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No One Turned Off the Tap: 2019 Wettest on Record

by Lura Roti, for S.D. Farmers Union



Courtesy photo

"My friends and I think we tried too hard this spring to plant because now we can't get the crop harvested. I have gotten the grain cart stuck a couple times. I know people who have gotten their combine stuck," explains Groton farmer, Chad Johnson, 47.

Based on 125 years of South Dakota weather data, 2019 is the wettest on record, says SDSU Extension State Climatologist, Laura Edwards.

"This season tells the story of a long-term climate trend we are seeing of wetter weather. It has created many challenges for our farmers," Edwards says. "Throughout the growing season I heard farmers say they would rather have a drought than a flood because a flood does more damage to the land and equipment. Flooding creates so much more work and managing a farm through an excessively wet year requires much more labor."

Groton farmer, Chad Johnson would agree with the farmers Edwards visited with. He can easily compare the two extremes because in 2018 his area was under a severe drought. And beginning with an April 2019 blizzard, just in time for calving season, excess moisture has challenged every aspect of his farming operation.

"The heavens opened up and it rained, rained and rained. No one ever shut off the tap," explains the fourth-generation farmer.

The 32-plus inches of rain his farm received led to a few deaths at calving and limited the number of acres Johnson was able to plant. This fall, standing water and muddy soil created by frequent rain and snow events make getting combines into corn and soybean fields challenging to say the least. "My friends and I think we tried too hard this spring to plant because now we can't get the crop harvested. I have gotten the grain cart stuck a couple times. I know people who have gotten their combine stuck," explains Johnson, 47.

As of December 2, he has 450-acres of corn left to harvest. Now, the crop is under 15-plus inches of snow. "I typically look forward to harvest. It's when I get to see what that new hybrid I planted did. It's when I receive the fruits of my labor. Not harvest 2019. This fall, farmers in our area began referring to the season as Hellvest."

Johnson's story is not unique. According to the U.S. Department of Agriculture, due to excess moisture, South Dakota producers were unable to plant 4 million acres. The greatest

number of prevent plant acres of any state.

"It's certainly a year for the history books and I'm afraid the impacts will be seen into the future," says S.D. Secretary of Agriculture, Kim Vanneman.

Impacts like soil compaction, explains Anthony Bly, SDSU Extension Soils Field Specialist. Caused by heavy equipment tracking on excessively wet soil, soil compaction decreases the soil's ability to store water and transport nutrients, it also makes it difficult for plant's roots to penetrate the soil because "it takes the pores out of the soil," Bly says.

Like so many farmers this season, Bly, a fourth-generation Garretson farmer, had to make some tough management decisions which led to soil compaction. "Farmers, like me, did what we had to do. We needed to harvest on wet soils because the crop was ready and if we waited, we didn't know what the weather would do."

Compaction isn't the only long-term side effect of 2019 weather. When farmers are unable to plant or harvest their crops, the entire state feels the impact, Vanneman explains. "Agriculture is the backbone of South Dakota and when agriculture is impacted, there are ripple effects across the state. Producers have fewer dollars to spend in town which has negative impacts on Main Street, in small communities like Winner and large ones, like Sioux Falls."

But what about the disaster relief programs and crop insurance? "These programs may help us cover our rental or land payments and input expenses, but there is no possibility of income. These payments don't cover living expenses. Most farmers will just be happy if they can break even," says Beresford farmer, Larry Birgen, 58.

Due to standing water and mud, Birgen was only able to plant 30 percent of his corn and soybean acres. Which means he didn't use all the inputs he pre-paid for at his local cooperative. Although he hopes the 2020 crop uses up the pre-paid inputs and then some, Birgen says with so many farmers in a similar situation, it makes it tough for cooperatives and privately-owned seed, agronomy and grain businesses.

"This is really hurting our cooperative," says Birgen who sits on the board of directors for Southeast Farmers Coop. "Drive by their bunkers and they are only a quarter full, and typically by this time of year they would be clear full."

Serving Union, Clay, Lincoln, Turner and Yankton Counties, many of the farmer members Southeast Farmers Coop serves have experienced challenges related to excess moisture going on three years now. The challenges extend beyond input sales, explains Don Truhe, General Manager of Southeast Farmers Coop. "If farmers can't get into their fields, not only does it impact sales of seed and fertilizer, but we don't get paid to apply the fertilizer or spray the fields."

