



DISASTERS

Preparedness and Mitigation in the Americas

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Editorial

Disaster Coordination: the Key to an Effective Response

Recent disasters have shown that we need to review many of the lessons we assumed we had learned in the field of humanitarian assistance, specifically in the health sector. Each emergency sees the emergence of new intervening agencies that focus on providing direct, immediate health services, often for short periods. The various scenarios should be studied to develop models of collaboration that will enable these stakeholders to apply their efforts and resources more effectively, to avert potential problems and avoid repeating the same mistakes.

In the face of devastation, there is an upsurge of solidarity with the victims. The entire world turns its attention to the disaster area and does everything in its power to mitigate the impact through an immediate response. Emergency teams are mobilized urgently and humanitarian donation campaigns are organized, often haphazardly. The eagerness in some quarters for immediate action occasionally results in a surfeit of medical aid and donations that may actually go astray, constituting yet another headache for those responsible for receiving and disposing of them.

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The Interview with Dr. Carissa F. Etienne PAHO/WHO Director

Dr. Carissa F. Etienne was elected Director of the Pan American Health Organization (PAHO) on 19 September 2012 and began her five-year term on 1 February 2013. From March 2008 until 1 November 2012, Dr. Etienne served as Assistant Director-General for Health Systems and Services at the World Health Organization in Geneva, Switzerland. Prior to that, as PAHO's Assistant Director from July 2003 to February 2008, she led five technical areas: Health Systems and Services; Technology, Health Care and Research; Health Surveillance and Disease Management; Family and Community Health; and Sustainable Development and Environmental Health.

Dr. Etienne knows well how to deal with the challenges and opportunities of emergencies and disasters because she served as the Health Disaster Coordinator, among other high level posts, in the Ministry of Health of her native Dominica.

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Disaster Coordination: the Key to an Effective Response

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Although countries have been building up their emergency response and awareness-raising capacity, the chaos that often follows in the wake of disasters cannot be ignored, throwing into stark relief the limited ability of coordinating agencies to channel efforts appropriately and respond to needs commensurately in order to ensure ongoing attention and the recovery of affected essential services.

The governments of the countries affected, both at national and local level, are sometimes excluded from the early phases of the emergency response, but when assistance tails off (usually after media attention has died down), they have to resume control of the situation under very difficult circumstances.

This lack of coordination in providing humanitarian assistance can be an enormous hurdle. An initial large-scale mobilization creates expectations in the affected communities, but then the area gets less and less attention until, finally, it is forgotten.

Specific guidelines to ensure a coordinated response

The government of a country affected by an emergency is responsible for organizing, coordinating, and providing humanitarian assistance in its territory. This coordination should be spearheaded by the national authorities, which should provide the means and the tools to properly plan and prepare a response based around a health action plan for the affected population. Governments are responsible for maintaining response teams, with organized procedures for receiving and distributing humanitarian assistance, so that they will be able to respond appropriately and effectively in their role as coordinators.

Accordingly, at the end of 2012, the 28th Pan American Sanitary Conference tasked the Pan American Health Organization/World Health Organization (PAHO/WHO) with supporting the coordination of international health assistance in emergencies and encour-

aging all organizations to harmonize their humanitarian assistance activities. The Conference also requested support for Member States—in the form of training—to strengthen their respective response teams, thus enabling them to provide better emergency assistance within their own territory and to neighboring countries.

During the Conference, after a process involving a number of PAHO/WHO departments, approval was also granted for the Organization's new Institutional Response to Emergencies and Disasters model, based on the Incident Command System. The model is designed to provide appropriate and timely technical support to Member States affected by disasters, thus enabling them to save lives and protect public health, and to facilitate the deployment of the United Nations health cluster, if required.

The Institutional Response to Emergencies and Disasters policy was prepared on the basis of a number of existing disaster-management models and the recommendations of internal and external evaluations of the experiences of PAHO/WHO in the field of emergency response.

In order to ensure an effective response, it is essential to emphasize the leadership role played by individual countries, through their respective ministries of health, as emergency response coordinators. At the same time, health ministries must be strengthened internally and seek strategic partners who will unite their efforts around the response plan proposed by the health authorities, thereby achieving better health coverage, better use of resources, sustained action over time, and greater cost-effectiveness in the field of public health.

