Supreme Court Lets Stand Arbitration Award Reinstating RN Fired for Medication Administration Irregularities

The U.S. Supreme Court will not review a decision to reinstate a registered nurse who had been terminated for violating hospital policy on medication administration. The hospital sought to reverse the judgment of the U.S. Court of Appeals for the First Circuit enforcing an arbitration award reinstating the intensive care nurse based on public policy concerns. (Mercy Hosp., Inc. v. Massachusetts Nurses Ass’n, 429 F3d 398 (1st Cir., 2005), cert. denied, No. 05-10180 (May 1, 2006.)

The ICU nurse was at all relevant times a member of the union and covered by a collective bargaining agreement that permitted the hospital to discharge employees for just cause. The agreement contained a multi-step grievance procedure, including final and binding arbitration.

During the nurse’s 25-year career, she received positive performance reviews, and she served as a preceptor charged with training new ICU nurses. In 2001, the hospital changed its system for administering medication to ICU patients and installed an “Omniceil,” a computerized medical chest that operated by using various electronic codes to unlock the compartment housing the medication. After administering the medication, the nurse would record the time, the drug, and the dosage in a separate database. A patient-specific medicine administration schedule (MAS) displaying the patient data would be filed in the patient’s chart.

In 2002, a nursing supervisor discovered some inconsistencies between the Omniceil record and the MAS for certain of the nurse’s patients. It appeared that the nurse had withdrawn medication from the Omniceil without recording an offsetting entry in the database. In one instance, the nurse explained that she had withdrawn a large dose of a medication to prepare an intravenous drip bag and to avoid having to return periodically to the Omniceil to obtain smaller doses prescribed in the physician’s orders. The nurse also suggested that she may have made documentation errors while working with her trainees. The hospital rejected the nurse’s explanation and terminated her employment for failure to adhere to standards regarding narcotic and controlled substance administration and suspected drug diversion. The grievance filed by the union on the nurse’s behalf was submitted to binding arbitration.

Following a hearing, the arbitrator ruled that the evidence did not support the claim that the nurse had engaged in drug diversion. The arbitrator found that the discrepancies likely were the result of documentation errors. The arbitrator accepted the testimony of two non-party witnesses that it was a common practice for ICU nurses to prepare intravenous drip bags before they were needed and, while not ideal, to deviate from a doctor’s order and administer a medication by intravenous drip, rather than syringe. Further, the hospital offered no proof that the nurse had diverted any medication. Accordingly, the arbitrator concluded that the hospital failed to prove that it had terminated the nurse with just cause and ordered her reinstated with back pay and with no loss of seniority.

The hospital filed suit in federal district court to vacate the award on the ground that the reinstatement violated public policy. After that court upheld the arbitration award, the hospital appealed to the U.S. Court of Appeals for the First Circuit where the hospital argued that the award offended Massachusetts public policy regarding the use and distribution of controlled substances. In support, the hospital argued that the nurse had breached various licensing regulations by diverting drugs away from patients, falling to document properly the dispensation of various controlled substances, and varying the physician’s prescribed method for administering medication.

Noting that the standards for vacating an arbitration award are high, the court rejected the hospital’s arguments because they “ignore[d] the arbitrator’s resolution of the disputed issues.” The court stated, “even if the
mandated reinstatement of a nurse found to have deliberately diverted drugs might violate an explicit, well-defined, and dominant public policy . . . the mandated reinstatement of a nurse who has been exonerated of all charges of intentional drug diversion . . . plainly would not." The court further noted, "Context is important. Here, the nature of the errors, the employee's history,[and] the lack of any harm to patients . . . persuade us that reinstatement is not an affront to public policy."

As this case demonstrates, the arbitration hearing is the most important part of a grievance procedure since the likelihood of convincing a court to reverse an arbitration award based on policy grounds in a subsequent federal court action is slim. The case further illustrates that arbitrators and courts may examine the entire context of an employee's work history making just cause terminations. Here, the nurse was a sympathetic plaintiff; she was highly regarded, long-tenured, and had no prior, documented performance issues. These factors added to the burden of convincing the court to reverse the arbitrator's award, one which this employer was unsuccessful in carrying.