And the 40-plus fulltime employees who count on overtime during planting and harvest also took a financial hit, which impacts the many rural communities they call home. Annually, Southeastern Farmers Coop pays



Chad Johnson

more than \$3 million in salaries. "Because we didn't have the busy season we typically do, it impacts what our employees earn and their ability to spend," Truhe says. "We spent a lot of years strengthening our balance sheet just for this type of season. We will be OK. But other cooperatives or private businesses may not be."

We're in this together

With his combine parked in the shop, Johnson prays for warm weather to melt the recent snowfall. Then, he hopes for freezing temps so he can get back into his corn fields. "What we need is some poor man's concrete. If the snow melts and the ground freezes just enough, we can get this harvest wrapped up. I'm so over 2019. It's been one heck of a year for our family and friends."

Earlier this year, his family experienced a loss when a young farmer committed suicide. "This weather is taking a toll. We talk about the mental health aspect of it all the time. That's why, if there are young farmers out there who are hurting, please ask for help. It's nothing to be ashamed of."

Vanneman echoes his thoughts. "Like everyone in the industry, we've watched with growing concern the impact this year has had on the mental health of producers and others in the ag industry," she says.

Vanneman reminds South Dakotans of the resources available to farmers, ranchers, their family and friends, like the 24/7 Avera Farm and Rural Stress Hotline:1-800-691-4336.

She adds that in addition to Presidential disaster declarations, requested by Governor Noem to provide assistance to communities and counties impacted by weather, there are also programs available through U.S. Department of Agriculture, Farm Service Agency.

In addition to resources, Johnson says when he needs motivation, he looks to his family and friends who are farming. "We are in this together. It's a tough deal. Farmers are going bankrupt. But we are resilient. I think about the fact that my dad and uncle made it through tough times. I think about my son, Porter, who will be the fifth generation to farm, and I keep pecking away."

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How to Live 40 Percent Longer



By Richard P. Holm, MD ~ Prairie Doc® Perspectives

"Doc, I've started on this new diet and I wonder what you think," said my patient. Then I hear about the patient's latest weight loss plan. There are so many plans out there...the Noom® plan, the Shark Tank diet, the keto diet, the Mediterranean diet, the paleo diet, the sugar-free diet, the low-carbohydrate diet, the one day a week fast. Some diets increase the intake of water, of fiber, of antioxidants and the list goes on. Many of these new plans are variations of a low-carb plan, which I like. I also have found that a weekly fast seems to work for some people.

About 20 years ago, two huge studies compared the low-carbohydrate diet with the low-fat diet. Both studies showed the same thing. People liked the low-carb diet better and with it, they lost more weight easily and initially. After one year, however, most people from both groups regained the weight they had lost. Similar studies through many years showed the same thing, no plan seems to keep the weight off long term. The two questions commonly left unanswered are, is it good to eat less, even without weight loss; and how important is exercise in all this?

The most powerful studies have shown that when people eat 40 percent less than what they would eat if they had no limit, they live about 40 percent longer. It is the calorie count that matters, not weight loss. Add to this the multiple scientific studies that show if an overweight person is fit and in good condition then their risks of death are no greater than for a thin person who is in good condition.

When people ask me, I recommend starting with three to seven days of calorie counting and exercise measurement before any changes are made. The calorie goal depends on one's height and age, but an average sized middle-aged woman or man needs fewer than 1800-2000 calories per day for maintenance and at least one mile of walking per day. By the way, I think a balanced diet with plenty of vegetables and fewer carbohydrates makes the transition easier to tolerate and is especially good if one is diabetic or pre-diabetic. The most important point remains...fewer calories.

Bottom line: Setting a goal to "lose weight" puts you at risk for disappointment. For heavy and thin people alike, your best chance for success is to be mindful of your calorie intake and exercise regularly. Then, love yourself as you are.

Richard P. Holm, MD is founder of The Prairie Doc® and author of "Life's Final Season, A Guide for Aging and Dying with Grace" available on Amazon. For free and easy access to the entire Prairie Doc® library, visit www.prairiedoc.org and follow Prairie Doc® on Facebook featuring On Call with the Prairie Doc® a medical Q&A show streaming on Facebook and broadcast on SDPB most Thursdays at 7 p.m. central.

