

**SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY ADJUDICATION AND REVIEW**

TRANSCRIPT

In the case of:

Jermaine Will

Claimant

Claim for:

Period of Disability

Disability Insurance Benefits

Wage Earner

(Leave blank in SSI Claims, or if the name is the same as above.)

273-79-2868

Social Security Number

Hearing Held at:

West Suzanne, Texas

(City, State)

February 23, 2021

(Month, Day, Year)

by:

Hulda Hoppe-Champlin

(Administrative Law Judge)

APPEARANCES:

Jermaine Will, Claimant
Heloise Bernhard, Attorney for Claimant
Alexanne Price, MD, Medical Expert
Kieran Gerhold, Vocational Expert

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(The following is a transcript of the hearing held before Hulda Hoppe-Champlin, Administrative Law Judge, Office of Disability Adjudication and Review, Social Security Administration, on February 23, 2021, at West Suzanne, Texas, in the case of Jermaine Will, Social Security number 273-79-2868. The claimant appeared in person and was represented by their attorney, Heloise Bernhard. Also present were Alexanne Price, MD, Medical Expert, Kieran Gerhold, Vocational Expert, and Lyric Nikolaus, Hearing Reporter.)

(The hearing commenced at 04:07 PM, on February 23, 2021.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ALJ: Hulda Hoppe-Champlin: Good morning, everyone, I'd like to welcome you all to this live hearing, it's currently 11:00 AM on April 12th, 2023. We're about an hour ahead of schedule, and I appreciate your patience in that regard. As we speak, the time is actually 12:00 PM, or noon, according to standard timekeeping conventions. Claimant Jermaine Will, you've appeared before me today, personally, with your attorney Heloise Bernhard by your side. You're here regarding a matter of great importance, and I want to assure you that you are indeed entitled to this live hearing as stipulated in the relevant regulations. We have two expert witnesses joining us today, Dr. Alexanne Price, our medical expert, who, I might add, has an impressive background in orthopedic surgery with over 15 years of experience in her field... and Mr. Kieran Gerhold, our vocational expert, who, I'm told, is quite the avid hiker in his free time. With that said, Attorney Bernhard, can you confirm that your client has reviewed the pre-hearing brief and is ready to proceed as planned?

ATTY: Yes, my client has reviewed the pre-hearing brief and is ready to proceed.

ALJ: I... uh, I believe Attorney Bernhard has just indicated that her client has indeed reviewed the pre-hearing brief and is ready to proceed as planned, yes, that's what she said. So, I'm going to repeat myself just to make sure everyone understands: we are all in agreement here, correct? The claimant has had a chance to review the material, and we're good to move forward with the hearing as scheduled, right? Okay... so, regarding the matter at hand, Mr. Will, I'd like to remind you that this live hearing is, of course, an optional format, and if you would prefer to participate in a video conference instead, we can certainly accommodate that request. This means the entire hearing would need to be reset, which could potentially add some extra time to our proceedings, but it's entirely up to you and what you're most comfortable with. So, I'd like to ask, Mr. Will, what are your preferences in this regard?

CLMT: I'm good with the live hearing as planned.

ALJ: Alright then, so Mr. Will has confirmed that he is good with proceeding as planned with the live hearing, yes, we're all set on that front. I'm glad we could clear that up. Now, let's take a look at some of the other materials we have before us today. We have the resumes of our expert witnesses, which I'd like to review briefly. Dr. Alexanne Price, our medical expert, has an impressive background in orthopedic surgery with over 15 years of

experience in her field... and Mr. Kieran Gerhold, our vocational expert, who, as I mentioned earlier, is quite the avid hiker in his free time. Now, Attorney Bernhard, before we proceed any further, is there anything else you would like to collect or add to the record at this point? Perhaps some additional documentation or evidence that might be relevant to our proceedings today?

ATTY: The record is fully developed, ALJ, and we don't need to add anything at this point. My client has had ample opportunity to review all the materials, including the expert witnesses' resumes, and I'm confident that everything necessary has been included.

ALJ: I agree with Attorney Bernhard that the record is fully developed, and we don't need to add anything at this point. My notes indicate that all necessary materials have indeed been included, so I appreciate your diligence in ensuring a thorough review of the case. With that said, I'd like to admit all exhibits from 1A down to 5D and Exhibit B-2, as indicated in the pre-hearing brief. This includes all medical records, expert witness reports, and other relevant documentation submitted by both parties.

(Exhibits, previously identified, were received into evidence and made a part of the record.)

ALJ: So, as I was saying earlier, we've reviewed all the materials and it seems that everything is indeed in order... or so it would appear at first glance. However, upon further review of the transcript from yesterday's proceedings, I notice a small

discrepancy regarding the date of Mr. Will's last hospitalization. According to the pre-hearing brief, it was listed as occurring on January 10th, but here in the record, it seems that there might be some confusion, and the actual date is possibly February 14th... or perhaps that's just a typographical error? I'm not entirely certain without further clarification, so let me ask you this: if that's correct, then we may need to amend the record accordingly. Do I understand correctly that the claimant was actually hospitalized on February 14th, and not January 10th as initially stated?

ATTY: Yes, ALJ, I believe there is a typographical error in the record. The correct date of my client's last hospitalization was indeed February 14th, not January 10th as initially stated. To amend the record accordingly, I would suggest adding a corrected Exhibit 3-D, which includes the updated medical records reflecting the accurate hospitalization date. This should be added to replace the existing Exhibit 3-D in the record.

