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Healing a Violent World

MANIFESTO

Cambridge, MA
A New Perspective on Healing a Violent World
MANIFESTO:
HEALING A VIOLENT WORLD
we observe that the world is awash in a sea of physical and mental suffering due to human cruelty. While at times this vision seems too much to bear, we do not give up our dream for a more loving and peaceful humanity. Seeing reality clearly means that in this new age of global communication the pain and suffering as well as the joys of each and every human person can be heard by every other human being without censorship or the control by political and social forces that in the past and present rationalize and falsify the extent of man’s cruelty to man. This new and original power of seeing gives us a technology of observing and changing the world comparable to that discovered by the Italian Renaissance discovery of perspective by Brunelleschi, Alberti and Piero della Francesca who moved us from the flat 2 dimensional images of the ancient and medieval world.
SEEING REALITY CLEARLY, we can no longer accept a world with more than 40 nations in civil conflict and over 1 billion (i.e. 1/6 of our world citizens), harmed by mass violence. Torture is still widely accepted and is at epidemic proportions. Domestic violence, child abuse and culturally-sanctioned violence toward women, children and persons of different gender and racial orientations is a plague on our planet. The trafficking and exploitation of women and small children including infants and pre-school-aged kids are becoming thriving multi-billion dollar industries. The commercial exploitation of youth and child labor and the economic oppression of the poor remains a financial pillar of many societies. The planet itself which gave birth to all life forms is selfishly destroyed.
UNAFRAID,

we declare that uncontrolled human aggression and greed is a cancer upon our world body that must be cured. As medical practitioners we affirm that modern medicine not only has the right, but the moral obligation to address human cruelty and violence as the leading cause of illness and death. The shocking silence in our medical schools, health, and public health institutions and among our healing community is so loud it is deafening.

UNAFRAID, we affirm as healers of every type — community elders, religious and spiritual healers, traditional healers and shamans, holistic medical practitioners, medical and mental health practitioners, counselors, teachers, artists and all the human-oriented professions — that we can make a difference and reduce the pain of suffering from human cruelty.
1. THE GOAL OF HEALING has always been primarily the relief of human suffering. The healer must embrace with ardour this primary principle and subordinate the now dominant ambitions of speed and the obsession with the power of machines and molecules.

WE DECLARE that the patient is a beautiful living organism that freely acts and loves in a family and a community and is not an isolated body part or a disembodied mind. The healer must have a relationship to the man, woman or child and their social and cultural context. Otherwise, human cruelty will continue to freely operate as a pathogen.
THE HEALER will understand that humiliation is the major instrument of human violence that is systematically applied to others to annihilate the individual, their family and society. We must relinquish the myth that most violence is a random action perpetrated on an unsuspecting victim. Humiliation creates hopelessness, despair, anger, and revenge (often existing together) in the violated person. Humiliation must be acknowledged and its victim released from its tight grip.

SCIENCE HAS REVEALED that at the moment violence strikes, the biological, psychological, social and spiritual power of self-healing is activated. Today many healers and social agents set up barriers that dampen the self-healing response. The pathway to recovery is filled with the roadblocks of human design and creation. Modern day healers will do better to imitate their ancient Greek and Roman counterparts who followed the medical practice called "Vis Medicatrix Naturae," that is, "the path of natural healing." These early physicians intimately knew the life course of an illness and gave hope to the patient through their knowledge and support of the self-healing process.
5. **ALL HUMAN BEINGS** embody the biological miracle of empathy, a wondrous power that enables us to identify oneself mentally with all other persons or objects of our contemplation. Sadly, empathic failure in human actions including public policies and practices is a core feature of violence and aggression. *Empathophilia*, the core of our empathic selves, needs to emerge as a centerpiece of our behaviors in our homes, schools, medical and professional institutions, public places and public policies.

6. **WE GLORIFY THE SURVIVOR** of violence because of their heroic struggle to survive human violence, cruelty and degradation. We strongly combat anyone who barbarically blames the victims, or considers them guilty of criminal acts and subjects them to shame, social ostracism and even death – especially those men and women who have been sexually violated.
WE GLORIFY THE HEALERS who, at great sacrifice to themselves materially and emotionally, engage in the case of traumatized persons worldwide. Through their compassionate and courageous work they willingly suffer the pain of their patients as they engage in their therapeutic efforts. These healers in some situations risk their lives to help others, and in all cases accept upon themselves the victims’ pain as their pain. In many communities of the world, these are the unheralded giants of the medical community. They need and appreciate our support and we joyfully give it to them.

