TUBA CITY REGIONAL HEALTH CARE CORPORATION

FREE
Take One

Healthy Directions

Serving Our Local Communities

www.TCHEALTH.org

JANUARY 2009

Modern Technology at TCRHCC

National Blood Donor Month

Blood is traditionally in short supply during the winter months due to holidays, travel schedules, inclement weather and illness. January, in particular, is a difficult month to collect blood donations. Low donor turnout can put our nation's blood inventory at a critical low. **January is National Blood Donor Month.**

The average person has about 10 - 12 pints of blood in their body. Blood is the vital fluid that carries oxygen and nutrients to every organ an every living cell.

Every day in our country, approximately 39,000 units of blood are required in hospitals and emergency rooms, for accident victims, for those undergoing operations, for patients with cancer and other diseases, and organ transplant recipients. The goal of the American Red Cross and other members of the American Association of Blood Banks (AABB) is to help ensure that blood is available to patients whenever and wherever it is needed because it is the blood on the shelves that helps save lives.

If you are at least 17 years of age, weigh at least 100 pounds, and meet other donor requirements, you may be eligible to donate blood. Those who volunteer to donate are screened for their health history and with an abbreviated physical exams. There are various criteria which may make a person ineligible to donate such as potential exposure to certain diseases, a history of certain illnesses, illegal drug use, use of certain prescription drugs, or anemia (low iron level).

Once it is determined you are eligible, the actual blood donation procedure should take no more than 20 minutes.

Will donating blood hurt? You may feel a slight sting in the beginning lasting only a couple of seconds, but

Continued on page 2 ▶

Inside This Issue:

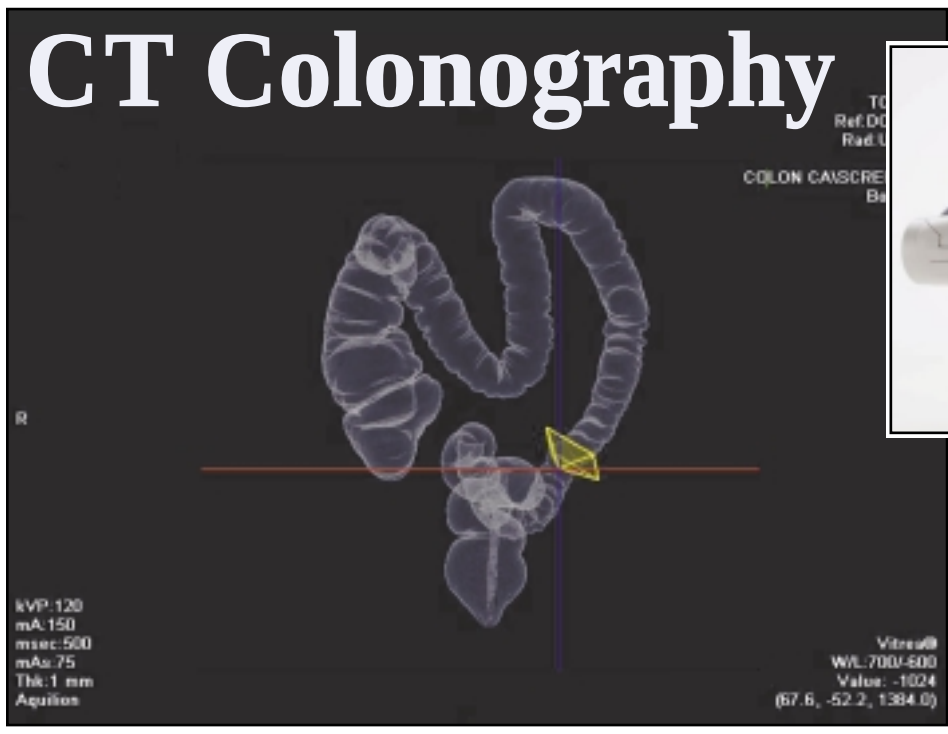
CEO's Corner: Self Determination in Health Care – Page 2

