

24-7366
No:

ORIGINAL

In The
Supreme Court of the United States

DAMIEN PUGH

Petitioner

v.

COMMISSIONER OF SOCIAL SECURITY,
Respondent

ON PETITION FOR A WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF
APPEALS FOR THE NINTH CIRCUIT

PETITION FOR A WRIT OF CERTIORARI

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Commissioner of Social Security

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QUESTIONS PRESENTED

This petition involves three questions of exceptional importance:

1. Why does social security applicants have to endure unnecessary subjection of politics and opinions that never derive from the medical facts presented for an applicants case?
2. 42 *US. Code* § 1382 is part of the Supplemental Security Income (SSI) program that was implemented to safeguard retired and tenured Us federal, state and county employees, is it enough?
3. The United States is divided into the bipartisan parties of Republic and Democratic. Are we protected fro either party's reform policies?

PARTIES TO THE PROCEEDING

- Petitioner (Plaintiff- in the court of appeals) is Damien D. Pugh

Respondents (Defendants-in the court of appeals) are Leland Dudek acting Commissioner of Social Security; Fredrick D Fripps terminated 09/24/2024; Martin J. O Malley terminated 2/5/2025,Michelle King terminated 4/14/2025, Franco Luciano Counsel for the defendants

RELATED PROCEEDINGS

- Pugh vs Social Security Administration, Office of Hearing Operations Mars, Pennsylvania. Judgment Entered January 23, 2023

- Pugh vs Commissioner of Social Security, No C24-0055 RSM, US. District Court for the Western District of Washington at Seattle. Judgment entered June 20, 2024

- Pugh vs Leland Dudek, No 24-5190 RSM, US Court of Appeals for the Ninth Circuit. Judgment entered May 6, 2025

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PETITION FOR WRIT OF CERTIORARI

Damien D Pugh respectfully petitions this court for a writ of certiorari to review the judgment of the United States Court of Appeals for the Ninth Circuit of Appeals.

OPINIONS BELOW

The decision by the Ninth Circuit of Appeals denying a motion to dispose order dated, May 6, 2025. That order is attached at Appendix A

JURISDICTION

The date on which the United States court of appeals decided my case was May 6, 2025. A timely petition for rehearing was denied by the Washington State court of Appeals on the following date: and a copy of the order denying rehearing appears at Appendix C. The jurisdiction of this Court is invoked under *28 U. S. C. § 1254(1)*.T

CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED

Social Security Act of 1935 (42 U.S.C. § 301 et seq.)

The *Social Security Act of 1935* was a landmark piece of legislation that established a federal safety net for various vulnerable populations. It created old-age benefits for retirees funded through payroll taxes, unemployment insurance, and temporary financial assistance to workers who lose their jobs. Aid programs for dependent children, the blind, and individuals with disabilities were also included. Over time, the act has been amended to expand benefits, including the introduction of *Medicare in 1965*, the *Social Security Disability Insurance (SSDI)*, and the *Federal Insurance Contributions Act (FICA)*. The focus is to mandate payroll taxes to fund Social Security and Medicare. Key provisions included employee and employer contributions insisting both parties contribute a percentage of wages to Social Security (6.2%) and Medicare (1.45%). Additional Medicare tax high earners pay an extra 0.9% on wages exceeding a certain threshold. The *Social Security Amendments of 1965* significantly expanded healthcare coverage by introducing medicare a federal health insurance program for individuals aged 65 and older, covering hospital stays (Part A) and medical services (Part B). Medicaid, a joint federal-state program providing healthcare assistance to low-income individuals and families. Expanded Social Security benefits increased payments for retirees and disabled individuals. *Social Security Disability Amendments (1980 & 1984)* aimed to strengthen benefits and eligibility disabled individuals. The 1980 Amendments introduced work incentives to encourage disabled individuals to return to employment. The amendment established limits on family disability benefits to ensure equitable distribution and improved vocational rehabilitation programs. The 1984 Amendment revised medical eligibility criteria, making it easier for individuals with mental health conditions to qualify. Also strengthened the appeals processes for denied disability claims while expanded continuing disability reviews to ensure recipients still meet eligibility requirements.

STATEMENT OF CASE

As a United States citizen and taxpayer who has worked for more than thirty years, my medical condition qualifies for Social Security benefits under *42 U.S.C. § 1381a*, which establishes eligibility based on financial need and medical conditions that prevent substantial gainful activity. Given my long-term disability and severe mobility impairments, I applied for *Supplemental Security Income (SSI) benefits under 42 U.S.C. § 1382*. My claim is justified under the provisions of the *Social Security Act*, which protects individuals suffering from severe medical conditions that significantly impair their ability to work. Despite meeting eligibility criteria and submitting extensive medical documentation proving my disability, the *Social Security Administration (SSA)* has repeatedly mishandled my case, violating procedural standards outlined under *20 C.F.R. §§ 404.1505, 404.1520, and 416.905*, which governs the SSA's definition of disability and application review process. Over three decades of employment, I have contributed to Social Security taxes while working in physically demanding jobs sustaining multiple, irreversible injuries and progressive medical conditions.

These injuries lead to chronic pain and physical limitations such as degenerative joint conditions, affecting the knees; back, elbows, neck, and feet, consistent with labor-intensive work and onset of gangrene in my feet, resulting in nerve damage and severe mobility restrictions, *see Yuckert, Bowen v. (validity of the severity of impairment regulation)*.

