Emeritus



Our Approach and Our **PRIORITIES**

Since our founding in 1973, the Legal Action Center has employed a multifaceted approach that includes legal services, litigation, policy advocacy, coalition-building, and education to guard the civil rights and civil liberties of our constituents - and to dismantle the discriminatory barriers that systematically deny them these rights and liberties.

FIGHTING DISCRIMINATION

Fair Hiring and Employment + Fair Housing + Education
Discrimination + Substance Use Disorder Privacy and
Discrimination + HIV Privacy and Discrimination +
Addiction Medication Denials

RESTORING OPPORTUNITIES

Alternatives to Incarceration and Reentry + Voting Rights + Record
Sealing and Expungement + Protecting the Safety Net +
Sentencing Reform

BUILDING HEALTH EQUITY

Addiction and Mental Health Parity + Affordable Health Care +
Care Within the Criminal Legal System + Diversion to Treatment +
Harm Reduction

FIGHTING DISCRIMINATION

Against Individuals Who Take Medication for Opioid Use Disorder (MOUD)

Despite the fact that medications to treat opioid disorders (MOUD) save lives, individuals who are being treated with MOUD often face pervasive discrimination. We receive dozens of calls every month from people who are being told by courts, probation and parole officers, child welfare agencies, recovery residences, skilled nursing facilities, and other entities that they have to stop taking the doctor-prescribed medication that's keeping them alive, or face punitive consequences such as incarceration, loss of custody of their children, and denial of services.

Federal and state anti-discrimination laws exist to protect individuals from just this kind of treatment, and LAC works to ensure that individuals [know their rights](#) under these laws and how to advocate for themselves by offering [trainings](#) and other educational resources. We also provide direct legal services to our clients and conduct [impact litigation](#) that holds entities accountable under these laws and helps to provoke systems-wide change. We likewise publish [reports](#), [issue briefs](#), and [op-eds](#) that clearly show how policies and practices that deny individuals access to MOUD perpetuate negative health and social outcomes, and emphasize the importance of MOUD being widely available throughout treatment programs and community health settings, as well as in jails and prisons.

LAC'S MAT/MOUD ADVOCACY TOOLKIT

Our toolkit contains several resources that can help individuals fight for their right to medication for addiction treatment (MAT) or more specifically MOUD, including: scientifically-supported facts to correct common misunderstandings about medications to treat opioid addiction; a guide on "Advocating for Your Recovery when Ordered off MAT;" our seminal report on the legality of denying MAT; and more.

Last year, we added to the Toolkit resources specifically designed for individuals facing MOUD discrimination in skilled nursing facilities and recovery residences. We also added sample letters that individuals can use to educate criminal legal and child welfare/foster system officials about MOUD.

Moving This Work Forward at the State Level

After years of advocacy by us and our partners, [New York State](#) finally passed [legislation](#) requiring that jails and prisons statewide provide incarcerated New Yorkers access to MOUD. As Christine Khaikin, Senior Health Policy Attorney at LAC stated, *“We are very committed to ensuring access to care in the community – not turning prisons and jails into where people get care, but if that is where they need to get it, they need access to proper treatment.”*

Our legal team also worked in [Ohio](#) with their Office of the Public Defender to challenge the practice of prohibiting Ohioans under criminal legal system supervision from taking MOUD, including filing two amici briefs. The first brief, submitted to the Fifth District Ohio Court of Appeals, explained why a policy prohibiting MOUD is dangerous and the importance of leaving health decisions to treatment professionals and individuals in treatment. The second brief, submitted to the Ohio State Supreme Court, explained that opioid use disorder (OUD) is a chronic condition and that even after someone tapers off Suboxone (the specific medication referenced in this case), they may still experience symptoms of OUD and need to resume treatment.

Working with the ACLU and the MacArthur Justice Center, we also worked to defend MOUD access in [Illinois](#) by suing the DuPage County Sheriff on behalf of Christine Finnigan to ensure she received MOUD while she was incarcerated.