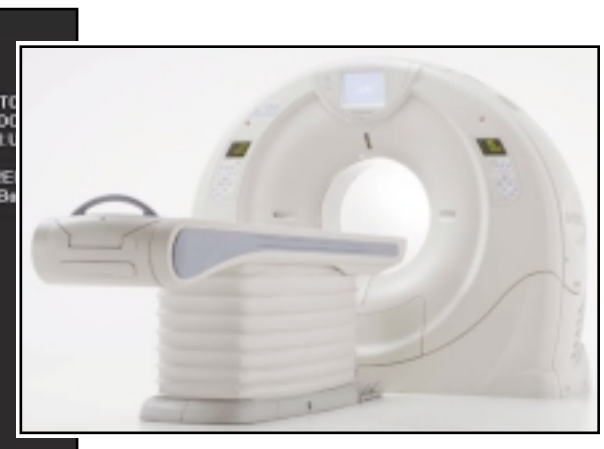
Home Fire Safety – Page 3

ICU Nurses Receive Advanced Training – Page 3

TCRHCC Clinic Hours – Page 4

CT Colonography





The state-of-the-art CT scanner acquired by TCRHCC in 2007, can take detailed images of organs and structures in the body with far more detail than x-rays. At left is an image of a colon created by the CT scanner, which doctors can now use to review for polyps and abnormalities instead of an invasive colonoscopy – a camera inserted into the colon.

TCRHCC has been performing CT colonography for seven months, completing more than 100 studies. We are one of two Navajo 638/IHS facilities using this new technology.

What is CT Colonography?

CT scanning—sometimes called CAT scanning—is a noninvasive medical test that helps doctors diagnose and treat medical conditions. CT imaging combines x-ray equipment with computers to produce multiple pictures of the inside of the body. CT scans of internal organs, bone, soft tissue and blood vessels provide greater clarity and reveal more details than regular x-ray exams.

CT colonography uses CT scanning to obtain an inside view of the colon (the large intestine) that is otherwise only seen with a more invasive procedure where an endoscope is inserted into the rectum.

Common uses of the procedure

The major reason for performing CT colonography is to screen for polyps or other lesions in the large intestine. Polyps are growths that arise from the inner lining of the intestine. Some polyps may grow and turn into cancers. The goal of screening with CT colonography is to find these growths early, so that they can be removed before cancer has had a chance to develop. If the CT colonography is normal, with no growths, the procedure should be repeated again in five years.

How to prepare and what to expect

You should wear comfortable, loose-fitting clothing to your exam. You may be given a gown to wear during the procedure. Women should always inform their physician and the CT technologist if there is any possibility that they are pregnant. It is very important to clean out your bowel the night before your CT colonography examination so that the doctor can see any polyps that might be present. You will be asked to take either a set of pills or a cathartic liquid.

On the day before your exam, you should limit your food intake to clear liquids such as broth, tea or juice. You will be able to resume your usual diet immediately after the exam. During CT colonography, you will be asked to lie on your back and then on your stomach or side. The entire examination is usually completed within 15 minutes.

How the procedure works

X-rays are a form of radiation—like light or radio waves—that can be directed at the body. Different body parts absorb the x-rays in varying degrees. With CT scanning, numerous x-ray beams and a set of electronic x-ray detectors rotate around you, measuring the amount of radiation being absorbed throughout your body. At the same time, the examination table is moving through the scanner.

CT imaging is sometimes compared to looking into a loaf of bread by cutting the loaf into thin slices. When the image slices are reassembled by computer software, the result is a very detailed view of the body's interior. Modern CT scanners are so fast that they can scan through large sections of the body in just a few seconds. Such speed is beneficial for all patients but especially children, the elderly and critically ill.

For CT colonography, the computer generates a detailed 3D image of the abdomen and pelvis, which the doctor uses to view the bowel in a way that simulates traveling down the colon. This is why it is often called a virtual colonoscopy.

During and after the procedure?

The vast majority of patients who have CT colonography report a feeling of fullness when the colon is inflated during the exam, as if they need to pass gas. Significant pain is

Continued on page 2 ▶

TCRHCC Holidays 2009

February 16 - Presidents Day

May 25 - Memorial Day

July 3 - Independence Day Holiday

September 7 - Labor Day

October 12 - Native American Day
(Corporate & IPA Employees)

November 11 - Veterans Day

November 26 - Thanksgiving Day

December 25 - Christmas Day

No clinics open on holidays!

