

Did Your Retirement Savings Recover By the End of 2020?

How is the pandemic-caused recession affecting retirement savings? Of those who said they have retirement accounts, 48% said that their retirement savings had not recovered to pre-pandemic levels by December 31, 2020, in our recent Senior Survey. The coronavirus-caused recession appears to be forcing many older adults to rethink retirement budgets and plans. The U.S. stock market ended 2020 at an all-time high with the S&P stock index finishing the year up more than 16%. But the retirement savings held by many retired adults do not appear to have benefited from the run up.

TSCL's Senior Survey is open to all adults who wish to participate and is conducted online. Our findings are based on responses collected from mid-January to March of this year. We asked the following question, "How has the coronavirus-caused recession affected the value of your retirement savings as of December 31, 2020?" Some 18% of survey participants reported that they had no retirement savings at all. Of those with retirement savings, almost half—48%—reported that the value of their retirement savings was still down on December 31, 2020, compared

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Drug Prices Paid By Medicare Three Times Higher Than Medicaid

Public anger over the rising costs of insulin and other key life-saving drugs has grown in recent years, and now a new federal analysis reveals that Medicare Part D pays far more for medications than any other government health program. The Congressional Budget Office (CBO) compared prices paid by Medicare Part D with prices paid by Medicaid, the Department of Veterans Affairs,

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Are We Experiencing the Return of Inflation?

By Mary Johnson, editor

Wall Street economists are in the midst of a growing debate over whether we are in for "the return of inflation." (Oh, go ahead and snort. I did too when I first read about this.)

Recently, a journalist, familiar with my estimates of Cost-of-Living Adjustments (COLAs) contacted me for my thoughts on the topic. Did I think we were staring down rising inflation? I told him that I needed to see more data.

Since that conversation inflation for certain items has jumped. In fact consumer price data indicate that the COLA for next year may be the highest since 2019, if the trends continue. My estimates about the COLA are based on the most current available data from the Bureau of Labor Statistics, for what it's worth.

That said, logic says we may be in for some pretty big swings in the prices of certain items—such as gasoline. Especially troubling for everyone are steep increases in the cost of meats, poultry, processed fish

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What to Do When the Doctor Recommends a Budget Busting Drug

Rick Delaney, Chairman of the Board

Recently we received the following:

My doctor wants to put me on a new medication for my rheumatoid arthritis, but my Medicare Part D plan says my cost would be \$1,000 per month. The doctor says that there are pharmacy assistance programs to help with the cost, but the group that runs the program for this drug isn't taking any new patients. What am I supposed to do? I can't afford \$1,000 per month for one prescription!

One would think doctors should be familiar with the cost of the medications they prescribe, but with every Part D insurance plan covering different drugs, and at different co-pays, that leaves it up to you to speak up when cost is a factor. Don't worry, doctors are very used to hearing this from patients. Here are a number of things you can try:

Call your drug plan and learn whether the prescription drug would cost less from a different pharmacy. Learn if the cost would be lower from a different retail pharmacy or mail-order. Sometimes high drug quotes are due to using a non-preferred pharmacy, and your co-pay may be more affordable at the drug store down the road.

Immediately tell your doctor about the cost, and the problem

with the pharmacy assistance program, and ask if your doctor has free samples of the medication, or if there's an alternative medication that you can use. You can use the Q1Medicare.com Formulary Browser in order to see the medications on your plan's drug list. If you have a smart phone, you may want to bookmark this browser to have on hand when you visit the doctor again.

If you cannot find an alternative medication, ask your Medicare Part D plan for a formulary exemption. This would ensure that your non-formulary medication is covered by your 2021 Medicare plan. You can learn more about using the Medicare Interactive tool from the Medicare Rights Center.

Contact a State Health Insurance Program Counsellor (SHIP). You can get free one-on-one counseling from SHIP Medicare counselors who may be able to help you locate an alternate pharmacy benefit program. These counselors will also be able to help you enroll in Medicare Extra Help, which is the Medicare program that covers most of the premium and out of pocket costs of prescription drugs for people with low incomes.

