

Lawyers Matter, Policy Matters: How One Small Not-for-Profit Combats Discrimination Against Ex-Offenders, People in Recovery, and People with AIDS

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No one brought more grace to his work than the former heavyweight champion of the world, Muhammad Ali. Yet in 1967, in the wake of his arrest for refusing to be inducted into the military, Ali was suspended from boxing. Later, after he was convicted, the New York State Athletic Commission cited the conviction as the basis for its refusal to renew his license to box (and thus work) in New York.

Although the Southern District of New York eventually ordered the Commission to restore Ali's license, it did so not because it was troubled by the Commission's pre-conviction suspension of Ali, or by the Commission's ability to prevent a would-be licensee from plying his chosen trade in New York—or even because it was concerned about the policy implications of preventing individuals with criminal records from working in the state—but, rather, because the court held that “the Commission's action . . . constituted an arbitrary and unreasonable departure” from its practice of granting licenses to applicants convicted of crimes or military offenses, thus violating Ali's Fourteenth Amendment right to equal protection.¹

As regards the Commission's authority to deny a license (and thereby employment) to an individual with a criminal record, the court made it clear that if “the Commission . . . had denied licenses to all applicants convicted of crimes or military offenses, [Ali] . . . would have [had] no

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1. *Muhammad Ali v. Div. of State Athletic Com'n*, 316 F. Supp. 1246, 1253 (S.D.N.Y. 1970). The Commission suspended Ali's license as soon as he was charged; at the same time, it granted licenses to boxers with convictions (as opposed to arrests) for murder, burglary, armed robbery, extortion, grand larceny, rape, sodomy, aggravated assault and battery, embezzlement, arson, and receiving stolen property. *See id.* at 1249.

valid basis for demanding that a license be issued to him.”² In other words, if the New York State Athletic Commission had put all boxers with criminal records out of work,³ the courthouse doors would have been closed to each and every one of them, Ali included.⁴

Thus, although the court held in Ali’s favor, it also reaffirmed the Commission’s power to determine who could and could not work as a boxer in the state of New York. In doing so, it embraced and promoted – for that is what we do when we make such choices – the rampant employment discrimination that then existed against individuals with arrest or conviction records in New York State.⁵

Indeed, throughout the early 1970s, both public and private employers in New York routinely discriminated against such individuals, even in cases in which the applicant had merely been arrested, there was no question that the applicant was qualified for the job, and the nature of the underlying offense did not bear on the applicant’s fitness for the job. At the time—with public attention once again focusing on the American appetite for liquor and illicit drugs⁶—employers also discriminated against individuals in recovery from alcoholism or drug dependence.⁷

2. *Id.* at 1250.

3. The non-boxing fan should know that in the late 1960’s and early 1970’s—before Don King, Las Vegas, Atlantic City, and cable TV—New York was the center of the boxing world. The denial of a license to box in the state was tantamount to being run out of the sport, or, at any rate, being denied a shot at what fighters used to call “fat city.”

4. Fortunately for Ali, he had a lawyer. While it took his lawyer some time to stumble onto the equal protection argument that carried the day, the fact is that without him, and without the lawyers who later helped persuade the Supreme Court to overturn his conviction for draft evasion, Ali’s career might have ended in 1967. If it had, the rest of us would be the poorer, not because we would have missed the passion and glory of Ali’s later career, but because that later career made Ali a national hero, and because today Ali lends his hero’s status to good causes the world over.

5. Admittedly, the court was silent as to the propriety of suspending Ali’s license solely on the basis of his arrest.

6. Americans periodically obsess about alcohol and other drugs. The current “war on drugs” is but the latest manifestation of that obsession. The obsession plays itself out with more or less vigor, and more or less sense, in our legislatures, courts, and other public institutions. It also affects the private sphere, if “private” employment can in fact be considered as something that takes place in some discrete, non-public domain. I am thinking here of what recently happened to my very fine and decent sister-in-law, who in an effort to make a career change (from that of low-paid South Bronx waitress to low-level but better-paid Wall Street clerk) managed to secure a position with one of our financial giants only to be let go after a urine test revealed that the medication she takes for her migraine headaches contains traces of a barbiturate. Her physician’s calls to the company did not persuade the relevant human resources department that my sister-in-law is not an illicit drug user. Afraid of injuring her chances of finding other employment on Wall Street, she has elected not to fight the firing. She has also decided to stick to aspirin, notwithstanding its relative ineffectiveness against migraines. Thus the anti-drug zeitgeist thwarts even small, South Bronx dreams.

