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How Does the High Unemployment Affect Social Security's Solvency?

Social Security's finances depend largely on payroll taxes, tying the strength of Social Security to the strength of the U.S. economy. The U.S. unemployment rate was more than 13.3% through May. That was worse than the 2009 Great Recession, when the unemployment rate reached a peak of 10.6% in January 2010. With 20.5 million people out of work, combined with a higher number of new claims for benefits as older unemployed workers turn to Social Security, there will be a significant impact on the finances of the Social Security Trust Funds. The degree of the impact depends on how long it takes to get our economy safely up and running again.

The Social Security's Trustees annual report, which was prepared before the onset of COVID-19 and subsequent shut down of the economy, forecasts that the Social Security trust funds will be depleted by 2035. But a number of Social Security experts are beginning to warn that the program could run low much sooner, by as early as the end of this decade.

Most of the money that Social Security pays out to current beneficiaries comes from payroll taxes. According to the Social Security Trustees, the

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Hospitals Re-start Non-Urgent Care After Coronavirus Shutdowns

Hospitals and other medical providers were forced to stop routine "non-urgent and elective care" earlier this year to preserve scarce personal protective equipment and to avoid the risk of spreading the coronavirus. Once considered a sector of the economy impervious to most economic disruptions, these lost visits have become a financial crisis for many healthcare providers.

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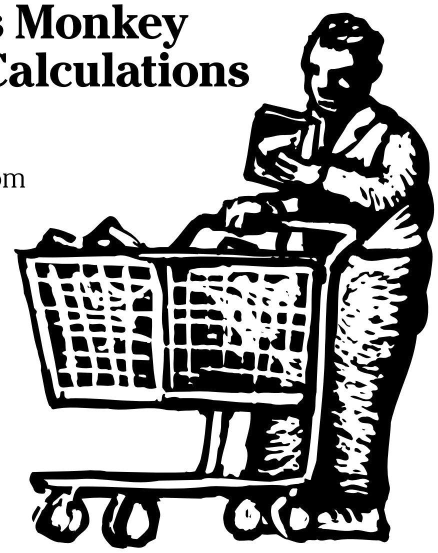
Coronavirus Throws Monkey Wrench Into COLA Calculations

By Mary Johnson, editor



Impute. Today's word comes to us from economists at the U.S. Bureau of Labor Statistics (BLS). Since March of this year, they have been forced to use this estimation technique much more frequently than usual in calculating the monthly consumer price index (CPI) due to the coronavirus.

The word "impute" has two distinct meanings, both of which are appropriate to understanding Social Security annual Cost-of-Living Adjustments (COLA). To the economists, "impute" refers to *"the assignment of a value to something by inference from the value of the products or processes to which it contributes."* To the rest of us, "impute"

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Rick Delaney,
Chairman of the Board, TSCL

Coronavirus Has Devastating Impact On Nursing Homes: Full Scope Still Unclear

By Rick Delaney

COVID-19 has been particularly dangerous for the older and sicker people living in nursing homes. One example of just how quickly it can spread is a nursing home in Maryland's Carroll County. On March 26 of this year, a resident tested positive for the coronavirus. Two weeks later, the number of confirmed cases was 77 out of 95 residents along with 24 staff members. At least 28 residents have died.

Three months after our nation's March 15th lockdown due to the coronavirus, half of all nursing homes in the U.S. had yet to be inspected for procedures to stop the spread of the coronavirus. Meanwhile, the federal government fumbled the collection of nursing home coronavirus data, and is struggling to determine the accurate number of cases and deaths.

Data from the Centers for Medicare and Medicaid Services (CMS), indicate that coronavirus fatalities accounted for at least one-third of the deaths in long-term care facilities in 26 states and more than half of deaths in 14 of those states. Based on data through May 31, 2020, CMS reports that COVID-19 caused 31,782 deaths among nursing home residents and staff across the country, with about 12% of facilities still to report.

Less than 24 hours after that data was released, local media outlets began reporting that there were "clear problems" with the data. In Virginia, CMS case numbers showed a sharp discrepancy with the data supplied by the state. According to the Virginia Department of Health, the state had 3,514 cases of the virus at nursing homes, more than double the number reported by CMS—1,443 cases—and there was no information at all for 29 Virginia nursing homes.

