



**Testimony for Public Oversight Hearing on the Performance of the Economic Security
Administration of the Department of Human Services**

**District of Columbia Council Committee on Human Services
February 26, 2014, 11:00 a.m.**

**Westra Miller and Chelsea Sharon
Staff Attorneys, Public Benefits Unit
Legal Aid Society of the District of Columbia¹**

On behalf of the Legal Aid Society of the District of Columbia, we submit this testimony to the Committee on Human Services to express our concern that the Economic Security Administration (“ESA”) is overwhelmed and does not have sufficient trained staff and space to respond to the increased demands on the agency. Although we understand that ESA is working to hire new staff and possibly expand service center sites, we believe it is valuable to share our clients’ experiences with ESA during this period when the agency’s responsibilities are evolving, and its efficient functioning is ever more important to our client community.

The past year has brought many changes to the landscape of assistance offered by ESA. While continuing to administer the Temporary Assistance for Needy Families (“TANF”) program and Supplemental Nutritional Assistance Program (“SNAP,” commonly referred to as “food stamps”), ESA has also taken on responsibility for financial eligibility determinations for Medicaid and new financial assistance for health insurance through D.C. Health Link. We firmly believe that ESA remains committed to ensuring access to these benefits. However, the experiences of our clients have convinced us that the agency lacks sufficient resources to perform its essential functions effectively and efficiently.

This testimony draws on the experiences of Legal Aid clients, whose stories are included as Appendix A to this testimony. Although it is impossible to represent the interactions of every individual with ESA, we have attempted to direct attention to a sample of real experiences as told from the clients’ perspective as consumers at ESA. The stories of these selected clients suggest that—despite good intentions—ESA is in some moments struggling to meet its core goal of providing assistance to the most vulnerable among us. This testimony also draws on the concerns previously raised in a December 13, 2013 letter co-signed by a number of legal services and advocacy organizations and sent to Mayor Gray and Councilmembers Graham and Alexander, included as Appendix B to this testimony. In the two months that have passed since we sent our letter, we remain concerned with the operations of ESA service centers; the consistency of services provided to applicants and recipients at the service centers; and the ongoing systemic problems with applications, recertifications, and notices.

¹ The Legal Aid Society was formed in 1932 to “provide legal aid and counsel to indigent persons in civil law matters and to encourage measures by which the law may better protect and serve their needs.” Over the last 80 plus years, tens of thousands of the District’s neediest residents have been served by Legal Aid staff and volunteers. Legal Aid has been practicing in the area of public benefits for a number of years, representing clients with TANF, SNAP, and Medicaid cases.

I. Benefit Applicants and Recipients Face Long Wait Times and Service Centers at Capacity.

Last year, a *Washington Post* article highlighted the dauntingly long lines faced by parents seeking child care subsidies through ESA.² Unfortunately, as our December 2013 letter attests, long wait times at ESA service centers are not exclusive to those applying for child care subsidies. Legal Aid clients report extended wait times regardless of benefit type. Even the process of waiting itself can be difficult. Some service centers lack the space to allow all to wait inside.

II. Benefit Applicants and Recipients Do Not Consistently Receive Appropriate Levels of Service from ESA Staff.

Once able to meet with a staff member at a service center, recipients and applicants do not consistently receive appropriate levels of service. Our clients describe being re-directed to other service centers; receiving confusing and at times conflicting information from staff; and being offered assistance in English only, without language accommodations.

ESA is committed to a “no wrong door” policy, meaning that one should be able to receive services regardless of where you interact with the agency. However, as the stories of our clients Ms. R and Ms. D reflect, this ideal is not always met. After seeking assistance at a service center, both women were directed to another ESA location. Given the long wait times involved in visiting a service center, it is unacceptable that case workers would ask individuals who have already waited for several hours to wait at a *second* center in order to receive information about their benefits. Some, such as Ms. R, may have children with them or waiting for them at home. Others may be disabled or ill. For all, the additional cost of transportation to a second, often less convenient, service center is a financial burden.

Additionally, recipients and applicants do not consistently receive reliable information from the case workers with whom they meet. Ms. R, after reportedly being told that her food stamps application was being processed, was twice informed that her application had not been received. Ms. D was reportedly approved for expedited food stamps in person but later told, by telephone, that she would have to wait for her application to be processed.