ALJ: I understand that Attorney Bernhard wishes to amend the record by adding a corrected Exhibit 3-D, which includes updated medical records reflecting the accurate hospitalization date of February 14th. I'll make note of this request and proceed with the necessary steps to update the record accordingly. Claimant Will, are you aware that if we do indeed admit this amended exhibit, it may have some bearing on our overall assessment of your claim? Specifically, even if a decision in your

favor is reached, this corrected information could potentially impact any future appeals or reviews?

CLMT: Yes, I'm aware of that, ALJ.

ALJ: I understand that we are amending the record to reflect the correct hospitalization date of February 14th, and I'd like to acknowledge that both Attorney Bernhard and Claimant Will are aware of the potential implications this may have on future proceedings. With that said, Hearing Reporter Lyric Nikolaus, please note that the record should be updated accordingly, with a corrected Exhibit 3- D reflecting the accurate hospitalization date. Now, Mr. Will, let's proceed with questioning and answering as we move forward in this hearing.

(The claimant, JERMAINE WILL, having been first duly sworn, testified as follows:)

EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

Q And now, Mr. Will, can you please confirm your full name for me?

A Jermaine Will

Q What is your current mailing address, Mr. Will?

A 98519 Richmond Road Suite 520, New Aaronton, Oklahoma
35586

Q When were you last insured, Mr. Will?

A I was last insured through my employer on June 15th, 2022, as part of their Group Health Insurance Plan under policy number GHP-001234.

Q What is your highest level of education, Mr. Will?

A I hold a Bachelor of Science degree in Business Administration from Oklahoma State University, which I completed in May 2008 with a cumulative GPA of 3.2.

Q What was your last job before becoming disabled, Mr. Will, and approximately when did you hold that position?

A Prior to becoming disabled, my last job before that was as a Clergy Member at New Horizon Church of Oklahoma City, which I held from January 2018 to November 2020.

Q As a Clergy Member, can you detail specifically what duties and responsibilities you performed at New Horizon Church of Oklahoma City?

A As a Clergy Member at New Horizon Church of Oklahoma City, my primary responsibilities included leading weekly worship services and sermon deliveries, counseling members on personal and spiritual matters, facilitating small group discussions, organizing community outreach programs, overseeing church events and activities, managing the church's music ministry, and assisting with administrative tasks such as staff supervision, budget planning, and volunteer coordination. I was also responsible for preaching sermons approximately 2-3 times per week, typically averaging around 45 minutes in length, which covered various biblical topics and themes. Additionally, I would often lead prayer sessions and Bible studies, and provide guidance on matters of faith to church members. Overall, the role required

strong communication skills, emotional intelligence, and spiritual leadership abilities.

Q Were you ever employed by or in any way associated with the Social Security Administration, Mr. Will?

A No, I was never employed by or in any way associated with the Social Security Administration.

Q I'd like to confirm that, Mr. Will, you've stated that you were never employed by or in any way associated with the Social Security Administration. Is that correct?

A Yes, that's correct, ALJ. I mean to say that I was never a part of or connected with the Social Security Administration in any capacity. And, uh, about my claim for disability benefits, you see, I believe I'm disabled due to this Chronic Pain Syndrome, which, you know, causes me an awful lot of persistent pain, and it's just always there, even when I'm trying to rest or sleep at night. But, if I had to give just one reason why I think I'm disabled, it's because the constant pain makes it extremely difficult for me to get out of bed in the morning and be able to function normally throughout the day, which is a real struggle for me. Yeah.

Q I see, Mr. Will, and I appreciate your candor regarding your experiences with Chronic Pain Syndrome. You've stated that this condition causes you persistent pain, even when trying to rest or sleep at night, which makes it extremely difficult for you to get out of bed in the morning and function normally throughout

the day. I'd like to affirm that we will definitely consider these difficulties in our evaluation of your claim. However, could you please elaborate on what you mean by 'function normally throughout the day'? For instance, are there specific activities or tasks that you're unable to perform due to this pain? And when you say it's a real struggle for you to get out of bed in the morning, do you mean that you often require assistance or accommodations, such as a supportive partner, medication, or assistive devices?

A Well, yeah, it's just really tough for me to get out of bed in the morning because of this pain, you know? It's like, my body just feels so heavy and achy all over, and I'm always worried about overexerting myself or making things worse. And then once I do finally get up, it's hard to stay focused and motivated throughout the day. Simple tasks like grocery shopping or running errands become super overwhelming for me because of my chronic fatigue and reduced mobility. Like, just getting from one place to another can be a big ordeal, you know? I mean, I'll try to do some light stretching or take a short walk outside, but even that's not always possible without exacerbating the pain. And as far as sleep disturbances go, yeah, it's pretty bad. I wake up multiple times during the night due to muscle spasms and joint pain, which makes it really hard for me to get quality rest and feel refreshed in the morning. But like, hey, that's just part of living with Chronic Pain Syndrome, right? Ugh, sorry to ramble on about this stuff again, ALJ. I guess what I'm trying to say is... yeah.

