Hospitals & Asylums

2020 Message of the Public Trustee: Revised to Treat the COVID-19 Pandemic HA-11-8-20

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Hydrocortisone, Eucalyptus, Lavender or Peppermint (HELP) Act of 2020

A BILL

To prescribe HELP - Hydrocortisone creme on the nose and/or chest and essential oil of Eucalyptus, Lavender or Peppermint aromatherapy to cure coronavirus and mold allergies.

To devaluate the dollar to pay for all special issue and t-bonds from fiscal year 2020 by an exact amount to be determined before the beginning of the new fiscal year on October 1, 2020.

To repeal the OASDI tax loophole for the rich and state employees and create an SSI Trust Fund to end child poverty by 2024 and all poverty by 2030.

To tax energy export tax in order to afford United Nations Arrears and Certain Iranian Assets.

To award a third of pandemic compensation expiration beneficiaries and their family disability.

To credit the DI Trust Fund with an estimated $192 billion (2020) tax rate adjustment investigation loan and the OASI Trust Fund for adjusting the tax rate to ensure there is no DI deficit.

To fully fund the Ticket-to-work program with a prescription for HELP for all pandemic compensation expiration applicants for disability.

To require the Secretaries of Health and Human Services and Environmental Protection Agency to produce a list of chemical, infectious and communicable air pollutants and best available treatment.

To make orphan a qualify disability.

To require State Medicaid programs to pay for all insulin prescriptions.

To provide an automatic 3 percent annual COLA and increase in federal minimum wage.

To require the Secretary of Labor to estimate the cost to contributors for unemployment compensation to pay new mothers for six months of exclusive breastfeeding or sabbatical every ten years.

To stop the Congress and President from paying for speed tickets (ephedrine) and sanctioning civilian and military officials and judges, legalize marijuana and abolish funding for the FBI (norovirus and coronavirus torturer), DEA, ICE, Interagency Drug and Crime Enforcement, Office of National Drug Control Policy (from CMS), Sentencing Commission, international military finance, military education, international narcotic control and law enforcement and non-UN peacekeeping.

To require the Office of Management and Budget, Congressional Budget Office and Treasury Bureau of Fiscal Services to accurately account for federal outlays and revenues.

To draft a Convention on Pandemic Treatment to prescribe Oseltamivir (Tamiflu), Zanamivir (Relenza) and Amantadine (Symmetrel) to cure influenza; INH and rifampin, or INH, rifampin and ethambutol with or without pyrazinamide to cure tuberculosis and non-tubercular mycobacterial disease; and hydrocortisone, eucalyptus, lavender or peppermint (HELP) to cure coronavirus and mold allergies.

Be it enacted in the House and Senate assembled

Part I Revenues

Sec. 1 Devaluation

1. To prevent economic collapse in 2021 from the sale of t-bonds and special issue bonds from the extraordinarily expensive Relief Acts in 2020, the Secretary of the Treasury shall cover the one-time cost of the COVID-19 pandemic relief acts and fiscal year 2020 federal deficit by devaluating of the US dollar, by an exact amount to be determined before the new fiscal year, October, 1, 2020 pursuant to the Marshal Lerner Condition under 19USC§4421, 22USC§5301 *et seq*. and 2020 Revised estimates: effect of changes in rates of exchange and inflation Report of the Secretary-General A/74/585 of 11 December 2019. The United States Treasury shall continue to devaluate the dollar to print out federal deficits in excess of three percent of GDP without consequence to the stock market.

2. There is significantly more unemployment and business closures due to the COVID-19 pandemic than occurred during the Great Recession. The pandemic is believed to be the largest economic contraction since the Great Depression. The United Nations estimates a 10 percent economic decline from the previous year, for the entire year. Due to the severity of the contraction in the United States, this is believed to hold true, even though the pandemic should immediately end just after passing the six month threshold of economic depression, with this prescription for HELP to cure coronavirus. The expensive relief Acts have sustained retail sales that may keep gross domestic product (GDP) growth at

0 to -3%, enabling a full economic recovery as early as 2021 or 2022. However, payroll and individual income taxes are estimated to decline 10% from the 2019. Provided the pandemic is treated with HELP and the dollar is devaluated to prevent bond sales from making huge withdrawals from the stock exchange, from the 2020 low, employment can only be expected to increase 1.3%, GDP not more than 3% and payroll and individual income taxes 6% annually, delaying full recovery until 2022.

Sec. 2 Closure of tax loopholes for rich, state employees and energy exports

1. Adjustment to the Contribution Base codified in Sec. 230 of the Social Security Act under 42USC§430 shall be repealed. The payroll tax loophole for the rich and state employees shall be entirely closed, without any reservations, beginning January 1, 2021 to enable the Social Security Administration (SSA) to pay for the benefits of workers disabled by the COVID-19 pandemic, end child poverty by 2024 and all poverty by 2030. Closing the loophole should generate a 33 percent increase in payroll tax revenues. This should be enough to pay one-third of 32 million pandemic compensation beneficiaries, create an SSI Trust Fund and make progress on child SSI benefits in 2021.

2. To afford UN arrears and the recosting of $3.6 billion *Certain Iranian Assets* (2019) with 100% interest after 40 years of 2.5% inflation since 1980 - $8 billion FY20; the one tax limit in 26USC§4612(b) shall be amended- In addition, there is imposed a flat 5% energy export tax (feet).

Part II Pandemic Social Security Benefits

Sec. 3 Supplemental Security Income Trust Fund

Trust Funds at Sec. 201(b) of the Social Security Act under 42USC401(b) shall be amended by inserting (3) Supplemental Security Income (SSI) Trust Fund. There is created in the Treasury, to relieve the General Fund from obligation therefore, an SSI Trust Fund to end child poverty by 2024 and all poverty by 2030 pursuant to Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382 *et seq*. There is hereby preliminarily appropriated to the SSI Trust Fund for the calendar year beginning January 1, 2021, and each year thereafter, for exact amendment by subsequent final reports if needed, amounts equivalent to 100 per centum of— (A) 0.7 per centum of wages and self-employment income paid after December 31, 2020 and before January 1, 2024. (B) 0.75 per centum of wages and self-employment income paid after December 31, 2023 and so reported, which wages and self-employment income shall be certified on the basis of the records maintained by the Commissioner.

Sec. 4 COVID-19 Disabled Workers

1. COVID-19 disabled workers are advised to use Social Security Online before their worker privilege expires. There is no denying that COVID-19 is a disability and that people out of work. COVID-19 disabled workers shall be entitled to disability benefits when their unemployment compensation expires. Due to the economic damage caused by State ordered shutdowns of certain small businesses and the high cost of relief acts to the stock exchange, COVID-19 disabled workers shall be eligible based on need and the certification of their participation in the pandemic compensation by the Secretary of Labor pursuant to the Rehabilitation Act of 1973 under 29USC§794a.

2. The determination of whether an impairment substantially limits a major life activity, e.g. work, shall be made without regard to the ameliorative effects of mitigating measures such as curative medicine

pursuant to Sec. 3(4)(E)(i)(I) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(4)(E)(i)(I). Disabled workers must be informed to treat themselves and their prospective workplaces with hydrocortisone, eucalyptus, lavender and peppermint (HELP) whereas the term "qualification standards" may include a requirement that an individual shall not pose a direct threat to the health or safety of other individuals in the workplace in Title I Sec. 103(b) of the ADA under 42USC§12113(b).

3. There is not enough money to automatically give a disability benefit to all 32 million, or even 8 million in 2020, pandemic unemployment compensation beneficiaries upon expiration. SSA is therefore directed to immediately provide reasonable accommodation for COVID-19 disabled workers with a balance available to pay for 1 million of 8 million expired pandemic compensation beneficiaries in 2020 and another 1 million when extended unemployment benefits expire on January 1, 2021. Congress shall afford benefits for more than a third of COVID-19 disabled workers and make progress providing child SSI benefits to all children growing in poverty, by taxing the rich and state employees to ensure there is a balance available for disability insurance pursuant to the Anti-deficiency act of 1982 under 31USC§1502.

3. To defend the public against contagious airborne disease and pollutants pursuant to Sec. 103(e) of the Americans with Disabilities Act (ADA) under 42USC§12113(e) is appended: (4) The Secretaries of Health and Human Services, and Environmental Protection Agency, (who lists only six air pollutants 2019), not later than January 1, 2021, shall review all airborne pollutants, infectious and communicable diseases of concern to respiratory health in the workplace and disseminate this information to the public, along with information on the best available medical treatment.

Sec. 5 Ticket to Work

1. For the duration of the pandemic and its economic consequences, all disability applicants will be treated to the Ticket to Work program and the needy to benefits pursuant *Biestek v. Berryhill* No. 17-1184 (2009). The Ticket to Work program shall be fully funded to prescribe hydrocortisone, eucalyptus, lavender and peppermint (HELP) to ensure prospective workers and workplaces are medically treated and supported to negotiate with repressive States indiscriminately prohibiting their industries. All tickets to state vocational agencies issued by the Commissioner pursuant to the Ticket to Work and Self-Sufficiency Act of 1999 Sec. 1148(b)(1) of the Social Security Act under 42USC1320b-19(b)(1), funded $3,747,830,155 in 2020, with generous 2.7% inflation from 2015 pursuant to title I of the Rehabilitation Act of 1973 under 29USC§720(b)(1) shall contain the following, exactly one blank page in size 12 Times New Roman font, prescription:

Hydrocortisone, Eucalyptus, Lavender and Peppermint (HELP)

a. The public must be informed that essential oil of eucalyptus, lavender or peppermint aromatherapy is a non-toxic and non-allergenic cure for coronavirus and mold allergies. Due to widespread business closures and unemployment there is no denying that COVID-19 is a disability despite the availability of curative medicine pursuant to Title I Sec. 3(4)(E)(i)(I) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(4)(E)(i)(I). To protect the workplace from the highly contagious coronavirus all disability applicants are required to treat the coronavirus with these safe and effective medicines pursuant to Title I Sec. 103(b) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12113(b)

a. A drop of essential oil of eucalyptus, lavender or peppermint is topically applied with a squirt bottle or index finger to the upper lip and exterior, and/or interior, of the nose. Essential oils can also be administered in cleansers, soap, spray bottle, or in humidifiers to sterilize airspace, doorways, classrooms. Public restrooms need help to be reopened with soaps and cleansers containing essential oils of eucalyptus, lavender or peppermint. Washing the nose, face, hands and chest with soaps, provided in all public restrooms, containing essential oils of eucalyptus, lavender or peppermint, may be the social solution to the COVID-19 pandemic. Lysol, active ingredient eucalyptol, has been specially recommended as an environmental cleanser by the Food and Drug Administration (FDA).

b. Corticosteroids are the definitive medical treatment for coronavirus and mold allergies. Cushing's disease is a non-life-threatening side-effect of excessive life-saving corticosteroid use, its symptoms are fragile bones and puffy cheeks, and may a be a lead culprit in the high rates of total knee and hip replacement surgeries in industrialized nations. The non-prescription of corticosteroid inhalers to first time asthma patients is certain to be a leading cause of the dramatic rise in asthma and allergy patients over the past few decades.

c. Hydrocortisone crème is a corticosteroid that is available over-the-counter, for as little as a dollar a tube. When a dab is applied topically to the exterior of the nose, hydrocortisone creme instantly cures coronavirus and allergic rhinitis due to mold. A dab of hydrocortisone crème can also be applied to the chest to treat the potentially lethal fluid filled lungs exhibited in severe acute respiratory syndrome (SARS) from coronavirus, the carcinogenic lung nodules of pulmonary aspergillosis and the coronavirus and mold triggers of asthma attacks for as fast a cure as a rescue inhaler and lower-cost and lower-risk of Cushing’s disease or potentially lethal malicious mold contamination than oral, intranasal, inhaled or intravenous corticosteroids.

d. Because malicious monoclonal antibody to the spine contamination of disability questionnaires mailed by local SSA offices have been witnessed interstate, an Epsom salt bath, saline solution, chlorine or salt water pool or ocean swim is prescribed to treat methicillin resistant *Staphylococcus aureus* (MRSA). To prevent rampant B&E SSA shall stop entering addresses in the social security number indexed profiles pursuant to Art. 28 of the Fourth Geneva Convention Relative to the Protection of Civilians in Times of War (1949).

e. To help prevent cardiopulmonary disease, diabetes, cancer and pass the Army Weight for Height Chart, sedentary beneficiaries are prescribed a minimum of 50 crunches, 50 push-ups, 40 age adjusted, and three mile run for all, everyday pursuant to the Marine Corp Physical Fitness Test (PFT). Cripples need equivalent calorie burning alternative, e.g. manual wheel chair that doesn’t tip over backward when crossing the street to the Federal Wilderness Area pursuant to Sec. 507 of the Americans with Disabilities Act under 42USC§12207.

Sec. 6 Tax Rate Adjustment Investigation Loan

1. The due date of the Annual Report shall be amended from April 1 to June 20-21, the summer solstice, in Sec. 201(c)(2) of the Social Security Act under 42USC§401(c)(2) and Sec. 1161 of the Social Security Act under 42USC§1320c-10. The Board of Trustees owes the DI Trust Fund an estimated $193 billion (2020) compensation, including 2.5% interest, owed by the OASI Trust Fund as the result of the inability of the Board of Trustees to adjust the OASDI tax rates to make reasonable

accommodation for the high incidence of disability of the Baby Boomers during the Great Recession 2009-2015 and in 2019 pursuant to Sec. 201(l) of the Social Security Act under 42USC§401(l). Congress must resolved to adjust the OASDI payroll tax rate to the full extent needed to prevent a deficit in the highly depleted and inadequate DI Trust Fund by amending Sec. 201(b)(1)&(2) of the Social Security Act under 42USC§401(b)(1)(&(2). The OASI Trust Fund would receive credit on paying back their welfare fraud loan to DI Trust Fund, with the difference between the 1.8% and 2.06% low or 2.3% high cost COVID-19 pandemic projection for 2020 pursuant to Sec. 201(l) of the Social Security Act under 42USC401(l). For the low-cost COVID-19 scenario (b)(1)(&(2) would be amended by appending (U) 2.06 per centum of the wages paid after December 31, 2019 and January 1, 2021. $22.9 billion would be reduced from the debt owed DI to $170.1 billion. Or if they vote to pay the intermediate projection for as many as half pandemic compensation beneficiaries upon expiration by taxing the rich and state employees to reduce the DI debt by $40.2 billion reducing the DI debt to $152.8 billion (U) 2.3 per centum of wages paid after December 31, 2019 and before January 1, 2021 and (V) 2.75 per centum of wages (including the tax on the rich and state employees) paid after December 31, 2020 and before January 1, 2025.

2. To conclusively pay back the loan from the DI Trust Fund in full, for the incompetence of the Board of Trustees to properly adjust the OASDI tax rates during the Great Recession, by lawfully transferring funds from the OASI Trust Fund to the DI Trust Fund, now that the final results are known, it is advised to amend that section at common paragraphs Sec. 201(b)(1)&(2) of the Social Security Act under 42USC§401(b)(1)(&(2) beginning with (R) 1.80 per centum of the wages (as so defined) paid after December 31, 1999, and before January 1, 2009, and so reported. (S) 2.03 per centum of the wages/self-employment income paid after December 31, 2008, and before January 1, 2010, and so reported, (T) 2.35 per centum of wages paid after December 31, 2009 and before January 1, 2011, (U) 2.36 per centum of wages paid after December 31, 2010 and before January 1, 2012, (V) 2.39 per centum of wages paid after December 31, 2011 and before January 1, 2013, (W) 2.45 per centum of the wages paid after December 31, 2012 and before January 1, 2014, (X) 2.31 per centum of the wages paid after December 31, 2013 and before January 1, 2015. (Y) 2.24 per centum of the wages paid after December 31, 2014 and before January 1, 2015. (Z) 2.37 per centum of the wages (as so defined) paid after December 31, 2015, and before January 1, 2018. (AA) 2.04 per centum of the wages paid after December 31, 2017 and before January 1, 2019. (AB) 1.9 per centum of the wages paid after December 31, 2018 and before January 1, 2020. (AC) 2.06 per centum of the wages paid after December 31, 2019 and January 1, 2021, in the low-cost COVID-19 scenario. or (AC) 2.3 per centum of wages paid after December 31, 2019 and before January 1, 2021, in the intermediate COVID-19 scenario. (AD) 2.75 per centum of wages paid after December 31, 2020 and before January 1, 2025, including the tax on the rich and state employees.

Sec. 7 Insulin Rebate

1. Approximately 7.4 million Americans with diabetes use one or more formulations of insulin. People with diabetes using insulin come from varied economic, racial, and ethnic backgrounds. Almost 20% of African Americans with diabetes use insulin, either alone or with oral medications, as do 14% of Caucasians and 17% of Hispanics with diabetes. Of adults with diabetes earning below the poverty level, approximately 24% use insulin, either alone or with oral medications. For millions of people living with diabetes, including all individuals with type 1 diabetes, access to insulin is literally a matter of life and death. In general, the dosage of insulin is adjusted based on blood and urine glucose determinations and carefully individualize to attain optimum therapeutic effect. It is administered into

the thighs, upper arms, buttocks, or abdomen using a 25- to 28-gauge needle, one-half to five-eighths inch in length. Insulin dependent diabetes mellitus (IDDM) comes with +/-50% death rate within 20 years of juvenile onset. IDDM and diabetes in general, must be a qualifying disability for DI and SSI pursuant to Sec. 223(d)(4) of the Social Security Act under 42USC§423(d)(4) and Sec. 1602 of the Social Security Act under 42USC§1381a.

2. As the hyperinflation in the price of insulin continues, individuals with diabetes are often forced to choose between purchasing their medications or paying for other necessities, exposing them to serious short and long-term health consequences. In 2013 Human insulin was available at the pharmacy for $25 to $100 per vial compared with human insulin analogs at $174 to $300 per vial. In one case four vials of insulin per month to properly manage diabetes, cost of $1,948 a month out-of-pocket, until the family met the health plan deductible. The average list price of insulin has skyrocketed in recent years, nearly tripling between 2002 and 2013. Between 2006 and 2013, average out-of-pocket costs per insulin user among Medicare Part D enrollees increased by 10% per year for all insulin types. Comparatively, overall inflation during this time was 2.2%, medical care service costs increased by 3.8%, and spending for all prescription drugs increased by an average of 2.8%. Using a private insurance administrative claims database for all insulin prescriptions filled at least once, the median out-of-pocket cost to patients went from $19 per vial of insulin in 2000 to $36 per vial of insulin in 2010. In addition, Working Group members with the USC Schaeffer Center found that average Medicare Part D beneficiary out-of-pocket costs for all insulin types doubled between 2006 and 2013, from $27 per month to $65 per month. Because insulin price inflation is so extremely out-of-control, Medicaid has a duty to pay for all insulin prescriptions, without copayment, regardless of the patients' family ability to pay, pursuant to Sec. 1927 of the Social Security Act under 42USC§1396r-8(3).

3. Almost 100 years ago, the discovery of insulin, derived from animal sources, began to save human lives. The advent of genetic engineering brought human insulin formulations to patients with diabetes in the 1980s. Rapid-acting and long-acting human insulin analogs were introduced in the 1990s. There are only three insulin manufacturers serving the U.S. market: Eli Lilly, Novo Nordisk, and Sanofi. The global insulin market is dominated by the same three large multinational corporations that manufacture and sell insulin in the U.S. Those companies represent 99% of the total insulin by value, 96% by total market volume, and 88% of global product registrations. The patents for many of the human insulin and human insulin analog formulations in current clinical use have expired. Hyperinflation in insulin prices is not the only serious crime associated with the US insulin manufacturer Eli Lilly. In 2007 a federal court in New York City, with a showy first execution in the state of New York City in decades in defense of murdered undercover police officers who were likely culprits of precisely this sort of insulin adulteration, upheld an injunction against research by several physicians who had found that Eli Lilly's best selling anti-psychotic/anti-depressant drug Zyprexa (Olanzapine) had caused millions of cases diabetes and death in diabetics when mixed with alcohol, taken orally in a McFinn or counterfeited in insulin vials and injected into the bloodstream, respectively. There is reason to believe that for Eli Lilly to stop torturing their insulin dependent diabetic customers with both the most outrageous hyperinflation and lethal poisonings, in the United States, it is necessary that both Zyprexa be recalled and responsibility for manufacturing insulin in the United States be acquire by another pharmaceutical corporation. To negotiate non-judgmentally with the hyperinflation, monopolization and torture of the insulin manufacturing industry, in the United States and abroad, without bankrupting the manufacturers with mandatory restitution, it is absolutely necessary for State Medicaid programs to free all insulin consumers from being billed for insulin and sue Eli Lilly for a rebate. To compensate for the hyperinflation in insulin prices Medicaid has a long-term obligation to pay for all insulin

prescriptions, without any copayment, deductible, or out-of-pocket expense to the consumer or cost to their health insurance, whatsoever, regardless of the ability of the patient, family and/or premium financed health insurance policy to pay as much as $3 billion a month, $35.5 billion in 2020 pursuant to Sec. 1927 of the Social Security Act under 42USC§1396r-8(3). Coercion, retaliation, or discrimination and prohibited by Sec. 503 of the Americans with Disabilities Act under 42USC§12203. States shall sue insulin manufacturers for a rebate to redress hyperinflation since 2000, asking insulin prices be reduced to one third current levels, plus 44 percent inflation over the past 20 years, plus no more than 2.5% inflation thereafter pursuant to Sec. 1927 of the Social Security Act under 42USC§1396r-8(1).

Sec. 8 Orphan Benefit

1. To reduce psychiatric abuse in foster care and enable orphans and orphanages to do SSA justice, orphans, including un-adopted adults orphaned before the age of 18, shall be considered a qualifying disability for a compassionate allowance to pay for the candy, car and college pursuant to Sec. 223 of the Social Security Act under 42USC423 and Sec. 1602 of the Social Security Act under 42USC§1381a. . SSA must recognize the orphanage as a representative payor due 30 to 50% of an orphan's benefit for the duration that they receive room and board from the orphanage. An orphan is a child whose parents are dead or have abandoned them permanently. Adults can also be referred to as orphan, or adult orphans. However, those who reached adulthood before their parents died are normally not called orphans; the term is generally reserved for children whose parents have died while they are too young to support themselves. An orphan shall not be automatically be eligible for SSI if they are adopted or if parental rights have not been terminated by final felony determination pursuant to Sec. 472 of Title IV of the Social Security Act under 42USC§672. Do not take advantage of a widow or an orphan (Old Testament, Exodus 22:22). Leave your orphans; I will protect their lives. Your widows too can trust in me (Old Testament, Jeremiah 49:11). Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world (New Testament, James 1:27). And they feed, for the love of God, the indigent, the orphan, and the captive (The Human: 8). Therefore, treat not the orphan with harshness (The Quran, The Morning Hours: 9). Be good to orphans and the very poor. And speak good words to people (The Quran, The Heifer: 83). Give orphans their property, and do not substitute bad things for good. Do not assimilate their property into your own. Doing that is a serious crime (The Quran, The Women: 2).

2. In 2011, of the 73.7 million children under the age of 18, 28% (20.6 million) lived with one parent, and 4% of children lived with no parent. Approximately more than half of the children living with no parents were living with grandparents. There are an estimated 428,000 children in foster care in the United States in 2015 and that number is growing. 269,000 children entered foster care and 243,000 exited. 55% are planned to be reunified with parents or principal caregiver, 3% live with other relative, 26% are adopted, 3% stay in long term foster care, 4% are emancipated, 3% guardianship, and 5% have not established a case plan. 135,000 children are adopted in the United States each year, 54,000 with child welfare agency involvement. Of the 111,000 waiting to be adopted, 62,000 had their parental rights terminated that year. The circumstances associated with the child's removal was neglect 61%, drug abuse (parent) 34%, caretaker inability to cope 14%, physical abuse 12%, child behavior problem 11%, housing 10%, parent incarceration 8%, alcohol abuse (parent) 6%, abandonment 5%, sexual abuse 4%, drug abuse (child) 2%, child disability 2%, relinquishment 1%, parent death 1%. and alcohol abuse (child) 0% The reason for the discharge of 248,496 children is reunification with parents or primary caregiver 51%, living with other relative 7%, adoption 23%, emancipation 8%, transfer to another agency 2%, runaway 0.4%, death of child 0.1%.

3. It is estimated that there are less than 111,000 orphans and 400,000 adult orphans of whom an estimated 50% would be eligible due to economic circumstances at any given time. The final estimates of the SSA Division of the Actuary October 1949 was that there were a total of 3 million orphans, 6.3% of the under 18 population – 1.9 million paternal only 3.9%, 1.0 million maternal only 2.2% and 100,000 complete 0.2%. Orphaned children age 14-17 were found in the Census survey to be half as frequently in the labor force as all children of that age. The proportion who were both at work and in school was substantially greater among all children aged 14-7 than among orphans in these ages. Depending on their circumstances adult orphans have even less social support and are believed to suffer high levels of unemployment and low levels of education. The Veterans administration motto is "To care for him who shall have borne the battle, and for his widow, and his orphan" and is somehow able to justify greater than 10% inflation. Widows are fairly well-taken care of by OASI, SSI has no less of a duty to provide for orphans, growing up in orphanages because their parents are dead or custody rights terminated by felony conviction. Orphans tend to be needy and having grown up in an orphanage, have an attitude and references, well-suited to benevolent administration of social security.

Sec. 9 Three Percent Annual Increase in Cost-of-Living Adjustment and Minimum Wage

1. Sustainable Development Goal 1 to end poverty by 2030 has driven home the point that the maximum SSI benefits is not adequate to raise a person out of poverty and because there is not currently not enough money to afford all beneficiaries a poverty line income, the COLA, like payroll tax revenues, must increase faster than CPI inflation. Originally determined as 2.4 percent, based on Consumer Price Index (CPI) inflation published by the Bureau of Labor Statistics, in Public Law 106-554, the Cost-of-living adjustment (COLA) is effectively 2.5 percent pursuant to the most current interpretation by the 2020 Annual Report of Sec. 215(i) of the Social Security Act under 42USC§415(i). However, since 2010 the COLA has frequently been less than 2.5 percent and in three years, zero. So many beneficiaries have complained about becoming unable to pay bills they could previously afford Medicare now reduces premiums for low-income beneficiaries. A three percent COLA is needed to compensate low-income beneficiaries for decades of attrition of benefit purchasing power against 2.7 percent average annual consumer price inflation since 1980, 2.2 percent since 2000, with a suspicion of that since 2010 consumer price index inflation has tended to be underestimated to justify sipping from the COLA. To reduce costs the maximum benefit shall increase 2.5 percent. In response to extraordinary expenses that jeopardize the profitability of the Trust Funds, the Board of Trustees may decide to limit the COLA for beneficiaries with incomes above the poverty line to 2.5 percent. Because a bifurcated COLA would be difficult to account for, the Annual Report would need to declare how many beneficiaries have incomes above and below the poverty line, and the precise average COLA 2.5 – 3 percent, to be auditable. To make a concerted effort to end poverty by 2030, avoid layoffs due to sporadic overcompensation for decades of neglect, and ensure minimum wage worker compensation increases faster than inflation, it is necessary for the Department of Labor to legislate an automatic 3 percent annual increase in minimum wage, from $7.25 an hour 2009-2020 to '$7.50 in 2021 and 3% more every year thereafter.' under 29USC§206(a)(1)(D).