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Brown County Edwards Preserve Land Exchange
 NOTICE OF HEARING
 EDWARDS PRESERVE
 A public hearing will be held by the Brown County Commis-

sion on the 17th day of December 2019 beginning at 8:50 a.m. in the Brown County Commission Chambers, Courthouse Annex, Aberdeen, SD to consider land exchange agreement. The following parcels are to be exchanged:

Brown County Parcel I:
 That certain part of the Southwest Quarter (SE1/4) of section Twenty-three (23), Township One Hundred Twenty-four (124) North, Range Sixty-five (65) West of the Fifth P.M., Brown County, South Dakota, totaling approximately 64.3 acres, and subject to easements, restrictions, and reservations of record, if any.

after the exchange Parcel I will be gifted back to the County on the condition that it be retained in its natural state for the enjoyment of the general public.

The public is invited to attend the hearing and to present comments and testimony regarding the land exchange agreement.

ATTEST:
 Cathy McNickle, Brown County Auditor
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Brown County Jones Plat Vacate Notice
 HEARING NOTICE
 TO VACATE PLAT
 Notice is hereby given by the Brown County Commission of a hearing to receive testimony pertaining to a petition, submitted by Bruce Jones to vacate the plat, described as follows:

"Jones Conservation Easement Tracts" in the E1/2 of Section 06-T125N-R64W of the 5th P.M., Brown County, South Dakota

Said hearing shall be held in the Commissioner's Chambers, Courthouse Annex, Brown County, South Dakota at 8:47 a.m. December 17, 2019. At said hearing the Board shall consider a resolution to accept or reject the petition to vacate. Any person unable to attend the hearing may submit written testimony to the Brown County Auditor, 25 Market Street, Ste 1, Aberdeen, South Dakota.

ATTEST:
 Cathy McNickle, Brown County Auditor
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New midwife certification in S.D. allows home births with less education and clinical training

By: Samuel Blackstone

Legislation passed in 2017 in South Dakota opened the door to licensing of a new classification of "professional midwives," who can become certified to perform home births with far less training and education than "nurse midwives" who have been regulated in South Dakota for 40 years.

While midwives with the new professional certification have successfully delivered 10 babies since then (two of whom required transport to a hospital), one top medical official in South Dakota is concerned the new certification may legitimize lay midwives who can put mothers and children at risk.

A main concern is that the new classification of legal midwifery, the Certified Professional Midwife, demands far less education and clinical training than a Certified Nurse Midwife, a classification that requires a nursing degree and which has been regulated in South Dakota since 1979.

Some supporters of home births say CPMs are fully capable of delivering babies safely and that midwives in general create needed birthing options for prospective parents, particularly in rural areas where access to hospitals may be limited. They also note that lay midwives have been working outside the law for years and that at least now they must be certified.

But opponents of the CPM license law, including Dr. Robert J. Summerer, president of the South Dakota State Medical Association, cite studies showing higher neonatal mortality rates in home births than in hospital deliveries.

Summerer, a Madison, S.D. surgeon, also noted the discrepancy between the hours of clinical training demanded of Certified Nurse Midwives (1,040 hours) versus Certified Professional Midwives (about 50 hours depending on the program) before they can deliver babies independently.

"It is very clear that their training is inadequate and it's putting two people at risk: the mother and the child," he said. "We still think it is unsafe that the state would sanction something that is so risky for our residents in the state."

The rate of home births has been rising in South Dakota and across the country, and is much higher among Native Americans.

In South Dakota, there were 50 intentional home births in 2014, compared to 79 in 2017 and 75 in 2018, according to the state Department of Health.

In 2003, about 8% of American births were attended by midwives, more than double the 1990 rate of 3.9%. The rate of home births is more than double among Native Americans nationally, with 19.9% of all Native babies delivered by midwives in 2017 compared to only 9.1% of all births that year, according to the federal Centers for Disease Control and Prevention.

The 2017 CPM law was passed in South Dakota after more than a decade of effort by midwifery supporters and lobbyists to legitimize the practice of home births assisted by lay midwives, which they argued was occurring regardless of the law and thus should be brought under state control to ensure safety.

State law says a CPM is responsible for "the management and care of the low-risk mother-baby unit in an out-of-hospital setting during pregnancy, labor, delivery and postpartum periods." CPMs differ from Certified Nurse Midwives (CNMs) in a few regards, chief among

them the level of education and training necessary and the location where each can work.