ALJ: I understand, Mr. Will, that living with Chronic Pain Syndrome can be a real challenge, and I appreciate you sharing more about your experiences with us today. It sounds like this condition affects not only your physical abilities but also your mental state, making it difficult for you to cope with everyday tasks and responsibilities. From what you've shared, it appears that you're experiencing chronic fatigue, reduced mobility, sleep disturbances, and persistent pain, which are all common symptoms associated with Chronic Pain Syndrome. Now, regarding your claim for disability benefits, I'd like to clarify that we'll need to determine whether these symptoms have significantly impacted your ability to perform substantial gainful activity over a period of at least 12 months. As part of our evaluation, we require medical documentation and evidence from treating physicians or specialists that confirm the severity and impact of your condition on your daily life. Attorney, I'd like you to provide us with records from Mr. Will's primary care physician, as well as any specialist reports related to his Chronic Pain Syndrome diagnosis and treatment plan. This will help us better understand his medical history and determine whether he meets the eligibility criteria for disability benefits.

ATTY: I understand, ALJ. I'll provide the necessary medical records and specialist reports to support Mr. Will's claim for disability benefits related to his Chronic Pain Syndrome diagnosis.

ALJ: Very well, Mr. Will, I'd like to shift gears slightly and ask you to elaborate on one of the symptoms you mentioned earlier - muscle spasms. You stated that these occur frequently at night and cause significant disruption to your sleep patterns. Can you describe what these muscle spasms feel like, in as much detail as possible? For example, are they sharp, stabbing pains or more of a dull ache? Do they radiate to other areas of your body, such as your back or extremities?

BY ADMINISTRATIVE LAW JUDGE:

A The muscle spasms feel like sharp contractions in my muscles, especially in my lower back and legs. They're sudden and intense, leaving me feeling stiff and sore for a while after they pass.

Q Those sound like quite painful and debilitating experiences, Mr. Will. Have you ever consulted with a doctor or specialist regarding these muscle spasms, seeking treatment or advice on how to manage them?

A Yes, I've seen a neurologist about them.

Q Can you tell me more about your consultation with the neurologist, Mr. Will? What was their assessment of these muscle spasms, and what treatments or recommendations did they provide for managing them?

A During my consultation with Dr. Lee, a neurologist at Mercy Medical Center, he diagnosed me with muscle spasms due to Chronic Pain Syndrome and recommended I try Baclofen medication to

manage them. He explained that the frequency of these spasms was quite high, occurring almost every night, often multiple times in a row. He also suggested I incorporate more stretching exercises into my daily routine to help alleviate some of the tension in my muscles. According to Dr. Lee, it's common for people with Chronic Pain Syndrome like myself to experience muscle spasms as our bodies try to compensate for the underlying pain and inflammation.

Q I've taken note of Dr. Lee's diagnosis and treatment recommendations for your muscle spasms related to Chronic Pain Syndrome. Next, I'd like to discuss your daily activities and any work-related limitations you're experiencing due to this condition.

A Due to my Chronic Pain Syndrome and associated muscle spasms, I've experienced significant limitations in my daily activities and work performance. Before my condition worsened, I was able to manage a full-time job as an administrative assistant with some accommodations, such as regular breaks and ergonomic adjustments. However, over the past year, I've found it increasingly difficult to perform even the most basic tasks. For instance, I struggle to sit for extended periods without experiencing significant discomfort and numbness in my legs. Even simple errands like grocery shopping or running household chores have become daunting tasks due to my chronic fatigue and pain levels. My symptoms have also affected my sleep patterns, causing me to wake up multiple times during the night. As a result, I'm

often fatigued and experience decreased focus and productivity throughout the day. Unfortunately, despite Dr. Lee's treatment recommendations, my condition has not improved significantly, and I've had to rely on temporary disability leave from work due to my inability to perform job duties safely.

Q I've taken note of your limitations in daily activities and work performance due to Chronic Pain Syndrome. You're unable to perform even basic tasks without significant discomfort, fatigue, and decreased focus. Despite Dr. Lee's treatment, your condition has not improved. Can you provide specific dates for when you first started experiencing these symptoms and when you had to take temporary disability leave?

A I started experiencing symptoms of Chronic Pain Syndrome approximately two years ago, around September 2020. At that time, I was working full-time as an administrative assistant and trying to manage my condition with over-the-counter pain medications and stretching exercises. However, by early 2021, my symptoms had worsened significantly, making it difficult for me to perform even the simplest tasks without experiencing intense pain and fatigue. By May 2022, my condition had deteriorated to the point where I was unable to continue working safely, and I was forced to take temporary disability leave. Unfortunately, despite Dr. Lee's treatment recommendations, my symptoms have continued to worsen, leaving me with chronic muscle spasms, numbness in my legs, and debilitating fatigue.

Q Thank you for providing specific dates regarding when you started experiencing symptoms and had to take temporary disability leave. I will review these details as we conclude this hearing.

A Something I've come to realize I can no longer take for granted is being able to go on a simple walk outside without feeling like it's a major accomplishment or triggering severe pain and fatigue afterwards. Even short walks that most people would consider routine have become a significant challenge for me due to my Chronic Pain Syndrome.

Q I understand that even simple tasks like walking outside have become significant challenges for you due to your Chronic Pain Syndrome.

A Another task I've lost the ability to do without immense difficulty is playing with my children, something that was once a joy for me as their father and now feels like an exhausting endeavor due to the chronic pain and fatigue associated with my condition.

Q Does this relate to a specific incident described in Dr. Lee's report dated March 10, 2022?

A Yes

Q Were you taking Xanimed for pain management around February 2022?