Citing this case, we also conducted outreach to the Illinois Council on Behavioral Health and the Illinois Assembly, resulting in their passage of a resolution calling upon all counties in Illinois to provide MOUD to incarcerated people.



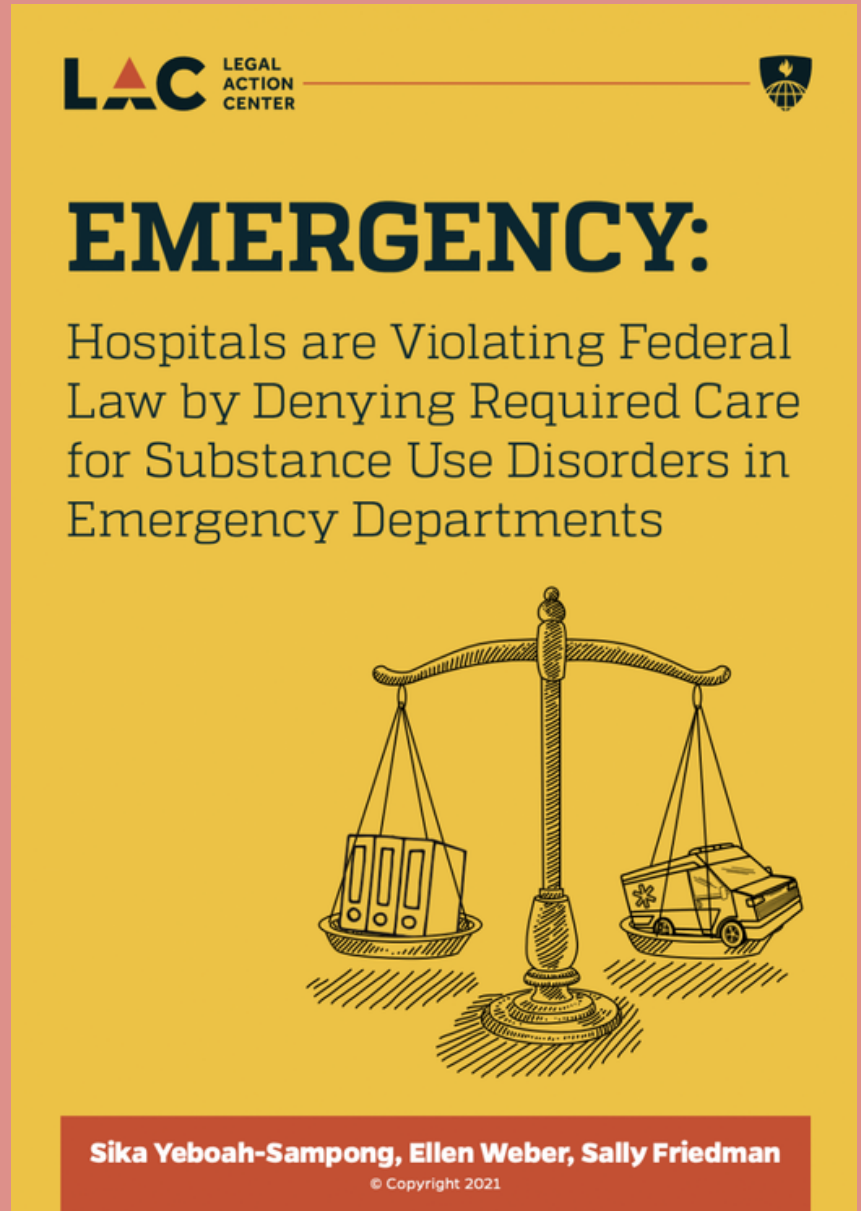
(Christine Finnigan by Armando L. Sanchez / Chicago Tribune)