The full extent of the coronavirus impact during the first three months of the coronavirus remains unclear. Before CMS even released the new data, CMS officials acknowledged there were likely discrepancies. The lack of inspections and reliable federal data, is leaving nursing home residents, families and senior advocates in the dark about the pandemic's out-sized effect on older Americans, and the safety of our nation's long-term care facilities.

From the start of the coronavirus, nursing homes have been hampered by a lack of personal protective gear like face masks, gloves and disposable gowns and COVID-19 tests. It took two months after the first cases of COVID-19 were found in the U.S., before the federal government finally said it wanted all nursing home residents and staff to be tested. But three weeks later, neither the federal government or states had given long-term care facilities the money and supplies necessary to carry this out. By May, the governors of several states had called on the National Guard

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SOCIAL SECURITY & MEDICARE QUESTIONS

My Ex-Spouse Died. Would I Qualify for Widow's Benefits Even Though I'm Re-married?

Q: I've been out of work since late March. The company that I was working for is in the process of declaring bankruptcy, and I haven't found a new job yet. I turn 64 in two months, but if I start Social Security now my retirement benefit would be pretty low.

I recently learned that my ex-spouse passed away due to the coronavirus. He was older than I am, and had already started Social Security. He was getting about $1,875 before we divorced. I'm

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Legislative Update

Prescription Drug Legislation Delayed by Coronavirus

By Shannon Benton, Executive Director

Shannon Benton, Executive Director

The coronavirus pandemic has taken priority on Capitol Hill in recent months. As a result, action on a number of important issues, including comprehensive prescription drug legislation, has been postponed. Bi-partisan legislation, The Prescription Drug Pricing Reduction Act (S.2543) introduced by Senator Chuck Grassley (IA), appeared to have enough support to pass in Congress in December of 2019, but so far this year the bill has made little headway.

Demands are increasing in the U.S. and abroad that drug companies set affordable prices on coronavirus treatments and vaccines, and distribute drugs equitably.

The legislation, among other things, would reduce Medicare Part D out-of-pocket costs for beneficiaries, by establishing a $3,100 cap on annual out-of-pocket spending. A major sticking point for many GOP senators is a provision that limits drug price increases to the rate of inflation, which they deem a government *price control.* Participants in TSCL's June Senior Cost Survey, on the other hand, are overwhelming in favor of tying drug prices to the inflation rate. About 8 out of 10 survey participants support this method of curtailing rising drug costs.

In addition to delaying action on legislation, the coronavirus has brought up a new issue of concern—that companies are profiteering during a global medical crisis. Several House progressives pushed unsuccessfully to include measures to lower the cost of coronavirus treatments—such as banning drug companies from having exclusive rights to a drug—into a recent Democratic stimulus bill. Congress authorized more than $7 billion for research and industry subsidies to hunt for a COVID-19 vaccine. Now questions are growing over who is financially benefiting by securing monopoly licensing rights to taxpayer-financed drugs.

The Washington Post recently reported on one experimental coronavirus pill, called (EIDD-2801), developed by Emory University with $16 million in U.S. tax revenues. The drug was licensed in a deal struck by Ridgeback Biotherapeutics, a company with no laboratories or manufacturing facility, and owned by a wealthy hedge fund manager and his wife. Just two months after acquiring the rights to the antiviral therapy, Ridgeback sold exclusive worldwide rights to Merck pharmaceuticals, the drug giant.

Demands are increasing in the U.S. and abroad that drug companies set affordable prices on coronavirus treatments and vaccines, and distribute drugs equitably. Until the coronavirus, cutting drug costs was a number one priority that Americans held for this Congress. Let's tell Senate Leader Mitch McConnell to get back to business and allow a vote on The Prescription Drug Pricing Reduction Act (S.2543). ■

Source: "Hedge Fund Manager Stands To Profit On 'Flip' of Taxpayer-Funded Coronavirus Drug," Christopher Rowland, The Washington Post, *June 11, 2020.*

***The Social Security & Medicare Advisor* © 2020** is published by The Senior Citizens League (TSCL). TSCL is an organization of active seniors concerned about the protection of their earned Social Security, Medicare, military, and other retirement benefits. TSCL's supporters participate in a number of grassroots lobbying and public education campaigns to help ensure governmental bodies live up to their commitments. Current active contributors to The Senior Citizens League are entitled to receive *The Social Security & Medicare Advisor* for no additional charge. Readers wishing to contact TSCL should address correspondence to The Senior Citizens League, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314. TSCL website: www.SeniorsLeague.org. Editor: Mary Johnson.