A Yes, I was taking Xanimed as part of my pain management regimen around February 2022, but it wasn't effective in controlling my symptoms and caused some side effects, so Dr. Lee

adjusted my dosage and we explored other treatment options together.

Q You also mentioned taking Baclofen for muscle spasms; did Dr. Lee prescribe this medication as a replacement or in addition to other treatments?

A Dr. Lee prescribed Baclofen as an additional treatment to manage my muscle spasms, not a replacement for other medications I was already taking.

Q I've taken note that Dr. Lee prescribed Baclofen as an additional treatment for muscle spasms, not a replacement for other medications you were already taking. Can you clarify why you mentioned earlier that Dr. Lee recommended Baclofen after your consultation in January 2022 if you had already been taking Xanimed since February 2022?

A I must have misspoken earlier. I started Baclofen in March 2022.

ATTY: I'd like to clarify that my client started taking Baclofen after his dosage of Xanimed was adjusted by Dr. Lee in March 2022. To answer your earlier question, Mr. Will, the Baclofen prescription was indeed in addition to other treatments he was already receiving for muscle spasms related to Chronic Pain Syndrome.

ALJ: I appreciate the clarification provided by Mr. Will and his attorney regarding the sequence of events related to Xanimed dosage adjustments and the initiation of Baclofen

treatment in March 2022. I will review this information further as we conclude this hearing.

BY ADMINISTRATIVE LAW JUDGE:

A Thank you for clarifying the sequence of events.

Q As we conclude this hearing, I'd like to note that there's another medical record from Dr. Patel at Advanced Pain Management, dated April 2022, which appears to have been submitted as part of the claimant's file. I'd like to request that both parties take a brief recess while I review these additional records and consider any implications they may have on our discussion today.

A That's fine.

Q Upon reviewing the additional medical records from Dr. Patel at Advanced Pain Management dated April 2022, I've noted that claimant has been experiencing increased sensitivity to light and has reported having difficulty tolerating even minor changes in temperature, which is a new symptom not previously mentioned in our discussion today.

CLMT: I've been experiencing increased sensitivity to light since April 2022 and have difficulty tolerating changes in temperature.

BY ADMINISTRATIVE LAW JUDGE:

A I'd like to clarify that these new symptoms of increased sensitivity to light and difficulty tolerating changes in temperature were not previously mentioned or treated by Dr. Lee;

can you tell me if you've discussed this with Dr. Patel or any other healthcare provider?

Q Yes, I discussed these symptoms with Dr. Patel at Advanced Pain Management.

A I will review these additional symptoms and their implications on claimant's overall condition.

Q These symptoms don't seem related to my chronic pain and muscle spasms.

A I've noted that these new symptoms of increased sensitivity to light and difficulty tolerating changes in temperature may not directly relate to claimant's chronic pain and muscle spasms, but they do seem to coincide with a previous mention of an exhausting endeavor playing with his children due to the chronic pain and fatigue associated with his condition.

Q It's interesting that these new symptoms coincide with my struggles to play with my children without becoming exhausted; it highlights how my condition affects even the simplest and most enjoyable activities that people normally take for granted.

A I acknowledge the significance of these new symptoms in highlighting the broader impact of claimant's condition on his daily life and activities.

Q These symptoms make everyday tasks a struggle, from household chores to simply getting out of bed without feeling like I've already exhausted myself.

A I acknowledge the added difficulties these symptoms bring

to claimant's daily life.

Q Thank you for acknowledging the impact these symptoms have on my daily life.

A I will now consider all evidence presented during this hearing.

Q I'd like to address my concern about the availability of suitable accommodations for individuals with chronic pain at our local public transportation system.

A I see that claimant is bringing up a new point regarding accommodations for individuals with chronic pain at our local public transportation system. I must note that this topic was not previously discussed or addressed during our hearing today. However, as the Administrative Law Judge presiding over this case, I am willing to entertain this line of inquiry and consider any relevant information claimant may have to share on this matter. Please, claimant, proceed with your concerns regarding public transportation accommodations.

Q As someone who relies heavily on public transportation due to my chronic pain and mobility issues, I've encountered significant difficulties navigating our local system. The lack of accessible seating, insufficient wheelchair ramps at some stations, and infrequent services that don't accommodate my changing energy levels have made it extremely challenging for me to get around. I've noticed that many buses and trains are equipped with bike racks but lack adequate space for mobility aids

or strollers, which has forced me to choose between transporting my walker or carrying a heavy load of groceries. Moreover, the scheduling and timing of public transportation services often conflict with my medication schedules and therapy appointments, making it difficult for me to plan my daily routine. I've tried speaking with transportation officials about these issues, but I haven't seen any meaningful changes or improvements. I believe that more accessible and accommodating public transportation options would greatly improve my quality of life and ability to participate in community activities.

A I acknowledge the challenges claimant faces navigating our local public transportation system due to its lack of accommodations for individuals with chronic pain and mobility issues. Does claimant believe that these issues are systemic and widespread throughout the entire transportation system, or are they primarily isolated incidents?

Q Systemic and widespread throughout the entire transportation system.

A I'll review claimant's statement about systemic issues within the transportation system.

Q I'd like to add that another concern I have is regarding my accessibility at work, specifically with regards to my job duties and workstation setup. My current role requires me to stand for long periods, which exacerbates my chronic pain and fatigue issues. I've tried to discuss possible modifications or

accommodations with my supervisor, but so far, no concrete solutions have been proposed. I believe that more flexible and accommodating work arrangements could greatly improve my productivity and overall well-being.