If you have any questions about this decision or other matters affecting healthcare employers, please contact the Jackson Lewis attorney with whom you regularly work, or partner Roger P. Gilson, at (203) 961-0404; gilsonp@jacksonlewis.com.

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**Four Years after Winning Union Election, Nursing Facility Gets Mixed Ruling From NLRB**

Four years after winning a representation election, a nursing care facility received a mixed ruling from the National Labor Relations Board on several unfair labor practice charges that arose during the course of, and immediately following, that election. Specifically, the Board found that the employer lawfully directed an employee to remove a square-shaped punch union button due to the employer's concern regarding the safety of the elderly residents. However, the Board also ruled that the employer's non-solicitation policy violated § 8(a)(1) of the National Labor Relations Act because it was overbroad. Additionally, the employer was found to have lawfully disciplined a union supporter but had violated the Act by threatening her with discharge.

_Jupiter Med. Ctr. Pavilion and Service Employees Int'l Union, 2599 Fia., 346 NLRB No. 63 (Mar. 13, 2006)._

During an organizing campaign which the union ultimately lost, the employer's director of nursing told a certified nursing assistant to remove his square punch union button while he was providing patient care. When the employee asked why, the nursing director explained that she was concerned for the patient's safety; specifically, that the button could cut the thin, fragile skin of an elderly patient. The nursing director also stated that the button was advertising and violated the employer's non-solicitation policy. The policy defined solicitation as, "any act of urging or persuading individuals . . . to accept a product or service for sale, a doctrine to follow, or an organization to join."

The policy prohibited all solicitation on the employer's premises during working time.

The Board affirmed the administrative law judge's finding that the nursing director lawfully instructed the employee to remove the button. Although the ALJ was not "totally convinced" that the button could injure a patient, the employer lawfully chose to put a premium on patient safety. However, the Board also affirmed the ALJ's finding that the non-solicitation policy was overbroad. As drafted, the policy would prohibit advocating the principles of collective bargaining and persuading an individual to join a union, yet permit expressions of opposition to union membership or collective bargaining. The employer did not apply the policy uniformly, and the evidence established that employees wore other buttons on their uniforms, such as "God Bless America," without objection from the employer. The employer also had promulgated a work rule prohibiting employees from discussing their wage rates with each other, and the non-solicitation policy did not distinguish between patient care and non-patient care areas. All of these factors led to the ALJ's conclusion, upheld by the Board, that the policy reasonably could chill employee rights and was overbroad.

In addition, the Board reviewed and found lawful several findings regarding administration of disciplinary measures against a union supporter. Two oral warnings—one for changing shifts without supervisor approval and a second for failing to turn bedridden patients and leaving them in urine-soaked undergarments—we found lawful. Another written warning—for verbal abuse based on an altercation between two employees two days after the election—was also found to be lawful. Although the employer's decision to issue the warning was motivated in part by the employee's union activities, the employer would have imposed the same discipline even in the absence of those activities, the Board concluded.

Lastly, the Board considered the charge that the employer's nursing director impliedly had threatened to discharge the same employee union supporter.
During the campaign, the employer held a series of meetings with employees to express its views against representation. During one meeting, the employee commented that the employer was spending a lot of time and money trying to figure out who started the union, rather than addressing the employees’ treatment. The employer then readily replied that the employee seemed unhappy and that perhaps “this [wasn’t] the place for [her].” The nursing director then commented that “there were a lot of jobs out there.” The Board concluded that these statements impliedly threatened the employee with discharge by suggesting that she leave, rather than remain in union activity. Health care employers should review their no-solicitation policies to ensure that they are not overbroad, that they distinguish between patient-care and non-patient-care areas, and that they are applied uniformly, particularly with respect to the wearing of buttons and other insignia. Even in the wake of an organizing campaign, health care employers may take corrective action against union supporters if they violate legitimate workplace rules. Nonetheless, employers should use caution when speaking with employees during organizing campaigns, as any comments could be placed under scrutiny in subsequent Board proceedings.

If you have any questions about this decision or other matters affecting healthcare employers, please contact the Jackson Lewis attorney with whom you regularly work, or partner Roger P. Gilson, (203) 961-0404; Gilson@jacksonlewis.com.

