

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES *et al.*

*Plaintiffs,*

v.

LELAND DUDEK, *in his official capacity as  
Acting Administrator of the Social Security  
Administration, et al.*

*Defendants.*

Civil Action No. 1:25-cv-00977

**PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION**

Plaintiffs are disabled Americans and organizations representing individuals with disabilities. They bring this action to stop the unprecedented and illegal dismantling of the Social Security Administration, which provides benefits to some 73 million people, most of whom have disabilities. Plaintiffs, by their undersigned counsel and pursuant to Fed. R. Civ. P. 65 and 42 U.S.C. § 12188(a)(2), move the Court for a preliminary injunction against the Defendants, federal government agencies and officials, prohibiting them from violating Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and the Administrative Procedure Act, 5 U.S.C. § 706(2)(A)–(C). Injunctive relief is necessary to revoke the elimination of the Office of Civil Rights and Equal Opportunity (“OCREO”) and the Office of Transformation within the Social Security Administration (“SSA”), revoke the reduction of SSA offices, cease the mass termination of SSA employees, and roll back recent policies that increase applicants’ and beneficiaries’ need to seek services in person, until Defendants can ensure that doing so will not result in reduced

access to SSA programs and services. Preliminary relief is urgent to preserve the status quo by ensuring that Plaintiffs do not suffer irreparable harm while this case proceeds.

As set forth more fully in the attached Memorandum of Points and Authorities, a preliminary injunction is necessary because Plaintiffs are likely to succeed on the merits in demonstrating that the termination of the OCREO and Office of Transformation, the reduction of SSA offices, and the elimination of 7,000 employees, along with the implementation of new policies requiring in-person services in local field offices, disproportionately impact people with disabilities. They are likely to suffer irreparable injury if they are unable to timely obtain the protections and services of SSA. The eradication of OCREO and Office of Transformation, the reduction of offices, imposition of in-person service requirements, and the termination of numerous employees threaten Plaintiffs' rights to protection from discrimination, to fair administrative procedures, and to due process. These injuries far outweigh any damage or inconvenience to Defendants. Finally, ensuring Plaintiffs are given an accessible avenue by which they may file their discrimination complaints with SSA and receive timely services from SSA is well within the public interest because it promotes the fair and equal access to Social Security benefits.

WHEREFORE, Plaintiffs request that their Motion be granted and that the Court issue an immediate preliminary injunction against Defendants.

Dated: April 2, 2025

Respectfully submitted,

/s/

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OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION**

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## INTRODUCTION

The unlawful dismantling of the Social Security Administration (“SSA”)—a statutorily-created lifeline for over 73 million Americans—requires this Court’s immediate intervention. Social Security is not a discretionary policy choice; it is a statutory entitlement that anchors the economic security of retirees, people with disabilities, and their families. Without it, an additional 22 million adults and children would be thrust into poverty. *See* Kathleen Romig, *Social Security Lifts More People Above the Poverty Line than Any Other Program*, CTR. ON BUDGET & POL’Y PRIORITIES (Jan. 21, 2015), <https://perma.cc/9LPE-TPBQ>. Yet, Defendants have embarked on a reckless campaign to discredit SSA in the media while eviscerating its operations from within. Defendant Musk’s public attacks on the Social Security Administration have been baseless, misleading and inflammatory: false accusations of “extreme levels of fraud,” *see* Michael Martin & Destinee Adams, *Former head of Social Security says Elon Musk and DOGE are wrong about the agency*, NPR (Mar. 24, 2025), <https://www.npr.org/2025/03/24/nx-s1-5337999/elon-musk-doge-social-security-cuts>, and comparing the bedrock social safety net for older adults and people with disabilities to a “Ponzi scheme,” *see* WRAL, *Fact check: Elon Musk calls Social Security a Ponzi scheme*, YOUTUBE (Mar. 24, 2025), <https://www.youtube.com/watch?v=w7hKjzwRqOM>.

Plaintiffs—the American Association of People with Disabilities (“AAPD”), the National Federation of the Blind (“NFB”), Deaf Equality, the National Committee to Preserve Social Security and Medicare (“NCPSSM”), Massachusetts Senior Action Council (“MSAC”), and individual Social Security applicants and beneficiaries with disabilities—seek an injunction to halt this unlawful dismantling of the Social Security Administration. Defendants’ deliberate erosion of the Social Security Administration violates the Rehabilitation Act, 29 U.S.C. § 794(a) and the Administrative Procedure Act (“APA”), 5 U.S.C. § 706(2)(A)–(C).

The consequences of these measures will be most acutely felt by people with disabilities. The Court must intervene to uphold the rule of law and safeguard those whose lives depend on the integrity of this indispensable program, which has stood as a cornerstone of economic security for nearly a century.

## BACKGROUND

### I. Critical Role of Social Security Benefits for Individuals with Disabilities

Plaintiffs are or represent Social Security applicants and beneficiaries with disabilities whose livelihoods are inextricably tied to their receiving Social Security benefits. Established in 1935, the Social Security Administration stands as a lasting testament to the government's unwavering commitment to ensuring economic security and social welfare for individuals with disabilities and the elderly, adapting over time to meet the evolving needs of the American people. Social Security Old Age and Survivor beneficiaries number over 60 million people. SSA, MONTHLY STAT. SNAPSHOT, FEB. 2025 (2024), <https://perma.cc/8DCA-7B2L>.

More than 7 million Americans rely on Supplemental Security Income ("SSI"), with the vast majority—over 6.2 million—living with disabilities, including more than 63,000 who are blind. SSA, ANN. STAT. SUPP. TO SOC. SEC. BULL. 424, 439 (2024), <https://perma.cc/7SP4-KMPK>. Among those aged 65 and older, over 1.2 million are disabled. *Id.* at 424. For more than half of SSI recipients, no other financial safety net exists, rendering them fully reliant on the modest monthly benefit SSI provides. Michelle Diamant, *SSI Recipients Can't Afford Housing Anywhere in the U.S.*, DISABILITY SCOOP (Feb. 5, 2024), <https://perma.cc/PY7P-VYM4>. In 2025, SSI beneficiaries receive \$967 per month, and couples receive \$1,450 per month. SSA, *SSI Federal Payment Amounts for 2025*, <https://www.ssa.gov/oact/cola/SSI.html>, archived at <https://perma.cc/43PM-BAVJ> (last visited Apr. 1, 2025).

Social Security Disability Insurance (“SSDI”) plays a similarly vital role for 7.3 million Americans who can no longer work due to disability. SSDI benefits, averaging \$1,538 per month, provide essential financial support. CTR. ON BUDGET & POL’Y PRIORITIES, CHART BOOK: SOC. SEC. DISABILITY INS. 17 (2024), <https://perma.cc/MRF8-JQFV>. The majority of SSDI beneficiaries are individuals who have spent their working lives contributing to the system through payroll taxes, with 75 percent over the age of 50 and 40 percent over 60. *Id.* at 8.

## II. Process and Challenges of Obtaining Benefits

Social Security is the largest federal government program, serving 73 million people and facilitating over 500 million interactions with the public each year through field offices, customer service centers, and phone-based services. *Id.*; SSA, FY 2025 PRESIDENT’S BUDGET REQUEST 1 (2024), <https://perma.cc/42A4-ZVPW>. One in five Americans collect Social Security benefits. SSA, *Fact Sheet*, <https://perma.cc/V2R3-LYUT> (last visited Apr. 1, 2025). Among people over age 65, nearly nine out of ten depend on those benefits. *Id.* Between 2019 and 2024, SSA received between 6 and 7 million claims annually—a staggering volume that does not even account for the 1.1 million backlogged claims still pending. SSA, *Processing time for Retirement, Survivor, and Medicare benefits*, <https://perma.cc/3YXG-BLGN> (last visited Apr. 1, 2025). From March 2023 to February 2025, it processed an average of 165,000 to 220,000 initial disability claims each month. SSA, *Disability determination processing time*, <https://perma.cc/2MGD-NTS5> (last visited Apr. 1, 2025).

Despite the increasing demand for services, the agency is already operating with its smallest workforce in decades, with efforts underway to reduce it even further. *See* Martha McHardy, *Social Security Announces Major Cut to ‘Bloated Workforce’*, NEWSWEEK (Mar. 1, 2025), <https://www.newsweek.com/social-security-administration-cuts-trump-2038198>. As a result of this and recent policy changes that are further burdening operations, the agency is facing



a mounting crisis that impedes its ability to deliver on the promises of the system. For those who rely on these programs, delays and barriers to services translate to empty cupboards, unfilled prescriptions, and eviction notices. *See* Declaration of Mark Riccobono (“Riccobono Decl.”) ¶¶9–10; Declaration of Maria Town (Town Decl.) ¶¶14–17; Declaration of Anna Bitencourt (“Bitencourt Decl.”) ¶¶12–14; Declaration of Governor Martin O’Malley (“O’Malley Decl.”) ¶¶14, 16–17, 27–29; Declaration of Max Richtman (“Richtman Decl.”) ¶¶10–11; Declaration of Wilshawn Tiller (“Tiller Decl.”) ¶¶19–21; Declaration of Elizabeth Rouse (“Rouse Decl.”) ¶¶8, 17; Declaration of Treva Olivero (“Olivera Decl.”) ¶¶8–13, 25–26; Declaration of Martha Hazen (“Hazen Decl.”) ¶¶16–17; Declaration of Merry Schoch (“Schoch Decl.”) ¶28; Declaration of Deja Powell (“Powell Decl.”) ¶12.

A. Application and Administrative Hearings Process

The Social Security Administration has long operated with limited funding for administration and now has the lowest staffing in decades. In 2024, SSA received over two million disability claims, and the average processing time for these claims was 230 days—approximately eight months. FY 2025 PRESIDENT’S BUDGET REQUEST, *supra* at 17. If an initial claim is denied, applicants have the right to request reconsideration, which adds another layer of delay. *Id.* In 2024, SSA received around 618,000 reconsideration requests, with an average processing time of seven months. *Id.* If reconsideration results in another denial, applicants may request a hearing before an Administrative Law Judge (“ALJ”), with an average processing time of 345 days, nearly one year. *Id.* The Office of Disability Adjudication, responsible for holding hearings and issuing decisions, also reviews post-hearing appeals for claims under Titles II and XVI of the Social Security Act. 42 U.S.C. §§ 401–33, 1381–83f. Further appeals can proceed to the Appeals Council, and ultimately to federal court. SSA, *Appeals Process*, <https://perma.cc/7ZCY-BYUG> (last visited Apr. 1, 2025).

The volume of appeals and limited resources has led to significant delays, and underscores the challenges claimants have faced in recent years. The average wait time for an initial disability decision is eight months, and if denied, reconsideration tacks on another seven months, followed by an additional year for a hearing. SSA, *How long does it take to get a decision after I apply for disability benefits?*, FAQs (Mar. 4, 2024), <https://perma.cc/G59E-BTA4>; USAFACTS, *Wait times for Social Security disability benefit decisions reach new high* (Dec. 12, 2023), <https://perma.cc/ZMN6-EJGD> (noting that initial application wait times exceeded seven months in 2023, an 86% increase from 2019).

Beyond disability claims, SSA manages enrollment for Medicare Part A and Part B. Over 6 million new enrollees are processed for Retirement, Survivor, and Medicare programs annually. SSA, *Social Security Beneficiary Statistics*, <https://perma.cc/965G-9W94> (last visited Apr. 1, 2025). The enrollment process often requires in-person visits to local SSA offices, resulting in further delays for applicants and beneficiaries.

It is in this environment that the new staffing cuts and the policies increasing workforce burdens were initiated in 2025—effectively pushing the SSA over the edge.

#### B. Applicant and Beneficiary Support Services

To assist applicants and beneficiaries, the Social Security Administration operates a National 800 Number, a toll-free helpline that fields over 265,000 calls daily. SSA, *800 Number Performance*, <https://perma.cc/GU6M-64WK> (last visited Apr. 1, 2025). For many, particularly those with disabilities or older individuals, this phone service is the most accessible means to manage their benefits. However, the task of reaching an SSA agent is fraught with difficulty. Depending on the time of day, callers can wait over two hours for their calls to be answered, SSA, *Contact Social Security By Phone*, <https://perma.cc/YNS8-XD5H> (last visited Apr. 1, 2025). The 800 number has an answer rate of only 46.6 percent. *Id.* For those requiring a callback, the wait

extends to an average of 1 hour and 28 minutes, and some individuals report waiting up to 90 minutes or more. *800 Number Performance, supra*. See Tiller Decl. ¶¶14, 16; Rouse Decl. ¶13; Hazen Decl. ¶13; Plawsky Decl. ¶6; Declaration of William Weiss (“Weiss Decl.”) ¶10; Declaration of Kamila Sharif (“Sharif Decl.”) ¶6; Hazen Decl. ¶13; Schoch Decl. ¶20-24; Powell Decl. ¶8. These figures fail to capture the numerous calls that are dropped, when the system is unable to handle the overwhelming volume of inquiries. *800 Number Performance, supra*. The result is a system that, rather than offering timely assistance, exacerbates the already significant burdens faced by those in need.

Despite processing millions of calls and claims annually, SSA operates with historically low staffing levels for an agency of its scope and responsibility. FY 2025 PRESIDENT’S BUDGET REQUEST, *supra* at 1–2. Its employees, overworked and facing burnout, are tasked with processing claims and appeals amidst scarce resources. O’Malley Decl. ¶¶29–32. Current staff shortages and systemic inefficiencies leave employees stretched to their limits, struggling to keep pace with the increasing demand for essential services. *Id.* ¶32.

### C. The Human Cost of Delays and Service Failures

As the Social Security Administration struggles to meet the demand with limited resources, people needing its essential benefits are left without. In 2023, 30,000 people died while awaiting decisions on their initial disability claims. Natalie Alms, *30,000 died in fiscal 2023 waiting for disability decisions from Social Security*, NEXTGOV/FCW (Apr. 17, 2024), <https://www.nextgov.com/digital-government/2024/04/30000-died-fiscal-2023-waiting-disability-decisions-social-security/395796/>. For others, the toll of waiting is financial ruin. Between 2014 and 2019, 48,000 people filed for bankruptcy while awaiting a final decision on their disability appeals. Memorandum from U.S. Gov’t Accountability Off. to Sen. Comm. on the

Budget and H.R. Subcomm. on Soc. Sec. (Feb. 15, 2025 [DA1]).  
<https://www.gao.gov/products/gao-20-641r>.

The strict limit of just \$2,000 in assets leaves SSI recipients with no financial safety net to withstand delays in payment. SSA, *Who is Eligible for SSI?*, <https://www.ssa.gov/ssi/text-eligibility-ussi.htm> (last visited Apr. 1, 2025). There are no savings to lean on if checks are delayed or benefits terminated. The impact is immediate and severe—leading to eviction, hunger, and untreated medical conditions that further compromise health and well-being. *See* Molly Weston Williamson, *Cuts to the Social Security Administration Threaten Millions of Americans’ Retirement and Disability Benefits*, CTR. FOR AM. PROGRESS (Mar. 12, 2025), <https://perma.cc/YHK2-3JT9> (“In a January 2025 survey, 42 percent of Americans 65 and older reported ‘I would not be able to afford the basics, such as food, clothing, or housing [without Social Security retirement benefits].’”).

The cuts, closures, and policies of the defendants will only exacerbate an already difficult situation as the agency tries to fulfill its critical functions

### **III. Defendants’ Erosion of the Social Security Administration**

#### **A. Mass Workforce Reductions and the Consequent Service Disruptions**

Defendants’ decision to cut SSA’s workforce by 7,000 positions, Press Release, SSA, <https://perma.cc/L7D8-APHY>, comes at a time when the agency is serving a record amount of beneficiaries. *See* McHardy, *supra*. Yet, because of Defendants’ downsizing efforts, a total of 2,477 SSA employees have already accepted voluntary separation incentive payments, requiring them to leave government service by April 19, 2025. SSA, *Workforce Update*, <https://perma.cc/3UWS-QG3U> (last visited Apr. 1, 2025). Meanwhile, SSA was required to submit a Reduction in Force (“RIF”) plan by March 13, 2025, though this document remains unavailable to the public. *See id.* SSA reports that the forthcoming reduction-in-force will eliminate over 4,000 additional positions,

and that, simultaneously, SSA has implemented a hiring freeze across both its core operations and Disability Determination Services, while significantly curtailing overtime. *Id.*

Research has shown that for every individual staff member SSA loses, 8.6 people go without benefits. Sydney Gordon, *Employee Exodus: The Impact of Government Downsizing on Benefit Access* (Feb. 26, 2025) (Ph.D. dissertation, U.C. Irvine) (on file with author); David Dayen, *How Social Security Administration Cuts Affect You*, AM. PROSPECT (Mar. 6, 2025), <https://prospect.org/health/2025-03-06-how-social-security-administration-cuts-affect-you/>.

SSA's field offices, long the first point of contact for millions of beneficiaries, have been placed in a state of uncertainty.

DOGE touts the reduction or closure of 22 SSA offices, down from an initial tally of 47. *See* DOGE, [Doge.gov/savings](https://doge.gov/savings) (last visited Apr. 1, 2025); Meg Kinnard, *A List of Social Security offices across the US expected to close this year*, ASSOCIATED PRESS (March 19, 2025) <https://apnews.com/article/social-security-offices-closures-doge-trump-b2b1a5b2ba4fb968abc3379bf90715ff>. Yet a subsequent SSA announcement says it has only shuttered one hearing office (so far) and submitted a list of hearing offices to close. Press Release, SSA, *Correcting the Record about Social Security Office Closings* (Mar. 27, 2025), <https://perma.cc/KTQ2-UATN>. In addition, Defendant Dudek has acknowledged that regional offices would be reduced from ten to four. Declaration of John Whitelaw ("Whitelaw Decl.") ¶13; Press Release, SSA, *Social Security Announces Workforce and Organization Plans* (Feb. 28, 2025), <https://perma.cc/L7D8-APHY>. *But see* Judd Legum, *How the Social Security Administration and DOGE are gaslighting Americans*, POPULAR INFO. (Mar. 31, 2025), [https://popular.info/p/how-the-social-security-administration-fff?utm\\_campaign=post&utm\\_medium=web](https://popular.info/p/how-the-social-security-administration-fff?utm_campaign=post&utm_medium=web). With the closure of hearing offices, claimants

needing an in-person hearing must travel greater distances for hearings, while the remaining hearing offices will be required to absorb the workload of those that have shuttered. At the same time, loss of office space combined with SSA's recent directive requiring all staff (including hearing officers) to return to in-person work only increases pressure on local offices to find space to conduct hearings, in an agency already struggling with case backlogs and delays.

These disruptions do not merely inconvenience claimants; they compromise SSA's ability to fulfill its statutory mandate. By SSA's own projections, a proposed workforce reduction of 4,500 employees would extend claim processing times by at least 20 additional days and increase the backlog by 175,000 cases. SSA FY 2025 BUDGET REQUEST, *supra* at 9. By the same math, a cut of 7,000, if the relationship were linear, would push these numbers even higher—at least 31 additional days for claims and a backlog increase of 272,000 cases. *Id.* But inefficiencies do not scale in a linear fashion. As workloads exceed manageable levels, systemic delays compound, and the practical effect is likely to be far worse.

Local offices have always served a critical function, not merely processing benefit claims but assisting individuals in navigating the often-complex Social Security system—whether applying for Medicare, verifying eligibility for disability benefits, or addressing continuing disability reviews. See Yue Li & Manasi Deshpande, *Who is Screened Out? Application Costs and Targeting of Disability Programs*, 11(4) AM. ECON. J.: ECON. POL'Y, 213–48 (2019), <https://www.aeaweb.org/articles?id=10.1257/pol.20180076>. SSA has long recognized the necessity of in-person visits for individuals who struggle with complex program rules, have difficulty communicating by phone, or lack reliable internet access. *Id.* Yet the ongoing reductions in staffing have rendered such visits increasingly unattainable. Already, appointments at most SSA

offices are scheduled at weeks in advance, and with the staff reductions and increased requirements for in-person identity verification, delays will only lengthen.

These burdens fall most heavily on those least able to bear them. People with disabilities, who disproportionately rely on SSA in-person services, face distinct barriers that these policies only exacerbate. Blind and low vision people cannot readily access online services in the way others can. *See* Riccobono Decl. ¶12; Town Decl. ¶20; Bitencourt Decl. ¶15. Deaf beneficiaries, who require interpreters or captioning, find that in-person services offer communication access unavailable through remote alternatives. *See* Bitencourt Decl. ¶15. Many individuals with vision and mobility disabilities lack the ability to travel long distances and rely on telephone-based assistance, which SSA has simultaneously made more difficult to access through new restrictions on identity verification. *See* Riccobono Decl. ¶12; Town Decl. ¶20.