A I see that claimant is bringing up concerns regarding their work accessibility and job duties again, this time specifically mentioning standing for long periods as exacerbating chronic pain and fatigue issues. I acknowledge claimant's continued efforts to discuss possible modifications or accommodations with their supervisor, but note that no concrete solutions have been proposed yet. I would like to ask: How does claimant think a more flexible work arrangement could improve productivity, and what specific changes do they envision for their workstation setup?

Q A more flexible work arrangement would allow me to take regular breaks, adjust my workload, and prioritize tasks based on energy levels. I envision a workstation with an adjustable height desk, ergonomic chair, and anti-fatigue mat.

ALJ: I acknowledge claimant's vision for a workstation that accommodates their needs.

ATTY: I acknowledge claimant's concerns regarding public transportation and work accessibility. I'd like to note that these topics were not previously discussed or addressed during our hearing today.

ALJ: I acknowledge attorney's statement regarding

unaddressed topics during today's hearing.

EXAMINATION OF MEDICAL EXPERT BY ATTORNEY:

Q Is it fair to say that claimant's energy levels are directly tied to their ability to participate in daily activities?

A Yes.

Q So, claimant's ability to manage daily activities hinges on their medication schedule. Have all necessary accommodations been made for claimant's therapy sessions, specifically with regards to timing and scheduling?

A My therapist has been understanding about my need for flexibility with scheduling and medication timing, but there's still room for improvement. Sometimes I'll have to reschedule appointments at the last minute due to unexpected changes in my energy levels or medication side effects. I wish they could be more accommodating, like having a designated spot for me to take breaks during sessions or being able to take them online when I'm not feeling well enough to travel. It would make such a big difference in my overall experience and ability to stick with treatment.

Q Is it accurate to say that claimant's primary concern with therapy sessions is the lack of flexibility and accommodation for their changing energy levels and medication side effects?

A [INAUDIBLE]

Q Has claimant's therapist been made aware of the need for these accommodations to better manage claimant's energy levels and

medication side effects?

A Yes, I've discussed these needs with my therapist on multiple occasions, but they could work better at incorporating those accommodations into our sessions.

Q Is it possible that claimant's lack of flexibility with therapy sessions contributes to their reported exacerbation of symptoms and worsening condition?

A Yes.

Q Isn't it true that claimant's symptoms worsened due to lack of accommodation from public transportation and therapy sessions?

A Yes.

Q Isn't it fair to say that claimant's symptoms would significantly improve if public transportation and therapy sessions were more accommodating?

A Yes.

Q You see, Your Honor, this all comes back to the fact that claimant's symptoms would significantly improve if public transportation and therapy sessions were more accommodating, doesn't it? And isn't it also true that we've discussed how a flexible work arrangement and workstation setup could greatly improve productivity and overall well-being for claimant?

A Yes.

Q Can we now consider this as sufficient evidence to establish reasonable accommodations are essential for claimant's

condition?

A Yes.

Q Claimant's energy levels directly impact daily activities; without accommodation, symptoms worsen.

A Agreed.

Q Does claimant's lack of access to accessible public transportation and therapy sessions constitute an undue hardship?

A [INAUDIBLE]

Q Is the claimant's chronic pain a direct result of these undue hardships?

A Yes.

Q Does claimant's chronic pain diagnosis pre- date employment?

A Yes.

Q And claimant's pre-existing condition has not substantially improved with treatment.

A No.

ATTY: Claimant's condition has worsened due to undue hardships.

ALJ: I'd like Attorney to clarify the connection between claimant's lack of access to accessible public transportation and therapy sessions and their worsening condition. Could you elaborate on how these undue hardships directly contributed to the exacerbation of symptoms?

ATTY: Lack of access to accessible public transportation

and therapy sessions has prevented claimant from adhering to treatment plans, managing medication side effects, and maintaining daily routine, leading to worsening symptoms.

ALJ: How does claimant's inability to adhere to treatment plans impact their overall condition?

ATTY: It prevents symptom management and exacerbates chronic pain.

ALJ: You stated that claimant's inability to manage medication side effects is also an issue. How do these side effects impact their daily life?

ATTY: Medication side effects cause fatigue and increased pain, severely limiting daily activities.

ALJ: How does fatigue specifically impact claimant's ability to participate in daily activities?

ATTY: Claimant is unable to maintain a daily routine due to fatigue.

BY ADMINISTRATIVE LAW JUDGE:

Q Thank you, Attorney, for presenting this clear and comprehensive argument. Claimant's inability to maintain a daily routine due to fatigue is particularly concerning. I'd like to ask the claimant directly: How do you think a more accommodating work environment and accessible public transportation would impact your ability to manage your medication side effects and adhere to treatment plans?

A It would greatly improve my ability to manage medication

side effects and adhere to treatment plans by reducing fatigue and allowing me to prioritize self-care and treatment.

Q That makes sense. Would a more flexible work schedule and accessible public transportation enable you to take breaks and rest when needed?

A Yes.

Q Does a more flexible work schedule and accessible public transportation enable you to prioritize self-care?

A Yes.

Q Can a flexible work schedule and accessible public transportation alleviate medication side effects?

A Yes.

Q Claimant's condition is exacerbated by lack of accessibility and accommodations.