These difficulties are magnified when applicants or recipients are not able to communicate with the ESA worker reviewing their case. Mr. B, who is not a native English speaker, went to the Taylor Street Service Center multiple times last fall to inquire about how his food stamps level was calculated. Despite Mr. B’s inability to communicate effectively in English, the ESA case worker meeting with him did not offer interpretation services at two of their meetings. Mr. B was unable to resolve the question of how much his family should receive in benefits until he obtained a lawyer, who was able to communicate with Mr. B. and then able to advocate on his behalf.

² Brigid Schulte, *In D.C., Parents Miss Work, Lose Jobs Trying to Get Child-Care Subsidy*, WASH. POST, May 15, 2013, available at http://www.washingtonpost.com/local/parents-miss-work-lose-jobs-trying-to-get-child-care-subsidy/2013/05/15/3031ac2c-ba59-11e2-b94c-b684dda07add_story.html.

III. ESA Does Not Consistently Record Applications, Recertifications, and Other Documents and Does Not Consistently Provide Notice of Adverse Actions.

Our clients' experiences suggest that there are ongoing systemic problems with the way in which important benefits programs are administered. Applications and recertifications are not processed, documents submitted to the agency are never registered as having been received, and notices reflecting ESA's actions in cases are not issued consistently.

Our clients describe difficulties having their applications and recertification materials accepted for processing. Ms. Z, an elderly woman with several health conditions, applied for Qualified Medicare Beneficiary ("QMB") coverage in November 2013, but ESA had no record of that application, leading her to reapply. Another client, Ms. T, reports that she submitted six consecutive applications for Medicaid before finally being told she was already approved.

Beyond applications and recertifications, clients also report that documents are not retained or properly noted in ESA's computer systems. Mr. B went to ESA out of concern with the size of his family's food stamps awards. On three separate visits to Taylor Street—meeting each time with the same ESA worker—Mr. B submitted income documentation. Despite this, the worker continued to tell him that he had not provided the necessary income documentation. Although our clients often express frustration with the drop box system of document submission, it is especially worrisome if they are unable to have their documentation properly recorded even when meeting in person with an ESA worker. Mr. B's experience suggests that ESA's document retention systems need a review.

In addition, clients sometimes are not sent notices when important adverse actions are taken in their cases. Ms. T, a single mother on TANF, reports that she was terminated from Medicaid without receiving a written notice. She was told verbally that her Medicaid coverage had ended due to her failure to recertify. After reapplying several times, she was told that she was approved but again received no written notice. Likewise, Mr. S, a veteran, applied for QMB coverage but never was informed of the status of his application. He later discovered that he had been approved but that no notice alerting him of the QMB approval was ever sent.

When documents, applications, and recertifications are not recorded in the ESA system, recipients receive the wrong amount in benefits, applicants lose months waiting for crucial benefits to start, and recipients find themselves unable to get necessary medical care. These actions also raise legal concerns. For example, under federal law, ESA is obligated to screen for the need for expedited food stamps, but such screenings cannot be accomplished if an applicant's original application is never recorded. Likewise, federal law also mandates that food stamp applications be processed in thirty days and Medicaid applications in forty-five days, but these deadlines cannot be met if applications are misplaced or not properly recorded. Finally, both District law and agency policy require that applicants for and recipients of public benefits be given adequate written notice when ESA plans to take an action that would negatively affect or deny benefits.

IV. Conclusion.

We understand that ESA has been assigned a Herculean task of managing a high volume of cases, while adapting to the demands of the Affordable Care Act. The agency must also make do with imperfect sites for the service centers, limited staffing, and budgetary constraints. Many systems at ESA are in flux, and the agency is working to create better systems and space in the future. However, the issues raised by the experiences of our clients must be addressed *in the present*. People such as Ms. E—who was told by her doctor that her Alliance coverage had ended and missed several medical appointments as a result—cannot wait. Families like that of Ms. R—who went without food stamps for several months—cannot wait. Their stories are only known to us because they sought legal help. Many District residents likely face the same struggles but do not seek legal assistance, meaning that these issues may well be more widespread than we can know.