The data on these impacts is neither speculative nor new. Studies have found that field office closures lead to a measurable decline in disability benefit receipt—cutting off essential support to those who qualify under the law but cannot overcome the barriers imposed by administrative breakdown. *See* Weston Williamson, *supra*. Past hiring freezes, which resulted in a 10 percent reduction in field office staff, left nearly 80,000 eligible individuals without benefits. Gordon, *supra*. History has shown that suspending field office activity does not simply redirect local SSA beneficiaries to seek help at surrounding field offices—it leads to dramatic declines in benefit enrollment. Monica Faird *et al.*, *Effects of Suspending In-Person Services at Social Security Administration Field Offices on Disability Applications and Allowances*, CTR. FOR RETIREMENT RSCH. B.C., 3–4 (2024). Eliminating a field office reduces the number of people receiving disability benefits nearby by 16 percent, cutting families off from lifesaving supports. *Id.*

With SSA now planning to cut its workforce by 12 percent, possibly close more than 20 offices, and increase the need for in-person assistance, these effects will multiply. Because walk-in meetings are no longer available, *see* Email from Dawn Bystry, SSA, Acting Assoc. Comm’r to SSA Staff (Nov. 13, 2024), <https://perma.cc/RUE2-SEN6>, beneficiaries will be forced to fight for limited slots. At this time, appointments at most SSA offices are booked out at a minimum of 30 days in advance. *See, e.g.*, O’Malley Decl. ¶59 (stating that people need to wait an average of a month for an appointment at SSA field offices); Schoch Decl. ¶20 (stating that SSA told her at the end of March 2025 there were no available appointments near her for nearly two months). These delays and congestion make it more arduous and inaccessible for beneficiaries and applicants. Declaration of Susan Plawsky (“Plawsky Decl.”) ¶¶7–8; Declaration of Lori Smetanka (“Smetanka Decl.”) ¶12. *See* Li & Deshpande, *supra* at 213–48.

B. Recent Policies Lead to Overwhelmed Field Offices and Telephone-Based Services

Recent policy changes announced by Defendant Dudek threaten to impose significant barriers to accessing Social Security benefits, exacerbating an already strained system. Effective April 14, 2025, retirees, survivors, and spouses will no longer be able to file benefit claims over the phone and all beneficiaries will be unable to update direct deposit information or make changes to their accounts over the phone—an abrupt shift that risks disrupting access for millions of beneficiaries, particularly those with disabilities who may face technological challenges, lack internet access, or live in areas with limited access to field offices. Press Release, SSA, Social Security Updates Recently Announced Identity Proofing Requirements (Mar. 26, 2025), <https://perma.cc/74F5-5SPU>. For those who rely on in-person assistance due to communication barriers or lack of internet access, local offices will now have a higher volume of visitors, increasing already high wait times. *See id.*



On March 19, SSA froze an intergovernmental agreement known as Enumeration Beyond Entry, which had automatically sent social security cards to newly naturalized U.S. citizens and work-authorized non-citizens. Those people will now have to visit a field office to obtain a Social Security card. There were over 3.4 million people who automatically received social security cards last fiscal year. Judd Legum, *Secret policy shift could overwhelm Social Security offices with millions of people*, POPULAR INFO. (Mar. 20, 2025), <https://perma.cc/8TGP-LMUJ>. This change is expected to increase weekly in-person visits by an estimated 60,000 to 75,000. *Id.* These measures only serve to further burden SSA's already overwhelmed field offices.

At a time when SSA has emphasized the importance of efficiency and accessibility, these policy shifts do the opposite. By requiring beneficiaries to either navigate a complex online system or travel—often long distances—to an already overwhelmed SSA office, these changes risk excluding individuals with disabilities who live far from SSA offices, lack internet access, or lack reliable transportation. Richtman Decl. ¶14; Bitencourt Decl. ¶15; Town Decl. ¶¶19-20; Riccobono Decl. ¶ 12; Smetanka Decl. ¶¶10-12; Hazen Decl. ¶12; Schoch Decl. ¶17. The Defendants' recent policies amount to a backdoor benefits cut, as people are blocked from accessing SSA services and essential benefits. Beatrice Nolan, *DOGE's plans for Social Security are a 'backdoor' way to cut payments, experts warn: 'This is the most serious threat I've ever seen to it'*, FORTUNE (Mar. 21, 2025), <https://perma.cc/4JWY-C6MX>. What is clear, however, is that these new restrictions will lead to much longer wait times, increased frustration, and additional barriers to accessing benefits.

### C. Dissolution of the Office of the Office of Civil Rights and Equal Opportunity

On February 25, 2025, Defendant Dudek eliminated OCREO, the office responsible for overseeing discrimination complaints, civil rights enforcement within SSA, reasonable accommodation requests, and ensuring equal treatment under federal law. Press Release, SSA,

Social Security Dissolves Duplicative Office (Feb. 25, 2025), <https://perma.cc/UZL3-7C5B>. It consisted of:

1. Center for Equal Employment Opportunity;
2. Center for Complaints Resolution;
3. Center for Accommodations and Disability Services;
4. Center for Information Technology;
5. Center for Harassment Prevention;
6. Center for Regional Equal Opportunity Management; and
7. Center for Compliance Management.

Declaration of Chris Heidelberg (“Heidelberg Decl.”) ¶¶11-17; Chris Geidner, *The Social Security Administration “eliminated” its civil rights office*, LAW DORK (Feb 25, 2025), <https://perma.cc/TW8A-FT3P>.

No office within SSA possesses the capacity or mandate to fulfill the comprehensive role that OCREO served. Its creation and elevation to an independent office stem from the Civil Rights Movement and a broader governmental initiative to fortify antidiscrimination protections and ensure their meaningful enforcement. SSA, SOCIAL SECURITY’S EQUITY ACTION PLAN IN AGREEMENT WITH EO 13985 8 (2022), <https://perma.cc/2L9N-CCDR>.

For decades, OCREO managed the core functions essential to safeguarding equal access and ensuring fair treatment under the law. Heidelberg Decl. ¶7. Staffed by attorneys, paralegals, and other trained specialists, OCREO provided a structured and impartial process for investigating claims of discrimination, safeguarding due process for both employees and beneficiaries alike. *Id.* ¶¶19–20. No less essential was its role in overseeing reasonable accommodations, from administering contracts for ASL interpreters to reviewing requests for assistive technologies such as screen readers. *Id.* ¶¶13, 23. With OCREO’s abrupt dissolution, these functions have been left

untended, and those who rely upon them now face procedural dead ends, unreviewed claims, and the prospect of indefinite inaction. *Id.* ¶39.

The abrupt and unstructured manner in which OCREO was disbanded casts doubt on whether any meaningful deliberation preceded a decision of such gravity. On February 24—merely four days into his tenure as Acting Commissioner—Defendant Dudek convened a meeting with SSA’s deputy commissioners to discuss staffing. *Id.* ¶¶31–32, 42. The following day, OCREO managers were informed that their positions had been eliminated and were given two hours to vacate their offices. *Id.* ¶34. The lack of clarity surrounding these dismissals, the absence of any substantive justification for OCREO’s elimination, and the haphazard execution of its closure all suggest an agency acting with undue haste and without regard for the foreseeable consequences. Heidelberg Decl. ¶38; Whitelaw Decl. ¶¶10–13.

In the wake of OCREO’s dissolution, SSA has attempted to transfer portions of its workload to the Office of Mission Support (“OMS”). Ex. 1, E-mail from Leland Dudek, Acting Commissioner, SSA, to Senior Staff (Mar. 21, 2025). Yet OMS has proven incapable of managing OCREO’s extensive responsibilities. As of March 13, 2025—less a month after OCREO’s closure—the agency has failed to meet SSA’s established deadlines for processing employee complaint files, and its inability to access essential components of Reports of Investigation has only deepened the backlog of EEO complaints. E-mail from Richard Couture, President of Am. Fed. of Gov’t Emps. (“AFGE”) Council 215, to SSA (Mar. 13, 2025, 9:29 AM EST). Those who rely on SSA’s protections now find themselves without recourse, and in the absence of a coherent plan for replacement, the harm inflicted upon beneficiaries by these cuts will persist.

#### D. Elimination of the Office of Transformation

On February 24, 2025, Defendant Dudek eliminated the Office of Transformation, the office was created to modernize customer service, streamline operations, and improve the claimant

experience. *See* Press Release, SSA, Social Security Eliminates Wasteful Department (Feb. 24, 2025), <https://perma.cc/YEA8-PBG6>; Bria Overs, *Social Security Administration closes offices, cutting nearly 200 employees*, BALTIMORE BANNER (Feb. 25, 2025), <https://perma.cc/8Y76-4KNE>. It consisted of three offices: the Office of Customer Experience, which collected and analyzed customer feedback; the Office of Change Management, which ensured SSA's teams kept on pace with internal deadlines to meet their customer service improvement goals; and the Office of Experience Design, which ensured that the technical side of customer service ran smoothly, including managing SSA.gov. Declaration of Elizabeth Beaumon ("Beaumon Decl.") ¶¶13. A core aspect of its mission was working to remedy longstanding deficiencies in the agency's outdated technological systems and expand online services. Yet today, only 25 percent of SSA's services are available online—and without this office, even that limited access is at risk. *See* Natalie Alms, *Social Security shuts its civil rights and transformation offices*, GOV. EXEC. (Feb. 26, 2025), <https://perma.cc/8NCZ-TBHT>.

The weakening of SSA's technological workforce is one of its most perilous missteps. In the span of just ten days this March, less than a month after the office's dissolution, SSA.gov suffered four crashes, a direct result of overloaded servers, locking millions of individuals out of their accounts. Lisa Rein & Hannah Natanson, *Long waits, waves of calls, website crashes: Social Security is breaking down*, WASH. POST (Mar. 25, 2025), <https://perma.cc/D8F4-PT55>. Defendants' elimination of the Office of Transformation and the agency's capacity to sustain and modernize its own infrastructure has set the stage for the inevitable recurrence of these outages.

The remaining staff at SSA are not equipped to manage the full breadth of the Office of Transformation's work, which included critical tasks such as maintaining SSA.gov webpages. Beaumon Decl. ¶¶16. These pages were integral to guiding applicants on how to file claims and

navigate the benefits system. *Id.* With the loss of experienced professionals to maintain these pages, SSA leadership has effectively left beneficiaries exposed to unclear or conflicting instructions, dead ends in online services, and ongoing technical glitches.

Particularly troubling is the loss of staff fluent in Common Business Oriented Language (“COBOL”)—SSA’s primary coding language. As cyberattacks, including malware, become ever more frequent, the agency’s ability to defend its digital infrastructure is more crucial than ever. O’Malley Decl. ¶45. Given the enormous volume of sensitive data SSA holds on virtually every American, the agency’s cybersecurity is a matter of paramount importance. *Id.*

In dissolving the Office of Transformation, SSA has lost its dedicated team responsible for evaluating the impact of its cuts, leaving it without the structured oversight necessary to ensure its actions are properly assessed. The repercussions of Defendants decisions will not be borne by the agency itself, but by the individuals who depend on its services.

E. The Unconstitutional Incursion on SSA by Defendants Musk and DOGE

The Commissioner of the Social Security Administration is appointed by the President, with the advice and consent of the Senate, as outlined in the Social Security Act. 42 U.S.C. § 902. In a government designed to function within a system of separated powers and defined accountability, the Commissioner’s statutory role does not permit the intrusion of external, unelected forces wielding unilateral control over agency operations. Yet it is precisely this incursion that has transpired under Defendant Elon Musk, who, through his direction of DOGE, has asserted extraordinary influence over SSA policy and personnel, absent legal authority and beyond congressional oversight.

While Defendant Musk’s official role within DOGE remains unclear, his effective control is not. The reach of his influence over SSA is manifest in Defendant Dudek, the Acting Commissioner, who, within days of assuming office, ordered the dissolution of OCREO and the

Office of Transformation, endorsed the closure of field offices, and set in motion the termination of thousands of SSA employees, all while imposing new policies destined to increase the need for staff. *See* Press Release, SSA, Social Security Eliminates Wasteful Department (Feb. 24, 2025), <https://perma.cc/YEA8-PBG6>, Social Security Dissolves Duplicative Office (Feb. 25, 2025), <https://perma.cc/UZL3-7C5B>. These sweeping changes, by his own admission, were driven not by his independent judgment as the agency’s chief executive, but rather by the directive of Defendant DOGE, whose mandate to “streamline” agency functions has functioned as a pretext for dismantling essential public services. Whitelaw Decl. ¶¶9-12, 14; Declaration of Michelle Spadafore (“Spadafore Decl.”) ¶¶7-9.

Reports confirm that even senior White House officials lack oversight of Defendant Musk’s activities. A senior official described him as “operating with a level of autonomy that almost no one could control.” Kate Conger, *Inside Musk’s Aggressive Incursion Into the Federal Government*, N.Y. TIMES (Feb. 3, 2025), <https://perma.cc/R7XD-3LA7>. DOGE-affiliated individuals, many young, inexperienced, and unvetted, have been embedded across federal agencies, including SSA. *See* Avi Asher-Schapiro *et al.*, *Elon Musk’s Demolition Crew*, PROPUBLICA, <https://perma.cc/BG5M-CTAH> (last visited Apr. 1, 2025). DOGE has reportedly installed at least 10 operatives within the agency, whose activities have been shrouded in secrecy. N.Y. TIMES, *The People Carrying Out Musk’s Plans at DOGE*, (updated Mar. 26, 2025), <https://www.nytimes.com/interactive/2025/02/27/us/politics/doge-staff-list.html>. This extensive placement of DOGE personnel has granted Defendant Musk unprecedented access to governmental decision-making, sidestepping transparency and accountability.

Defendant Musk’s control extends beyond personnel. His access to digital infrastructure has permitted actions of great consequence—the mass termination of employees and contractors,

the cancellation of contracts, and the rescission of leases—all undertaken without the oversight mechanisms that safeguard responsible governance. In a private recording obtained by *ProPublica*, Defendant Dudek acknowledged the destabilizing potential of DOGE-driven policies, warning that if the scale of changes imposed at SSA mirrored those seen at USAID and the Treasury Department, the consequences “would be catastrophic for the people in our country.” *See* Eli Hager, “*The President Wanted It and I Did It*”: *Recording Reveals Head of Social Security’s Thoughts on DOGE and Trump*, PROPUBLICA (Mar. 12, 2025), <https://perma.cc/X7R9-ZW3A>. Yet, despite these admissions, he acceded to the external directive, stating, “The President has an agenda. I’m a political appointee. I need to follow that agenda.” *Id.*

The consequences of these incursions are not abstract. Defendant Dudek, while professing commitment to SSA’s core functions, has simultaneously endorsed policies that have debilitated them. Reports indicate that DOGE’s “efficiency” initiatives have led to chronic system failures, procurement obstacles, and processing delays, exacerbating the already staggering backlog of disability claims. *Id.*

To justify this hollowing out of SSA, Defendants Musk and DOGE have relied on a strategy of deliberate misinformation, advancing exaggerated claims of fraud as a pretext for slashing services. *See* Nolan, *supra*. Defendant Musk’s public statements trivializing SSA turn serious policy discussions into spectacle. His assertion that “tens of millions” of deceased individuals remain fraudulently listed as “ALIVE” distorts the truth. Empirical data establishes that the actual rate of improper payments, many of which are caused by mistakes or delays rather than fraud, is a mere 0.3 percent, with payment accuracy exceeding 99 percent. *Id. See* Romig, *supra*.

The objective of these distortions is evident: to create a manufactured crisis in order to justify the dismantling and privatization of SSA. But the numbers do not support the narrative. The

elimination of civil rights enforcement offices, the shuttering of regional offices, and the reduction of SSA's workforce are not fiscal imperatives—SSA's administrative overhead accounts for just one percent of its budget. FY 2025 PRESIDENT'S BUDGET REQUEST, *supra* at 4. Rather, these measures serve to undermine the agency's fundamental mission, depriving millions of Americans of benefits to which they are entitled under law. This is not a matter of budgetary prudence but of an unconstitutional assumption of power that subverts the very structure of governance that the Constitution was designed to preserve.

Against this backdrop, it is difficult to accept that SSA's recent staffing cuts and burdensome policies are the product of mere oversight. The cumulative effect—stripping away avenues for redress, eliminating staff charged with ensuring compliance, and making the process of seeking benefits more onerous—suggests a deliberate departure from longstanding norms and legal commitments. Whether by design or indifference, these actions undermine the very system of public support that Congress has charged SSA with administering, and they demand more than a cursory justification.

People with disabilities are disproportionately impacted by these burdensome policies and reductions because people with disabilities are also more likely to rely on the availability of in-person assistance at SSA. Blind people and others with disabilities face barriers to using the internet that people without disabilities do not. Town Decl. ¶20. Deaf beneficiaries are more likely to seek in-person services at local SSA offices because they rely on specialized communications, like sign language and captioning, for which in-person communication is more comfortable and effective than telecommunications. Bitencourt Decl. ¶15. At the same time, many people with disabilities, such as the blind and individuals with mobility disabilities, cannot travel easily, so they need telephone access. Town Decl. ¶19; Riccobono Decl. ¶¶12–13; Schoch Decl. ¶¶17–18.



And with new SSA policies prohibiting use of the telephone for some transactions, many people with and without disabilities are likely to seek in-person support over grappling with SSA’s digital platforms, increasing the demand for appointments. Given the wealth of data on how these types of policies adversely impact SSA beneficiaries with disabilities, Defendants’ actions are direct attacks on the longstanding, yet fragile, public system that sustains them.

## **LEGAL STANDARD**

A plaintiff seeking preliminary injunctive relief must show “that he is likely to succeed on the merits, that he is likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in his favor, and that an injunction is in the public interest.” *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008). “The primary purpose of a preliminary injunction is to preserve . . . the status quo.” *Aamer v. Obama*, 742 F.3d 1023, 1043 (D.C. Cir. 2014) (internal quotation marks and citation omitted). When seeking such relief, “the movant has the burden to show that all four factors, taken together, weigh in favor of the injunction.” *Abdullah v. Obama*, 753 F.3d 193, 197 (D.C. Cir. 2014) (quotation marks and citation omitted). These factors clearly weigh in favor of returning SSA to the “last uncontested status which preceded the pending controversy” – February 24, 2025. *Dist. 50, United Mine Workers of Am.*, 412 F.2d 165, 168 (D.C. Cir. 1969) (quotation marks and citation omitted).

## **ARGUMENT**

### **I. Plaintiffs Are Likely to Succeed on the Merits of Their Claims**

#### **A. Defendants’ actions violate Section 504 of the Rehabilitation Act**

Section 504 of the Rehabilitation Act, 29 U.S.C. § 794(a) (“Section 504”), makes it unlawful for federal agencies, including the Social Security Administration, to discriminate on the basis of disability in their programs or activities. Section 504 states that “[n]o otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability,

be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any . . . program or activity conducted by any Executive agency.” *Id.* To prove disability discrimination under Section 504, Plaintiffs “must show that (1) they are disabled within the meaning of the Rehabilitation Act, (2) they are otherwise qualified, (3) they were excluded from, denied the benefit of, or subject to discrimination under any program or activity” solely by reason of their disability, “and (4) the program or activity is carried out by a federal executive agency or with federal funds.” *Am. Council of the Blind v. Paulson*, 525 F.3d 1256, 1266 (D.C. Cir. 2008) (citing 29 U.S.C. § 794a).

Like the Americans with Disabilities Act requirements for state and local governments, Section 504 prohibits federal agencies from “utilize[ing] criteria or methods of administration the purpose or effect of which would (i) subject qualified individuals with [disabilities] to discrimination on the basis of [disability]; or (ii) defeat or substantially impair accomplishment of the objectives of a program or activity with respect to individuals with [disabilities].” 45 C.F.R. § 85.21(b)(3); *Day v. Dist. of Columbia*, 894 F. Supp. 2d 1, 4 (D.D.C. 2012). Thus, “courts have construed [these laws] to allow a plaintiff to pursue three distinct grounds for relief: (1) intentional discrimination or disparate treatment; (2) disparate impact; and (3) failure to make reasonable accommodations.” *A Helping Hand, LLC v. Baltimore Cnty.*, 515 F.3d 356, 362 (4th Cir. 2008).