THE TRAUMA STORIES of the survivor and their healers need to be collected and archived for all to read without censorship. Since the beginning of our humanity, these stories present an evolving history of survival and healing, teaching all of us how to cope with the tragic events of everyday life. The failure to collect and archive these stories denies us the opportunity to prevent a future generation of violence.
9. ONLY THROUGH IMAGINATION can healing occur. Healing is the imagination to heal. The survivor and the therapist create within themselves the image of a whole and complete human being who has shed the pain and suffering of the illness state caused by human cruelty. We will sing of wellness, resiliency and a life full of love and friendship. We will sing of a world no longer tainted by human degradation and violent aggression.

10. EXCEPT IN BEAUTY there is no healing. Beauty is the salve and ointment that creates our healing space and healing relationships. Beauty is the pre-eminent healing medium that allows all physical, social-cultural, and spiritual forces to flow like the river Nile bringing all of the life-giving elements to the people of Ancient Egypt. But many humans want to destroy beauty because of envy and jealousy of its purity and innocence. Modern medicine wants to have with beauty a master-slave relationship. Realizing this, we will fight against all institutions and practices that are vulgar, ugly, sterile and demoralizing. On this point, science reveals that beauty is healing’s greatest ally.
AT THE START-UP of this new century we are clear that the empathic circles formed by human beings need to be greatly expanded to include more of us. Everywhere we turn we find that the family which is supposed to be a zone of love and affection is filled with violence and child abuse. How can we consider all others as our brethren if we routinely harm our own family members? Worst of all, in most places, societies condone this behavior as normal. Family violence is not normal and is not acceptable. This failure at non-violent intimate relationships does not bode well for us holding back our aggression towards strangers outside our kinship groups. The fight against cruel degrading human behavior must begin with positive changes in the home!
WE WILL call a social myth the popular belief that acts of social justice and social healing from violence can occur without concern for personal healing. The desire for justice is embedded within the hearts and minds of all victims of violence and this reality must be openly acknowledged and supported by society.

ON OUR JOURNEY TO THE NEW IDEAL,

we will find at its end not the perfect environment of Piero della Francesca devoid of people, but one filled with human life. All of us can now see the dirty little secrets and ambitions of violent perpetrators who are actually few in number but use their money and power to harm the majority. We affirm that the world’s magnificence can be fully realized, sustained and protected from our human impulse to hurt and destroy all that is beautiful.
Afterword

Thirty years caring for persons exposed to extreme violence and torture have led to outbursts of scientific clarity. Italian philosophers call these *i momenti*, moments of revelation. These insights created this manifesto: *Healing a Violent World*. With modesty, as a medical doctor I take on the challenging topic of ending human violence. Hearing thousands of trauma stories demands this effort. I would be acting in bad faith if I ignored this monumental task while my patients coped with atrocities of unspeakable horror.

The dictum my Italian immigrant father voiced, also a victim of violence, remains loud and clear, “Son, take on a problem you cannot solve.” Now is the time. We live on the edge of apocalyptic annihilation through our destruction of the planet, its millions of living species and humankind itself through arsenals of nuclear, biological and chemical weapons. The destructive nature of human violence is all around us extending from nuclear bomb making in North Korea, cannibalism by rebel forces in the Democratic Republic of the Congo to epidemics of domestic violence in many countries and societies.

After the Twin Towers attacks in New York City on 9/11, I became aware of the aggressive and degrading conversations and practices that occur daily in our workplace, churches and hospitals. While responding to the unfolding tragedy in New York after the terrorist attacks
to attend to the families of the victims of 9/11 and their medical caregivers, I was asked daily by both friends and strangers, “What can I do personally to help out with this tragedy?” And I spontaneously exclaimed, “Try to reduce the aggression in your everyday life towards everyone around you.” The suffering impacting on me during my work in New York was so intense, it resulted in generating a new human skin very sensitive to all forms of human aggression. The pain of the victim of 9/11 became my pain; the pain of the many torture survivors I have treated have passed into my body and mind and became part of my life. This personal transformation led to a shocking realization that something was missing from far too many human interactions. This missing ingredient was empathy, the basic capacity to experience the physical sensation, emotions and thoughts of another human being. The most disturbing experiences of my career now made sense as instances of empathic failure. The fact that people who are basically decent engage in harmful human practices and policies had blinded me to this truth. Normal people have a “will to deny” the physical and emotional suffering of others, thereby obscuring the true impact of their behavior.