As is the case in many other states, CNMs practicing in South Dakota must undergo a more academically rigorous program than CPMs before certification. CNMs are also registered nurses and typically study nursing for four years in an undergraduate setting before obtaining their master's degree in nursing after two or three years of further study.

The payoff is greater autonomy and opportunity, as CNMs are free to practice in hospitals, birth centers, clinics, for the Indian Health Service, or to start their own midwifery business. There are 37 active CNMs in South Dakota, according to the state Department of Health.

In the spring of 2019, the state board tasked with regulating home births performed by non-registered nurse midwives began to issue their first CPM licenses in South Dakota.

Known as the South Dakota Board of Certified Professional Midwives, it was created as part of the 2017 law that legalized and created a framework to regulate the Certified Professional Midwife industry.

"We were trying to create the legislative highway for that Certified Professional Midwife to be able to be in practice in the sunshine instead of in the underground," said Sen. Deb Soholt, R-Sioux Falls, a registered nurse, chair of the Senate Health and Human Services Committee and former president of the South Dakota Nursing Association.

When the law became effective on July 1, 2017, South Dakota became the 32nd state to have a licensing track for CPMs on the books. To date, there are 35 such states. Soholt voted against the bill for years before voting in support in 2017.

"For 20 years I fought against [it]," she said. "Finally I came to the realization that as a senator, if I believe in local control, and I know what it means to have a baby, who am I to say to another family 'I am going to write your birth process for you?' Families have the right to self-determination. If those families are willing to take that risk [of home birth], then we need to understand that risk. Let's create a structure where we can see it."

The board began issuing licenses in March. So far, four CPMs and two student CPMs have been licensed in the state, with 10 recorded home births, two of which required transport to a hospital.

Supporters of the CPM licensure law point to some studies depicting a reduced risk of health complications and death for mothers and/or babies in home birth settings as comparable to hospital births. According to the state Department of Health, there have not been any reported deaths during 342 home births recorded since 2014.

In that same period, there have been 60,379 hospital births in the state, with 374 infant deaths, an infant mortality rate of 0.62%. The national average for infant mortality in 2017 was 0.58%, the CDC said.

Both sides of the issue said the tracking of such rates is difficult because of differences in



Many home births are "water births" in which the mother is immersed in a pool of warm water to ease the birthing process. This photo taken after a home water birth is a stock image with no known connection to residents of South Dakota. Photo: Shutterstock

how hospitals may label a birth. For example, if complications occur during a home birth that require transport to the hospital and the baby is then delivered in the hospital, it is labeled as a hospital birth.

State law permits a home birth only if the pregnancy is deemed "low risk" and is anticipated to be problem-free "based on an assessment of the woman's past medical history and ongoing assessment of the mother-baby unit throughout the pregnancy, labor, delivery and postpartum care."

Measurements of the woman's vital signs, blood work, and results from the 20-week ultrasound are typically part of the assessment. As a result, Summerer said statistics for home births constitute results only for the lowest risk populations.

"I'm not sure that they are really comparing apples to apples," he said.

Cassie Applegate, R.N., CNM, followed the nursing school route in Colorado before opening Apple Tree Midwifery in Rapid City in 2016. Her job, she said, is to perform the duties of a women's health nurse practitioner, offering care for women from puberty through menopause.

The breadth of education and scope of practice for CPMs is more limited.

Per state law, CPMs must complete an educational program certified by the Midwifery Education Accreditation Council and receive their certification from the North American Registry of Midwives. They can then apply for a state license.

Typically, the course load for a CPM in training requires students to shadow a licensed CPM as they perform prenatal health assessments and care, home births and postpartum care. CPMs primarily practice in client's homes and are not allowed to practice in hospitals.

Applegate, who has overseen more than 150 home births as a CNM, noted that the education for CNMs is broader than that of CPMs, who typically only focus on the skills necessary to deliver a baby safely in an out-of-hospital setting. CNMs also have more freedom in the medications they can prescribe. Applegate said that though some may see the CPM practice as undercutting CNMs, she doesn't share that view.

"I'm always supportive of more midwives," Applegate said in an October interview with South Dakota News Watch. "I think more midwives beget more midwives. I did not feel



State Sen. Deb Soholt, R-Sioux Falls

like [the legalization of CPMs] was a threat [to CNMs] because the more midwives we have, the more women will choose midwives."