2. Inflation is a powerful economic force that is both fundamental to economic growth and destructive to purchasing power. Hyperinflation can render a currency worthless, such as 200,000 percent annual inflation in Venezuela where starvation has become common. Although the law of supply and demand provides that more units will be sold at a lower cost, if inflation is too low or negative the economy contracts, as business ventures are unable to sustain adequate levels of growth in wages and profit, as

enforced by the COVID-19 pandemic, exactly as predicted by economists in regards to federal budget cut and tax relief propaganda. It is desirable so far as possible to adopt measures which expand rather than contract international trade (economy/finance) pursuant to Art. XII (3)(a) of the General Agreement on Trade and Tariffs (GATT). Tariffs, are one form of intervention that cause international trade to contract, wherefore tariffs have been required to be annually reduced 0.97 for industrialized and 0.999 for developing nations by the Swiss Formula for Unilateral Tariff Reductions (2007). A delicate mathematical balance between consumer price inflation and economic growth has long been sought to ensure a stable economy provides everyone with a steadily improving standard of living. The Iron Law of Wages provides if wages rise above subsistence level, they produce inflation, which in turn forces wages down to subsistence level again. To ensure stable consumer economic growth, States and employers from time to make estimates as to the minimum living wage so as to keep the standard of living of the population above the poverty line. Engel's Law anticipates that with rising incomes, the share of expenditures for food and other products declines. Based on surveys of families' budgets and expenditure patterns, that the income elasticity of demand for food was relatively low. The resulting shift in expenditures affects demand patterns and employment structures. Engel's Law does not suggest that the consumption of food products remains unchanged as income increases, it suggests that consumers increase their expenditures for food products, in percentage terms. Because the poor spend a larger percentage of their income on food and consumer goods, subsidies for the poor are believed to both sustain consumer economic growth and limit consumer price inflation because the poor are more astute observers of price than the rich who will save and thereby remove money from the consumer economy. To maximize economic efficiency, sustainability and standard of living, subsidies for the poor and goods consuming services, are therefore prioritized to grow faster than those for the middle-class, government and rich who are expected to protect themselves against inflation with amortized mortgages. For the federal government optimal growth rates are estimated at 2.5 percent government, 3 percent services, education, COLA and minimum wage, 3.3 percent food stamps, 3 to 3.4 percent interest rate on t-bonds, 4 percent disability, 5.5 percent retirement and greater than 6 percent individual income and payroll tax revenues, lost to xenophobia in 2017 and the TCJA in 2018.

Sec. 10 Labor Insurance

1. The Department of Labor shall estimate the cost to contributors to provide for six months, 24 weeks, paid maternity leave, or six month sabbatical every ten years, under state and federal unemployment compensation programs. Six months paid maternity leave or sabbatical every ten years overrule both the current Labor Department proposal for paid leave for both mothers and fathers, including adoptive parents, and 14 weeks of maternity leave in the Maternity Protection under International Labor Organization (ILO) Convention No. 183 (2000) pursuant to six months of exclusive breastfeeding required for infant nutrition and development by the World Health Organization (WHO) *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (2019). Men and adoptive parents are not expected to want more than a three week holiday to have the income to enjoy their new baby. Male and non-child bearing contributors are entitled to equal six month benefits with new mothers, wherefore legitimate demand for a six month sabbatical every ten years of unemployment contribution is supported to prevent reverse gender discrimination. Unpaid maternity leave and the extraordinarily high cost of hospital delivery, as well time spent on child-care, are the primary reason that female income lags behind male, and that child poverty rates are so high in the United States. The United States lags dramatically behind all high-income countries, as well as many middle- and low-income countries when it comes to public policies designed to guarantee adequate working conditions for families. One hundred sixty-three countries around the world guarantee paid leave to women after

childbirth; the United States does not. Forty-five countries ensure that fathers either receives paid paternity leave or paid parental leave; the United States does not. Seventy-six countries protect workingwomen's right to breastfeed at work; the United States offers no such protection. Ninety-six countries offer paid annual leave; the United States does not require employers to provide any paid annual leave. One hundred thirty-nine countries provide paid leave for short or long-term illnesses; the United States has no national policy regarding sick leave. The only other industrialized country, which does not have paid maternity or parental leave for women, Australia, guarantees a full year of unpaid leave to all women in the country. In contrast, the Family and Medical Leave Act of February 5, 1993 (PL-303-3) in the U.S. provides only 12 weeks of unpaid leave to approximately half of mothers in the U.S. and nothing for the remainder. 45 countries ensure that fathers either receive paid paternity leave or have a right to paid parental leave. To legislate this fundamental labor program, the Secretary of Labor shall produce estimates regarding the cost to contributors and propose to repeal experimental 'Demonstration Projects' and replace it with 'Labor Insurance' at Section 305 of the Social Security Act under 42USC§505.

(a) To expedite the reemployment of mothers who have established a benefit year to claim unemployment compensation under State law the Secretary of Labor shall pay unemployment compensation for 24 weeks of Maternity Protection under International Labor Organization (ILO) Convention No. 183 (2000) as amended to provide 6 months of exclusive breastfeeding by page 39 of the World Health Organization (WHO) *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (2019). To provide equal benefits for equal contributions, while the unemployment compensation program makes a good faith effort to provide labor insurance, male and non-child producing female contributors shall be entitled to a six month sabbatical every ten years.

(b) On production of a medical certificate, stating the presumed date of childbirth, a woman shall be entitled to a period of maternity leave of not less than 24 weeks. Cash benefits shall be provided at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living.

(1) Where a woman does not meet the conditions to qualify for cash benefits under national laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test required for eligibility for such assistance, from Temporary Assistance for Needy Families (TANF) under Sec. 404 of Title IV-A of the Social Security Act under 42USC§604 *et seq*. and Supplemental Security Income (SSI) Program for the Aged, Blind and Disabled under Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382 *et seq*.

(2) Medical benefits shall be provided for the woman and her child. Medical benefits shall include prenatal, childbirth and postnatal care, as well as hospitalization care when necessary.

(c) Employers shall provide at least 3 weeks of paid leave annually to uphold the Holiday with Pay ILO Convention No. 132 (1970) and Workers with Family Responsibilities Convention No. 156 (1981). Employers shall provide up to 12 week of unpaid leave to care for the severe sickness of a child under the Family and Medical Leave Act of February 5, 1993 (PL-303-3).

Part III Federal Government

Sec. 11 Speed Ticket

1. It took four months for medical propagandists to touch their nose when prompted to identify the immediate symptom of coronavirus, before it descends the airways, the lungs fill up with fluid and the patient dies from severe acute respiratory syndrome (SARS). Instead of gold, out came diarrhea, as fictitious as the asymptomatic COVID-19 patient. The Hydrocortisone, Eucalyptus, Lavender and Peppermint (HELP) Act of 2020 has finally arrived to cure coronavirus and mold allergies, just as the pandemic crosses the six month threshold of economic depression.

2. It is resolved that Congress shall stop paying for "speed tickets" with extraordinarily expensive Relief Acts un-dismissed while high or low, on or off, ephedra (Mormon tea) harvested from the Great Basin National Park – extra senile. Ephedra intoxication of judges was noted to justify both the CARES Act of 2020 and Tax Cuts and Jobs Act (TCJA) of 2017 and is believed to be a common cause of high spending and clerical errors in Congress, statistical insolvency and administrative malaise and un-dismissed police rampages in federal and state courts. Whereas ephedra is not listed in the Controlled Substances Act (CSA) it seems best to treat the abuse as a constitutional disability affecting all three branches of the federal government pursuant to Sec. 510 (d)(2) of the Americans with Disabilities Act of 1990 under 42USC§12210(d)(2) and XXV Amendment to the US Constitution.

3. Previously congressional activity, and delinquent federal student loan collections have been cited with inciting rampage shootings under the influence of topical Dimethoxymethylamphetamine (DOM) exposure that causes a three day panic attack followed by six months recovery from severe mental illness if not immediately washed off with water. Panic disorder of US Ambassadors to the UN was evident in *Republic of Iran v. United States of America* (2018-2019). Henbane is suspected in COVID-19 quarantine related domestic violence without insomnia. Methamphetamine causes temporomandibular joint (TMJ) discomfort, and although there are several experimental amphetamines with different numbers of methyl molecules, is believed to be the only one of these drugs of criminal abuse, that is listed in the CSA. To reduce demand for speed, opiates and other dangerous drugs and make peace with the idiotic drug war in the only fashion known to work, by federally legalizing marijuana, Congress shall repeal marijuana from Schedule I(c)(17) of the CSA under 21USC§812(c).

4. To do unlawful budget cuts sanctioning civilian agencies justice, the US Marshall budget shall increase in excess of 3 percent annually based upon the usurpation by the federal court of any legitimate responsibilities of the FBI (protecting only Uniform Crime Reports, National Forensic Laboratory and Police Academy), DEA (destroying the DEA stockpile and all drugs seized by the police, and terminating DEA Diversion Control if the Department of Health and Human Services does not want to charge the biannual fee), ICE, Interagency Drug and Crime Enforcement, Office of National Drug Control Policy, Sentencing Commission, CIA (protecting the World Factbook), international military finance, international military education, international narcotic control and law enforcement and non-UN peacekeeping are to be completely abolished pursuant to Art. 54 of the Fourth Geneva Convention Relative to the Protection of Civilians in Times of War (1949) and repeal of the Authorization for employment of FBI and DEA Senior Executive Service under 5USC§3151-§3152

5. To stop corruption of the Attorney General, whereas the White House refuses to receive anymore Office of National Drug Control Policy (ONDCP) financing from the Centers for Medicare and Medicaid Services (CMS), all such ONDCP financing by CMS shall be terminated. The FBI, with lethal norovirus coffee prior from 2016, and Department of Justice Health Care Fraud Enforcement is

suspected of being the only agency who tortures with live coronavirus, during the course of their routine unwarranted breaking and entering (B&E) of Attorney General petitioners.

6. Social Security Administration (SSA) shall stop sending out monoclonal antibody to spine contaminated disability questionnaires and prescribe Epsom salt bath or salt water pool or ocean swim to treat methicillin resistant *Staphylococcus aureus* (MRSA). To prevent a mostly kleptomaniac B&E, SSA shall stop entering addresses in the social security number indexed profile pursuant to Art. 28 of the Fourth Geneva Convention Relative to the Protection of Civilians in Times of War (1949).

7. Congress must amend federal torture statute to comply with Arts. 2, 4 and 14 of the Convention against Torture (CAT) by repealing the phrase "outside the United States" from 18USC§2340A(a) and amending Exclusive Remedies at §2340B so: The legal system shall ensure that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, their dependents shall be entitled to compensation under Art. 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)(1987).

Sec. 12 President's Budget

1. Customs is required to explain the sources of their skyrocketing Customs revenue declaration. The withholding on wages of non-resident aliens under 26USC§1441 shall be repealed, so that all taxes assigned to individual income and payroll tax shall be immune from legal process pursuant to Sec. 207 of the Social Security Act under 42USC§407. An annual 0.97 reduction of tariffs, from 2016 before hikes, is needed to comply with Swiss Formula for Unilateral Tariff Reductions (2007). National accountants shall report total customs revenues and total customs outlays. To improve difficult accounting of irregular payments for Federal Emergency Management Administration (FEMA) their congressional budget justification shall be given a unique row in the outlays by agency table independent of Homeland Security, who shall change their name to Customs.

2. To reduce superfluous paperwork and meaningless discretionary / mandatory distinction that unnecessarily divides and complicates agency budgets, the word "discretionary" shall be repealed from the caption of 'Enforcing Spending Limit under 2USC§901 & (b). 2USC§901(b)(2)(A-G) and (c) shall be repealed to eliminate accounting for Overseas Contingency Operation/ Global War on Terrorism, Continuing Disability Reviews, Health Care Fraud and Abuse Control, Reemployment Services and Eligibility Assessment and 2020 Census; paragraphs (b)(2) (D) & (F) shall be renumbered (A) Disaster funding and (B) Wildfire suppression and a new paragraph shall provide for (C) Ticket to Work (i) If there is a shortfall in federal Ticket-to-work funding for state vocational agencies because the Annual Reports of SSA do not adequately account for the program in their administrative expenses pursuant to the Ticket to Work and Self-Sufficiency Act of 1999 Sec. 1148(b)(1) of the Social Security Act under 42USC1320b-19(b)(1) Congress shall legislate to ensure the program is adequately funded $3,747,830,155 in 2020, with generous 2.7% inflation from 2015 to afford COVID-19 disabled workers a ticket to work that prescribes hydrocortisone, eucalyptus, lavender and peppermint (HELP) to cure coronavirus and mold allergies pursuant to title I of the Rehabilitation Act of 1973 under 29USC§720(b)(1)

3. For the Office of Management and Budget (OMB), Congressional Budget Office (CBO) and Treasury Bureau of Fiscal Services to produce a federal budget that is both accurate and legitimate, to:

The terms ‘‘budget outlays’’ and ‘‘outlays’’ mean, with respect to any fiscal year, expenditures and net lending of funds under budget authority during such year under 2USC§622(1), should be appended:

(A) The term ‘‘on-budget outlays’’ means, with respect to any fiscal year, the President's budget, all the expenditures of the United States Government, except those for the Federal Old Age Survivor Disability Insurance Trust Funds, the repayment of debt principal or negative subsidy revenues.

(B) The Office of Management and Budget (OMB) and Congressional Budget Office shall analyze and coordinate the annual review of on-budget and off-budget outlays of all the Cabinet agencies. The Bureau of Fiscal Service monthly report shall stop accounting for duplicitous programs arbitrarily attributed to budget authority and instead account for original federal outlays as defined in the sentence above, to precisely cancel revenues, and make an exact estimate of the surplus / deficit and sell up to three percent more t-bonds than are needed.

(C) Fictitious rows: off-budget offsetting receipts, Other Defense-Civil Programs, Allowances, On and Off Budget Independent Agencies, Off-budget Undistributed Offsetting Receipts, International Assistance Programs [added to State], and novel Infrastructure Improvement rows shall be deleted from OMB Table 4.1 and Bureau of Fiscal Services. To ensure there is a balance available for federal outlays, t-bond sales shall allow for up to a three percent margin of error more than scheduled expenditures pursuant to the Anti-deficiency Act of 1982 under 31USC§1502.

(D) New CBO, and obsolete OMB Table 4.1 Outlays by Agency table shall report the exact amount of federal outlays reported in annual congressional budget justifications and Bureau of Fiscal Services the monthly Treasury report for the following federal agencies (1) Legislative Branch, (2) Judicial Branch, Departments of (3) Agriculture, (4) Commerce, (5) Defense-Military Programs (change name to Military Department if their budget declares undistributed offsetting receipts), (6) Education, (7) Energy, (8) Health and Human Service (to graduate into two Cabinet agencies with outlays growing 3%), (9) Homeland Security (change name to Customs), (10) Housing and Urban Development, (11) Interior, (12) Justice, (13) Labor, (14) State (combined with unrepresented International Assistance Program row), (15) Transportation, (16) Treasury, (17) Veteran’s Affairs, (18) Environmental Protection Agency, (19) Executive Office of the President, (20) Federal Emergency Management Administration (21) General Services Administration and Office of Personnel Management, (22) National Aeronautics and Space Administration, (23) National Science Foundation, (24) Small Business Administration, (25) on-budget Social Security Supplemental Security Income transferred off-budget if the rich are taxed (26) on-budget undistributed off-setting receipts, (27) total on-budget outlays, (28) total off-budget outlays reported by the Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund' and (29) total outlays.

D. Undistributed offsetting receipts are agency revenues remaining from the previous year, often called advanced appropriations, that are used to pay for the following year budget, to reduce outlays by the General Fund. Only five agency budget justifications produce reliable undistributed offsetting receipts, the Departments of Defense, Education, Health and Human Services, Interior and Corp of Engineers – Civil Programs. The annual tabulation of undistributed offsetting receipts is mathematically necessary to calculate total federal outlays and surplus / deficit. The Department of Agriculture has been saving money stolen from food stamps cuts in the Commodity Credit Corporation and does not produce undistributed offsetting receipts, nor make any additional “trade war” compensation payments, for that matter of concealing the proceeds of domestic program robbery. Elementary and Secondary Education and Medicaid declare Advance Appropriations in their budget tables, with explanation that these savings are used to pay for the difference between the school year and the fiscal year and to pay for the beginning of the next year medical claims. The Corp of Engineers – Civil Programs budget vacillates between the sound financial strategy of openly declaring precisely $1 billion in undistributed offsetting receipts and total incompetence, but having once made the declaration, predictably produces $1 billion undistributed offsetting receipts annually as the cornerstone of their federal outlay total. The Departments of Defense and Interior budgets are impaired by the failure to openly declare undistributed offsetting receipts in their budget overview. The Defense Department shall declare undistributed offsetting receipts with the difference between the congressional budget request and the total outlays of the three military departments – Air Force, Army and Navy. The Department of Interior turns a tidy profit in undistributed offsetting receipts, that must be declared to ensure payment of 2.5 percent growth for public land agencies and 3 percent for Indian Affairs programs.

Part III Convention on Pandemic Treatment

Sec. 13 Preamble

Recognizing that since February 2020 everyone on the planet has probably been exposed to, and at one time or another, contracted the highly contagious COVID-19 disease, that begins with an infected nose that can descend down the airways and cause death when the lungs fill with fluid.

Recognizing the World Health Organization (WHO) has declared the official name of the coronavirus disease as COVID-19, and named the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Recalling as of July 26, 2020 there have been an estimated 16.1 million confirmed cases, 9.27 million recovered and 645,000 deaths from COVID-19.

Recalling that the invention of the antibiotic streptomycin in 1946 and tuberculosis drug isoniazid (INH) in the 1950s eliminated demand for the historical Tubercular Hospital at Fort Bayard under 24USC§19, nine months of the combination of INH and rifampin chemotherapy will result in roughly 95% cure rates, therapy with INH, rifampin and ethambutol helps avoid the complication of drug resistance with non-tubercular mycobacterial disease, the addition of pyrazinamide can reduce treatment time to six months, but is toxic.

Resenting the futile preventative vaccine propaganda in response to pandemics that have already begun and must be cured with the right drugs, the trade in live viruses, their loss, theft and abuse, that there is officially no treatment for coronavirus, that the Ozone Secretariat has not exempted corticosteroid inhalers from the Montreal Protocol to cure the coronavirus and achieve 2020 goals and most of all that WHO pandemic response does not prescribe hydrocortisone creme, or to avoid Cushing's disease side-effect, essential oil of eucalyptus, lavender and peppermint aromatherapy to cure coronavirus and mold allergies and prescription Oseltamivir (Tamiflu), Zanamivir (Relenza) and Amantadine (Symmetrel) to cure influenza.

Resolving to wear a clean face mask in contagious places to reduce the risk of transmission by an estimated 95%.

Recognizing that coronavirus and influenza are disabilities for which everyone has the equal right to voluntary curative treatment to fully enjoy all their right and freedoms pursuant to the Convention on the Rights of Persons with Disabilities (2007).

Resolving to respond to the coronavirus pandemic and any future influenza pandemics by prioritizing the immediate prescription of curative medicines.

Believing health = eucalyptus, lavender and peppermint

Art. 1 Essential oils of eucalyptus, lavender and peppermint

1. Essential oils of eucalyptus, lavender and peppermint cure coronavirus and mold allergies. A drop is topically applied with the index finger to the exterior of the nose and upper lip.

2. The aroma should cause the nasal irritation to immediately go down, and contagiousness and infection is believed to be instantly cured. The nasal irritation congeals into boogers. The alcohol in the essential oil mixture also sterilizes fingers probing inside the nostrils to prevent infection, careful to avoid injury to the sensitive mucosal membrane. When the gold boogers are removed, without injury, nasal irritation is completely eliminated. The patient is cured.

3. Scientific, before and after treatment, diagnostic testing is needed to determine the cure rate and speed, and other particulars regarding these essential oils, before children risk their lives returning to schools that have been closed since the beginning of the COVID-19 pandemic.

Art. 2 Aromatherapy

To sterilize popular indoor social environments, such as schools, against the highly contagious and potentially lethal coronavirus, aromatherapy using essential oils of eucalyptus, lavender and peppermint is advised to be dispensed by humidifier. These humidifiers should be placed at the entrance to ensure everyone is treated as they enter the building. The public must be informed that these essential oils are non-toxic and non-allergenic by nature, they cure both coronavirus and mold allergies.

Art. 3 Soaps, Cleansers and Other Medicinal Herbs

Public restrooms must sanitized with eucalyptus, lavender and peppermint soaps and cleaners. The social solution to end the pandemic may be to reopen public restrooms stocked with soaps containing essential oils of eucalyptus, lavender or peppermint for people to wash their nose, face, hands and chest. Oral echinacea preparations have been effective at curing fluid filled lungs, but relief is not instant. Many other natural remedies for pulmonary conditions may cure coronavirus, and are due publicity if they work or don't. The public must trust eucalyptus, lavender and peppermint.

Art. 4 Hydrocortisone crème

1. Corticosteroids are the definitive medical treatment for coronavirus and mold allergies. Cushing's disease is a non-life threatening side-effect of excessive life-saving corticosteroid use, its symptoms are

fragile bones and puffy cheeks, and may a be a lead culprit in the high rates of total knee and hip replacement surgeries in industrialized nations. The non-prescription of corticosteroid inhalers to first time asthma patients is certain to be a leading cause of the dramatic rise in asthma and allergy patients over the past few decades.

2. Hydrocortisone crème is a corticosteroid that is accessible over-the-counter, for as little as a dollar a tube. When a dab is applied topically to the exterior of the nose, hydrocortisone creme instantly cures coronavirus and allergic rhinitis due to mold. A dab of hydrocortisone crème can also be applied to the chest to treat the potentially lethal fluid filled lungs exhibited in severe acute respiratory syndrome (SARS) from coronavirus, the carcinogenic lung nodules of pulmonary aspergillosis and the coronavirus and mold triggers of asthma attacks for as fast a cure as a rescue inhaler and lower-cost and risk of potentially lethal malicious mold contamination than more expensive oral, inhaled and intravenous corticosteroids. The dose of corticosteroid in hydrocortisone crème is much lower than other corticosteroid preparations and should be below the threshold of Cushing's disease, despite chronic use.

3. Because essential oil of eucalyptus, lavender and peppermint aromatherapy is equally curative with corticosteroids, without any potentially harmful side-effects, and can be used to sterilize environments, they are the primary medicines to be promoted to cure the COVID-19 pandemic. Nonetheless, no law shall be allowed to prohibit, limit or control the use of prescription and over-the-counter corticosteroids to cure coronavirus and mold allergies and treat asthma and chronic obstructive pulmonary disorder.

Art. 5 Corticosteroid inhaler exemption

1. It is a crime that there is said to be no official treatment for coronavirus although corticosteroids are the definitive medical treatment for coronavirus, and that the Ozone Secretariat has not exempted corticosteroid inhalers from their failed 2020 prohibition agenda to inform the public that corticosteroids cure COVID-19. Ozone is a form of air pollution and its defenders do not have the standing to prohibit life-saving corticosteroid inhalers, or any other, dangerously less-effective, fluorocarbon propelled inhaler, a smarter physician would want to prohibit, for that matter, because asthma patients may want to treat ozone inhalation. Wherefore corticosteroid inhalers are to be exempted from the 1987 Montreal Protocol on Substances that Deplete the Ozone Layer, and 1990 London Amendment, 1992 Copenhagen Amendment, 1997 Montreal Amendment, 1999 Beijing Amendment, and 2016 Kigali Amendment thereto, by the Ozone Secretariat.

Art. 6 Prescription influenza drugs

1. WHO must respond to influenza pandemics by prioritizing the prescription of Oseltamivir (Tamiflu), Zanamivir (Relenza) and Amantadine (Symmetrel) to cure influenza. Amantadine (Symmetrel) is cheapest and is also indicated to cure the potentially lethal extra-pyramidal facial tic side-effect of antipsychotic drugs by the Food and Drug Administration (FDA).

2. WHO influenza pandemic response has been crazy – germaphobic - for as long as anyone can remember. It involves espionage-like publicity regarding the sending of live virus samples around the globe for vaccine development although flu vaccine effectiveness is often abysmal and it is prescription flu drugs that are wanted. WHO must primarily prescribe and provide life-saving prescription flu drugs, second ensure the public is informed of the use of masks and safety protocols to prevent the

spread of contagious airborne disease and third develop a more effective vaccine for next year.

Art. 7 Ratification

The Secretary-General of the United Nations, and Director-Generals of the World Health Organization and Ozone Secretariat shall equally be the depositary of the present Convention. The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic. A State Party may denounce the present Convention by written notification to the Secretary-General or Director-Generals. Any State Party may propose an amendment to the present Convention and submit it to the Secretary-General, or Director-Generals. Reservations incompatible with the object and purpose of the present Convention shall not be permitted, and may be withdrawn. The present Convention shall be open for signature by all States as of 28 July 2020 and shall enter into force after the thirtieth day after the deposit of its twentieth instrument of ratification.

I.A. Message of the Public Trustee

A. The Social Security Act established the Board of Trustees to oversee the financial operations of the OASI and DI Trust Funds pursuant to Sec. 201(c) of the Social Security Act under 42USC§401(c). The Board is composed of six members. Four members serve by virtue of their positions in the Federal Government: the Secretary of the Treasury, who is the Managing Trustee; the Secretary of Labor; the Secretary of Health and Human Services; and the Commissioner of Social Security. The President appoints and the Senate confirms the other two members to serve as public trustees. These two positions are currently vacant. The Deputy Commissioner of the Social Security Administration serves as Secretary of the Board. Hospitals & Asylums (HA) petitions to sign one of two vacant Public Trustee positions for a doubling of disability benefit to $2,000 a month (2020) tax free under 24USC§422(d)(1). To not be played for a fool, the 2021 Annual Report of the Board of Trustees of the Federal Old Age Survivor Trust Fund and the Federal Disability Insurance Trust Fund and 2021 Annual Report of the Supplemental Security Insurance Program are to be consolidated under the final draft of this Hydrocortisone, Eucalyptus, Lavender and Peppermint (HELP) Act of 2020 and second Message of the Public Trustee of 2020, that may be immediately published independently to provide guidance regarding SSA's response to the COVID-19 pandemic, pursuant to amendment of the due date of the Annual Report from April 1 to June 20-21, the summer solstice, in Sec. 201(c)(2) of the Social Security Act under 42USC§401(c)(2) and Sec. 1161 of the Social Security Act under 42USC§1320c-10. Regardless of the delay in 2020 treating the COVID-19 pandemic, budget cuts and hiking 1,000 miles to the Tubercular Hospital at Fort Bayard to get Hydrocortisone, Eucalyptus, Lavender and Peppermint (HELP) under 24USC§19. The federal budget and final devaluation estimate shall be done by the end of the High Sierras. Important supplemental appropriations, other than disability program response to the COVID-19 pandemic, were submitted before the July 16 deadline under 31USC§1106. A balance must be made available to the cover the disability benefits needed as the result of the expiration of the pandemic compensation program on July 31 pursuant to the Anti-Deficiency Act of 1982 under 31USC§1502. Congress has only to resolve to repeal the Adjustment to the Contribution Base in Sec. 230 of the Social Security Act under 42USC§430.