Moving This Work Forward at the National Level

At the national level, we released a first-of-its kind legal analysis and report titled **"EMERGENCY: Hospitals Can Violate Federal Law by Denying Necessary Care for Substance Use Disorders in Emergency Departments."** Outlined in the report are the

evidence-based practices that emergency rooms must implement to treat patients with SUD, including addiction medication, SUD screening and diagnosis, and referrals to ongoing care. The report makes the case that implementing these practices will not only save lives, but also increase treatment retention and address widespread racial health disparities. Hospitals that fail to provide this care could face legal liability under four separate federal laws as discussed in the report: the Emergency Medical Treatment and Labor Act (EMTALA); the Americans with Disabilities Act (ADA); the Rehabilitation Act (RA); and Title VI of the Civil Rights Act (Title VI).

Several media outlets, including **NPR**, **Politico**, and **STAT**, highlighted the report, helping to amplify our message and reach hospital leaders across the country.



The graphic features a yellow background. At the top left is the LAC Legal Action Center logo, which includes a red triangle and the text 'LAC LEGAL ACTION CENTER'. To the right is a small globe icon. The main title 'EMERGENCY:' is in large, bold, black letters. Below it, the subtitle 'Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments' is in a smaller, black font. In the center is a black and white line drawing of a balance scale. The left pan is higher and contains three books, while the right pan is lower and contains a medical ambulance. At the bottom, a dark red banner contains the authors' names 'Sika Yeboah-Sampong, Ellen Weber, Sally Friedman' and the copyright notice '© Copyright 2021'.

As Sika Yeboah-Sampong, LAC staff attorney and one of the report authors explains, *"The treatment a person receives in an emergency department can often make the difference between life and death. This is particularly true for people with addiction. Yet far too many emergency departments fail to provide essential evidence-based and lifesaving care for these patients...The opportunity to save lives, curb a public health emergency, and reduce health care costs and racial disparities should be enough to change practice. But if those are not compelling enough reasons for hospitals to review their policies and ensure their emergency departments are doing their job in caring for patients with substance use disorder, perhaps the threat of legal liability will spur long overdue change."*

BUILDING HEALTH EQUITY

by Improving Medicare Coverage of Addiction & Mental Health Care

Coverage of substance use disorder (SUD) treatment under Medicare, the federal program that provides health insurance coverage to over 62 million individuals who are either 65 years or older or have a long-term disability, is strikingly limited and out of sync with evidence-based models and the current care delivery system.

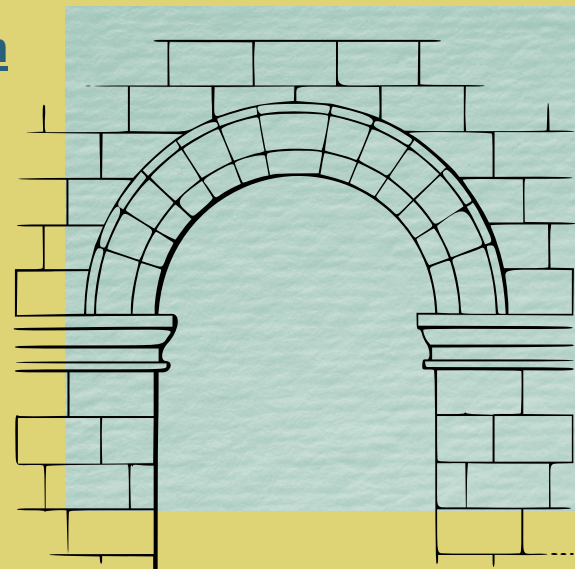
**1.7 MILLION MEDICARE
BENEFICIARIES WITH SUDS**

**JUST 11% RECEIVE
ANY TREATMENT**

**OVERDOSE
DEATHS OF
INDIVIDUALS
65+ HAVE MORE
THAN DOUBLED
IN THE PAST
DECADE**

This is why, in 2021, LAC established the [Medicare Addiction Parity Project \(MAPP\)](#) to improve access to addiction treatment in Medicare. Since launching this project, we published two key reports highlighting the significant gaps in coverage and outlining a [roadmap for reform](#), an article in Health Affairs Forefront on [“Medicare’s Discriminatory Coverage Policies For Substance Use Disorders,”](#) [spoke with journalists](#) across the country about this issue, and established a [learning collaborative](#) of over 30 national organizations with a range of expertise to advance this effort.