A Yes.

Q Claimant's condition would improve with accessible transportation and accommodations.

A Yes.

Q I acknowledge claimant's assertions about their condition and its exacerbation due to lack of accessibility and accommodations.

A Thank you.

Q Next witness.

A That concludes my testimony.

Q Thank you, [INAUDIBLE] Next witness is Dr. Smith.

A Dr. Smith's testimony will be crucial.

Q Please proceed with Dr. Smith's testimony.

A Please have Dr. Smith clarify how claimant's condition would improve with accessibility and accommodations.

Q Dr. Smith, how would claimant's condition improve with accessibility and accommodations?

A Reduced pain, improved mobility.

ALJ: I appreciate Claimant's summary of expected improvements with accessibility and accommodations. Reduced pain and improved mobility are indeed key outcomes. Dr. Alexanne Price, a renowned expert in disability medicine, has been called to provide further insight into claimant's condition. Her extensive background includes 15 years of experience in rehabilitation medicine and her work has been published in several reputable medical journals. For those interested in reviewing her qualifications, I can direct you to our website where her full resume is available for viewing. Attorney, do you have any objections to Dr. Price being considered as a medical expert?

ATTY: No objections.

(The medical expert, ALEXANNE PRICE, MD, having been first duly sworn, testified as follows:)

EXAMINATION OF MEDICAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q Your full name is Dr. Alexanne Price?

A Yes.

Q Can you briefly outline your medical background and

qualifications?

A I'm Dr. Alexanne Price, and I've been a practicing physician for over 20 years now. I specialize in rehabilitation medicine, which is an area that focuses on helping patients regain their independence and function after injury or illness. I have a strong background in physiatry, which is the medical specialty that deals with the prevention, diagnosis, and treatment of physical disabilities. I've also had extensive training in pain management, which is a critical aspect of my work as a rehabilitation physician. In addition to my clinical experience, I've also been involved in research and have published numerous papers on various topics related to rehabilitation medicine. My work has taken me to several different countries, where I've had the opportunity to work with patients from diverse cultural backgrounds. Throughout my career, I've always strived to stay up-to-date with the latest advancements in my field, which has allowed me to provide the highest level of care to my patients. Rehabilitation medicine is a dynamic and constantly evolving field, and I'm proud to say that I've been able to adapt and grow with it over the years.

Q Are you an expert in treating musculoskeletal disorders and pain management?

A Yes.

Q Have you reviewed this case?

A [INAUDIBLE]

Q Is there anything that seems inconsistent with Claimant's disability?

A Well, upon reviewing this case, I noticed that Claimant mentioned experiencing reduced mobility and pain when discussing their condition. However, they also stated that a more flexible work schedule and accessible transportation would alleviate these symptoms, which seems somewhat inconsistent with the severity of their disability. Additionally, in previous testimony, Claimant mentioned being able to prioritize self-care and alleviate medication side effects with such accommodations, but I'm not entirely convinced that this is feasible given the nature of their musculoskeletal disorder. Furthermore, I'd like to point out that Claimant's condition would likely require more comprehensive treatment than just accessibility and accommodations. In fact, it seems to me that these solutions might only provide temporary relief at best, rather than addressing the underlying issues. Now, considering all this, I'm not sure if these measures would be sufficient to address Claimant's disability as thoroughly as they claim.

Q Dr. Price's testimony raises some interesting points regarding the feasibility of Claimant's proposed accommodations and their potential effectiveness in alleviating symptoms.

A Yes, as I was saying, these accommodations might provide some temporary relief, but they wouldn't necessarily address the underlying musculoskeletal issues that are causing Claimant's pain

and mobility problems. And, if I may add, it would be beneficial for the Claimant to undergo a more comprehensive treatment plan, including physical therapy and possibly even surgery, in order to fully alleviate their symptoms and improve their overall condition.

Q Understood. Dr. Price's testimony highlights the need for a more comprehensive treatment plan to address Claimant's musculoskeletal issues.

ATTY: Dr. Price's testimony raises concerns about the effectiveness of Claimant's proposed accommodations and highlights the need for a more comprehensive treatment plan to address their musculoskeletal issues.

ALJ: Note taken.

ATTY: I'm Heloise Bernhard, Attorney for Claimant.

ME: I acknowledge Dr. Price's testimony and agree that a more comprehensive treatment plan is needed to address Claimant's musculoskeletal issues.

ATTY: Dr. Price, wouldn't a comprehensive treatment plan without immediate access to pain management and physical therapy exacerbate Claimant's condition?

ME: [INAUDIBLE]

ATTY: Dr. Price, if a comprehensive treatment plan without immediate access to pain management and physical therapy would exacerbate Claimant's condition, wouldn't it stand to reason that their current situation, lacking such accommodations, is already

causing irreparable harm?

ME: Yes.

ATTY: Isn't Dr. Price's testimony essentially saying that Claimant's current lack of accommodations is causing harm, and therefore, doesn't it logically follow that granting these accommodations would alleviate some of that harm?

ME: Yes, that's a logical conclusion based on my testimony.

ATTY: Dr. Price, you mentioned that Claimant's condition would likely require more comprehensive treatment than just accessibility and accommodations, but wouldn't it also be true to say that these measures could still provide some level of relief, even if temporary, for someone in such a vulnerable state? I mean, can we really just dismiss the possibility that these accommodations might bring some comfort to Claimant when they're struggling with pain and mobility issues?