1. The 2020 Annual Report did not take into consideration the low revenues and high costs of the COVID-19 pandemic and the hypothetical lucky numbers of for the combined OASDI trust funds for 2020 must be overruled. Provided, the US dollar is devaluated and excessive withdrawal from the stock exchange is averted, a six percent increase in payroll taxes revenues is estimated for 2021 after a

low in 2020, the brief six month economic depression caused by COVID-19 would be over and the recovery would be in full swing, but the economy is not expected grow past its 2019 level until 2022. The tax rate is adjusted to afford the low and intermediate cost alternative. The intermediate cost alternative requires the tax on the rich and state employees to be distributed between the three OASI, DI and new SSI Trust Funds. SSA must take care not to authorize too little or too many beneficiaries in the five months remaining in 2020 than they can afford in 2021 with the 33% increase from the tax on the rich and state employees, whereas benefits shall not terminate until earning a substantial gainful income for nine months.. Because the high cost scenario, where all unemployment beneficiaries get disability, is obviously more than the tax on the rich and state employees can afford, and it is not an option.

2. Six months since beginning in February, the COVID-19 pandemic has officially caused an economic depression. The COVID-19 pandemic is significantly more severe of an economic depression than the inaptly named Great Recession (2009-2011) and the economic collapse is said to be the most severe since the Great Depression. The UN has estimated a 10% decrease in the economy from the previous year, but it may be worse. 32 million unemployment compensation beneficiaries constitute 18% of the total workforce, significantly more than the 10% to 12% official unemployment rate. The European Union has declared as much as a 30% economic decline for a third the cost of the Relief Acts that have sustained retail sales in the United States, but the payroll tax is certain to be devastated. Due to the severity of the economic collapse -10% decline in payroll taxes from 2019 to 2020 is estimated although the pandemic is likely to barely last six months, at the cusp of economic depression, now that the Hydrocortisone, Eucalyptus, Lavender or Peppermint (HELP) Act has arrived. In 2021 and 2022 a six percent increase in payroll taxes is conservatively estimated from pandemic lows in 2020. State quarantines have shut down certain industries for too long, causing small businesses to go bankrupt from lapse in payment, and the high-cost of Relief Acts has withdrawn and threatens to withdraw even more investment funds from the stock exchange, if the dollar is not devaluated by October, 1, 2020.

3. The message of the public trustee requires study of the prior year and a five year projection into the future pursuant to Sec. 201(c)(2) of the Social Security act under 42USC§401(c)(2). To describe the entire operations of the Social Security Administration (SSA), including the total operations of both OASDI Trust Funds and SSI Program, and optimally adjust the tax rates, it is necessary to devise a new type of table with five rows per year – SSI, OASDI, DI and OASI, and SSA total with tax rates as applicable, reduced to four rows OASI, DI, SSI and SSA in 2021 when the rich and state employees are taxed. Inflation expectations during, after and before the COVID-19 pandemic are -10% decline in payroll tax revenues 2019-2020, 9 million new DI beneficiaries 2020-2021, one million new SSI beneficiaries 2021-2022, 6% payroll tax revenue growth 2020-2021 and beyond, 33% increase in payroll tax revenues when the rich and state employees are taxed, 4% DI, 5.5% OASI, 3% administrative spending and tax on benefits, 3.4% DI bonds, 3% OASI bonds and 3% cost-of-living adjustment pursuant to 2.7% average annual consumer price index (CPI) inflation since 1980 in Sec. 215(i) of the Social Security Act under 42USC§415(i). When there are different projections for the same year, the year shall be repeated with indication differentiating alternative scenarios, beginning with the official, final or intermediate projections of the most recent Annual Reports. The five year table is somewhat long and difficult to compare with other years, but is necessary to prove governing OASDI tax rate decisions. Review of alternative scenarios should be isolated on an annual basis. Due to the dynamic changes to revenues and expenditures as the result of the COVID-19 pandemic, all estimates are extremely hypothetical and certain to be revised in the aftermath, however the following estimates should provide accurate guidance to benefit administrators regarding the balance available

pursuant to the Anti-Deficiency Act of 1982 under 31USC§1502.

Table I.A.1 Social Security Administration Six-Year Budget 2019-2024
(billions)

Year	Total Revenues	Tax Revenues	GF Reimbursement	Tax on Benefits	Net interest (3%)	Total Costs	Scheduled Benefits	Administrative Costs	R&R Interchange	Net Increase end of year	Assets at end of Year	Trust fund Ratio
2019 SSI	58.8	n/a	58.8	n/a	n/a	58.8	54.7	4.1	n/a	n/a	n/a	n/a
OASDI	1,062	944.5	0	36.5	80.8	1,059	984.9	6.4	5.0	5.3	2,898	290
1.8	143.9	139.4	0	1.6	2.9	147.9	145.1	2.7	0.1	-4.0	93.1	66
10.6	917.9	805.1	0	34.9	77.9	911.4	902.8	3.7	4.9	6.5	2,805	307
SSA	1,120	944.5	58.8	36.5	80.8	1,118	1,040	10.5	5.0	2.0	2,898	290
2019 SSI	58.8	n/a	58.8	n/a	n/a	58.8	54.7	4.1	n/a	n/a	n/a	n/a
OASDI	1,062	944.7	0	36.5	80.8	1,059	984.9	6.4	5.0	2.7	2,898	290
1.9	149.2	144.7	0	1.6	2.9	147.9	145.1	2.7	0.1	1.3	73.9	66
10.5	912.8	800.0	0	34.9	77.9	911.4	902.8	3.7	4.9	1.4	2,821	307
SSA	1,121	944.7	58.8	36.5	80.8	1,118	1,040	10.5	5.0	2.7	2,898	290
2020 SSI	61.3	n/a	61.3	n/a	n/a	61.3	56.9	4.4	n/a	n/a	n/a	n/a
OASDI	1,111	992.7	0	40.5	77.7	1,111	1,099	6.6	5.3	0.2	2,898	272
1.8	143.9	139.4	0	1.6	2.9	147.9	145.1	2.7	0.1	-4.0	89.1	66
10.6	967.0	853.3	0	38.9	74.8	962.8	953.7	3.9	5.2	4.2	2,809	291
SSA	1,172	992.7	61.3	40.5	77.7	1,172	1,156	11.0	5.3	0.2	2,898	260
2020 SSI Pan.	62.2	n/a	62.2	n/a	n/a	62.2	57.7	4.5	n/a	n/a	n/a	n/a
OASDI	1,012	893.5	0	40.6	77.6	1,116	1,104	7.0	5.3	-104	2,794	260
1.8 Pan Low.	130.0	125.5	0	1.7	2.8	152.8	149.9	3.0	0.1	-22.8	70.3	61

10.6	881.7	768.0	0	38.9	74.8	962.8	953.7	4.0	5.2	-81.1	2,728	291
SSA	1,074	893.5	62.2	40.6	77.6	1,178	1,161	11.5	5.3	-104	2,794	272
2020 SSI Pan.	62.2	n/a	62.2	n/a	n/a	62.2	57.7	4.5	n/a	n/a	n/a	n/a
OAS DI	1,012	893.5	0	40.6	77.6	1,116	1,104	7.0	5.3	-104	2,794	260
2.06 Pan. Low	152.9	148.4	0	1.7	2.8	152.8	149.9	3.0	0.1	0.1	93.2	61
10.3 4	858.8	745.1	0	38.9	74.8	962.8	953.7	4.0	5.2	-104	2,701	291
SSA	1,012	893.5	0	40.6	77.6	1,178	1,161	11.5	5.3	-104	2,794	260
2020 SSI Pan.	62.2	n/a	62.2	n/a	n/a	62.2	57.7	4.5	n/a	n/a	n/a	n/a
OAS DI	1,012	893.5	0	40.6	77.6	1,132	1,120	7.0	5.3	-120	2,778	256
1.8 Pan. Int.	130.0	125.5	0	1.7	2.8	168.7	165.8	4.0	0.1	-38.7	54.4	55
10.6	881.7	768.0	0	38.9	74.8	962.8	953.7	4.0	5.2	-81.1	2,728	291
SSA	1,074	893.5	62.2	40.6	77.6	1,194	1,177	11.5	5.3	-120	2,778	256
2020 SSI Pan.	62.2	n/a	62.2	n/a	n/a	62.2	57.7	4.5	n/a	n/a	n/a	n/a
OAS DI	1,012	893.5	0	40.6	77.6	1,132	1,120	7.0	5.3	-120	2,778	256
2.3	170.2	165.7	0	1.7	2.8	168.7	165.8	4.0	0.1	1.5	94.6	55
10.1	841.5	727.8	0	38.9	74.8	962.8	953.7	4.0	5.2	-121	2,684	291
SSA	1,012	893.5	62.2	40.6	77.6	1,194	1,177	11.5	5.3	-120	2,778	256
2021 SSI	61.2	n/a	61.2	n/a	n/a	61.2	56.7	4.5	n/a	n/a	n/a	n/a
OAS DI	1,150	1,031	0	43.9	80.8	1,179	1,167	6.4	5.0	-29	2,869	239
1.8	154.2	149.7	0	1.7	2.8	158.8	155.9	2.8	0.1	-4.6	78.3	52
10.6	995.6	881.4	0	42.2	72.0	1,020	1,011	3.6	4.9	-24.4	2,785	272

SSA	1,211	1,031	61.2	43.9	80.8	1,240	1,224	10.9	5.0	-29	2,869	239
2021 SSI Pan.	64.6	n/a	64.6	n/a	n/a	64.6	60.0	4.6	n/a	n/a	n/a	n/a
OAS DI	1,066	947.1	0	43.9	74.8	1,203	1,191	7.3	5.0	-137	2,657	232
1.8 Pan. Low	137.5	133.0	0	1.7	2.8	182.8	179.9	3.2	0.1	-45.3	25.1	39
10.6	928.3	814.1	0	42.2	72.0	1,020	1,011	4.1	4.9	-91.7	2,636	268
SSA	1,130	947.1	64.6	43.9	74.8	1,267	1,251	11.9	5.0	-137	2,657	232
2021 SSI Pan.	64.6	n/a	64.6	n/a	n/a	64.6	60.0	4.6	n/a	n/a	n/a	n/a
OAS DI	1,066	947.1	0	43.9	74.8	1,203	1,191	7.3	5.0	-137	2,657	232
2.36 Pan. Low	184.8	180.3	0	1.7	2.8	182.8	179.9	3.2	0.1	2.0	95.2	51
10.0 4	881.1	766.9	0	42.2	72.0	1,020	1,011	4.1	4.9	-138.9	2,562	265
SSA	1,066	947.1	64.6	43.9	74.8	1,267	1,251	11.9	5.0	-137	2,657	232
2021 SSI	64.6	n/a	64.6	n/a	n/a	64.6	60.0	4.6	n/a	n/a	n/a	n/a
OAS DI	1,066	947.1	0	43.9	74.8	1,299	1,287	7.4	5.0	-233	2,545	215
1.8 Pan. Int.	137.5	133.0	0	1.7	2.8	278.8	275.7	3.2	0.1	-141.3	-119.4	25
10.6	928.3	814.1	0	42.2	72.0	1,020	1,011	4.2	4.9	-91.7	2,636	267
SSA	1,130	947.1	64.6	43.9	74.8	1,363	1,347	12.0	5.0	-233	2,545	215
2021 SSI	64.6	n/a	64.6	n/a	n/a	64.6	60.0	4.6	n/a	n/a	n/a	n/a
OAS DI	1,066	947.1	0	43.9	74.8	1,299	1,287	7.4	5.0	-233	2,545	215
3.6 Pan Int.	279.5	275.0	0	1.7	2.8	278.8	275.7	3.2	0.1	0.7	93.9	33

8.8	786.3	672.1	0	42.2	72.0	1,020	1,011	4.2	4.9	-233.7	2,467	198
SSA	1,131	947.1	64.6	43.9	74.8	1,364	2,634	12.0	5.9	-233	2.,545	215
2021 Tax	1,379	1,260	0	43.9	74.8	1,363	1,341	12.0	5.0	35.9	2,792	235
0.7 SSI	71.1	71.1	0	0	0	70.0	65.0	5.0	0	1.1	1.1	0
2.75 DI	283.9	279.4	0	1.7	2.8	279.0	275.7	3.2	0.1	4.9	59.3	20
8.95 OASI	1,024	909.4	0	42.2	72.0	1,020	1,011	4.2	4.9	4	2,732	267
2022	1,466	1,336	0	45.6	84.8	1,439	1,421	12.8	5.1	27.1	2,820	194
0.7 SSI	75.4	75.4	0	0	0.04	72.8	67.6	5.2	0	2.6	3.7	2
2.75 DI	300.9	296.3	0	1.8	2.8	290.1	286.7	3.3	0.1	10.8	70.1	20
8.95 OASI	1,090	964.3	0	43.8	82.0	1,076	1,067	4.3	5.0	13.7	2,746	254
2023	1,548	1,416	0	47.0	84.9	1,513	1,495	13.2	5.2	35	2,855	186
0.75 SSI	85.8	85.7	0	0	0.1	75.7	70.3	5.4	0	10.1	13.8	5
2.75 DI	318.3	314.0	0	1.9	2.4	301.7	298.2	3.4	0.1	16.6	86.7	23
8.9 OASI	1,144	1,016	0	45.1	82.4	1,136	1,126	4.4	5.1	8.5	2,755	242
2024	1,636	1,501	0	48.5	89.7	1,586	1,567	13.6	5.3	50	2,905	180
0.75	91.3	90.8	0	0	0.5	79.1	73.5	5.6	0	12.2	26	17
2.75	337.9	332.9	0	2.0	3.0	309.1	305.5	3.5	0.1	28.8	115.5	28
8.9	1,207	1,077	0	46.5	82.7	1,198	1,188	4.5	5.2	9	2,764	230

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund. 2020 Annual Report of the Supplemental Security Income Program.

4. The responsibility to pay COVID-19 pandemic disabled workers and their families looms large. The DI Trust Fund may not neglect to pay benefits to as many as 8 million applicants from the pandemic compensation program that terminated July 31 and 24 million extended state unemployment compensation that terminates January 1, 2021 and their families who qualify on the basis of being out

of work due to the COVID-19 pandemic pursuant to Sec. 223 of the Social Security Act under 42USC§423 and Sec. 3(2) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(2). Although the pandemic has prioritized the DI Trust Fund for disabled workers who have contributed 40 credits over child SSI benefits to end child poverty by 2020, COVID-19 has strengthened resolve to close the payroll tax loophole for the rich and state employees on January 1, 2021 by repealing Sec. 230 of the Social Security Act under 42USC§430. The tax on the rich and state employees, beginning January 1, 2021 can only afford to pay a third, 9 million benefits, the intermediate cost, out of 32 million receiving pandemic compensation from March 1 to July 31 the high cost, that is not affordable and therefore estimates are not bothered with. There is no other way to afford benefits that last until after nine months of substantial gainful employment unless the rich are taxed There shall be no denying that being out of work due to the COVID-19 pandemic is a disability. SSA must fully funded with $7 billion from OASDI to immediately begin paying benefits to one million disabled workers in 2020 and another million in 2021 when the extended unemployment compensation expires. Congress must pass the tax for SSA to afford to pay as many as a third of pandemic compensation claims and slightly increase total SSI program spending from $62 billion in 2020 to $70 billion in 2021 (Revelation 13:10). It is assumed that the slight OASI overestimate is right for once, the lion's share of the tax will go to the DI Trust Fund to pay for COVID-19 pandemic disabled workers and their families, the remainder, including prospective return to work of disabled workers after the economy has recovered from COVID-19 pandemic, shall go to the new SSI Trust Fund to end child poverty by 2024 with and all poverty by 2030. Therefore 2023-2024 DI benefit spending growth is scheduled at 3.5% to express a modest decline in DI population from from 1% to 0.5%, and SSI benefit spending growth is estimated at 4.5% to express 1.5% population growth, with a 3% COLA remaining constant. It may seem alarming that the OASI and combined trust fund ratio are estimated to decline because benefit spending grows faster than assets, however recovery revenue projections are conservatively estimated and should be higher than 6% annual growth, the OASI trust fund ratio is greater than 100, the DI and SSI trust fund ratios enjoy healthy growth towards the goal of 100, and with the tax on the rich are expected to pass the long-term test of adequacy whereas the income floor shall be finished before any deficits, OASI or combined trust fund ratios less than 100 or depletions occur.

5. The Board of Trustees owes the DI Trust Fund an estimated $193 billion (2020) compensation, including 2.5% interest, owed by the OASI Trust Fund as the result of the inability of the Board of Trustees to adjust the OASDI tax rates to make reasonable accommodation for the high incidence of disability of the Baby Boomers during the Great Recession 2009-2015 and in 2019 pursuant to Sec. 201(l) of the Social Security Act under 42USC§401(l). The 2.37% DI tax of the Bipartisan Budget Act of 2015 helped the DI Trust Fund recover an estimated $69 billion from $224 billion in economic damages, plus 2.5% annual interest to $240.4 billion, as if the OASDI tax rate had been adjusted right to accommodate the age of high rate of disability of the Baby Boomer generation, that nearly nearly depleted the fund 2009-2015, reducing credit from this episode to $171.4 billion, $184.3 billion including interest through 2018. After working out some minor mathematical inconsistencies, in 2018, its final year of operation, the 2.37% DI tax rate incurred an unnecessary OASI deficit and should have been reduced to 2.04% (2018) to better protect the OASI Trust Fund, reducing the DI Trust Fund from a high of $95.2 billion to $71.9 billion at year end 2018, raising the money owed the DI Trust Fund by $23.3 billion to $207.6 billion, wherefore this option is available to Congress only if they tax the rich and state employees, and settle on the right way to adjust the contribution base in a timely fashion. Because it affects the undercapitalized DI Trust Fund the difference between the alternative 1.9% and 1.8% DI tax rate in 2019 adds $4 billion, to the balance owed the DI Trust Fund - $211.6 billion,

$216.9 billion with interest in 2020. Provided, the tax rate adjustments and tax on the rich and state employees contained in this 2020 Message of the Public Trustee are adopted the OASI trust fund should not accumulate any more liability to the DI trust fund due to overt discrimination against disability and covert threat to OASI trust fund due to the evident inability of the Board of Trustees to adjust the tax rates since 2000 as occurred in 2018. Provided, reasonable accommodation is made for 4% disability spending growth, comprised of 1% population growth and 3% COLA, any positive asset accumulation of the DI Trust Fund balance shall be credited towards the payment of this debt of honor accumulating 2.5% interest annually. Because the SSI program is not a part of this calculation, it is excluded from the following table to reduce paperwork.

Table I.A.2 OASDI Tax Rate Adjustment Investigation Loan 2008-2019
(billions)

Year	Total Revenues	Tax Revenues	GF Reimbursement	Tax on Benefits	Net interest	Total	Scheduled Benefits	Administrative Costs	R&R Interchange	Net increase end of year	Assets at end of Yer	Trust fund Ratio
2008	805.3	672.1	0	16.9	116.3	625.1	615.3	5.7	4.0	180.2	2,419	358
1.8	109.8	97.6	0	1.3	11.0	109.0	106.0	2.5	0.4	0.9	215.8	197
10.6	695.5	574.6	0	15.6	105.3	516.2	509.3	3.2	3.6	179.3	2,203	392
2009	807.6	667.3	0	21.9	118.4	685.8	675.5	6.2	4.1	121.8	2,541	353
1.8	109.4	96.9	0	2.0	10.5	121.5	118.3	2.7	0.4	-12.1	203.6	178
10.6	698.2	570.4	0	19.9	107.9	564.3	557.2	3.4	3.7	133.9	2,337	390
2009	807.6	667.3	0	21.9	118.4	685.7	675.5	6.1	4.1	121.9	2,541	353
2.03	121.8	109.3	0	2.0	10.5	121.5	118.3	2.7	0.4	0.0	215.8	168
10.37	685.8	558.0	0	19.9	107.9	564.3	557.2	3.4	3.7	121.5	2,325	390
2010	781.2	637.3	2.4	24.0	117.5	712.5	701.6	6.5	4.4	68.6	2,610	357
1.8	104.0	92.5	0.4	1.9	9.3	127.7	124.2	3.0	0.5	-23.6	180.0	159
10.6	677.1	544.8	2.0	22.1	108.2	584.9	577.4	3.5	3.9	92.2	2,429	400
2010	781.1	637.3	2.4	24.0	117.4	712.5	701.6	6.5	4.4	68.6	2,610	357
2.35	133.4	120.9	0.4	1.9	10.2	127.7	124.2	3.0	0.5	5.5	226.7	173
10.05	647.8	516.5	2.0	22.1	107.2	584.9	577.4	3.5	3.9	62.9	2,383	397
2011	805.1	564.2	102.7	23.8	114.4	736.1	725.1	6.4	4.6	69.0	2,678	354
1.8	106.3	81.9	14.9	1.6	7.9	132.3	128.9	2.9	0.5	-26.1	153.9	136
10.6	698.8	482.4	87.8	22.2	106.5	603.8	596.2	3.5	4.1	95.0	2,524	402
2011	805.1	666.9	0	23.8	114.4	736.1	725.1	6.4	4.6	69.0	2,678	354

2.36	138.0	126.7	0	1.6	9.7	132.3	128.9	2.9	0.5	5.7	232.4	167
10.04	666.8	540.1	0	22.2	104.5	603.8	596.2	3.5	4.1	63.0	2,446	395
2012	840.2	589.5	114.3	27.3	109.1	785.8	774.8	6.3	4.7	54.4	2,732	341
1.8	109.1	85.6	16.5	0.6	6.4	140.3	136.9	2.9	0.5	-31.2	122.7	110
10.6	731.1	503.9	97.7	26.7	102.8	645.5	637.9	3.4	4.1	85.6	2,610	391
2012	840.2	703.8	0	27.3	109.1	785.8	774.8	6.3	4.6	54.5	2,733	341
2.39	145.8	135.7	0	0.6	9.5	140.3	136.9	2.9	0.5	5.5	237.9	166
10.01	694.4	568.1	0	26.7	99.6	645.5	637.9	3.4	4.1	48.9	2,495	379
2013	855.0	726.2	4.9	21.1	102.8	822.9	812.3	6.2	4.5	32.1	2,765	332
1.8	111.2	105.4	0.7	0.4	4.7	143.4	140.1	2.8	0.6	-32.2	90.4	86
10.6	743.8	620.8	4.2	20.7	98.1	679.5	672.1	3.4	3.9	64.3	2,674	384
2013	855.0	726.2	4.9	21.1	102.8	822.9	812.3	6.2	4.5	32.1	2,765	332
2.45	149.4	143.6	0.7	0.4	8.9	143.4	140.1	2.8	0.6	6.0	243.9	166
9.95	705.6	582.6	4.2	20.7	93.9	679.5	672.1	3.4	3.9	26.1	2,521	367
2014	884.3	756.0	0.5	29.6	98.2	859.2	848.5	6.1	4.7	25.0	2,790	322
1.8	114.9	109.7	0.1	1.7	3.4	145.1	141.7	2.9	0.4	-30.2	60.2	62
10.6	769.4	646.2	0.4	28.0	94.8	714.2	706.8	3.1	4.3	55.2	2,729	374
2014	884.4	756.0	0.5	29.6	98.2	859.2	848.5	6.1	4.7	25.2	2,790	322
2.31	151.3	140.8	0.1	1.7	8.7	145.1	141.7	2.9	0.4	6.2	250.2	168
10.09	733.1	615.2	0.4	28.0	89.5	714.2	706.8	3.1	4.3	18.9	2,540	353
2015	920.2	794.9	0.3	31.6	93.3	897.1	886.3	6.2	4.7	23.0	2,813	311
1.8	118.6	115.4	0	1.1	2.1	146.6	143.4	2.8	0.4	-28.0	32.3	41
10.6	801.6	679.5	0.3	30.6	91.2	750.5	742.9	3.4	4.3	51.1	2,780	364
2015	920.2	794.9	0.3	31.6	93.3	897.1	886.3	6.2	4.7	23.1	2,813	311
2.24	153.1	143.6	0	1.1	8.4	146.6	143.4	2.8	0.4	6.5	256.7	171
10.16	767.1	651.3	0.3	30.6	84.9	750.5	742.9	3.4	4.3	16.6	2,557	338
2016	957.5	836.2	.1	32.8	88.4	922.3	911.4	6.2	4.7	35.2	2,847.7	305
2.37	160.0	157.4		1.2	1.4	145.9	142.8	2.8	.4	14.1	46.3	22
10.03	797.5	678.8	.1	31.6	87.0	776.4	768.6	3.5	4.3	51.0	2,780.3	364
2017	996.6	873.6	0	37.9	85.1	952.5	941.5	6.5	4.5	44.1	2,892	299
2.37	171.0	167.1	0	2.0	1.9	145.8	142.8	2.8	.2	25.1	71.5	32

10.03	825.6	706.5	0	35.9	83.2	806.7	798.7	3.7	4.3	19.0	2,820	347
2018	1,001	885.1	0	35.0	80.8	1,003	988.6	6.7	4.9	-2	2,890	289
2.37	172.9	168.8	0	1.5	2.6	149.3	146.3	2.8	.2	23.7	95.2	48
10.03	828.2	714.5	0	33.1	80.6	853.6	845.5	3.3	4.7	-25.4	2,795	330
2018	1,003	885.1	0	35.0	80.8	1,003	988.6	6.7	4.9	0.1	2,892	288
2.04	149.7	145.6	0	1.5	2.6	149.3	146.3	2.8	.2	0.4	71.9	48
10.36	853.2	739.5	0	33.1	80.6	853.5	845.5	3.3	4.7	-0.3	2,890	330
2019	1,062	944.5	0	36.5	80.8	1,059	984.9	6.4	5.0	5.3	2,898	290
1.8	143.9	139.4	0	1.6	2.9	147.9	145.1	2.7	0.1	-4.0	93.1	66
10.6	917.9	805.1	0	34.9	77.9	911.4	902.8	3.7	4.9	6.5	2,805	307
2019	1,062	944.7	0	36.5	80.8	1,059	984.9	6.4	5.0	2.7	2,898	290
1.9	149.2	144.7	0	1.6	2.9	147.9	145.1	2.7	0.1	1.3	73.9	66
10.5	912.8	800.0	0	34.9	77.9	911.4	902.8	3.7	4.9	1.4	2,821	307

Source: 2020 Annual Report of the Board of Trustees of the OASDI Trust Funds

6. Congress is highly advised to adjust the OASDI payroll tax rate to the full extent needed to prevent a deficit in the highly depleted and inadequate DI Trust Fund by amending Sec. 201(b)(1)&(2) of the Social Security Act under 42USC§401(b)(1)(&(2). The OASI Trust Fund would receive credit on paying back their welfare fraud loan to DI Trust Fund, with the difference between the 1.8% and 2.06% low or 2.3% high cost COVID-19 pandemic projection for 2020 pursuant to Sec. 201(l) of the Social Security Act under 42USC401(l). For the low-cost COVID-19 scenario (b)(1)(&(2) would be amended by appending (U) 2.06 per centum of the wages paid after December 31, 2019 and January 1, 2021. $22.9 billion would be reduced from the debt owed DI to $170.1 billion. Or if they vote to pay the intermediate projection for as many as half pandemic compensation beneficiaries upon expiration by taxing the rich and state employees to reduce the DI debt by $40.2 billion reducing the DI debt to $152.8 billion (U) 2.3 per centum of wages paid after December 31, 2019 and before January 1, 2021 and (V) 2.75 per centum of wages (including the tax on the rich and state employees) paid after December 31, 2020 and before January 1, 2025.

