

I am writing regarding the upcoming hearing on the process for deciding social security decisions. I practice law in this area and continue to be concerned at the number of claimants age 50-64 with long, productive work histories who are routinely denied for benefits at the initial stage. They then must wait over a year to get a hearing before an administrative law judge. In the meantime, the dire financial impacts of losing employment (and often medical insurance) often leave these workers near foreclosure, bankruptcy etc. Often, the agency's own consultative examiner has found medically documented limitations which would require an award of benefits under the correct application of Medical-Vocational guidelines. This opinion is routinely over-ruled by an agency reviewer who never even examines the claimant. These situations are not limited to older claimants, however, I think the injustice to these claimants is the most troubling and should be a focus of immediate review. Once a claim gets to an administrative law judge, the troubles can continue. I recently had a gentleman denied for the second time, and after the Appeals Council directed a review of his case. He was over 60 during the relevant time period, suffered from residual knee problems due to a gunshot wound in Viet Nam, cardiac myopathy, diabetes, and hypertension. Despite these medical conditions and his testimony regarding his inability to be on his feet all day, the judge said he was capable of medium work (walking, standing, lifting significant weight all day) and denied benefits *without even discussing the impact of these medical conditions on his ability to do physically challenging work*. Another gentleman after working his entire life as a commercial painter suffered a broken ankle in a non-work related accident. The ankle healed poorly required multiple surgeries and he walks with a severe limp and is limited to walking/standing only 2-3 hours per day. Again, this 56 year old man, with a 9<sup>th</sup> grade education, who had worked steadily since he was a teenager was denied benefits and had to wait 15 months for a hearing. Fortunately, he was awarded benefits at this stage.

In conclusion, there is much focus on the people who "don't deserve it" and a cry to make it tougher to get benefits. I would argue that a careful and reasoned approach should first focus on protecting those who qualify under the SSDI program and who are over 50. After assuring that these claimants have a fair and speedy resolution of their claims, consideration of other issues (based on facts and not a few isolated incidents) can be made.

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