HAPPY NEW YEAR

Blood Donor, *Continued from page 1.*

Donating Blood at TCRHCC

"TCRHCC has the most successful blood drives on the Navajo Nation," said Tim Newland, Blood Drive Coordinator. "Most often we have questions about the donated blood from our blood drives as to whether or not TCRHCC utilizes the blood locally. And the answer is 'Yes, TCRHCC does utilize it for trauma cases and surgical procedures because when you donate to United Blood Services (UBS), the blood comes back to the community, as UBS exclusively supplies TCRHCC.'"

Fact: Most Navajo people have type O and A blood. When Navajo people donate blood, there's a greater chance of Navajo people receiving the blood for transfusion.

there should be no discomfort during donation.

Are blood donors paid? No. Blood collection for transfusion in the U.S. is given by volunteer blood donors.

Can I get AIDS or other diseases from donating blood? No. There is no risk of contracting any diseases during the donation process. Each collection kit is sterile, pre-packaged, and only used once.

How much blood is taken? For whole blood donation, approximately one pint is collected.

Does my body have enough to donate? How much time does it take for my body to replace the blood I donate? The body contains about 10 to 12 pints of blood. The volume of fluid in your body will adjust within a few hours. The red blood cells will be replaced within a few weeks. You may donate whole blood every 56 days.

Can I donate blood if I have a cold or flu, if I've recently received a flu shot, or have high blood pressure? In order to donate you need to be in generally good (symptom-free) health and feeling well. There is no waiting period if you've had a flu shot. If your blood pressure is under control you are generally qualified to donate blood.

– American Association of Blood Banks and the American Red Cross

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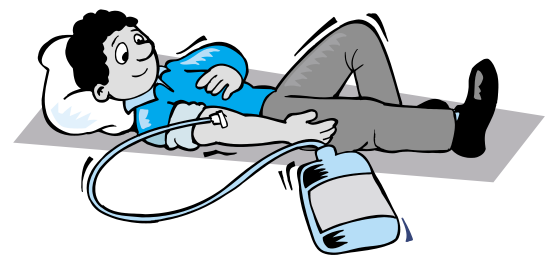

Colonoscopy, *Continued from page 1.*

uncommon. After the tube is inserted, your privacy will be respected. The scanning procedure itself causes no pain or other symptoms.

When you enter the CT scanner, special lights may be used to ensure that you are properly positioned. With modern CT scanners, you will hear only slight buzzing, clicking and whirring sounds as the CT scanner spins around you. You will be alone in the exam room during the CT scan, however, the technologist will be able to see, hear and speak with you.

Benefits vs. risks?

Benefits

- This new less invasive test provides 3D pictures that can see many polyps and other lesions similar to optical colonoscopy.
- CT colonography has a much lower risk of tearing the colon than conventional colonoscopy.
- CT colonography is an excellent choice for patients who have medical problems that increase the risk of complications from colonoscopy.
- Patients, especially those who are frail or ill, will tolerate CT colonography better than conventional colonoscopy.
- If optical colonoscopy cannot reach the full length of the colon, CT colonography can be performed.
- CT colonography provides clearer and more detailed images than a barium enema x-ray examination.
- CT colonography is tolerated well. Sedation and pain-relievers are not needed, so there is no recovery period.
- X-rays used in CT scans usually have no side effects and no radiation remains in a patient's body.

Risks

- There is a very small risk that inflating the colon with air could injure or perforate the bowel.
- There is always a slight chance of cancer from excessive exposure to radiation. However, the benefit of an accurate diagnosis far outweighs the risk.

What are the limitations of CT Colonography?

A person who is very large may not fit into the opening of a conventional CT scanner or may be over the weight limit for the moving table. CT colonography is strictly a diagnostic procedure. If any significant polyps are found, they will have to be removed by conventional colonoscopy.

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Self Determination – The Future of Indian Healthcare

■ A Brief History
■ What is "638?"

Good strides have been made in improving the quality of healthcare in the Tuba City region for members of the Navajo, Hopi and the San Juan Southern Paiute tribes. A major change was made in January 2001, when Tuba City Regional Health Care Corporation was formed as a corporate entity unto itself, no longer a part of Indian Health Service.

You may have only heard the terminology that the hospital "has gone 638." Allow me to explain what this means.

The Indian Self-Determination and Education Assistance Act of 1975 (P.L. 93-638), often referred to simply as the Indian Self-Determination Act, enacted authorization for the Secretaries of the Interior and Health and Human Services, and some other government agencies, to enter into contracts with and make grants directly to federally recognized Indian tribes and tribal entities. This allows for the tribes themselves to have greater control in decisions regarding their own welfare rather than allocating the decision making to government officials.