**NLRB Limits Extension of Certification Year to Three Months**

Despite a ten-month delay in bargaining for a first contract covering emergency medical technicians and paramedics, the National Labor Relations Board disagreed with an administrative law judge’s recommendation to extend the certification year for an entire year. Instead, because the initial ten months of the certification year were free from unfair labor practices and because the record contained no explanation regarding the ten-month bargaining delay, the NLRB concluded that only a three-month extension was appropriate. [Mercy, Inc. d/b/a Am. Med. Response & Service Employees Int’l Union, Local 110, 736 N.L.R.B. 88 (Apr. 26, 2006).]

The union was certified as the representative of all-time and part-time EMT’s and paramedics in the employer’s Las Vegas, Nevada facility. The parties had their first bargaining session ten months after the election. When the first session ended with the union’s refusal to agree to the employer’s “ground rules,” the union subsequently served the employer 110 information requests. The employer responded to some, but not all, of the union’s requests. Subsequently, the union filed an unfair labor practice charge against the employer, alleging refusal to bargain in violation of §§ 8(a)(1) & (5) of the National Labor Relations Act. The union claimed the employer unlawfully had preconditioned bargaining on the union’s agreement to ground rules which were not mandatory subjects of bargaining.

The same day the unfair labor practice charge was filed, the employees filed a petition to decertify the union. Although the union subsequently amended its charge to allege that the employer violated the Act by failing to comply with its information requests, the parties eventually resumed negotiations and scheduled bargaining sessions. Before the bargaining schedule was completed, an administrative law judge held a hearing on the union’s complaint and concluded that a one-year extension of the certification year was appropriate even though the union bore some responsibility for the delay in bargaining. The ALJ also discounted the fact that the parties had engaged in some bargaining because the employer had failed to comply fully with the union’s information requests. Finally, the ALJ found that the pending decertification petition necessitated a one-year extension.

While an employer must honor a newly certified union for one year, the Board may, in its discretion, extend the certification year to remedy any violation of the NLRA during that initial year. However, the union did not take advantage of the certification year for more than 10 months, and no unfair labor practices occurred during that time. The union showed no reason for its delay in bargaining, and, significantly, the Board found it “inappropriate to assume that the delay was caused by the [employer].” Thus, the Board concluded that a one-year extension was inappropriate and modified the order to require only a three-month extension.

If you have any questions about this decision or other matters affecting health care employers, please contact the Jackson Lewis attorney with whom you regularly work, or partner Roger P. Gilson, at (203) 961-0404; Gilson@jacksonlewis.com.
Workplace Safety and Health

Workplace Implications of a Potential Avian Flu Pandemic: Preparing for the Unimaginable


1. Pandemic influenza is different from avian influenza.
2. Influenza pandemics are recurring events.
3. The world may be on the brink of another pandemic.
4. All countries will be affected.
5. Widespread illness will occur.
6. Medical supplies will be inadequate.
7. Large numbers of deaths will occur.
8. Economic and social disruption will be great.
9. Every country must be prepared.
10. WHO will alert the world when the pandemic threat increases.

This list is foreboding, and there is good reason why many health care and other employers are taking a longer look at a difficult scenario. Some basic questions to which employers should consider answers are: What would happen if a significant number of employees could not come to work? What would that number be, and would this force a shutdown of the facility? What if the crisis lasted for many weeks; how would operations continue with less than full staff? Perhaps more than other employers, health care employers must imagine the “unimaginable” and prepare for this contingency. While disaster preparedness planning already may be mandatory for some facilities, others may still be in the planning and development stages, or may need to focus more attention on the non-provider personnel, such as intake, billing, clerical, maintenance, food service, laundry and other administrative and support staff, particularly with regard to an influenza pandemic or other disease or biologically-based crisis.

The following is a list of issues to consider in evaluating the implications of a potential avian flu pandemic.

1. Consider Options for Curtailing Business Operations

There will be different rules during a pandemic and no one plan is appropriate for all employers. Consider the type of health-related services your facilities provide and determine the appropriate options – is it possible partially to shut down or reduce operations, delay or reduce procedures, shift work to different times of day or locations where contact with the public or the potential risk of contagion would be more limited? Given the real potential for a risk to life, it is appropriate to consider planning for a period of time in which provision of services is interrupted either totally or partially and how crisis management planning would be implemented.

