

U.S. House of Representatives
Committee on Ways and Means
Subcommittee on Social Security

Statement for the record by

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Concerning the

April 15, 2010 Oversight Hearing on
Social Security Administration Field Office Service Delivery

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Chairman Pomeroy, Ranking Member Johnson, and members of the Subcommittee, I respectfully request that you carefully consider this statement, and include it in the record for the April 15, 2010 Hearing on Social Security Administration Field Office Service Delivery. I thank you for calling this important Hearing, which I had the opportunity to attend on behalf of my Union. I urge you to continue investigating the vital issues raised by the witnesses. AFGE is not opposed to Internet claims as a service option, but we are very concerned about current policies and procedures.

I have served as an SSA Claims Representative since September 4, 1973, but I must make it clear that I make this statement as an AFGE representative. It is only in that capacity that I may speak openly about the matters that follow, without fear of retribution. The Federal Service Labor Management Relations Statute provides that I may present the views of my labor organization to the head of my agency, to other officials of the executive branch, to the Congress, and to other appropriate authorities. When the law was established, Congress found that the right of employees to participate through their labor organizations safeguards the public interest, contributes to the effective conduct of public business, and can serve to facilitate and improve employee performance and the efficient accomplishment of the operations of the Government. In fact, it is this protected status that uniquely positions representatives of the American Federation of Government Employees to reveal what is really happening at SSA.

The “Gag Order” Introduced with iClaims Implementation

Mr. Skwierczynski characterizes the radical shift in policies and procedures regarding SSA employee assistance to applicants in selecting a month of election (MOE) for benefit payments, and in choosing what kinds of benefits to file for, as a gag order. In his oral response, Mr. Astrue stated that Mr. Skwierczynski’s testimony “is a slur on the Agency”, and that his use of the term “gag order” constitutes “fighting words.” Chairman Pomeroy disagreed with both witnesses. I suggest that, for now, we set the above dispute aside, and focus instead on what really matters to applicants, taxpayers, and the front-line employees charged with serving their interests.

The critical question for the Subcommittee to answer is whether the changes in policies and procedures that have been introduced with iClaims enhance

the Social Security Administration's mission to pay the right amount of benefits, to the right individuals, on time; or whether the changes instead interfere with effective and efficient program administration, and with the delivery of high quality service to SSA claimants.

Unfortunately, local SSA Management strongly discouraged Fargo, North Dakota Claims Representatives from talking to Subcommittee Chairman Pomeroy during his recent visit to their field office. Management decided to modify the Commissioner's iClaims policies and procedures in Fargo, reportedly out of concern that they were not in the best interest of the public, and that may be why the employees were asked to keep quiet.

To their credit, Management directed Fargo Claims Representatives to contact all iClaims applicants to review MOE, discrepancies in Earnings Record postings, annual earnings test information, potential auxiliary benefits payable, military service postings, etc. We have been told that virtually 100% of these iClaims require corrections before processing. To AFGE's knowledge, the Fargo Field Office and the Fort Collins, Colorado Field Office are the only field offices in the U.S. that have established specialized "Virtual iClaims Units" to process this workload in the manner described above.

Fargo initially handled iClaims from Fargo, from most Montana field offices, and from all South Dakota field offices. Due to objections from Management officials who did not like losing work credits (and therefore future staffing) to Fargo, this Unit is now limited to processing cases from Fargo, Great Falls, Sioux City, and Rapid City. It is our understanding that one or two extra Claims Representative positions were created in Fargo to handle this additional work, but that Virtual iClaims Unit Claims Representatives could not keep up, and that at least some of them have worked additional hours "off the clock" in order to manage the workload. AFGE has been advised that the Fort Collins Virtual iClaims Unit handles iClaims from their own office, as well as from Denver and Wyoming.

Let's examine the critical changes that have been made in operating instructions reflected in the "Applications" section of the Program Operations Management System (POMS). I have underlined key sections for emphasis.

Effective September 2000, POMS GN 00204.039 was titled “Explaining Reduced Benefits – Title II.” The policy statement reads:

“The decision to file for an actuarially reduced benefit may determine the amount of benefits that the individual receives for the rest of his/her life. Each prospective claimant must be provided all pertinent information so that an informed decision can be made about filing for a reduced benefit.