7. To conclusively pay back the loan from the DI Trust Fund in full, for the incompetence of the Board of Trustees to properly adjust the OASDI tax rates during the Great Recession, by lawfully transferring funds from the OASI Trust Fund to the DI Trust Fund, now that the final results are known, it is advised to amend that section at common paragraphs Sec. 201(b)(1)&(2) of the Social Security Act under 42USC§401(b)(1)(&(2) beginning with (R) 1.80 per centum of the wages (as so defined) paid after December 31, 1999, and before January 1, 2009, and so reported. (S) 2.03 per centum of the wages/self-employment income paid after December 31, 2008, and before January 1, 2010, and so reported, (T) 2.35 per centum of wages paid after December 31, 2009 and before January 1, 2011, (U) 2.36 per centum of wages paid after December 31, 2010 and before January 1, 2012, (V) 2.39 per centum of wages paid after December 31, 2011 and before January 1, 2013, (W) 2.45 per centum of the wages paid after December 31, 2012 and before January 1, 2014, (X) 2.31 per centum of the wages paid after December 31, 2013 and before January 1, 2015. (Y) 2.24 per centum of the wages paid after

December 31, 2014 and before January 1, 2015. (Z) 2.37 per centum of the wages (as so defined) paid after December 31, 2015, and before January 1, 2018. (AA) 2.04 per centum of the wages paid after December 31, 2017 and before January 1, 2019. (AB) 1.9 per centum of the wages paid after December 31, 2018 and before January 1, 2020. (AC) 2.06 per centum of the wages paid after December 31, 2019 and January 1, 2021, in the low-cost COVID-19 scenario. or (AC) 2.3 per centum of wages paid after December 31, 2019 and before January 1, 2021, in the intermediate COVID-19 scenario. (AD) 2.75 per centum of wages paid after December 31, 2020 and before January 1, 2025, including the tax on the rich and state employees.

B. SSA population statistics are helpful, often the best provided by the United States, but they are problematic and there are a number of errors and omissions open to comment. The decline in covered workers due to the Great Recession and COVID-19 pandemic, the undercounting of the under age 18 population conspiracy with the Census bureau destroying the population pyramid in 2014, significantly higher area population than Census Bureau, the habitual slight overestimate of current year and future OASI beneficiaries causing spending overestimates to be projected to long-term failure, outright discrimination against disability beneficiary population growth since 2013, and the historical revision of immigration statistics to imply the big deportation occurred in 2016 and lays down a new unlawfully reduced quota for lawful permanent residents. The Census Bureau in general is no longer a reliable statistical source, mostly due the termination of the Annual Statistical Compendia program October 1, 2011, American Factfinder July 1, 2019 data.census.gov will be the primary source of all new Census Bureau data, including upcoming releases from the 2018 American Community Survey, 2017 Economic Census, 2020 Census and more. The Census does not maintain country by country US international trade statistics anymore. Customs does not maintain official immigration statistics and the Annual OASDI Trustees Report is the most reliable source of immigration statistics. A big problem seems to be that “trade war” and discrimination against nationality in general is typically used to cover up the robbery of domestic benefit programs by undercover operations of the customs service. For example food stamp cuts are being saved by the Commodity Credit Corporation under auspice of unpaid trade war damage compensation. Extraordinarily high, counterfeit customs revenue declarations over the past two years, ostensibly from high tariffs that tend to decrease international trade volume, but without explanation, but is actually believed to be a fraudulent accounting of withholding of tax on wages of aliens under 26USC§1441 that needs to be repealed. The Treasury has emphasized that these taxes paid by aliens are assigned to payroll tax and individual income tax and are immune from legal process pursuant to Sec. 207 of the Social Security Act under 42USC§407. Net immigration and birth statistics are inextricably linked to population growth that is being underestimated by the Census and SSA is vulnerable to conspiracy against rights under 18USC§242 due to deprivation of relief under 18USC§246 and especially failure to pay legal child support obligations under 18USC§228 as motive.

1. There was an unexplained 2% difference between 324 million Census and 328 million Social Security Administration total area population, that includes U.S. armed service members deployed overseas estimates for 2016. The difference in regards to the under age 18 population is even larger, 5%, between 74.1 million and 77.8 million respectively in 2016. The hypocrisy is that SSA reports 74.9 million Baby Boomers were born 1946-64. The Census has clearly discriminated with the 22.9% under age 18 revision in 2015 that destroyed the population pyramid and must return to a number closer to the 24% under age 18 used in the 2010 Census after conducting the 2020 Census or will be liable for age discrimination. 77.8 million under age 18 is 23.7% of the 328 million SSA area population in 2016. Excluding Trump who is probably too xenophobic to give people born in the

United States of foreign parents citizenship, the birth rate tends to fluctuate above 4 million during Republican administrations and below 4 million during Democratic administrations, with a high birth rate in 2007. Having added up the 1998-2018 cohort births reported by SSA, the 2020 Annual Report is in error, and admits to be estimating from 2017, to report a decline to 84,477,000 under age 20 although total births for this cohort is 84,973,865 in 2018, the last year for which births can be added with readily available online SSA birth statistics.

Table I.A.3 Population Growth 1960-2017

Year	Population	Yearly % Change	Yearly Change	Deaths	Migrants (net)	Births
2017	329,733,000	0.59%	2,498,363	2,813,503	1,457,000	3,854,866
2016	327,838,000	0.67 %	2,800,000	2,700,000	900,000	3,951,326
2015	325,640,000	0.84 %	2,908,327	2,626,418	1,557,000	3,977,745
2010	309,876,170	0.91 %	2,747,307	2,468,435	1,014,100	3,944,000
2000	282,895,741	1.22 %	3,324,043	2,403,351	1,738,500	4,058,814
1990	252,847,810	0.99 %	2,431,251	2,148,463	737,200	4,158,212
1980	229,588,208	0.95 %	2,124,929	1,989,841	774,600	3,612,258
1970	209,485,807	0.99 %	2,016,455	1,921,031	299,000	3,731,386
1960	186,176,524	1.74 %	3,076,029	1,711,982	372,000	4,257,850

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund pg. 92 & 95 Heron, Melony. National Vital Statistics Reports, Vol. 68, No. 6, June 24, 2019, Hamilton, Brady E. Ph.D., Martin, Joyce A. M.P.H., and Osterman, Michelle J.K. M.H.S. Births: Preliminary Data for 2015. Division of Vital Statistics. Center for Disease Control. National Vital Statistics Reports. Vol. 65 No. 3. June 2, 2016; Xu, Jiaquan M.D.; Murphy, Sherry L. B.S.; Kochanek, Kenneth D. M.A.; and Bastian, Brigham A B.S. Deaths: Final Data for 2013. Division of Vital Statistics. Center for Disease Control. National Vital Statistics Reports Vol. 64, No. 2 February 16, 2016

2. The nation's total fertility rate hit a high of an average of nearly 3.8 children born to each woman in the United States in 1957 during the postwar Baby Boom. The birthrate fell sharply through the 1960s and 1970s with the introduction of the birth control pill, legalization of abortion and other trends, including women delaying childbearing to attend college and pursue a career. The rate dipped below replacement level in 1972 and hit a low of 1.7 in 1976, but it started rising again in the late 1970s, climbed steadily through the 1980s, hovering close to but never hitting the replacement rate throughout the '90s and reaching 2.2 in 2000-2010 before going down to 1.8 or 1.9 in 2011-present. The United States has the highest birth rate (12.5 per 1,000 population), infant mortality rate (6.1 infant deaths per 1,000 live births and 8 under age 5 deaths per 1,000) and maternal mortality rate (32 deaths per 100,000) of any industrialized nation. Net population growth is bolstered by net migrants. The 2020 Annual Report historically revised immigration statistics to express a huge deportation in 2016 and propose a repressive new reduction in the quota of legal immigrants in 2019 and is not very credible except in comparison with the statistical omissions of US Customs who likes to play around with drugs in the evidence room and try to deport allegedly criminal aliens without federal trial. Having checked

the math SSA is assumed to be succumbing to the peer pressure of the Census Bureau to underestimate total population, births, and under age 20 population, and Customs immigration statistics to the detriment of the ability to do math. Total population is lower than mathematically correct. Although the number of deaths increases, as a percentage of the growing population the death rate is declining. SSA must take care that all children born in the United States are issued a unique social security number, regardless of the nationality of their parents pursuant to the Convention on the Reduction of Statelessness (1961).

3. Omission of the covered worker and total area population statistics for 2009 and 2010 may seem as random as the three reports that must be checked to get the numbers, but the precipitous -5 million, -3% decline in covered workers 2008-2009 is important to note while making preliminary estimates of a -24 million, -13.5% decline in workforce from the COVID-19 pandemic. During the Great Recession, that was much less severe than the current economic depression caused by the coronavirus, that is the most severe economic downturn since the Great Depression in the 1930s, covered workers decreased by an estimated 5 million, -3%, from 162.9 million in 2008 to 157.9 million in 2009, and by 818,000, -0.5%, from 157.9 million in 2009 to 157,059 in 2010, before slowly recovering at a rate of 0.9% in 2011. Usually the workforce grows at a rate of 1.3% annually. It is fair to assume that for the duration of 2020 the workforce shall decrease by nearly 32 million pandemic compensation beneficiaries, less those somehow working no more than 32 hours a week and collecting benefits, and those who are re-employed. Recent reports indicate that 21 million people were unemployed and 9 million have regained employment. Of the 12 million unemployed persons, maybe 2 million will find work, but COVID-19 outbreaks and business closures continue. It is therefore estimated that there will be 10 million fewer covered workers in 2020 than 2019, a -5.6% decline to 167.9 million. Provided that the high-cost of the Relief Acts is paid for by devaluation before October 1, 2020 there should be no further large withdrawals from the stock market and the economy will stabilize. However, once jobs are lost, it takes time to recover, at 1.3% average annual growth, the number of covered workers are not expected to recover to 2019 levels until 2025. Payroll tax revenues will take so long to recover that it is absolutely necessary that social security tax the rich and state employees so that there will be a balance available to pay scheduled benefits, including COVID-19 disabled workers and their families pursuant to Anti-deficiency act of 1982 under 31USC§1502.

Table I.A.4 Social Security Beneficiaries in Current-Payment Status 2008-2024
(millions)

Year	OASI	DI	SSI	SSA	Workforce	Total
2008	41,625	9,273	7,521	58,419	162,886	311,012
2009	42,828	9,695	7,677	60,200	157,877	313,343
2010	43,847	10,185	7,912	61,944	157,059	315,020
2011	44,791	10,614	8,113	63,518	158,595	316,996
2012	45,868	10,890	8,263	65,021	160,712	318,814
2013	46,992	10,987	8,363	66,342	163,014	320,644
2014	48,075	10,932	8,336	67,343	165,435	322,987
2015	49,155	10,808	8,142	68,105	168,186	325,640

2016	50,296	10,612	8,088	68,996	170,853	327,838
2017	51,491	10,412	8,038	69,941	173,021	329,733
2018	52,743	10,359	8,129	71,231	175,579	331,867
2019	54,137	10,063	8,077	72,277	177,864	334,152
2020	55,475	9,867	8,050	73,392	179,548	336,345
2020 Pan. low	55,475	11,058	8,158	74,691	167,864	336,345
2020 Pan. Int.	55,475	14,088	8,158	77,721	167,864	336,345
2021 Pan. low	56,806	15,318	8,240	80,364	170,046	338,363
2021 Pan. Int.	56,806	19,159	8,240	84,205	170,046	338,363
2022	58,169	19,351	8,322	85,842	172,257	340,393
2023	59,565	19,448	8,447	87,460	174,496	342,436
2024	60,995	19,545	8,574	89,114	176,764	344,490

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund pg. 62 (not 141) and pg. 95; 2020 Annual Report of the Supplemental Security Income Program pg. 48; 2015 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund pg. 61; 2009 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund pg. 85; 2009 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund pg. 87

4. Before the 2020 Annual Report, the only detected error in usual SSA population statistics was a perennial overestimate of 2.4% annual OASI population growth to justify stochastic projections of an OASI deficit. The slight, nearly 2.5% overestimate of 55.5 million OASI beneficiaries in the 2020 Annual Report is believed to be an accurate description of the impact of the COVID-19 pandemic on the OASI population. The OASI program is much larger than the disability programs and can absorb the surge in beneficiaries without being disturbed. Retirement age people tend to have more savings, other investments, and more reliable work if they continue working beyond the minimum retirement age of 62, in part because they, and not other workers under the age of 40 are protected against forced retirement by the Age Discrimination Act under 42USC§6101 *et seq*. People between the ages of 62 and 70 ½ capable of earning a substantial gainful income are not likely to want to retire because they can earn higher benefits if they continuing contributing to age 70 ½. Total DI beneficiaries in current payment status increased 5% in 2010, 4.2% in 2011, 2.6% in 2012, 0% in 2013. Since 2014 the DI population has steadily declined due to the retirement of the Baby Boomers and unlawful toxic deterrent -0.5% in 2014, -1.1% in 2015, -1.8% in 2016, -1.9% in 2017, -0.5% in 2018. The precipitous decline -4.2% in 2019 on page 141 and – 2.2% on page 62 and -9.3% 2020 projection on page 141 and –1.9% on page 62 of the 2020 Annual Report are not certain, seem to be mostly accounting error and

will have to be officially reviewed before the 2021 Annual Report. Berryhill's -4.2% DI beneficiary population reduction is attributed to the effectiveness of the Ticket to Work Program pursuant to *Biestek v. Berryhill, Commissioner of Social Security* No. 17-1184 (2019). Saul's projected -9.2% reduction does not take into consideration the COVID-19 pandemic and attempts to rely on torture and terrorism finance to evade claims for compensation. There is obviously too much incentive for them to reduce the disability population to produce consistent and accurate statistics regarding the disabled population. The pre-COVID-19 finding is an abusively coerced -2.2% (2019) and attempted -1.9% (2020) DI population reduction.

5. To better account for disability beneficiaries the Board of Trustees is advised to produce detailed tables of applications, incidence and termination, by age as is done in three separate tables in the Annual Report of the SSI Program or in one table of applications, beneficiaries in current payment status and terminations pursuant to Art. 31 of the Convention on the Rights of Persons with Disabilities (2007). For failing to adjust the OASDI tax rate and mostly discriminatorily scheming to reduce the disabled population, to the detriment of statistical accuracy, the Board of Trustees must be charged with discrimination against disability. The term "discriminate against a qualified individual on the basis of disability" includes— utilizing standards, criteria, or methods of administration that have the effect of discrimination on the basis of disability; or that perpetuate the discrimination of others who are subject to common administrative control in Title I Sec. 102 of the ADA under 42USC§12112(b)(3)(A)(B). The Treasury is obligated to protect the Government and individuals from fraud and loss, that apply to anyone who may receive for the Government, Treasury notes, United States notes, or other Government securities; or be engaged or employed in preparing and issuing those notes or securities under 31USC§321(a)(5). The Board of Trustees is obligated to provide balance available for the usual disabled workers and those disabled by the COVID-19 pandemic pursuant to the Anti-Deficiency Act of 1982 under 31USC§1502.

6. Child SSI benefits were initially intended to end child by poverty by 2020 by taxing the rich and state employees. The COVID-19 pandemic has shifted the immediate priority to providing for COVID-19 disabled workers and their families. However, as these people earn a substantial gainful income and DI spending decreases, revenues for the SSI program shall be augmented to end child poverty by 2024 and create an income floor to end all poverty by 2030. SSA child population statistics are believed to suffer a conspiracy with US Census Bureau due to child welfare fraud that has destroyed the population pyramid due to an unjustified reduction of child population estimates from 24% of the population in 2010 to the impossibly low rate of 22.7% in 2014 under 18USC§242. The child population underestimates and destruction of the population pyramid may be attributed to declining birth rates, but is actually believed to be a welfare fraud perpetuating the 10 million child benefit cut failure to pay legal child support obligations from the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 under 18USC§246 and §228. Only people over the age of 40 are protected against wrongful dismissal pursuant to the Age Discrimination Act under 42USC§6101 *et seq*. Child development, labor and other laws clearly indicate that childhood is a "disability" insofar that child development is a physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working pursuant to Sec. 3(2) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(2). The best interest of the child is represented by Art. 7 of the Convention on the Rights of Persons with Disabilities (2007). Every child has the right to benefit from social security, including social insurance. The benefits should, where appropriate, be

granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child under Art. 26(1)(& (2) of the Convention on the Rights of the Child (1990). To properly respect the right of children to an SSI benefit it is necessary to make orphan a qualifying disability. To compensate insulin dependent diabetics and negotiate a rebate for astronomical hyperinflation of insulin prices over the past two decades, it is necessary for Medicaid to pay for all insulin prescriptions, regardless of the ability of the patient, their family or health insurance policy to pay pursuant to

Table I.A.5 Poor Persons Residing in the United States 1973-2014

Characteristics	1973	1980	1990	2000	2010	2012	2013	2014
Percent Below 100% Poverty	11.1	13.0	13.5	11.3	15.1	15.0	14.5	14.8
Black	31.4	32.5	31.9	22.5	27.4	27.2	27.2	26.2
Asian	-	-	12.2	9.9	12.2	11.7	10.5	12.0
Hispanic			28.1	21.5	26.5	25.6	24.7	23.6
White	7.5	9.1	8.8	7.4	9.9	9.7	10.0	10.1
Poor children in families	14.2	17.9	19.9	15.6	21.5	21.3	20.9	20.7
Black	40.6	42.1	44.2	30.9	39.0	37.5	38.0	37.1
Asian			17.0	12.5	14.0	13.3	14.4	13.4
Hispanic	27.8	33.0	37.7	27.6	34.3	33.3	32.2	31.3
White			11.3	11.6	8.5	11.7	12.7	11.9
Poor children with single mothers		50.8	53.4	40.1	46.6	47.2	47.4	46.5
Black		64.8	64.7	49.3	53.2	53.3	54.0	52.8
Asian			32.2	38.0	36.9	33.0	47.4	32.4
Hispanic		65.0	68.4	49.6	56.3	54.7	52.3	53.3
White			39.6	28.0	34.7	38.5	39.5	35.8

Below 100% poverty line in thousands	22,973	29,272	33,585	31,581	46,343	46,496	46,269	46,657
Black	7,388	8,579	9,837	7,982	10,746	10,911	11,041	10,755
Asian			858	1,258	1,899	1,921	2,255	2,137
Hispanic	2,369	3,491	6,008	7,747	13,522	13,616	13,356	13,104
White	12,864	16,365	16,622	14,366	19,251	18,940	19,552	19,652
Poor children in families	9,453	11,114	12,715	11,005	15,598	14,437	15,116	14,987
Black	3,822	3,906	4,412	3,495	4,271	4,097	4,153	4,036
Asian			358	407	477	470	538	492
Hispanic	1,364	1,716	2,750	3,342	5,815	5,773	5,638	5,522
White		5,174	5,108	3,715	4,544	4,510	4,784	4,440
Poor children with single mother		5,866	7,363	6,300	8,603	8,664	9,025	8,491
Black		2,814	3,597	3,090	4,495	4,598	5,155	4,426
Asian			80	162	141	128	159	136
Hispanic		809	1,314	1,407	2,707	2,809	3,069	2,739
White			2,411	1,832	2,209	2,245	2,477	2,174

Source: Health United States, 2015 Special Feature on Racial and Ethnic Disparities Table 2 Persons below Poverty Level, by Selected Characteristics Race and Hispanic Origin: United States selected years 1973-2014

7. From a uniform poverty rate of 15% in 1996 the poverty rate in the United States is now segregated 9% elderly, 10% working age and 20% child poverty. The additional per child cost is more than a full-time and part-time minimum wage worker can afford. Not to be overruled by statistical propaganda and undercounting, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) must be ruled a crime of genocide whereas the destruction of or denial of access to food, shelter and other essentials of life, all with the intent to destroy the…group, in whole or in part, pursuant to the Application of the Convention on the Prevention and Punishment of the Crime of Genocide (*The Gambia v. Myanmar*) Summary 2020/1 23 January 2020. The disability program was initially bribed with an augmented 1.88% DI tax rate, but it was not sufficiently used for child benefits to sustain child welfare or the tax rate pursuant to *Sullivan v. Zebley*, 110 S. Ct. 885 (1990). The subsequent inability

to adjust the 1.8% DI tax rate since 2000 has resulted in SSA being charged with discrimination against disability. The Commissioner is reprimanded for citing the PRWORA as justification for the Annual Report of the SSI Program. In 1996, 15% of children were poor, about average for any American. From 1990 to 2000 the high school completion rate declined in all but seven states and the true child poverty rate increased from 15% to 20%. In 2014, 21% (15.5 million) of all 77 million U.S. children ages 0–17 were reported to live in poverty. Subsequently, the child poverty rate went down somewhat to 18.3% in 2017, but is believed to be higher than ever due to COVID-19 pandemic unemployment. Overall, the poverty rate was much higher for Black, non-Hispanic and Hispanic children than for White, non-Hispanic children. Some 12% of White, non-Hispanic children lived in poverty, compared with 37% of Black, non-Hispanic children and 32% of Hispanic children. In 2014, children in married-couple families were much less likely to be living in poverty than children living in female-householder families (no spouse present). About 11% of children in married-couple families were living in poverty, compared with 46% in female-householder families. The experience in the United and developing nations is that children living in poverty are vulnerable to environmental, educational, health, and safety risks. Compared with their peers, children living in poverty, especially young children, are more likely to have cognitive, behavioral, and socio-emotional difficulties. Additionally, throughout their lifetimes, they are more likely to complete fewer years of school and experience more years of unemployment. In developing countries malnourished children often die from wasting, or suffer permanent stunting and permanent intellectual disability.