2) Explore Options for Transporting Critical Employees to Work

Employees may have difficulty commuting to work if public transportation systems are challenged during a pandemic. Employees may fear using public transportation because of the unreliability of such systems or the increased risk of contagion due to interaction with large members of the public. Employers should consider provision of alternative transportation, including car pools, charter buses, and other rearranged systems.

3) Communicate Facility Plans for Reducing Potential Exposure at Work and Address Family Needs While Employees Are Away From Home

During a crisis, employees are more likely to report for work and be productive if the employer takes effective steps to safeguard their health while at work and address concerns about leaving their families and friends. Encourage attendance by addressing employee fears and concerns head-on. Some basic steps to reduce workplace contagion, increase employee confidence in working conditions, and allay anxiety about leaving home include:

a) minimizing interaction with other members of the public during work hours;

b) allowing employees to work in isolation whenever possible;

c) encouraging frequent breaks for employees to wash and sanitize their hands;

d) making masks, gloves, or other personal protective equipment readily available in the workplace;

e) providing packaged food, drinks and snacks to reduce the need for employees to leave the premises for meals or breaks;

f) providing cots or inflatable mattresses in the workplace to enable employees to sleep at work to decrease the need to use transportation;
g) providing immediate access to medical staff to evaluate suspected cases of exposure;  
h) facilitating treatment with anti-viral drugs whenever possible for suspected exposures;  
i) restricting access to the workplace by visitors and non-employees;  
j) allowing employees to communicate readily with family members; and  
k) allowing employees to take family members to work where possible.

4) Identify Work That Could Be Performed From Home, Develop Implementing Procedures, and Train Eligible Employees  
While in the health care facility setting home-based work opportunities may be limited, some positions may be amenable with planning and procedures developed in advance. This solution may require investment in technology that facilitates effective communication and productivity for home-based workers, as well as development of protocols for tracking work time, communicating with management and co-workers, delivering work product, and interacting with the public, among others. "Dress rehearsals" with eligible home workers may help reduce potential problems while providing a sense of first-hand experience before a crisis develops.

5) Allow or Require Employees Who Are Not Critical to Operations to Use Accrued Paid Vacation or Personal Time  
Reducing operations in some areas may be possible, there by decreasing the number of employees coming to work and reducing the risk of contagion. However, forcing employees to take unpaid leave likely would cause an unacceptable hardship. In those cases, employers may consider ways to retain workers through the use of "bank" or "paid time" that accumulates for later use in such circumstances. Human resources professionals should work with payroll, benefits and other aspects of facility administration to develop creative "business interruption" programs that address the unique circumstances employees would face were they to have a forced period of unemployment during a pandemic.

6) Delay Disciplinary Action for Employees Who Fail to Appear for Work  
During a crisis, employees may have justifiable reasons why they did not show for work (e.g., illness, transportation issues, school closures and the absence of child care arrangements, etc.). If there is a significant loss of life, health care employers will need all the personnel they can get after the crisis is over. Conversely, employees who sacrificed and risked personal health by coming to work may resent those who failed to make such a commitment. Employers should consider implementing an internal dispute resolution process to address the many varied explanations employers are apt to receive from employees who do not appear for work.

7) Prepare Written Policies or "Contingency Plans" for Periods of Business Interruption  
Employee confidence likely will be buoyed if the employer is perceived by employees to be well prepared for a pandemic or other major interruption of operations. Communicate the facility's written emergency plan, preferably through employee meetings and training sessions. Incorporate the plan into new employee orientation, and use opportunities gen rally to acknowledge the plan in public statements. Even if never implemented, communication of the facility's preparedness will tell employees they work for an "employer of choice." In itself, this is a valuable asset, and should you need to implement the plan, your employees are likely to appreciate your efforts and contribute even more to help alleviate a difficult situation. These plans also can be an invaluable source of information about the facts surrounding a potential pandemic and may ultimately save lives.