APPENDIX A: LEGAL AID CLIENT STORIES

Ms. R

Ms. R is a single mother whose only income comes from TANF and the small amount she makes working each month.

Ms. R attempted to apply for food stamps in December 2013 by leaving her application in the drop box at the Taylor Street Service Center. According to Ms. R, she returned to Taylor Street about two weeks later to ask about the status of her application and was told that the application had been received and was being processed.

When some time had passed and Ms. R had still not received food stamp benefits, she returned to Taylor Street to ask about her application. According to Ms. R, this time she was told that ESA had no record of her application and that she should go to the H Street Service Center. Ms. R reports that she went to H Street as instructed, only to be told that she would need to return to Taylor Street to apply for food stamps again. According to Ms. R, when she arrived at Taylor Street, the person with whom she was instructed to meet was unavailable, and she left without completing an application.

After Legal Aid reached out to ESA, it turned out that Ms. R's original application from December had indeed been received. Legal Aid has been told that the application will be processed in February 2014. Even if her benefits are restored immediately thereafter, Ms. R's family will have gone at least two months without the food stamps to which she was entitled.

Ms. T

Ms. T is a DC resident whose sole source of income is TANF and food stamps.

In October 2013, Ms. T's Medicaid coverage was terminated. According to Ms. T, she received no notice that her Medicaid coverage would be ending. When she went to the Congress Heights Service Center to ask about her Medicaid, she was told that her Medicaid had been terminated because she failed to recertify.

Ms. T reports that she re-applied for Medicaid on six separate occasions between October and December 2013, submitting five applications in the drop box at the Congress Heights Service Center and also applying once online. Finally, in January 2014, Ms. T was told by an ESA caseworker that she had been approved for Medicaid. Still, she never received any approval notice in the mail, so she sought out Legal Aid's services.

When Legal Aid contacted ESA, ESA confirmed that Ms. T never should have been terminated from Medicaid in the first place because she had no obligation to recertify. Although ESA has agreed to reinstate Ms. T's Medicaid coverage, Ms. T has gone without health insurance for several months.

APPENDIX A: LEGAL AID CLIENT STORIES

Mr. B

Mr. B is a father of two who relies on food stamp benefits and his wife's income to support the family.

Mr. B believed the \$190 per month in food stamp benefits he was receiving for his family of four was too low. According to Mr. B, he went to the Taylor Street Service Center on three separate occasions in October and November 2013 to inquire about this amount. Mr. B reports that although he brought his wife's paystubs with him on each visit and met with the same ESA caseworker on each visit, the caseworker continued to claim that he had no record of receiving the paystubs. In addition, although Mr. B has limited English proficiency, Mr. B reports that the ESA caseworker conducted two of these meetings in English without offering Mr. B the services of an interpreter. Thus, despite his several visits to the Taylor Street Service Center, Mr. B was unable to resolve the problem with his food stamp benefits.

After Legal Aid contacted ESA, ESA confirmed that Mr. B's food stamp benefits amount was too low and that he should have been receiving almost double the \$190 per month he had been receiving. Although Legal Aid was able to resolve the situation, it was only after Mr. B received lower food stamp benefits for several months.

Ms. E

Ms. E is a single mother who speaks only Spanish and cannot read or write. Ms. E has no source of income apart from food stamps.

In July 2013, Ms. E went in person to the Taylor Street Service Center to complete her Alliance recertification. According to Ms. E, the ESA caseworker she met with told her that no additional information was needed and that her recertification would be processed promptly.

However, when Ms. E went to a scheduled medical appointment, she was told that she no longer had any health insurance through Alliance. Indeed, Ms. E received a letter from ESA in September 2013 stating that her Alliance coverage had been terminated because she failed to recertify.

After Legal Aid contacted ESA in November 2013, ESA confirmed that Ms. E should have been receiving Alliance coverage back to August 1. Ms. E, however, had already missed several medical appointments because she believed she no longer had health insurance.

Ms. D

Ms. D is an elderly veteran who relies heavily on food stamp benefits to support herself.