CONGRESSIONAL CORNER

Medicare Should Protect Your Teeth, Too!

By Representative Robin Kelly (IL-2)

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Representative Robin Kelly

I can still remember losing my first baby tooth. I put it under my pillow and got a quarter. When I was 6, losing my teeth meant money in my pocket. Now that I'm older, the idea of losing teeth is much less fun and much more costly.

But as we grow older, protecting our teeth, gums and mouth is more important than ever. Shockingly, a recent survey found that 60 percent of Americans would rate their oral health as "fair," "poor" or "very poor."

When we ignore our oral health, we're at higher risk for a host of health problems, particularly cardiovascular complications. Nearly 80 percent of Americans recognize the important connection between oral health and overall health.

Despite this knowledge of the facts, many American still struggle to access oral healthcare. The same survey found that three-quarters of Americans encounter barriers to accessing dental care, primarily due to lack of insurance.

For older Americans, the need to protect our oral health is clear, but Medicare doesn't currently cover our teeth. Because of the lack of coverage, 65 percent of Medicare recipients do not have dental coverage, and nearly half of all Medicare recipients had not visited a dentist last year.

For older Americans of color, the statistics are even starker. More than 70 percent of African-Americans and 65 percent of Hispanics did not see a dentist last year. Nearly 60 percent of rural Medicare recipients and 70 percent of low-income older Americans also did not receive dental care.

It's time to put an end to these shocking numbers and ensure that older Americans have access to quality dentistry to remain healthy in their Golden Years. That's why I introduced the Medicare Dental Act (H.R. 4650.)

This bill would provide coverage for certain dental items and services through Medicare Part B, including oral exams, dental cleanings, extractions, crowns dental x-rays, root canals and fluoride treatments.

As House Democrats work to reduce the costs of prescription drugs covered by Medicare, through the passage of the Lower Drug Prices Now Act (H.R. 3), I want to reinvest those Medicare savings into Medicare recipients—through access to dental care.

Along with my colleagues, we have also put forward measures, the Medicare Hearing Act(H.R. 4618) and the Medicare Vision Act (H.R. 4665), to further expand Medicare coverage using these savings.

For too long, older Americans on Medicare have had to pay high prices or else ignore their teeth, eyes and ears. It's time to change that by lowering drugs prices for the system and reinvesting those savings in you. ■

Congresswoman Robin Kelly represents Illinois' 2nd Congressional District. She serves on the House Energy and Commerce Committee and chairs the Congressional Black Caucus Health Braintrust.

The opinions expressed in "Congressional Corner" reflect the views of the writer and are not necessarily those of TSCL.

Your Opinion Counts!

We can strengthen Social Security, Medicare and Medicaid programs without the need for deep cuts and higher out-of-pocket costs. The Senior Citizens League needs your opinions and ideas to share with Members of Congress on the issues. Make sure they hear your concerns. Take a survey, sign a petition, read about the latest legislative action in Congress, or send us an email. Visit The Senior Citizens League's website at www.SeniorsLeague.org.

How Does the High Unemployment Affect Social Security's Solvency? continued from page 1

program received $805.1 billion in payroll taxes in 2019. Social Security also received an estimated $38.9 billion from the taxation of Social Security benefits, and $77.9 billion in interest was earned on special issue non-marketable bonds (I.O.U.s) held by the trust fund last year.