1. *Plaintiffs are “Otherwise Qualified” Individuals with Disabilities and Defendants are Covered Agencies Under the Rehabilitation Act.*

Individual Plaintiffs and Organizational Plaintiff members are *sui juris* disabled as defined by 29 U.S.C. § 705(20)(B). Tiller Decl. ¶7 (COPD, emphysema, PTSD, dry eye, and insomnia); Olivero Decl. ¶5 (blindness); Rouse Decl. ¶¶4, 9 (blindness); Schoch Decl. ¶5 (blindness); Hazen Decl. ¶5 (blindness); Weiss Decl. ¶3 (blindness); Powell Decl. ¶5 (blindness). Plaintiffs likewise

are “otherwise qualified” for SSI or SSDI because they meet “the essential eligibility requirements for participation in, or receipt of benefits from, that program or activity.” 28 C.F.R. § 39.103.

2. *Defendants’ policies disparately deny Plaintiffs and other individuals with disabilities meaningful access to Social Security benefits.*

The policies enacted by Defendants unjustly and disproportionately deny Plaintiffs and other individuals with disabilities meaningful access to Social Security benefits. The overwhelming majority of participants in the SSI program are people with disabilities. SSA, MONTHLY STAT. SNAPSHOT, JAN. 2025 (2024), <https://perma.cc/KR4P-QHS5/> (showing that 78 percent of people receive SSI benefits because of a significant disability). By definition, SSDI beneficiaries are individuals with disabilities who experience substantial limitations in major life activities, including working. Additionally, elderly individuals receiving retirement benefits overwhelmingly experience disabilities, with nearly 46 percent of Americans aged 75 and over reporting having a disability and 24 percent of those age 65 to 74 having disabilities. U.S. CENSUS BUREAU, *Disability Characteristics*, <https://perma.cc/7NSQ-LT4V>. The systematic weakening of SSA through program eliminations and service reductions is not only an impersonal bureaucratic shift but one that inflicts disproportionate harm on individuals with disabilities, making it a matter of fundamental legal and ethical concern.

The Rehabilitation Act mandates that individuals with disabilities must have “meaningful access” to federal government programs and activities. *See Alexander v. Choate*, 469 U.S. 287, 301 (1985); *Am. Council of Blind v. Mnuchin*, 878 F.3d 360, 363 (D.C. Cir. 2017). This principle requires that reasonable accommodations be made to ensure that disabled individuals can effectively utilize these services. *Nat’l Ass’n of the Deaf v. Trump*, 486 F. Supp. 3d 45, 57 (D.D.C. 2020). When government practices or procedures effectively deny people with disabilities meaningful access to services, causing a disparate impact, the government is obligated to make

reasonable modifications to its policies and procedures. *Payan v. Los Angeles Cmty. Coll. Dist.*, 11 F.4th 729, 738 (9th Cir. 2021). The inquiry is not limited to whether individuals with disabilities can access government programs at all, but rather whether they can do so on an equal basis with their nondisabled counterparts. 45 C.F.R. § 85.21(b)(1)(ii)–(iii); *Baughman v. Walt Disney World Co.*, 685 F.3d 1131, 1134–35 (9th Cir. 2012) (quoting 42 U.S.C. § 12182(a)).

Facial neutrality does not neutralize disparate impact. A law or policy that appears neutral on its face may nonetheless function as an instrument of discrimination when it disproportionately burdens individuals with disabilities. In *Crowder v. Kitagawa*, 81 F.3d 1480 (9th Cir. 1996), the Ninth Circuit held that a state’s quarantine policy, though ostensibly neutral, imposed an unlawful burden on blind individuals who relied on guide dogs. The policy’s failure to account for the unique dependency of blind individuals on service animals rendered it discriminatory in effect, if not in intent. Similarly, in *Doe v. CVS Pharmacy, Inc.*, 982 F.3d 1204 (9th Cir. 2020), the court found that a facially neutral pharmaceutical benefits plan, which restricted pharmacist review of specialty medications, disparately impacted individuals with HIV/AIDS. Because their condition necessitated continuous medication adjustments, the policy burdened them in ways not experienced by others. *Id.* at 1212. Notably, the court rejected the notion that plaintiffs must establish that a policy’s disparate impact is unique to a particular disability or that the deprivation suffered is severe to constitute unlawful discrimination. *Id.*

Here, Defendants’ policies function in much the same way. By systematically weakening SSA’s ability to administer benefits, Defendants’ policies operate as a *de facto* barrier to individuals with disabilities by systematically eroding SSA services, creating access limitations that disproportionately impact Plaintiffs and other individuals with disabilities.

The systemic delays and barriers created by SSA's workforce reductions and policies destined to overwhelm remaining staff, will prevent disabled individuals from timely receiving critical benefits, denying them meaningful access to SSA's services. Prior to the mass layoffs, average wait time for an initial disability application was eight months. FY 2025 PRESIDENT'S BUDGET REQUEST, *supra* at 17. If denied, reconsideration adds another seven months, followed by a one-year wait for a hearing. *Id.* SSA itself has admitted that losing just 4,500 employees will increase claim processing times by at least 20 additional days, and add 175,000 more cases to the backlog. *Id.* at 9. Cutting 7,000 employees will have even greater, compounding effects, adding 31 days to processing time and adding 272,000 more cases to the existing backlog.

Staff buyouts are already exacerbating low staffing levels in SSA field offices. Paul Nelson, *Social Security office in Schenectady shrinks as workers take DOGE buyouts*, TIMES UNION (Mar 13, 2025), <https://www.timesunion.com/news/article/schenectady-social-security-office-losing-staff-20217524.php>; Sharif Decl. ¶11 (“While I waited in the field office, I noticed that only two of the four windows serving the public were staffed. This led me to believe that the field office does not have the help they need.”).

The manner in which these cuts are being deployed demonstrates that they are not designed to limit harm. SSA has announced that it will seek staff reductions via voluntary separations and early retirement, rather than through targeted mechanisms. Press Release, SSA, Social Security Announces Workforce and Organization Plans, *supra*. At the same time, changes to procedures by SSA threaten to increase the number of people—particularly the elderly and people with disabilities who do not have internet access—by tens of thousands of in-person visitors per week. Judd Legum, *Memo details Trump plan to sabotage the Social Security Administration*, POPULAR INFO. (Mar. 17, 2025), <https://popular.info/p/exclusive-memo-details-trump-plan>.

New policies that effectively require beneficiaries to make appointments via telephone for everything from an in-person meeting to making a claim, to a telephone appointment to ask a simple question, have overwhelmed the capacity of the agency to respond. People with disabilities are left dangling on hold or disconnected, Weiss Decl. ¶10, or told that there are no in person appointments available for over forty days, Plawsky Decl. ¶7. *See* Morgan Music, *Virginia Lawmaker Says He Called Social Security and It Hung Up on Him: 'It's Very Concerning'*, LATIN TIMES (Mar. 29, 2025), <https://www.latintimes.com/virginia-lawmaker-called-social-security-hung-him-concerning-579527>.

The dissolution of OCREO and the Office of Transformation without an identifiable alternative solution eliminates key mechanisms that ensure SSA's compliance with disability rights protections—demonstrating the discriminatory impact of these decisions. The elimination of OCREO has left no discernible means by which individuals can file discrimination complaints or request necessary disability accommodations, denying them their right to redress and support. Heidelberg Decl. ¶¶39–40. Furthermore, SSA's overnight disbandment of such a critical office will inevitably lead to unnecessary delays in complaint decisions. Inexperienced staff will need to be notified of their new job responsibilities, trained on the review process, and begin taking cases, without experienced staff to help. Shifting these weighty responsibilities onto a smaller number of already overworked staff with other duties will further aggravate delays in accommodation reviews.

Meanwhile, the outright abolition of the Office of Transformation threatens to irreversibly overload SSA's systems by cutting off SSA's accountability to improve customer service. In a time of overwhelming backlogs and extended wait times, the elimination of the Office of Transformation directly undermines SSA's ability to provide timely and accessible customer

service to the millions of disabled individuals who depend on Social Security benefits for their basic survival. If SSA has no one looking to find ways to improve customer service, greater wait times will only lead to increased rates of poverty, bankruptcy, and deaths while people wait for SSA to respond. Alms, *supra*. Yet, no information has been provided as to where, if anywhere, those functions are being transferred to the remaining components of SSA. Beaumon Decl. ¶18; Heidelberg Decl. ¶¶21–22, 28–29, 40.

B. Defendants’ actions violate the Administrative Procedure Act

1. *Defendants’ mass workforce reductions and burdensome new policies are arbitrary and capricious.*

The Administrative Procedure Act (“APA”) serves as a bulwark against arbitrary and capricious decision-making, demanding that agencies act within legal boundaries and provide rational justifications for their policies. The APA requires this Court to “compel agency action unlawfully withheld or unreasonably delayed” and “hold unlawful and set aside agency action, findings and conclusions” it finds to be, *inter alia* (1) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (2) contrary to constitutional right, power, privilege, or immunity; or (3) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right. 5 U.S.C. § 706(1)–(2)(C). Here, SSA’s actions constitute a textbook case of executive overreach, unlawfully withholding and delaying essential services, ignoring statutory mandates, and exceeding its authority.

- a. Defendants have failed to consider reliance interests in SSA’s status quo operations.

SSA serves as the principal source of economic security for millions of Americans, particularly individuals with disabilities who face systemic barriers to employment, healthcare, and financial stability. When an agency adopts policies that engender reliance, it cannot discard

them without due consideration of the consequences. *See Encino Motorcars, LLC v. Navarro*, 579 U.S. 211, 2126 (2016). It has failed to meet that obligation here.

Since 2023, the Office of Transformation played a vital role in ensuring that claimants—many of whom face mobility, cognitive, or technological challenges—could access their benefits efficiently and without unnecessary burdens. Its elimination, without an adequate replacement, dismantles critical infrastructure that made SSA services more accessible. Likewise, dissolving OCREO, which had existed since the 1960s, removes a key mechanism for handling discrimination complaints, leaving those who experience bias in the benefits process without recourse. Finally, drastic cuts to staffing, while at the same time implementing policies that increase demands on field office staff, threatens beneficiaries’ and applicants’ ability to apply for, be timely considered for, and receive benefits, undermining the system millions rely upon.

A reliance interest is not satisfied by vague assurances or piecemeal substitutes; it demands a solution that meaningfully preserves what was lost. A diminished substitute does not suffice when real harm falls on those most in need. SSA must either restore these offices or implement an alternative that is concrete, comprehensive, and fully effective. Anything less deepens inequities and fails the very people SSA is meant to serve.

b. Defendants have inexplicably changed their policies without justification.

A federal agency cannot simply disregard its prior factual determinations without offering a reasoned explanation, “even when reversing a policy after an election.” *Org. Vill. of Kake v. U.S. Dep’t of Agric.*, 795 F.3d 956, 968 (9th Cir. 2015). Because SSA has made virtually no effort to justify its policy changes, its “lack of reasoned explication for [the personnel cuts, which are] inconsistent with the [agency’s] longstanding earlier position results in a rule that cannot carry the



force of law.” *Encino Motorcars, LLC v. Navarro*, 579 U.S. 211, 224 (2016). SSA has not met that standard.

SSA previously recognized that the OCREO was necessary to ensure compliance with disability rights laws and that the Office of Transformation played a critical role in modernizing service access. *See, e.g.*, Heidelberg Decl. ¶¶7–10 (describing OCREO’s evolution from several smaller, siloed offices to one larger SSA component full of civil rights and EEO specialists); Beaumon Decl. ¶11. These offices existed not as discretionary conveniences but as responses to identified needs. The agency’s own reports and statements have recognized these challenges—an expanding caseload and the need for modernization to handle the influx of new claimants, particularly those with disabilities. SSA, FY 2025 BUDGET OVERVIEW 1–2 (2024), *supra*; FY 2021 CONGRESSIONAL JUSTIFICATION 1–2 (2021), <https://perma.cc/4WWK-VV9T>; FY 2017 BUDGET OVERVIEW 5–6 (2016), <https://perma.cc/MR2V-UB9J>. The agency now takes the opposite position—that the functions they served are no longer necessary—without supplying a reasoned basis for its change in judgment.

Further, the agency, across political administrations, has long sought additional staffing to meet the overwhelming need. *See ibid.* As discussed above, the agency now has its smallest workforce in decades, while facing ever-increasing demand for its services. But SSA now reverses course, proposing to cut staff even further, with no explanation.

An agency does not act lawfully when it sets aside its own previous findings without explanation. The SSA has not accounted for the facts it once relied upon—namely, the challenges presented by the growing number of claimants and the need for modernization. By eliminating these offices and cutting staff without addressing these underlying needs, the agency has acted arbitrarily and capriciously.

c. Defendants lack a genuine, contemporaneous rationale for their actions.

An agency's rationale for policy decisions must be clearly stated in the administrative record and must be genuine. *See Dep't of Homeland Sec. v. Regents of the Univ. of California*, 591 U.S. 1, 22 (2020); *Dep't of Commerce v. New York*, 588 U.S. 752, 780–81 (2019). *See also SEC v. Chenery*, 318 U.S. 80 (1943). SSA has failed to provide a legitimate, reasoned justification for effectively eliminating civil rights protections, cutting 7,000 employees, reducing offices, and implementing policies pushing thousands to the overburdened telephone system for appointments and requiring more field office visits. Absent such a clear explanation, the agency's actions stand in violation of established legal standards and are therefore unlawful.

Defendants argue that the elimination of critical offices and services promotes “efficiency.” However, the evidence directly contradicts this claim, showing that these cuts are, in fact, exacerbating existing challenges. The agency's decision is leading to increased backlogs, delayed benefit approvals, and diminished access to vital services for millions of Americans. These outcomes are not consistent with the goal of improving efficiency, but rather undermine the agency's ability to fulfill its core mission.

An agency cannot rely on pretextual justifications to avoid legal or political accountability. *Id.* SSA has failed to provide a legitimate explanation for eliminating essential civil rights processes, cutting thousands of employees, and implementing policies requiring more field office visits. These actions have real and negative consequences for those who depend on SSA services, and the agency has not demonstrated that they are warranted or beneficial.

These cuts create exacerbated backlogs, delayed benefit approvals, and reduced access to essential services. Efficiency is not achieved by undermining the agency's capacity to fulfill its mission. All these negative consequences come without any actual reasoning from SSA as to why

the OCREO and Office of Transformation were targeted. SSA has vaguely stated that its focus is on “supporting President Trump’s priorities, which include streamlining functions and prioritizing essential work” and “mak[ing] all of government more efficient.” Press Release, SSA, Social Security Dissolves Duplicative Office, *supra*. It does not speak to what “functions” it intends to “streamlin[e].” It has not explained what “essential work” it hopes to “prioritize[e].” *See id.* It has not clarified what measure of “efficient” government it seeks to attain. *See id.* These empty assertions provide no explanation for SSA’s reckless conduct.

Without a genuine, well-supported explanation, the SSA’s actions are arbitrary and capricious. Therefore, these cuts must be reversed.

Defendants additionally veil their actions using the justification that slashing the workforce of SSA offices reduces the costs of running the agency. But saving government funds, alone, is an insufficient justification for SSA’s actions. “The touchstone of this inquiry is rationality.” *Nat’l Council of Nonprofits v. Off. of Mgmt. & Budget*, No. CV 25-239 (LLA), 2025 WL 597959, at \*14 (D.D.C. Feb. 25, 2025). Issuing such a sweeping order “was not—and could never be—rational, especially when the decision was made without grappling with its catastrophic effects or the logistical nightmare of its implementation.” *Id.* The same logic applies here. Defendants’ policies are contrary to law.

An agency action is “not in accordance with the law” when it is in conflict with the governing statute. *Nw. Envt’l. Advocates v. EPA*, 537 F.3d 1006, 1014 (9th Cir. 2008); *accord Cleveland v. Ohio*, 508 F.3d 827, 838 (6th Cir.2007). SSA’s restructuring violates several statutory mandates.

SSA is statutorily required to ensure the fair and efficient administration of benefits. *See* 20 C.F.R. § 404.1740. The elimination of key offices and the reduction in staff directly obstruct

the timely determination of benefits, thus breaching this statutory duty. Section 504 of the Rehabilitation Act mandates that federal agencies provide accessible services and enforce civil rights protections. By eliminating the OCREO—the very office responsible for enforcing these protections—SSA has effectively stripped claimants of their statutory civil rights, leaving them without essential safeguards against discrimination.

This failure to uphold statutory mandates is not just a matter of poor policy; it is a direct violation of the law. SSA cannot simply disregard its legal obligations in pursuit of an unsubstantiated claim of “efficiency.” These actions contradict the clear requirements set forth by Congress, and as such, the restructuring and loss of staff must be reversed.

Defendants’ actions also infringe upon fundamental constitutional protections. The elimination of OCREO deprives individuals of a critical mechanism for adjudicating discrimination that results in the deprivation of their Social Security benefits, thus violating their due process rights under the Fifth Amendment. By dismantling SSA’s civil rights office and removing grievance procedures, Defendants are obstructing individuals’ ability to seek redress, undermining their rights under the First Amendment.

These actions go beyond mere administrative errors; they erode core principles that require fair treatment and access to justice. When a government agency dismantles essential protections and deprives citizens of their right to seek redress, it directly impinges on the constitutional guarantees of due process and petitioning the government for a redress of grievances. *See* U.S. CONST. amends. I & V. SSA’s decision to eliminate these critical safeguards, without adequate replacements, is contrary to law.

2. *This Court should compel agency action unlawfully withheld and unreasonably delayed.*

The SSA's mass personnel cuts and policies requiring greater reliance on staff directly obstruct the agency's ability to carry out its statutory duties. The elimination of OCREO, which was responsible for processing discrimination complaints, ensuring compliance with federal civil rights laws, and overseeing reasonable accommodation requests, has unlawfully stripped beneficiaries and employees of necessary legal protections. SSA has offered no plan for how these critical functions will be reassigned or continued, effectively rendering them null.

Similarly, dismantling the Office of Transformation is certain to cause severe delays, errors, and inefficiencies in the processing of benefits. The Office of Transformation was instrumental in evaluating SSA's performance, providing data metrics, and resolving technical issues—all of which are necessary to maintain an effective benefits system. On information and belief, as of March 2025, SSA has terminated all but a few of the Office of Transformation's data analysts, web engineers, and other specialists. Press Release, SSA, Social Security Eliminates Wasteful Department, *supra*. This decision places SSA's fragile and outdated computer systems at extreme risk of failure, threatening disruptions to benefit distributions for more than 73 million Americans. The APA demands that agencies grapple with such consequences before enacting policy changes, yet SSA has entirely disregarded this obligation.

SSA's reckless personnel cuts further expose the implausibility of its justifications. In 2010, SSA had 67,000 staff members serving 60 million beneficiaries. Even with that level of staffing, 46 percent of SSA recipients had to call a field office multiple times before reaching an agent, and 51 percent of those who left a voicemail never received a call back. Under SSA's new regime, only 50,000 staff members will be responsible for serving over 73 million beneficiaries—a historic reduction in workforce that will exacerbate service delays to an unprecedented degree.

Additionally, SSA has imposed new identity verification requirements that will require more people to visit field offices. These cuts do nothing for government efficiency; they only choke SSA's ability to function.

3. *Defendants' actions are ultra vires.*

Federal agencies may only exercise the powers granted to them by Congress, and any actions that exceed the scope of this delegated authority are unlawful. Here, DOGE has overstepped its statutory bounds by unilaterally dismantling SSA civil rights protections, eliminating key offices, and restructuring workforce obligations—all without the necessary congressional authorization. Such actions not only violate the SSA's statutory mandate but also undermine the very framework of accountability established by Congress. Under the APA, actions that exceed an agency's authority must be set aside. DOGE has no congressional authority over SSA and its decisions to act outside the scope of SSA's congressional delegation, without proper authorization or legal justification, requires reversal.

## **II. Plaintiffs are at Imminent Risk of Irreparable Harm**

“Irreparable” harm is defined as an injury that is “imminen[t],” “certain and great,” “actual and not theoretical,” and “beyond remediation.” *Nat'l. Ass'n. of the Deaf*, 486 F. Supp. at 58 (citing *Wisconsin Gas Co. v. FERC*, 758 F.2d 669, 674 (D.C. Cir. 1985)). Courts recognize that immediate threats to constitutional rights constitute irreparable harm warranting urgent relief. *See Al-Joudi v. Bush*, 406 F. Supp. 2d 13, 20 (D.D.C. 2005) (finding irreparable harm in connection with constitutional violation); *Davis v. District of Columbia*, 158 F.3d 1342, 1346 (D.C. Cir. 1998) (“[A] prospective violation of a constitutional right constitutes irreparable injury.”); *Costa v. Bazron*, 464 F. Supp. 3d 132, 156 (D.D.C. 2020) (finding that harm imposed by alleged Fifth Amendment violation was “itself irreparable” and granting preliminary injunction); *Pursuing Am.'s Greatness v. Fed. Election Comm'n*, 831 F.3d 500, 511 (D.C. Cir. 2016) (finding that harm imposed by alleged

First Amendment violation was “irreparable” and remanding district court’s denial of a preliminary injunction). Courts in this Circuit routinely find irreparable harm where there is an alleged loss of constitutional freedoms—even if temporary. *Mills v. District of Columbia*, 571 F.3d 1304, 1312 (D.C. Cir. 2009) (finding irreparable harm in connection with alleged Fourth Amendment violation, and explaining that “it has long been established that the loss of constitutional freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury”) (citation and internal quotations omitted)). Ultimately, irreparable harm exists when a plaintiff shows she will likely suffer harm that is “beyond remediation.” *Davis v. Billington*, 76 F. Supp. 3d 59, 65 (D.D.C. 2014).