Contact your Members of Congress. Medicare prescription drug coverage was enacted for a reason—to protect Medicare



*Rick Delaney,
Chairman of the Board, TSCL*

recipients from the high out-of-pocket costs of prescription drugs. Obviously, Medicare is having trouble keeping its promise. Concisely describe your situation in an email and explain the steps you have taken. Ask the constituent services aide if they can help link you to programs and agencies in your area that can help. And ask that he or she support legislation that would cut your prescription drug costs. Time and again we have been told these constituent services aides have been able to get the ball rolling in the right direction when nobody else could.

Every year, more than one out of five older Americans find themselves unable to afford one or more prescriptions that their doctor says they need. TSCL believes it is long past time to enact legislation to allow Medicare to negotiate drug prices, and to lower the out-of-pocket costs of beneficiaries. ■

Here's the Place to Start Strengthening Social Security Funding and Benefits

Shannon Benton, Executive Director



Shannon Benton,
Executive Director

Can we strengthen Social Security's financing in such a way that we can also provide a modest boost in benefits? According to the latest Social Security Trust fund baseline from the Congressional Budget Office, Social Security will pay out more than it receives in payroll taxes and other revenues, this year and all years going forward, until the program becomes insolvent in 2034.

How should Congress fix the problem? TSCL Senior Surveys have found wide support for raising the amount of earnings subject to the 12.4% payroll tax from the maximum level that is set every year (currently \$142,800 in 2021). Raising the taxable maximum wage base could go a long way towards eliminating the Social Security financing deficit or providing an extra boost to benefits, according to estimates from the Social Security Chief actuary, resolving as much as two thirds of the long-term deficit.

Consider, for example, Tim Cook the CEO of Apple (computers and iPhones). According to the most recent public company documents, Mr. Cook received about \$13,731,000 in compensation in 2020. Mr. Cook and Apple paid a

total of \$17,075 in payroll taxes— exactly the same amount as employees making \$137,700. That was the maximum taxable wage amount in 2020. So how much would Tim Cook and Apple have paid if all earnings were taxable? According to our calculations, \$1,702,644.

Eighty-five percent of participants in our latest Senior Survey confirm that household expenses increased by more than \$20 per month. Even worse, 41% of that group say that expenses rose by \$120 per month or more.

To put that in context, the average Social Security retirement benefit in 2021 is just \$1,543 a month. If payroll taxes were applied to Cook's full compensation, the \$1,702,644 of

payroll taxes would provide full benefits to more than 90 retirees with average benefits for an entire year. Or his payroll taxes could provide a \$30 per month boost for more than 4,729 retirees for a year.

How many people are earning more than the taxable wage base? According to a report from the Congressional Research Service, about 10.2 million individuals earned more than the taxable earnings base in 2017. Of that group, 7.4 million were men; the rest were women. The Congressional Budget Office points out that the question is not just the number of people that's important, but the overall percentage of earnings that are taxable. Over the past decade, earnings for the highest-paid workers have grown faster than pay for average earners. Thus, receipts from Social Security payroll taxes are falling because the share of earnings above the maximum taxable amount is growing.

And let's consider how well the Social Security Cost-of-Living

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The Social Security & Medicare Advisor © 2021 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

Rebuilding the Economy Needs to Include Mobility for Senior Citizens

By Representative Jacob Auchincloss (MA-4)

The COVID-19 pandemic has kept families apart and devastated our economy. Senior Citizens in particular have felt the impact of not being able to see loved ones, needing to take extra precautions when doing simple chores like visiting the doctor and going to the grocery store, and having to quarantine in order to avoid illness or making others ill.

The good news is that we now have a vaccine and more economic relief is on the way. Scaling up testing and vaccination, while getting money directly into the pockets of families, small business owners, and local governments will ensure that both our social mobility and economy will rebound in the months ahead. In early February—for the first time ever—more Americans have received at least one dose of a Covid-19 vaccine than have tested positive for the virus. The American Rescue Plan we are currently working on in Congress will spend about \$1.9 trillion to address the health and economic impacts of COVID-19. This plan is set to include \$20 billion for a national vaccination program and 100% federal reimbursement for vaccinations and for state & local emergency response. As we continue to prioritize at-risk communities with vaccine distribution, this is welcome news and relief for Senior Citizens in Massachusetts and across the country. But we cannot ignore the other challenges that lay ahead.

The pandemic has crystallized the disparities that exist in our nation. These include the racial wealth gap, inequity in public education, and infrastructure deterioration across the country. Coming out of this pandemic, we cannot forget that the burden is on us to rebuild an economy that works for everyone—not just a select few. That needs to include economic growth and protection for senior citizens.