7. Alcohol and drugs are implicated in most of the cases that are processed through the American criminal justice system. It should not surprise us that employers who discriminate against individuals with arrest or conviction records also discriminate against people with past alcohol or drug problems, whom they of course associate with crime and other troubles in the workplace.

All told, discrimination against people with arrest records, convictions, and past alcohol or drug problems affected perhaps half of the jobs in the New York market. Nevertheless, few lawyers were inclined or prepared to help those affected vindicate their rights under local, state, or federal law.

If few lawyers were prepared to defend such individuals, even fewer advocates were willing to engage in the political warfare that is required to change public policy on such controversial issues. Because ex-offenders and people in recovery occupy such a low rung on the American social ladder (with the possible exception of a handful of celebrities such as former First Lady Betty Ford), it is no easy task to persuade policymakers to pay positive attention to them.⁸ Yet in a society in which millions of people are arrested each year, hundreds of thousands are imprisoned, and millions more are in recovery, one does not have to be especially farsighted to understand that what happens to such individuals implicates the greater common good.

In fact, to the extent that we permit employers to limit with impunity the employment opportunities of people with criminal records and people in recovery, we are acting against the public's interest in reducing the social and economic consequences of crime and addiction. It was to challenge employment discrimination against persons with arrest records, convictions, and people in recovery – as well as to promote sensible public policies with respect to such individuals, policies of human dignity, if you will – that Arthur Liman, Betsy Bartholet, and Herb Sturz⁹ and others founded the Legal Action Center in 1973.

I. OUR CLIENTS, OUR ISSUES

Despite our relatively small size (we have only nine attorneys, two paralegals, two policy analysts, and a small administrative staff), the Legal Action Center operates on both the local and national levels. Our New York office does most of the local work and our Washington office does most of the national work. We have represented clients, participated in cases, and done policy work in nearly every American jurisdiction from Guam to Puerto Rico.

Because of our location and concern about the well-being of ex-offenders and people in recovery from alcoholism or drug dependence,

8. It should not go without saying that this is not a class issue per se. Although race and class appear to play a role in determining who gets arrested in American society (not to mention who gets convicted of what and how much time is imposed therefor), the problem of addiction affects all Americans, from the exclusive board rooms of midtown Manhattan to the least exclusive shooting galleries of East Los Angeles.

9. Ms. Bartholet and Mr. Sturz were then with the Vera Institute of Justice.

we focused initially on employment discrimination in New York. Some of our most important work—for example, our work on the Rehabilitation Act,¹⁰ the Americans with Disabilities Act,¹¹ and *Ocasio v. Klassen*¹²—also had national impact.

Today, although we continue to do important work for ex-offenders¹³ and people in recovery, we also represent or give legal advice to individuals infected with the human immunodeficiency virus (HIV).¹⁴ In addition, we represent and advise HIV service providers,¹⁵ alcohol and drug treatment and prevention providers, associations and coalitions of social service providers, and even government agencies. Our representation ranges over issues including confidentiality, relations between providers and other institutional actors such as the courts and law enforcement agencies, best treatment practices,¹⁶ and discrimination. Increasingly, we also find ourselves devoting attention to zoning discrimination,¹⁷ welfare reform,¹⁸ alternatives to incarceration, medical privacy,¹⁹ juvenile justice

10. 29 U.S.C. §§ 701 *et seq.*

11. 42 U.S.C. §§ 12101 *et seq.*

12. No. 73 Civil 2496 (S.D.N.Y. 1974) (consent decree providing that the Post Office would change its hiring policies so as not to discriminate across the board against individuals in recovery).

13. The Center has produced a manual to help ex-offenders in New York state obtain and correct their criminal records or rap sheets. *How to Get and Clean up Your New York State Rap Sheet* is available free of charge in both English and Spanish. The Center has also produced a manual to help ex-offenders deal with the minefield of employment discrimination. *Employment Discrimination and What To Do About It* is also free.