Here, the immediacy and magnitude of Plaintiffs’ harms are abundantly clear, considering the purpose for which recipients often apply for Social Security benefits. Receiving Social Security benefits is the difference between life and death for many Americans with disabilities. Riccobono Decl. ¶10; Town Decl. ¶¶16–17; Bitencourt Decl. ¶12; O’Malley Decl. ¶¶16–17. By definition, individuals seeking or receiving SSDI benefits cannot work and individuals seeking or receiving SSI benefits have little or no income or assets. Further, many retirees have limited incomes. In 2022, 6 to 8 million adults (10 to 14 percent) age 65 or over lived in poverty. Nancy Ochieng, *How Many Older Adults Live in Poverty*, KFF (May 11, 2024), <https://www.kff.org/medicare/issue-brief/how-many-older-adults-live-in-poverty/#:~:text=About%206%20to%208%20million,in%20the%20official%20poverty%20measure.>

For these individuals, receiving timely SSI and SSDI payments makes the difference between paying rent and eviction, between eating and hunger, and between paying bills or falling into debt. Riccobono Decl. ¶10; Town Decl. ¶17; Bitencourt Decl. ¶12; O’Malley Decl. ¶¶16–17;

Tiller Decl. ¶21; Olivero Decl. ¶¶11, 25; Schoch Decl. ¶28-29; Powell Decl. ¶12. Many beneficiaries' very survival depends on the timely administration of their monthly benefits. Riccobono Decl. ¶10; Town Decl. ¶17.

Defendants' actions are systematically denying Plaintiffs and other individuals with disabilities timely access to critical Social Security benefits, violating their statutory rights and causing irreparable harm.

The delays and barriers resulting from SSA's workforce reductions and policies have already strained its remaining staff and will continue to do so, directly harming claimants and beneficiaries. Local office and staff reductions put people with disabilities, including older people, in a dubious position to support themselves. Research has shown that when field offices close, the number of people receiving disability benefits nearby falls by 16 percent, cutting families off from lifesaving supports. *See* Weston Williamson, *supra*. Field offices received an average of more than 119,000 daily visits in 2023. SSA, *Annual Data for Field Office Visitors* (updated Mar. 8, 2024), <https://www.ssa.gov/data/field-office-visitors-average-daily.html#datasetDescription>. Drastic cuts to SSA staff and offices are likely to spark major problems, not minor changes. Research has shown that for every individual staff member SSA loses, 8.6 people go without benefits. Dayen, *supra*; Gordon, *supra*. And, based on SSA's own reports, a cut of 7,000 staff can be expected to increase processing delays by a month and increase backlogs of applications by nearly 300,000. All the while, SSA employees are burnt out from years of managing backlogs on dwindling resources. SSA's productivity is certain to dip considerably with this new dearth of employees. Defendants' slash-and-burn approach to "streamlining" SSA components is therefore certain to ignite the tinderbox SSA has embodied for the last few decades.



Other metrics illustrate the sensitivity of the SSA system. For example, SSA’s average wait time before a caller connects to an agent directly correlates with SSA’s policy changes. Before the COVID-19 pandemic, the average wait time for a call to the SSA was around 20 minutes, not including dropped calls or calls that receive busy signals. SSA, *800 number performance, “Average Speed of Answer”*, <https://www.ssa.gov/ssa-performance/800-number-performance> (last visited Apr. 1, 2025). With the lack of personnel and constantly changing policies issued during the post-pandemic years, SSA’s average call wait time nearly doubled. *Id.* Only recently did the average call wait time stabilize back to near pre-pandemic levels. *Id.* But the slew of new SSA policies, terminations, and office closures are already seeing another extension of the call waiting time. *See, e.g.*, Schoch Decl. ¶¶21–24 (describing the difficulties Ms. Schoch experienced getting help from SSA over the phone in March 2025); Powell Decl. ¶8 (stating that Ms. Powell waited on hold for over five hours in February 2025).

Field offices no longer accept walk-ins and the wait time for an appointment is already over one month. Changes to identity verification procedures by SSA threaten to increase the number of visitors by tens of thousands of in-person visitors per week. Judd Legum, *Secret policy shift could overwhelm Social Security offices with millions of people*, POPULAR INFO. (Mar. 20, 2025), <https://perma.cc/8TGP-LMUJ>.

The dissolution of OCREO and the Office of Transformation without an identifiable alternative solution eliminates key mechanisms that ensure SSA’s compliance with disability rights protections—demonstrating the discriminatory impact of these decisions. The elimination of OCREO has left no discernible means by which individuals can file discrimination complaints or request necessary accommodations, denying them their right to redress and support. Heidelberg Decl. ¶¶21–25.

In a time of overwhelming backlogs and extended wait times, the elimination of the Office of Transformation directly undermines SSA's ability to provide timely and accessible customer service to the millions of disabled individuals who depend on Social Security benefits for their basic survival. SSA applicants and beneficiaries, including the Individual Plaintiffs, are already waiting years for benefit decisions, hours in the elements waiting in line at field offices, and hours on the phone hoping someone answers. Tiller Decl. ¶¶14, 16–18; Olivero Decl. ¶¶15, 17–19, 21–24; Rouse Decl. ¶¶9–10, 13–15; Plawsky Decl. ¶6; Weiss Decl. ¶10; Sharif Decl. ¶¶8–9; Smetanka Decl. ¶¶10–12; Hazen Decl. ¶¶11–13; Schoch Decl. ¶17; Powell Decl. ¶8. If SSA has no one looking to find ways to improve customer service, greater wait times will only lead to increased rates of poverty, homelessness, and deaths while people wait for SSA to respond. Yet, no information has been provided as to where, if anywhere, those functions are being transferred to the remaining components of SSA.

Defendants claim they are reallocating the statutory responsibilities of OCREO, but have failed to identify where and how. Though a recent letter from SSA to the AFGE mentioned two OCREO email inboxes that would be moved to alternate SSA components, *see* Heidelberg Decl. ¶42, this limited transfer plan barely scratches the surface of the plethora of roles OCREO has played in ensuring an accessible and nondiscriminatory benefit system.

The eradication of OCREO not only does away with the office that processed discrimination complaints from SSA staff and the public, but also erodes the only pathway through which people with disabilities could seek reasonable accommodations for accessing their benefits. Without this office, beneficiaries with disabilities are left without any means to seek, modify, or supplement the accommodations they need as a recipient of Social Security benefits.

Moreover, the disappearance of OCREO's Center for Accommodations and Disability Services is particularly alarming. Federal law is clear: people with disabilities are entitled to reasonable accommodations to be able to fully access federal programs. *Se. Cmty. Coll. v. Davis*, 442 U.S. 397, 412–13 (1979). Those same federal laws require SSA to, at minimum, have *some* system to monitor and process requests for accommodations.

Without an agency component to review, adjudicate, and offer such accommodations, people with disabilities—the class of persons for whom Social Security benefits were designed—cannot access the very lifesaving benefits they are entitled and intended to receive. Despite the many instances in which SSA has touted its dismissal of OCREO staff, it has not once announced when, where, or how disabled beneficiaries and staff can request reasonable accommodations or what has happened to their pending requests.

Given the hollowing of SSA's workforce, it is impossible that OCREO and OT's functions will be fully performed by another SSA component. SSA already operates on an administrative budget of less than one percent of its annual benefit payments—an overhead level far below comparable private insurers. O'Malley Decl. ¶25. SSA lacks the workforce to timely meet existing service demands, let alone absorb the critical functions of OCREO, the Office of Transformation, and the work of 7,000 employees into other already-overburdened departments. O'Malley Decl. ¶¶31–38, 60. As such, these cuts are certain to have a disproportionate impact on people with disabilities.

Drastic reductions in force have backfired on SSA and its beneficiaries before. During the Reagan administration, SSA lost one quarter of its workforce over the course of six years, from over 84,000 workers to 66,000. SSA, *Administering Social Security: Challenges Yesterday and Today*, <https://www.ssa.gov/policy/docs/ssb/v70n3/v70n3p27.html> (last visited Apr. 1, 2025).

During that period of time, the highest enrollment in OASDI benefits was just over 37.6 million beneficiaries. SSA, *Social Security Beneficiary Statistics*, <https://www.ssa.gov/oact/STATS/OASDIbenies.html> (last visited Apr. 1, 2025). These conditions alone created “inefficient operations and ad hoc stop-gap measures to relieve problems.” SSA, *Administering Social Security: Challenges Yesterday and Today*, <https://www.ssa.gov/policy/docs/ssb/v70n3/v70n3p27.html> (last visited Apr. 1, 2025). SSA’s current plan to run the agency on 50,000 employees to serve 73 million beneficiaries defies logic.

The harms the Individual Plaintiffs, Organizational Plaintiffs and their members will suffer as a result of SSA’s illegal cuts are irreparable and require urgent judicial action. Delays, disruptions, and unwarranted denials of benefits force benefit recipients to make impossible choices about which basic needs deserve their last dime. Lack of timely access to Plaintiffs’ benefits and information about their benefits denies them the right to receive critical information about their income, preventing their ability to plan for the future, and breeding anxiety about their financial security.

### **III. The Balance of Equities and Public Interest Favor Plaintiffs’ Request**

Because Plaintiffs are likely to succeed on the merits of their claims and have demonstrated irreparable harm, this Court must next assess “the balance of equities” and the “public interest” in the injunction. *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 32 (2008). These two elements of the preliminary injunction inquiry “merge when the Government is the opposing party.” *Nken v. Holder*, 556 U.S. 418, 435 (2009).

Here, the balance of equities favors an injunction. The injury to Plaintiffs outweighs any purported hardship on Defendants because of the clear connection between Defendants’ conduct and Plaintiffs’ access to their basic needs. This harm is actual and great. Moreover, failure to issue

an injunction will allow Defendants' actions to further decimate the existing structures that keep SSA operational.

Conversely, there is little harm to Defendants in granting an injunction. The budget for SSA has already been set for the year, allowing the agency time to develop a plan to mitigate the harms from efficiency measures.

Moreover, ensuring equal, unencumbered access to Social Security benefits and antidiscrimination protections serves the public interest. One in five Americans collect Social Security benefits. Nine out of ten over age 65 depend on these benefits. Thus, a major contingent of the general public has a vested interest in preserving access to Social Security. Furthermore, courts have recognized that "the public has a strong interest in the effective enforcement of the Rehabilitation Act." *Malcolm v. Reno*, 129 F. Supp. 2d 1, 12 (D.D.C. 2000) (citing *Callicotte v. Carlucci*, 698 F. Supp. 944, 951 (D.D.C. 1988)). Granting this injunctive relief is necessary to satisfy the public interest in Social Security's stability, availability, and accessibility for today's recipients and future generations to come.

#### **IV. The Court should decline to require Plaintiffs to post a bond**

Finally, Plaintiffs request that they are not required to pay any cash bond. It is well settled that "the amount required as security for an injunction is a matter entrusted to the sound discretion of the trial court," *Friends for All Children, Inc. v. Lockheed Aircraft Corp.*, 746 F.2d 816, 838 n.42 (D.C. Cir. 1984) (holding that the trial court did not abuse its discretion by only requiring plaintiffs to post a \$100 bond) (citing *Corrigan Dispatch Co. v. Casa Guzman*, 569 F.2d 300, 303 (5th Cir. 1978)), including the discretion to "require no bond at all," *Simms v. D.C.*, 872 F. Supp. 2d 90, 107 (D.D.C. 2012). Courts often elect to not require a bond where Defendant would not be substantially injured by the issuance of an injunction and where a plaintiff's constitutional rights are at stake. *Simms*, 872 F. Supp. 2d at 107 (imposing a "minimal security requirement" where the

plaintiff was limited in his ability to post bond and the injunction sought to protect his constitutional rights); *Council on American-Islamic Rels. v. Gaubatz*, 667 F. Supp. 2d 67, 80 (D.D.C. 2009) (requiring no bond where the defendant would not be substantially injured by issuance of the injunction); *Bailey v. Fed. Bureau of Prisons*, No. CV 24-1219 (PLF), 2024 WL 3219207, at \*13 (D.D.C. June 28, 2024) (declining to require plaintiff to post bond where the government would not incur financial harm from the injunction and the alleged violations were constitutional). This Court should not require Plaintiffs to pay a bond for their claim to protect their federal and constitutional rights. Requiring such a bond would impose an undue hardship on Plaintiffs.

### CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that the Court enter a preliminary injunction directing Defendants to halt efforts to cut staff without a plan to prevent interruptions and delays in services, to implement policies that will require more in-person visits to SSA offices, and to dissolve SSA's OCREO and the Office of Transformation.

Dated: April 2, 2025

Respectfully submitted,




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*Counsel for Plaintiffs*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF ELIZABETH ROUSE**

I, Elizabeth Rouse, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED].
4. I have been legally blind since I was born.
5. I have been a member of the National Federation of the Blind (“NFB”) since 2016.
6. Being an active member of the NFB community matters to me. I currently sit on the board of the National Federation of the Blind of [REDACTED]. I am the Secretary of my local chapter of the NFB: the [REDACTED]. I am also a board member of the National Association of Blind Lawyers and the Secretary for the NFB’s Performing Arts Division.
7. I work part time as a paraprofessional in a 5th and 6th grade classroom at a private Christian school nearby. I also work part time at the Iowa Parent Training and Information Center,

helping people navigate the special education system, Medicare and Medicaid applications, and otherwise helping parents of kids with disabilities.

8. I signed up for Supplemental Security Income (“SSI”) benefits just after I turned 18 years old and started receiving benefits in August or September of 2016. Today, I no longer receive SSI, but I receive both Social Security Disability Insurance (“SSDI”) and Medicare. Prior to receiving Medicare, my SSDI benefits totaled \$1223 per month. With the 2025 cost-of-living adjustment, they increased to \$1254 for the month of January. Now that I receive Medicare coverage, as of February 2025, my monthly benefit comes out to \$1069.

9. My nearest SSA office is in [REDACTED], about a 20 to 25 minute drive from where I live. Because I cannot drive, I have to make sure my mom and I can both get time off of work to drive to the SSA office whenever I need to go. Given the wait times we typically experience in the SSA office, I usually account for at least two hours to get to the office, have the meeting, and return home.

10. I routinely wait between 40 minutes or an hour for service at my local field office. Usually there are only two people working the windows where they hold conversations, and usually there are between 10 and 15 people waiting at any given time.

11. My local SSA office cannot keep pace with the needs of its local customers. For example, on one occasion, I called SSA to ask about submitting my paystubs to support my claims. When someone finally answered, she helped me solve the issue I was having, at which point I asked for her name and direct extension so I could reach her in the future when I have questions. She gave me her information, which is when I discovered she did not actually work at the [REDACTED] SSA office, but a completely separate office elsewhere in [REDACTED]. The agents in [REDACTED] routed my call to her because they had too many callers to handle.



12. I call SSA several times per year because I prefer to speak with an agent than to try navigating SSA's online portal and policies or visiting a field office in person. SSA's website is not very user friendly and requires several security authorizations before I can access my account.

13. I usually try to call SSA when I know I will have the time to wait. Sometimes I have waited on the phone for an hour or 90 minutes before I give up and hang up.

14. In my experience, my calls to SSA are only answered by an agent between 60 or 70 percent of the time.

15. On one occasion, I got through to an agent named Tim who I thought was particularly helpful. I asked for his direct extension so I could call him with questions in the future. Once I got his contact information, I started calling him instead of the SSA office's main line. I would wait upwards of two or three weeks for him to call me back and answer my questions.

16. I have worked with a consultant through the NFB to help me understand my benefits and prior eligibility for SSDI.

17. I want to work to save up money because I want to live independent from my parents someday. Losing access to my benefits or facing interruptions in my benefit payments means I am further away from my goal of living on my own.

I declare under penalty of perjury that the foregoing is true and correct.

3/26/2025

\_\_\_\_\_  
Date

Signed by:  
  
DB8EEF650658492...  
\_\_\_\_\_  
Elizabeth Rouse

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF TREVA OLIVERO**

I, Treva Olivero, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED]. I recently moved from Louisiana to be closer to family, given the needs of my health.
4. I am [REDACTED] years old.
5. I have been legally blind for my whole life.
6. I have been a member of the National Federation of the Blind (“NFB”) since 2002. I joined because I felt that, as a collective group, we could advocate better for each other than I was able to do on my own. The NFB has been a tremendous resource to me in my life, and I volunteer my time with them as much as I can. Currently, I serve as the Vice President of the NFB of Louisiana.

7. I applied to receive SSDI around 2011 or 2012. Prior to that time, I worked two jobs to support myself. I decided to leave work to get blindness skills training and get my Master's degree in Louisiana. Because I would have no income, I sought out benefits from the Social Security Administration ("SSA").

8. When I first started receiving SSDI, my monthly benefits amounted to \$1400 or so. By 2024, with SSA's cost-of-living increases, my monthly benefits came out to around \$1600.

9. In March of 2024, SSA determined that I had an overpayment, meaning that SSA paid me more than I was eligible for because my income exceeded the asset limit. Because they did not catch this alleged error early enough, SSA claims that I have been receiving overpayments for around five or six years.

10. SSA told me that, due to the overpayments, I owe it over \$100,000. I will never be able to pay back that amount of money. Because of my health, I am no longer able to work at all.

11. The last check I received was in March 2024, and they shut off my Medicare coverage in September 2024. As of today, I have no income, and I have no health insurance.

12. I am trying to get my SSDI payments reinstated. I tried to contest the termination of my SSDI and Medicare benefits, but SSA told me I had to start from square one and reapply.

13. I applied for benefits again in December 2024. The application was a long process and it was all online. My brother-in-law helped me complete it all. Some parts were confusing, and we had to call SSA to understand what the application was asking about.

14. I am working with a consultant from the NFB to help me manage my benefits. The NFB consultant advises me about SSA's policies, how the SSDI application process works, and what questions to ask when I speak with SSA representatives about my application.

15. I was originally scheduled for an interview with SSA for my SSDI benefits in late December 2024. My appointment ended up getting cancelled by SSA and postponed until the end of January. When I had the appointment, the SSA agent stated that they would work as quick as they could to get my benefits reinstated, but that it still could take between six and nine months to complete the process.

16. In mid-March 2025, I had an ophthalmology appointment to re-confirm my blindness for purposes of my SSDI application.

17. When I lived in Louisiana, my local SSA office was in Rustin, which is in Lincoln Parish. The Rustin office was about 15 minutes by car from where I lived. If I had to go, I would take a taxi or Uber to get there. My next closest office was in Monroe, Louisiana. That office was about 45 minutes away from me by car.

18. I had a lot of troubles working with the SSA office. Because I need to arrange for transportation to the office, I wanted to schedule an appointment. They would not allow me to schedule an appointment. I tried calling my case manager over the phone several times and left her messages about needing to speak with her, but she never returned my calls. At one point, I gave up and walked in to speak with someone at the office.

19. I got there before the Rustin office opened. I was second in line when I arrived. I took a number and waited for half an hour before anyone could see me.

20. Staff at the Rustin office seemed too burnt out to be helpful. They could not explain why my benefits had been cut off in 2024, no matter how many people I asked. I asked for a meeting with my case manager, which the agent refused to schedule. I asked them about how my benefit repayment would be impacted by the COVID-era SSA policy that back pay was not required during the height of the pandemic. The agent had no idea what I was talking about.

21. I have had substantially similar experiences with the Rustin SSA office each time I have gone in to ask questions.

22. In Indiana, my local office is in Elkhart County. That office is about a half-hour drive from where I live now. When I need to go, my sister drives me. There is no public transit where I live.

23. I typically wait at least a half hour on the phone before a SSA agent answers, or before I am sent to a voicemail box. Even though dealing with SSA's phone line is cumbersome, it is by far my preferred method of interacting with SSA. Because the online system is not user-friendly and getting to an office requires me to jump through a lot of logistical hoops, being able to pick up the phone and speak to someone is an essential mechanism for me to be able to manage my SSA benefits. In addition, as with my SSDI application, even if I do choose to use the online portal to manage my benefits, I often have to call SSA for help navigating the website anyway.