8) Solicit Cooperation of Labor Representatives  
Because flexibility will be of paramount importance, labor contract provisions concerning temporary layoffs, leaves of absence, transfers, and out of bargaining unit work may determine an employer's ability to respond effectively to a pandemic. Employers should review labor contracts now to determine what flexibility they have under existing agreements. Where necessary, employers may want to negotiate specific provisions for authority to make temporary but important changes to respond to labor shortages or unprecedented shut downs or layoffs. Without union confidence and cooperation, it is less likely employees will appear for work to the degree you may need them. If they buy in to pandemic planning, unions also can rein force employer strategies for reducing workplace exposures and contagion. Employers should consider advising unions of the steps they intend to take to combat a pandemic and be prepared to receive input from the unions concerning the employer's plan. Once the crisis ends, employers and unions will need to work together to tackle post-pandemic challenges. Labor management cooperation and leadership during a pandemic likely will turn on the trust built in planning for the pandemic.

9) Prepare to Provide Counseling and Other Employee Assistance Following the Crisis  
Through 9/11 and Hurricane Katrina, employers unfortunately already have experience dealing with large groups of employees returning to work while simultaneously attempting to cope with tragedy. Whether
they face challenges posed by their own recovery from influenza, the loss of a loved one, or post-traumatic episodes that play out in the workplace including fear of travel, employees are likely to bring their personal struggles into the workplace. Employers cannot ignore this reality without the likelihood of increased turnover, employment disputes, and poor productivity. Employers should review existing employee support programs and explore ways to reinforce and augment them in case of a mass disaster and its aftermath.

10. Coordinate Plans with Federal, State and Local Governments

While health care employers should develop and maintain their own plans to deal with a potential pandemic, those plans necessarily will dovetail with plans being put into place by federal, state and local governments. Maximizing cooperation and collaboration will aid in reducing panic, assuring an orderly and safe response, implementing the provision of services to the mass population, and ultimately saving lives. From logistical plans for continuing or modifying public transportation schedules to information about local school closings and other basic needs to enable employees to report for work, detailed disaster planning and coordination will be critical to reducing work shortages and making the difference between a facility that is providing much needed critical services and one that is closed. Employers also should know and disseminate information to employees about suspected exposures to influenza and for accessing anti-viral drugs.

Conclusion

None of us hopes to experience a pandemic. Few of us even want to think about it. If one occurs, however, we will be thankful if we are prepared for that day. Employer preparedness will be critical. Employers ought to review periodically disaster preparedness plans in light of their legal rights, obligations, and options for responding. While workplace manage- ment may be a relatively minor concern during a pandemic, an effective and prepared human resources staff, coupled with practical business interruption planning and labor management cooperation may be critical factors in how entire communities live through and recover from such an event.

Resources for additional information include:
- CDC website: http://www.pandemicflu.gov/
- www.cdc.gov/business
- World Health Organization website
- index.html
- The Jackson Lewis Disability, Leave and Health Management Group can assist employers in assessing their workplace needs, legal rights and obligations regarding pandemic and disaster planning. For more information, please contact the attorney with whom you regularly work, or partner Frank Alvarez, (914) 514-6149, AlvarezF@jacksonlewis.com.

Jackson Lewis News
Firm Expands with Addition of Two Resident Offices and Two Experienced Practitioners

Jackson Lewis is pleased to announce the opening of two resident offices and the addition of two seasoned attorneys. The addition of Cleveland and Providence brings the number of our resident offices to 23.

In Cleveland, Ohio, senior benefits counsel Kurt Smidansky has joined the firm and is the resident attorney. Kurt has more than 20 years of experience handling employee benefits and executive compensation matters and is part of our Benefits Counseling and Litigation Practice Group. He is a graduate of Case Western Reserve University (B.A. 1981; J.D. 1984) and New York University (LL.M. (Taxation) 1987).

In Providence, Rhode Island, Rebecca McSweeney has joined our firm and is resident counsel. Becky is a litigating and trial lawyer with 20 years of experience.

Prior to joining the firm, she was the national coordinating counsel for a Fortune 300 international corporation, and through a former firm was in-house counsel for one of the country’s largest insurance companies. Partner Anthony DiOrio is working closely with Becky and the Providence office.

Anthony was a trial attorney in Rhode Island and has continued to represent employers in Rhode Island for the past eight years since joining Jackson Lewis in the White Plains, New York office.

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