It is laudable that countries and/or agencies show interest in providing emergency aid, but if each one acts according to its own protocols, contradictions will result. This lack of coordination will hinder a proper response to the needs of the affected population

For more information on the PAHO/WHO Institutional Response to Emergencies and Disasters, please write to eoc@paho.org.

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Safe Hospitals, an Indicator of Countries' Progress Towards Risk Reduction

The Pan American Health Organization (PAHO/WHO), in association with Ministries of Health in the Region, promotes the Safe Hospitals initiative as an effective mechanism to save lives when disaster strikes; together, they have made significant advances in recent years. Currently, there is a growing demand for safe hospitals, as well as greater political will. An increasing number of countries have national policies on safe hospitals and are using their own resources to fund their national programs on safe hospitals.

In **South America**, at least eight countries have included Safe Hospitals within their Ministries of Health's Disaster Programs.

Ecuador is working on strictly enforcing a national policy for the construction of new public health facilities, using the Safe Hospitals standards. It is also incorporating the private sector into the process, through the Association of Private Hospitals and Clinics of Ecuador (ASHPE) and is integrating the subject in other sectors' institutions. In addition, the Ministry of Health continues with the evaluation of health units; to date at least 67 hospitals have been evaluated using the Hospital Safety Index (HSI).

Paraguay encourages health units to have emergency plans to better respond to the multiple emergencies that affect their country. The Ministry of Health and Social Wellbeing already has teams with evaluators trained in the application of the HSI, and its work is also focused on turning the theme into a multisectoral and interinstitutional strategy that includes new actors and has a legal framework and more resources available.

In Peru, the Safe Hospital National Committee has an available budget of US\$ 20 million (this amount has been incrementally increasing since 2011). Currently, there are vulnerability studies in place in 14 hospitals in Lima, and other actors—such as Social Security, who also have facilities in the Safe Hospitals program—have joined.

In Colombia, the Ministry of Health and Social Protection continues the evaluation of hospitals using the HSI and is working to make the results accessible through a virtual platform. The country is also instituting a Safe Hospital's degree and is working on the disaster component update in their Virtual Library.

In **Central America**, countries continue to achieve significant progress regarding Safe Hospitals; disasters offices in the Ministries of Health are pivotal elements in this process.

In El Salvador, the Vulnerability Secretariat has adopted the initiative as a priority issue and, with the support of the Ministry of Health, has incorporated it into national policies to ensure that the health sector is able to continue providing services during and after disasters. The country has evaluated 84% of high- and medium-complexity health facilities, and 226 low-complexity establishments.

In Costa Rica, the Social Security agency has defined a policy at the national level. This has allowed not only the rehabilitation of some establishments, but also the construction of new facilities using Safe Hospitals parameters. The country has evaluated 80% of their high- and medium-complexity facilities.

Guatemala is working in the strategic prioritization and assessment of health facilities, through alliances between the Ministry of Health and PAHO/WHO with universities and engineering and architectural associations. The objective is to achieve a stronger national policy.

In Honduras, Nicaragua and Panama, resolution projects to form a Safe Hospital National Commission are already included at the decision-making policy levels; even though it is a long process, the first step has been taken.

At the political level, the approval of a strategic plan for 2013–2018 by the Council of Ministers of Health of Central America and the Dominican Republic, which includes the subject of Safe Hospitals, is an achievement that will have repercussions at the highest levels of political commitment regionally.

In the **Caribbean**, since 2008, and as part of the Safe Hospitals initiative, approximately 30 health facilities have been evaluated. Of these 50% are in Category C, in other words, they would probably be unable to continue operating as they are located in disaster-prone areas.

Eastern Caribbean countries have performed, with support from PAHO/WHO and the Department of Humanitarian Aid and Civil Protection of the European Union, safety evaluations in ten of their hospitals. They have also implemented actions to improve non-structural and functional security of these facilities.

Since 2012, the islands of St. Vincent and the Grenadines, Dominica and St. Kitts and Nevis have focused their work to increasing resiliency and improving the capacity of their health workforce. As a result, they hope to strengthen their health networks to better respond to disasters. They have also done safety evaluations and improvement works in three of their hospitals.

Currently, several English-speaking Caribbean countries have projects, in eight hospitals, related to the improvement of internal communications, water storage capacity, access to the facilities, firefighting systems, among others. The emergency plans of these hospitals are also being revised to ensure an integrated response to multiple hazards.