APPENDIX A: LEGAL AID CLIENT STORIES

Ms. D first applied for food stamp benefits at the Anacostia Service Center in December 2012. According to Ms. D, she was approved that same day for expedited benefits. After a few days, however, Ms. D had not received any benefits. Ms. D attempted to call ESA several times but no one ever answered. Ms. D reports that when she finally got through to a caseworker, she was told that it would take 30 days for her application to be processed. Ms. D tried to explain to the caseworker that her expedited food stamp benefits had already been approved, but the caseworker insisted Ms. D needed to wait.

Ms. D next attempted to go to the H Street Service Center to resolve the issue. According to Ms. D, an ESA caseworker told her that her application had been denied but that the computer system did not indicate the reason for the denial. The ESA caseworker told her that she would need to go to the Anacostia Service Center to resolve the matter. Ms. D asked to speak to a supervisor, and the supervisor reaffirmed what the caseworker said.

Legal Aid filed a fair hearing request on Ms. D's behalf and represented her at an Administrative Review Conference, where the hearing officer awarded Ms. D food stamp benefits back to the date of her initial application in December 2012.

Mr. S

Mr. S is an elderly veteran who relies on Social Security benefits and food stamps to support himself.

Mr. S applied for QMB in October 2013. Mr. S was eager to get financial assistance from QMB to help cover his health care costs. By late December, however, Mr. S had received no word from ESA regarding his application.

When Legal Aid contacted ESA regarding this issue, ESA realized that Mr. S had already been approved for QMB back in November but that no eligibility notice had ever been released in ACEDS. As a result, Mr. S was unaware for several months of whether he had QMB coverage.

Ms. Z

Ms. Z is an elderly individual who is legally blind and suffers from several other health conditions. Ms. Z lives with her brother because she has trouble caring for herself.

Ms. Z reports that she applied for QMB coverage in November 2013 by going in person to the H Street Service Center. According to Ms. Z, an ESA caseworker stamped her application and then she placed it in the drop box at the Service Center. In January 2014, however, Ms. Z had still received no word on her application. Concerned about her ability to afford the costs of a medical procedure, she applied again for QMB coverage.

APPENDIX A: LEGAL AID CLIENT STORIES

When Legal Aid contacted ESA, the agency said it had no record of Ms. Z's November application. ESA eventually processed Ms. Z's January application, but prior to this she was hesitant to seek medical care because she did not have QMB coverage.

Ms. Q

Ms. Q is an elderly resident of the District of Columbia who works part-time and relies on her wages, Social Security benefits, and food stamp benefits to support herself.

In August 2013, Ms. Q received a mid-year recertification form in the mail for her food stamp benefits. Ms. Q reports that when she called ESA to ask about this form, a caseworker told her that as long as she filled out the form by September 30, 2013, she would continue to receive her food stamp benefits. According to Ms. Q, she placed her recertification form and paystubs in the drop box at the Congress Heights Service Center before the end of September.

The next month, however, Ms. Q did not receive her food stamp benefits. Ms. Q reports that, after calling ESA several times, she was told that her recertification papers had been received by ESA but not properly entered in the computer.

A few days later, Ms. Q went in person to the Congress Heights Service Center and was told that her food stamp benefits for October had been uploaded. Ms. Q reports that, despite having already completed a recertification form in September, she was asked to complete another one and did so.

However, the next month, in November 2013, she received a notice stating that her recertification had been denied because she did not submit the required information. Ms. Q did not receive any food stamp benefits for November.

After Legal Aid reached out to ESA, ESA processed Ms. Q's recertification form, and she got her November food stamp benefits. However, an error was made and, instead of restoring Ms. Q's food stamps benefits, they were terminated. Ms. Q received a notice stating that her food stamp benefits were being terminated at her request, and she received no food stamp benefits in December.

Although ESA admitted the agency error, it took several weeks of advocacy by Legal Aid before the problem was resolved. Ms. Q was forced to go these several weeks without her food stamp benefits.