24. If SSA cuts its personnel volume dramatically, I am certain that the poor service I have received over the phone and in person is only going to further deteriorate. And without the option of being able to make transactions over the phone, I will be forced to go in person to a SSA office for tasks and questions I previously could have managed at home.

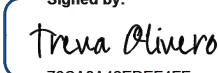
25. Receiving benefits is critical to help me sustain myself. Prior to my move, I lived in a room in a shared house where my rent was approximately \$600 per month. Because I am no longer able to work, and because of my health issues, I have had to move in with my sister in Indiana. Beyond my lack of income to live independently, I also rely on benefits to help pay for medical care, both for out-of-pocket medical expenses and for insurance coverage through Medicare. Because of some medical care I had to receive this past fall, I have two huge outstanding medical bills: one for \$10,000, and another for \$69,000. Though I am now enrolled in Indiana's

Medicaid program, I am still unable to pay back those debts. Furthermore, Indiana Medicaid does not cover certain costs, like the wound care supplies I require. I paid about \$200 out of pocket for wound care supplies.

26. The recent cuts to SSA staff and field offices threaten my life and livelihood. I have already spent hours of my life on the phone and in line at my local field office. Any worse customer service would effectively be a total bar on my ability to manage my application for benefits. Furthermore, if there are fewer SSA staff available to help process my case, I cannot imagine how much longer it could possibly take to process cases like mine.

I declare under penalty of perjury that the foregoing is true and correct.

3/31/2025  
 \_\_\_\_\_  
 Date

Signed by:  
  
 \_\_\_\_\_  
 Treva Olivera

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF MARTHA HAZEN**

I, Martha Hazen, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.

3. I reside in [REDACTED].

4. I am [REDACTED] years old.

5. I am legally blind.

6. I have been a member of the National Federation of the Blind (“NFB”) since 2006.

I joined the NFB because I wanted to join a community of people with disabilities, especially since I grew up in a community where no one else shared my experiences.

7. I received Social Security Disability Insurance (“SSDI”) from the Social Security Administration (“SSA”) from 2009 through 2023. I stopped receiving benefits when I got a full-time job in 2023.

8. I lost my job in February 2024. Later that month, I applied to start receiving SSDI again.

9. My application for SSDI was denied in September 2024. I wasn't sure how this could be possible, seeing as I had received benefits for so long prior to getting my full-time job, and because my eyesight was the same as before.

10. I worked with a consultant from the NFB to help understand the SSA application and appeals process.

11. In the month following the denial, I went into my local SSA office five times for meetings with agents to try to get my benefits approved.

12. Going into my local field office is an ordeal. When I want to go in, I have to arrange for paratransit service. Because of the extreme delays I usually experience, I get to the office around 8:30, half an hour before it opens. I am usually one of the first people in line. Each time I have been there—including all five times that I went back in September and October—I have waited between two and three hours to meet with an agent. The offices are very crowded, and often times the guard at the front has had to turn people away who walk in. On one occasion last July, a man waited outside the office after being told the waiting area was too crowded, hoping to be seen by an SSA agent. He passed out from heat exhaustion.

13. Sometimes, the agents I visit in person will tell me that I could make an appointment over the phone or online to avoid waiting so long. But the SSA.gov website is neither user-friendly, nor is it always accessible for me to use. It is easier for me to use the phone. However, I regularly wait up to 90 minutes for someone to answer the phone when I call SSA. If I know I need to call, I will block off my schedule for a few hours in the morning, right when the phone line opens, so I can make sure I have time to wait. On occasion, I have gotten a voicemail box that tells me to



leave a message or request a call back, which I have done on several occasions. Only one time ever has SSA actually called me back. Because the phone line and website are so unreliable, I default to showing up in person whenever I need something.

14. Though I have not gotten a confirmation of having my benefits approved, I started receiving monthly payment directly deposited into my bank account from SSA in November 2024. I am not sure what types of payments these are, or if I will have to pay them back at some point.

15. I already owe SSA \$3000.

16. I recently learned that SSA issued a new policy that increases the garnishment rate from 10% to 100% of my Social Security check. I am incredibly distressed by this news because my financial situation is unstable.

17. My benefits are critical for me because they help me get to and from work. I am a teacher for the visually impaired and I am an adult blindness skills teacher. Because my clients reside all over the region in Maryland, D.C., and Virginia, I have to be able to afford paratransit so I can support me and my family.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/31/2025

Signed by:  
  
#E9F2C0#809A4AF...  
Martha Hazen

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF MERRY SCHOCH**

I, Merry Schoch, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.

3. I reside in [REDACTED].

4. I am [REDACTED] years old.

5. I have been blind since August 1997.

6. I have been a member of the National Federation of the Blind (“NFB”) since 2000.

I joined the NFB because I believe in their philosophy of the capabilities of blind people. I wanted to work with others to fight against discrimination on the basis of disability.

7. My husband is also a member of the NFB.

8. Shortly after I became blind, I applied for Social Security Disability Insurance (“SSDI”) benefits through the Social Security Administration (“SSA”). I was granted SSDI and received payments for many years.

9. In 2022, I was hit by a waste management truck and suffered severe injuries. I have had four surgeries since then. My medical bills were exorbitant.

10. In order to pay those bills, I decided to get a full-time job. In September of 2022, I started working as a therapist and made a salary that put me over the Substantial Gainful Activity limit ("SGA"). I reported this income to SSA, but my benefits kept coming. I called SSA multiple times to let them know that I was still receiving benefits, but they just said that my claim was "under investigation."

11. In July 2024, I left my full-time job. I called SSA to let them know that my circumstances had changed, that I was no longer making a salary, and that I would need to keep my benefits.

12. In August 2024, SSA sent my final check, and terminated my benefits. SSA determined that, because I had been working a full-time job, I was no longer eligible for benefits and owed them \$30,000. I told the agent I spoke with that I was out of work by that time. This news did not change SSA's determination.

13. In September 2024, I called SSA to see if I could have my SSDI benefits reinstated. The agent told me I would have to reapply. She sent me a large packet of paperwork to fill out, but it was difficult to complete with my eyesight. My granddaughter helped me fill out the forms, and I submitted them in late September.

14. Meanwhile, I got a part-time job with a virtual counseling platform that would keep me below the SGA limit, but would also help me pay my bills.

15. I called SSA's national hotline in October to follow up and ensure they received my records. The customer service representative stated that SSA had not scanned in all of my paperwork yet. I believed that meant that my paperwork was being processed. I called back the

next week to check on the status of my documents. The customer service representative said that SSA had not been scanned in at all. Confused, I called my local field office to ask about my application. The customer service representative told me my records were never received. She also shared that my local SSA office had moved locations between the time I spoke with the original representative in early September and when I submitted my paperwork a few weeks later, even though I used the address the application packet provided to me. She said she would check at the old location to see if my documents had been sent there, but, ultimately, they were never found.

16. Because I rely on my granddaughter to help me fill out paperwork, I asked the local SSA office representative on the phone if I could come into the office and have her go over the application with me. She said that she did not have time to meet with me, but that she could make an appointment for December. I waited for my granddaughter to be available to fill out the paperwork. I finally was able to submit my application for SSDI benefits in early December 2024 when I had my appointment at my local SSA office.

17. Getting to my local field office is a full-day event. When I went to my appointment in December 2024, I used the local door-to-door paratransit service to get there. It took between an hour and 90 minutes to get to the office. Even if I had gotten a ride from my granddaughter or a friend, it still could have easily taken me 45 minutes in traffic to get there. After I had my appointment, it took between an hour and 90 minutes to return home.

18. Taking that much time to travel to an appointment keeps me away from taking counseling appointments with clients and reduces my ability to support myself and my husband. For that reason, I strongly prefer to use the telephone to communicate with SSA.

19. SSA's customer service agents are generally helpful and try to answer all of my questions when I get to speak with them, but actually getting to talk to someone on the phone takes a lot of time and effort.

20. On average, I call SSA every other month. I usually wait on hold for at least an hour before someone picks up. On one occasion, I waited two hours before someone answered the phone.

21. In March 2025, I received a questionnaire to fill out for SSA as part of my disability verification process. I wanted to call SSA to ask about getting help filling out that questionnaire and also get a status update on the other elements of my SSDI application. I called SSA's 800-number on or around March 24, 2025. The options on the automated voicemail had changed since the last time I called. It prompted me to press 1 if I wanted to receive a call back instead of waiting on the phone. I pressed 1, but before I heard any other options or instructions, the call hung up on me. I did not receive a call back that day.

22. Anticipating further delays, I called the national SSA phone line the next day and tried to call right when it was scheduled to open. I wanted to ask about the status of my SSDI application. I waited an hour on the phone before someone answered. When I finally spoke to someone, I asked if I could come in for someone to help read me the questionnaire and fill it out with me. The agent responded that she did not have any appointments available until May 20—nearly two months from when I called. She suggested I have someone else help me fill out the questionnaire and submit my responses to SSA as soon as possible to keep my application moving along.

23. I then decided to call the number on the questionnaire to see if someone there could read the questions and answer them with me. The questionnaire came from the Florida Division of Disability Determinations.

24. I called the Division of Disability Determinations three times. The first time I called, the automated message said to press 0# if I wanted to speak to the operator (as opposed to speaking to someone with a direct extension). I pressed 0# and waited for the operator, but the phone rang for about ten minutes with no answer and no voicemail recording, so I hung up. I tried calling again and similarly listened to the phone ring for ten minutes without an answer. I tried a third time, but the result was the same.

25. After I hung up, I decided to try logging onto SSA.gov to try to get help online. I no longer have access to the email address I used for my previous benefits, so I couldn't get into my old account. I tried creating a new account, but I kept getting an error message on the computer. My husband was trying to use SSA.gov at the same time to review his eligibility letter, but he was also experiencing technical glitches on the website. We could still use our computers, but the platform itself kept malfunctioning. I gave up on trying to use the online portal for the day.

26. My granddaughter is not available to help all the time because she is a college student who works. I am waiting for her to come visit me in the coming weeks to fill out the questionnaire with me.

27. My application for SSDI is still processing.

28. My benefits are essential to my life and livelihood. My husband and I own a house and our mortgage is about \$1000 per month. Our finances were so unsteady at one point that we requested and were granted a temporary forbearance so that we could focus on paying other bills for a few months. My husband and I have taken out loans to pay our bills. My husband does not

work, but receives retirement benefits from SSA. When I left my full-time job, his retirement benefits were the only source of income sustaining our household. I took up this part-time counseling position, but because it depends on client need, it is not a stable source of income for us. Getting benefits for us is the difference between putting food on the table and not.

29. The recent cuts to SSA staff and field offices threaten me and my family's ability to survive. I have already spent hours of my life on the phone and traveling to my local field office. Any worse customer service would effectively be a total bar on my ability to manage my application for benefits. Furthermore, if there are fewer SSA staff available to help process my case, I worry how much longer my husband and I will have to wait for relief.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 4/2/2025

Signed by:  
  
\_\_\_\_\_  
Merry Schoch

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendant.*

No.

**DECLARATION OF WILLIAM WEISS**

I, William Weiss, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I am a resident of [REDACTED].
3. I am legally blind due to optic nerve damage I suffered as a child.
4. At age 9, I began receiving Social Security Administration Survivor benefits after the death of my father.
5. At age 19, I began receiving Social Security Disability Insurance due to my blindness.
6. About one year ago, I received a notice from Social Security that I had an overpayment because Social Security thought that I earned too much money from my part time work at a sandwich shop.
7. Social Security terminated my Survivor benefits and my SSDI, and I lost my Medicare eligibility. I am trying to appeal this determination.



8. Recently, it has become much more difficult for me to reach Social Security as I try to get my benefits back. It used to be that when I visited my local office, a Social Security representative would see me without an appointment. Now, the office is very strict that you must make an appointment to be seen. When I visited the office in January 2025, a Social Security representative told me that I would not be seen without an appointment, and handed me a piece of paper which included telephone numbers to call to schedule an appointment.
9. The Social Security representative who handed me the piece of paper did not offer to help me make an appointment, and they were not willing to answer any of my questions.
10. I can't get any help from Social Security by phone, either. Lately when I call, I would say it's about 2% of the time when I call Social Security that I am able to speak with a representative. All the other times I'll be left on hold, or disconnected. Sometimes the hold message tells me that I will wait more than 120 minutes for help. Honestly, I don't think that they even answer the phone anymore. One time I was able to speak to a representative, I had called at about 10:00 am, and received a call back at around 3:00 pm. But that's very unusual to get a call back in my experience.
11. My local Social Security office tells me that they won't see me without an appointment, but they also don't help me make an appointment. When I call Social Security, I can rarely reach anyone to schedule an appointment. I honestly don't know how I can schedule an appointment with my local Social Security office.

I declare under penalty of perjury that the foregoing is true and correct.

04/02/2025  
Date

*William Weiss*  
William Weiss<sup>1</sup>

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<sup>1</sup> Mr. Weiss has reviewed and approved the contents of this declaration and authorized his attorneys to sign on his behalf

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendant.*

No.

**DECLARATION OF DEJA POWELL**

I, Deja Powell, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I am a resident of [REDACTED].
3. I am [REDACTED] years old.
4. I am a member of the National Federation of the Blind.
5. I have been legally blind since birth. Additionally, I have a condition which causes a fluid buildup in my brain. This condition causes severe headaches and oftentimes limits my mobility.
6. After working in the disability field and managing disability-related programs for 15 years, I became too disabled to work. Because I am now too disabled to work, I applied for Social Security Disability Insurance (SSDI) benefits in August 2024.
7. In December 2024, I received an SSDI payment. I assumed that my application had been approved. I received a second SSDI payment in January 2025.

8. I did not receive an SSDI payment in February 2025. Because I had expected to receive a payment, I called Social Security's National 800 Number. I waited on hold for about five and a half hours.

9. When I was finally able to speak with a representative, they explained to me that the payments I received in December 2024 and January 2025 were "provisional" payments. I asked the telephone representative a lot of questions to try and understand what are provisional benefits. I spent about 45 minutes on the phone, but I never received an explanation that I understood. I did not understand why I got benefits for two months, or why those benefits stopped. The telephone representative told me that Social Security had sent me a letter about the provisional benefits.

10. I found the letter from Social Security about the provisional benefits. But the letter is confusing and does not help me understand any better why I received two "provisional" payments, but now I need to continue waiting to be approved for benefits.

11. I asked the telephone representative about the status of my SSDI application. She told me that it is in the disability determination phase. I'm not sure why that should be, I have previously received both SSI and SSDI due to my blindness, and the condition hasn't changed.

12. Not having SSDI benefits has put my family in financial peril. When I didn't receive my February SSDI payment, I went into panic mode, because I know that we need that money to pay rent. My husband and I recently adopted our eight-year-old niece. I don't know what we'll do to make ends meet if I don't start receiving my benefits soon.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 4/1/2025

DocuSigned by:  
*Deja Powell*  
184712669E7E4D9...  
Deja Powell

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF WILSHAWN TILLER**

I, Wilshawn Tiller, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED].
4. I am [REDACTED] years old.
5. I am a veteran of the U.S. Navy. I was honorably discharged from the Navy in 1997.
6. I am a husband and father of eight children, four of whom live with me and my wife.
7. I have multiple disabilities. I live with post-traumatic stress disorder (“PTSD”), chronic obstructive pulmonary disease (“COPD”), insomnia, emphysema, and dry eye. These disabilities substantially interfere with my ability to participate in the major life activities of breathing, sleeping, seeing, and working.

8. In late 2023, I was working part time for a paper company. I made \$16.00 per hour doing mostly manual labor: cutting cards, working the bindery machine, etc.

9. The \$16.00 per hour payments were not paying the bills in my household. My wife works at a local hospital, where she makes approximately \$1800 per month.

10. Our mortgage is \$2300 per month.

11. We have asked for multiple extensions to pay our electric bills, and recently were denied another extension because the electric company says we can only ask for so many extensions during a certain period of time.

12. In 2023, we had two cars, but I had to sell mine for money to pay our bills. My wife now drives our only car, a 2008 Honda Accord. It gets her to work and the kids to school, but we barely have enough money for gas to get them to those places. I use the car to get to my doctor's appointments, but otherwise we cannot afford to drive the car. We do not even use the car to get groceries; we get our groceries delivered through the Walmart app. The car is old and in need of repairs, but we cannot afford to make them. We tried enrolling in a program where the mechanic would finance the work on the car, but because I did not have a job at the time we asked for the work to get done, we did not qualify for the program.

13. I have been forced to sell other treasured personal belongings, including my wife's wedding ring, to make sure we could pay our bills.

14. In November 2023, I applied for Supplemental Security Income ("SSI") and Social Security Disability Insurance ("SSDI"), hoping that we could get some help. It took me nearly two weeks to fill out the application because it was confusing and difficult to navigate, I tried calling SSA to get help, but I had to wait up to 45 minutes to speak with an agent.

15. While my applications were pending, in February 2024, I lost my job at the paper company. My disabilities were making it harder for me to do my job, so I was fired.

16. After months of unemployment, I wanted to check on the status my SSI and SSDI applications. I tried calling the 800-number on the Social Security Administration (“SSA”) website and waited 45 minutes for a response, but the other end hung up before anyone answered. I waited over an hour on another phone call, but was not able to stay on long enough for someone to answer. This pattern of long wait times persisted throughout the application process. Just last month, in February 2025, I waited on the phone for over an hour for someone to pick up the phone.

17. Because I could not get through to someone over the phone, I decided to go down to my nearest SSA office and talk to someone in person. My neighbor agreed to give me a ride to the office. I went one morning before they opened, but the line was already out the door. I decided to try coming back the next day. The line still led down the block. I could not wait any longer for answers, so I decided to wait to speak with someone. It was a miserable experience. It was summer in Florida, so I waited in line for at least an hour in the beating sun trying to get a meeting with an agent. Because of my COPD, it is difficult to stand for long periods of time, and there really wasn’t anywhere to sit down. I finally was able to speak with someone later that morning, who essentially told me I would just have to keep waiting for a decision on my SSI and SSDI applications.

18. After over a year of waiting for a decision and over a year of unemployment, I finally had an interview for my benefits in mid-February 2025. The interviewer told me that my SSI would be denied because I was employed at the time I filed the application. I responded that I was only employed part time when I initially applied, and I had been out of work for over a year. The interviewer just told me to appeal the decision. Shortly after that interview, I found a lawyer

to represent me and filed an appeal of my SSI denial. I still have not received a decision about my SSDI application.

19. In September 2024, I was granted benefits for total disability based on individual unemployability (“TDIU”) through the U.S. Department of Veterans Affairs (“VA”). Through that benefit, I receive \$2800 per month because of my 90% disability rating. This sum has been helpful for me and my family, but we are still struggling to pay our bills, make car repairs, pay off debts, and make sure our growing kids have what they need.

20. If I cannot get disability benefits through the SSA, I will be forced to work through the pain my disabilities cause me in order to take care of myself and my family and risk losing my TDIU. I am already breaking down and do not want to injure myself or exacerbate my disabilities. If I have to take another job, it is more likely that I will die sooner than I get a decision on my SSA benefits.

21. The recent cuts to SSA staff and field offices threaten my life and my family’s livelihood. I have already waited hours on the phone and in line at my local field office. Any worse customer service would effectively be a total bar on my ability to manage my application for benefits. Furthermore, if there are fewer SSA staff available to help process my case, I cannot imagine how much longer it could possibly take to process cases like mine. And with office closures in Georgia and Florida, I worry that Jacksonville SSA offices will be flooded with folks coming from elsewhere to try to talk to someone in person. I have already waited for 17 months to get an SSDI decision when SSA was operating at full staffing and office levels. Meanwhile, my family is not just living paycheck to paycheck—we are making it work one day at a time.

3/31/2025

Date

Signed by:

*Wilshawn Tiller*

0A73FF14A9AE4C9...

Wilshawn Tiller



**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendant.*

No.

**DECLARATION OF KAMILAH SHARIF**

I, Kamilah Sharif, am over 18 years of age and competent to make this declaration.

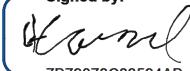
1. I reside in [REDACTED].
2. I am [REDACTED] years old
3. I retired in 2019 and have received retirement benefits since that time.
4. I have a family member who receives disability benefits. I assist them in reviewing and responding to inquiries from the Social Security Administration, among other things.
5. In February 2025, my family member received a notice from the Social Security Administration that I did not understand.
6. In the second week of February, I called Social Security to ask about the letter, but after waiting for 45 minutes, I could not get through to them. I decided to go to the office instead.
7. I went to the Social Security Office in [REDACTED]. When I entered the building, I signed in as I usually do.