The Bipartisan Policy Center (BPC) points out in a recent blog, that each of these sources of revenues is negatively impacted by high unemployment. When people are out of work, no payroll taxes are withheld from earnings. A portion of Social Security benefits is taxable when a Social Security recipient has an income higher than $25,000 (individual) or $32,000 for a couple filing jointly. But the coronavirus recession has impacted both earnings from jobs and the value of retirement accounts, so that fewer retirees will meet the income thresholds that make their benefits taxable this year. Finally, the Federal Reserve has responded to the recession by cutting interest rates, which means that the yields on the bonds held by the Social Security Trust Funds are smaller and will provide lower interest income. A recession also causes a higher number of new claims when older workers are forced to retire earlier than planned, raising costs in the short term.

The BPC notes that this combination of lower revenues and higher program costs will shorten the solvency of the Social Security. Its blog points to past changes in Social Security solvency. In 2008, prior to the full impact of the Great Recession, Social Security Trustees estimated the Trust Fund would be depleted in 2041. By the time the recession had run its course, in 2012 high unemployment and sluggish economic growth had moved up the insolvency date to 2033.

The BPC released its own estimate of the impacts of a coronavirus recession on Social Security, projecting that it would accelerate the depletion of the trust fund from 2035 (projected in this year's trustee report) to 2029. Without any changes, a depletion of the Social Security trust fund would trigger program wide benefit cuts of 23%, as benefits adjust to the level of revenues still received by the program.

TSCL strongly believes that inaction on addressing Social Security's financing challenges is putting the benefits of tens of millions at risk. The closer we come to the Social Security depletion dates, the more difficult it will be to find a solution to strengthen program finances. With the coronavirus recession, the depletion date may arrive sooner than anyone ever expected. ■

Source: 2020 Social Security Trustees Report, April 22, 2020. "COVID-19 May Deplete Social Security Trust Funds This Decade," Nicko Gladstone, Shai Akabas, Bipartisan Policy Center, April 22, 2020.

BEST WAYS TO SAVE TO SAVE

Worried About Food Shortages This Fall? Plant An Undercover Vegetable Garden!

By Mary Johnson, editor

As people struggled to find food in the grocery stores during the coronavirus lockdown earlier this year, interest in gardening and growing your own food surged nationwide. August is payoff month in the vegetable garden, and it's also a key time to replace harvested crops with new plantings that will feed you through the fall and winter.

Every garden month has its own set of challenges. Where I live in Central Virginia, August brings high heat, severe storms, insects and deer. To get around those challenges, and to avoid using expensive pesticides, I've used row covers for the past 20 years. I cover the crops in my garden using various weights of lightweight spun poly agricultural fleece which allows in sun and rain, aids germination and moderates moisture, while it keeps out insects, frustrates deer, and protects crops from frost damage. If you are like my

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ASK THE ADVISOR

Is Taking a Loan Against Your Social Security Benefits a Reasonable Option When You are Out of Work?

Q: Recently I read about a stimulus proposal that would allow people who are out of work to access $5,000 of Social Security benefits in advance, in exchange for waiting a few months longer to get benefits when people retire later. Could you explain what was proposed and how it would work?

A: *The Washington Post* has reported that "Senior White House economic officials are exploring a proposal floated by two conservative scholars that would allow Americans to choose to receive Social Security checks up to $5,000 in exchange for a delay of their Social Security benefits." The proposal by Andrew G. Biggs of the American Enterprise Institute, and Joshua Rauh of the Hoover Institution, has been put forward as another way to get more money to Americans hard hit by the coronavirus recession.

With many still needing help, some Members of Congress are concerned about the high price tag of simply sending out another round of stimulus checks. The $5,000 would be considered a "loan," and both the $5,000 *plus interest* would have to be repaid when people file a claim for benefits, even years or decades later. The proposal would make people repay their own Social Security benefits.

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Hospitals Re-start Non-Urgent Care After Coronavirus Shutdowns; continued from page 1

Hospitals, which are often the biggest employers in their localities, or even their states, have furloughed workers, and the industry lost an estimated $50 billion a month in foregone surgeries and procedures during the worst part of the pandemic. Hospitals rely on elective surgeries for a major portion of their revenue, because Medicare and private insurers tend to pay more for those procedures than other types of hospital care. Hospitals say they also have lost money in treating COVID-19, because of the amount of intensive care that patients need.

