

# THE FUTURE OF WATER IN CALIFORNIA

A new Northern California reservoir is getting closer to realization. Located on the western flank of the Sacramento Valley, in Colusa County, when completed, the long-proposed **Sites Reservoir**, with an estimated cost of \$5.2 billion, will hold **enough water to cover every square inch of San Francisco 50 feet deep**, becoming one of the largest reservoirs in California.

Northeast of Clear Lake, the 14,000-acre reservoir would be formed by several dams located in the east foothills of the California Coast Ranges, flooding the long and narrow Antelope Valley. The main dams, Sites and Golden Gate, would be built across Stone Corral and Funks Creeks, respectively. Six smaller saddle dikes would hold in the north end of the lake. The total capacity would be between 1.3 to 1.8 million acre-feet. The reservoir would increase Northern California's reservoir water storage capacity by 15%, getting its water from the Sacramento River, taken in the rainy season when the water flow is very high. The project would pump 470,000 to 640,000 acre-feet per year of the winter flood flow from the Sacramento River. Seasonal Diversions could at times take 60% of the Sacramento River's flow. The water would then be sent through 180 miles of canals westward to the Sites Project near Maxwell, and four miles of 10-foot diameter pipeline to convey water back to the Sacramento River between the Tehama-Colusa Canal and the Colusa Basin Drain.

The project would include a pumping station and be a pumped-storage hydroelectric plant, and though it would be a **net power consumer**, the claim is it would be able to generate peaking power, and provide large-scale grid energy storage. **The California State Water Project** would operate the project. 15 years ago an annual operating cost of \$10-20 million was estimated.

The naturally occurring bowl of Antelope Valley was first identified by the California Department of Water Resources in the 1950s as a potential reservoir when it was contemplating the rapid growth of California more than drought. At that time no one was even aware of something called **'climate change.'** The Reservoir was proposed in the 1980s, and preliminary studies were conducted at a cost of \$50 million during 1996-2014. The California Water Commission voted in favor of the feasibility of the project in December 2021

Once constructed, it would take about five to seven years in drier years to fill but, in a wet year, it could be done in one winter. Not surprisingly, the primary opposition to Sites is from environmentalists who do not want to see high water flows diverted.



Fewer than two dozen people live in what would be the Site Reservoir. Some families have been there for many generations. While the seasonally arid land is used for cattle grazing, many ranchers in the valley truck their cattle to Oregon once the green grass of spring is depleted.

Final approval of all funding sources, almost \$900 million already approved by state voters, another \$1 billion from the federal government and just over \$2 billion from numerous participating local water districts, agencies, water distributors, cities and counties, should be finalized by 2024.

Actual construction would begin in 2025 and the reservoir would begin operations in 2031.

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Sites Reservoir Authority public relations:  
[sitesproject.org](http://sitesproject.org)

## The Parasite Called 'Advantage'

**M**edicare has been a most popular and essential program in the United States, providing healthcare coverage to all citizens over 65 years of age. The government program is now under threat of being privatized with almost 50% of recipients choosing a **Medicare Advantage** plan over Medicare. Medicare Advantage was a private-sector alternative to Medicare designed about 20 years ago by Congress to encourage insurance companies to find innovative ways to provide better care at lower cost. Private industry can do things cheaper – right.

The plans sound like a great deal covering some dental and vision along with basic healthcare. The money that pays for Medicare Advantage comes out of federal Medicare funds invariably gutting the public program. Of the top 10 insurance companies providing Medicare Advantage, 8 have been caught over-billing and 5 have been accused of fraud by the federal government. These 8 insurance companies make up over 80% of all Medicare Advantage plans. **United Health Group**, by far the largest provider of Medicare Advantage (over 27% of Medicare Advantage plans), has had whistleblowers provide evidence of fraud which led to them being caught over-billing. Audits of fraud cases by New York Times, inspector general audits and independent watchdog groups outlined billions of dollars in fraudulent claims.

The sooner the private insurance companies can bankrupt the system by over-billing, the sooner they will destroy the public Medicare program. These companies employ doctors to dig up old diagnoses so the insurance companies can charge the government fraudulently and inflate their profits. **Kaiser Permanente** offered bottles of champagne or bonus checks to doctors who could apply the higher ticket item diagnosis codes to their patients.

The government pays a fixed rate for each person who enrolls into Medicare Advantage and pays more for people who are sickest. Offering a profit-driven industry more money for the sicker patients would not cause the insurance companies to actually provide more services to those who need it the most but to inflate their profits by inflating the number of diagnoses for each patient. The *'innovation'* these companies are known for aren't innovations to promote better ways to provide a better product or provide more streamlined services as they're needed by the most needy, but to do what is their ultimate goal: to innovate new ways to make the largest profits possible.

- **Lisa Argento Martell**

## Healthcare Burnt-Out: NURSES IN CRISIS

Healthcare burnt-out was identified before the pandemic. The pandemic was the last straw. Evidence of this breakdown can be seen by looking at the condition of both the patients and providers.

A recent survey of nurses across the US has found that up to 90% are considering leaving the field by the end of 2022. 72% of seasoned nursing staff are claiming burnout as the number one reason they plan on leaving the nursing field. Other issues cited include the lack of communication from upper management, resentment from staff with the use of traveler nurses who are getting paid far more and are less competent, and the sense that management sees them as a resource and not critical staff in healthcare.

The continued loss of personnel increases their workload which not only increases the patient/nurse ratios but also puts additional tasks on them. The loss of personnel isn't limited to nursing staff, so the nurses are also expected to clean rooms, perform clerical work, and deal with broken information systems.

The use of the 'Lean' **'just in time'** supply chain theory applied to manufacturing or more industrial work has been applied to healthcare. In fact, 'Lean' is taught in continuing education credit courses for clinical laboratory scientists. 'Lean' essentially treats the human in the system as part of a machine. Management's goal is to make sure the nurse, the clinical lab

scientist, the facilities worker are working every second they're on the clock.

They are part of the **"Health industry."** - The very phrase identifies the problem. Health as an industry, not connected to human beings' needs, but about increasing profit. This leads to reducing staff to a number that, on paper, should be able to do the work, but this calculation fails to consider these are human beings dealing with other human beings who many times are afraid and in pain. This doesn't consider nurses needing breaks to recover from the emotionality of the job they've taken on.

When nursing shortages occurred in the past, the shortages were backfilled with recent nursing school graduates. Now the schools cannot keep up with the loss of nursing staff.

Numerous studies have shown that increased patient load increases hospital re-admissions, nosocomial infections and mortality.

If the healthcare system is not driven by profit, the number of nurses would increase which would provide better care for both the patient and the caregivers.

It would be a system driven by human need, not by profitability and dehumanizing business models.

- **Lisa Argento Martell**



**One of the misapplications, or misunderstandings of Lean methodologies is that Lean means fewer people.**

Though you certainly do not want more people performing a task than is required, you also do not want fewer than are required.

Either way is highly disrespectful to those people, and in the case of healthcare, it is disrespectful to the patients.

The term Lean was coined to describe the way Toyota builds cars with less of everything – less space, less cost, fewer parts, fewer defects, fewer steps, and yes, fewer people.

However, that does not mean: less than required to safely and effectively perform a task. It means they are relentlessly engaging their people to figure out ways to do everything safer and better. If you enlist the entire workforce to eliminate waste and improve flow you must not lay people off as a result. Otherwise, they will, rightfully, never participate and engage. Respect for people should be at the heart of any Lean enterprise.