8. When I signed in the staff told me that I had to make an appointment by telephone in order to speak to a representative. He told me that all 50 states are doing the same thing and that I could not walk into a Social Security office without an appointment. However, he told me that I could wait until all the people who had appointments were seen and then I could speak to a representative and ask my question about the letter.
9. I waited two and a half hours to speak to a representative.
10. Before going to the Social Security office in the second week of February, I had not received any notice that I had to make an appointment before speaking to a representative in the field office.
11. While I waited in the field office, I noticed that only two of the four windows serving the public were staffed. This led me to believe that the field office does not have the help they need.
12. I receive social security retirement benefits and have since 2019. I have always gotten my benefit payment by direct deposit on the fourth Wednesday of each month, except recently.
13. In February, my retirement benefits were not deposited on time. They were not in my account on the fourth Wednesday in February, and I did not see them arrive until that Friday. Again in March, my benefits were not deposited on March 26<sup>th</sup> (the fourth Wednesday) and as of Thursday morning, my benefits still have not been deposited into my account.
14. Timely receipt of my benefits is important to me because I use it to pay my bills – my rent and my insurance must be paid on time. Rent is due on the first of the

month and the insurance must be paid by March 31<sup>st</sup>. If these payments are not on time, there are fees.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 4/1/2025

Signed by:  
  
7B79078C08594AB...  
Kamilah Sharif

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendant.*

No.

**DECLARATION OF SUSAN PLAWSKY**

I, Susan Plawsky, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I am a resident of [REDACTED].
3. I am a person with a disability. Because of my disability, I rely on adaptive equipment to make telephone calls and to use my computer.
4. I am [REDACTED] years old. Because I am approaching the Social Security Administration's full retirement age, I decided to file my application for Retirement benefits.
5. I visited a local Social Security office to find out how to file my application for Retirement benefits. Staff at my local Social Security office told me I would not be able walk-in for an appointment, and that I needed to make an appointment by calling the Social Security 800 number.
6. In February, 2025, I called the Social Security 800 number to schedule an appointment at a local office or over the phone. I waited on hold for three hours, fifteen minutes.

7. I explained to the Social Security telephone representative that I wanted to apply for Retirement benefits, and that I was told that I needed to call the 800 number to schedule an in person or phone appointment. The telephone representative attempted to assist me with scheduling an appointment but could not. He told me that no appointment was available at any of the six Social Security local offices nearest my home for the next 40 days. The representative explained to me that the system only allows him to schedule appointments 40-days out, so he was unable to schedule any appointment for me.

8. The telephone representative told me that because there were no appointments available at any of the six Social Security local offices nearest my house, my only option was to apply for Retirement benefits online.

9. I was uncomfortable filling out my application on line because I did not want to make any mistakes in filing my application for Retirement benefits. I asked the representative if he would stay on the phone with me to help me through the online application process so that I did not make any mistakes. Even though helping people file online applications is not usually part of his job, the representative agreed to stay on the line with me as I completed the online application.

10. I am glad that the Social Security representative agreed to help me with my online application because, as I completed the application, there were questions that I needed help to answer. I was confused by some parts of the application, for example one part asked me if I wanted to apply for SSI, but I did not know enough about the program to know. I also had questions about the effective start date. I could not have completed the online application without assistance.

11. After I received confirmation that Social Security had received my Retirement application, I received an email, text, and a letter telling me that I had a scheduled phone appointment.

12. Because I did not understand why I now had an appointment when I had already submitted my application, I worried that there might be some issue with my application or that the text might be a scam. I called Social Security's 800 number for more information. I waited on hold about two hours and 45 minutes before I spoke with a representative. The telephone representative told me that everything was fine with my application, and there was no need for the appointment.

13. My experience with Social Security has left me concerned for my parents, who are both Social Security recipients in their 90's and live in another state. They do not drive, they are not tech savvy, and they do not have family living nearby. When they inevitably need to contact Social Security, I am concerned that they will not be able to wait for hours on hold to speak with a telephone representative.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/29/2025

Signed by:  
  
F41883DB7DB046D...  
SUSAN PLAWSKY

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF CHRIS HEIDELBERG**

I, Chris Heidelberg, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED].
4. Until February 25, 2025, I had worked for the Social Security Administration (“SSA”) for 35 years.
5. I began my career at the agency in 1989 as a Social Insurance Specialist. In this operations role, I served as a claims representative, signing Social Security cards, approving and paying peoples’ benefits, and performing other direct service responsibilities while working in a SSA field office. After about four years, I was sent to the central office on a detail to do public affairs work and media production for SSA. I spent twenty or so years with that office, working closely with White House officials during the Clinton, Bush, Obama, and Trump administrations. In 2012, I was assigned to a full-time role with the Federal Executive Board (“FEB”), managing

Human Resources matters. Though the FEB was housed under the Office of Management and Budget, I was there on a detail from SSA and was still considered a SSA employee. In 2017, I came back to the SSA full time, reporting directly to the Commissioner in a similar HR role. After a reorganization of the SSA in 2018, my role was moved to the Diversity and Inclusion office. A little over two years ago, in 2023, the Diversity and Inclusion office was absorbed into the Office of Civil Rights and Equal Opportunity (“OCREO”). When that happened, I was assigned to be a Management Analyst, reviewing equal employment opportunity (“EEO”) complaints and performing statistical analyses on OCREO staff workloads. I served in this role until the end of February 2025.

6. On February 25, 2025, I was shocked to learn that I and all of my OCREO colleagues were losing our jobs. Having served within the SSA for multiple decades and across multiple presidential administrations, I have seen the way staff reductions and resource cuts have wreaked havoc on agency morale, customer service, and—most crucially—beneficiary outcomes. I am confident that these mass terminations will inflict the same pains on staff and beneficiaries once again.

7. For at least the last 40 years, the SSA has had employees on staff who have managed harassment complaints, EEO matters, civil complaints for discrimination, requests for reasonable accommodations, and other civil rights issues within the agency. Many of these roles were housed under the Deputy Commissioner of Human Resources (“DCHR”) or other offices within the SSA.

8. In 2021, the SSA established an independent component of the agency dedicated to EEO management. It started with 47 employees. The EEO office collected data on SSA’s hiring practices, handled EEO complaints, created annual No FEAR Act Reports for Congress, and had other related responsibilities.



9. In 2023, the EEO office was elevated to deputy commissioner status under the new name: the Office of Civil Rights and Equal Opportunity (“OCREO”). This office encompassed the former EEO office’s responsibilities, in addition to newly reorganized agency duties. For example, OCREO now monitored harassment claims, which was previously performed in regional labor relations offices; managed SSA’s compliance with Title 16 claims, which was formerly the responsibility of the Office of General Counsel; and processed requests for reasonable accommodations, which was done by DCHR in years prior. This reorganization streamlined the agency’s systems by centralizing all the civil rights personnel in one component and helped prevent conflicts of interest. When this merger of related components was complete, OCREO had around 140 employees.

10. Including these newly reorganized responsibilities, OCREO was responsible for managing several key programs, called “Centers,” to ensure SSA’s compliance with civil rights and equal employment opportunity laws prior to its dissolution.

11. First, the Center for Equal Employment Opportunity developed and implemented programs to ensure equal employment opportunities for all SSA employees, regardless of race, color, national origin, religion, age, disability, genetic information (including family history), sex (including sexual harassment and pregnancy).

12. Next, the Center for Complaints Resolution was responsible for processing, adjudicating, and resolving civil complaints of discrimination in compliance with all applicable laws, regulations, and guidance issued by the Equal Employment Opportunity Commission.

13. OCREO also directed and managed SSA’s reasonable accommodation program for employees with disabilities through the Center for Accommodations and Disability Services, ensuring necessary adjustments or modifications were provided to enable employees to perform

their job duties effectively. It also handled requests for reasonable accommodations submitted by beneficiaries who needed assistance accessing their benefits, information provided by SSA, SSA field or hearing offices, etc.

14. In addition, the Center for Compliance Management performed other necessary compliance measures to ensure it obeyed the commands of disability-related laws and regulations.

15. It also handled other compliance issues through the Center for Regional Equal Opportunity Management. Through this program, OCREO monitored and ensured SSA's adherence to civil rights and EEO laws, regulations, and policies, implementing corrective actions when necessary to maintain compliance.

16. The Center for Harassment Prevention oversaw programs aimed at preventing harassment in the workplace, providing guidance and resources to maintain a respectful and inclusive work environment.

17. Furthermore, the Center for Information Technology developed and maintained information systems to manage SSA's EEO programs, conducted reliable statistical data analyses, and tracked EEO workloads to monitor compliance and identify areas for improvement.

18. By fulfilling these responsibilities, OCREO played a crucial role in promoting fair, inclusive, and compliant benefits determinations within the SSA.

19. The process of reviewing claims for discrimination in the SSA works like this: When a beneficiary or SSA employee experiences an adverse action (like discrimination), the person has a specific amount of time to contact someone in OCREO about the alleged incident. This report instigates an informal investigation into the claim. Within 90 days, the investigator is required to give a response to the claim, either dismissing the complaint or issuing a Notice of Right to File. Within 15 days of receiving that Notice, the complainant must file an EEO complaint

form. An OCREO employee would review the filing, evaluate evidence, and process the complaint. If, during the course of review, the complainant wanted to amend the complaint to add allegations or offer more supporting evidence, the review process would be extended to account for the amendment. In cases with multiple amendments, which is a large portion of the claims we receive, their claim could take a year, or up to two years to process from start to finish.

20. Complaint processing takes one to two years to complete. That one- to two-year processing time relied on having full-time staff dedicated to reviewing these complaints. Prior to its dissolution, OCREO had 17 employees—8 under my supervision, and 9 under my colleague’s supervision—who reviewed all of the complaints that SSA receives from across the country. These 17 staff members were thoroughly trained and highly skilled. Some were attorneys or paralegals. The learning curve to do this job is around two years.

21. I have not received any information about whether or how OCREO’s discrimination complaint review function is going to be transferred to another component within the agency, or if it will be eliminated altogether. The latter would be a violation of SSA’s statutory obligation to review discrimination claims under the Cummings Act. The former would be a logistical nightmare and a crude affront to complainants’ civil rights.

22. In 2023, OCREO received around 500 discrimination complaints—a number that grew to about 700 or 800 complaints for discrimination in 2024. It is inconceivable that SSA could handle that number of complaints with any fewer staff than the 17 we had prior to OCREO’s dissolution. I am particularly concerned about SSA’s capacity to manage this volume of complaints because redistributing this workload to another SSA component is, at best, imprudent, and at worst, impossible and cruel. Non-OCREO staff do not have the level of training and experience in processing claims as the staff did before OCREO was dissolved. And, critically, staff in other

components already have their own heavy workloads. To take 17 full-time staff members and put their job responsibilities on the shoulders of other already overworked staff will essentially nullify the program altogether.

23. As previously mentioned, OCREO housed the main mechanism through which people could request reasonable accommodations: the Center for Accommodations and Disability Services (“CADS”). CADS was made up of three centers: an operations center, a center for assistive technology, and a reasonable accommodation center. The operations center managed all facets of accommodations-related contracts. For example, they would handle contracts for ASL interpreters to assist Deaf employees and beneficiaries access their work and benefits, respectively. SSA has about 15 ASL interpreters on site every day. The assistive technology center reviewed requests for assistive technology, like screen readers for blind staff and beneficiaries, special keyboards for blind people or people with dexterity disabilities, etc. The reasonable accommodations center handled accommodations requests and appeals for requests that were denied.

24. SSA policy requires that OCREO respond to requests for assistive technology within 10 days of receiving the request. After an interactive process of ensuring the requester gets assistive technology that meets her needs, OCREO is supposed to get the technology to the requester within 45 days of the interactive process beginning. This might be extended if we need to request someone’s medical records. The same timeline goes for requests for reasonable accommodations.

25. However, because of the number of requests SSA receives and the number of staff we have on hand, CADS was taking a few months to process reasonable accommodations requests just prior to OCREO’s dissolution—not including time for appeals. Because of President Trump’s

policy that federal employees return to in-person work, we received a deluge of accommodations requests for people to be able to continue working from home. From the date of this announcement in late January 2025, OCREO started receiving between 30 and 50 requests per day asking for full-time telework as a reasonable accommodation on top of the other accommodations requests we receive on a daily basis. CADS had 30 permanent employees on staff who were dramatically overworked, even before these new requests began rolling in. To assist with this firehose of accommodations requests, in early February 2025, OCREO detailed 25 regional employees and placed them in CADS.

26. In 2022, CADS had to take similar measures to account for the excessive work placed on its employees. After COVID-19 vaccinations began to roll out and SSA field officers were required to return to in-person work, CADS received 5000 reasonable accommodation cases requesting the continuation of telework. CADS received 25 detailees to get through that number of requests, and it took the office approximately nine months to decide each request.

27. To additionally account for this increased workload, CADS also scheduled a four-day training for all SSA managers on how to process reasonable accommodations requests so that we could have more support in this work. The training started on Monday, February 24, 2025, but could not be completed because of the slew of terminations within the agency that began later that day.

28. I have not received any information about whether or how the workload from CADS is being redistributed to other SSA staff. The idea of completing this work with any fewer than 30 full-time staff is—generously—impracticable.

29. Furthermore, the responsibilities of CADS employees to manage accommodations-related contracts has not been redistributed to my knowledge. I have heard from SSA employees

who are still with the agency that the ASL interpreters have not been paid since the terminations began because the people previously monitoring their contracts are not there to pay them. If someone does not maintain those contractor relationships, SSA will face difficulties hiring ASL interpreters in the future, adversely impacting Deaf employees and beneficiaries.

30. I knew prior to President Trump's inauguration in January 2025 that changes to SSA were inevitable. Because of his campaign platform, statements he and his transition team made in the press, and the changes SSA endured during his prior term in office, I knew to expect some new challenges in our work. I never expected the demolition that has occurred with the elimination of OCREO, the Office of Transformation, dozens of field offices, and other new policies.

31. On Monday, February 24, 2025, I was scheduled to attend a meeting with Claudia Postell, the Deputy Commissioner of OCREO. She cancelled that meeting because she was asked to meet with Acting Commissioner Leland Dudek and the other Deputy Commissioners.

32. The next day, Tuesday, February 25, 2025, Claudia called me and the other OCREO managers into a meeting. She said this was the hardest day of her career. She divulged that she met with Acting Commissioner Dudek the day before, who told her and the other Deputy Commissioners that the SSA would need to make staff cuts. Claudia said that she asked him how many people she would need to cut from OCREO. He told her not to worry about it. Then, on the morning of February 25, Claudia met with Mr. Dudek again. This time, she said, their meeting was very brief, no longer than fifteen minutes. At that meeting, he notified her that she and every other employee at OCREO would be put on administrative leave effective immediately. Claudia told us that we should pack our belongings.

33. The managers were distraught. We communicated this horrible news to our supervisees and helped them pack their things.

34. Around 3:00 PM that afternoon, all OCREO staff, including myself, received a letter through our work e-mail inboxes from SSA. The letter was a Notice of Proposal to Remove for “just cause.” The letter did not state what the cause was. The letters merely cited to the President’s Executive Order on “Commencing the Reduction of the Federal Bureaucracy” as the basis for their terminations. It stated that I had no right to appeal the proposed removal. The letter said that I had two hours to pack up and leave the building. Once I read the letter, the email sent a “read receipt” to the SSA administration, who promptly shut off my access to all SSA staff portals and online systems.

35. There were several of my staff who were on leave that day, either sick or on vacation, who did not receive the news in-person or via email. I had to call each of them to let them know what had happened and try to pack their things for them.

36. Just last week, sometime around March 12, 2025, I received a second letter from SSA. The letter was dated back to February 27, 2025, but the envelope was postmarked from March 4, 2025. The letter was a correction from the virtual Notice of Proposal to Remove that I received on February 25. It clarified that employees like me were not being terminated outright, but could seek reassignments to other offices, take early retirement, or severance payments. The letter also stated that I had until Friday, March 7, 2025 at noon to make a decision and respond to the letter. By the time I received the letter, that deadline had passed. I know other staff who similarly received their letters after March 7.

37. It is clear to me that SSA’s actions are not part of a strategic plan for the agency—or any plan at all—because of the sudden timing of OCREO’s elimination, the conflicting

messages about the nature of our dismissals, and the vagueness about the reasons for our terminations.

38. My friends who still work for the SSA informed me that within a few days of OCREO's dissolution, Elon Musk and other Department of Government Efficiency ("DOGE") staff came to the SSA office to attempt to get into OCREO's digital systems. It is my understanding that DOGE was driving the cuts the SSA made in late February 2025.

39. SSA cannot function as a safe place for people to work without OCREO. SSA cannot provide equal access to its programs and services without OCREO. SSA cannot meet the mounting, varied, lifesaving needs it is designed to meet without OCREO and the thousands of other staff the current administration plans to (and has already begun to) terminate. Without these critical personnel, staff and beneficiaries alike lack all protections against discrimination and other violations of their civil rights within the SSA. No one will be there to let their voice be heard. Complainants will have no recourse to exhaust their administrative remedies before going to court. It is not guesswork to anticipate these harms—they are happening right now to people who cannot file claims, do not have an avenue to amend or assist with their ongoing claims, and are waiting for an ultimate decision on their claims or reasonable accommodation requests. And without replacements in sight, these staff and beneficiaries may be waiting months – if a solution comes about at all – for answers.

40. Given my knowledge of OCREO's work and my experience within the agency, I do not believe there is any other office at SSA that is capable, of handling OCREO's responsibilities.

41. I am a member of the American Federation of Government Employees ("AFGE"), a labor union representing around 80,000 federal and D.C. government workers.



42. On February 25, 2025, the AFGE requested a notice and demanded to bargain the SSA's intent to transfer the functions of OCREO to other components within the agency. The SSA responded to that request in a letter on March 13, 2025. The letter stated that the "anti-harassment" program would be transferred to the Office of Mission Support, formerly known as the office of Budget, Finance, and Management. The letter also stated that the SSA Harassment Prevention and Reasonable Accommodation email inboxes were changed, but did not specify the new addresses or who would monitor the accommodations inbox. It also stated that the EEO mailbox had changed, but did not say who would be monitoring that inbox either. As of mid-March 2025, the SSA's policies online regarding how to file discrimination complaints or reasonable accommodations requests have not been changed. The anti-harassment program was just a fraction of OCREO's work and required full-time, dedicated employees to make it run smoothly. The other two mailboxes sound like strawman programs that are really dead ends for people filing EEO and accommodation claims. Other than this minimal and incomplete information, I am unaware of any other efforts within the SSA to reassign OCREO's IT, compliance, and assorted programs to other components.

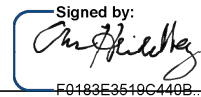
43. Additionally, I am deeply concerned with the ways that the SSA's cuts to dozens of field offices will impact the agency and its ability to serve beneficiaries. When I worked in field offices early in my SSA career, we would see thousands of people every month filing for retirement, for disability benefits, etc. There are some SSA functions that can only take place in a physical office, like checking proof of citizenship or evaluating someone's physical disability for benefits. Those field offices were overworked when I was there in the early 1990's, and we had more staff back then. Closing down field offices only puts additional stress on surrounding field

offices and leads to people dropping their benefits overall because it is too difficult to manage or get help.

I declare under penalty of perjury that the foregoing is true and correct.

4/1/2025

Date:

Signed by:  


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Chris Heidelberg

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF MAX RICHTMAN**

I, Max Richtman, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED].
4. I am the President of the National Committee to Preserve Social Security and Medicare ("NCPSSM"), a role I have served in since 2011.
5. The NCPSSM is a nonpartisan, nonprofit 501(c)(4) membership organization made up of concerned citizens, the majority of whom are senior citizens and people with disabilities.
6. NCPSSM acts in the best interests of its members through advocacy, education, services, media relations, grassroots efforts, and the leadership of the Board of Directors and professional staff.

7. NCPSSM was founded in 1982 to serve as an advocate for the landmark federal programs of Social Security and Medicare and for all Americans who seek a healthy, productive and secure retirement.

8. The mission of the NSPSSM is to protect, preserve, promote, and ensure the financial security, health, and the well being of current and future generations of maturing Americans.

9. According to our organization's latest figures, NCPSSM has about half of a million members nationwide and approximately 2 million supporters. Members are dues-paying contributors, whereas supporters do not pay dues, but contribute to the organization's mission with their time. All of our members and supporters contributed to Social Security during their working lives. The vast majority of our members and supporters receive benefits from the Social Security retirement program. Many of NCPSSM's members rely on Supplemental Security Income ("SSI") and Social Security Disability Insurance ("SSDI"). Nearly all of them are covered by Medicare.