Too often, senior citizens are left out of the conversation when we talk about economic justice. Improving access to affordable transportation, lowering the cost of housing, and making sure everyone feels financially secure are all issues I will champion in Congress, and all directly impact the senior population—who should be at the front of our minds as we work on legislation in these crucial areas. As a member of Congress, I will always protect Social Security and Medicare from those who



Representative Jacob Auchincloss (MA-4)

would cut them. Americans who have paid into the system deserve peace of mind in their retirement.

The next few months will be tough. There is hope on the horizon, though. Tragedy presents opportunity, and on the other side of this pandemic is an opportunity to create a new economy—one that is more inclusive and sustainable. Senior citizens need to be included in that conversation and considered as we move forward into a new chapter in our nation's history. I am excited to partner with the seniors in my district and across the country as we make sure their needs are met in the recovery and beyond. ■

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.



BEST WAYS TO SAVE

Gardening Past 70—Try “No Dig” Garden Techniques

By Mary Johnson, editor

Scientists are discovering that gardening is an excellent source of moderate to intense physical exercise that can help you lose weight and stay fit years after many younger folks are wearing a spare tire and complaining about their backs. Scientists have found that garden chores are good for our brains and cognition—caring for plants helps to delay symptoms dementia and Alzheimer’s.

The garden helps me keep my sanity, and now studies have found that gardening is a real source of lowering stress and blood pressure. And gardening is a great way to improve your nutrition if you grow your own fresh fruits and vegetables.

But most gardeners eventually slow down and experience physical changes that can pose obstacles for working in the garden. For me, years of hoeing weeds and forking compost in a market-sized garden has caused problems in one of my shoulders. But rather than giving up the garden, I just gave up some old ways of doing things and tried new ones. Here are six ways I’ve adapted my gardening, and as a result the garden is better than ever!

Down-size. A few years ago, I cut the size of my vegetable garden in half, from a small market garden plot down to one that’s still large, but a more manageable 55 by 40 feet. I still plant directly into the soil, but a neighbor who also down-sized swears by raised beds, built from timber. I was dubious at first. Raised beds often remind me of sandboxes for grown-ups. But my neighbor has a series of raised

beds, and she boosts productivity by sequence sowing and inter planting. One of my readers down in Florida sent me pictures of his tomato set up. He’s got sandy soil so to grow tomatoes he plants them into large 5-gallon buckets into which he drills holes in the bottom, and then fills with a good compost/potting mix. From the pictures it looks like he gets masses of cherry tomatoes.

Start early, or work after the hottest part of the day, and hydrate before going out: I work between 7–10 a.m. during the spring through fall. As I’ve gotten older, I get dehydrated more easily. That can cause dizziness, muscle cramps, fatigue, you name it. Dehydration is one of the most common side effects of many prescription medications. So, get hydrated, and keep drinks close to your work area.

Stop tilling and hoeing weeds: Several years ago, I discovered Charles Dowding, a Master gardener who has developed fantastically productive no-dig organic vegetable gardening techniques. His system really works! Dowding has written a series of great books designed as courses in gardening and has dozens of free videos available on YouTube. The technique is simple. Take all those Amazon and other cardboard shipping boxes that take up so much storage room and open them up to lay flat. Use those boxes as *weed block* by laying the flattened cardboard on area where you want your garden to be, preferably the sunniest spot in your yard. No pre-weeding or tilling

necessary. Dowding has access to and uses lots of compost. I cover the cardboard with about 4 inches of well-rotted leaves and then 2 to 3 inches of home-made compost. Dowding recommends leaving the new plot to sit for 6 months to a year to break the weeds’ life cycle. I usually leave my plots go for 6 to 9 months, and there are a few weeds that will need some removal. But the weeds are fewer and the soil is so fluffy and loose they come out very quickly and easily. After 6 months you can plant and will be rewarded with vigorous, healthy growth.

Keep squatting and kneeling: Use muscles or lose ‘em! Falls become more dangerous as we age, but gardening is a way to condition muscles to keep us on our feet, balanced and, more sure-footed. We bend, squat and kneel all the time in the garden when sowing seed, pulling weeds, or just to pick crops. The same thigh muscles that scream when we squat are the same ones that need to contract to help us stand.