Past voices of empathic failure are loud and lingering in my mind that I cannot silence. In the early 1990s, over 500,000 Cambodian refugees living in squalid prison-like conditions on the Thai-Cambodian border were finally going home. Our team spent many years trying to relieve their emotional suffering from losses of a genocide and the harsh decade-long deprivations, exposure to rape and physical violence in the refugee camps. In the midst of these camps of “hopelessness” and “despair,” a mental health program
was established by our team with the refugee themselves as healers. Hundreds had been trained as mental health workers capable of assisting in the repatriation process. But the UN Chief of Repatriation said “no” to the utilization of these well-trained Khmer health and mental health practitioners. Then in a moment of incomprehensible truthfulness he stated, “These people are just rocks. I’m going to load up these half million rocks and carry them in big trucks and dump them across the border.” His response and officially sanctioned policy devastated our collective sense of shared purpose with our Khmer colleagues. With one single word, “no,” this UN official ignored the traumatic history of the Khmer people. The rocks were returned impoverished to a devastated countryside.

At the time of the mass exodus from Vietnam, Laos and Cambodia at the end of the Vietnam war, I received a photograph from the Thai-Cambodian refugee camps of a Cambodian woman who had been captured by militia as she and her family fled into Thailand to escape the violence of the Vietnamese occupation of Cambodia. She was raped, both hands amputated, her husband tortured and killed along with 2 of her 4 children. She arrived desperate in the refugee camp. Our Khmer colleagues sent us her photo with a note on the back asking for clinical help since the “woman had lost her mind with grief.” Finally, we had hard, clear documentation of the mental health needs of Cambodian victims of violence in the Thai refugee camps. This picture was brought to the Human Rights Director of a major private foundation and a request was made for mental health assistance for this woman, her family and other Khmer survivors of torture and mass violence. After studying
the picture, the response from the Director was a clear “no” because she stated that this woman had not suffered a human rights violation. Anger filled my mind, was I insane? How could a Cambodian woman who had experience such savagery not be a victim of a human rights violation? But according to the strict reading of existing international legal covenants at the time, sexual violence and rape were criminal acts and not crimes against humanity. Her other traumas were also considered criminal acts because they had been committed by a militia group. One wonders if this degree of empathic failure took a considerable degree of emotional energy; or maybe none at all. In any case, it resulted in the denial of a human tragedy.

Over the past 30 years as director of one of America’s first refugee clinics serving our nation’s poorest citizens, I have witnessed a chronic discomfort in society with the poor mentally ill patient. The care to poor psychiatrically ill patients has improved dramatically with an enormous expansion in inpatient and outpatient services; private and public dollars spent on mental health care; and the number and types of psychiatric practitioners. The quest for mental health parity with mental diagnoses from insurance providers is a further advancement. Yet, in spite of the enormous exploration in the scientific study of mental disorders, as well as the greater availability of effective psychiatric programs over the past half century, mental health services for the poor remains in disarray. The chronic mentally ill die ten years sooner than a decade ago; and public stigma towards them has been on the rise. The contradictions between psychiatry as a scientific practice are many as experienced firsthand by our refugee clinic. The
repressive social forces which impair the psychiatric patient’s efforts to normalize his/her life today include:

1. The dominant role of biological explanation for mental illness orients psychiatric treatment; the emphasis on diagnosis without treatment goals; the use of drugs without supporting therapies.
2. Professional expectations that certain patients are resistant to treatment or incapable of benefiting from professional care and/or psychological therapies.
3. The devaluation of the human capacity of patients to recover in spite of serious disabling symptoms and associated medical illnesses.
4. Neglect of the social embedness of the patient and an appreciation that emotional distress is a terminal end point of lack of adequate food, shelter, housing, schooling and unsafe living environment.
5. Bewilderment as to the central therapeutic role of the trauma story in the life of mainstream American patients who have suffered domestic violence, racial and economic oppression, and other social tragedies and the refugee newcomer who has suffered mass violence and torture.