The Dominican Republic is promoting the Safe Hospitals initiative at the national and provincial levels. The objective is to better respond to the increase in the demand to health services, particularly along the border with Haiti. In this context, five hospitals have been evaluated and their intervention plans have been prepared. A national policy on Safe Hospitals is also being prepared.

The Health Sector and Major Fires: Recommendations to Strengthen Fire Prevention and Response

Major fires in public places such as nightclubs, shopping centers, markets, hotels, and hospitals have had significant social repercussions in many countries, and emphasize how important it is to raise public awareness in order to reduce or minimize risks, and to have preparedness plans to respond to such emergencies in an appropriate manner.

A study of these unfortunate events reveals a set of common factors, including a lack of awareness or ignorance of the dangers, reactions of panic and stampedes, inappropriate use of flammable and toxic materials, the absence or ineffectiveness of basic safety measures, flawed regulatory frameworks, and lack of evacuation drills.

Fires in Healthcare Facilities

Hospital fires have been the cause of tragedies throughout the world. Many lives have been lost, essential supplies and medical records destroyed, and property and equipment damaged, at an inestimable cost. Hospital fires in some countries have resulted in national regulations being adjusted and improved to mitigate the future occurrence and severity of such tragedies. However, the loss of lives and property in hospital fires remains high in Latin America and the Caribbean.

PAHO/WHO's Emergency Preparedness and Disaster Relief Department has undertaken the preparation of the *Fire Safety and Hospital Evacuation Guidelines: Hospitals Don't Burn!* to present safety strategies that should be implemented in healthcare facilities in a bid to save lives and protect property, equipment, and medical supplies.

Guiding Principles for Safety against Fires in Hospitals

Fire prevention should be a critical consideration in the safety design of all facilities (e.g. the combustibility of construction materials and furnishings, and the spread of fire and smoke).

In the event of accidental or malicious fires, fire suppression equipment needs to be readily accessible. In addition to availability, staff members at the facility need to have a working knowledge of how to use the equipment and prevent panic.

Moving all patients, visitors, and staff out of dangerous and/or damaged facilities as safely as possible is always the goal of an evacuation. It is important to recognize that a person's attention to detail and processes will not be ideal during an evacuation. Understanding key principles will help staff make good decisions during a chaotic event:

- Safety is always the primary concern.
- Every effort should be made to include evacuation considerations when designing or retrofitting hospital facilities.
- Simplicity is key. The staff will need a simple plan to follow in an emergency.
- Flexibility is vital because procedures must be adaptable to a variety of situations.

- Self-sufficiency at the unit level is important because timely instructions from hospital directors may be difficult or even impossible, requiring employees at every level to know immediately what to do in their area.
- It may be necessary to evacuate patient holding sites before transportation is available or other sites are prepared to receive patients. If the medical facility cannot accommodate a horizontal safe site, then assembly points located away from the main clinical areas should be identified and designated.
- Individual patient care units should stay together at the assembly points whenever possible (instead of splitting patients into separate groups according to their ambulatory status). The unit teams are familiar with their patients and will be better able to manage them in a chaotic situation away from the care unit.
- EMS and other external patient transport providers should not normally be asked to enter the hospital premises in order to evacuate patients because of the risks, time delays, and inefficiency involved in transporting large numbers of people. Instead, patients being evacuated should be escorted to ambulances and other vehicles in rapid-transit staging areas.
- When hard choices have to be made, managers and staff should focus on the "greatest good for the greatest number."

Many healthcare facilities in this Region do not have evacuation procedures in place; nor do they have adequate fire protection or properly functioning fire suppression devices. In the effort to guarantee the safety of healthcare facilities, it is paramount that all new and existing facilities should be designed to prevent fires from starting or spreading, with ample resources to fight fires and a comprehensive, practicable evacuation strategy.

Some Incidents of Hospital Fires

Date	Hospital	Fatalities
May 1929	Cleveland Clinic	125 deaths
April 1949	St. Anthony Hospital, Illinois	74 deaths
January 1950	St. Elizabeth's Women Psychopathic Building of Mercy Hospital, Iowa	41 deaths
May 2003	Hospital Barros Luco, Chile	0
July 2005	Calderon Guardia Hospital, Costa Rica	19 deaths
September 2009	St Jude Hospital, St. Lucia	3 deaths
May 2010	St. Joseph Mercy Hospital, Guyana	0 (66-years of medical records destroyed)
December 2011	AMRI Hospital, India	91 deaths
April 2013	Psychiatric Hospital No. 14, Russia	38 deaths



People with Disabilities and Disasters

The International Day for Disaster Reduction, held on October 13, recognizes the need to include persons with disabilities in disaster risk-reduction efforts.