Hospitals have prioritized rescheduling patients who do not have COVID-19 but have conditions that may deteriorate if they do not get regular care. Patients receiving cancer treatment need to go to regularly scheduled appointments. Doctors are particularly concerned that patients who have heart or lung disease, hypertension, diabetes, and other chronic conditions get back on a routine care schedule.

While some patients may have used video conferencing or telephone calls with their doctors during the coronavirus shut down, at some point a physical exam and lab work usually is needed. (Medicare covered expanded telemedical visits during the national shut down, but patients should double-check with their plan now to make sure this coverage has not expired, as plans vary.)

Re-opening is expected to be slow and painstaking as providers and states try different approaches to keep patients and staff safe. The Centers for Medicare and Medicaid Services recently released a bulletin about what patients should know about seeking healthcare during the pandemic, which can be found online at: https://www.cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care.pdf. ■

Source: "Hospitals Struggle to Restart Lucrative Care After Coronavirus Shutdowns," Reed Abelson, The New York Times, *May 17, 2020.*

Editor's Note: Please DO NOT postpone getting care in emergencies. Do not delay care for chest pain, stroke symptoms (numbness, slurred speech) or the onset of a diabetic reaction. Seek immediate treatment!

Talk to your doctor about the best schedule to resume routine or elective care. Be realistic. The above Medicare bulletin continues to recommend that people age 65 and over stay home when possible, continue to social distance by standing at least 6 feet away, wear a face mask, and keep washing hands! Stay safe.

Coronavirus Throws Monkey Wrench Into COLA Calculations; continued from page 1

means—*"a charge or claim that someone has done something undesirable."*

I'm pretty certain that older voters will impute that someone has done something undesirable when they learn that the 2021 COLA has been calculated using a much smaller number of price data samples. Smaller data sets increase the chances of missing the full picture of price changes, and can lead to skewed results.

…the CPI in recent months has not been completely computed on actual price data. There is significantly less data, smaller samples, and increased risk that estimates could misrepresent the actual price change picture.

To be fair, the guilty party isn't the BLS. During March through May, they faced insurmountable obstacles to collecting the data they need. Lockdowns, shortages, and millions of people who are unable to pay their rent on time made it all but impossible in some circumstances for BLS staff to collect all the price info that they typically do. In routine times, about 65% of CPI price data and 50% of rent data is collected by personal visit. This type of data collection has been suspended since March, with data collected online and by telephone instead. By May the list of "data inadequate for publication" was almost as long and empty as those shelves in your local supermarket during March through May.

The BLS follows a procedure when it cannot obtain a price. According to the BLS, *"missing prices are generally imputed by the prices that are collected in the same or similar geographic area and item category. Essentially, the price movement of items that are not collected is estimated to be the same as those that are collected for a given item and geographic area."* In other words, the CPI in recent months has not been completely computed on *actual* price data. There is significantly less data, smaller samples, and increased risk that estimates could misrepresent the actual price change picture. According to the most recent data through June, prices are still so low that no COLA would be payable in 2021, yet much of the public is complaining about price spikes on the items they are buying.

The index used to calculate the annual COLA is not representative of the prices experienced by retirees. That index, the Consumer Price Index for Urban Workers and Clerical Workers (CPI-W), tracks price changes in the market basket of younger working adults who have different spending patterns than retirees. Older Americans spend a greater portion of their incomes on medical costs and housing, which tend to rise in price more quickly.

If the government were to use a more representative CPI to calculate the COLA, such as the Consumer Price Index for the Elderly (CPI-E), a very small COLA might be payable in 2021, around 0.6 percentage point. Or, to provide real benefit adequacy, and avoid extreme Medicare Part B premium spikes this this fall, Congress should consider providing an emergency minimum COLA benefit boost. TSCL is asking Members of Congress to guarantee a raise of no less than 2.5%.

TSCL recently sent letters to House and Senate leaders and is working to bring the issue to the attention of Congress. We need your help to spread the word. Is inflation really ZERO? Or has someone imputed something undesirable? ■

Editors Note: TSCL is looking for volunteers who are willing to speak to the news media about the Social Security COLA. Does the COLA adequately represent rising prices? Do you have actual examples of price increases experienced since last October to share? Are rising costs cutting off access to prescription drugs, healthcare services, housing, food, or other essentials? Please send us an email at www.SeniorsLeague.org.