ME: Yes.

ATTY: Yes, exactly! Dr. Price, I understand that you've been a pioneer in rehabilitation medicine for over two decades, and I'm sure it's clear to you that Claimant's situation is far from ideal. But, if I may ask, don't you think it's absolutely crucial that we consider the potential benefits of these proposed accommodations, even if they might not be the ultimate solution? I mean, wouldn't it be a gross oversight to dismiss their value entirely, especially when we're dealing with someone who's already suffering so greatly?

ME: That's a fair perspective.

ATTY: Thank you, Dr. Price, for acknowledging the importance of considering these accommodations, especially when we're dealing with someone who's already suffering so greatly. I mean, can't we agree that even if they might not be a panacea, they could at least provide some temporary respite from the pain and mobility issues that Claimant is facing? And wouldn't it be, well, almost cruel to dismiss their potential value entirely? I'm sure you'll agree with me that every little bit counts when we're talking about someone who's already in such a vulnerable state. Now, let me ask you this: Dr. Price, don't you think that the fact that Claimant is able to prioritize self-care and alleviate medication side effects with these accommodations suggests that they might be more effective than you initially suggested? I mean, we're not talking about some kind of magic solution here, but rather a genuine attempt to improve their quality of life. So, wouldn't it be reasonable to assume that these accommodations could, at the very least, provide some level of relief for Claimant?

ME: Yes, I think that's a fair point. While these accommodations may not be a long-term solution, they could certainly provide some temporary relief and improve Claimant's quality of life. And, as you said, every little bit counts when we're talking about someone who's already in a vulnerable state.

ATTY: I'm satisfied with Dr. Price's testimony.

BY ADMINISTRATIVE LAW JUDGE:

Q I'd like to refer to exhibit 3-B, a medical report detailing Claimant's treatment history. Dr. Price, can you tell me how this report relates to your previous testimony regarding Claimant's musculoskeletal issues and the potential effectiveness of their proposed accommodations?

A Yes, I've reviewed exhibit 3-B, a medical report detailing Claimant's treatment history. According to this report, it appears that Claimant has been receiving conservative management for their musculoskeletal issues, including physical therapy and pain medication. The report indicates that while these treatments have provided some relief, they haven't led to significant improvement in Claimant's condition. In light of this information, I would revise my previous testimony to suggest that the proposed accommodations could potentially provide some level of temporary relief for Claimant, particularly with regards to their mobility and pain management.

Q This revised testimony is more in line with Claimant's potential for temporary relief through the proposed accommodations. I'd like to schedule a break and review the evidence further before proceeding.

A Understood.

Q Dr. Price, I'd like to refer to exhibit 5-A, a letter from Claimant's primary care physician. Can you tell me how this letter relates to your previous testimony regarding Claimant's musculoskeletal issues and the potential effectiveness of their

proposed accommodations?

A Exhibit 5-A suggests that Claimant's primary care physician also supports the potential effectiveness of the proposed accommodations in alleviating symptoms.

Q It appears that Exhibit 5-A is a letter from Claimant's primary care physician stating that they also support the potential effectiveness of the proposed accommodations in alleviating symptoms. Can you tell me, Dr. Price, how this interacts with your previous testimony regarding the temporary relief that these accommodations could potentially provide?

A It confirms my previous testimony.

ATTY: With regard to exhibit 5-A and the primary care physician's support for the proposed accommodations, it seems that we now have multiple medical professionals agreeing on their potential effectiveness in providing temporary relief for Claimant. I'd like to reiterate the importance of considering these accommodations as a crucial step in alleviating Claimant's symptoms and improving their overall condition.

(The vocational expert, KIERAN GERHOLD, having been first duly sworn, testified as follows:)

EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q What specific modifications would be required for a Clergy Member to accommodate Claimant's condition?

A Ah, yes, well, as a Clergy Member, Claimant would be required to perform various duties that involve leading

congregations, preaching, and providing spiritual guidance, which, of course, requires a significant amount of communication and interpersonal skills. Now, regarding the physical demands of this occupation, it's generally considered to be a medium to heavy-duty position, as Clergy Members often need to stand for long periods, walk around, and may even engage in some light lifting or carrying of objects, such as Bibles or other worship materials. The SVP number for this occupation is typically around 5-6, indicating that it requires skilled-level abilities, specifically involving complex decision-making, problem-solving, and strong communication skills. However, considering Claimant's condition, modifications would be necessary to accommodate their needs, which could include providing a more accessible worship space with ramps or elevators, assigning lighter tasks such as reading from the Bible or leading smaller groups, and possibly adjusting the pace of services to allow for regular breaks. Additionally, it might be beneficial to provide ergonomic furniture and equipment, such as cushioned chairs or microphones, to reduce strain on Claimant's musculoskeletal system.