This year's theme — “Disability and Disasters: a Not-so-obvious Conversation” — is a call to promote and protect the rights of persons living with disabilities and to encourage their involvement in decision-making at every phase of disaster management.

Every year, over 350 million people around the world are affected by conflicts and disasters. Many belong to two groups with special needs, namely people with disabilities and elderly persons. Persons with disabilities are frequently at risk or are disproportionately affected by disasters, emergencies, and conflicts, due to various factors such as exclusion, lack of awareness, disruption of their social support networks, and physical barriers.

As a result, persons with disabilities are unable to access facilities associated with evacuation, response (including shelters, camps, and food distribution) or recovery/reconstruction.

WHO estimates that more than 1 billion people (15% of the world's population) live with some type of disability; of this total, 2–3% experience serious functional difficulties or severe disability (200–300 million people). One of the central recommendations of the WHO World Report on Disability is that people with disabilities should be given the opportunity to participate alongside everybody else in all services or activities intended for the general public.

We can imagine the enormous impact that emergencies or conflicts have on people with disabilities, especially those with serious functional difficulties or a high level of dependence. It should be kept in mind that many elderly persons also have major functional limitations, and, moreover, that emergencies and disasters can create new groups of people with disabilities and can inflict further injuries on persons with existing disabilities, who will require support and assistance.

Everyone affected by a disaster has the right to receive protection and assistance, thereby guaranteeing the prerequisites for a dignified life. The inclusion of persons with disabilities is part of the humanitarian imperative to act to prevent and relieve human suffer-

It is imperative to meet the basic and immediate needs of people with disabilities in emergencies, to promote and protect their rights and to strengthen their capacities, so that they can participate in all disaster management activities

ing caused by disasters and armed conflicts, and nothing should be permitted to prevail against this principle.

This is an affirmation of the recognized right of all people affected by a disaster, emergency, or conflict to receive humanitarian assistance and protection, and to live in safety and dignity. Humanitarian action favors a comprehensive approach that includes prevention, preparation, rehabilitation, and reconstruction.

Inclusion of persons with disabilities

Persons with disabilities should play a role in humanitarian action. They should therefore be included in preparedness, response, recovery, and reconstruction plans. Article 11 of the United Nations Convention on the Rights of Persons With Disabilities establishes that “States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”

Most preparedness and response plans for emergency events and disasters do not take ac-

An older person is part of the group of injured people that were transported using small trucks after the earthquake in Haiti in 2010.

count of the needs of persons with disabilities and it is even less common for persons with disabilities to be included in the management of these plans. To facilitate their integration in the areas of emergency and disaster planning, the subject of disability should be considered or included in risk assessment; in measures to reduce vulnerability and prevent risks; in adaptive response measures and in effective recovery/reconstruction and rehabilitation at the local and national levels with support from the international community.