Reduce weeds using a no till system and mulch: One of the advantages to Charles Dowding’s system of no dig gardening is the significant reduction of weeds. Tilling and digging turns up weed seeds laying dormant in your soil which then annoyingly sprout and thoroughly cover your beautifully clean tilled soil. Dowding’s system tends to kill dormant seeds by preventing light from getting to them. There are always still a few and I always carry a weed bucket and weeding tool with every trip to

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ASK THE ADVISOR

I've Been Vaccinated Against COVID-19. What Can I Safely Do?

Q: I recently got vaccinated for COVID-19. I'm ready to start more activities but what can I safely do? Is it safe to go to the dentist? Is it OK to vacation with my grandchildren again?

A: It did not take long after the nation began vaccinations for COVID-19 that our rates of infection and death from the disease started to drop steadily. There's finally hope and light at the end of the tunnel, that things are getting better. We are making progress!

Virtually all of us are awaiting a return to long-postponed activities. To answer your question, we surveyed a variety of sources and experts, but the answers are (still) not simple. During the early days of the pandemic, grandparents were the ones sheltering at home because they were the most vulnerable to the virus. Now, as people over the age of 65 are among the first groups to get vaccinated, you may be better protected than your kids and grand children who haven't gotten their vaccines yet.

There's finally hope
and light at the end of
the tunnel, that things
are getting better.

Vaccination is likely to make it safer to go to the grocery store or post office. But experts still urge caution. You can't automatically resume activities of pre-COVID times initially. There's a lot we

don't know, particularly whether people who are vaccinated can still get asymptomatic COVID infections and pass them on to others like your kids who haven't received the inoculation yet. Here's a list of tips that most of the experts agree on:

Wearing a face mask and social distancing is still important.

While the Moderna, Pfizer, and Johnson and Johnson vaccines offer outstanding protection, new variants still leave a small risk you could contract the virus. Face masks protect you. A face mask also protects others who are unvaccinated in case you were to pick up the COVID-19 virus but not experience any symptoms.

Get fully vaccinated, that may mean you need two doses.

Everyone responds to the vaccine differently and, based on the evidence, two doses of the Pfizer or Moderna vaccine are necessary to mount the most robust immune response possible. It may take two weeks after your second dose before you can safely resume some activities..

Learn if your healthcare providers have received their vaccines and how they ensure patient safety.

Dentists, dental hygienists, ophthalmologists, and optometrists all are at high risk of exposure to COVID-19. Ask your providers about their vaccination policy. This also goes for medical procedures like getting a mammogram or colonoscopy. For example, your mammogram providers may want you to wait 4–6 weeks after vaccination. That's because a common side effect to the vaccine is swollen lymph

nodes which can give false mammogram readings.

Planning indoor maskless events is still tricky.

If friends and other members of your family have also received both doses of a COVID-19 vaccine, the risk is reduced. This is especially true if the visit is outdoors. If you are thinking about spending time together indoors, medical experts from the Centers for Disease Control say it's OK to visit with other fully vaccinated people indoors without wearing masks or physical distancing. You may also visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing.

Avoid poorly ventilated spaces.

Dining at indoor restaurants will continue to be a problem due to lack of adequate air filtration, and the need for tables and patrons to be safely spaced. For now, it's may be best to enjoy outdoor dining as the weather warms.

Traveling is not recommended yet.

Until more of the public is vaccinated and we reach 70-80% herd immunity, travel is still not recommend.

For more information visit the Centers for Disease Control at www.cdc.gov. ■

to the value on December 31, 2019. Thirty-one percent reported that their savings had recovered to about the same value as on December 31, 2019. Only 22% reported that their savings had increased by December 31, 2020. Of this group, only 9% said their savings had increased by more than 10 percent.

TSCl is concerned that such a drop of retirement savings during 2020 could have a profound and life changing impact on the retirement security of many older Americans. This is especially true if the economic recession (characterized by high unemployment) continues to drag on during 2021. Those who have lost a significant amount of their savings might try to return to work but finding a job may not be easy. Those who were working and who lost a job might also have lost their employer-provided healthcare coverage and employer contributions to retirement plans. These people may wind up working for lower earnings in the future and could potentially experience worse health if they can't find affordable healthcare coverage.