P.L. 93-638 means the 638th public law (P.L.) passed by the 93rd Congress. People in various agencies simply adopted the nickname "638," which is synonymous with self determination.

Signed into law on January 4, 1975, this legislation made self-determination the focus of government action, reversing a thirty-year effort to sever treaty relationships with and obligations to Indian tribes.

Indian Self-Determination had early legal beginnings in the Indian Reorganization Act (IRA) of 1934. The IRA allowed for tribal self-governance in the forms of creation of constitutions, yet all tribal actions were subject to the approval of the Secretary of the Interior.

The passage of the Indian Civil Rights Act of 1968 was influential in the movement toward self-determination after failed policies toward tribes in the 1950s and 60s. Native American rights were re-examined and received greater attention in the formation of public policy.

With President Nixon's July 1970 *Message from the President of the United States Transmitting Recommendations for Indian Policy,* self-determination became a goal of the United States government. The message called for broad self-determination legislation that would eventually culminate in the Indian Self-Determination Act.

A policy of self-determination committed the federal government to encouraging "maximum Indian participation in the government and education of the Indian people." The 1975 legislation contained two provisions. Title I, the Indian Self-Determination Act, established procedures by which tribes could negotiate contracts with the Bureau of Indian Affairs to administer their own education and social service programs. It also provided direct grants to help tribes develop plans to assume responsibility for federal programs. Title II, the Indian Education Act, attempted to increase parental input in Indian education by guaranteeing Indian parents' involvement on school boards.

The concept of the Indian Self-Determination Act was such that if a tribe wanted a new health clinic, it would now contract with a government agency (often referred to as a "638 contract"), receive a grant for the funding, and/or build infrastructure itself instead of having to rely solely on the federal agency to handle all aspects of its creation. In early years, money did not necessarily flow smoothly due to bureaucratic challenges.

Subsequent ammendments to the Self-Determination Act adopted in the 1980s and 1990s launched self-governance. Under this program, tribes would receive bloc grants from the Indian Health Service and Bureau of Indian Affairs to cover a number of programs.

By 2000, about half of the bureau's total obligations to tribes took the form of self-determination contracts or bloc grants. Additionally, 76 tribes had contracted for health clinics, diabetes programs, mobile health units, alcohol and drug abuse clinics, and Community Health Representative programs with the Indian Health Service.

As amended, the Indian Self-Determination and Education Assistance Act stands as one of the twentieth century's seminal pieces of federal Indian legislation. In conjunction with the **Indian Health Care Improvement Act of 1976 (P.L. 94-437)**, a health specific law that supports the options of P.L. 93-638, Native Americans are able to have quality, locally-controlled healthcare.

The CEO's Corner . . .

Joseph Engelken, Chief Executive Officer

The goal of the Indian Health Care Improvement Act (IHCIA) is to provide the quantity and quality of health services necessary to elevate the health status of American Indians and Alaska Natives to the highest possible level and to encourage the maximum participation of tribes in the planning and management of these services. It directs IHS to perform a wide range of tasks including the renovation and construction of new healthcenters through a variety of cooperative efforts with tribes.

The IHCIA has been reauthorized several times. Attempts to get it reauthorized last year failed before Congress adjourned.

In general, self-determination means more local control and decision-making specific to the communities we serve. In future issues of *Healthy Directions* I'll discuss the benefits of self-determination specific to TCRHCC and the great progress we are making.

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Home Fire Safety

From the Office of Environmental Health

Heating equipment is a leading cause of home fires during the winter months, following only cooking equipment in home fires year-round. Heating equipment is involved in more than 62,000 home fires in the United States per year. Space heaters, portable and stationary, account for one-third of home heating fires and three-fourths of home heating fire deaths.