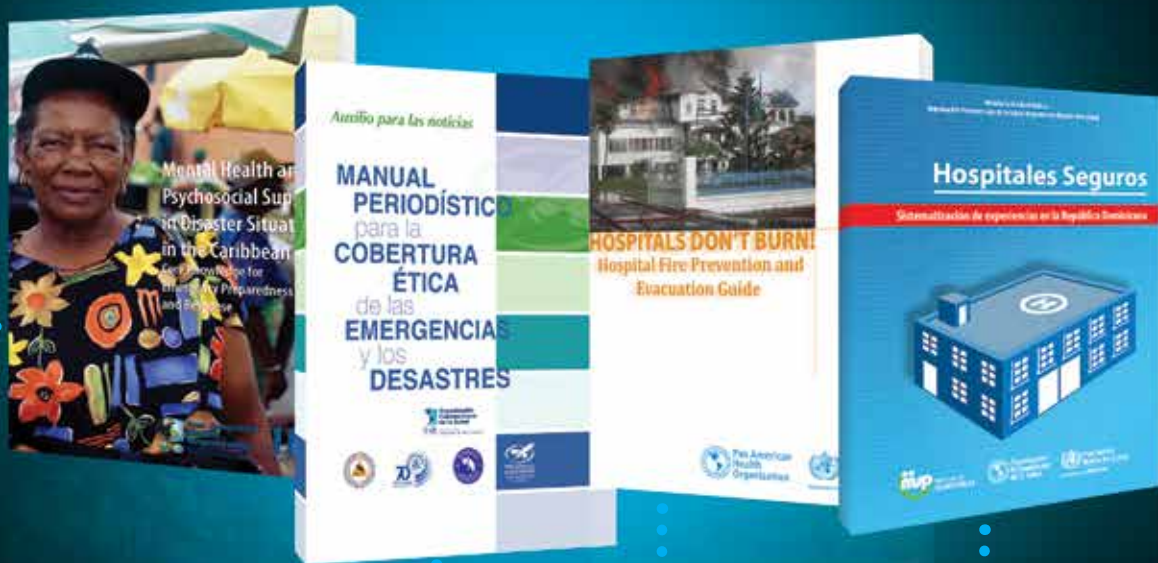
The inclusion of the needs of persons with disabilities at all stages of the disaster management process, and especially at the planning and preparation stages, can help significantly to reduce the vulnerability of these people and increase the effectiveness of government response and recovery efforts.

It has been observed that when the subject of disability is included in emergency/disaster management and response plans, it is easier to provide early or immediate attention to injured people and to meet the needs of persons with disabilities, such as access to health care, shelter, food, drinking water, and technical help.

It is important that persons with disabilities and the organizations that represent them should be considered not only as beneficiaries, but should also be included as partners in humanitarian action and response, and as participants in the evaluation, design, implementation, and supervision of assistance programs.

Written by Dr Armando J Vásquez Barrios
PAHO/WHO Regional Advisor on Disability and Rehabilitation





Mental Health and Psychosocial Support in Disaster Situations in the Caribbean

This material has been written mainly by health professionals in the Caribbean who, year after year, provide support to people affected by disasters in their own country or in neighboring countries. It is addressed to health sector administrators, social workers, and other professionals in the disaster and health fields, and provides a basic guide to mental health and psychosocial support, mainly in the phases of disaster preparedness and response.

This is a joint publication of the PAHO/WHO Emergency Preparedness and Disaster Relief Department and the Mental Health Department. This publication can be downloaded (in English only) at the PAHO/WHO website: <http://goo.gl/RS9Xu9>.

Ethical Guidance for Journalists Covering Emergencies and Disasters

The purpose of this manual, which is intended for communicators, is to ensure better media coverage of emergencies and disasters, and to encourage journalists to produce copy that focuses on prevention before disasters occur.

The book is a collaboration between PAHO/WHO and the Costa Rican National Commission for Risk Prevention and Emergency Care (CNE), the Costa Rican Social Security Fund, the Ministry of Health, and the Journalists' Association of Costa Rica.

More information (in Spanish) is available at: <http://www.cridlac.org/digitalizacion/pdf/spa/doc19282/doc19282.htm>.

Systematization of Practice in Safe Hospitals in the Dominican Republic

This book, prepared by the Ministry of Health of the Dominican Republic and PAHO/WHO, is a compilation of the experiences of a group of multi-disciplinary experts in disaster prevention, mitigation, and response, who have worked for three years as evaluators and professional trainers in the field of hospital safety.

The authors share ideas, tools and expertise on the structural, nonstructural, and functional components of hospital safety. They also present recommendations that will be of interest to a broad readership, for example health authorities, academics, professionals from various disciplines, medical students, health workers, technical and financial cooperation agencies, and other international institutions.

Currently, this publication is only available in Spanish.

More information at: <http://goo.gl/uahcej>.

Hospitals Don't Burn! Hospital Fire Prevention and Evacuation Guide

This guide has been produced to address the vulnerability of hospitals to fires. The document is applicable to existing hospitals that can be retrofitted to improve safety against fires as well as new-build facilities.

The publication is formatted into four main sections for consideration of fires in hospitals: Prevention, Suppression, Evacuation and Evacuation Training Drills.

More information at: <http://goo.gl/FvgzL2>.

The Interview with Dr. Carissa F. Etienne Pan American Health Organization's (PAHO/WHO) Director

(from page 1)



1) Dr. Etienne, in your opinion, why is it important for the health sector of the Americas to be prepared for disasters?