APPENDIX B

December 13, 2013

The Honorable Mayor Vincent Gray
Mayor of the District of Columbia
1350 Pennsylvania Avenue, NW, Suite 316
Washington, DC 20004
VIA EMAIL: eom@dc.gov

The Honorable Jim Graham
District of Columbia City Councilmember
Chair of the District of Columbia City Council Committee on Human Services
Council of the District of Columbia
1350 Pennsylvania Avenue NW, Suite 105
Washington, DC 20004
VIA EMAIL: jgraham@dccouncil.us

The Honorable Yvette Alexander
District of Columbia City Councilmember
Chair of the District of Columbia City Council Committee on Health
1350 Pennsylvania Avenue NW, Suite 400
Washington, DC 20004
VIA EMAIL: yalexander@dccouncil.us

Dear Mayor Gray, Councilmember Graham and Councilmember Alexander:

The undersigned organizations write to express concern that the agencies responsible for implementing health care reform's public insurance provisions in the District of Columbia -- the Economic Security Administration (ESA) of the Department of Human Services (DHS) and the Department of Health Care Finance (DHCF) -- do not have sufficient resources to effectively implement the new DC Access System (DCAS) and maintain its existing caseload of Medicaid and other public benefit enrollees. While we appreciate that governments are always trying to do more with less, we fear that the lack of adequate staffing at the caseworker, management and policy levels jeopardizes the ability of low income individuals and families to access essential public benefits in an accurate and timely fashion. We believe that ESA needs additional staff to implement the expanded access to health insurance under the Affordable Care Act (ACA) while also serving existing customers. To ensure that additional staff are utilized well, ESA also needs to develop new plans for staff utilization. We seek your support to ensure that both of these happen.

As you know, DHCF has been delegated the task of developing policy to implement health care reform's public insurance provisions and ESA has been tasked with implementation. So far, with the resources available, staff at both agencies have made great efforts to meet these challenges and have contributed to the District's reputation as a leader in health reform implementation. However, current resources are not sufficient to both satisfy existing

obligations and meet these new challenges; without additional resources, we fear that vulnerable clients will fall through the cracks and go without needed benefits.

Under the ACA, families and individuals with incomes up to 400% of the federal poverty level (FPL)—an income limit that is much higher than other public benefits programs—can receive financial assistance to pay for health insurance. The ACA also requires that states adopt a no wrong door policy, meaning that anyone can apply for assistance online, by mail, over the phone, or in person. This means that ESA, which has primarily served the District residents with incomes under 200% of FPL, must also serve an entirely new population, those with incomes between 200% and 400% of FPL. The streamlined application for health coverage and the focus on technological support will decrease the burden on DHS staff over time. However, the burden on staff to serve this new population will likely be tremendous, particularly in the early phases of health reform. DC Health Link staff and trained assisters will provide some support, but many residents, especially those familiar with the public benefits system, will continue to rely on ESA. There is no doubt that the demand at ESA centers has increased and will continue to remain at high levels.

At the same time, ESA must continue to serve low-income District residents who qualify for other public benefits, such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) benefits, the Qualified Medicare Beneficiary (QMB) Program, or the DC Health Care Alliance. Long before the District began working on health reform, ESA has faced complaints of lengthy wait times at service centers, lost paperwork and delays in application processing. Many of the organizations who have signed on to this letter have anecdotal reports that these problems have increased since the implementation of the ACA in the District.

To address these concerns, ESA must hire additional staff at all levels (including managers and supervisors as well as line and policy staff) and continue to develop a comprehensive plan to deploy these staff effectively. We recognize that ESA has hired some new employees; however, the number is inadequate to address the need for assistance. Moreover, because all ESA staff are undergoing intensive training, a process which is both beneficial and necessary, not all ESA employees are available to work with clients.

ESA officials have communicated to advocates their belief that the continued move towards automating application and recertification processes will lessen the need for agency staff. We share the agency's hope that additional automation will make these processes more efficient and effective in many ways. The technology is just not far enough along to eliminate the need for substantial staffing to take on new responsibilities as well as ensure that current obligations are met. Furthermore, the process of getting all ESA programs integrated into the DCAS system will itself require additional agency staff.

Finally, the lack of meeting space at ESA Service Centers only exacerbates existing problems, restricting the ability of available staff to meet with clients. We believe that ESA is aware of the space issues and is working on creative solutions. However, without a significant number of additional staff, this planning will not yield effective results in the short term or long term.