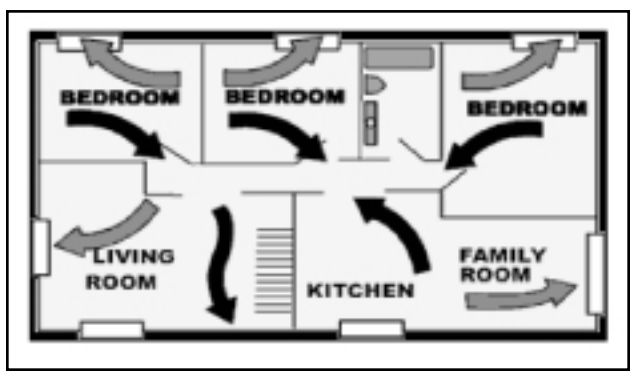
Smoke Alarms Save Lives

Smoke alarms can detect a house fire early, and alert occupants, giving them valuable time to escape.

Despite this well-known fact, about two-thirds of fire deaths take place in homes with no smoke alarms or no ***working*** smoke alarms – smoke alarms with no batteries or dead batteries.

Every year, there are more than 300,000 residential fires. Many are preventable by following a few simple steps:

- Install smoke alarms in your home. Smoke alarms are recommended on every level of the home, outside sleeping areas, and inside bedrooms. **Replace batteries annually**.
- Never leave cooking equipment unattended.
- Have a professional inspect your heating, cooling, and water appliances annually.
- Inspect electrical cords for signs of wear, cracks, or age, and keep lights away from combustible materials.
- Use caution with candles, lighters, matches, and smoking materials near upholstered furniture, mattresses, and bedding. Keep matches out of reach of young children.
- Store combustible liquids safely outside the home, never near potential ignition sources such as water heaters or stoves.
- Have a fire escape plan and practice it so family members know what to do and where to meet if there's a fire in your home.



- Draw a map of your home
- Draw all doors and windows
- Show first and second way out of every room
- Show where everyone will meet outside
- Practice your plan twice a year

Buying Smoke Alarms

There are two types of smoke alarms to consider. Both are effective smoke sensors. Ionization type detectors respond quickly to flaming fires. Photoelectric type detectors respond sooner to smoldering fires. Experts recommend installing both types in the home for maximum protection. There are also smoke alarms that combine both technologies into one unit called dual sensor smoke alarms.

There are also smoke alarms that use 10 year sealed batteries. These smoke alarms don't require annual battery replacement and provide protection for 10 years.

Sometimes due to smoke during cooking, smoke alarm batteries are disconnected or removed. There are many homes unprotected because the battery was not reconnected or reinstalled.

~ Home Fire Safety Checklist ~

Cooking Safety

Yes	No	
❑	❑	Does a grown-up always stay in the kitchen when food is cooking on the stove.
❑	❑	Are stove tops and counters clean and uncluttered?
❑	❑	Are there pot holders within easy reach of the stove?
❑	❑	Are curtains and other things that can burn well away from the stove?

Heating Safety

Yes	No	
❑	❑	Are portable space heaters always turned off when no one is home or when adults leave the room or go to sleep?
❑	❑	If space heaters are used, are they at least three feet away from anything else that can burn?
❑	❑	Are combustible materials kept far away from the wood burning stove – newspapers, kindling, firewood?
❑	❑	Has your chimney been cleaned during the past year?
❑	❑	Are propane tanks and other fuels stored outside the home?
❑	❑	Has your furnace been serviced recently?

Electrical Safety

Yes	No	
❑	❑	Are extension cords used safely – not under carpets or across doorways or anywhere they will be walked on?
❑	❑	Are all electrical cords in good condition, without cracks or frayed areas? (Have a grown-up unplug cords before inspecting.)
❑	❑	Is each electrical device plugged into it's own outlet so that outlets are not overloaded?
❑	❑	If there are young children in the home, are there safety caps on un-unsed electrical outlets?

Smoke Alarms / Home Fire Escape

Yes	No	
❑	❑	Does your home have smoke alarms on every level and outside sleeping areas?
❑	❑	Are the batteries working in all your smoke alarms? (Have a grown-up help by pushing the test button.)
❑	❑	Are all of the exits in your home clear of furniture, toys and clutter?
❑	❑	Does your family have a home fire escape plan like the one described in the left column, that includes two exits, usually a dooor and a window, from each room?
❑	❑	Has your family picked a safe place to meet outisde after your exit the home?
❑	❑	**Do you know how to call the fire department** after you have escaped a house on fire? What is the number?

The Tuba City Regional Health Care Corporation consists of a 73-bed acute care referral hospital and integrated health system. It provides a broad range of outpatient specialized care services in addition to inpatient care. The patient population includes Navajo, Hopi and San Juan Southern Paiute.