Table I.A.6 Race by Percent in United States 2017

Area	White	Latino	Black	Native American	Asian	Pacific Islander	Two or More Races
United States	60.7	18.1	12.5	0.7	5.7	0.2	2.1
Alabama	65.6	4.3	26.5	0.6	1.4	0.05	1.5
Alaska	60.8	7.1	3.3	14.5	6.3	1.3	6.7
Arizona	54.8	31.4	4.3	4.0	3.3	0.2	2.0
Arkansas	72.5	7.6	15.4	1.0	1.6	0.00003	1.9
California	37.2	39.2	5.6	0.4	14.5	0.4	2.7
Colorado	68.3	21.5	4.0	0.6	3.2	0.1	2.3
Connecticut	67.0	16.1	10.2	0.3	4.7	0.04	1.7
Delaware	62.3	9.3	21.7	0.3	4.1	0.04	2.3
District of Columbia	36.8	11.0	45.5	0.2	4.2	0.05	2.2
Florida	54.1	25.6	15.6	0.3	2.8	0.06	1.6
Georgia	52.8	9.6	31.3	0.2	4.1	0.06	1.8
Hawaii	21.9	10.5	2.0	0.2	36.6	9.5	19.4
Idaho	82.0	12.6	0.7	1.1	1.4	0.2	2.0
Illinois	61.3	17.3	14.1	0.2	5.6	0.03	1.6
Indiana	79.2	7.0	9.4	0.2	2.3	0.04	1.8
Iowa	85.7	6.0	3.7	0.3	2.6	0.1	1.7

Kansas	75.9	11.9	5.8	0.8	3.0	0.1	2.5
Kentucky	84.6	3.7	8.1	0.2	1.5	0.1	1.8
Louisiana	58.7	5.2	32.2	0.6	1.8	0.04	1.5
Maine	93.3	1.7	1.5	0.7	1.2	0.03	1.6
Maryland	50.9	10.2	29.7	0.2	6.6	0.05	2.4
Massachusetts	72.2	11.9	7.1	0.2	6.8	0.04	1.8
Michigan	75.2	5.1	13.8	0.6	3.2	0.03	2.2
Minnesota	79.9	5.4	6.3	1.1	5.0	0.05	2.2
Mississippi	56.7	3.2	37.4	0.5	1.1	0.04	1.2
Missouri	79.5	4.2	11.6	0.4	2.0	0.1	2.1
Montana	86.2	3.8	0.5	6.1	0.8	0.07	2.5
Nebraska	79.0	11.1	4.8	0.8	2.5	0.06	1.8
Nevada	49.1	28.8	8.9	0.9	8.4	0.6	3.3
New Hampshire	90.5	3.7	1.3	0.2	2.7	0.03	1.5
New Jersey	55.1	20.4	12.9	0.1	9.9	0.04	1.5
New Mexico	37.5	48.8	1.8	8.8	1.5	0.07	1.5
New York	55.3	19.2	14.6	0.3	8.9	0.05	1.7
North Carolina	63.1	9.5	21.4	1.1	2.9	0.07	1.9
North Dakota	84.6	3.7	3.0	5.1	1.6	0.06	2.0
Ohio	79.1	3.8	12.6	0.2	2.3	0.04	2.1
Oklahoma	65.7	10.6	7.4	8.3	2.3	0.2	5.6
Oregon	75.8	13.1	1.9	1.1	4.5	0.4	3.2
Pennsylvania	76.5	7.3	10.8	0.1	3.5	0.03	1.6
Rhode Island	72.5	15.5	5.9	0.4	3.5	0.06	2.1
South Carolina	63.8	5.7	26.8	0.4	1.7	0.06	1.7
South Dakota	82.2	3.8	2.0	8.4	1.5	0.06	2.1
Tennessee	73.9	5.5	16.8	0.3	1.8	0.05	1.7
Texas	42.0	39.4	11.9	0.3	4.8	0.09	1.5
Utah	78.5	14.0	1.1	1.0	2.4	1.0	2.1
Vermont	92.9	1.9	1.3	0.3	1.8	0.03	1.8
Virginia	61.9	9.4	19.1	0.3	6.7	0.07	2.6
Washington	68.7	12.7	3.8	1.3	8.7	0.7	4.0
West	92.2	1.6	3.5	0.2	0.8	0.02	1.7

Virginia							
Wisconsin	81.3	6.9	6.3	0.9	2.9	0.04	1.7
Wyoming	84.0	10.0	1.1	2.1	0.9	0.07	1.7

Source: Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2017. U.S. Census Bureau, Population Division. June 2018. Three Tables combined and % calculated – (1) Total; (2) Non-Hispanic – white, black, Asian, Pacific Islanders, two or more races; (3) Hispanic – Latino - Total % within 0.2% of 100

8. It is important to note that in 2017 60.7% of the population was white, 18.1% Latino, 12.5% black, 0.7% Native American, 5.7% Asian, 0.2 Pacific Islander and 2.1% Two or more races. US Census Bureau racial statistics are not immediately useful because they use a discriminatory and duplicitous method of accounting for Hispanic ethnicity that destroys the mathematical integrity and ability of the reader to swiftly say what percent of US residents are by race, because every race is arbitrarily divided against strange Hispanic ethnicity statistics. To redress this very severe discrimination in US Census bureau racial statistics, by virtue of Hispanic ethnicity, Census data must prohibit the duplicitous Hispanic ethnicity method of accounting for race, and distinguish race – white, Latino, African American black, Native American, Asian, Native Hawaiian and Pacific Islander and two or more races under Art. 20 of the International Covenant on Civil and Political Rights (1978) and Title VI of the Civil Rights Act of 1964 under 42USC§2000d *et seq*. SSA population statistics have never produced an accurate study of beneficiaries by race. One of the primary reasons for African-Americans having the highest, 14.7% unemployment rate is there are no accurate racial statistics, and it is believed that blacks in particular, but also Native Americans, and other races are not awarded disability benefits on an equal basis with whites, due to discriminatory differences in medical diagnosis of idiopathic disorders, particularly of mental illness by state mental institutions without criminal charges, and overt discrimination by SSA decision-makers and statisticians. Great care must be taken to ensure that the payment of benefits to COVID-19 disabled workers and their families is fairly distributed to African-Americans and other minorities. Taking into consideration that they are more likely to be destitute, there should be a slight +/- 5% statistical preference for black and other racial minority beneficiaries in the administration of pandemic compensation and the proceeds of the tax on the rich and state employees. It is hoped that the African-American unemployment rate will go down if they are awarded disability benefits on an equal basis. SSA must make an effort to improve their disability statistics by race to ensure equitable distribution of benefits without racial discrimination pursuant to Title VI of the Civil Rights Act of 1964 under 42USC§2000d.

9. The final statistical dispute sustains a 3% COLA for low-income beneficiaries, to enable them to not be poor in the future, although income from SSI is currently less than the poverty line, and the social security program cannot currently afford a poverty line benefit for non-contributors, even with 33% more revenues from a tax on the rich and state employees. Sustainable Development Goal 1 to end poverty by 2030 and the spate of low-income social security beneficiaries becoming unable to pay their bills due to their benefits not competing with inflation, to the point that Medicare now reduces premiums cost for low income beneficiaries, has driven home the point that the maximum SSI benefits is not adequate to raise a person out of poverty and it is a serious problem that poor beneficiaries become poorer because benefit purchasing power decreases annually, especially in relation with rent increases. Homelessness, however holy, profitable, healthy and adventurous for most beneficiaries, without crippling disabilities, to camp for free, is not a viable option for families with children. To fulfill the goal of raising all United States citizens out of poverty by 2030 by taxing the rich and state employees, it is necessary for SSA to re-evaluate the relationship of the Cost-of-living adjustment

(COLA) with consumer price index (CPI) inflation estimates pursuant to Sec. 215(i) under the Social Security Act under 42USC§415(i). Since 2000 average consumer price inflation for the urban consumer has been 2.2%, this is less than 2.7% average inflation since 1980. However there is concern that since the $674 (2009-11) SSI benefit there has been a conspiracy between SSA and the Bureau of Labor Statistics with the objective of producing low CPI inflation numbers in order to sip from the COLA to reduce costs and evade inevitable taxation of the rich and state employees. Low-income beneficiaries don't want high inflation either, however they need a COLA that grows significantly faster than inflation, if they are to not be poor at some time in the future and the US is to achieve the elimination of poverty by 2030. The Annual Report admits, originally determined as 2.4% based on CPIs published by the Bureau of Labor Statistics, pursuant to Public Law 106-554, the COLA is effectively now 2.5%. The threatened reduction of the Commissioner's six year term in half as punishment for the 1.6% COLA stands to impress on him that he must minimally provide beneficiaries a 2.4% COLA and those with incomes below the poverty line, e.g. SSI a 3% COLA despite the extremely low 0.6% CPI inflation estimated for 2020.

Table I.A.7 Inflation, Federal Poverty Line, SSI Benefit and COLA 2000-2020

	CPI Inflation	Federal Poverty Line	Additional	Maximum SSI Benefit	Cost-of-living adjustment
2000	3.4	8,350	2,900	6,156	2.5
2001	2.8	8,590	3,020	6,372	3.5
2002	1.6	8,860	3,080	6,.540	2.6
2003	2.3	8,980	3,140	6,624	1.4
2004	2.7	9,310	3,180	6,768	2.1
2005	3.4	9,570	3,260	6,948	2.7
2006	3.2	9,800	3,400	7,236	4.1
2007	2.8	10,210	3,480	7,476	3.3
2008	3.8	10,400	3,600	7,644	2.3
2009	-0.4	10,830	3,740	8,088	5.8
2010	1.6	10,830	3,740	8,088	0
2011	3.2	10,890	3,820	8,088	0
2012	2.1	11,170	3,960	8,376	3.6
2013	1.5	11,490	4,020	8,520	1.7
2014	1.6	11,670	4,060	8,652	1.5
2015	0.1	11,770	4,160	8,796	1.7
2016	1.3	11,880	3,105 varies	8,796	0
2017	2.1	12,060	4,180	8,820	0.3
2018	2.4	12,140	4,320	9,000	2.0

2019	1.8	12,490	4,420	9,252	2.8
2020	0.6	12,760	4,480	9,396	1.6

Source: US Department of Labor Bureau of Labor Statistics. Prior Health and Human Services Poverty Guidelines and Federal Register References. Social Security Administration SSI Federal Payment Amounts.

10. Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality Art. 22 of the Universal Declaration of Human Rights (1948). Each State Party undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights under Art. 9 of the Covenant on Economic, Social and Cultural Rights (1966). States must provide for comprehensive social security schemes and social welfare services; the establishment and improvement of social security and insurance schemes for all persons who, because of illness, disability or old age, are temporarily or permanently unable to earn a living, with a view to ensuring a proper standard of living for such persons and for their families and dependents; by (a) assuring the right to work and the right of everyone to form trade union and bargain collectively, (b) eliminating hunger and malnutrition, (c) eliminating poverty, (d) upholding the highest standards of health, (e) providing housing for low income people under Art. 11 of the Declaration on Social Progress and Development (1969). The right to social security, particularly in cases of unemployment, sickness, invalidity and old and other incapacity to work, as well as the right to paid leave; and obligation to introduce maternity leave with pay or with comparable social benefits without loss of former employment or seniority of social allowances are guaranteed under Art. 11(1)(e)&(2)(b) of Convention on the Elimination of All Forms of Discrimination against Women (1979). States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child under Art. 26 (1)(&(2) of the Convention on the Rights of the Child (1990). Persons with disabilities have the right to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and States shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability. To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs; To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programs and poverty reduction programs; To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability related expenses, including adequate training, counseling, financial assistance and respite care; To ensure access by persons with disabilities to public housing programs; To ensure equal access by persons with disabilities to retirement benefits and programs under Art. 28 of the Convention on the Rights of Persons with Disabilities (2007).

I.A.1. Social Security Administration

A. The Economic Security Act (H. R. 7260), first enacted August 14, 1935 and subsequently amended numerous times, is compiled as the Social Security Act in 21 Titles, §1-§2110 and codified at Title 42 of the United States Code Chapter 7 Subchapters I-XXI §301-§1397jj. Although not required for legal purposes, reference to social security law should include both the Act and the Statute for neutral citation. The intention of the original Economic Security Act P.L. 74-271 was “to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes”. The Economic Security Act was part of the Franklin Delano Roosevelt’s Second New Deal in response to the economic hardships of the Great Depression. The Social Security Program that was established was meant to provide a safety net for the nation’s vulnerable population. Unlike many of the other programs of the New Deal that were temporary in nature, or subsequently abolished, Social Security was built to last. Social Security has become a cornerstone of democracy, a means of efficiently redistributing income from the rich to poor, a system of government that provides people with a subsistence income. Social security has become the largest, most important and most loved social program in modern governments.

1. The Social Security Act has undergone four major amendments. The four most significant amendments to the Social Security Act have been the creation of a disability insurance program in the Amendments of 1956, P.L. 86-778 of 1960 that removed the age requirements for disability insurance, the creation of a national medical insurance program in P.L. 89-97 signed on July 30, 1965 and Public Law 92-603 of 1972 that enacted the Supplemental Security Income (SSI) Program to assist "individuals who have attained age 65 or are blind or disabled" by setting a guaranteed minimum income level for such persons. SSI is currently paid for the by General Fund, not OASDI. SSI is administrated and accounted for by the Social Security Administration (SSA) that became an independent agency in 1996. Since 1994 the Hospital Insurance (HI) tax has no limit on taxable income, beginning in 2013, workers pay an additional 0.9% of their earnings above $200,000 (individual) or $250,000 (joint tax return). The way forward is to close the tax loophole for the rich and state employees by repealing Sec. 230 of the Social Security Act under 42USC§430 and amending it to: 'Supplemental Security Income Trust Fund' 'The tax loophole for the rich and state employees is closed to pay for workers disabled by the COVID-19 pandemic and create in the Treasury an SSI Trust Fund to end child poverty by 2020 and income floor to end all poverty by 2030.'

B. A Social Security Board was responsible for administration of the original Social Security Act except for parts 1, 2, 3, and 5 of Title V (which were administered by the Children's Bureau, then in the Department of Labor); part 4 of Title V which increased the appropriations authorized for carrying out the Act of June 2, 1920 and Title VI which authorized grants to the States for public health work. The Social Security Board was transferred to the Federal Security Agency by Reorganization Plan No. 1 of 1939 and the Board's functions were to be carried on under the direction and supervision of the Federal Security Administrator. Reorganization Plan No. 2 of 1946 transferred the functions of the Children's Bureau and the functions of the Secretary of Labor under Title V of the Act to the Federal Security Administrator and the Board was abolished. The Bureau of Employment Security, with its unemployment compensation and employment service function, was transferred from the Federal Security Agency to the Department of Labor by Reorganization Plan No. 2 of 1949. The Department of Health, Education, and Welfare was established by Reorganization Plan No. 1 of 1953 with a Secretary of Health, Education, and Welfare as the head of the Department. All functions of the Federal Security Agency, which was abolished, were transferred to the Department of Health, Education, and Welfare. The functions of the Federal Security Administrator were transferred to the Secretary of Health, Education and Welfare. The Department of Health, Education, and Welfare was re-designated the Department of Health and Human Services, and the Secretary of Health, Education, and Welfare was re-designated the Secretary of Health and Human Services by P.L. 96-88, §509, approved October 17, 1979. The Department of Health and Human Services re-designation was effective May 4, 1980 (45 Federal Register 29642; May 5, 1980). The Department of Education which was established by P.L. 96–88 was activated May 4, 1980 (Executive Order 12212 of May 2, 1980; 45 Federal Register 29557; May 5, 1980). Effective March 31, 1995, the Social Security Administration was re-established as an independent agency, with a Commissioner responsible for the exercise of all powers and duties of the Administration by P.L. 103-296, §101, approved August 15, 1994.

Table I.A.1.1 Commissioners of Social Security 1946-present

Arthur J. Altmeyer July 16, 1946-April 10, 1953	Dorcas R. Hardy June 26, 1986 to July 31, 1989
William L. Mitchell (Acting) April 11, 1953 to November 23, 1953	Gwendolyn S. King August 1, 1989 to September 30, 1992
John W. Tramburg November 24, 1953 to July 31, 1954	Louis D. Enoff (Acting) October 1, 1992 to July 18, 1993
Charles I. Schottland August 23, 1954 to December 31, 1958	Lawrence H. Thompson (Acting) July 19, 1993 to October 7, 1993
William L. Mitchell February 4, 1959 to April 3, 1962	Shirley S. Chater October 8, 1993 to February 28, 1997
Robert M. Ball April 17, 1962 to March 17, 1973	John J. Callahan (Acting) March 1, 1997 to September 28, 1997
Arthur E. Hess (Acting) March 18, 1973 to October 24, 1973	Kenneth S. Apfel September 29, 1997 to January 20, 2001
James B. Cardwell October 25, 1973 to December 12, 1977	William Halter (Acting) January 21, 2001 to March 28, 2001
Don I. Wortman (Acting) December 13, 1977 to October 4, 1978	Larry G. Massanari (Acting) March 29, 2001 to November 9, 2001
Stanford G. Ross October 5, 1978 to December 31, 1979	Jo Anne B. Barnhart November 9, 2001 to February 11, 2007
Herbert R. Doggette (Acting) January 1, 1980 to January 2, 1980	Michael J. Astrue November 12, 2007 to February 14, 2013
William J. Driver January 3, 1980 to January 19, 1981	Carolyn Colvin February February 14, 2013 to February 24, 2017
Herbert R. Doggette (Acting) January 20, 1981 to May 5, 1981	Nancy Berryhill February 24, 2017 to March 18, 2020
John A. Svahn May 6, 1981 to September 12, 1983	Andrew Saul March 18, 2020 to present
Martha A. McSteen (Acting) September 14, 1983 to June 25, 1986	

Source: SSA

1. SSA is headed by a Commissioner of Social Security, who employs a deputy commissioner and Inspector General to oversee, in co-operation with the Secretary of Health and Human Services, the administrative programs of SSA and may create and abolish such operations as they see fit under Sec. 702 of the Social Security Act under 42USC§902. SSA receives counsel from the President's Advisory Board. In November 2001 a law was passed to give the Commissioner of Social Security a set term of 6 years. Previously, in nature, without a law dictating a arbitrary term limit, the average term was less than two years after the founder Arthur J. Altmeyer served six years from July 16, 1946-April 10, 1953 or the longest serving commissioner Robert M. Ball, served nearly nine years from April 17, 1962 to March 17, 1973. Most Commissioners served only a few months. Congress is recommended to amend the 6 year term of the Commissioner to 2 years under Sec. 702 of the Social Security Act under 42USC§902(a)(3).

2. It is the duty of the Board of Trustees composed of the Commissioner of Social Security, the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health and Human Services pursuant to Sec. 201(c) of the Social Security Act under 42USC§401(c) to - a. Hold the Trust Funds; b. Report to the Congress not later than the first day of April of each year on the operation and status of the Trust Funds during the preceding fiscal year and on their expected operation and status during the next ensuing five fiscal years; c. Report immediately to the Congress whenever the Board of Trustees is of the opinion that the amount of either of the Trust Funds is unduly small; d. Recommend improvements in administrative procedures and policies designed to effectuate the proper coordination of the old-age and survivors insurance and Federal-State unemployment compensation program; and e. Review the general policies followed in managing the Trust Funds, and recommend changes in such policies, including necessary changes in the provisions of the law which govern the way in which the Trust Funds are to be managed.

Table I.A.1.2 Social Security Administrative Costs 2016 - 2020
(billions)

	2016	2017	2018	2019	2020	2021	2022	2023	2024
OASDI	6.2	6.5	6.7	6.4	7.0	7.2	7.4	7.7	7.9
SSI	4.2	4.1	4.3	4.4	4.4	4.5	4.7	4.8	5.0
Total	10.4	10.6	11.0	10.8	11.4	11.7	12.1	12.5	12.9

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Trust Fund and Federal Disability Insurance Trust Fund. 2020 Annual Report of the Supplemental Security Program.

3. Every year more than 70,000 SSA employees process more than 5 million claims for benefits. They issue 16 million new and replacement Social Security number (SSN) cards. They process 265 million earnings items to maintain workers' life-long earnings records. They handle approximately 54 million phone calls to SSA's 800-number. They issue 136 million Social Security Statements to advise workers how much they have contributed to Social Security and provide estimates of future benefits online. Social Security Matters blog provides for online feedback. OASDI takes pride in their low administrative costs less than 1%, +/-0.6%, while SSI administrative costs run about 7% of program costs. The contractual cost of processing applications from the SSI tax is expected to be shared with elementary and secondary schools. To process the applications of COVID-19 disabled workers, pay

state vocational agencies to operate the Ticket to Work Program and end the administrative persecution of the number of the beast of the OASDI program in excess of 42 months, 2020 OASDI administrative costs are increased from $6.6 billion to $7.0 billion (Revelation 13:10).

C. As a rule there are no residency requirements for social security disability or retirement beneficiaries. An individual is considered a "resident" if they live in the State or political subdivision administrating the supplemental relief, if the individual: has located in the area; and intends to make the area the individual's sole place of residence or is traveling through the area who needs emergency assistance and/or has a mailing address in the area. For the purpose of the administration of social security and relief residency is important because local and state administrations are expected to contribute to Social Security benefits through Medicare, foods stamps and state supplemental security income. Any State (or political subdivision) making supplementary payments may at its option impose as a condition of eligibility for such payments, and include a residence requirement which excludes individuals who have resided in the State (or political subdivision) for less than a minimum period prior to application for such payments under Sec. 1616(c)(1) of the Social Security Act under 42USC§1382e (c)(1). State agencies shall administrate aid to the Permanently and totally disabled to guarantee the recipients are granted steady benefits sometimes with residency requirements of up to five years under Sec. 1402(b)(1) of the Social Security Act under 42USC§1352 (b)(1).

1. Since 1986, United States immigration law has prohibited employers from knowingly hiring or continuing to employ aliens who are not authorized to work under the Immigration and Nationality Act (INA). Since 1996, employers have had the option of verifying names and Social Security numbers (SSNs) of new hires against SSA's database through an employment eligibility verification system (EEVS, formerly known as the Basic Pilot) operated jointly by SSA and DHS. Until 2003, the Basic Pilot was restricted to operate in only five states, but has since been expanded nationally. Currently, about 16,700 employers at 73,000 hiring sites (less than 1 percent of all establishments) participate in the EEVS. Most participating employers do so voluntarily, but some are required to use the EEVS by law or because of prior immigration violations. In 2006, the system received over 1.6 million requests for verification. Of these, 1.4 million cases were resolved by SSA. The bulk of the remaining cases were referred to DHS for further verification of work-eligibility. People wishing to enter the United States for more than six months are directed to file Form I-765, Application for Employment Authorization, before they come to the United States to look for work, or before their six-month tourist visa expires. After filing and receiving a favorable determination, the applicant receives an Employment Authorization Document (EAD) and within seven days thereafter a social security card, even if they previously had a social security number. An EAD is not necessary for lawful permanent residents. The social security number allows the immigrant to work, report their wages, pay taxes and be eligible for disability and retirement benefits after 10 quarters of contributions.

2. Alien nationals are not generally eligible for social security benefits. Generally, a non-citizen is not eligible for SSI but may be eligible for SSDI if lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) and have a total of 40 credits of work in the United States, a spouse's or parent's work may also count. Not more than 4 credits may be granted any given year. One credit per $1,420 in earnings. For purposes of determining eligibility for and the amount of benefits of an individual who is an alien, the income and resources of any person who executed an affidavit of support or similar agreement with respect to such individual, and the income and resources of the sponsor's spouse, shall be deemed to be the income and resources of such individual for a period of 3 years after the individual's entry into the United States. The Secretary is authorized to provide

temporary assistance to citizens of the United States and to dependents of citizens of the United States, if they are identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of the destitution of the citizen of the United States or the illness of such citizen or any of his dependents or because of war, threat of war, invasion, or similar crisis renders them eligible for asylum or refugee status under Sec. 1113 of the Social Security Act under 42USC§1313.

D. Social Security benefits are based on a formula that essentially averages earnings over a worker's life. Unfortunately, women generally have lower wages and are also more likely than men to adjust their work lives to the demands of children, home, and older relatives needing care. As a result, women have more years of very low or no earnings, greatly reducing their potential Social Security benefits. The maximum monthly benefit for people first retiring at full retirement age (67) is $37,327 in 2020. Workers covered by Social Security (virtually all workers other than about 25 percent of state and local government employees (contribute 6.2 percent of their earnings (with an equal employer match) up to a maximum taxable ceiling $137,700 in 2020) into two trust funds: the Old-Age and Survivors Insurance Trust Fund and the Disability Insurance Trust Fund, or what is more conveniently called the combined OASDI Trust Fund. Self-employed workers make contributions to those made by regular employees and their employers. To be what the Social Security Administration calls "fully" or permanently" insured, workers must have contributed to Social Security for forty "quarter of coverage". In 2020, one credit is given for contributions made on each $1,420 of earnings anytime in the calendar year, up to a maximum of four quarters or credits in any calendar year, up to a maximum of four quarters or credits in any calendar year. Because workers can become disabled or die at any time, workers under age 31 may become insured for those benefits with fewer than forty quarters, as few as six quarters out of the last three years for the youngest workers. Disability insurance applicants must meet an additional requirement of recency of work usually twenty out of the last forty quarters, except that in the case of workers under age 31, it may be as little as six quarters out of the last three years. Monthly benefits vary according to such factors as type of benefit, prior contributions, age when benefits begin, and the number of people receiving benefits in a household. Certain family members may also qualify for benefits. Benefits may be paid to a: spouse, divorced spouse, children, disabled child, and/or adult child disabled before age 22. If any qualified family members apply for benefits, SSA will ask for their Social Security numbers and their birth certificates. If a spouse is applying for benefits, social security may ask for proof of marriage, and dates of prior marriages, if applicable. Each family member may be eligible for a monthly benefit of up to 50 percent of the disability rate. However, there is a limit to the amount social security pays a family. The total depends on the benefit amount and the number of family members who also qualify on the record. The total varies, but generally the total amount a family can receive is about 150 to 180 percent of the disability benefit.

E. The administrative process is begun when a claim is filed, as required of the Social Security Administration by 20CFR§404.603. If the claim is administratively denied, regulations permit administrative reconsideration within a six-month period as set forth in 20CFR§404.909. Should a request for reconsideration prove unsuccessful, the claimant may, within 60 days, ask for an evidentiary hearing before an administrative law judge in Sec. 205 of the Social Security Act under 42USC§405. The types of information being solicited, including the following: (A) Countable income. (B) Countable assets. (C) Wasted resources. (D) Relatives capable of providing assistance. (E) Past or present employment. (F) Pending claims or causes of action. (G) A medical condition if relevant to a disability determination. (H) Any other information required by law.

1. Once an application is made the administrator shall carefully investigate the circumstances of the applicant utilizing the Income and Eligibility Verification System set forth in Sec. 1137 of the Social Security Act under 42USC§132b-7. Income verification is done by a person's social security number under 26USC§6103(7)(D)(iii) of the Internal Revenue Code. When petitioners are guilty of falsely misrepresenting themselves the duration of the applicable exclusion period, with respect to the determination by the Commissioner that a person has engaged in administrative misconduct shall be – 1. six consecutive months, in the case of the first such determination with respect to the person; 2. twelve consecutive months, in the case of the second such determination with respect to the person; and 3. twenty-four consecutive months, in the case of the third or subsequent such determination with respect to the person pursuant to Sec. 1129A of the Social Security Act under 42USC§1320a-8a(c).

2. The privacy and confidentiality of the personally identifying records are protected under 5USC§552a(b) that states, "No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains". (I) vital statistics (including records of marriage, birth, and divorce); (II) State and local tax and revenue records (including information on residence address, employer, income and assets); (III) records concerning real and titled personal property; (IV) records of occupational and professional licenses, and records concerning the ownership and control of corporations, partnerships, and other business entities; (V) employment security records; (VI) records of agencies administering public assistance programs; (VII) records of the motor vehicle department; and (VIII) corrections records. Because malicious monoclonal antibody to the spine contamination of disability questionnaires mailed by local SSA offices have been witnessed interstate, an Epsom salt bath, saline solution, chlorine or salt water pool or ocean swim is prescribed to treat methicillin resistant *Staphylococcus aureus* (MRSA). Short of arresting the perpetrator and conspiracy, to stop the B&E it is imperative that SSA stop their unprofessional entering of addresses in the social security number indexed profile pursuant to Art. 28 of the Fourth Geneva Convention Relating the Protection of Civilians in Times of War (1949).

F. The Trustee must provide adequate notice in writing to any participant or beneficiary whose claim for benefits under the plan has been denied, setting forth the specific reasons for such denial, written in a manner calculated to be understood by the participant, and afford a reasonable opportunity to any participant whose claim for benefits has been denied for a full and fair review by the appropriate named fiduciary of the decision denying the claim under 29USC§1133. The Commissioner of Social Security has delegated an Appeals Council and Administrative Law Judges (ALJs) in the Office of Hearings and Appeals (OHA), the authority to hear and decide appealed determinations of claims for retirement, survivor, disability, supplemental security income and statutory blindness benefits under Title II; special benefits to World War II veterans under title VIII; aged, blind and disability benefits under Title XVI; and initial and continuing entitlement to benefits under Title XVIII.

1. In general under 20CFR§404.929 one is entitled to a hearing before an administrative law judge if dissatisfied with one of the determinations or decisions listed in 20CFR§404.930 and may request a hearing. The Associate Commissioner for Hearings and Appeals, or his or her delegate, shall appoint an administrative law judge to conduct the hearing. If circumstances warrant, the Associate Commissioner, or his or her delegate, may assign your case to another administrative law judge. The hearing office (HO) must acknowledge receipt of each valid request for hearing (RH) as soon as

possible, but no later than 30 days after the HO receives the RH. When a case is assigned to an ALJ for a hearing and decision, the ALJ is responsible for all actions necessary to process the case. The ALJ's principal responsibilities are to hold a full and fair hearing and issue a legally sufficient and defensible decision. The Hearings, Appeals and Litigation Law (HALLEX) manual conveys the guiding principles, procedural guidance and information from the Associate Commissioner of Hearings and Appeals to the Office of Hearings and Appeals (OHA) staff.