These professional and social prejudices well known in the mental health field underscore the bias that those individuals we doom “economically redundant,” whether due to social class, race, ethnicity or gender, are “unworthy” of society’s medical and social support. In reality, those who actually need the “most” get the “least” fulfilling Julian Hart’s Inverse Care Law of Medicine.
Three decades of caring for poor newly arrived refugees into the United States, many of whom had been tortured, has been a continuously long-term battle to turn the Inverse Care Law upside down by giving the “most” to the “least.” It has been a great battle supported by local communities, inspired clinicians and policy makers, and patients to thrive in an administrative and financial environment that has continuously strived to push the clinics to the margins of mainstream care through policies and funding that if not resisted would have resulted in a “slow death by asphyxiation.” As the American sociologist Kingsley Davis stated in 1938 in his famous essay, Mental Hygiene and the Class Structure:

The mental hygienist (i.e. Modern-day psychiatrists) will ignore this dilemma. He will continue to be unconscious of his basic preconceptions at the same time that he keeps on professing objective knowledge. He will disregard his lack of preventive success as an accident, a lag, and not as an intrinsic destiny. All because his social function is not that of a scientist but that of a practicing moralist in a scientific, mobile world.

These moments of revelation led to a revolutionary and surprising conclusion: empathic failure is the bedrock of human aggression and violence. Extraordinary new advances in the neurosciences support this assertion. Empathy is a biological miracle that is “hard-wired” into all of us. It is easy to speculate why from an evolutionary point of view. Human beings are inherently capable of understanding and appreciating – getting into the mind and soul – of all other human beings and, in fact, all living creatures. Maybe even the inanimate earth itself. Italian scientists have demonstrated in
primates the biological basis of empathy. Thousands of mirror neurons exist in the brain that are already pre-coded to respond “empathically” to people and events in the natural world. For example, when we witness someone burning their hand, mirror neurons fire so that we simultaneously feel in ourselves this pain. As William James, the great American psychologist and philosopher stated 100 years ago, the pain of the others is our pain. Intuitively, we all know that the emotional experiences of our friends and our children resonate in us; the illnesses of the patient resonate in the doctor; the trauma stories of the torture survivors penetrate deeply into our emotional core. Are there mirror neurons for all basic human experiences? While we do not know for sure, the probability is, yes, there are. Carl Jung speculated on this a half-century ago when he described a collective unconsciousness that unites all the living and deceased members of the human community into a collective shared experience, passed on from generation to generation. Jung’s concept was rejected as Lamarckian, that is, a model of social evolution which asserts that social experiences are passed onto the newborn infant at birth. But now we know that the collective unconscious is in the mirror neurons. This network of empathic integration allows us to move beyond the individualism of Martin Bubers’ extension of I-It, the common subject-object relationship to the I-Thou, the subject to subject interaction to an I-Everybody, a subject to community connectedness. The ancient Greek philosopher Heraclitus endorsed this reality over two thousand years ago when he stated that a man in sleep is self-enclosed and abandoned to himself, but he awakens to a life with other human beings, within a world common to all.
“All things are one”
Unless people reflect on their
Experiences and examine
Themselves, they are
Condemned to live a dream-like
Existence and to remain out
Of touch with the formula
That governs and explains the
Nature of things.
– Heraclitus of Ephesus, circa 500 B.C.

This love of the spider’s web of life within the I-Thou
and I-Everybody world of human relationships is well
known to cancer patients and others confronted with
death who have been thrown into the timelessness of
an all encompassing world. This empathic love affair
with life I have called empathophilia. A new name some-
times has to be coined to emphasize a new perspective
and a new way of seeing and behaving.