Together, we are advocating for reforms to strengthen Medicare, eliminate discriminatory treatment practices, and save countless lives.



Important Voices



As part of our efforts to encourage policymakers to make treatment better and easier to access, we began collecting individuals' stories that we could share. Below are just three examples that illustrate the devastating impact of Medicare coverage gaps on people's lives.

"As the client aged, his number one fear was transitioning to Medicare coverage because he knew that he would lose all of his medical providers, and perhaps most importantly, he would lose access to his therapist. This client also knew that the services available to him through Medicare would not be adequate to meet his needs. As we approached this pending transition in his insurance status, the client asked every week, 'Do I still have to transition to Medicare? I don't want to lose all of my support.'"

- Shared by a provider whose client was very frightened of transitioning to Medicare and losing access to the behavioral health care he had come to rely on

"I have not been able to find a provider that works with people whose memory and cognition is impaired due to alcohol – there is nothing at the intersection of aging and addiction. Our family has been in this situation literally for years...we feel Medicare has failed us."

- Shared by a daughter who has struggled for years to get adequate care for her mother

"I wanted inpatient long-term treatment, about 60 days, but was denied after 10 days because it wasn't deemed 'medically necessary.'"

- Shared by an individual who sought treatment for opioid use disorder but only received a fraction of the care they were hoping for

RESTORING OPPORTUNITIES

Restoring Voting Rights by Ending Felony Disenfranchisement

Approximately 5.2 million Americans are currently excluded from participating in our democratic process because of disenfranchisement laws that strip voting rights from people with past felony convictions.

THAT'S APPROXIMATELY 1 IN EVERY 44 ADULTS WHO ARE PROHIBITED FROM VOTING.

The number of people barred from voting has increased substantially over the past decades as a result of over-criminalization and mass incarceration. In 1976, there were an estimated 1.17 million people disenfranchised; in 1996, 3.34 million, and in 2020, 5.17 million. Currently, approximately 2.27 percent of the total US voting age population is disenfranchised due to a current or previous felony conviction.

Moreover, the racial disparities in the criminal legal system are linked to disparities in political representation.

1 IN 16 BLACK AMERICANS OF VOTING AGE ARE DISENFRANCHISED: A RATE NEARLY 4X THAT OF NON-BLACK AMERICANS.



Moving this Work Forward at the Local, State, and National Levels

Our system of democracy depends on dismantling these discriminatory laws. The inability of people to exercise their constitutional right to vote is a direct threat to our capacity as a nation to have a fair and inclusive democratic process, and there is no doubt that civic engagement through voting successfully facilitates positive involvement with one's community.

LAC works both to eliminate existing restrictions and to ensure individuals fully understand their rights and know when they can register to vote, particularly individuals who did not lose their right to vote after receiving a conviction but often think otherwise.



Following years of such advocacy by LAC and our partners, New York State finally reinstated the voting rights of New Yorkers on parole. While there is still work to be done in fully eliminating disenfranchisement in the state, as New Yorkers currently incarcerated due to felony convictions are still barred from voting, this automatic restoration for individuals released from incarceration is a significant step forward that positively impacts tens of thousands of New Yorkers statewide.

In New York City and State, we have submitted recommendations and testified before key policy-makers on the importance of ending felony disenfranchisement. We have also submitted recommendations directly to the Biden-Harris administration on restoring the voting rights of all Americans with conviction records to promote justice and equity nationwide.