Generally, only a basic explanation is necessary for most individuals. However, depending on the particular situation, the interviewer decides how much additional information should be provided. The decision to file for reduced benefits must be made by the claimant. Do not attempt to persuade the individual on his/her course of action.”

The general procedure section of this instruction stated that

“The FO should:

- Provide a complete explanation about reduced benefits;
- Explain available alternatives for the starting date of benefits; and
- Document the RPOC screen with any unusual or disadvantageous decisions made by the claimant (see GN 00204.043 for documentation requirements).”

Effective November 2008, the title of POMS GN 00204.039 was changed to “Explaining Month of Election Options.” A new introduction, and the policy statement, now read:

“When to start receiving benefits is a highly personal and important decision that determines the amount of benefits that the claimant will receive for the rest of his/her life. The claimant will likely consider many different personal factors when making this decision. Social Security offers information about benefits to the claimants by mailing social security earnings statements, developing agency publications, and providing information and calculators for estimating benefits on social security’s internet site. This policy helps the technician (claims representative or other SSA employee conducting the

claims interview) determine what information can be provided during the interview to help the claimant make informed decisions on when to begin receiving benefits. The role of the technician is to provide social security program information and not attempt to persuade the claimant about benefit decisions. During the claims interview, the technician should screen the claimant to determine eligibility for benefits. Social security program information presented during the interview is based on the following:

- Benefits for which the claimant may be eligible.
- Applicability of information to the claimant's situation.
- Information requested by the claimant.

NOTE: When a claimant decides on a MOE, the technician should accept that decision.

The new general procedures section on explaining MOE options reads:

“The interviewing technician should not focus on breakeven points, which is when the total benefits received during a lifetime would be equal if comparing two different MOE. The use of breakeven points is no longer applicable because of changes in life expectancy. Also, this approach does not consider many personal factors that the claimant may need to evaluate when making benefit decisions. The preferred explanation of when to elect benefits should entail the monthly benefit amounts (MBA)s for different start months and other information related to the claimant's filing situation. If breakeven points are requested, the technician should calculate them, answer the questions, and emphasize the many significant factors that should be considered when making a MOE decision. The interviewing technician should provide the following information during the claims interview when applicable to the claimant's MOE decision process. This information is not required if the claimant has already decided when to begin receiving benefits. If the claim is filed in iClaims, contact may be required for clarification purposes.”

In both the September 2000 and November 2008 versions, the remaining parts of POMS GN 00204.039 detail some, but certainly not all, of the

numerous considerations that apply when technicians explain MOE options, and discuss what kinds of benefits an applicant may file for (e.g. retirement, spouse, widow(er), disability, Medicare, etc.). These sections are very important, and they give the reader an idea of the complexities involved when SSA employees assist applicants in making fully informed decisions about accessing earned benefits. In his statement, Mr. Skwierczynski advised the Subcommittee that the Agency's own Office of General Counsel had previously confirmed that the explanation of rights and responsibilities, either face-to-face or by telephone, is a requirement in the claims process, and must be provided by an SSA employee.

Taken together with the Financial Literacy Policy discussed below, AFGE believes that the policy and procedure changes introduced with iClaims reveal a significant change in the Agency's approach to public service, and that it is grounded in an ideology that is very different from the public service ethic that has guided us at SSA for 75 years.

Applicants are now expected to make personal decisions based on information that they obtain themselves, unless they specifically ask for our assistance. Once an applicant has made a decision about MOE, or about what benefit(s) to file for, even if the decision(s) appear to be disadvantageous, we are to accept the decision(s), and are no longer required to document the file to show that we have discussed these matters with the claimant if their choices appear to be disadvantageous for any reason(s). Contact with an applicant who files on the Internet is only made when "clarification" is needed. We are no longer permitted to initiate discussion of breakeven points, which have been discarded as a consideration, rather than being adjusted to account for changes in average life expectancy.

This approach is reminiscent of the Bush Administration's concept of an "ownership society," with the aged, disabled, survivors, and dependents who file for Social Security benefits left "on their own."