14. AIDS came to the Legal Action Center in 1986 in the form of my youngest brother, J, then a twenty-seven year old guard at one of New York's best-known prisons. A few months earlier, J had been diagnosed with HIV. When his employer, the State of New York, discovered that J was ill, it did what many other employers have done to HIV-positive employees: It fired him. For J, this meant losing his health and life insurance benefits, benefits that were vitally important to him and to his family's future. Although we called a number of organizations that claimed to represent individuals infected with HIV, only the Legal Action Center, which had never represented a person with HIV, answered our calls. In fact, Catherine O'Neill, now a senior attorney with the Center (and a member of the Class of 1977 at the Yale Law School), fought the state (and the prison involved) until they reluctantly agreed to restore J to the duty roster and restore his benefits. Of course, the prison, responding in part to pressure from J's unionized brothers and sisters, asked J not to return to his regular post. Instead, although they agreed to carry him on the roster as a prison guard, and although they restored his benefits, they asked him to serve as a guard at another State agency, the Department of Health. Because of the importance of his benefits, J agreed to the arrangement. Weakened from AIDS, exhausted from bouts with a variety of opportunistic infections, and morally exhausted from the fight to regain his job, J put his service revolver to his head in April 1987. In the years since J's death, the Legal Action Center has moved to the forefront in the fight against HIV-related discrimination. In the past year alone, the Legal Action Center advised or represented more than 500 HIV-infected clients.

15. LEGAL ACTION CENTER, HIV/AIDS: A LEGAL, POLICY AND PRACTICAL GUIDE FOR HUMAN SERVICES PROVIDERS IN NEW YORK (1991).

16. However, we are not providers ourselves and do not pretend to give clinical advice.

17. *See, e.g., Innovative Health Systems, Inc. v. City of White Plains*, 117 F.3d 37 (2d Cir. 1997).

18. LEGAL ACTION CENTER, MAKING WELFARE REFORM WORK: TOOLS FOR CONFRONTING ALCOHOL AND DRUG PROBLEMS AMONG WELFARE RECIPIENTS (1997).

issues, needle exchange initiatives, managed care,²⁰ the impact of the lack of alcohol or drug treatment on women and children,²¹ and discrimination against women in treatment.

Not surprisingly, our agenda is more crowded than ever as we seek to: promote a public-health-oriented view of the fight against addiction and HIV; combat discrimination against ex-offenders, people in recovery (including people on methadone), and people who are HIV-positive; protect our clients' privacy; and expand the availability of treatment for those who are addicted or HIV-infected. We also work to ameliorate the harshest aspects of welfare reform for people in recovery, in need of alcohol or drug treatment, or who are HIV-infected; and devise and promote alternatives to incarceration for nonviolent addicted offenders. And we also do our best to ensure that managed care does not manage individuals with alcohol or drug problems or people who are HIV-positive right out of the health care system.

II. OUR APPROACH

During our first decade, we focused with great success on litigation as a strategy for vindicating our clients' rights and improving relevant laws. During our second decade, in a conscious effort to consolidate our many earlier victories, we began to give equal attention to public policy-oriented strategies, since bad policy (and bad policy is everywhere on the government's agenda)²² can negate even the best lawyering. Today, we employ a combination of impact litigation, direct legal services, policy analysis, technical assistance, client-empowerment strategies, and coalition building to advance a complex agenda. We aim to promote the value of human dignity on both an individual and institutional level, not only to

19. LEGAL ACTION CENTER, HANDBOOK: LEGAL ISSUES FOR SCHOOL-BASED PROGRAMS (rev. ed. 1996); LEGAL ACTION CENTER, CONFIDENTIALITY: A GUIDE TO THE FEDERAL LAW AND REGULATIONS (rev. ed. 1995).

20. LEGAL ACTION CENTER & THE COALITION OF VOLUNTARY MENTAL HEALTH AGENCIES, INC., FINDING THE RIGHT FIT: MANAGED SPECIAL CARE IN NEW YORK CITY (1996) (The Final Report of the Managed Special Care Model Development Project for the United Hospital Fund and The New York Community Trust).

21. LEGAL ACTION CENTER, DISPELLING THE MYTH: LEGAL ISSUES OF TREATMENT PROGRAMS SERVING ALCOHOL AND DRUG DEPENDENT PREGNANT WOMEN (1994).