I think it is a very important point because of the frequency and magnitude of disasters in the Americas. This Region is exposed to various natural and manmade hazards that can overwhelm the health care system: the threat of hurricanes in the Caribbean, for example, or the threat of earthquakes and floods in Central America. For this reason, the Americas need to ensure that the health sector is ready to respond to disasters, and disaster preparedness is critical to achieve this goal. On the other hand, we should take into account that there are existing inequities in terms of access to health services, which are totally exacerbated in a disaster. The countries must invest in disaster preparedness with equity in mind as well.

We cannot forget that the financial impact of disasters in our Region is also very serious, particularly in Central America and in the small islands of the Caribbean, where one hurricane can severely affect the financial situation of the entire country.

Finally, I think it is important to remark that the health sector is not just the public health services, but that it also encompasses the private health services, including non-profit institutions. Therefore, it is necessary to work with them all as well as with other sectors to ensure timely and adequate access to health care during emergencies and disasters.

2) What measures can be taken to ensure that the population has access to health services during emergencies and disasters?

I think the first and most important one is to ensure that health services are available, close to people, in terms of geographical distribution, and that people have access, in terms of financial avail-

ability. It is also very important that health care workers are trained and that there are enough resources on the ground. If we have a health network that is already well established, that is working in terms of addressing equity and ensuring equitable access, it will be much better able to respond to an emergency.

Countries where the local health system is well developed and where people have quick access to health services can provide a more adequate response to emergencies. Additionally, I think that in order to achieve this, it is very important to not only involve the community in the functioning of the health services, but also to train them to participate, not just as spectators or observers, but as actors of their own health. When the local health system is overwhelmed by an emergency, local response from the community becomes much more important.

It is very important that we ensure that hospitals and health facilities are safe from disasters and that they continue to function when they are most needed. For example, it is critical to ensure that the medical staff can

get to the hospital and that they have supplies there. We must be able to rely on our hospitals and health centers in all circumstances to avoid an increase in the number of victims after a disaster.

A hospital must withstand the impact of a disaster to protect the life of the hospitalized patients and the health care workers. It must also protect the equipment and supplies reducing the economic impact, but most importantly, it should remain operational in disaster situations when they are more needed to save lives and provide critical services. The Safe Hospitals initiative is in essence the most effective measure to ensure that the population has access to health services during emergencies and disasters in our Region and all over the world.

3) We still face many challenges in responding to the specific needs of vulnerable populations in disaster situations. What are your recommendations on this issue?

I am very concerned about indigenous populations and people in remote geographical locations. It is imperative for us to think about how they can get the proper information during an emergency, what is available for them or where to go... this is a very important issue.

As we know, the impact of disasters is overwhelmingly higher among vulnerable population groups such as the older people, children, pregnant women and people with disabilities, among others. The appropriate and timely protection of these groups may make the difference between safeguarding their lives and wellbeing or exposing them to further physical and emotional damage. This year, the theme of the International Day for Disaster Risk Reduction is Living with Disabilities and Disasters, which I think gives us an opportunity to stress the need to keep working to better respond to the specific needs of this group in disaster situations.

We invite you to visit Dr. Etienne's Corner at www.paho.org/director.

The Regional Disaster Information Center's (CRID) mission is to promote the development of a culture of prevention in Latin American and Caribbean countries through the compilation and dissemination of disaster-related information and the promotion of cooperative efforts to improve risk management in the Region.

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Basic Virtual Library of Disaster Risk Management for Ministries of Health

CRID, together with PAHO/WHO, has created the Basic Virtual Library of Disaster Risk Management for Ministries of Health. The purpose of the Library is to provide Ministries of Health and their disaster prevention and management programs with information sources and documents related to health in emergencies and disaster situations.

In gathering documents for this new resource, emphasis was placed on the general aspects of the relationship between “risk management and health” and specific topics that improve understanding of the areas of action in this context: preparedness and response, safe hospitals, humanitarian cooperation and assistance, among others.

The Library offers a fast document search engine, as well as access to social networks to share resources with specialists, work teams and internship communities.

Visit the Library at <http://bvsaludygestiondelriesgo.cridlac.org>. For additional information, contact Rocio Saenz (saenz.rocio@gmail.com) or Irene Cespedes (irene.cespedes@cridlac.org).



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