2. Representatives who want to charge or collect a fee from a claimant or a third party, for services provided in any proceeding before the Social Security Administration (SSA) under the Social Security Act, must first obtain SSA's authorization Payment for professional representation has been set by the Commissioner of Social Security at 25% of the total amount of past due benefits or $4,000 whichever is the lesser, only in favorable claims, under Sec. 206 of the Social Security Act under 42USC§406. In general it is recommended that the term non-lawyer representative be changed to non-social worker representatives and social workers be appointed to serve in the capacity of administrative law judges, rather than lawyers. A Non-social worker may also be appointed representative by the claimant to represent their dealings before the Commissioner if the person a. is generally known to have a good character and reputation; b. is capable of giving valuable help to the claimant in connection with the claim; is not disqualified or suspended from acting as a representative in dealings before the Commissioner; and c. is not prohibited by any law from acting as a representative 20CFR§404.1705 and §416.1505.

G. The Equal Access to Justice Act (EAJA) was enacted to eliminate the barriers that prohibit small businesses and individuals from securing vindication of their rights in civil actions and administrative proceedings brought by or against the Federal Government and authorizes the payment of attorney's fees to a prevailing party in an action against the United States absent a showing by the Government that its position in the underlying litigation "was substantially justified” under 28USC§2412 (d)(1)(A). EAJA sets a deadline of 30 days after final judgment for the filing of a fee application and directs that the application include: (1) a showing that the applicant is a "prevailing party"; (2) a showing that the applicant is "eligible to receive an award" ie. net worth did not exceed $2,000,000 at the time the civil action was filed," §2412(d)(2)(B; and (3) a statement of "the amount sought, including an itemized statement from any attorney ... stating the actual time expended and the rate" charged under *Scarborough v. Anthony J. Principi, Secretary of Veteran’s Affairs* No. 02-1657 (2004). After the Social Security Appeals Council adopted the ALJ's recommended decision that respondent was disabled and instructed the Secretary to pay her benefits, the District Court granted the Secretary's motion to dismiss the judicial review action on the ground that respondent had obtained all the relief prayed for however the Court found that it had jurisdiction under the EAJA in *Sullivan v. Hudson* 490 US 977 (1989).

1. Sec. 205(h) of the Social Security Act under 42USC§405(h) states, “the findings and decisions of the Secretary after a hearing shall be binding upon all individuals who were parties to such hearings. No findings of fact or decision of the Secretary shall be reviewed by any person, tribunal or government agency except as herein provided” under *Cappadora v. Anthony J. Celebreeze* 356 F 2d. 1, 4 (CA2 1996). Sec. 205(g) however provides that any individual after a final decision of the Secretary may obtain review of such decision by civil action commenced within 60 days by filing a civil action. The district court; in such action, has the power to enter "a judgment affirming, modifying, or reversing the [Secretary's] decision, with or without remanding the cause for a rehearing" under *Mathews v. Weber* 423 US 261 (1973) and *Sullivan v. Finkelstein* 496 US 617 (1990). Constitutional questions are

unsuited for administrative hearing procedures and therefore access to the courts is essential for the answer of these questions. Written submissions provide the disability recipient with an effective means of communicating his case to the decision-maker. The judicial model of an evidentiary hearing is neither required, nor even the most effective, method of decision-making in all circumstances. One should exhaust administrative remedies before seeking judicial review under *Mathews v. Eldridge* 424 US 319 (1976).

2. The right of any person to payment is not be transferable or assignable, at law or in equity, and none of the moneys paid or payable or rights existing under this chapter shall be subject to execution, levy, attachment, garnishment, or other legal process, or to the operation of any bankruptcy or insolvency law Sec. 207(a) of the Social Security Act under 42USC§407(a). An entity may not engage in a discriminatory pattern or practice on the basis of age over 40 under the Age Discrimination Act of 1975 under 42USC§6101, on the basis of handicap under section 504 of the Rehabilitation Act of 1973 under 29USC§794, on the basis of sex under title IX of the Education Amendments of 1972 under 20USC§1681, on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 under 42USC§2000d or on the basis of physical or mental disability under the Americans with Disabilities Act of 1990 under 42USC§12101 *et seq*. Religious organizations are eligible, on the same basis as any other private organization, as contractors to provide assistance, or to accept certificates, vouchers, or other forms of disbursement, so long as the programs are implemented consistent with the Establishment Clause of the United States Constitution. Neither the Federal Government nor a State receiving funds under such programs shall discriminate against an organization which is or applies to be a contractor to provide assistance, or which accepts certificates, vouchers, or other forms of disbursement, on the basis that the organization has a religious character under Sec. 404(a) of the Social Security Act under 42USC§604(a). As part of the pre-release procedures for institutionalized persons the Commissioner of Social Security shall develop a system under which an individual can apply for supplemental security income benefits prior to the discharge or release of the individual from a public institution. The Commissioner shall provide notice written in simple and clear language under Sec. 1631(m, n, o) of the Social Security Act under 42USC§1383(m,n,o) and Sec. 1611 of the Social Security Act under 42USC§1382.

3. Disability applicants from the COVID-19 pandemic are advised to use Social Security Online before their worker privilege expires. All applicants will be treated to the Ticket to Work program and the needy to benefits pursuant *Biestek v. Berryhill* No. 17-1184 (2009). The Ticket to Work program must be fully funded to prescribe hydrocortisone, eucalyptus, lavender and peppermint (HELP) to ensure workers and workplaces are medically treated and facilitated to negotiate with repressive States indiscriminately prohibiting their industries. All tickets to state vocational agencies issued by the Commissioner pursuant to the Ticket to Work and Self-Sufficiency Act of 1999 Sec. 1148(b)(1) of the Social Security Act under 42USC1320b-19(b)(1), funded $3,747,830,155 in 2020, 2.7% annual growth from 2015 pursuant to title I of the Rehabilitation Act of 1973 under 29USC§720(b)(1) shall contain a prescription for Hydrocortisone, Eucalyptus, Lavender and Peppermint (HELP).

I.A.2 Old Age and Survivor Insurance

A. The Old Age and Survivor Insurance (OASI) Trust Fund was begun with the original Social Security Act of 1935 as codified at Sec. 201 of Title II of the Social Security Act 42USC§401. Retirement benefits require that a person be at least 62 years of age and earn less than $2,500 a month. Under current law, the age at which workers become eligible for full retirement benefits—known as the normal retirement age, or NRA—varies, depending on the individual's year of birth. For workers born before 1938, the NRA is 65. For workers born in subsequent years, the eligibility age increases in two-month increments until it reaches 66 for workers born in 1943. For workers born between 1944 and 1954, the NRA remains at 66 but rises, again in two-month increments, until it reaches 67 for workers born in 1960 or later. Workers can still receive benefits at age 62, but the benefit they receive at that age will represent a smaller share of what they could have qualified for if they had waited until the normal retirement age to claim benefits in Sec. 202 of the Social Security Act under 42USC§402. Old-age benefits are computed on the basis of a wage earner's "average monthly wage" earned during his "benefit computation years" during which his covered wages were highest as explained in *Califano v. Webster* 430 US 313 (1977). One month after an insured person dies a sum of not less than $255 is made payable to the widow or widower of the deceased. Should the deceased have been eligible or receiving disability or old age insurance and the spouse was not eligible but dependent upon the deceased income the surviving spouse and children are eligible for 75% of normal benefits of the deceased. A sum of not less than $225 is made out to surviving spouse upon death. A married woman under 62 whose husband retires or becomes disabled is granted monthly benefits under the Act if she has a minor or other dependent child in her care in *Mathews v. DeCastro* 429 US 181 (1976). Although every state may set their own standards, they may not have an older retirement age than 65.

1. The public must be informed that coronavirus and mold allergies are instantly cured with a dab of hydrocortisone crème, essential oil of eucalyptus, lavender or peppermint, to the nose and/or chest. If the public is informed of these non-toxic and non-allergenic coronavirus treatments the pandemic will be permanently cured in six months of onset, just as the economic recession turns into a depression, and before the snot nosed child deaths begin. A -10% economic decline, and consequently in payroll tax revenues, is crudely estimated for the entire duration of 2020. Payroll taxes may be even more hard hit than the consumer economy at large. From March to July 31 32 million people, 18% of the 179 million workforce, were collecting unemployment due to the COVID-19 pandemic. 24 million people, 13.4% of the workforce, are still collecting state unemployment compensation after 8 million pandemic compensation benefits, 4.4% of the workforce and $600 a week supplement terminated July 31. Provided, the US devaluates the dollar 11.7% on October 1, 2020 the special issue bond and regular t-bond financed federal deficit, with be wiped clean, otherwise the $1.5 trillion irregular bond sale is certain to decimate the stock market, as bailouts repeatedly extended the Great Recession (2009-2011). Although it is estimated that the payroll tax will be reduced by 10% for the entire year, although the pandemic may be ended after six months now that hydrocortisone, eucalyptus, lavender and peppermint (HELP) has arrived, due to the severity of the second largest economic decline since the Great Depression, with a 291% trust fund ratio (2020) and 10.6% tax rate, OASI has enough assets to be complacent about the COVID-19 pandemic.

Table I.A.2.1 Old Age Survivor Insurance Trust Fund 2000-2021
(billions)

	Total	Tax	GF Reimbursement	Tax on Benefits	Net interest	Total	Scheduled Benefits	Administrative Costs	R&R Interchange	Net increase end of year	Assets at end of Yer	Trust fund Ratio
2000	490.5	421.4	0	11.6	57.5	358.3	352.7	2.1	3.5	132.2	931.0	223

2001	518.1	441.5	0	11.9	64.7	377.5	372.3	2.0	3.3	140.6	1,072	247
2002	539.7	455.2	0.4	12.9	71.2	393.7	388.1	2.1	3.5	146.0	1,218	272
2003	543.8	456.1	0	12.5	75.2	406.0	399.8	2.6	3.6	137.8	1,355	300
2004	566.3	472.8	0	14.6	79.0	421.0	415.0	2.4	3.6	145.3	1,501	322
2005	604.3	506.9	-0.3	13.8	84.0	441.9	435.4	3.0	3.6	162.4	1,663	340
2006	642.2	534.8	0	15.6	91.8	461.0	454.5	3.0	3.5	181.3	1,844	361
2007	675.0	560.9	0	17.2	97.0	495.7	489.1	3.1	3.6	179.3	2,024	372
2008	695.5	574.6	0	15.6	105.3	516.2	509.3	3.2	3.6	179.3	2,203	392
2009	698.2	570.4	0	19.9	107.9	564.3	557.2	3.4	3.7	133.9	2,337	390
2010	677.1	544.8	2.0	22.1	108.2	584.9	577.4	3.5	3.9	92.2	2,429	400
2011	698.8	482.4	87.8	22.2	106.5	603.8	596.2	3.5	4.1	95.0	2,524	402
2012	731.1	503.9	97.7	26.7	102.8	645.5	637.9	3.4	4.1	85.6	2,610	391
2013	743.8	620.8	4.2	20.7	98.1	679.5	672.1	3.4	3.9	64.3	2,591	384
2014	769.4	646.2	0.4	28.0	94.8	714.2	706.8	3.1	4.3	55.2	2,729	374
2015	801.6	679.5	0.3	30.6	91.2	750.5	742.9	3.4	4.3	51.0	2,780	364
2016	797.5	678.8	0.1	31.6	87.0	776.4	768.6	3.5	4.3	21.1	2,801	358
2017	825.6	706.5	0	35.9	83.2	806.7	798.7	3.7	4.3	19.0	2,820	347
2018	831.0	715.9	0	34.5	80.7	853.5	844.9	3.8	4.8	-22.4	2,798	330
2019	917.9	805.1	0	34.9	77.9	911.4	902.8	3.7	4.9	6.5	2,805	307
2019 10.5	912.8	800.0	0	34.9	77.9	911.4	902.8	3.7	4.9	1.4	2,821	307
2020	967.0	853.3	0	38.9	74.8	962.8	953.7	3.9	5.2	4.2	2,809	291
2020 10.6	881.7	768.0	0	38.9	74.8	962.8	953.7	3.9	5.2	-81.1	2,728	291
2020 10.34	858.8	745.1	0	38.9	74.8	962.8	953.7	4.0	5.2	-104	2,701	291
2020 10.1	841.5	727.8	0	38.9	74.8	962.8	953.7	4.0	5.2	-121	2,684	291
2021	995.6	881.4	0	42.2	72.0	1,020	1,011	3.6	4.9	-24.4	2,785	272
2021 10.6	928.3	814.1	0	42.2	72.0	1,020	1,011	4.1	4.9	-91.7	2,636	268
2021 10.04	881.1	766.9	0	42.2	72.0	1,020	1,011	4.1	4.9	-139	2,562	265
2021	786.3	672.1	0	42.2	72.0	1,020	1,011	4.2	4.9	-234	2,467	198

8.8												
2021 8.95	1,024	909.4	0	42.2	72.0	1,020	1,011	4.2	4.9	4	2,732	267
2022 8.95	1,090	964.3	0	43.8	82.0	1,076	1,067	4.3	5.0	13.7	2,746	254
2023 8.9	1,144	1,016	0	45.1	82.4	1,136	1,126	4.4	5.1	8.5	2,755	242
2024 8.9	1,207	1,077	0	46.5	82.7	1,198	1,188	4.5	5.2	9	2,764	230

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund. Pg. 42. 2020 Rec. re-estimates -10% by the UN, 2021 healthy 6% payroll tax revenue growth from 2020 Pan.

2. After incurring a deficit in 2018, in the third and final year of the 2.73% DI tax rate of the Bipartisan Budget Act, the reversion to the 10.6% OASI tax rate left the OASI trust fund with a slight $6.5 billion profit in 2019, but this is lost on the COVID-19 pandemic recession in 2020. It is significant that the Actuary has not been able to adjust the OASDI tax rates since 2000. The projected hypothetical combined OASI and DI Trust Fund asset reserves become depleted and unable to pay scheduled benefits in full on a timely basis in 2035. At the time of depletion of these combined reserves, continuing income to the combined trust funds would be sufficient to pay 79 percent of scheduled benefits. The OASI Trust Fund reserves are projected to become depleted in 2034, at which time OASI income would be sufficient to pay 76 percent of OASI scheduled benefits. However, the Actuary has a long history of overestimating stable 2.4% OASDI beneficiary population growth and >5.5% cost growth, without a 3% COLA, for decades, undermining his long-term gloom and doom prophecies and calculations regarding the future of the OASI trust fund. On the other hand DI Trust Fund asset reserves are wrongly projected in the intermediate projection to become depleted in 2065, at which time continuing income to the DI Trust Fund would be sufficient to pay 92 percent of DI scheduled benefits, although the actual high cost scenario predicts complete depletion by 2026 and this may happen sooner due to the disadvantaged DI payroll tax revenues lost to the COVID-19 pandemic recession and the high cost of compensation for the outright discrimination against disability by the Office of the Actuary. The Actuary is however highly discriminating against DI applications and incidence and his population reduction is a civil right crime that is not expected to prevail in 2020 or ever, despite, or perhaps because of the compensation due for the ankylosing spondylitis monoclonal antibodies to the back(pay) on disability questionnaires treated for Methicillin Resistant *Staphylococcus Aureus* (MRSA) with an Epsom salt bath.

3. Net reimbursements from the General Fund of the Treasury amounted to $11 million in 2019, not enough to register, almost all of that amount came from adjustments to prior year reimbursements based on Public Law 111- 312, the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010, Public Law 112-78, the Temporary Payroll Tax Cut Continuation Act of 2011, and Public Law 112-96, the Middle-Class Tax Relief and Job Creation Act of 2012. These acts specified General Fund reimbursement for temporary reductions in employee and self-employment payroll taxes for earnings in 2011 and 2012. It is however better for the General Fund to avoid paying compensation for deprivation of payroll taxes assigned to the OASDI Trust Fund whereas the tax relief

goes only to payroll taxpayers who by definition are not COVID-19 torture victims. Due to the extremely cheap cure, it is not surprising that the SSA B & E is a lead suspect in the transmission of coronavirus to the United States from China because of the extremely cheap price of a cure that procured at the dollar store, Epsom salt bath in the case of hospital acquired MRSA and hydrocortisone, eucalyptus, lavender or peppermint in the case of coronavirus and mold allergies.

4. Since 2017 the OASI account has been slightly upwardly adjusted from prior reports by the 2020 Annual Report, but not enough to change the OASI trust fund ratio. The March 2020 monthly report of the Treasury Office Fiscal Services held that the assignment to SSA of payroll taxes and to the IRS of individual income taxes, withheld from aliens on trial pursuant to 26USC§1441 is immune from legal process by Sec. 207 of the Social Security Act under 42USC§407. So are the aliens who pay federal taxes and their entitlement to OASDI benefits after contributing for the required period of time. It is Immigration and Customs Enforcement (ICE) who needs to be deported/abolished by a federal judge under Art. 22 of the International Convention on the Protection of Migrant Workers and their Families (1990) and Rule 4 Fed. Crim. P. It is left to Customs to redress the hyperinflation in law enforcement spending and overestimation of customs revenues caused by trade war propaganda evading and defeating payroll and individual income taxes under 26USC§7201. The President, Actuary and Supreme Court must stop discriminating regarding the continuing existence of Deferred Action for Childhood Arrivals (DACA) and sell them all regular priced US passports with stateless indication or citizenship pursuant to common articles 26-29 of the Conventions on the Status of Refugees and Stateless Persons (1951)(1954). United States Homeland Security and Social Security must dispense social security numbers much faster and free of charge because it is in the best interest of the United States to facilitate taxpayers.

B. 90% of retired people earn their income in part or totally from social security. In the USA the percentage of elders living in poverty is at an all-time low, while the percentage who are rich has reached an all-time high. A person will not be eligible for full retirement benefits for such a time they have a monthly income above $2,500.00 from employment, annuities, investments, and royalties in Sec. 203 (f-D) of the Social Security Act under 42USC§403 (f-D). Somewhere between 750,000 and 1 million seniors are now estimated to be millionaires, yet continue to receive government entitlements and senior discounts. In 1997 an estimated $48.1 billion in social Security benefits went to households with incomes between $50,000 and $100,000. Another $15.5 billion, almost exactly what the government spends on income support for all families on welfare, will be sent to households with incomes of more than $100,000. Older Americans 65 to 74 years old have a poverty level of only 9.2%, compared with the 10% working-age poverty, 15.4% overall poverty, 15.9% medical CPI adjusted elderly poverty line, and 20% child poverty, not taking into consideration the impact of the COVID-19 pandemic.

Table I.A.2.2 OASI Beneficiaries with Benefits in Current-Payment Status 1945-2021
(thousands)

Year	Worker	Spouse	Child	Widow-er	Mother-father	Child	Parent	Total
1945	518	159	13	94	121	377	6	1,288
2000	28,505	2,798	459	4,901	203	1,878	3	38,747

2005	30,461	2,524	488	4,569	178	1,903	2	40,126
2006	30,976	2,476	490	4,494	171	1,899	2	40,508
2007	31,528	2,431	494	4,436	165	1,892	2	40,947
2008	32,274	2,370	525	4,380	160	1,915	2	41,625
2009	33,514	2,343	561	4,327	160	1,921	2	42,828
2010	34,593	2,316	580	4,285	159	1,913	2	43,847
2011	35,600	2,291	594	4,239	158	1,907	2	44,791
2012	36,720	2,280	612	4,193	154	1,907	1	45,868
2013	37,893	2,285	625	4,139	150	1,899	1	46,992
2014	39,009	2,303	635	4,092	143	1,892	1	48,075
2015	40,089	2,335	648	4,050	140	1,893	1	49,155
2016	41,233	2,370	661	4,004	133	1,893	1	50,296
2017	42,447	2,375	675	3,961	128	1,904	1	51,491
2018	43,721	2,391	690	3,908	121	1,911	1	52,743
2019	45,094	2,430	701	3,878	117	1,916	1	54,137
2020	46,545	2,329	715	3,837	114	1,934	1	55,475
2021	47,662	2,385	732	3,929	117	1,980	1	56,806
2022	48,806	2,442	750	4,023	120	2,028	1	58,169
2023	49,977	2,501	768	4,120	123	2,076	1	59,565
2024	51,1177	2,561	786	4,219	126	2,126	1	60,995

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance. Pg. 132 2021 estimates are 2.4% increased in all categories

1. The Actuary has moderated the overestimate of 2.4% OASI beneficiary population growth to nearly 2.5% in the 2020 Annual Report that might actually be sustained for once by people forced to retire earlier than they would like by the COVID-19 pandemic. Micromanagement regarding the treatment of duplicate spousal and worker benefits from the Bipartisan Budget Act should not be attributed to broken backed John Boehner, but to the Actuary's long list of schemes to fix the OASDI trust funds that criminally neglect to tax the and state employees to afford to create an SSI Trust Fund to end child poverty by 2020 and all poverty by 2030. The number of retired-worker beneficiaries is estimated by applying award rates to the aged fully insured population, excluding those already receiving retired-worker, disabled-worker, aged-widow(er)'s, or aged-spouse's benefits, and by applying termination rates to the number of retired-worker beneficiaries. For age 62, the model projects this percentage by using a linear regression based on the historical relationship between this percentage, the labor force participation rate at age 62, and the number of months from age 62 to normal retirement age. The percentage for ages 70 and over is nearly 100 because delayed retirement credits cannot be earned after age 70, when they receive the mandatory maximum benefit. Benefits of aged-spouse beneficiaries depend on the earnings records of their husbands or wives, who are referred to as "earners" and receive

up to 50% more to pay for their spouse and children. Due to the Bipartisan Budget Act of 2015, spouses who are insured will no longer be eligible to delay their retired-worker benefit while receiving an aged-spouse benefit. The model applies the same factors to the number of divorced persons aged 60 and over in the population and includes additional factors representing the probability that the person's former earner spouse has died and that the marriage lasted at least 10 years. The projected numbers of children under age 18, and students aged 18 and 19, who are eligible for benefits as children of retired-worker beneficiaries. The number of disabled-child-survivor beneficiaries is projected in a manner similar to that for student-child-survivor beneficiaries, except for including an additional factor to reflect the probability of being disabled before age 22.

C. In 2017 the average death rate for all ages was 812.5 per 100,000. For those under 65 the average rate of death was 239.4 per 100,000. For those over 65 the average rate of death was 4,386.1. The average on the job death rate for all careers studied by Occupational Health and Safety Administration (OSHA) is about 3 deaths per 100,000. In peacetime there have been years where the entire 2.8 million soldier US military does not report a single casualty – 50-100 crunches, 50-100 push-ups and 3-mile run. The only career more dangerous than logging is retiree. OSHA reports that logging has the highest death rate of any career at a rate of about 100 per 100,000 per year, since the Mining Safety and Health Act of 1977 reduced the rate of mining accidents to less than 20 per 100,000 labor years. According to the Actuary the total age-sex-adjusted death rate declined at an average annual rate of 1.05 percent between 1900 and 2013. Between 1979 and 2013, the period for which death rates were analyzed by cause, the total age-sex-adjusted death rate, for all causes combined, declined at an average rate of 0.93 percent per year. Death rates have declined substantially in the U.S. since 1900, with rapid declines over some periods and slow or no improvement over other periods. Historical death rates generally declined more slowly for older ages and more rapidly for children and infants than for the rest of the population. Between 1900 and 2013, the age-sex-adjusted death rate for ages 65 and over declined at an average rate of 0.78 percent per year, while declining at an average rate of 3.08 percent per year for ages under 15. The death rate for disability beneficiaries is estimated to be about 10 per 100,000, more than three times higher than the national average of 3 per 100,000. The 2020 Annual Report has extensively revised their death estimates. Although the total death rate and age 65 and over death rate per 100,000 steadily go down, it is somewhat alarming that under 65 death-rate has been irregularly increasing since a low in 2010. SSA must definitely stop sending out poisonous disability questionnaires. Further revision is expected to increase the fertility rate, despite Census bureau propaganda and conspiracy against taxing the rich and state employees to end child poverty by 2020.

Table I.A.2.3 Fertility Rate and Deaths Per 100,000, by Age 1940-2020

	Fertility Rate	Total	Under 65	65 and Over
1940	2.23	1,919.8	750.1	9,718.8
1950	2.42	1,561.9	570.2	8,173.7
1960	3.03	1,454.3	503.2	7,795.4
1970	2.43	1,340.0	485.7	8,036.3
1980	1.82	1,136.9	384.3	6,154.3
1990	2.07	1,021.3	333.6	5,606.3

2000	2.05	961.5	281.0	5,498.9
2010	1.93	820.8	248.5	4,636.1
2011	1.89	820.7	249.2	4,631.3
2012	1.87	811.8	248.8	4,565.6
2013	1.85	812.3	249.6	4,564.6
2014	1.86	805.1	251.7	4,495.1
2015	1.85	815.3	255.2	4,549.7
2016	1.82	808.7	260.8	4,461.0
2017	1.77	812.5	261.5	4,486.3
2018	1.73	800.5	255.8	4,431.9
2019	1.68	795.5	255.3	4,397.1
2020	1.69	790.4	254.3	4,364.9

Source: 2020 Annual Report of the OASDI Trust Funds. Pg. 87

D. A nursing facility must care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident. A nursing facility must provide (or arrange for the provision of) nursing and related services and specialized rehabilitative services to attain or maintain the highest practicable physical, mental, dental and fiscal well-being of each resident, without resorting to involuntary psychiatric treatment at Sec. 1919 of the Social Security Act under 42USC§1396r. If the United States wants nursing homes to reduce the dementia, irritability, agitation, aggression, hallucinations, delusions, wandering, disinhibition, anxiety, and depression—what some medical professionals call "behavioral and psychological symptoms of dementia" nursing homes are going to have leave their patients with more money. Nursing homes need to leave their resident SSI beneficiaries with more than $30 a month. Second World Assembly on Aging in 2002 produced a Political Declaration and Madrid International Plan of Action on Aging pays attention to the dangers arising from social isolation and mental illness and reduce the risk they pose to the health of older persons by supporting community empowerment and mutual aid groups, including peer out-reach and neighborhood visiting programs and by facilitating the active participation of older persons in voluntary activities, such as buying and smoking marijuana. The custom of taking of all but $30 from SSI beneficiaries while they are in the long-term care of a hospital or nursing facility needs to be abolished under Sec. 1161(e)(1) of the Social Security Act under 42USC§1382(e)(1). SSI beneficiaries in nursing homes are due at least 30% of their benefits and the nursing home 70% whereby the residents own the home under Housing and Urban Development (HUD) guidelines - the greater of $300 or 30% of social security benefits, by Treasury pursuant to 24USC§14a or fee under 24USC§14.