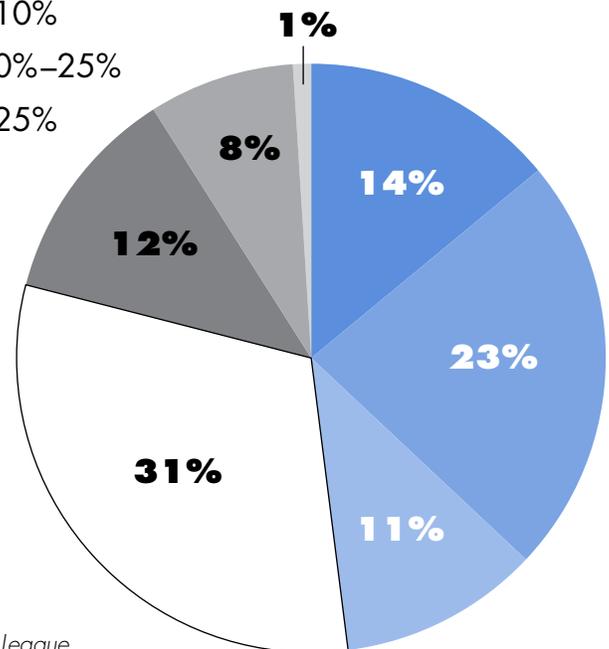
All of this adds up to less money for retirement, and greater dependence on Social Security. This situation was caused by shutdowns in response to COVID-19 and illustrates why Congress needs to strengthen both Social Security and Medicare.

TSCl supports legislation that would:

- Strengthen Social Security by providing a modest boost in benefits of about \$30 per month and tie the annual Cost-of-Living Adjustment (COLA) to the Consumer Price Index for the Elderly (CPI-E). TSCl further supports legislation that would ensure the COLA is never lower than 3%.
- Increase the maximum taxable wage base so that the highest-earning workers pay their fair share of Social Security payroll taxes.
- Reduce Medicare prescription drug costs by allowing Medicare to negotiate drug prices and tying the rate of prescription drug price increases to the rate of inflation. ■

How the Pandemic is Affecting Retirement Savings as of December 31, 2020

- Down by >25%
- Down by 10%–25%
- Down by <10%
- Stayed the same
- Increased by <10%
- Increased by 10%–25%
- Increased by >25%



Source: The Senior Citizens League 2021 Senior Survey

Are We Experiencing the Return of Inflation? continued from page 1

and seafood, milk, fruits and vegetables. We are spending more than usual to maintain a nutritious diet, and this has been going on for months.

Much of the other CPI data has been tame. Housing costs and medical care services are rising, but still more slowly than prior to the pandemic.

I'm in the process of collecting price data for TSCl's

annual report on the Social Security Loss of Buying Power. If you would like to send in examples of your rising costs, please feel free to do so online at www.SeniorsLeague.org. ■

*Drug Prices Paid By Medicare
Three Times Higher Than Medicaid;
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the Department of Defense and the Department of Defense TRICARE retail pharmacy network.

The main analysis focused on the prices (after applicable rebates and discounts) of 176 top selling brand name drugs in Medicare Part D. The CBO calculated the average price of those drugs per standard prescription, which corresponds to a 30-day supply.

The average price under Medicare Part D was \$343, but just \$118 in Medicaid. The Department of Veterans Affairs, and the Department of Defense each paid somewhere in between.

The CBO also looked into the prices of specialty drugs which treat chronic, complex or rare conditions. The average price of this category of medications ranged from \$1,889 in Medicaid to \$4,293 in Medicare Part D.

TSCL is hoping that 2021 will be the year in which

Congress finally enacts legislation that reduces prescription drug costs by allowing Medicare to negotiate drug prices directly with pharmaceutical companies. Legislation introduced by Senators Tim Kaine (VA) and Michael Bennet (CO) would allow Medicare to negotiate lower drug prices and would add a public health plan option to the federal health exchange.

Public anger over the rising costs of insulin and other key life-saving drugs has grown in recent years, and now a new federal analysis reveals that Medicare Part D pays far more for medications than any other government health program.