The stories of the UN official, the Human Rights
Director, and the refugee clinic show another universal
truth: empathy is easily overridden by human and social
drives, especially greed, fear and envy. Freud attempted
to explain human aggression by positing a death drive
(Thanatos) towards death and destruction. In Freud’s
theory the conflict between Eros, the Life Force, and the
Death Force leads to human aggression as the displace-
ment of human destructive energy onto others in order
to “save” ourselves. This theory shows us how common
ordinary people can displace their aggression so readily
onto others.
From a broader socio-cultural perspective, empathy can be easily overridden by personal and political forces, such as historical-political resentments (e.g. ethnic cleansing in Bosnia of Muslim Bosnians by Serbian Bosnians), and social oppression (e.g. racism). Powerful emotions such as fear, envy and greed can fuel our destructive actions. Fear is often behind empathic failure as human beings objectify others into an “enemy” that is in need of being contained and even eliminated (e.g. use of child soldiers in Uganda by the Lords Resistance Army to kill their own parents). Envy is a powerful toxin to empathy as we must own, control and eventually destroy that which we feel is better than ourselves and makes us feel inferior (e.g. sexual exploitation of women). Greed is the insatiable appetite for power manifested through material and social aggrandize-ment.

Thanatos, the death drive and related forces of envy, fear and greed, dominate empathy through its main instrument of aggression – humiliation. The goal of violent acts regardless of intensity is the same, that is, to create the emotional state of humiliation. During a training I was conducting in Peru, an experienced local psychologist asked how I would deal clinically with the following scenario. She describes her therapy with a woman in the Andes who had been a victim of political oppression by the Shining Path terrorists and was currently being abused by her husband who was beating her daily as well as forcing her to have sexual relationships. Poor and living with her husband and son and two daughters, she felt privileged to receive the support of her psychologist. Slowly, overtime her husband eventually joined the counseling sessions and recognized the
terrible impact he was having on a devoted wife and his children. The domestic violence came to a halt and the couple left for a brief holiday with their daughters, leaving the older son behind to take care of their farm. Upon return, the mother walked into the kitchen and looked out the window. Her adolescent son was hanging dead from a tree in the garden. Her brother had killed his nephew over a minor land dispute. The mother returned to therapy with her psychologist overwhelmed with grief. Shortly thereafter, the mayor of the village sent a policeman to tell the psychologist that if she insisted her client in pressing charges against her brother (a friend of the mayor), she would be hurt. The case was never prosecuted.

During acts of violence there is a complete absence of love, affection and empathy. As in the last circle of Dante’s Inferno, the world is completely frozen in ice due to the total absence of love brought about through the actions of the three great betrayers of history- Judas, Brutus, and Cassius- who are being chewed eternally in Satan’s mouth. This Peruvian story was so disturbing that it initially could not be discussed professionally as a clinical case but had to be responded to in a human way. The incomprehensible pain of the mother and the simultaneous despair of the psychologist had to be first acknowledged. In this story, the nature of violent feelings of humiliation is fully revealed. The brother strikes down his sister and her family though a human action that is beyond belief. The state of humiliation created in the victim by the perpetrator is characterized by feelings of physical and mental weakness and inferiority, uncleanliness and shame, of spiritual worthlessness and guilt, and of moral repulsiveness to others, including a
god or higher being. A cruel brother caused greater hurt for his sister and her family than could have ever been created by the Shining Path.

Recognizing humiliation as the major tool of violent perpetrators can lend coherence to many situations that are overwhelmed by strong emotions of anger and despair. Sharing this insight with survivors from all walks of life who have experienced trafficking, sexual abuse, domestic violence and state-sanctioned violence has led to a clarity of causes and effects. This was demonstrated in a noteworthy meeting with survivors of the Innocence Project, ex-prisoners who had been falsely incarcerated an average of 15 years for crimes they had not committed. These groups of survivors, mostly Africa-American men, had been released due to new DNA findings. The usual scenario was arrest as a teenager and long-term incarceration finally ending after the new DNA testing proved them innocent. Almost universally all were thrown out of prison with little recognition by government officials that a human being’s life had been wasted in jail due to inadequate evidence. Some were only given a few dollars, and a new set of clothes and told to leave and go home. Illogically, they were now considered criminals because they had spent so much time in jail, i.e. in spite of their innocence, they had been transformed into criminals. The feelings of humiliation of these jail survivors were extreme with each one having a powerful anecdote to tell. One stated, for example, she had never recovered from being filmed on TV where her children and family saw her being led away in shackles during a wrongful arrest. Surprisingly, after recognizing the centrality of humiliation, the conversation turned to acts of forgiveness and redemption that has
allowed them to cope with their situation.