The information available to applicants who file for benefits without SSA employee assistance is inadequate, by itself, to ensure that iClaims applicants have the same opportunity to make fully-informed decisions, and to receive the right benefits, in the right amounts, on time, as applicants who have had discussions with us before making critical decisions about entitlement. Much of the information that is available in a self-service environment is incomplete or inaccurate. Currently, there is about

\$500,000,000,000 in earnings that have not been posted at all to workers' earnings records, and posted earnings are too often erroneous. It is not unusual for military service earnings and credits to be missing. Delayed retirement credits that can boost payments by 32%, and potential benefits for spouses and children, are not considered by the retirement benefit calculator. The calculator is not often used by those who file online. Benefit rights and options detailed in POMS GN 00204.039, and elsewhere in our voluminous operating manuals, are not known to the general public, and applicants cannot learn enough to independently make decisions that are in their own best interests, merely by reading SSA publications and online information.

The Commissioner has said repeatedly that an applicant can go online and file in 15 minutes for retirement benefits. Claims Representatives receive 17 weeks of intensive training, typically followed by one year or more of mentoring by a journeyman. We need at least 3-4 years to become fully knowledgeable and proficient. Claims Representatives receive daily information on changes in rules, regulations, and policies, and we still have to research our manuals from time to time to make sure that we get things right. There is no comparison between the information that we know and have available to us when we help an applicant, and the information that an untrained applicant knows and has available when filing independently online.

It is important for the Subcommittee to understand that fully-informed applicants frequently choose to delay filing in order to receive DRCs, and that our discussions with them do not necessarily result in a decision to file for actuarially reduced benefits. Also, we have seen an increase in overpayments that are created when Internet claims are filed too early, because uninformed applicants don't know that they are still earning too much to be eligible for monthly payments. Overpayment collection, processing of waiver requests and appeals, adjudication of withdrawn applications, and processing of re-filed benefit applications generate additional work that we don't need. Much more often, however, applicants who fend for themselves end up being underpaid for the rest of their lives.

Also, we challenge the Commissioner's claim that each iClaim saves us 15 minutes of processing time, on average. AFGE believes that this conclusion results from highly questionable data collected about a very limited sample of cases, using a crude manual "job ticket" data collection methodology. Employees were asked to account for the minutes devoted to processing

each iClaim over a limited time period. Since multiple attempts to re-contact applicants are often required iClaim development activity typically has to be squeezed into brief periods between scheduled interviews, time spent on a claim before and/or after the sample period was not captured at all, and because employees told us that they sometimes forgot to record the time due to the press of other business, we suggest that the conclusions reached as a result of the study are highly suspect, at best.

Our surveys of front-line employees show that the Internet disability (eDIB) process is even more problematic than retirement benefit iClaims, and surveys of their members by the National Council of Social Security Management Associations (NCSSMA) support our findings. These claims and appeals, whether completed independently or through third parties, appear to take as much time to process on average as those filed with SSA employee assistance, if not more.

An alarming number of disability claims are technically denied (disallowance codes M4 and M5) because Claims Representatives are unable to obtain enough information to complete these cases to the point that they can be referred to Disability Determination Services offices for medical decisions. Pressure on employees to quickly move large volumes of work, and difficulties in re-contacting claimants, too often prevent us from providing the assistance that applicants need to create a complete eDIB application package. This results in even more applications and appeals, as claimants file again and again before successfully completing the complex disability claim process. Failure to establish a complete claim that results in a medical determination can cost benefits that will never be recouped, due to rules limiting the retroactivity of applications. Clients who suffer from mental disabilities, transients, and the homeless are particularly vulnerable in this process. Many of them are veterans.

The Commissioner's Financial Literacy Policy

With iClaims implementation, Mr. Astrue established "Social Security's New Financial Literacy Policy." This one-page statement reiterates the approach described above in the November 2008 POMS GN 00204.039. It reminds SSA employees that, for iClaims as well as for claims filed with SSA employee assistance:

“The **claimant** (emphasis in original) will choose the month of election that best suits his or her own financial circumstances.”

“The requirement to document the claim about the claimant’s choice has also been eliminated. SSA will maintain a neutral position in the month of election process.”

“Because we want to make sure the claimant has all the information needed to make this choice, be sure to discuss the following information with them:

- Their benefit amounts for age 62, FRA, age 70 and any other month requested,
- An explanation of DRCs and how DRCs could affect them,
- Any multiple entitlement opportunities,
- Annual earnings test information,
- Possible adjustments in their reduction factor or ARFs, as well as recomputation information,
- RIB/LIM considerations,
- Medicare, and
- The effect of any SSI involvement.