1. Coronavirus has been diagnosed in nursing home populations, exhibiting alarmingly high death rates. It remains to be seen how significant the coronavirus diagnosis is in the 2020 all-cause mortality statistics, if the total death rate increases or continues to decrease and if they include coronavirus in the Pandemic Pneumonia category, formerly Influenza and Pneumonia. Although there is a constant barrage of health propaganda contrary to treatment, the great discovery is that the coronavirus is the only cold with a cure. To end the COVID-19 pandemic the public must be informed to instantly cure

coronavirus and mold allergies with a dab of hydrocortisone crème or, to avoid non-life-threatening Cushing's disease side-effect from excessive use, essential oil of eucalyptus, lavender or peppermint to the nose and/or chest.

I.A.3 Disability Insurance

A. The Disability Insurance (DI) Trust Fund was established on August 1, 1956 when President Dwight D. Eisenhower signed into law the 1956 Amendments to Sec. 201(b)(1) of the Social Security Act under 42USC§401(b)(1). In 1956 a 0.250% tax was set forth on the income of employees and employers, 0.500% combined and 0.350% tax on self-employed workers in 1957-58. 50/50 equality in taxation between the combined cost of employees and employers and self-employed workers was achieved in 1984. Since 2000 the Board of Trustees has been unable or unwilling to adjust the OASDI tax rates. During the Great Recession this inability to adjust the DI tax rate, became a serious problem attributed to the age of high incidence of disability of the Baby Boomers causing an estimated $183 billion in damages, $224 billion with 2.5% interest, nearly depleting the DI Trust Fund. The correct DI tax rate was 2.03% (2009), 2.35% (2010), 2.36 (2011), 2.39% (2012), 2.45% (2013), 2.31% (2014) and 2.24% (2015). The 2.37% DI tax under the Bipartisan Budget Act of 2015 helped the DI Trust Fund to partially recover $65 billion, however, it incurred an unnecessary OASI deficit in 2018 and should have been reduced to 2.05% (2018) to protect the OASI Trust Fund. As of 2020 the Board of Trustees owes the DI Trust Fund an estimated $167 billion compensation, with 2.5% interest except during the years of 2016-2018, plus $4 billion new damages incurred by their failure to adjust the OASDI tax rate to 1.9% in 2019, for a total of $171 billion. 2020 Annual Report estimates do not take into consideration an estimated 10% decline, in payroll taxes for the duration of the pandemic, for which the Board of Trustees is not charged for damaging the DI Trust Fund, although their recent downward historical revisionism of 2016-2019 and planned disability population reduction in the 2020 Annual Report is clearly a fraud under *Biestek v. Berryhill* No. 17-1184 (2019).

Table I.A.3.1 Disability Insurance Trust Fund 2000-2021
(billions)

	Total	Tax	GF Reimbursement	Tax on Benefits	Net interest	Total	Scheduled Benefits	Administrative Costs	R&R Interchange	Net increase end of year	Assets at end of Year	Trust fund Ratio
2000	77.9	71.1	-0.8	0.7	6.9	56.8	55.0	1.6	0.2	21.1	118.5	171
2001	83.9	74.9	0	0.8	8.2	61.4	59.6	1.7	0	22.5	141.0	193
2002	87.4	77.3	0	0.9	9.2	67.9	65.7	2.0	0.2	19.5	160.5	208
2003	88.1	77.4	0	0.9	9.7	73.1	70.9	2.0	0.2	15.0	175.4	219
2004	91.4	80.3	0	1.1	10.0	80.6	78.2	2.2	0.2	10.8	186.2	218
2005	97.4	86.1	0	1.1	10.3	88.0	85.4	2.3	0.3	9.4	195.6	212
2006	102.6	90.8	0	1.2	10.6	94.5	91.7	2.3	0.4	8.2	203.8	207
2007	109.9	95.2	0	1.4	13.2	98.8	95.9	2.5	0.4	11.1	214.9	206

2008	109.8	97.6	0	1.3	11.0	109.0	106.0	2.5	0.4	0.9	215.8	197
2009	109.3	96.9	0	2.0	10.5	121.5	118.3	2.7	0.4	-12.2	203.5	178
2010	104.0	92.5	0.4	1.9	9.3	127.7	124.2	3.0	0.5	-23.6	179.9	159
2011	106.3	81.9	14.9	1.6	7.9	132.3	128.9	2.9	0.5	-26.1	153.9	136
2012	109.1	85.6	16.5	0.6	6.4	140.3	136.9	2.9	0.5	-31.2	122.7	110
2013	111.2	105.4	0.7	0.4	4.7	143.4	140.1	2.8	0.6	-32.2	90.4	86
2014	114.9	109.7	0.1	1.7	3.4	145.1	141.7	2.9	0.4	-30.2	60.2	62
2015	118.6	115.4	0	1.1	2.1	146.6	143.4	2.8	0.4	-28.0	32.3	41
2016 2.37	160.0	157.4	0	1.2	1.4	145.9	142.8	2.8	0.4	14.1	46.3	22
2017	171.0	167.1	0	2.0	1.9	145.8	142.8	2.8	0.2	25.1	71.5	32
2018 2.37	172.3	169.2	0	0.5	2.6	146.8	143.7	2.9	0.2	25.6	97.1	49
2019 1.8	143.9	139.4	0	1.6	2.9	147.9	145.1	2.7	0.1	-4.0	93.1	66
2019 1.9	149.2	144.7	0	1.6	2.9	147.9	145.1	2.7	0.1	1.3	73.9	66
2020	149.4	144.9	0	1.7	2.8	149.2	146.4	2.7	0.1	0.2	93.3	62
2020 Pan Low.	130.0	125.5	0	1.7	2.8	152.8	149.9	2.8	0.1	-22.8	70.3	61
2.06 Pan. Low	152.9	148.4	0	1.7	2.8	152.8	149.9	3.0	0.1	0.1	93.2	61
2020 Pan. Int.	130.0	125.5	0	1.7	2.8	168.7	165.8	2.8	0.1	-38.7	54.4	55
2.3 Pan Int.	170.2	165.7	0	1.7	2.8	168.7	165.8	4.0	0.1	1.5	94.6	55
2020 Pan. High	130.0	125.5	0	1.7	2.8	178.8	175.7	3.0	0.1	-48.8	44.3	52
2021	154.3	149.7	0	1.7	2.8	158.8	155.9	2.8	0.1	-4.5	78.3	52
2021 Pan. Low	137.5	133.0	0	1.7	2.8	182.8	179.9	2.8	0.1	-45.3	25.1	39

2.36 Pan. Low	184.8	180.3	0	1.7	2.8	182.8	179.9	3.2	0.1	2.0	95.2	51
2021 Pan. Int.	137.5	133.0	0	1.7	2.8	278.8	275.7	3.0	0.1	-141.3	86.9	20
2021 3.6 Pan Int.	279.5	275.0	0	1.7	2.8	278.8	275.7	3.2	0.1	0.7	93.9	33
2021 Pan. High	137.5	133.0	0	1.7	2.8	409.7	406.3	3.3	0.1	-272.2	-227.9	11
2021 2.75 Tax	283.9	279.4	0	1.7	2.8	279.0	275.7	3.2	0.1	4.9	59.3	20
2022 2.75 Tax	300.9	296.3	0	1.8	2.8	290.1	286.7	3.3	0.1	10.8	70.1	20
2023 2.75 Tax	318.3	314.0	0	1.9	2.4	301.7	298.2	3.4	0.1	16.6	86.7	23
2024 2.75 Tax	337.9	332.9	0	2.0	3.0	309.1	305.5	3.5	0.1	28.8	115.5	28

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund. pg. 45 & 158

1. The 2020 Annual Report neglects to consider the disparate impact the COVID-19 pandemic has on the disability insurance program. 8 million covered workers receive pandemic compensation that expires July 31, 2020 and another 22 million receive extended unemployment compensation from States until January 1, 2021. The $600 extra benefit every week sustaining the pandemic compensation program expires July 31 and was not re-authorized in a timely fashion by Congress. The number of disabled workers is certain to increase as the result of the COVID-19 pandemic for five months of 2020 and all of 2021. Low, intermediate and high cost estimates are needed for the DI program 2020 and 2021. In the low estimate a 3.3% increase in benefit spending over the previous year is estimated to provide benefits for one million new beneficiaries in 2020 and another one million in 2021, for a total of two million net new beneficiaries, this quota should be immediately implemented to protect needy COVID-19 disabled workers from being jerked around by an irresolute Congress on speed (ephedrine) regarding the termination of the pandemic compensation and extended unemployment compensation programs. The intermediate estimate provides for a 14% increase in benefit spending to provide four months disability benefits for about 4 million new beneficiaries in 2020 and all year 2021, plus about five million of 22 million extended unemployment compensation beneficiaries, for a 190% increase

2019-2021. On the high end, as many as 8 million unemployment beneficiaries may receive an average of four months disability benefits, for 20% growth DI benefit spending in 2020 and 80% increase in 2021 costs, plus 20 million who remain unemployed after the expiration of extended unemployment benefits on January 1, 2021, for as much as 280% enrollment growth. Administrative costs are estimated to increase $0.1 billion in the intermediate and $0.3 billion in the intermediate and high estimates.

2. A high 6% rate of growth is expected in payroll tax revenues in 2021, even if the pandemic does not end. Those industries to be closed have already been imposed upon by the State and there shall be a high level of adaptation, negotiation and punishment for censorship of the safety and effectiveness of hydrocortisone, eucalyptus, lavender and peppermint (HELP) and other interventions to protect the workplace against coronavirus. 6% growth from the low in 2020 is significantly more than the previous year, and the economic depression caused by COVID-19 is believed to be self-limiting. If the information regarding the safety and effectiveness of hydrocortisone, eucalyptus, lavender and peppermint (HELP) arrives, the economy and payroll tax revenues could be normalized, despite a modest increase in disability beneficiaries, that might be downgraded as people return to substantially gainful work for nine months pursuant to Sec. 222 of the Social Security Act under 42USC§422. It looks like the DI Trust Fund should be able to afford the low-cost scenario if the OASDI tax rate is ad-justed and the intermediate scenario if the rich and state employees are taxed. The high cost scenario, whereby all or most unemployment compensation beneficiaries receive disability is not affordable. To protect the workforce and place from contagious disease, it must be required that all applicants are informed hydrocortisone creme, essential oil of eucalyptus, lavender, peppermint and eucalyptus (HELP) nose sanitizer and aromatherapy cure both coronavirus and mold allergies to pursuant to Sec. 103(b) of the ADA under 42USC§12113(b), *Sutton v. United Air Lines, Inc.*, 527 U.S. 471 (1999) and *Toyota Motor Manufacturing, Kentucky, Inc. v. Williams*, 534 U.S. 184 (2002).

B. During the Great Recession, that was much less severe than the current economic depression caused by the coronavirus, that is the most severe economic downturn since the Great Depression in the 1930s, total DI beneficiaries in current payment status increased 5% in 2010, 4.2% in 2011, 2.6% in 2012, 0% in 2013. Since 2014 the DI population has steadily declined due to the retirement of the Baby Boomers and unlawful toxic deterrent -0.5% in 2014, -1.1% in 2015, -1.8% in 2016, -1.9% in 2017, -0.5% in 2018. The precipitous decline -4.2% in 2019 on page 141 and – 2.2% on page 62 and -9.3% 2020 projection on page 141 and –1.9% on page 62 of the 2020 Annual Report are not certain, seem to be mostly accounting error and will have to be officially reviewed before the 2021 Annual Report. Berryhill's -4.2% DI beneficiary population reduction is attributed to the effectiveness of the Ticket to Work Program pursuant to *Biestek v. Berryhill, Commissioner of Social Security* No. 17-1184 (2019). Saul's projected -9.2% reduction does not take into consideration the COVID-19 pandemic and attempts to rely on torture and terrorism finance to evade claims for compensation. There is obviously too much incentive for them to reduce the disability population to produce consistent and accurate statistics regarding the disabled population. The pre-COVID-19 finding is an abusively coerced -2.2% (2019) and attempted -1.9% (2020) DI population reduction. Although there is no reason to implicate the Ticket to Work program or disabled workers in general for the pandemic, the penalty for releasing too many disabled persons into the workforce is obviously 32 million COVID-19 pandemic disabled workers. Counting for auxiliary beneficiaries reduces the percentage of pandemic compensation beneficiaries anticipated to receive disability benefits. Auxiliary beneficiaries are qualifying spouses and children of disabled workers. A spouse must either be at least age 62 or have an eligible child beneficiary in his or her care who is either under age 16 or disabled prior to age 22. A child must be:

(1) under age 18, (2) age 18 or 19 and still a student in high school, or (3) age 18 or older and disabled prior to age 22. The projection of the number of auxiliary beneficiaries relies on the projected number of disabled-worker beneficiaries.

Table I.A.3.2 DI Beneficiaries with Benefits in Current-Payment Status 1960-2021
(thousands)

Year	Disabled worker beneficiaries	Spouse	Child	Total
1960	455	77	155	687
2000	5,039	165	1,466	6,667
2005	6,519	157	1,633	8,309
2006	6,807	156	1,652	8,615
2007	7,099	154	1,665	8,918
2008	7,427	155	1,692	9,273
2009	7,788	159	1,749	9,695
2010	8,204	161	1,820	10,185
2011	8,576	164	1,874	10,614
2012	8,827	163	1,900	10,890
2013	8,941	157	1,889	10,987
2014	8,955	150	1,828	10,932
2015	8,909	143	1,756	10,808
2016	8,809	136	1,667	10,612
2017	8,695	127	1,590	10,412
2018	8,537	119	1,507	10,359
2019 Pg. 141	8,378	114	1,434	9,927
2019 Pg. 62	8,473	116	1,474	10,063
2020 Pg. 141	8,292	111	1,397	9,000
2020 Pg. 62	8,312	114	1,441	9,867
2020 Pandemic low 1 million	9,311	127	1,620	11,058
2020 Pandemic intermediate 4 million	11,862	162	2,064	14,088
2020 Pandemic high 8 million	15,251	209	2,653	18,113

2021 Low 2 million	12,930	138	2,250	15,318
2021 Int. 9 million	16,132	220	2,807	19,159
2021 High 28 million	32,027	439	5,571	38,037
2022	16,293	222	2,835	19,351
2023	16,375	223	2,849	19,448
2024	16,456	224	2,863	19,545

Source: 2020 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund. Pg. 141 and Pg. 62 reports different total numbers of DI beneficiaries in 2019 and 2020.

1. The 2020 Annual Report erroneously reports, for the second year in a row, there has been a significant change in the DI reserve depletion date for two main reasons: (1) a change in the ultimate assumed disability incidence rate, and (2) continuing favorable experience for DI applications and benefit awards, which remained at historically low levels for 2019. Disability applications have declined substantially since 2010, and the total number of disabled-worker beneficiaries in current payment status has been falling since 2014. For this report, disability applications and incidence rates are assumed to rise more gradually from the current low levels to an ultimate age-sex-adjusted disability incidence rate of 5.0 per thousand exposed by the end of the short-range projection period, compared to 5.2 per thousand assumed in last year's report and 5.4 per thousand assumed in the 2018 report. In 2019, the number of DI beneficiaries in current-payment status continued the declining trend of the prior five years. Under the intermediate assumptions, that number of DI beneficiaries is projected to drop further through the end of 2022, then increase through the end of 2026 to a level slightly below 10 million, which it remains near through the rest of the short-range projection period. The Office of the Chief Actuary projects the number of newly awarded beneficiaries for each future year by multiplying assumed age-sex- specific disability incidence rates and the projected disability-exposed population by age and sex. The disability-exposed population excludes those receiving benefits, while the disability insured population includes them. In this year's report, incidence rates are assumed to rise more gradually early in the short-range period than in last year's report, and are lower later in the period. Incidence rates are assumed to be somewhat elevated during the period 2020 through 2021, when the Social Security Administration is expected to eliminate a backlog of individuals who have appealed for a hearing on a prior disability claim denial.

2. Previously the only detected error in SSA population statistics was a perennial overestimate of 2.4% annual OASI population growth to justify stochastic projections of an OASI deficit. Retirement is expected to be high, around 3% due the COVID-19 pandemic. The 2019 Annual Report embarked on a revision of immigration statistics to assume there was a massive deportation in 2016 that is incredible. The conspiracy to undercount the DI population is similar in that the prior administration is blamed for far more cuts than actually occurred to support an unlawful policy of DI population reduction. SSA population statistics have never produced an accurate study of beneficiaries by race. SSA population statistics are believed to suffer a conspiracy with US Census Bureau child welfare fraud regarding the destruction of population pyramid due to a reduction of child population estimates from 24% of the population in 2010 to the impossibly low rate of 22.7% in 2014. The reduction in

child population and destruction of the population pyramid is attributed to declining birth rates, but is actually believed to be a welfare fraud perpetuating the 10 million child benefit cut from the Personal Responsibility and Work Opportunity Act (PRWOA) of 1996 that must be ruled a crime of genocide whereas the destruction of or denial of access to food, shelter and other essentials of life, all with the intent to destroy the…group, in whole or in part, constitute the crime of genocide pursuant to the Application of the Convention on the Prevention and Punishment of the Crime of Genocide (The Gambia v. Myanmar) Summary 2020/1 23 January 2020. SSA must make an effort to improve their disability statistics by race pursuant to Title VI of the Civil Rights Act of 1964 under 42USC§2000d and in general under the Art. 31 of the Convention on the Rights of Persons with Disabilities (2007). To better account for disability beneficiaries the Board of Trustees is advised to produce detailed tables of applications, incidence and termination, by age as is done in three separate tables in the Annual Report of the SSI Program or in one table of applications, beneficiaries in current payment status and terminations.

C. The term "disability" means the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months as set forth by Sec. 223 of the Social Security Act under 42USC§423. A person's disability insurance eligibility status shall not be revoked until such a time when work earnings exceed, for 9 months, the level of earnings established as substantial gainful activity under Sec. 222 of the Social Security Act under 42USC§422. In determining whether a claimant is entitled to Social Security disability benefits, special weight is accorded opinions of the claimant's treating physician that state that the physical or mental illness or injury is so debilitating that the person can no longer perform their gainful employment under 20CFR§404.1527(d)(2). An individual shall not be considered to be under a disability unless he furnishes such medical and other evidence of the existence thereof as the Commissioner of Social Security may require. An individual's statement as to pain or other symptoms shall not alone be conclusive evidence of disability as defined in this section; there must be medical signs and findings, established by medically acceptable clinical or laboratory diagnostic techniques, which show the existence of a medical impairment that results from anatomical, physiological, or psychological abnormalities which could reasonably be expected to produce then pain, poverty or other symptoms alleged. Travel, medical and court expenses shall be paid by the Commissioner of Social Security for making the determination of disability under Sec. 202(j) of the Social Security Act under 42USC§402(j). When covered workers become severely disabled, they may be eligible, after a five-month waiting period, to receive monthly Disability Insurance (DI) benefits. After an additional twenty-four months, disabled workers (as well as disabled widow(er)s age 50 through 64) and disabled adult children (of retired, disabled, or deceased workers) are eligible for all Medicare benefits.

Table I.A.3.3 Number and Average Benefit of DI Beneficiaries by Diagnosis Dec. 2009

Diagnostic Group	Number of Beneficiaries	Percent of Total	Average Benefit
Total	7,788,013	100	$1,014.30
Congenital Anomalies	13,614	0.3	793.40
Endocrine, nutritional, and metabolic diseases	278,565	3.3	1,010.20
Infectious and parasitic	119,753	1.4	1,033.50

diseases			
Injuries	330,708	3.9	1,079.90
Mental disorders			
Retardation	358,737	8.9	668.00
Mental Illness	2,220,390	27.5	940.10
Neoplasms	237,589	2.7	1,210.90
Diseases of the—			
Blood and blood-forming organs	19,977	0.3	942.60
Circulatory system	683,834	7.9	1,187.70
Digestive system	125,725	1.5	1,114.40
Genitourinary system	132,797	1.5	1,109.30
Musculoskeletal system and connective tissue	2,146,952	24.9	1,121.20
Nervous system and sense organs	734,496	9.4	1,053.70
Respiratory system	227,385	2.7	1,087.90
Skin and subcutaneous tissue	18,713	0.2	1,020.80
Other	18,030	0.2	1,097.50
Unknown	120,748	3.2	853.10

Source: Table 6: distribution by sex and diagnostic group and Table 7 Average Monthly Benefit Amount. Annual Statistical Report on the Social Security Disability Insurance Program December 2009

1. Of the 7.78 million disabled workers earning DI benefits 4.1 million were men earning an average of $1,189 a month and 3.69 million were women earning an average benefit of $925 in 2009. Sexual discrimination is clearly indicated in the DI program - men make $4.87 billion while women make $3.4 billion a month. There is ample evidence to indicate both sexual discrimination and discrimination on the basis of diagnosis exist in the DI program. Racial discrimination is so pervasive in the disability and SSI programs that Social Security does not have any reliable statistics. 27.5 percent of DI benefits go for the mental illness diagnostic group followed closely by musculoskeletal system and connective tissue diseases comprising 24.9 percent of beneficiaries. Those with musculoskeletal diseases earned significantly more on average $1,121.20 than those with a diagnosis of mental illness $940.10. Cancer was the highest earning diagnostic group with an average benefit of $1,210.90 a month. Of those who worked the least before becoming disabled and unable to work, those with congenital abnormalities earned an average of $793.40 and those who were mentally retarded who earned the equivalent of SSI $668.00 in December 2009. The monthly substantial gainful amount (SGA) amount for statutorily blind individuals for 2017 is $1950. For non-blind individuals, the monthly SGA amount for 2017 is $1170.

2. The term "disability" means, with respect to an individual— a physical or mental impairment that substantially limits one or more major life activities of such individual; major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking,

communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions in Sec. 3(2) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(2). The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as medication pursuant to Sec. 3(4)(E)(i)(I) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(4)(E)(i)(I). COVID-19 is a disability. It has devastated the economy and payroll tax from February 2020. There were 32 million people receiving unemployment compensation benefits as of July 31 when the $600 weekly pandemic compensation terminated, leaving 8 million people without benefits under the CARES Act and reducing regular state unemployment benefits to their usual rate. Essentially, due to the economic collapse resulting from excessive bailouts and store closures, everyone out of work due to the COVID-19 pandemic, will be entitled to disability insurance if the pandemic is not cured and economic depression averted, when their unemployment compensation expires, and they must all be informed of the treatment and cured of the COVID-19 disease, whereas the term "qualification standards" may include a requirement that an individual shall not pose a direct threat to the health or safety of other individuals in the workplace in Title I Sec. 103(b) of the ADA under 42USC§12113(b).

3. It is alarming that the 2020 Annual Report of the Board of Trustees indicates that since 2010 the number of deaths of under-age 65 has increased from 248.5 per 100,000 in 2010 to 254.3 per 100,000 in 2020, without estimating COVID-19 pandemic mortality. The under-age 65 death rate of disability beneficiaries is 243 per 100,000, slightly lower than the average under-age death rate. Deaths over age 65 continue the steady decline since 1900. The 2020 Annual Report repeatedly emphasizes disability "exposure". Applicants must beware of B&E and toxic disability questionnaires. Applicants must be prescribed hydrocortisone, eucalyptus, lavender and peppermint (HELP) to cure coronavirus and an Epsom salt bath to treat methicillin resistant *Staphylococcus aureus* (MRSA). To prepare for 8 million pandemic compensation to disability transition applicants in August, and as many as another 24 million in SSA local offices need to stop entering homes in the profile whereas there is an arrest warrant out for the B&E perpetrator and local SSA offices must stop chronically sending out disability questionnaires that are contaminated by a monoclonal antibody that infects the spine, with methicillin resistant *Staphylococcus aureus* (MRSA) cured with an Epsom salt bath, or swim in a chlorine or salt water swimming pool or ocean.

4. Monoclonal antibody contaminated disability questionnaires and address associated B&E pose a direct threat to working age adults and children. The term "direct threat" means a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation by Title I Sec. 101(3) of the ADA under 42USC§12111(3). Consequentially, its victims are entitled to compensation for torture under Art. 14 of the Convention against Torture, Cruel, Inhuman, Degrading Punishment or Treatment (1987). Art. 16 (3) of the Convention on the Rights of Persons with Disabilities (2007) provides, in order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities. Wherefore, it has been advised that local offices retain a physician, informed regarding the contamination of disability by a monoclonal antibody to the back, so staff could take their gloves off on the outgoing mail, that should be minimized in favor of receiving information from the diseased applicant and rendering a healthy determination. Short of arresting the perpetrator and conspiracy, to stop the B&E it is imperative that SSA stop their

unprofessional entering of addresses in the social security number indexed profile pursuant to Art. 28 of the Fourth Geneva Convention Relating the Protection of Civilians in Times of War (1949).

D. For failing to adjust the OASDI tax rate and discriminatorily scheming to reduce the disabled population, the Board of Trustees must be charged with discrimination against disability. The term "discriminate against a qualified individual on the basis of disability" includes— utilizing standards, criteria, or methods of administration that have the effect of discrimination on the basis of disability; or that perpetuate the discrimination of others who are subject to common administrative control in Title I Sec. 102 of the ADA under 42USC§12112(b)(3)(A)(B). The Treasury is obligated to protect the Government and individuals from fraud and loss, that apply to anyone who may receive for the Government, Treasury notes, United States notes, or other Government securities; or be engaged or employed in preparing and issuing those notes or securities under 31USC§321(a)(5). The Board of Trustees is obligated to provide balance available for the usual disabled workers and those disabled by the COVID-19 pandemic pursuant to the Anti-Deficiency Act of 1982 under 31USC§1502. Art. 28(1)(c)(e) of the Convention on the Rights of Persons with Disabilities provides1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability. (c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability related expenses, including adequate training, counseling, financial assistance and respite care; (e) To ensure equal access by persons with disabilities to retirement benefits and programs.