Medical records from Harborview Medical Center (referencing case documentation per *20 C.F.R. § 404.1513*) confirm my disability status and medical necessity for benefits. Additional, evaluations from Harborview Medical Outpatient Physical Therapy Clinic support my claim under the SSA's standards outlined in *20 C.F.R. § 404.1521*, which requires consideration of medical impairments affecting functional capacity. Upon submitting my application, the SSA initially confirmed my eligibility based on my work

history and tax contributions. However, multiple administrative errors violated established procedural guidelines, including failure to process medical evidence properly. The SSA disregarded critical medical documentation, violating the evidentiary standards under *42 U.S.C. § 405(b) and 20 C.F.R. § 404.1512*, which require the agency to consider all submitted medical reports when evaluating a disability claim. Some of the discrepancies noted were denials without medical review, denial without an X-ray, physical examination, or independent medical evaluation, contradicting requirements under *20 C.F.R. §§ 404.1509 and 404.1513* for documented proof of medical impairment. Violation of due process in SSA appeals failed to provide a fair and thorough reconsideration of my case as required under *42 U.S.C. § 405(g)*, which governs judicial review of SSA decisions. Recognizing these violations, I initiated multiple appeals under *20 C.F.R. §§ 404.900-404.995*, which outline administrative review rights for claimants. The first appeal was filed due to administrative mismanagement of records in *direct violation of 20 C.F.R. § 404.902* which guarantees proper handling of SSA disability claims, see *Pasquale v. Secretary of Health, Education and Welfare*. Second appeal was submitted requesting an X-ray evaluation, full physical assessment, and an Administrative Law Judge (ALJ) interview (Case Number Pages 121-154). During this interview, I provided detailed responses regarding my injuries and medical evidence, consistent with SSA procedural guidelines in *20 C.F.R. § 404.929*. Despite my comprehensive medical proof, the ALJ dismissed my claim without proper application of standards in Social Security Ruling (SSR) *96-2p*, which establishes *8C.F.R. § 404.1529* mandating the SSA to consider pain and functional limitations when determining disability. Following the ALJ's denial on January 23, 2023, I escalated my case to the United States District Court, Western District of Seattle. However, the commissioner of social security violated evidentiary standards under *42 U.S.C. § 405(g)*, misrepresenting facts and failing to align the agency's defense with established medical reports. My case was dismissed on June 20, 2024 despite procedural errors in processing medical evidence. Following the wrongful dismissal, I filed an appeal on July 9, 2024, citing procedural violations under *20 C.F.R. § 404.900*. Despite SSA's duty to properly process appeals under *42 U.S.C. § 405(g)*, I was informed that my case was never processed due to

clerical errors. I then escalated my case to the United States Court of Appeals for the Ninth Circuit, where the commissioner of social security falsely claimed lack of jurisdiction, contradicting *42 U.S.C. § 405(g)*, which provides for judicial review of disability claims. The SSA continued to ignore documented medical evidence and procedural standards *under 20 C.F.R. §§ 404.1505-404.1520*, thereby failing to meet the burden of proof required for disability denial. These judicial failures illustrate systemic issues within SSA's handling of disability claims, constituting unjust denial of benefits in violation of due process protections under the Fifth Amendment of the US. Constitution. **Due** to the extensive administrative errors, procedural violations, disregard for medical evidence, and legal misrepresentations, I am requesting immediate reconsideration of my case per *42 U.S.C. § 405(g)*, including; back pay and regular Social Security benefits under 42 U.S.C. § 1382 sections. A formal review of SSA procedural failures, including violations of *20 C.F.R. §§ 404.900-404.995* legal accountability for wrongful denials, as required under *Administrative Procedure Act (APA) provisions in 5 U.S.C. § 706*, which governs agency violations of federal law.

REASONS FOR GRANTING WRIT

The reasoning for granting the writ of certiorari is clearly outlined in the lower courts' handling of this case, which demonstrates a pattern of procedural errors and mismanagement by the Social Security Administration (SSA), the Social Security hearing board, and the Seattle SSA office. Due to multiple administrative failures; including the falsification of medical facts, the misplacement of appeal forms, and procedural irregularities—the integrity of my claim has been undermined resulting in unjust denials and the obstruction of my right to a fair appeals process. Given the substantial evidence of these errors, the court should grant certiorari to resolve the critical legal questions surrounding disability law and administrative accountability. Throughout the handling of my case, several key procedural errors occurred that warrant judicial intervention. The Seattle SSA office and lower courts mishandled my submissions by either misplacing appeal documents or deliberately failing to process them. These actions resulted in unjust delays and denials obstructing my right to due process. Falsification of medical facts contrary to established medical records, SSA representatives and their defense team introducing inaccurate medical information that did not match my actual health conditions, further distorting the factual basis of my claim. Disregard for treating physician opinions under established legal precedent is often dispositive in disability cases. Despite extensive documentation from Harborview Medical Center and other medical professionals, my treating physician's assessment was largely ignored or misrepresented in the SSA's determinations. Failure of timely case processing & appeals handling have consistently complied with all requirements having submitted all paperwork promptly, and never missed medical treatments or scheduled appointments. However, the Social Security Administration and the courts failed to process my appeals properly, causing significant procedural delays that violated my right to a fair review. A Certiorari considered addresses to reaffirm the importance of fair administrative procedures in disability law respectfully.

CONCLUSION

For the foregoing reasons, Petitioner respectfully requests that this Court issue a writ of certiorari to review the judgment of the United States Court of Appeals for the Ninth Circuit

Dated this 31th day of May 2025

Respectfully submitted,

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