Your support for these changes will help ensure the success of health reform in the District, and will protect other public benefits programs from falling by the wayside as the District enters this exciting new phase. The District is an undisputed leader in providing access to health insurance for its citizens. But that leadership requires an ongoing commitment to ensuring that programs can operate effectively. Therefore, we ask that you increase ESA's funding for more staff and require ESA to conduct the comprehensive needs assessment described above.

We look forward to continuing to work with you on this issue. Please feel free to contact Jennifer Mezey of the Legal Aid Society of the District of Columbia (jmezey@legalaiddc.org) or Wes Rivers at the DC Fiscal Policy Institute (rivers@dcfpi.org) to discuss the topics raised in this letter further.

Sincerely,

DC Fiscal Policy Institute
Legal Aid Society of the District of Columbia
AARP of the District of Columbia
Associated Federation of State, County and Municipal Employees (AFSCME)
Bread for the City
Capitol Area ADAPT
Children's Law Center
Covenant House Washington
DC Alliance of Youth Advocates
DC Behavioral Health Association
DC Coalition Against Domestic Violence
DC Coalition on Long Term Care
DC Employment Justice Center
DC Hunger Solutions
DC Primary Care Association
DC Senior Advisory Coalition
DC Statehood Green Party
DC Volunteer Lawyers Project
DIRECT Action
Employment Justice Center
Fair Budget Coalition
Families USA
Family and Medical Counseling Services
Family Voices of the District of Columbia, Inc.
Greater Washington Society for Clinical Social Work
Health Insurance Counseling Project, George Washington University Community Legal Clinics
Healthy Families/Thriving Communities Collaborative Council
Hemophilia Association of the Capital Area
Hemophilia Federation of America
Home Care Partners

Iona Senior Services
Legal Counsel for the Elderly
Many Languages One Voice (MLOV)
Mary's Center
MetroHealth
Miriam's Kitchen
National Multiple Sclerosis Society, National Capital Chapter
Nonprofit Roundtable of Greater Washington
Positive Force DC
Reentry Task Force
Sasha Bruce Youthwork, Inc.
University Legal Services
Washington Legal Clinic for the Homeless
We Are Family Senior Outreach Network

CC: The Honorable Phil Mendelson
Chair of the DC City Council
1350 Pennsylvania Avenue, NW, Suite 504
Washington, DC 20004
pmendelson@dccouncil.us

The Honorable Marion Barry
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 102
Washington, DC 20004
mbarry@dccouncil.us

The Honorable Anita Bonds
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 408
Washington, DC 20004
abonds@dccouncil.us

The Honorable Muriel Bowser
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 110
Washington, DC 20004
mbowser@dccouncil.us

The Honorable David Catania
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 404
Washington, DC 20004
dcatania@dccouncil.us

The Honorable Mary M. Cheh

District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 108
Washington, DC 20004
mcheh@dccouncil.us

The Honorable Jack Evans
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 106
Washington, DC 20004
jevans@dccouncil.us

The Honorable David Grosso
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 406
Washington, DC 20004
dgrosso@dccouncil.us

The Honorable Kenyan McDuffie
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 506
Washington, DC 20004
kmcduffie@dccouncil.us

The Honorable Vincent Orange
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 107
Washington, DC 20004
vorange@dccouncil.us

The Honorable Tommy Wells
District of Columbia City Councilmember
1350 Pennsylvania Avenue, NW, Suite 402
Washington, DC 20004
twells@dccouncil.us

Ms. Beatriz Otero
Deputy Mayor for Health and Human Services
Office of the Deputy Mayor for Health and Human Services
1350 Pennsylvania Avenue, NW, Suite 223
Washington, DC 20004
BB.otero@dc.gov

Mr. David Berns, Director, District of Columbia Department of Human Services
Ms. Deborah Carroll, Director, District of Columbia Economic Security Administration
64 New York Avenue NE, 6th Floor
Washington, DC 20002

David.berns@dc.gov
Deborah.carroll@dc.gov

Mr. Wayne Turnage
Director, District of Columbia Department of Health Care Finance
441 4th Street, NW, 900S
Washington, DC 20001
Wayne.turnage@dc.gov

Mr. Christopher Murphy
Chief of Staff, Executive Office of the Mayor
1350 Pennsylvania Avenue, NW, Suite 316
Washington, DC 20004
Christopher.murphy@dc.gov