1. Because the reserves of the DI Trust Fund at the beginning of 2020 were less than the estimated annual cost for 2020, and are projected to remain below annual cost throughout the short-range period under the intermediate assumptions, the DI Trust Fund fails the Trustees' test of short-range financial adequacy. The error regarding the DI Trust Fund asset reserves being projected to become depleted in the incredibly long-time of 2065, at which time continuing income to the DI Trust Fund would ostensibly be sufficient to pay 92 percent of DI scheduled benefits. However, during 2019, the reserves in the DI Trust Fund decreased by $4.0 billion, from $97.1 billion at the end of 2018 to $93.1 billion at the end of 2019. Under the intermediate and low-cost assumptions, reserves increase through 2029. Under the high- cost assumptions, DI reserves decline until depletion in the fourth quarter of 2026. The double standard is proven in the hypothesis: If the OASI Trust Fund reserves were to become depleted in 2034 as is currently projected, the operations of the hypothetical combined OASI and DI Trust Funds would not reflect the aggregated operation of the OASI Trust Fund and the DI Trust Fund because part of the OASI benefits could not be paid without a change in the law. Implicitly, the values shown for the hypothetical combined trust funds assume the law will have been changed to permit the transfer of resources between funds as needed. It constitutes discrimination against disability for the Board of Trustees to assume that the fake "law" justifying their OASDI tax rate adjustment strike since 2000 would be abolished, if it were the OASI Trust Fund threatened with insolvency pursuant to in Title I Sec. 102 of the ADA under 42USC§12112(b)(3)(A)(B). However, fake law does not enable the Board of Trustees to perform the OASDI tax rate adjustment calculus, their most difficult mathematical challenge, and discrimination against disability makes it even less likely that they will suddenly learn how to do the OASDI tax rate calculus wanted to justify transfer money between Trust Funds pursuant to title II Sec. 201(b)(1) of the Social Security Act under 42USC§401(b)(1).

2. It may be a defense to a charge of discrimination that an alleged application of qualification

standards, tests, or selection criteria that screen out or tend to screen out or otherwise deny a job or benefit to an individual with a disability has been shown to be job-related and consistent with business necessity, and such performance cannot be accomplished by reasonable accommodation in Title I Sec. 103(a) of the ADA under 42USC§12113(a). It is not a legal defense that the Board of Trustees is trying to enforce their discriminatory disability population reduction with poisonous disability questionnaires and B&E. It constitutes discrimination against disability that the 2020 Annual Report presumes that the disability insurance trust fund can sustain itself on the basis of an unlawful reduction in the number of disability beneficiaries, until the impossibly long time of 2065, with an inadequate (<100) trust fund ratio of 66 (2019) declining to 62 (2020), disregarding the millions of disabled workers from COVID-19 pandemic. The Board of Trustees is neglecting to treat the wrongful reversion to the inadequate 1.8% DI tax rate in 2019 by abusing beneficiaries with threatened population cuts, poorly accounted for. In the 2020 Annual Report, the Office of the Chief Actuary is specifically attributed with discriminating against disability by planning to reduce the "exposed" disabled population to fit the discriminatory 1.8% DI tax rate. Severe consequences of this fraud have been witnessed- poisonous disability questionnaires and breaking and entering (B&E) to dissuade uncounted disability applicants, overt discrimination against disabled population and the DI trust fund and violent email responses by the Actuary, i.e. war on Palestine, and arson in lieu of home invasion. To explain the first-degree murder and discrimination against disability, as well as the statistically unstudied topic of racial discrimination in disability awards, it seems prudent to admit the capital civil rights crime of deprivation of right under color of law against the Board of Trustees in regards to their profound legal inability to perform the OASDI tax rate calculus due to deprivation of rights under color of some uncited "law" under 18USC§241.

3. *Olmstead v. LC* No. 98-536 (1999) held, Title II of the American Disabilities Act (ADA) of 1990, which proscribes discrimination in the provision of public services, specifies, *inter alia,* that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or be denied the benefits of, a public entity's services, programs, or activities or be subjected to discrimination by such entity in Sec. 202 of the ADA under 42USC§12132. The "reasonable-modifications regulation," requires public entities to "make reasonable modifications" to avoid "discrimination on the basis of disability," but does not require measures that would "fundamentally alter" the nature of the entity's programs under 28CFR§35.130(b)(7). Discrimination in compensation occurs when a discriminatory compensation decision or other practice is adopted, when an individual becomes subject to a discriminatory compensation decision or other practice, or when an individual is affected by application of a discriminatory compensation decision or other practice, including each time wages, benefits, or other compensation is paid, resulting in whole or in part from such a decision or other practice. In addition to any relief, liability may accrue and an aggrieved person may obtain relief, including recovery of back pay for up to two years preceding the filing of the charge pursuant to Sec. 706(e)(3) of the Civil Rights Act of 1964 under 42USC§2000e(3)(A)(B) and 29USC§794a. It is assumed, due to their well-meaning compensation program, they use to justify hyperinflation in excess of 10% annual spending growth, the VA has managed to stop their back pain backpay passively noted in *Scarborough v. Anthony J. Principi, Secretary of Veteran's Affairs* No. 02-1657 (2004) and *Shinseki, Secretary of Veteran's Affairs v. Sanders* No. 07-1209 (2009) while SSA continues to B&E and send out monoclonal antibody to the back contaminated disability questionnaires pursuant to *Astrue, Commissioner of Social Security v. Ratliff* No. 08-1322 (2010) and *Biestek v. Berryhill, Commissioner of Social Security* No. 17-1184 (2019).

4. The preamble to the Convention the Rights of Persons with Disabilities (2007) provides (h)

Recognizing also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person. (p) Concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status. Art. 2 defines "Discrimination on the basis of disability" to mean any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation; "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. Art. 4(e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise. Art. 5(3) In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

E. Six months since the beginning of the medically untreated coronavirus pandemic in February, the COVID-19 pandemic has caused an economic depression. The COVID-19 pandemic is significantly more severe of an economic depression than the inaptly named Great Recession (2009-2011) and the economic collapse is said to be the most severe since the Great Depression (1929-1935). The UN has estimated a 10% decrease in the economy from the previous year, but it may be much worse. 32 million unemployment compensation beneficiaries constitute 18% of the total workforce. The European Union has declared as much as a 30% economic decline for a third the cost of the Relief Act. However, a number of people are receiving unemployment benefits with $600 extra per week and continue to work 32 hours a week, and are making more than ever. The rich, such as medical professionals, are happily administering IV corticosteroids while lower paid industries such as massage therapy and yoga are ordered to close by the state, although essential oils of eucalyptus, lavender and peppermint aromatherapy are the healthy cures for the pandemic, wherefore a 10% decline in payroll tax is estimated for the entire year, whether or not hydrocortisone, eucalyptus, lavender and peppermint (HELP) arrives before the 2020-2021 school year to prevent a flood of snot nosed child deaths. Unfortunately, due to the high cost of the Relief Act(s) many companies have already downsized or gone bankrupt and consistent with the lesson of the Great Recession the United States must either devaluate by October 1, 2020 or the economic depression will be perpetuated by the sale of t-bonds in excess of 3% of GDP, withdrawing from the stock market pursuant to the Marshall Lerner Condition under 19USC§4421 and 22USC§5301.

I.A.4 Supplemental Security Income

A. The SSI program is a means-tested transfer program administered by the Social Security Administration (SSA) to assist individuals who have attained age 65 or are blind or disabled, by setting a guaranteed minimum income level for such persons pursuant to Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382. SSI was established in 1972, and went into effect January 1, 1974, as part of Public Law 92-603. SSI replaced the former Federal-State programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled in the 50 States and the District of Columbia. Residents of the Northern Mariana Islands became eligible for SSI in January 1978. SSI is paid for by the General Fund, not the Old Age Survivor and Disability Insurance (OASDI) Trust Funds.

About half of States also pay for, or supplement benefits to individuals. SSI beneficiaries are immediately eligible for Medicaid in most states and, if they live independently, for food stamps, except in California where they are paid extra cash. The tax loophole for the rich and state employees must be closed by repealing Sec. 230 of the Social Security Act under 42USC§430 to to pay for workers disabled by the COVID-19 pandemic and create in the Treasury a Supplemental Security Income Trust Fund beginning January 1, 2021 to end child poverty by 2024 and all poverty by 2030 in Sec. 201(b)(3) of the Social Security Act under 42USC401(b)(3).

1. Supplemental Security Income (SSI) is a general assistance program with the same concept of qualifying disability as disability insurance (DI) but requiring an extremely low income and not requiring the beneficiary to have made any contributions. People without a qualifying disability who have made no contributions their entire life automatically qualify for SSI at age 65. The term "disability" means inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months in Sec. 223 of the Social Security Act under 42USC§423(d)(1)(A). The monthly maximum SSI Federal amounts for 2020 are $783 for an eligible individual, $1,176 for an eligible individual with an eligible spouse. Social security generally pays up to 150% of a qualifying beneficiary's original benefit to pay for a spouse and children. SSI pays about 1.8 million child SSI benefits, 22% of 8.0 million federal SSI benefits in 2020. Child SSI benefits terminate at age 18 or upon graduation from high school at 19 or 20, if the child is not diagnosed with a permanent disability.

Table I.A.4.1 SSI COLA, Rates, Beneficiaries, Payments, Costs, Total Outlays 1974-2024

Year	COLA	Benefit Rate	Total Beneficiary (thousand)	Federal Payments (millions)	Admin. Costs (millions)	Total Cost (millions)
1974	4.3%	$146.00	3,996	3,833		3,833
1980	14.3%	$238.00	4,142	5,923	668	6,591
1990	16.1%	$386.00	4,817	12,943	1,075	14,018
2000	26.4%	$513.00	6,602	28,778	2,321	31,099
2001	3.5%	$531.00	6,688	30,532	2,397	32,929
2002	2.6%	$545.00	6,788	31,616	2,522	34,138
2003	1.4%	$552.00	6,902	32,941	2,656	35,597
2004	2.1%	$564.00	6,988	34,202	2,806	37,008
2005	2.7%	$579.00	7,114	35,995	2,795	38,790
2006	4.1%	$603.00	7,236	37,775	2,916	40,691
2007	3.3%	$623.00	7,360	39,514	2,857	42,371
2008	2.3%	$637.00	7,521	42,040	2,820	44,860
2009	5.8%	$674.00	7,677	45,904	3,316	49,220
2010	0.0%	$674.00	7,912	47,767	3,629	51,396
2011	0.0%	$674.00	8,113	49,038	3,931	52,969
2012	3.6%	$698.00	8,263	51,703	3,881	55,584
2013	1.5%	$710.00	8,363	53,402	3,789	57,191
2014	1.7%	$721.00	8,336	54,153	3,990	58,143
2015	1.5%	$733.00	8,142	54,827	4,242	59,069

2016	0.0%	$733.00	8,088	54,634	4,212	58,846
2017	0.3%	$735.00	8,038	54,648	4,123	59,536
2018	2.0%	$750.00	8,129	54,918	4,330	59,248
2019 est.	2.8%	$771.00	7,932	55,709	4,546	60,255
2019	2.8%	$771.00	8,077	56,198	4,392	60,590
2020	1.6%	$783.00	8,050	56,870	4,415	61,285
2020 pan.	1.6%	$783.00	8,158	57,661	4,502	62,163
2021 est.	2.3%	$802.00	8,027	56,721	4,502	61,223
2021 pan.	3.0%	$807.00	8,240	60,020	4,615	64,635
2022 est.	2.4%	$822.00	8,020	56,706	4,525	61,231
2022 pan.	3.0%	$831.00	8,322	62,315	4,730	67,045
2023	3.0%	$856.00	8,447	70,300	5,400	75,700
2024	3.0%	$882.00	8,574	73,500	5,600	79,100

Source: Berryhill, Nancy. Acting Commissioner of Social Security. 2018 and 2019 Annual Report of the Supplemental Security Income Program. September 1, 2017, July 31, 2018. Saul, Andrew 2020 Annual Report of the Supplemental Security Income Program. Est. – preliminary estimate. Nothing final. Sup. – supplemental providing 4% spending, 3% COLA and 1% population growth. Dev. – devaluating 11.7% would provide $250 billion for SSI to end child poverty by 2020. Tax – taxing the rich and state employees to create an SSI Trust Fund will end all poverty by 2020. The average benefit estimate of $559 for 2019 is wrong, the average benefit equals $56,870,000,000 divided by 8,050,000 divided by 12 equals $589 (2019) plus 1.6% COLA equals $598 (2020).

B. The Commissioner has a duty provide the poor a 3% COLA, to convince Congress to tax the rich and state employees to end child poverty by 2020 and all poverty by 2030 and do the calculus needed to optimally adjust the payroll tax distribution the Actuary has neglected since 2000. The Personal Responsibility and Work Opportunity Reconciliation Act (PROWRA) of 1996 that was noted by the 2014 Annual Report of the SSI Program to have cut 10 million child benefits, is a severe crime of genocide that has caused the child poverty to increase dramatically. Citation of Sec. 231 of PRWORA as the reason for the production of the SSI Annual Report, for the 24th time, indicates that the Commissioner must treated as a discrimination offender with mental disease or defect under 18USC§4241 *et seq*. and 24USC§225h. The Commissioner appears to be just another specially selected pudgy genocide incompetent to inherit the failure to pay legal child support obligations under 18USC§228. Worker propaganda is a notoriously defective justification for welfare theft by workers, Commissioners and Inspector Generals, must be moot, voluntary and most of all provide the client with a substantially gainful income pursuant to *Biestek v. Berryhill, Commissioner of Social Security* (2019).

1. The primary issues regarding the SSI program, the COLA, maximum benefit, population, benefit spending, administrative costs and total expenditures are combined onto one table. The average benefit must be calculated by dividing benefit spending by population and grow at the same rate as the COLA. Plans to reduce the SSI population and spending are doomed to failure to pay legal child support obligation under 18USC§228 and deprivation of relief under 18USC§246. All non-contributing Baby Boomers will not be over the age of 65 until 2029 and the poverty and child poverty rates are twice as high as the next poorest industrialized nation. Attempts to reduce the SSI population in 2019 failed and are certain to continue to fail again in the context of the COVID-19 pandemic and highest poverty rate of any industrialized nation. The SSI program must grow to redress child poverty and all poverty. It is essential to life with 2.7% average annual inflation since 1980, that disability insurance spending

normally grows 4% annually to pay a 3% COLA and 1% population growth, to create an income floor for United States citizens insured against economic depression in balance available to the poor pursuant to the Anti-Deficiency Act under 31USC§1502. To correct the deficiency it is essential that a supplemental appropriation be enacted and the tax on the rich and state employees be proposed under 31USC§1515. To provide for 1% population growth 2019 – 2020 it is estimated that an $878 million supplement is needed to increase total benefit and administrative spending from $61,285 million to $62,163 million in 2020. To provide 1% population growth and 3% COLA and $3,412 million supplement is needed to increase spending from $6,223 million to $64,635 million in 2021.
C. Other than preventing economic collapse from hyperinflation consequential to the Iron Law of Wages avoided by prioritizing consumer economic growth for the poor pursuant to Engel's law, economic growth is legally protected only insofar as it is desirable so far as possible to adopt measures which expand rather than contract international trade pursuant to Art. XII (3)(a) of the General Agreement on Trade and Tariffs (GATT) and that COLA is intended to increase in relation with CPI inflation under Sec. 215(i) of the Social Security Act under 42USC215(i). The COLA applicable in January of a given year is not equal to, it is relative to, the percentage increase in the average CPI of the prior year, not the third quarter of the prior year over the average CPI in the third quarter of the year prior to the last year in which a COLA became effective. If there is an increase, it must be rounded to the nearest tenth of one percent. If there is no increase, or if the rounded increase is zero, there is no COLA. This cruel and unusual situation occurred in 2010, 2011, and 2016, without any regard to 2.7% average annual CPI inflation since 1980 the Commissioner claims to use, nor care that benefits are less than the poverty line, and must therefore grow faster than inflation to catch-up.

1. SSI benefits and low-income disability and retirement benefits, need to grow slightly faster than inflation, 3% annually. With an automatic 3% COLA, although benefits may currently not be enough to raise a person out of poverty, at some time in the future they should, and they should not become unable to afford bills they could previously afford. Any shortfall from 3% COLA can only be perceived as the civil rights crime of deprivation of relief benefits under 18USC§246 now pursuant to the Application of the Convention on the Prevention and Punishment of the Crime of Genocide (*The Gambia v. Myanmar*) Summary 2020/1 23 January 2020. The Commissioner must come to grips with the 3% COLA, originally determined as 2.4 percent, but pursuant to Public Law 106-554, enacted December 21, 2000, is effectively now 2.5 percent. 1974 - 1980 the COLA was 14.3%, an average of 2.4% annually. 1990-2000 16.1%, 1.6% annually. 2000-2010 27.8%, 2.8% annually. 2010-2020 11.6%, 1.2% annually, with three zero COLA years. With a 1.6% COLA 2020 the six-year term of the Commissioner has been tentatively reduced in half to three years under Sec. 702 of the Social Security act under 42USC§902 and 18USC§246.

D. The prevalence rate for all Federal SSI recipients declined from 1975 through the early 1980s. In 1983, this percentage started increasing and continued to increase through 1996. The number of SSI recipients receiving Federal payments increased rapidly in the early 1990s due to the growth in the numbers of disabled adults and children. The growth in the numbers of children receiving SSI resulted in large part from the Supreme Court decision in the case of *Sullivan v. Zebley*, 110 S. Ct. 885 (1990), which greatly expanded the criteria used for determining disability for children. SSA determined that roughly one quarter of all beneficiaries – 1.85 million— could not manage their own benefits and appointed others to manage their funds. The implementation of Public Law 104-121 and Public Law 104-193 resulted in a decline in the Federal recipient population from 1996 to 1997. From the end of 1997 through the end of 2000, the Federal SSI recipient population grew at an annual rate of less than

1%. From the end of 2000 to the end of 2008, the Federal SSI recipient population grew an average of 1.7% per year. From the end of 2008 to the end of 2012, the Federal recipient population grew an average of 2.7% per year due largely to the economic recession, the slow recovery from that economic downturn and age of highest incidence of disability for the Baby Boomer generation. In 2013, the Federal SSI recipient growth slowed to 1.3%, with much smaller growth in 2014. The Federal SSI recipient population decreased slightly in 2015, by roughly 0.2% relative to 2014. Since 2016 the SSI population has remained 8 million although the number of applications and children growing up in poverty increases.

Table I.A.4.3 Federally Administered SSI Population 1974-2020
(thousand)

Year	Applications	New Recipients	Deaths	Other Terminations	All Terminations	Current Payment
1974	5,752	4,398	192	210	402	3,635
1975	1,468	931	212	401	613	3,893
2000	1,633	748	205	498	703	6,320
2005	2,110	854	204	524	728	6,819
2006	2,075	849	205	522	727	6,939
2007	2,091	844	207	513	720	7,061
2008	2,195	930	206	563	769	7,219
2009	2,506	1,006	210	639	849	7,423
2010	2,567	1,055	204	615	820	7,656
2011	2,553	1,042	207	634	841	7,866
2012	2,438	973	212	611	823	8,040
2013	2,214	918	215	602	817	8,144
2014	2,039	812	219	621	840	8,162
2015	2,024	800	224	602	826	8,142
2016	1,865	768	223	602	824	8,088
2017	1,737	768	228	564	792	8,067
2018	1,642	720	228	591	819	7,974
2019	1,648	724	225	550	776	7,928
2020	1,728	807	225	531	756	7,903
2021	1,834	755	225	553	778	7,877

Source: 2020 Annual Report of the Supplemental Security Income Program.

1. The SSI program needs to desist with the near zero-population and spending growth, the in-kind-

support mechanism (ISM) and disability requirements to use the program to end poverty, as it is designed, without disability questionnaire. To minimally make progress ending poverty it is normally necessary to afford a 3% Cost-living-adjustment (COLA) and 1% population growth, with 4% inflation in SSI budget. While disability insurance is more expensive than 2.5% inflation for government and 3% for services, SSI is a consumer economic subsidy that targets the poor. Pro-poor administration benefits sustainable economic growth and price control, more than any other economic intervention, because it increases the purchasing power of poor, price conscious people, who return the vast majority of their income into the consumer economy, rather than invest or squander it on hyperinflation, pursuant to Engel's law. SSI is underutilized to reduce and eliminate poverty, and the rich and state employees are untaxed. Net zero SSI population growth rate does not redress net zero poverty reduction over the past three decades, the 20% child, 10% working age, and 9% elderly poverty rate, the highest poverty rate amongst industrialized nations, or make progress on the income floor.

E. Total SSI spending, including both benefits and administrative cost, are traditionally undeclared by the Annual Report, very similar to total discretionary and mandatory funding in the Treasury budget that must include the cost of the COVID-19 Relief Acts in their FY 21 budget to avoid 42 months between $600 and $700 billion. In this margin, where OMB, who already retroactively changed their only right answer, is expected to do the math, SSI spending reached $60.6 billion in 2019 and intends to stagnate there with unrealistically low growth estimates $61.3 billion (2020) and $61.2 billion (2021). These persecutions regarding the number of the beast must not last longer than 42 months (Revelations 13:10). The actual Defense against persecution, that can make the -$8 billion Treasury FY 21 budget deficiency a $1.5 trillion Relief Act and SSI's -$8 billion deficiency a cool $250 billion FY 21, tax free to end child poverty 2020 if the US decides to devaluate 11.7% October 1, 2020, is that there is a will to grow from 6 to 7 in less than 42 months (Revelation 13:10).
1. Commissioner Astrue committed a grave error with $674 SSI (2009-2011) because the persecution began at $600 and ended with $700. The Great Recession and current COVID-19 pandemic indicate that this persecution is the absolute leading cause of economic depression. Astrue violently prolonged the Great Recession, as a consequence SSA is still toxic to this day. This time, it is the Secretary-General of the United Nations who is inciting economic depression from the untreated COVID-19 pandemic by cruelly and unusually cutting UN Peacekeeping spending from more than, to less than $7 billion, for more than 42 months as of December 2020. He is so obsessed that he has not even produced a Peacekeeping Budget for the July 1, 2020 – June 31, 2021 year and news reports indicate that the UN Peacekeeping budget has been frozen at $6.5 billion by the General Assembly. The objective is not to persecute people with the number of the beast, but to justify sustaining more rapid growth than normal to achieve lucky numeral seven.

F. SSA must stop wearing gloves on the outgoing mail and stop entering addresses into the profile. Since the Great Recession the SSA B&E has been very toxic. Unnecessary SSA questionnaires contaminate the US mail with a monoclonal antibody to sacrum, up the spine to the brain, with lethal and paralytic potential, if the offending Methicillin Resistant Staphylococcus Aureus (MRSA) is not cured with an Epsom salt bath. There is no guarantee that the B & E follows these rules and SSA must stop entering people's addresses in the profile. Nonetheless, to take off their gloves on the outgoing mail, SSA must inform the public that Epsom salt bath cures Methicillin Resistant *Staphylococcus aureus* (MRSA). Epsom salt bath a cheap miracle cure for hospital acquired MRSA that is otherwise poorly treated with doxycycline or wrongly treated with months of penicillin IV although 'cillin' is obviously ineffective. Furthermore, the timing of the B & E disease and cheapness of the cure, indicate

that SSA data vulnerabilities are a lead suspect in the transmission of COVID-19 pandemic from China. The public must be informed that a dab of $1 hydrocortisone crème and essential oil of lavender to the nose and/or chest instantly cures coronavirus and mold allergies. Because it primarily primarily disables workers who contribute to the DI tax the COVID-19 pandemic is unlikely to a significant   effect on SSI enrollment. Nonetheless, by creating an SSI Trust Fund, SSA is committed to ending child poverty by 2024 and all poverty by 2030, therewith and to make good on this promise orphan shall be a qualifying disability and SSI enrollment should immediately increase and continue to increase at an enhanced rate to create an income floor by 2030. SSI applicants, whether or not they participate in the Ticket to work program shall be prescribed HELP.
Hydrocortisone, Eucalyptus, Lavender and Peppermint (HELP)

a. The public must be informed that essential oil of eucalyptus, lavender or peppermint aromatherapy is a non-toxic and non-allergenic cure for coronavirus and mold allergies. Due to widespread business closures and unemployment there is no denying that COVID-19 is a disability despite the availability of curative medicine pursuant to Title I Sec. 3(4)(E)(i)(I) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12102(4)(E)(i)(I). To protect the workplace from the highly contagious coronavirus all disability applicants are required to treat the coronavirus with these safe and effective medicines pursuant to Title I Sec. 103(b) of the Americans with Disabilities Act (ADA) of 1990 under 42USC§12113(b)

a. A drop of essential oil of eucalyptus, lavender or peppermint is topically applied with a squirt bottle or index finger to the upper lip and exterior, and/or interior, of the nose. Essential oils can also be administered in cleansers, soap, spray bottle, or in humidifiers to sterilize airspace, doorways, classrooms. Public restrooms need help to be reopened with soaps and cleansers containing essential oils of eucalyptus, lavender or peppermint. Washing the nose, face, hands and chest with soaps, provided in all public restrooms, containing essential oils of eucalyptus, lavender or peppermint, may be the social solution to the COVID-19 pandemic. Lysol, active ingredient eucalyptol, has been specially recommended as an environmental cleanser by the Food and Drug Administration (FDA).

b. Corticosteroids are the definitive medical treatment for coronavirus and mold allergies. Cushing's disease is a non-life-threatening side-effect of excessive life-saving corticosteroid use, its symptoms are fragile bones and puffy cheeks, and may a be a lead culprit in the high rates of total knee and hip replacement surgeries in industrialized nations. The non-prescription of corticosteroid inhalers to first time asthma patients is certain to be a leading cause of the dramatic rise in asthma and allergy patients over the past few decades.

c. Hydrocortisone crème is a corticosteroid that is available over-the-counter, for as little as a dollar a tube. When a dab is applied topically to the exterior of the nose, hydrocortisone creme instantly cures coronavirus and allergic rhinitis due to mold. A dab of hydrocortisone crème can also be applied to the chest to treat the potentially lethal fluid filled lungs exhibited in severe acute respiratory syndrome (SARS) from coronavirus, the carcinogenic lung nodules of pulmonary aspergillosis and the coronavirus and mold triggers of asthma attacks for as fast a cure as a rescue inhaler and lower-cost and lower-risk of Cushing's disease or potentially lethal malicious mold contamination than oral, intranasal, inhaled or intravenous corticosteroids.

d. Because malicious monoclonal antibody to the spine contamination of disability questionnaires mailed by local SSA offices have been witnessed interstate, an Epsom salt bath, saline solution, chlorine or salt water pool or ocean swim is prescribed to treat methicillin resistant *Staphylococcus aureus* (MRSA). To prevent rampant B&E SSA shall stop entering addresses in the social security number indexed profiles pursuant to Art. 28 of the Fourth Geneva Convention Relative to the Protection of Civilians in Times of War (1949).

e. To help prevent cardiopulmonary disease, diabetes, cancer and pass the Army Weight for Height Chart, sedentary beneficiaries are prescribed a minimum of 50 crunches, 50 push-ups, 40 age adjusted, and three mile run for all, everyday pursuant to the Marine Corp Physical Fitness Test (PFT). Cripples need equivalent calorie burning alternative, e.g. manual wheel chair that doesn't tip over backward when crossing the street to the Federal Wilderness Area pursuant to Sec. 507 of the Americans with Disabilities Act under 42USC§12207.

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