22. Consider, if you will, Mayor Rudy Giuliani's proposal that methadone patients be denied access to methadone. According to the Mayor, who is a lawyer, not a physician, this would permit methadone patients to get off welfare and rejoin the work force. The Mayor gives short shrift to the issues of the dangers or pain of abrupt withdrawal or the likelihood of relapse. He also ignores the fact that a significant percentage of methadone patients has always worked. To be sure, the percentage has declined in recent years, but this may reflect little more than the fact that employment discrimination against methadone patients appears to be on the rise in our brave new drug-free America. Clearly, the Mayor sees methadone as a medication that, if legal, nonetheless connotes moral weakness or moral imperfection on the patient's part.

solve legal and policy problems, but also to prevent their emergence, as lawyers are fond of saying, *ab initio*.

A. *Lawyering*

We begin from the most obvious premise: lawyers matter. Lawyers matter for all sorts of reasons, three of which are especially important. First, of course, lawyers translate the legally incoherent into the legally cognizable. Second, in so doing, lawyers promote efficiency and reduce waste, since a legally coherent claim is one that the other side is more apt to heed or even settle. Third, in a system replete with procedural arcana and in which procedural justice sometimes is all the justice for which one can hope,²³ lawyers who know the rules can improve a client's odds of winning. Accordingly, we at the Legal Action Center do our best to make ourselves available to as many clients as time, circumstance and ethics will allow. When we cannot represent a client, we make an appropriate referral to a network of public interest and private lawyers with whom we have worked over the years, inform the client of what to expect at the administrative or judicial level, or (if the rules allow) draft the client's papers. Over the years, our impact litigation and direct legal services work has permitted us to protect the jobs, insurance benefits, housing, health care, and right to privacy of thousands of people in recovery and people with HIV or AIDS.

B. *Impact Litigation*

In the best of worlds, a single case will shape the legal treatment accorded to a particular class of people. Our impact litigation thus focuses on discrimination under the Rehabilitation Act, the Americans with Disabilities Act, the Fair Housing Act,²⁴ and the human rights laws of New York City²⁵ and State.²⁶ Over the years we have successfully invoked these statutes and accompanying regulations, for example, to persuade the Post Office to discontinue its practice of flatly denying employment to persons with past drug problems; adopt an individualized assessment policy for all applicants; allow patients on methadone maintenance to be considered for employment; and agree not to deny promotions and other benefits on the basis of past, non-job-related alcohol or drug problems. We also have succeeded in:

23. In making this observation I do not mean to denigrate the importance and value of procedure to any system of justice.

24. The Fair Housing Act, 42 U.S.C. §§ 3601 *et seq.*

25. NYCRR §§ 8-107 *et seq.*

26. Exec. L. §§ 290 *et seq.*

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- preventing the state of Hawaii from discriminating against people in recovery in allocating public assistance benefits;
- winning damages from an after-school program for discriminating against an HIV-positive eight-year-old who wished to participate in the program's activities;
- winning damages from New York City in a case in which the police and child welfare authorities had disclosed a parent's HIV-positive status to her neighbors and children without her permission;
- overcoming political opposition to the establishment of a housing and social services program for families with AIDS and drug and alcohol problems in Brooklyn;
- persuading the New York City Transit Authority to discontinue its blanket policy against considering job applicants with arrest or conviction records;
- persuading the New York City Transit Authority to change its drug-testing policies to accord with constitutional requirements;²⁷ and
- obtaining a landmark ruling against the City of White Plains, New York, that kept it from using its zoning powers to prevent an alcohol and drug treatment program from changing its location.²⁸

Our impact litigation clients usually learn of the Legal Action Center from their health care providers, flyers, Legal Action Center publications, and even state agencies, some of which list us as the place to call for advice on matters involving breaches of confidentiality and discrimination.

C. Direct Legal Services

The Legal Action Center also provides civil legal services to ex-offenders, people in recovery and people who are HIV-infected. Over the past several years we have helped our clients with employment problems, permanency planning, guardianships, adoptions, wills, living wills, estate settlements, immigration problems, uncontested divorces, human rights claims, job negotiations, Social Security claims, public assistance problems, and evictions. In all, we receive thousands of such calls each year, and although we make many referrals, we also represent a sig-

27. *Burka v. New York City Trans. Auth.*, 739 F. Supp. 814 (S.D.N.Y. 1990).

