

### Small Farmer Commentary- Thinking Bigger

Wildfires in southern and central Kansas – and Oklahoma and Texas – dominated the news for a few days in early March. Thousands of acres burned. Thousands of cattle died or had to be destroyed. Ranching families saw their farmsteads and homes go up in smoke. Seven people lost their lives. Farmers and ranchers and entire communities saw their livelihoods and indeed their daily lives totally altered, perhaps forever marked by the experience.

When tragedy or catastrophe like this strikes, we see the best in people who are dealing with the worst. News stories quickly filled with tug at your heart visuals of 4-H kids bottle feeding motherless calves. Semi-trailer trucks loaded with hay lined the highways all heading to southwest and south central Kansas, Oklahoma and Texas. Many sported big American flags to show their solidarity with those whose only fault had been that their farms, ranches or homes were in the wrong place at the wrong time.

So why is it that when faced with another crises or tragedy, we find it so hard to come together? For there is another fire that has been doing a slow burn for many years. It has created a lot of heat and smoke lately. I am talking about the lack of affordable health care.

Every day in this country, in this state, and in your communities, people suffer tragedies, crises, and catastrophes that alter their lives totally and forever—and all because of a lack of affordable, available, regular health care. Every thirty seconds, someone in this country faces a health care and financial catastrophe.

Many more suffer a loss of quality of life and slow erosion of their contribution to our communities and society at large. It is often a quiet crisis; one that we do not know about until or unless the plight of an individual, a family member or friend comes to sudden and dramatic light.

Our communities- rural and urban- hold fund raisers for the victims or survivors of fires and farm accidents, children or neighbors with long term illnesses, and families enduring medical emergencies that shake our confidence, composure, and security. In these situations, our empathy and compassion makes us act. But these are crises fueled by an immediate illness or accident, not the quiet long-term erosion that availability of regular medical care could help avoid.

The social costs or opportunities lost to this quiet crisis are rarely recognized either. The lack of adequate health insurance coverage remains one of the biggest barriers to entrepreneurship including farming. Many would-be full time farmers work long hours to fit their farming work around a full time job that offers health insurance. Many small businesses do not get launched because would-be owners fear loss of health benefits from existing jobs.

Although you would not know it to hear some critics of the current system, health care in this country had serious problems long before the Affordable Care Act (ACA) was passed in 2010. 40 million people were without coverage because of pre-existing conditions no company would cover, or they simply could not afford it; premiums were high and rising as were the costs of services and procedures; and employers were steadily decreasing their share of coverage for employees.

The Affordable Care Act has its problems. If the ACA is failing, it is because it did not do enough to reign in the high costs of medical services and to question the predatory profits of health insurance companies. Insurance companies required to cover sick people under the ACA are bailing out.

In recent weeks, we've heard about and so far rejected the efforts of the American Health Care Act,

which pretended to be something better than ACA, but lost (for now) because it wasn't. A recent Associated Press Poll shows that 62% of Americans responded negatively to the Trump plan to reform health care. It seems like it is time to try something different and it may be right under our noses.

Recently an unlikely audience listened to a presentation on a single payer system, or universal health care. The Kansas Organic Producers invited Dr. Sharon Lee, a member of the Physicians for a National Health Care Program, to speak at their annual meeting about health care challenges and a single payer system. Dr. Lee is a family physician and head of the Southwest Boulevard Family Health Care Clinic for the poor and uninsured in Kansas City.

"Private insurance companies take 15% profit," she explained, "then they add 12% for administration totaling 27%." The CEO's of the top nine insurance companies", she noted, "made \$12 million each last year." As someone who sees up close and personal what happens to people without health insurance, she is ready to support something different. Government insurance, she explained, takes zero for profit, and two percent for administration, and it works.

Audience members expressed disbelief that the government can run anything more efficiently than private industry. But she explained, "this is basically the current Medicare system—available to those over 65 and the disabled." You know, that program that people in their 50's and 60's can't wait to get to so they can stop paying out the nose for health insurance and actually have medical conditions taken care of more inexpensively?

To protests that this is socialized medicine, Dr. Lee explained, "The VA is an example of socialized medicine. Government controls the dollars; doctors are paid a salary and there is no fee for services. Medicare is a single payer system, and it works. We should expand Medicare, she argued, and allow individuals to purchase Medicare coverage at any age."

Response from the audience of farmers was careful. Many were quiet. Some challenged the idea. But all were thinking. Several had stories of family members affected by health care crises, both with and without health insurance. Others blamed the poor—those who have "the latest I-phone and cable TV, but don't carry health insurance. Why should I pay for them?"

Part of the answer is that those of us buying our health insurance have always been paying for the uninsured when their bills get factored into health care costs overall. The more uninsured there are, the higher our costs. Also. most people are just one major illness or accident away from financial ruin, whether they have health insurance or not. Instead of blaming each other, surely there is a better way.

Every other developed country on the planet has some form of universal care or a single payer system. Facts show that their costs are lower and the health outcomes are better. If we want a system that provides quality care for everyone, why not look at a single payer system? The devil is, of course, in the detail but this is true of any of the plans so far. Maybe looking at Medicare as a model for a single payer system for all is a place to start.

I return to the question prompted by the wildfire relief response. We are the same people. Why do we not show the same compassion and empathy for those who lack health care, or who find it too expensive? We only end up shooting ourselves in the foot because costs of health care just keep going up for all of us. And we may just find that down the road, we won't have a hospital to take that foot to.