Coronavirus Has Devastating Impact On Nursing Homes: Full Scope Still Unclear; continued from page 2

to provide COVID-19 testing at their states' nursing homes.

It was almost three months after the March 15th federal lockdown before many states started receiving the N95 masks, face shields and gowns necessary to perform nursing home inspections. This lack of a national plan to provide early and rapid COVID-19 testing in nursing homes, as well as to provide protective equipment for staff, made it easier for the virus to spread quickly and hundreds of lives to be lost. These problems have plagued the entire U.S. healthcare system as well.

Some health experts are saying that the coronavirus alone doesn't explain the losses in long-term care residences. Many senior advocates point to lapses in infection control and chronic staffing shortages, two problems that have affected nursing homes for decades. Medicare doesn't cover long-term care, only temporary stays in nursing homes after qualifying hospitalizations. This makes nursing homes reliant on Medicaid for most of their funding, which pays lower fees than Medicare. There have been repeated efforts over the years, most recently in efforts to repeal the 2010 Affordable Care Act, that would have cut federal spending on Medicaid.

Roughly 55% of participants in TSCL June Senior Cost Survey feel that we need to invest more in our national healthcare system so that we can respond rapidly and effectively to protect public health. Rest assured, TSCL is working to make every Member of Congress is aware of your strong support for protecting Medicare and your health! ■

Sources: "Nursing Homes Go Unchecked as Fatalities Mount," Politico, *June 15, 2020. "How Does the U.S. Healthcare System Compare to Other Countries?" Peter G. Peterson Foundation, July 22, 2019. "Nursing Home Virus Data Riddled With Errors," Kate Masters,* The Virginia Mercury, *June 8, 2020.*

My Ex-Spouse Died. Would I Qualify for Widow's Benefits Even Though I'm Re-married? continued from page 2

remarried now, but my husband hasn't started benefits. He's only working part time. Would I possibly qualify for Social Security widower's benefits based on my ex-husband's Social Security?

A: You may possibly qualify for a divorced spouse Social Security survivor's benefit that would be the same as what a widow would get, but you have a number of options that you need to carefully think through. If you receive survivors benefits as a divorced spouse now, you can switch to your own retirement benefit later if it is higher than your widow's benefit.

Your own retirement benefit would be low if you were to take it at age 64—prior to reaching your full retirement age. Full retirement age at which you start receiving full, unreduced benefits, is rising. For people born in 1956 (like you) your full retirement age is 66 and 4 months.

If you were to start your own retirement benefit now, your benefit would be permanently reduced, and you would be giving up potentially tens of thousands of dollars in long-term Social Security income. If you delay starting Social Security as your husband is doing, you receive 100% of your own benefit at your full retirement age. The Social Security Administration has a retirement age calculator to help.

To qualify for a divorced spouse survivor's benefit, you must have been married to your ex-spouse for at least 10 years, and you did not remarry until you were past the age of 60. After age 60, your remarriage does not affect eligibility for ex-spouse survivor's benefits. Any benefit that you receive would not affect the benefit for other survivors who are receiving benefits based on the record of your ex-spouse.

However, waiting until your full retirement age qualifies you to receive 100% of the amount your ex-spouse received when he died. The amount you receive is based on your ex-spouse's basic benefit and depends on the age at which you file a claim. If you file for a survivor's benefit prior to your full retirement age, the amount of the survivors benefit you receive would be reduced (roughly 15% in your case), but your own retirement benefit would be delayed and continue to grow to its maximum until you reach age 70. You could switch if it is higher than your survivors benefits.

You will need to contact Social Security at 1-800-772-1213 to request an appointment. Social Security has a local office locator that you can find here. In the meantime learn more about Social Security survivors benefits on the Social Security website at www.SSA.gov. ■

Worried About Food Shortages This Fall? Plant an Undercover Vegetable Garden!
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neighbors, once you try undercover gardening, you'll never garden any other way. Those of you who already use it, know what I mean.