The political publication *The Hill* reports that Members

of the House are likely to return to a version of H.R. 3, the prescription drug legislation that passed the House last year but did not receive consideration in the Senate. That bill would completely change the way the U.S. pays for drugs by tying prices to those paid in other industrialized nations where drug prices are much lower. The Congressional Budget Office estimated H.R. 3 would save the federal government more than \$456 billion over 10 years but would lead to 40 fewer drugs over the next 20 years (about two fewer per year). In 2019, the FDA approved 48 new medicines. ■

Sources: "A Comparison of Brand-Name Drug Prices Among Selected Federal Programs," Congressional Budget Office, February 2021. "Bennet, Kaine Announce Introduction of Medicare-X Choice Act to Achieve Universal Health Care," February 17, 2021.

*Here's the Place to Start Strengthening
Social Security Funding and Benefits;
continued from page 3*

Adjustment (COLA) met rising costs in 2021. Not so well, according to those of you who have taken our 2021 Senior Survey. The Social Security COLA that retirees received this year increased benefits by just 1.3%. That boosted an average benefit of \$1,523 per month by just \$20. But when we asked how much your total monthly expenses

increased in 2020, only 15% of survey participants said that monthly expenses increased by less than \$20!

Eighty-five percent of participants in our latest Senior Survey confirm that household expenses increased by more than \$20 per month. Even worse, 41% of that group say that expenses rose by \$120 per month or more. The 2021 COLA didn't even come close! These results illustrate why

retirees need a boost to their Social Security benefits and a COLA that more fairly keeps up with rising costs.

TSCL is working closely with Members of Congress to get legislation re-introduced that would boost benefits for all and increase the maximum amount of wages taxable for Social Security. ■

SOCIAL SECURITY & MEDICARE QUESTIONS

Does Medicare Cover Eyeglasses?

Q: Does Medicare provide coverage for eye care services, or eye glasses?

A: Medicare pays for a wide range of services including many preventive benefits, but routine eye care is not one of them. Medicare-eligible adults with diabetes can, however, get a dilated eye exam to check for diabetic eye disease. The patient's primary care doctor is responsible for determining how often this exam is needed. Medicare also covers an annual eye exam to check for glaucoma if the patient is diabetic or there is a family history of glaucoma.

Medicare does not usually cover eyeglasses or contact lenses. However, Medicare Part B helps pay for corrective lenses when the patient has cataract surgery to implant an intraocular lens.

Corrective lenses include one pair of eyeglasses with standard frames or one set of contact lenses.

If you are over the age of 65 and need help paying for eye care services, you might be eligible for help from EyeCare America. This organization is one of the nation's leading public service programs to provide eye care through a group of more than 5,500 volunteer ophthalmologists. According to their website, ninety percent of the care provided is at no out-of-pocket cost to the patient.

The group offers a Seniors Program that connects eligible seniors 65 and older with local volunteer ophthalmologists who provide a medical eye exam (often at no out-of-pocket cost), and up to one year of follow-up care for any conditions diagnosed during the initial exam.

Eyeglasses, however, are not covered. If you are having difficulty affording a pair of glasses from brick and mortar stores, you may want to try shopping online. Zenni optical.com has eyeglasses starting as low as \$6.95 for basic frames. Costco the wholesale club has high ratings for their optical section. According to Consumer Reports, the median price for a complete pair of eyeglasses, frames and lenses at Costco Optical is \$184, the cost of membership is not included. ■

Gardening Past 70—Try “No Dig” Garden Techniques; continued from page 5

the garden. Dispatch when young before they can go to seed or spread. I use plenty of leaves as mulch to prevent re-growth, but straw and other mulches work too.

Plant flowers and vegetables together: I only have so much energy, but I love growing flowers too. Growing them in the vegetable garden is old fashioned, it's charming, and the scarce honey bees and other pollinators that are drawn

to your flowers will also reward you with bushels of squash, melon, beans and other vegetables that bloom and set fruit or seed. I grow a long list of all sorts of flowers—poppies, larkspur, nasturtiums, marigolds, Brown Eyed Susan, dahlias, sunflowers, zinnias, (and more). Most are self-sowing, and they re-sprout from one year to the next—I simply transfer the seedlings to where I need them.

Water deeply, less often: The water source for my garden is a good 50 feet away and I have

100 feet of hose. That can be heavy to lug around and store. The hose is easier to handle if kept on a professional type heavy-duty hose reel. I can quickly unwind and rewind my hose and I still manage that much better than my younger friends who anxiously want to help me with it. Maybe ten years from now they can. I'll let you know. ■