NOTE: (emphasis in original) It is not required that you provide this information if the claimant has already made a decision on when to begin receiving benefits.”

Some of the above terms require translation.

“FRA” means full retirement age, and the date of attainment of FRA can be different, for the same applicant, depending on whether he/she files for retirement benefits or for widow(er) benefits.

A “DRC” is a delayed retirement credit, which significantly increases retirement benefit monthly payments between FRA and age 70, potentially yielding a 32% increase for those who delay filing until age 70.

The “annual earnings test” determines how much in benefits can be paid, if anything, for working beneficiaries. It is different for those under FRA for an entire year than it is for the year of attainment of FRA, and special rules apply in the first year of retirement, for the self-employed, and for those working in a foreign country. It does not apply after the month of attainment of FRA.

An “ARF” is a subsequent benefit adjustment that recalculates ongoing benefit payments to give credit for months when benefits were withheld due to earnings.

“Recomputations” result from ARFs, and also when additional earnings are used to recalculate benefits after entitlement.

The “RIB/LIM” limits the maximum benefit that can be paid to a widow(er) if his/her deceased spouse received reduced retirement benefits before FRA, meaning that, because of this ceiling, the survivor may find no advantage in waiting until FRA to file for widow(er) benefits. The RIB/LIM calculation is complex and error-prone, as are many of our benefit calculations when past or current multiple entitlement situations apply.

It is quite clear that an applicant who elects to file independently via the Internet, and makes a decision about MOE or the type of benefit to file for without benefit of the discussion outlined above, will not be as fully informed as an applicant who talks to a Claims Representative. Even applicants who file with SSA employee assistance, but have already decided what month to start benefits, or which kind of benefit to file for, are denied an explanation regarding this essential information under the Financial Literacy Policy, unless they somehow know what questions to ask.

Commissioner Astrue has now formed a Financial Literacy Research Consortium to further develop his concept that SSA should educate workers and their families so that they can help themselves in making decisions about Social Security, savings, investments, and other financial matters. He named Andrew G. Biggs to the Consortium, a prominent privatization advocate who has written extensively on the subject for the libertarian Cato

Institute. Biggs was appointed SSA Associate Deputy Commissioner for Retirement Policy during the administration of George W. Bush, and Bush later announced his intention to nominate Mr. Biggs as Principle Deputy Commissioner, the second-ranked position in our Agency. Senate leaders made it clear that, based on his well-known positions on retirement policy and Social Security, Biggs would not be confirmed if nominated. Some time after that, when Biggs left SSA, Commissioner Astrue sent a message to all Agency employees heaping praise on him for the contributions that he had made to SSA. AFGE is very concerned about the return of Biggs; and what it will mean for the future of SSA programs, and for the public we serve.

Decisional and Payment Accuracy of iClaims, and the Commissioner's Assertion that iClaims are More Accurate

Mr. Astrue states that iClaims are more accurate than claims filed with SSA employee assistance. However, there are now different definitions of "accurate," depending on the method by which an application is received, due to the introduction of the Financial Literacy Policy and the iClaims policies and procedures described above.

Please pay particular attention to the **NOTES** shown above. Fully-informed decisions can only be made by applicants if they file with SSA employee assistance. Explanations are not to be provided to those who have already made a decision about when to receive benefits. MOE decisions, once made, are not to be questioned. Individuals who enter the claims process through the iClaims method are more likely to choose a disadvantageous benefit type, and/or a disadvantageous MOE. For the first time in SSA history, under these policies, a disadvantageous choice is no longer considered an error. We now have two distinctly different levels of services, with applicants being aggressively steered toward choosing self-service.

Furthermore, the new retirement application created to accommodate iClaims has been recklessly "dumbed-down." Questions that are material to entitlement, and to the calculation of payment amounts, have been eliminated. The process allows claims to be adjudicated with a "?" as the answer to a number of questions, when an actual answer could have resulted in a different determination about entitlement, or about the benefit amount to be paid. The question about potential disability entitlement is incorrectly worded, indicating that anyone who can work at all cannot receive those

benefits. In fact, it is only the ability to earn wages or self-employment income that exceeds substantial gainful activity levels (more than \$1000/mo, and much more for those who are statutorily blind) that precludes potential entitlement to disability benefits. Information about some prior marriages is intentionally not collected, information that could have disclosed possible entitlement to divorced spouse benefits or surviving divorced spouse benefits for the applicant or an applicant's former spouse.