I have plenty of growing space in my garden and, starting in August, I tend to replant the same types of cool weather crops I put into the ground in March and April—salad greens, broccoli, bok choi, spinach and beets. In addition, I plant a few winter stalwarts such as tat soi (and other oriental mustards), kales and Italian radicchios.

Because August can be in the 90's here, I often start seed on a growing rack situated on my shaded porch. By the last week in August or early September, the slow growers such as broccoli and brussels sprouts that I start around the 4th of July are ready for transplanting into the garden. These plantings go under the lightest weight covers which don't retain heat. I switch to fall and winter cover materials as temperatures drop.

Most of the other crops are sown during the month August. I keep sowing the faster growing crops (such as spinach and arugula) through early October. Prior to the first frost, I transition to heavier weight covers or, if a frost lower than 24 degrees is forecast before I'm ready, I use two layers of the light weight covers to protect crops.

Usually, established cold weather crops can easily sail through a light frost. Last year, I wintered over winter-hardy varieties of lettuces, escarole, endives, radicchios, bok choi, arugula, and a several Asian mustards. Temperatures got down to as low as 18 degrees, but everything that was under double layers did fine, and I harvested straight through until March.

Garlic can be planted in late October or November, and like all that wild garlic that likes to take up residence in your lawn, garlic simply needs a generous layer of compost and mulch to stay happy over the winter, and no other cover at all.

I live in growing zone 7B, so planting dates would need to be adjusted depending on where you live. As the days grow shorter, the plants grow more slowly. Thus, to figure out when to start plants, add about two weeks to the growing time, and allow another ten days if you are transplanting. (Transplants always need at least a week to 10 days to ponder their new existence and decide whether you are doing a fabulous job and should be rewarded.)

If you decide to give fall gardening a go, online ordering is going to be your best bet to find the best varieties and supplies. Two companies that specialize in vegetable varieties and supplies for fall and winter growing are Johnny's Seed and Territorial Seed. ■

MORE INFORMATION

To help with your sowing schedule, see this winter growing chart from Territorial Seed: https://territorialseed.com/blogs/fall-winter-growing-guides/winter-growing-chart

Learn how to use crop covers in this video from Charles Dowding, the father of organic "no dig" gardening: https://www.youtube.com/watch?v=WcfCUeE1sN8

To learn more about agricultural row cover fabrics, and to find a wide range of supplies see this video from Johnny's Selected Seed: www.johnnyseeds.com/videos/video-v43.html

Learn how to construct row covers in this video from Oklahoma Gardening: www.youtube.com/watch?v=vl_BNPqyv4E

Is Taking a Loan Against Your Social Security Benefits a Reasonable Option When You are Out of Work? continued from page 6

While some stories have reported that the advances could be paid off in about three months before benefits start, that statement does not accurately represent the size of accrued interest, which—depending on the amount of interest charged, and the length of time before a claim is filed for benefits—could be in the thousands of dollars.

In addition, the proposal is not clear about the permanent benefit reductions that could occur. Under current law, Social Security benefits are reduced up to 30% for claiming benefits prior to full retirement age, which is rising for people born in 1955 and thereafter. The longer people can wait (up to age 70) the more they will receive in benefits. However, if they have an outstanding loan with interest that's accruing, there would be pressure to start benefits sooner than one otherwise would.

But the biggest issue is that the $5,000 loans would use revenues needed to pay the benefits of current retirees. These "advances" against future benefits would siphon tax revenues out of the Social Security Trust Fund and hasten insolvency. Once the Social Security Trust Funds are depleted, by law, benefits would be reduced around 23% to adjust to payroll tax revenues.

TSCL believes this is a bad idea all the way around. It would be very costly way to borrow money, and it puts your future benefits at risk by siphoning funds out of the Social Security Trust Fund. ■

Sources: "Top White House Advisors, Unlike Their Boss, Increasingly Worry Stimulus Spending is Costing Too Much," Jeff Stein, Josh Dawsey and John Hudson, The Washington Post, *May 10, 2020. "Funding Direct Payment to Americans Through Social Security Deferral," Andrew G. Biggs, and Joshua Rauh, April 19, 2020.*