28. *Innovative Health Systems, Inc. v. City of White Plains*, 117 F.3d 37 (2d Cir. 1997). This was the first time an appellate court invoked the Americans with Disabilities Act to prevent a municipality from using its zoning laws to discriminate against an alcohol and drug treatment program and its patients.

nificant number of the callers. I myself have represented more than 700 clients during the past five years.²⁹

To ensure that clients know of our services, we have entered into referral agreements with dozens of community-based organizations throughout New York City, including hospitals, methadone maintenance clinics, and other social services providers. In addition, we regularly conduct legal clinics and seminars for both clients and staff at these agencies. For a time in the early 1990s, we had a Roving Lawyer program that sent an attorney to one of several community-based organizations for several hours a week. We discontinued this program when we discovered it was easier for most clients to come to the Center's offices in Greenwich Village.

D. Policy Research and Analysis

We at the Legal Action Center also believe that policy matters. Accordingly we engage in significant research and policy analysis in the areas of criminal justice, alcohol- or drug-related discrimination, discrimination against ex-offenders, alcohol and drug policy, welfare reform, managed care, and HIV/AIDS. Our work in these areas has resulted in:

- the inclusion of language in the Rehabilitation Act of 1973, the Americans With Disabilities Act, and the Fair Housing Act that protects people in recovery from discrimination;
- the forestallment of legislation that would have eroded the rights protected by the Rehabilitation Act, the Americans with Disabilities Act, and the Fair Housing Act;
- a congressional requirement that the Veterans' Administration treat alcoholism as a disease rather than as "willful misconduct";
- a decision by nearly half the states to opt out of a 1996 federal welfare law provision requiring states to deny welfare benefits and food stamps to individuals with drug felony convictions;³⁰
- increased funding locally and nationally for alcohol or drug treatment, prevention and research, HIV services, and alternatives to incarceration;
- an arrangement allowing for needle exchange programs in New York City;

29. Legal Action Center lawyers and paralegals handle about 5000 requests for legal assistance each year.

30. This provision—Section 115 of Public Law 104-193 (or the Gramm Amendment)—is a potential disaster for treatment programs, since many of them depend in part on public assistance payments to offset the costs of treatment.

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- development of successful models for diverting nonviolent drug offenders from prison to treatment; and
- stringent confidentiality requirements in New York’s HIV testing law.

To further our public policy work, the Center is establishing the Arthur Liman Policy Institute. The Institute will serve as the policy arm of the Center. Among other things, it will endeavor to bring outside expertise and scholarship to bear on the Center’s work in the areas of criminal justice, alcohol and drug policy, and HIV/AIDS. In its first full year, the Institute will focus on the debate over the science at the heart of the needle exchange controversy, the impact of New York’s “Rockefeller drug laws,” the role of methadone in a drug-free America, the impact of alcohol and drugs on Americans’ health; the impact of welfare reform on people in recovery, the disparities in health care coverage for patients with alcohol- or drug-related problems, and the debate over mandatory HIV- and AIDS-related partner notification. The Institute hopes to sponsor and participate in symposia in these areas. We hope these activities will result in the publication of a series of related policy papers. The Institute also will honor contributions to the fields of criminal justice, alcohol and drug policy, and HIV/AIDS by presenting an annual award named after Legal Action Center founder Arthur Liman.

E. Technical Assistance and Training

The Legal Action Center provides technical assistance to government agencies, treatment providers, and advocates throughout the United States. By and large, we provide this assistance through our telephone hotlines, publications, seminars, and anti-discrimination project.

Our hotlines field questions concerning the federal regulations that govern the confidentiality of alcohol and drug patient records; the ability of alcohol or drug treatment providers to comply with state laws that appear to conflict with these regulations—for example, by requiring the reporting of cases of infectious disease or child abuse; the confidentiality of records kept by school-based alcohol or drug programs; New York’s HIV/AIDS confidentiality law; consumer rights in managed care;³¹ and discrimination against people in recovery or with HIV/AIDS.

We also provide publications to assist state agencies, providers and advocates in understanding and applying the laws governing the confi-

31. In pursuing our managed care work, we have collaborated not only with providers, but also with the State Attorney General’s Office, which is keenly interested in ensuring that managed care companies respect consumer rights as we move towards managed care for all health consumers.

dentiality of alcohol or drug patient records and responding to discrimination against alcohol or drug programs. Our newsletter also addresses issues of particular interest to state regulatory agencies and alcohol or drug providers. Other publications address the morass that is welfare reform and help identify the best practices for mothers in treatment. We also have written books on the confidentiality of alcohol or drug patient records, the confidentiality of school-based programs, the implementation of welfare reform for people in treatment/recovery,³² and pregnant women in treatment.