Use the Home Fire Safety Checklist.

If you can answer "yes" to all of the questions, your family is more safe. Work with an adult to correct the questions marked "no."

National Fire Prevention Association

ICU Nurses Receive Advanced Training

Four Intensive Care Unit Clinical Nurses from TCRHCC recently completed a six-week course held in Las Vegas for RNs.. The two pictured here are Carissa James, RN, (left), and Michelle Cavanaugh, RN, (right).

Four nurses from TCRHCC's Intensive Care Unit (ICU) attended a six-week critical care course in Las Vegas last fall. The course is for registered nurses (RNs) who are new to the ICU setting. It covered all of the body systems and complications, electrocardiograms, hemodynamics, critical thinking, arterial blood gas interpretation and advanced cardiac life support.

The opportunity for such advanced training helps with recruitment and retention of ICU nurses. The training improves patient care and safety. After taking this advanced course and gaining two years of experience in the ICU, nurses are encouraged to take the CCRN exam. Upon passing this exam for critical care nurses, RNs are awarded a prestigious certification. TCRHCC cares about the competency of the nurses who care for its patients.

Taking the course last fall were Carissa James, RN; Michelle Cavanaugh, RN; Tanya Fields, RN; and Olinka Foster, RN.

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TUBA CITY REGIONAL HEALTH CARE CORPORATION

Main Telephone Switchboard (928) 283-2501

Emergencies: Call Navajo Nation Police (928) 283-3111

Adult Walk-In Clinic 283-2669

- Monday - Thursday: 8:00 a.m. - 5:00 p.m.
  (After hours go to Emergency Room)
  Friday: 8:00 a.m. - 6:00 p.m.

Family Medicine Clinic 283-2458

- Monday - Friday: 8:00 a.m. - 5:00 p.m.
  (Some evening hours available.)

Pediatric Clinic 283-2679

- Walk-in Patients
  Monday - Thursday: 8:00 a.m. - 5:00 p.m.
  Friday: 8:00 a.m. - 4:00 p.m.
- Appointments:
  Monday - Wednesday & Friday: 8:00 a.m. - 5:00 p.m.
  Thursday: 8:00 a.m. - 12:00 p.m.

Outpatient Pharmacy 283-2754

- Monday - Thursday: 8:00 a.m. - 9:00 p.m.
  Friday: 8:00 a.m. - 7:00 p.m.
- 24-Hour Pharmacy refill line: 283-1350

Cardiac Rehabilitation 283-2960

- Monday, Wednesday, Friday: 8:00 a.m. - 12:00 p.m.
  (In Physical Therapy Department)

Dental Clinic Tuba City: 283-2672 Cameron: 283-8161

- Tuba City
  Monday - Friday: 7:00 a.m. - 5:00 p.m.
  (Thursday afternoons - urgent care only)
- Cameron
  Wednesday & Thursday: 7:00 a.m. - 4:30 p.m.

Diabetes/Internal Medicine 283-2689

- Monday - Friday: 8:00 a.m. - 5:00 p.m.
  (Some evening hours available by appointment only.)

Diabetes Education Program 283-2895

- Appointments and walk-ins
  Monday - Friday: 8:00 a.m. - 5:00 p.m.
  - Abdul Baco: 283-2895 - Ruby Whitethorne: 283-2963
  - Health Technicians: 283-2693

Ear/Nose Throat (ENT) Clinic 283-2974

- Monday - Wednesdays: 8:30 a.m. - 5:00 p.m.
  (By referral only)

Environmental Health 283-2844

- Car Seat Day
  Every Thursday: 8:00 a.m. - 5:00 p.m.

Eye Clinic 283-2748

- Monday - Friday: 7:00 a.m. - 5:00 p.m.

HP/DP

- Health Promotion Program 283-1429/1420
- Diabetes Prevention Program 283-1429/1420
  (Located on the east side of TCRHCC)

Mental Health 283-2831

- Monday - Friday: 7:00 a.m. - 6:00 p.m.

OB/Gyn Clinic (Women's Health) 283-2460

- Monday - Friday: 8:00 a.m. - 5:00 p.m.,
  except Tuesday start at 9:30 a.m.

Occupational Therapy/ Speech Therapy 283-2593/2594

- Monday - Friday: 8:00 a.m. - 5:00 p.m.