Important Voices

LAC Paralegal Dante Apaestegui shares a story about a client who thought she would never be able to vote again.

*"I received a call from a mother who was uncertain about how she could remedy the loss of a job amidst the pandemic. She had tried to find something new, but potential employers would see her conviction history in background checks and single-mindedly disqualify her. Thankfully, we were able to help her, and after many weeks working together, she was able to secure employment. **While on the phone with her closing out her case, I reminded her of her voting rights and that she should register soon if she planned to vote. It got quiet. After a while, I had to ask if she could hear me. When she finally responded, she said 'I thought voting would never be possible for me again. Thank you.'** This client's experience reminds us all of the importance of voting, the importance of dispelling the myths and confusion around voting rights for people who have had criminal legal system involvement, and the work that is still left for us to do."*



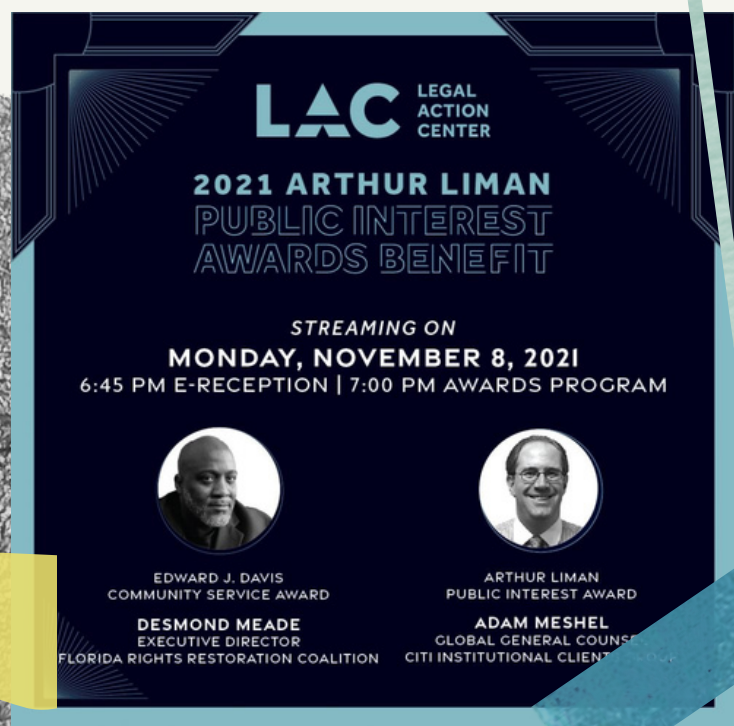
OUR ANNUAL BENEFIT

the Arthur Liman Public Interest Awards

On November 8, 2021, LAC supporters including partners, board members, clients, staff, and friends gathered virtually for a record-breaking annual benefit! Together, we celebrated our mission, recognized our incredible honorees, heard from staff about efforts to dismantle systemic inequity including voter disenfranchisement policies, and raised over \$1.3 million to fund our work of fighting discrimination against and restoring opportunity for individuals criminalized for health issues or otherwise entangled in the criminal legal system.

Hosted by Broadway favorite, Krystal Joy Brown, the program included remarks from: Paul N. Samuels, LAC Director & President; Tracie Gardner, LAC's Senior Vice President of Policy Advocacy; Dante Apaestegui, LAC Paralegal; Brad S. Karp, LAC Board Chair; Tony Papa, LAC partner and voting rights advocate; Emmy, Tony, and Grammy-award winning actor Cynthia Erivo; plus a special musical performance by Hero the Band. We also heard from MacArthur Fellow Desmond Meade, who serves as Executive Director of the Florida Rights Restoration Coalition and received this year's Edward J. Davis Community Service Award, as well as Adam Meshel, Global General Counsel of Citi Institutional Clients Group, who was honored with this year's Arthur Liman Public Interest Award.