These revelations helped me witness something at the deepest level essential to healing a violent world. Freud hinted at this in his belief that the existence of “hatred” is older than “love” and that the death drive was due to the desire to return to a pre-organic inanimate state. Maybe Freud was not so far off. Philosophers since Plato through Kant and Sartre have recognized an ideal place or “noumena” behind reality that cannot be comprehended by the senses or empirically proven to exist, from which human beings derive their life giving energy. The birth of human consciousness has led to the fall from a pure state of being which Kant and Sartre called “being-in-itself.” I believe human beings are alienated from nature and can only return to this ideal state not through violence and destruction as postulated by Freud, but through the creation of beauty. Indigenous people like the Navajos acknowledge this as central to the healing experience, as revealed in this healing chant.

Today I will walk out, today everything evil will leave me,
I will be as I was before, I will have a cool breeze over my body.
I will have a light body, I will be happy forever,
nothing will hinder me.

I walk with beauty before me. I walk with beauty behind me.
I walk with beauty below me. I walk with beauty above me.
I walk with beauty all around me. My words will be beautiful.

In beauty all day long may I walk.
Through the returning seasons, may I walk.
On the trail Marked with pollen, may I walk.
With dew about my feet, may I walk.
With beauty before me may I walk.
With beauty behind me may I walk.
With beauty below me may I walk.
With beauty above me may I walk.
With beauty all around me may I walk.

In old age, wandering on a trail of beauty,
Lively, may I walk.
In old age wandering on a trail of beauty,
Living again, may I walk.
My words will be beautiful.

Some day the neurosciences will reveal that the antidote to human aggression is beauty and that no healing can occur without beauty. A model of beautiful healing environments going back to the great Greek temples of the God of Medicine Aesculapius are ready at hand. Even now our sterile and inhumane intensive care units and hospital wards are slowly being transformed into beautiful therapeutic spaces.

I have fought against treating poor patients such as refugee and torture survivors in clinical settings that are filthy and degrading to patients and staff. For over 30 years, a battle our clinic has won, has been to treat patients in a space filled with art from their own indigenous cultures. This battle still goes on today not only in the impoverished refugee camps but in rich hospital settings. Let the patient beware of the quality of care if the medical clinic has stained rugs, unpainted walls, broken chairs and an unhygienic toilet. It only takes $200 dollars to buy art posters, plants, a broom and a wash cloth, and fill a clean clinic with beautiful art made by patients and their communities. Similarly, I have witnessed in the most destitute refugee camps, local residents transform
barren spaces into magnificent places of healing. In contrast, it baffles me to be in psychiatrists’ offices, who sit in completely empty rooms except for a desk and a chair caring for emotionally distressed people.

There must be radical change in how we prevent violence as well as heal its damaging effects. The empathic transformation of daily relationships including our interaction in schools, churches, the workplace and in our social and public policies must occur. At the turn of the 19th century, Italian Futurist painters glorified the cleansing and purification of human society, through war. As Filippo Tommaro Martinetti, the intellectual leader of the Futurist Movement declared, “we will glorify war – the world’s only hygiene – militarism, patriotism, the destructive gesture of freedom bringers, beautiful ideas worth dying for…” Ultimately these artists became advocates of World War I and supporters of the rise of Italian Fascism. Medical institutions today are caught up in a similar glorification of medical machines, invasive surgeries and expensive drugs. There is a glorification of the “isolated mind” and the “isolated body part.” The patient is a “kidney,” cancer is a “product-line,” and patients are “consumers.” Beauty and empathy are marginalized as alternative forms of healing. Expensive and often needless surgeries (e.g. triple cardiac by-pass surgery) are elevated over comparably effective human-based clinical practices such as diet, exercise and stress reduction. Those who treat the poor, the homeless, and the refugee are marginalized in medical ghettos as foolish but dedicated people who are doing “God’s work.” Social factors that contribute to medical and psychiatric illnesses are excluded from medical care because of a false belief that there is nothing medicine
can do about poverty, racism, and violence. This foolish statement of course is an ideological belief based upon the worship of technology and wealth.

By embracing our biologically based pre-condition for empathy and by operationalizing personal actions and policies based upon empathophilia and the creation of beauty in our healing environments we can stop the deleterious effects of human violence and create truly therapeutic healing environments. This Manifesto is a call to action for each and every person.
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