Experienced, conscientious Claims Representatives who assist an applicant to file, either face-to-face or by phone, even utilizing the new "dumbed-down" application, provide explanations and explore all potential factors of entitlement. They get into the complexities of the application, and this can potentially result in somewhat higher error rates. However, the claimant still has a much better chance of receiving the right benefit, starting at the right time and, because the identity of the applicant is authenticated, we are more likely to pay the right person.

The SSA Inspector General seemed to be unaware, when answering questions at the Hearing, that the SSA Office of Quality Performance (OQP) has been conducting an MOE Special Study of iClaims for more than one year. Although no report has yet been released, and when a report is issued it is likely to be heavily massaged to show that there is no problem with iClaims, reviewers tell me that they are finding high levels of MOE error, which is consistent with the Agency's historical performance in this area.

An August 2008 OQP Transaction Accuracy Review (TAR) Report titled "Retirement, Survivors and Disability Insurance Initial Claims Month of Entitlement" covered October 2003 - September 2007. It revealed that error dollars attributable to the MOE were the highest category of dollar error in initial claims, resulting in incorrect payments for this period of about \$1.1 billion, representing 36% of initial claims with dollar deficiencies. The data suggests that 2.8% of claims awarded during the period contained an MOE payment error. OQP concluded that "...when claims are filed via the Internet... it is unlikely that the claimant would independently recognize these situations."

A TAR Report for October 2008 - March 2009 showed that the three highest categories of error involved MOE, accounting for approximately 84% of total Retirement and Survivor Insurance (RSI) deficiency dollars, and nearly 86% of total underpayment dollars. Overlooked entitlements, payment

issues, and work suspensions/deductions were the next-highest deficiency types, in that order. Complete explanations about rights and responsibilities, when provided by an SSA employee at the time of filing, serve to prevent payment errors in all of these categories, and make it easier to collect overpayments that do occur.

Claims Representatives and OQP reviewers report high levels of decisional and payment errors in many other aspects of initial claims for benefits, not just those related to the MOE. In the above October 2008 – March 2009 Report, OQP concluded that about 5% of claims were incorrectly paid overall, and that 91% of error dollars were underpayments.

Alerts regarding possible incorrect earnings record postings appear in nearly one-half of all retirement claims. An OQP reexamination of 959 Internet retirement claims that contained these alerts in Fiscal Year 2008 (just before the implementation of iClaims) found that 84.7% of claimants indicated that they agreed with their earnings record postings. However, 11 of these claims contained payment errors related to the alerts, and OQP projected that lifetime improper payments for such Internet claims filed that year totaled \$9.3 million. Since just 15% of retirement claims were filed via the Internet in Fiscal Year 2008, and the Commissioner's goal is now 50% or more, OQP estimates that improper payments based on this factor alone could rise to \$31 million annually in the near future.

Employee Stress and Morale

In his written testimony, the Commissioner seems to suggest that stress levels are acceptable, and employee morale is high, based on a 2009 Agency survey. I believe that the survey results he describes are actually based on OPM's annual Human Capital Survey of a sample of employees at a number of Federal agencies. It is true that SSA employees feel that "they perform important work," "like the work they do and that it gives them a feeling of personal accomplishment," and "know how their work relates to our goals and priorities." And, "there is a high level of cooperation among employees to get the job done." Our field office employees are dedicated to the programs we administer, they believe in them, and they receive a great deal of satisfaction from serving the public. Nevertheless, increasing numbers of employees are getting very discouraged about their diminished ability to provide high quality service, and are disturbed by instructions that limit the

assistance that they are allowed to provide. Furthermore, SSA gets low marks in the OPM survey with respect to fairness in performance assessment and in merit promotion, supporting testimony that the Subcommittee heard from Daniel Woosley.

It is not just employees in the AFGE bargaining unit who are suffering. NCSSMA surveys of their members reveal serious stress and morale problems, and most narrative comments from respondents are striking and troubling. We have been told that the problems also extend to high levels of the Agency, and that they are related to the Commissioner's policy decisions and management style. Linda McMahon, recently-retired Deputy Commissioner for Operations, was reportedly the only top executive in Headquarters who was willing to challenge the Commissioner in senior executive meetings. Judy L. Chesser, the highly respected Deputy Commissioner for Legislative and Congressional Affairs, was allegedly fired by Astrue for being "disloyal" after 15 years of service in her position. Rumor has it that all policy work was recently taken away from a policy specialist who dared to express concern about iClaims policies.