Q Thank you, Vocational Expert, for providing a detailed breakdown of the modifications that would be necessary to accommodate Claimant's condition as a Clergy Member. Based on this information, I'd like to explore three different work profiles that may be suitable for Claimant's abilities: Profile 1: Senior Pastor - This position involves leading large congregations,

preaching, and providing spiritual guidance, which requires a high level of communication and interpersonal skills. However, it also involves a significant amount of physical activity, including standing for long periods, walking around, and engaging in light lifting or carrying objects. Profile 2: Youth Minister - This role involves working with younger members of the congregation, leading smaller groups, and developing programs to engage youth. While this position still requires some physical activity, it is less demanding than that of a Senior Pastor and may be more suitable for Claimant's abilities. Profile 3: Chaplain - As a Chaplain, Claimant would work in a hospital or nursing home setting, providing spiritual support to patients and residents. This role involves minimal physical activity and focuses primarily on emotional support and counseling. Given the differences between these three profiles, I'd like to ask you, Vocational Expert, is Profile 1 consistent with Claimant's abilities? Could they perform the duties of a Senior Pastor with or without modifications?

A No.

Q Profile 2 involves working with younger members of the congregation as a Youth Minister, leading smaller groups, and developing programs to engage youth. This role requires some physical activity, but less than that of a Senior Pastor. It focuses on interactive work with children and adolescents, which may be suitable for Claimant's abilities. Is Profile 2 consistent with Claimant's vocational profile?

A Yes.

Q Considering Claimant's condition and the proposed accommodations, I'd like to revisit the issue of mobility and pain management discussed earlier. Dr. Price, are you still confident that the proposed accommodations would provide temporary relief from symptoms, specifically regarding Claimant's mobility issues?

A No.

ALJ: The Vocational Expert's testimony suggests that Claimant may not be able to perform the duties of a Youth Minister due to their mobility issues. This information contradicts Dr. Price's earlier assessment regarding the proposed accommodations. I must consider this new evidence when making my decision. Counsel, do you have any questions for the record?

ATTY: No questions at this time.

EXAMINATION OF VOCATIONAL EXPERT BY ATTORNEY:

Q I'd like to clarify a point regarding Claimant's mobility issues and their impact on employability. You mentioned earlier that providing ergonomic furniture and equipment could help reduce strain on Claimant's musculoskeletal system. Could you elaborate on how the lack of an accessible worship space, as previously discussed, would affect Claimant's ability to perform in a Clergy Member role?

A The lack of an accessible worship space would significantly impact Claimant's ability to perform their duties as a Clergy Member, particularly when considering their mobility

issues and need for regular breaks to alleviate symptoms. The proposed accommodations I previously discussed, such as ergonomic furniture and equipment, cannot compensate for the physical demands associated with leading large congregations or navigating uneven terrain within an inaccessible worship space.

Q I'd like to follow up on the VE's previous testimony regarding Claimant's employability as a Clergy Member. Earlier, it was mentioned that adjusting the pace of services could help accommodate Claimant's mobility needs. How would Claimant's inability to lead congregations at a standard pace impact their ability to perform this role?

A Adjusting the pace of services could potentially alleviate some strain on Claimant's mobility issues, but it would also significantly impact their ability to lead congregations effectively. As a Clergy Member, leading services at a standard pace is often crucial for maintaining momentum and engaging with the congregation, particularly during longer services or special events. If Claimant were forced to adjust the pace of services to accommodate their needs, it could compromise the overall quality and effectiveness of their ministry, ultimately affecting their ability to perform this role.

ALJ: Thank you, Vocational Expert Kieran Gerhold, for your comprehensive testimony and thorough explanations regarding Claimant's employability as a Clergy Member. I'd like to summarize our discussion today: we explored three potential work profiles

for Claimant - Senior Pastor, Youth Minister, and Chaplain - and discussed the feasibility of each role given their mobility issues and proposed accommodations. We also revisited the importance of an accessible worship space and its impact on Claimant's ability to perform their duties as a Clergy Member. I must consider all this evidence when making my decision.

CLMT: I'd like to take a moment to express my gratitude for this opportunity to share my story and experiences with all of you today. As I stand before you, I want to emphasize that being disabled is not something to be ashamed of or hidden away. It's a part of who we are, and it deserves to be acknowledged and respected. I've faced numerous challenges in my journey as a Clergy Member, from navigating uneven terrain within an inaccessible worship space to managing my mobility issues on a daily basis. But despite these obstacles, I remain committed to serving my community with compassion, empathy, and understanding. I want to inspire you all today to see the world through the eyes of someone who is often overlooked or marginalized. To appreciate the small victories that come from perseverance and determination. And to recognize that our differences are not weaknesses, but rather unique strengths that enrich our lives and those around us. So let's break down these barriers together, shall we? Let's create a world where accessibility is not just a buzzword, but a reality that we strive for every day. A world where people with disabilities can thrive, contribute, and make their mark on

society without apology or hesitation. Thank you.

ALJ: Thank you, Claimant, for your powerful testimony and heartfelt words. I appreciate your courage and resilience in sharing your experiences with us today. To both Dr. Price and Vocational Expert Kieran Gerhold, I extend my gratitude for their expert opinions and thorough explanations that have greatly aided our discussion. This meeting is now adjourned.

VE: Thank you for the opportunity to provide testimony.

ME: I believe the proposed accommodations could provide temporary relief from Claimant's symptoms, but I'm not confident they would alleviate their mobility issues. The accessible worship space is crucial for Claimant to perform as a Clergy Member.

CLMT: Thank you for listening, I appreciate it.

ATTY: Thank you, ALJ, for your time today. I appreciate your diligence in considering Claimant's employability as a Clergy Member. I have no further questions or comments at this time. Thank you.

(The hearing closed at 05:23 PM, on February 23, 2021.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing in the case of Jermaine Will, held before Administrative Law Judge Hulda Hoppe-Champlin.

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