10. NCPSSM has been hearing from members concerned about substantial, disruptive problems with accessing their Social Security benefits because of the Social Security Administration's ("SSA") drastic cuts. Members are concerned about their ability to transact business with SSA online due to their limited access to, and fluency with, the internet, obstructing their access to receiving benefits. SSA personnel have either failed to respond to members' inquiries or cannot provide the same services anymore due to the closures of the Office of Civil Rights and Equal Opportunity ("OCREO") and the Office of Transformation, in addition to the shuttering of—and announced plans to shutter—many physical SSA locations nationwide. And because SSA has only provided sparse, contradictory, and incomplete information to Social

Security beneficiaries, NCPSSM's members feel unstable and ill-equipped to make decisions about their benefits, like whether to seek private disability insurance in the wake of these cuts.

11. When people with disabilities, including aging people, are unable to receive their Social Security benefits, they lose a primary source of income for healthcare, rent, groceries, and gas. Without it, NCPSSM's members are more likely to face eviction, go hungry, ration prescription medication, and miss appointments.

12. With the closure of OCREO, people with disabilities have no personnel to field their requests for reasonable accommodation. The right to these accommodations is protected under federal law. The demolition of OCREO without a plan to fully and immediately transfer its responsibilities to another SSA component is a direct affront to their civil rights.

13. By closing offices near NCPSSM members, the SSA will make it exceedingly more difficult for them to manage their benefits. People with disabilities and elderly people are not able to travel as easily as others, especially long distances, and will have to rely on friends, family, neighbors, paratransit systems, or other means of transport to drive them to far-away appointments.

14. In addition, by imposing policies that require identity verification and other actions to be taken in-person or online, SSA is, at the same time, increasing the need for field offices to be able to provide these services. Because elderly people and people with disabilities have less access to, and fluency with, the internet, they will be forced to rely on already-overburdened field offices.

15. Because the SSA's actions disproportionately impact NCPSSM's members, these component closures directly implicate NCPSSM's mission and purpose as an organization. The NCPSSM has a strong interest in ensuring that its members with disabilities have timely access to their benefits and have an avenue by which they may redress their grievances with the SSA, especially when their grievances pertain to discrimination.

16. One of NCPSSM's mission-based activities is to assist members in navigating the complex web of SSA benefits, managing those benefits, and ensuring they have accurate, accessible information available to them with respect to their benefits. Defendants' discriminatory conduct thus frustrates the NCPSSM's mission.

17. Moreover, the NCPSSM has been forced to divert resources from its core activities to combat this discrimination. The NCPSSM has limited resources and budget to assist people with Social Security benefit issues. When our members have difficulties with SSA, they call NCPSSM. As SSA makes it more difficult to access services, while offering little or no information on alternatives, the NCPSSM will need to expand its resources dedicated to this effort, and concomitantly reduce resources dedicated to other mission priorities, including lobbying activities, such as submitting testimony at congressional hearings, meeting with members of Congress and their staff, sending letters to representatives on pending legislation, writing issue briefs on current legislation, and participating in virtual and in-person congressional town hall meetings.

18. NCPSSM spends \$5,732,747 every year advocating for various policies, programs, and benefits that will have a material benefit to people with disabilities and aging people.

19. Around 40 percent of NCPSSM's annual budget over the last five years has been dedicated to advocacy for better policies, programs, and benefits in the SSA.

20. Because of the SSA's dissolution of OCREO and the Office of Transformation, elimination of physical offices, staff cuts, and policies forcing people to go to SSA offices in person, NCPSSM will have to dedicate a substantially greater amount of money on these issues every year to adequately represent the interests of our constituents in the wake of this loss.

21. This diversion of resources detracts from NCPSSM's ability to fight for other critical issues affecting its constituents, such as Medicare and Medicaid benefits, long-term care, prescription drug prices, Older Americans Act programs, wage and employment equity, and payroll taxes.

22. Furthermore, the eradication of these offices and termination of thousands of SSA employees will frustrate NCPSSM's mission and directly interfere with its core business activities.

23. These core activities include providing information to and answering inquiries about the Social Security program and the administration of its members' benefits by SSA. It includes policy advocacy, drafting legislation, grassroots organizing, media relations, and community education about economic policy and Medicare and Medicaid, as well as other non-SSA topics.

24. Thus, Defendants' conduct has perceptibly impaired the NCPSSM's mission.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 4/1/2025

DocuSigned by:  
Max Richtman  
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Max Richtman

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendant.*

No.

**DECLARATION OF LORI SMETANKA**

I, Lori Smetanka, declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I reside in [REDACTED].
3. I am the Executive Director of the National Consumer Voice for Quality Long-Term Care (“Consumer Voice”).
4. Consumer Voice is a national nonprofit membership-based organization representing consumers receiving long term care and services in nursing homes, assisted living facilities, and home and community-based settings.
5. I have been the Executive Director for 9 years.
6. Consumer Voice’s membership encompasses all residents of long-term care facilities, plus more than 500 others representing families, friends, consumer advocates, long-term care ombudsmen, and others pursuing quality long-term care.



7. Virtually all of our members rely on the Social Security Administration for some form of benefit - from retirement benefits to disability benefits to Medicare related services.
8. Consumer Voice supports members in their right to manage their finances. Many members are capable of managing their finances and want to do so.
9. Our members face significant challenges accessing the Social Security Administration, which are growing daily.
10. For example, recently announced policy changes that require in person visits to the Social Security office instead of using the telephone, will create havoc for many members. Because of a lack of readily available and accessible transportation in many nursing facilities and assisted living facilities, members often cannot physically go to Social Security field offices to address issues with the benefits or make claims. Many don't have regular visitors or family that can take them to the field office. They rely on telephone-based service.
11. Many members cannot use the computer-based identify verification system or access their Social Security information on line because they do not computers, and others who do, would require assistance (which would result in a loss of privacy as to their financial affairs).
12. On March 27, 2025 Consumer Voice held a regular meeting of its resident advisory committee. During this meeting advisory committee members, all of whom are residents of long-term care facilities, discussed the problems they are having or anticipate having accessing Social Security Administration services. These include:

- A resident who is currently trying to apply for Social Security Disability for more than 2 weeks and has been unable to speak to a Social Security staff member, or have his application processed, despite calling every other day and leaving messages;
- A resident who needs to change her banking information for Social Security deposits, cannot access the online system, and has been having difficulty arranging transportation with assistance to visit the Social Security office in her area.
- Several residents noted examples of barriers they would face if needing to go to the Social Security office including – lack of transportation from the nursing home, insufficient resources to pay for a handicapped taxi; scheduling uncertainty of transportation and support with uncertainty in how long an appointment would be at the Social Security Office; and lack of staff, family or friends to accompany them to provide necessary assistance

I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/28/2025

DocuSigned by:  
*Lori Smetanka*  
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Lori Smetanka

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

No.

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

**DECLARATION OF MICHELLE SPADAFORE**

I, Michelle Spadafore, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED]
4. I have been a Senior Supervising Attorney at the New York Legal Assistance Group for 13 years. Prior to assuming this role, I have worked as an attorney and advocate for Supplemental Security Income (SSI) and Social Security beneficiaries for nearly 18 years.
5. For many years, the Commissioner of the Social Security Administration (“SSA”) has met regularly with advocates to discuss program outcomes, policy changes, and other relevant issues advocates are hearing from their clients in the field regarding their Social Security benefits. I have attended these meetings since 2020. Anywhere from 20 to 40 advocates attended these regular meetings. When Commissioner Martin O’Malley was in this role, this group of advocates

sat down with him once per month for meetings on various topics including proposed changes to the overpayment rules and proposed improvements to outreach to transition age youth, among other things. Advocates provided insight and feedback about SSA's proposed changes.

6. On or around March 21, 2025, I received an e-mail regarding a meeting scheduled with Acting Commissioner Leland Dudek for Monday, March 24, 2025, at 10:00 AM. I went to the meeting, joining online via Teams. Everyone participated in the meeting virtually. The people in attendance were the usual group of advocates I know from the meetings during Commissioner O'Malley's tenure: representatives from the American Association of Retired Persons, Community Legal Services - Philadelphia, and others.

7. Acting Commissioner Dudek made a statement during the meeting that he was moving forward with sweeping changes to require identity verification for all applicants for Social Security benefits at the request of "the White House."

8. Dudek indicated that the White House was the source of the changes and the impetus for the speed of the changes.

9. Dudek stated that there was an awareness that there is an impact to the public here but there is "no perfect solution." He stated that SSA had been too thoughtful about how it rolled things out in the past. Dudek acknowledged that he has made mistakes and likely will again.

I declare under penalty of perjury that the foregoing is true and correct.

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Date: March 28, 2025



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Michelle Spadafore

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF JOHN S. WHITELAW**

I, John S. Whitelaw, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in [REDACTED].
4. I have been the Advocacy Director at Community Legal Society, Inc. (Delaware) since December 2017. Before assuming this role, I have worked as a legal aid attorney and advocate for Social Security beneficiaries for nearly 40 years in several states.
5. For the better part of 15 years, the Commissioner of the Social Security Administration (“SSA”) has met regularly with advocates to discuss program outcomes, policy changes, and other relevant issues advocates are hearing from their clients in the field regarding their Social Security benefits. I have attended these meetings for many years. Anywhere from 20

to 40 advocates attended these regular meetings. When Commissioner Martin O'Malley was in his role, this group of advocates sat down with him once per month to hear what we had to say.

6. On or around March 3, 2025, I received an e-mail with an agenda attached to it for a meeting scheduled with Acting Commissioner Leland Dudek for Tuesday, March 4, 2025, at 10:00 AM. This meeting took place in Washington D.C. I attended the meeting in person. I was one of about 20 people who attended the meeting in person with more who joined online via Teams. The people in attendance included SSA personnel and individuals from the usual group of advocates who attended the meetings during Commissioner O'Malley's tenure: representatives from NOSSCR, the American Association of Retired Persons, the ARC, Community Legal Services, and others.

7. Acting Commissioner Dudek made several statements throughout the meeting that confirmed the ways in which Elon Musk and the Department of Government Efficiency ("DOGE") appeared to be directing the actions of the SSA.

8. During the meeting, a concerned advocate mentioned the recent rumors that the SSA would be terminating 50 percent of its staff. Mr. Dudek denied this allegation. Instead, he confirmed that the agency would "only" be cutting 7,000 employees from the 57,000 employee roster. He framed this choice as an element of President Trump's agenda that he had no say in.

9. Dudek said: "I don't want to fire anyone." He added: "A lot of the structural changes that you've seen me make at headquarters, I've had long conversations with the White House about, and the DOGE team. ... And that's not to say I don't have some more hard choices to come. The president has an agenda. I'm a political appointee. I need to follow that agenda." At another point in the conversation, he made a similar statement: "I've had to make some tough choices, choices I didn't agree with, but the President wanted it and I did it."

10. His comments illuminated the entanglement between SSA and DOGE, particularly DOGE's orders that Mr. Dudek take certain actions within the SSA. He regularly referred to Elon Musk and other DOGE employees as the "DOGE kids." "I actually like having the kids around," he said, adding that although they were unfamiliar with the "nuances" of Social Security, he wanted advocates like us to give them time. "DOGE people are learning and they will make mistakes, but we have to let them see what is going on at SSA," Mr. Dudek told the group. "I am relying on longtime career people to inform my work, but I am receiving decisions that are made without my input. I have to effectuate those decisions." He further acknowledged that he was taking direction from "DOGE management."

11. In another context, he stated: "I work for the president. DOGE is part of that."

12. He reiterated this concern that DOGE would falter in reforming the SSA: "They're learning. Let people learn. They're going to make mistakes." His emphasis on *them* needing to learn, *their* mistakes—not Mr. Dudek's or other SSA leaders' mistakes—communicated to me that DOGE is behind the recent cuts to SSA's staff and services.

13. I spoke up several times during the meeting, including when Mr. Dudek spoke about shrinking the number of regional SSA offices from 10 to 4 regions. When speaking about regional and field office closures, Mr. Dudek said: "It certainly was done at the administration level. That would have not been my first preference. I think we need to see what's going to happen in terms of fallout."

14. He mentioned a number of other new policies he, the White House, and "DOGE Management" had discussed, including changes to the phone system and requiring appointments at field offices, prohibiting walk-in meetings. When our group of advocates pushed back on some of these policies, he stated in no uncertain terms that he receives his marching orders from DOGE..



15. Acting Commissioner Dudek acknowledged that it was “happenstance” that he was in the position he is. He said that he didn’t expect to be running the SSA. This meeting happened on his twelfth day in office. Though he had worked for the SSA for years before his appointment, he did so in a technical role in middle management. Given his lack of experience at any high level SSA policy position, it would shock me if Mr. Dudek himself were directing these major system overhauls and massive staff cuts.

16. Furthermore, it is well known that Mr. Dudek’s term will be short-lived. Indeed, at the meeting he said as much. As of March 31, SSA Commissioner nominee Frank Bisignano for Commissioner has testified before the Senate Committee considering his nomination. Given his only recent status as Acting Commissioner, the likely appointment of Mr. Bignano as Commissioner and his almost total lack of experience in executive management, the great weight of evidence suggests that Acting Commissioner Dudek is not acting independently but rather at the behest of DOGE.

3/30/2025

Date

Signed by:

*John Whitelaw*

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John S. Whitelaw



**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF MARK RICCOBONO**

I, Mark Riccobono, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in Baltimore, Maryland.
4. I am the President of the National Federation of the Blind (“NFB”), an elected role I have served in since 2014.
5. The NFB is a 501(c)(3) nonprofit membership organization made up of blind people of all ages, their families, and friends.
6. NFB’s members and leaders provide advocacy and support to blind and visually impaired people across the country. The organization works to promote the full participation and integration of blind people in all areas of life and serves as an advocate for change when equal access and treatment of the blind is denied.

7. NFB's purpose includes ensuring that blind and visually impaired people have full and equal access to all services, programs, and activities that sighted people do.

8. The NFB has roughly 50,000 members nationwide with affiliate chapters in all 50 states, Washington, D.C., and Puerto Rico. The vast majority of its members are blind individuals who are recognized as a protected class under federal laws, as well as the parents of blind children. The NFB and its affiliates are widely recognized by the public, Congress, executive agencies of government, and the courts as a collective and representative voice on behalf of blind Americans and their families.

9. Many NFB members rely on Supplemental Security Income ("SSI") and on Social Security Disability Insurance ("SSDI"). Many NFB members are covered by Medicare.

10. NFB members are deeply concerned that the Social Security Administration's ("SSA") drastic cuts to its staff and field offices and policy changes will inevitably lead to substantial, disruptive problems with accessing their Social Security benefits, delays in their ability to create an account with the SSA, and delays in benefit administration, obstructing their access to receiving benefits. NFB members are anxious because the closures of OCREO and OT prevent them from petitioning SSA for fairer and more equal access to their benefits. And because SSA has only provided sparse, contradictory, and incomplete information to Social Security beneficiaries, NFB's members feel unstable and ill-equipped to make decisions about their benefits, like whether to seek private disability insurance in the wake of these cuts. When people with disabilities are unable to receive their Social Security benefits, they lose a primary source of income for rent, groceries, and transportation. Without it, NFB's members are more likely to face eviction, go hungry, and miss appointments.

11. With the closure of OCREO, blind beneficiaries and applicants have no one to field their requests for reasonable accommodation. The right to these accommodations is protected under federal law. The demolition of OCREO without a plan to fully and immediately transfer its responsibilities to another SSA component is a direct affront to their civil rights.

12. By closing field offices near NFB members, the SSA will make it exceedingly more difficult for NFB members to manage their benefits. Blind people are not able to travel as easily as sighted people, especially long distances, and will have to rely on friends, family, and neighbors to drive them to far-away appointments.

13. Because the SSA's actions disproportionately impact NFB's members, these component closures directly implicate NFB's mission and purpose as an organization. The NFB has a strong interest in ensuring that its blind members have timely access to their benefits and have an avenue by which they may redress their grievances with the SSA, especially when their grievances pertain to discrimination.

14. One of NFB's mission-based activities is to assist members in navigating the complex web of disability benefits and insurance applications, managing those benefits, and ensuring they have accurate, accessible information available to them with respect to their benefits. Defendants' discriminatory conduct thus frustrates the NFB's mission.

15. Moreover, the NFB has been forced to divert resources from its core activities to combat this discrimination. The NFB has limited resources and budget to assist people with Social Security benefits issues. When our members have difficulties with SSA, they call the NFB. As SSA makes it more difficult to access services, while offering little or no information on alternatives, the NFB will need to expand its resources dedicated to this effort, and concomitantly reduce resources dedicated to other mission priorities. Part of these resources includes direct

consultation services the NFB offers its members who are struggling to manage their SSA benefits. Hiring more consultants, managing SSA's frequent policy changes, and appropriately advising members will become more costly and time-consuming with SSA's new structure and policies.

16. NFB spends approximately \$15 million every year advocating for various policies, programs, and benefits that will have a material benefit to people with disabilities.

17. Around three percent of NFB's annual budget over the last five years has been dedicated to advocacy for better policies, programs, and benefits in the Social Security Administration ("SSA").

18. Because of the SSA's dissolution of the Office of Civil Rights and Equal Opportunity ("OCREO") and the Office of Transformation ("OT"), NFB will have to dedicate more money and staff every year to adequately represent the interests of our constituents in the wake of this loss.

19. This diversion of resources detracts from NFB's ability to fight for other critical issues affecting its members, such as voting rights, health equity, and equal access to public transportation.

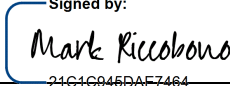
20. Furthermore, the eradication of these offices and termination of thousands of SSA employees will frustrate NFB's mission and directly interfere with its core business activities.

21. These core activities include civil rights advocacy, self-advocacy organizing, nonvisual access systems, blindness integration into society, educational assistance, and training.

22. Thus, Defendants' conduct has perceptibly impaired the NFB's mission.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/28/2025

Signed by:  
  
21C1G946DAE7464...  
Mark Riccobono

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF GOVERNOR MARTIN O'MALLEY**

I, Martin O'Malley, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. The facts set forth in this declaration are based on my knowledge and experience as Commissioner of the Social Security Administration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I reside in Baltimore, Maryland.
4. Between 2007 and 2015, I served as the 61<sup>st</sup> Governor of Maryland.
5. In 2023, President Joseph Biden nominated me to lead the Social Security Administration ("SSA"). I was confirmed as Commissioner of SSA in December 2023.
6. For nearly ninety years, SSA has served as the backbone of America's commitment to economic security for people with disabilities and elderly people. Established under the Social Security Act, 42 U.S.C. §§ 601 *et seq.*, Congress tasked the Agency with administering benefits to the elderly, unemployed, and disabled.

7. Social Security benefits are funded by two federal trust funds, the Old-Age and Survivors Insurance (“OASI”) trust fund pays retirement and survivors benefits, and the Disability Insurance (“DI”) trust fund pays disability benefits. *Id.* § 401. Each are funded primarily by payroll tax revenues and represent the federal government’s legal obligation to program beneficiaries.

8. In total, SSA administers benefits to more than 73 million people and facilitates over 500 million interactions with the public annually through field offices, customer service centers, and phone-based services.

9. In November 2024, the Agency initiated a new policy of phasing in appointment-based services, moving away from a heavy reliance on walk-in service. This plan was initiated to reduce in-office wait times, streamline service delivery, and improve the overall customer experience. It was always expected that customers could still walk in for an appointment and wait in line if they couldn’t or don’t want to make an appointment. SSA staff at local offices were directed to be particularly mindful of vulnerable populations, people with disabilities, and other groups needing specialized or immediate attention when they walk in.

10. In the last two months, SSA has taken actions sufficient to create a total collapse of SSA services.

11. In February 2025, the Agency began a campaign to eliminate thousands of positions, the greatest staff reduction in SSA history.

12. On February 24 and 25, 2025, SSA abruptly eradicated two of its most critical offices for ensuring fair treatment and access to services: the Office of Civil Rights and Equal Opportunity (“OCREO”) and the Office of [Customer Service] Transformation. These divisions were headed by two of the most effective leaders with whom I have ever had the privilege to serve. Both were widely respected throughout the senior executive service of the Agency.