Center attorneys and policy associates also conduct seminars throughout the United States on alcohol or drug confidentiality, HIV-related privacy, criminal justice issues, managed care, and welfare reform. Last year, we conducted nearly 400 such seminars in nearly twenty states.

Finally, the Center has a national anti-discrimination project that provides consultations and model pleadings for attorneys throughout the United States who defend people in recovery and people infected with HIV from discrimination. In time, we expect to make model pleadings, various amicus briefs, and other information available on the Internet.

F. Empowerment

As we have more potential clients than we can possibly represent, we do what we can to help them help themselves. We do this through hot-lines, seminars, publications, and by working with prospective clients and their case managers at organizations throughout the City and State. Our "love letters" file is filled with thank-you notes from people who were able to prosecute claims on their own as a result of advice they received from us.

G. Collaboration

Our ability to do good work in several fields depends in no small part on our commitment to collaborating with like-minded individuals and organizations. To promote our agenda and the interests of our clients, we work closely with other public interest lawyers, bar association committees, advocates, foundations, health care providers (both alcohol/drug and HIV/AIDS), community-based organizations, national and local

32. See, e.g., MAKING WELFARE REFORM WORK, *supra* note 17 (a comprehensive analysis of how to address alcohol and drug problems among welfare recipients). We have also embarked on a Welfare and Addiction Best Practices Project, which is intended to identify treatment models that have been particularly effective in helping women move off welfare and into recovery and employment.

coalitions, law schools, restricted programs, private lawyers, political staffers, and government agencies. Because we are not subject to the same legal and political restrictions as many of the players in this broad network, our allies often ask us to do what they cannot. We are only too happy to accommodate them when we can. Of course, this is not to overstate what we do: by and large, we represent a relatively narrow band of individuals with a relatively narrow band of legal problems. Still, as we are not constricted by income-based, geographic or Legal Services Corporation restrictions, we are freer than most in terms of the clients we can represent, the causes we take up, and the strategies we pursue. Given this freedom, we do our best to make ourselves available to other public interest lawyers and advocates. We are not dogmatic or rigid about allies. As Center Director Paul Samuels says: "Our clients are so highly disfavored and stigmatized, that we will take our allies wherever we can find them."

III. FUNDING

No organization can do the work we do without the support of a diverse and generous group of funders. Securing funding, though, is no easy task. It means that one of us, the Executive Director in particular, travels constantly to persuade foundations and other funders that our projects are worthy of support. The struggle for money also means diverting precious dollars to support staff who focus on developing and pitching funding proposals to an audience that is not particularly inclined to support individuals in recovery, ex-offenders, or even people with AIDS. Fortunately, over time we have managed not only to diversify our funding base (a wise move in a time of economic retrenchment), but also to expand both our legal and policy staff. To increase general operating funds, we have begun selling some of our products and services to various government agencies and large providers.³³ Our book and video on the confidentiality of alcohol or drug patient records have been especially successful products. We also operate a hotline for alcohol or drug providers throughout the country paid for by different state drug and alcohol regulatory agencies. This service is available not only to providers but to a participating state's attorneys. In addition, of course, we have had to engage in that most time-consuming of institutional activities, the fundraiser. Fortunately, we have been able to count on the help of a small but dedicated group of individuals who believe in our mission and who have given selflessly of their time and resources to make these events successful. Increasingly we also have had to pay close attention to board devel-

33. The Center never charges individual clients.

opment with an eye toward identifying and attracting candidates who—as the professionals say—can either give it or get it. Finally, we are more zealous than ever about seeking attorneys' fees when legally and ethically appropriate.

IV. CONCLUSION

The Legal Action Center has survived for twenty-five years representing those whom Arthur Liman used to describe as people without champions. If we are lucky, if we are careful, and if we continue to be flexible and creative, we will be around for another twenty-five years (unless, of course, something altogether unexpected and wonderful happens, such as perfect justice being visited upon the land). Until then we will fight the good fight, with the words of the immortal Drew "Bundini" Brown, Muhammad Ali's devoted handler, ringing in our ears: "Float like a butterfly; sting like a bee!" Maybe we can even bring a touch of Muhammad's considerable grace to our work.