Applegate added that more midwives also means more options for women and increased access to care for rural and low-income populations.

"Our state needs more midwives in any birth setting to give women options and to really reach that access to care which we're lacking," she said.

Summerer, however, flipped the argument that women who live far from a hospital are better served by a home birth.

"Those people are probably the most vulnerable in a home delivery because if they are far away from a facility where babies are delivered safely and something goes wrong then they are even further behind the 8-ball as far as getting the appropriate care," he said. "I get that people want to go to a more natural kind of setting but you just hate to put your child or yourself at risk to make those decisions. We've come so far in medicine, it just doesn't seem like a smart thing to move back."

Applegate echoed a sentiment similar to Soholt and many of the 2017 bill's other supporters: that home births overseen by non-CNMs

are already occurring and it's best to create a framework that ensures consistency, safety and accountability.

Applegate said she believes there are certainly a handful of home births still being overseen by non-licensed midwives, but that "women doing that are probably going to do that regardless" of the law, as their preference for a home birth is motivated by "a philosophy of birth rather than access to care."

Pat Schwaiger, R.N., CPM, and vice president of the South Dakota Board of Certified Professional Midwives, said choice and control are what draw many women to undergo home births.

"It varies from lifestyle to finances to geographic location to religion to political beliefs but I think the common denominator is personal choice," said Schwaiger, who had her four children in a home birth setting and recently retired after 37 years as a midwife. "Women want to feel like they are in charge of their own birth experience and to a large degree that is compromised in the hospital."

Schwaiger, who serves as chairperson for the Wyoming State Board of Midwifery, said licensing CPMs and allowing home births make sense in states like South Dakota and Wyoming where families may live far from the nearest healthcare facility.

"It is very clear that their training is inadequate and it's putting two people at risk: the mother and the child. We still think it is unsafe that the state would sanction something that is so risky for our residents in the state."
-- Dr. Robert J. Summerer, a Madison, S.D. surgeon who is president of the South Dakota State Medical Association

"You're better off if you have someone coming to you," she said.

Debbie Pease also serves on South Dakota's CPM board and for years led the lobbying efforts for the state CPM licensure law. She decided on a home birth for her four children because she didn't want to deliver her baby in a car on the way to the hospital.

"I had a really good experience with my midwife at home and then all of a sudden she wasn't able to practice anymore," Pease said, citing the state crackdown on non-licensed lay midwives in the 1980s and 1990s, which led to cease-and-desist orders being sent out. Two lay midwives were jailed for short stints for continuing to practice without a license.

"I think I was five months pregnant with my next baby before I found a midwife because they were so underground," she said. "If you weren't in the right circles you couldn't find them. That's what happens when you don't have licensure and everything above board."

Summerer said he'd like to see CPMs undergo more clinical training hours before they receive their certification. He would also like the state to require regular exams to demonstrate competency, a requirement for continued training and for CPMs to have liability insurance. He does not accept the argument that just because something medical is al-



Dr. Robert J. Summerer

ready happening in the state, that it is best to acknowledge its presence and try to regulate.

"There are a lot of things that happen in our society that are happening whether we have regulations for it or not," he said. "To simply put a stamp of approval and say 'Hey, this is OK' doesn't make those things better for the residents."

ABOUT SAMUEL BLACKSTONE

Samuel Blackstone is a correspondent for South Dakota News Watch. Samuel has a decade of journalism experience, writing



for both national magazines and websites; he most recently served as a staff reporter at the Rapid City Journal.



A midwife provides a check-up to an expecting mother in her home. This photo is a stock image with no known connection to residents of South Dakota. Photo: Shutterstock