13. In the midst of these workforce reductions, SSA also announced the closure of numerous offices.

14. Meanwhile, SSA has made a series of policy changes that will greatly increase the burden on field office staff: changing the default withholding for all overpayments from 10% of the beneficiaries' monthly check to 100%, requiring that people in overpayment status go to the field office to set up a livable withholding plan; requiring in-person visits to field offices to change banking information (for those who are not part of my Social Security); requiring in-person identity verification for benefit applications, which will increase field office visits; and requiring in-person field office visits for securing a social security number for non-citizens granted work authorization and newly naturalized U.S citizens, which will additionally increase field office visits by 60,000 to 75,000 people per week.

15. These actions have put the Agency on a path to total system collapse, inability to file applications for benefits, and interruption of benefits. I believe, based on my knowledge, experience, and understanding of Agency systems, that interruption will happen within the next 30 to 90 days.

16. Without their benefits, Social Security recipients are left without what is often their only source of income. Social Security benefits make up 31 percent of all income for people over 65 in the U.S. Among Social Security beneficiaries over 65, over 40 percent of people receive 50 percent or more of their income from Social Security. Among those same beneficiaries, close to 15 percent use Social Security as 90 percent or more of their total income.

17. Interruptions in service can be catastrophic. Getting one's benefits on time is the difference between shelter and eviction, between feeding one's children and not, and between

paying the utility bill or incurring debt. For families who depend on these benefits in whole or in part, service disruptions can be a fast track to homelessness and abject poverty.

18. Two of SSA's primary programs are the Supplemental Security Income program ("SSI") and the Social Security Disability Insurance program ("SSDI").

19. SSI provides income support to needy persons aged 65 or older, blind or disabled adults, and blind or disabled children. In 2022, 85 percent of SSI recipients received payments because of disability or blindness.

20. Today, 7.4 million people receive SSI.

21. SSDI or "Disability Insurance" provides monthly payments to people who have a disability that stops or limits their ability to work. By definition, everyone who receives SSDI has a disability.

22. The number of people receiving SSDI payments has more than doubled in the last 40 years. In 1984, 3.9 million people received SSDI benefits. In 2024, around 8.3 million people received SSDI.

23. The total number of SSA beneficiaries has nearly doubled in that same timeframe. In 1984, SSA provided benefits to 36.4 million people. In 2024, it provided benefits to 68.5 million people.

24. SSA's staffing has been reduced to a fifty-year low, despite the growing demand for SSA benefits. In 1985, SSA employed around 80,000 people—approximately 1 staff member for every 455 beneficiaries. Today, the Trump administration is planning to have a workforce of 50,000 or less within SSA—1 staff member for every 1,460 beneficiaries.



25. Despite the immense output SSA produces, the Agency operates on a budget of less than 1 percent of its annual benefit payments—an overhead level far below comparable private insurers, which operate with 19 percent to 24 percent overheads.

26. Despite the low staffing and all-time high workloads, the Agency in 2024 was able to improve every area of performance with the exception of the backlog at processing centers. But all that progress is being rolled back.

27. In addition to administering SSI and SSDI, SSA also manages enrollment for Medicare Part A and Part B (hospital insurance and medical insurance for outpatient services, respectively). Medicare beneficiaries can include older adults over the age of 65 as well as younger persons who are covered due to disability. Similar to the process of enrolling in SSI and SSDI benefits, Medicare applicants must apply for coverage and, if denied, may appeal their rejected applications. SSA handles the eligibility determinations and initial reconsideration of those decisions, and then refers the case to the Center for Medicare and Medicaid Services (“CMS”) for higher level appeals.

28. Each year, SSA typically enrolls over 6 million new customers for Retirement, Survivor, and Medicare programs. Several aspects of the enrollment process require in-person interactions at a SSA field office.

29. To help applicants and beneficiaries manage their information with SSA, the Agency operates a toll-free helpline with an average daily call volume of over 265,000 calls. For many people with disabilities, including older people, using the phone is a much more accessible way of handling benefits, applications, and appeals than using an online mechanism or attending an in-person appointment. Still, reaching an SSA agent is no small feat.

30. Waits for assistance in March 2025 through the toll-free number average 21 minutes, with just a 46.6 percent answer rate. These numbers reflect substantial improvements over prior years.

31. As of January 2025, SSA was operating at historic low staffing levels, with 57,000 employees.

32. Staff are overworked, burnt out, and leaning on limited resources to do the best they can to process claims and appeals and close the gap in service delays.

33. The most service-intensive aspect of SSA's work is evaluating SSI and SSDI claims for disability benefits and appeals from denials of those claims.

34. The chain of staff reviewing SSA benefit claims, hearing officers, and administrative law judges all make up the largest adjudicative body in the United States. But even with all of these personnel dedicated to completing these reviews and appeals, the wait time for decisions is long.

35. The average processing time for an initial disability claim is around 230 days, and an additional seven months for a request for reconsideration.

36. If the claimant disagrees with her claim decision, she can request a hearing with an administrative law judge to appeal. SSA receives as many as 40,000 appeal requests per month. And even when a hearing is granted, it still takes around 280 days to process that appeal. This wait time for an appeal is about half the time it took to process an appeal in 2023—a feat only achieved when Congress appropriated more funding for personnel and resources to help speed up the hearing process. Cutting a significant portion of staff from SSA is certain to undo much of the progress we've made for beneficiaries and applicants.

37. SSA's Chief Actuary estimated that approximately 30,000 people died in 2023 while their application for SSI or SSDI benefits, or both, was pending a decision at the initial level.

38. The connection between staffing and timeliness of benefits determinations is clear. Ten years ago, when SSA had an overhead of 1.2 percent of its benefits payments, it was able to make initial disability determinations in 110 days.

39. All personnel from OCREO and all but six staff of the Office of Transformation have been placed on administrative leave and informed that they will be terminated.

40. OCREO was tasked with handling disability discrimination complaints, reasonable accommodations, civil rights compliance, and ensuring that both SSA employees and claimants received fair and equal treatment under federal law.

41. SSA cannot provide equal access to its programs and services without OCREO. Without these critical personnel, beneficiaries will lack essential protections against discrimination and other violations of their civil rights. No one will be there to let their voice be heard.

42. It is not guesswork to anticipate these harms—they are happening right now to people who cannot file claims, do not have an avenue to amend or assist with their ongoing claims, and are waiting for an ultimate decision on their EEO claims or reasonable accommodation requests. And without replacements in sight, these beneficiaries may be waiting months—if a solution comes about at all—for answers.

43. The Office of [Customer Service] Transformation, with approximately 60 employees, was designed to modernize customer service, reduce processing times, and improve claimant experience, making it easier for beneficiaries to do their business with SSA, not harder.

44. The Trump administration's decision to eliminate the Office of Transformation is perplexing because the component functions came in part from the IT Modernization Plan issued

by SSA Commissioner Andrew Saul when President Trump was in his first term in office. The Office of Transformation expanded this modernization effort, furthering the use of Customer Experience data and driving agency-wide initiatives to keep our progress toward the plan accountable to our goals and deadlines. They brought in new staff to continue the effort toward bringing our technical systems up to date, as a key partner to the Office of the Chief Information Officer and operational and policy teams.

45. Weakening SSA's technologist base is one of the most dangerous decisions SSA has made to date. With malware and other cyber attacks happening with increasing frequency, SSA needs its security systems to be prepared. Given the unmatched volume of sensitive data for nearly every American in its possession, SSA's digital defenses need to be at an all-time high. Furthermore, ensuring SSA.gov's continuous, smooth functionality is what makes the difference between someone getting her benefits on time and not.

46. The Office of Transformation web team's work included modernizing, fixing, maintaining and adding new relevant service pathways to SSA.gov's approximately 200 webpages. These pages featured information about how someone could file a claim, for example, and provided direct access to critical online services, designed in a streamlined way to reduce confusion and save customers time. Without these professionals, there will be decreased access to services customers most need, dead ends in online services, and technical glitches.

47. It is technologists like those in the Office of Transformation that come to the Agency's aid in instances of internet crises. For example, in July 2024, a global IT outage resulting from CrowdStrike's software malfunctions blocked SSA employees from being able to access their online systems and interfered with beneficiaries' ability to manage their online accounts. This outage led to delays in service that were only remedied when our IT personnel could help get the

Agency back online. SSA's services were down for three days, even with the full strength of our IT teams. Without them, our services could have been stalled for days or weeks.

48. Prior to its dissolution, the Office of Transformation was in the midst of an overhaul of SSA.gov to revolutionize the website and ensure its speedy, user-friendly, reliable means of providing information and services. Now that website renovation and its plans are terminated. And even if SSA could contract with other IT professionals to do the web maintenance previously fulfilled by Office of Transformation staff, no one is in-house at SSA with the expertise and capacity to prioritize and design the new site and coordinate with those contractors who could do that work.

49. Moreover, the constant yo-yo of rollout and retraction for the administration's new policies is, I have no doubt, killing productivity within the Agency.

50. SSA previously estimated that a reduction of just 4,500 employees would increase claim processing times by at least 20 additional days, and add 175,000 more cases to the backlog.

51. By the same math, reducing SSA's workforce by 7,000 could increase claim processing times by at least 31 additional days, and an additional 272,000 backlogged cases.

52. This estimate assumes a linear impact, but, in reality, efficiency losses could, and likely will, compound, meaning that the actual delays and backlog growth will be even worse.

53. Field offices handle over 40 million visits annually, averaging approximately 119,000 daily visits.

54. Field offices serve a variety of purposes. Staff who work in SSA field offices engage with the public on a daily basis, taking claims for benefits, processing applications for social security cards, determining and redetermining eligibility for SSI payments, and initiating continuing disability reviews. SSA encourages in-person field office visits when individuals have

difficulty communicating by telephone, understanding often complex program rules, or have difficulty accessing the internet.

55. SSA field offices play a critical role in the administration of Medicare benefits as well. Certain tasks require in-person visits, including name changes, processing conditional enrollments (where someone pays a premium for Part A benefits), Medicare enrollment outside of the enrollment period (special enrollment), and reinstating Part B benefits after past due premiums are paid.

56. The difficulties that beneficiaries and applicants will experience as a result of proposed cuts are compounded by SSA's recent policy changes that drastically increase the burden on local field offices. These policies include:

- a. Requiring that identify verification by applicants and their representatives for retirement applications be done online through "id.me" or in person at a field office, instead of via telephone. A recent memorandum circulated among SSA staff predicted that the policy would divert many more weekly customers to field offices for identification because customers with disabilities would be unable to complete identity verification requirements online;
- b. No longer allowing people to change their banking information for direct deposits without proving their identities in person or through a two-factor authentication process online;
- c. Limiting or prohibiting Social Security payments to parents of children with disabilities if that parent does not have a Social Security Number ("SSN"), requiring them and/or other representative payees to visit field offices to verify their identification.

- d. Requiring newly naturalized U.S. citizens and non-citizens authorized to work to visit field offices to obtain a social security number, increasing weekly in-person visits.
- e. Requiring all field office visits to be prearranged by appointment and generally prohibiting walk-in appointments.

57. Policies like these will flood the remaining field offices with additional visitors relying on a lower volume of staff, slowing service times and blocking beneficiaries in urgent need from timely help.

58. These policies are not justified by concerns over possible fraud. SSA already has robust fraud protection and detection measures in place. As a result, from 2015 to 2022, SSA's Inspector General estimated that less than 1 percent of total benefits were improperly paid, which is less than 0.1 percent of the federal budget.

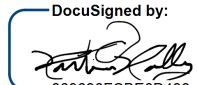
59. These policies are overburdening field offices, especially those who no longer provide services on a walk-in basis and for which people need to wait an average of a month for an appointment.

60. SSA lacks the staff to meet existing service demands and the record high numbers of beneficiaries projected to rise for the next ten years ahead, let alone absorb the critical functions of OCREO, the Office of Transformation, and the work of 7,000 employees into other already-overburdened departments.

I declare under penalty of perjury that the foregoing is true and correct.

3/27/2025

Date

DocuSigned by:  
  
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Gov. Martin O'Malley

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

AMERICAN ASSOCIATION OF PEOPLE WITH  
DISABILITIES, *et al.*,

*Plaintiffs,*

v.

LELAND DUDEK, in his official capacity as  
Acting Commissioner of the Social Security  
Administration, *et al.*,

*Defendants.*

No.

**DECLARATION OF ANNA BITENCOURT EMILIO**

I, Anna Bitencourt Emilio, hereby declare and state as follows:

1. I am over 18 years of age and competent to make this declaration.
2. I have personal knowledge of the facts set forth in this declaration and if called as a witness, I could and would competently testify to the matters stated herein.
3. I am the Chief Litigation Officer of Deaf Equality, a role I have held since its founding in 2024.
4. Deaf Equality is a 501(c)(3) nonprofit organization determined to achieve equality for all Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened people in the United States.
5. Deaf Equality envisions a better world for the Deaf community. Achieving true equality for Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened people from all communities requires ensuring full accommodated access to all aspects of life and dismantling oppressive attitudes and systems.



6. Approximately 50% of the work done by the staff of Deaf Equality over the last three months has been dedicated to advocacy for better policies, programs, and benefits in response to changes in the federal government caused by the Department of Government Efficiency (“DOGE”), including within the Social Security Administration (“SSA”).

7. Because of the SSA’s dissolution of the Office of Civil Rights and Equal Opportunity (“OCREO”) and the Office of Transformation (“OT”), Deaf Equality will have to dedicate significant resources and funding to adequately represent the interests of our constituents in the wake of this reorganization that results in unnecessary barriers.

8. Prior to the work of DOGE in dismantling OCREO and OT at the SSA, Deaf Equality was focusing its services on using federal and state laws to remove barriers within the private sector and state governments. With these actions by DOGE to remove OCREO and OT, as well as staffing cuts, field office closures, and policies that require in-person services, Deaf Equality now has to focus on restoring access that was previously available to members of the Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened community.

9. This diversion of resources detracts from Deaf Equality’s ability to fight for other critical issues affecting its constituents, such as employment, education, health equity, mental health services, legal and judicial access, technology and telecommunications, and equal access to public transportation.

10. Furthermore, the eradication of these offices and termination of thousands of SSA employees will frustrate Deaf Equality’s mission and directly interfere with its core business activities.

11. Deaf Equality provides legal and advocacy services to all members of the Deaf, DeafBlind, DeafDisabled, DeafDisabled, Hard of Hearing, and Late Deafened people in the

United States. These services include direct advocacy services to ensure these individuals receive equal access to programs and services within employment, public entities, public accommodations, and the federal government. In addition, Deaf Equality advocates for systemic change through impact litigation on behalf of these constituents where necessary to stop oppressive and discriminatory policies and practices. Moreover, Deaf Equality engages in policy advocacy as well as corporate consulting to transform policies and practices in all aspects of life from discriminatory to fully accessible.

12. When people with disabilities are unable to receive their Social Security benefits, they lose a primary source of income for rent, groceries, and gas. Without it, Deaf Equality's constituents are more likely to face eviction, go hungry, lose medical coverage, and miss appointments.

13. With the closure of OCREO, Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened SSA applicants and beneficiaries have no personnel to field their requests for reasonable accommodation. The right to these accommodations is protected under federal law. The demolition of OCREO without a plan to fully and immediately transfer its responsibilities to another SSA component is a direct affront to their civil rights.

14. Deaf Equality has received calls, emails, and other communications from Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened people regarding substantial, disruptive problems with accessing their SSI and SSDI benefits because of the SSA's drastic cuts. These constituents cite egregious delays or interference in their ability to communicate with their SSA offices, resulting in an inability or delayed ability to discuss benefit administration that result in obstructing their access to receiving benefits. These constituents are unable to timely or effectively reach SSA personnel because of OCREO and OT's closures, in addition to the

shuttering of many physical SSA locations nationwide. And because SSA has only provided sparse, contradictory, and incomplete information to Social Security beneficiaries, Deaf Equality's constituents feel unstable and ill-equipped to make decisions about their benefits, like whether to seek private disability insurance in the wake of these cuts.

15. Due to reliance on specialized communications such as sign language, captioning, and/or other forms of communication, Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened people are more likely to seek in-person services at local SSA offices to discuss their benefits and provide information regarding those benefits. Many of these individuals are not comfortable or effectively able to use telecommunications to discuss their benefits with SSA officials, but require in-person communications often along with professional sign language interpreters or other communication support on-site.

16. Furthermore, the SSA's closures of dozens of field offices are already harming thousands of Deaf Equality constituents. By closing field offices near these constituents, the SSA has made it exceedingly more difficult for Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late Deafened people to manage their benefits.

17. Because the SSA's actions disproportionately impact Deaf Equality's constituents, these office closures directly implicate Deaf Equality's mission and purpose as an organization.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/26/2025

Signed by:  
*Anna Bitencourt Emilio*  
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\_\_\_\_\_  
Anna Bitencourt Emilio

**United States District Court  
For the District of Columbia**

American Association of People With Disabilities, et al.	)	
	)	
	)	
	)	
vs	)	Civil Action No. _____
	)	
Leland Dudek, et al.	)	
	)	
	)	
	)	
Defendant	)	

**CERTIFICATE RULE LCvR 26.1**

I, the undersigned, counsel of record for American Association of People with Disabilities certify that to the best of my knowledge and belief, the following are parent companies, subsidiaries or affiliates of American Association of People with Disabilities which have any outstanding securities in the hands of the public:

None.

These representations are made in order that judges of this court may determine the need for recusal.

Attorney of Record



Signature

Eve L. Hill

Print Name

120 E. Baltimore Street, Suite 2500

Address

Baltimore, MD 21202

City

State

Zip Code

410-962-1030

Phone Number

DC Bar No. 424896

BAR IDENTIFICATION NO.

**United States District Court  
For the District of Columbia**

American Association of People With Disabilities, et al.	)	
	)	
	)	
	)	
vs	)	Civil Action No. _____
	)	
Leland Dudek, et al.	)	
	)	
	)	
	)	
Defendant	)	

**CERTIFICATE RULE LCvR 26.1**

I, the undersigned, counsel of record for National Federation of the Blind certify that to the best of my knowledge and belief, the following are parent companies, subsidiaries or affiliates of National Federation of the Blind which have any outstanding securities in the hands of the public:

None.

These representations are made in order that judges of this court may determine the need for recusal.

Attorney of Record



Signature

Eve L. Hill

Print Name

120 E. Baltimore Street, Suite 2500

Address

Baltimore, MD 21202

City

State

Zip Code

410-962-1030

Phone Number

DC Bar No. 424896

BAR IDENTIFICATION NO.

**United States District Court  
For the District of Columbia**

American Association of People With Disabilities, et al.	)	
	)	
	)	
	)	
vs	)	Civil Action No. _____
	)	
Leland Dudek, et al.	)	
	)	
	)	
	)	
Defendant	)	

**CERTIFICATE RULE LCvR 26.1**

I, the undersigned, counsel of record for Deaf Equality certify that to the best of my knowledge and belief, the following are parent companies, subsidiaries or affiliates of Deaf Equality which have any outstanding securities in the hands of the public:

None.

These representations are made in order that judges of this court may determine the need for recusal.

	Attorney of Record
	<u></u>
	Signature
<u>DC Bar No. 424896</u>	<u>Eve L. Hill</u>
BAR IDENTIFICATION NO.	Print Name
	<u>120 E. Baltimore Street, Suite 2500</u>
	Address
	<u>Baltimore, MD 21202</u>
	City State Zip Code
	<u>410-962-1030</u>
	Phone Number

**United States District Court  
For the District of Columbia**

American Association of People With  
Disabilities, et al.

vs

Leland Dudek, et al.

Plaintiff

Defendant

Civil Action No. \_\_\_\_\_

**CERTIFICATE RULE LCvR 26.1**

I, the undersigned, counsel of record for Nat'l Comm. to Preserve Social Security and Medicare certify that to the best of my knowledge and belief, the following are parent companies, subsidiaries or affiliates of Nat'l Comm. to Preserve Social Security and Medicare which have any outstanding securities in the hands of the public:

None.

These representations are made in order that judges of this court may determine the need for recusal.

Attorney of Record



Signature

Eve L. Hill

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State

Zip Code

410-962-1030

Phone Number

DC Bar No. 424896

BAR IDENTIFICATION NO.

**United States District Court  
For the District of Columbia**

American Association of People With Disabilities, et al.	)	
	)	
	)	
	)	
vs	)	Civil Action No. _____
	)	
Leland Dudek, et al.	)	
	)	
	)	
	)	
Defendant	)	

**CERTIFICATE RULE LCvR 26.1**

I, the undersigned, counsel of record for Massachusetts Senior Action Council certify that to the best of my knowledge and belief, the following are parent companies, subsidiaries or affiliates of Massachusetts Senior Action Council which have any outstanding securities in the hands of the public:

None.

These representations are made in order that judges of this court may determine the need for recusal.

Attorney of Record



Signature

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