Orthopedic Clinic/Surgical 283-2660

Orthopedic Clinic

- Tuesday: 8:00 a.m. - 5:00 p.m.,
  Thursday: 8:00 a.m. - 12:00 noon

Urology, Podiatry & Surgery

- Monday - Friday: 8:00 a.m. - 5:00 p.m.
  (Call for specific clinic times)

Physical Therapy 283-2659

- Monday - Wednesday & Friday: 8:00 a.m. - 5:00 p.m.,
  Thursday: 8:00 a.m. - 12:00 noon

Respiratory Therapy 283-2596/2572

- Everyday 24 hours a day

Extended Hours (Evening Clinics)

Selected nights, Monday - Thursday

- Diabetes Prevention: 283-2689
- Diabetes/Internal Medicine: 283-2689

Dinnebito Clinic 725-3110

- Tuesdays: 10:00 a.m. - 2:00 p.m., (except holidays)
- Diabetes Clinic: Quarterly

Urgent Care Clinic

- Monday - Friday: 4:00 p.m. - 12:00 midnight
- For patients in need of medical care after normal, daily Walk-in hours.
- Go to the Emergency Department to be screened and registered – shorter waiting times for less severe, non-life threatening medical needs.
- All ages. No appointment necessary.

CONTRACT HEALTH SERVICES (CHS)

Toll-Free Telephone: 1-866-944-7601

Call the TCRHCC Contract Health Office before you seek non-emergency services or appointments at any medical facility or with any medical provider other than TCRHCC. You are not automatically covered for payment with Contract Health Funds!

In the event of emergency medical care (severe or life-threatening) away from TCRHCC or any other IHS/638 facility you have 72 hours to call and notify Contract Health to begin the process qualify for payment.

Failure to follow CHS procedures may mean you are fully responsible for all charges.

Tuba City FAMILY Wellness Center

In partnership with
Rez Fitness Leaders
Health Promotion/Disease Prevention

Group Fitness Class Schedule

6:00 a.m.-9:00 p.m. (DST)

MONDAY

12:00 p.m. Step Aerobics w/ Preston
6:30 p.m. Step Aerobics w/ Jeri
6:30 p.m. Beginning Spinning w/ Sam
7:45 p.m. Intermediate Spinning w/ Sam

TUESDAY

12:00 p.m. Stretch & Tone w/ Elida
12:00 p.m. Spinning w/ Laverne
5:30 p.m. Aerobics w/ Evie
7:00 p.m. Step Aerobics w/ Laverne

WEDNESDAY

12:00 p.m. Step Aerobics w/ Laverne
6:00 p.m. Aerobics w/ Minnie
6:30 p.m. Beginning Spinning w/ Sam
7:45 p.m. Intermediate Spinning w/ Sam

THURSDAY

12:00 p.m. Stretch & Tone w/ Elida
12:00 p.m. Spinning w/ Laverne
6:00 p.m. Martial Arts w/ Julie
7:00 p.m. Kickboxing w/ Jimmie

FRIDAY

12:00 p.m. Step Aerobics w/ Laverne
6:30 p.m. Beginning Spinning w/ Sam
7:00 p.m. Zumba w/ Jimmie
7:45 p.m. Intermediate Spinning w/ Sam

Watch for more information from Health Promotion/Disease Prevention in the February issue!

Scholarship Opportunities for College Bound Students

The Preliminary SAT®/National Merit Scholarship Qualifying Test (PSAT/NMSQT) is a co-sponsored program by the **College Board and National Merit Scholarship Corporation (NMSC)**. The PSAT/NMSQT is a standardized test that provides firsthand practice for the SAT Reasoning Test™. It also gives you a chance to enter NMSC scholarship programs.
www.collegeboard.com/student/testing/psat/about.html
www.nationalmerit.org

The Flinn Scholars Program is a merit-based undergraduate scholarship program – Eight semesters of study at an Arizona university, a three-week intensive seminar in Eastern Europe; additional study/travel experience(s); mentorship by a faculty member in the Scholar's field; cultural events and activities, opportunities for research programs and professional meetings. Total value is estimated at more than $50,000.00.
www.flinn.org

Tuba City Regional Health Care Corporation
Healthy Directions
Community Information
Vincent Shirley, CHC
P.O. Box 600 • Tuba City, Arizona 86045
(928) 283-2078