SSA once issued a real employee morale survey, and published the results, but that stopped years ago, perhaps because the morale levels were tracking in a downward direction. It would be interesting to see the results if that survey was reissued, and it would be good for SSA to then sit down with AFGE to address the problems in a meaningful way.

Allocation of Staff to Field Offices

Chairman Pomeroy expressed interest in seeing a one-for-one replacement as staff is lost in each field office. As revealed in the discussion above about the Fargo Virtual iClaims Unit, SSA relies on a work unit-driven staffing methodology. Field Office Managers, and their superiors in the Field Operations hierarchy, are constantly competing with one another for staff share, based on work units produced per work year. So, without a significant change in staff allocation methodology, the Chairman's idea cannot be implemented. Offices that produce work that is subject to work unit measurement are rewarded with more staff, at the expense of other offices, districts, areas, and regions. Offices that are heavily impacted by calls, visits, and training needs can't produce finished products as efficiently, and lose staff when they arguably need it the most. AFGE believes that

appropriate consideration should be given to other important factors, such as unemployment levels, ratio of journeyman employees to trainees, employee turnover rates, percentage of non-English-speaking population served, management to employee ratios, loss and gain of client population in the geographic area, and service area demographics.

The work unit-driven methodology has proven to be subject to manipulation and abuse. Preliminary results from AFGE's employee survey initiated this month show, for instance, that 56% of respondents report that abbreviated applications and other technical denial claims are entered into the system in order to generate work unit credits in their office. Making the decision to file for an individual, when there is clearly no eligibility, to increase work credits and improve average processing times, is reported by 47% in the early returns. Nearly one-third report that, in their offices, extra or unnecessary work is done in order to add work unit credits for the office. Almost one-quarter say that management and non-management staff are allowed or encouraged to do extra uncompensated work during non-duty time. With so much real work to do, we can't have managers using make-work schemes and other tricks to game the system, in order to steal staff share from those who operate with integrity and a public service focus.

AFGE Recommendations to the Subcommittee

We respectfully suggest that the Subcommittee consider the following:

- A request that the SSA General Counsel provide its written legal opinion, first communicated orally in 1996 to the AFGE/SSA Third Party Assistance Team, that an SSA employee must personally explain rights and responsibilities to every claimant who applies for benefits administered by the Social Security Administration, and also provide its current legal opinion on this subject,
- A request that SSA identify the breakeven points that would apply for men, and also for women, based on current life expectancies, that would be used if the Agency once again decided to use breakeven points as one of the factors to be used to determine whether a Month of Election (MOE) for retirement benefits, or for survivor benefits, was advantageous or was disadvantageous,

- A request from SSA of the current total amount of earnings that have not been posted to any individual's earnings record, but instead are held in the Agency's suspense file, where such earnings are not credited to any account,
- A request from SSA for all OQP and OIG reports and studies completed for FY 2000 and for all future years, regarding Title II initial claim incorrect payments, both underpayments and overpayments, which identify the percentage of cases with payment errors, as well as projected overall lifetime dollar error, with no tolerances applied (e.g. include as error cases those with overpayments and underpayments of less than \$5 per month), regardless of the type of study conducted (TAR, Stewardship Review, Special Study, etc.), identifying the causes of all deficiencies,
- A request that SSA immediately furnish to the Subcommittee the detailed results to date from the MOE Special Study of iClaims that has been underway for more than a year,
- A request that the Agency reinstate the SSA-administered employee morale survey that had been issued in the past, to be repeated on an annual basis, with initial results submitted to the Subcommittee within 60 days, and all prior survey results accompanying this year's report for comparison purposes, and
- An invitation to AFGE officials who also process and review retirement, survivor, health insurance, disability, and Supplemental Security Income claims and appeals to meet with Subcommittee members and staff, and representatives of the Government Accountability Office, to fully discuss the issues identified in the AFGE testimony and statements submitted for the April 15, 2010, Oversight Hearing on SSA Field Office Service Delivery.

Respectfully submitted,

/s/

Stephen Kofahl