[Click here to view the written program](#), which lists our benefit chairs and co-chairs, generous sponsors, and the full bios of our most deserving honorees. You can also [click here to watch a recording of the event](#). We thank everyone who made this event such a great success.

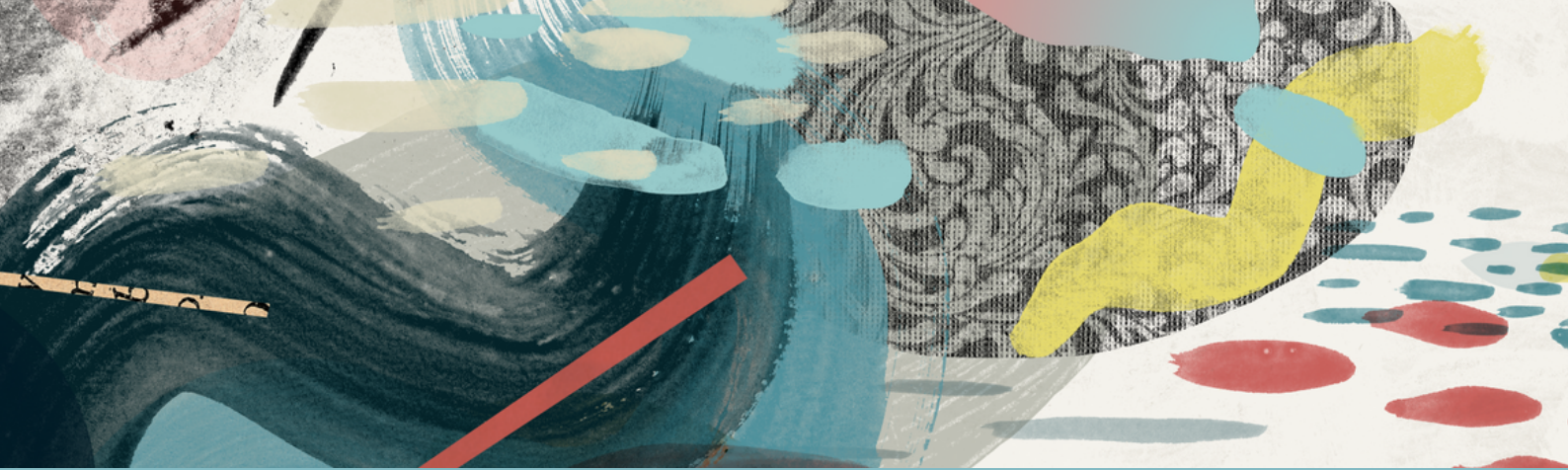


OUR SUPPORTERS

LAC is incredibly grateful to the following foundations, organizations, and individuals who gave \$1,000 or more to support our work in fiscal year 2021 (April 1, 2020-March 31, 2021). We are also so appreciative to the many donors who made smaller contributions, chose not to be listed, or who donated their time and expertise.

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 COVID-19 Response and Impact Fund
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 New York State Health Foundation
 New York State Interest on Lawyer
 Account Fund
 New York State Office of Addiction
 Services and Supports
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WE THANK YOU
for Your Generosity

OUR FINANCIALS

These numbers reflect fiscal year 2021 (April 1, 2020 - March 31, 2021).

Revenue

Government Contracts	\$2,563,532
Contributions & Special Events	\$1,423,782
Foundation & Corporation	\$3,008,115
Publication & Consultation	\$65,295
Member Fees & Miscellaneous	\$883,305
In-Kind Contributions	\$780,812
Total Revenue	\$8,724,841

Expenses

Program Services	\$6,120,429
Management & General	\$756,605
Fundraising	\$359,543
Total Expenses	\$7,236,577

Net Assets

Change in Net Assets	\$1,488,264
Net Assets - Beginning of Fiscal Year	\$1,325,694
Net Assets - End of Fiscal Year	\$2,813,958

LEGAL ACTION CENTER

Breaking Barriers. Defending Dignity.



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