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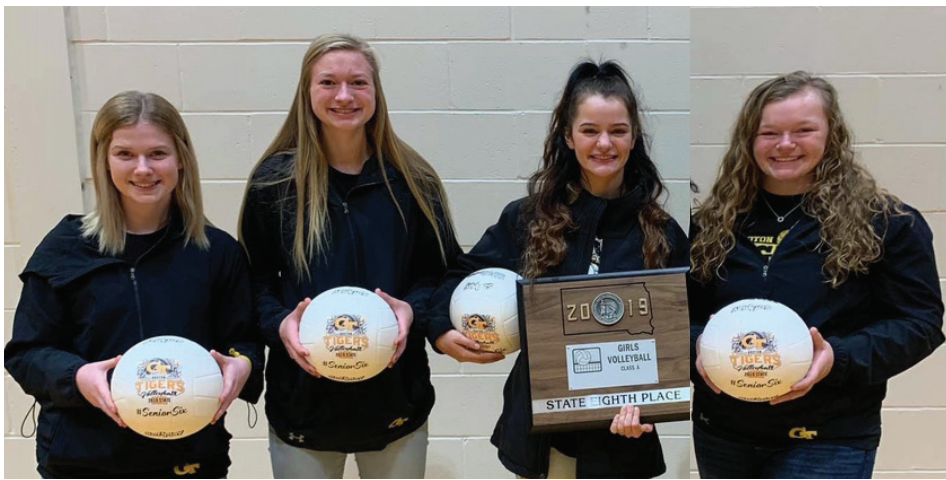
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Four named to All-Conference Volleyball Team

Groton area placed four members on the All-Conference Northeast Conference Team. Left to right they are Tadyn Glover, Nicole Marzahn, Eliza Wanner and Kaylin Kucker. Marzahn was also named to the Second Team All State Volleyball Team.



Chelsea Hanson Region 1 Coach of the Year

Photo courtesy of South Dakota Public Broadcasting.
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City increases fees

Some of the fees were adjusted for 2020 at the city council meeting held Tuesday. At the pool, private lesson went from \$10 per 30-minute session to \$15 per 30-minute session. That would amount to \$75 for five classes. Swimming lessons will increase from \$25 to \$30 for a two-week session. Season tickets were increased by \$5. Water aerobics increased from \$4 to \$5 per session and from \$30 for the summer to \$35 for the summer. The same applies to lap swim. Combined lap swim and aerobics increased from \$50 for the summer to \$55 for the summer.

The rental for the pool increased from \$150 to \$175 for two hours.

The planning and zoning fees increased by \$10. The building permit fees had a major overhaul with the new permit now being \$25 plus .05 percent of the total project cost. So under the old rate, a \$500,000 home was \$70 (anything \$50,001 and over was a flat \$70 fee). The new fee will be \$2,525.

Three bids were submitted for gravel bids. The low bid from Krueger Brothers was accepted for \$17.25 per cubic yard. The other bids were Hanlon Brothers for \$18.75 per cubic yard. Jensen Rock and Sand bid by the ton instead of cubic yards so that bid was not accepted.

Dwight Zerr reported that the lagoon was just emptied last month and he said he may have to discharge again this month - which would probably be an emergency discharge. The main lift station at Aspen Avenue is still running nearly 24 hours a day.

Terry Herron reported that there are nine ash trees that will need to come down this winter. The council expressed gratitude for the quick snow removal around town.

Dan Sunne said he would like to send Landon Johnson to the JUTS training school in Sioux Falls in January.

The WEB water annual meeting will be held December 6. Mayor Scott Hanlon reported that anyone wanting to go is invited to attend. "It's a very good meeting to go too," he said.

The second reading of the supplemental appropriation ordinance was approved.

The council authorized the annual Christmas lighting contest with \$100 for first place, \$75 for second place and \$50 for third place with funds to be applied to the utility bill.

Mayor Scott Hanlon also reported that the lot lines cannot be located by city employees. People will need to hire a survey company.

The council approved membership to the Northeast Council of Government at the annual fee of \$1,637.66.

Nicole Marzahn was hired as the skating rink manager at minimum wage plus 60 cents an hour plus a monthly salary of \$250. The state minimum wage will increase from \$9.10 per hour to \$9.30 per hour effective Jan. 1, 2020.

The warming house attendants, hired at minimum wage, were Anthony Schinkel, Lee Iverson, Andrew Marzahn, Kelsie Frost, Hollie Frost, Shallyn Foertsch, Anje Hinkelman, Emma Schinkel, Candace Tullis, Corbin Reich, Aspen Johnson, Ava Kramer, Austin Aberle and Sara Menzia.

Gordon Nelson was hired as a building code inspector at \$30 per inspection. This is a new position.

The first reading of the 2020 salary was approved with a rate of 2.6 percent for full time employees.

Closing for Inventory

We will be closing at Noon
on Wednesday, Dec. 18th

for Inventory

We will be reopening for normal hours on

Thursday, Dec. 19th

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