The Mekoryuk Health Clinic team: Office Assistant Amanda Shavings, and Health Aides Linda and Shara Davis. The mother-daughter team, with Amanda’s support, have vaccinated almost 100 percent of eligible Mekoryuk residents—approaching our goal to vaccinate every eligible person in the YK Delta.
MISSION
Working Together to Achieve Excellent Health

VISION
Through Native Self-Determination and Culturally Relevant Health Systems, We Strive to be The Healthiest People.

VALUES
Optimism ~ Compassion ~ Pursuit of Excellence ~ Personal Growth ~ Importance of Family ~ Trust ~ Elder Knowledge
YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

The system includes community clinics, sub-regional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC, along with 22 other Tribal Organizations, is a co-signer to the Alaska Tribal Health Compact, a consortium which secures annual funding agreements with the federal government to provide health care services to Alaska Natives and Native Americans throughout the state.
Elected by the Tribal Councils of each of the 58 federally recognized Tribes in the YKHC service area, the Board of Directors is the chief policy-making body of the corporation, exercising overall control, management and supervision.

Human Studies
Adolph Lewis
James Sipary
Mary Ayunerak - Travel Member
James Nicori - Travel Member
John Uttereyuk
Patricia Yaska Chris Larson
Walter Jim, Ex-Office
J. Klejka
H. Salisbury
J. Dobson
C. Beltzer
S. Nelson
C. Destroyers

Finance Committee
Chris Larson, Chairman
Alton Alexie
Moses Owen
Abraham David
Marvin Deacon
Walter Jim, Ex-Office
Dan Winkelman, Ex-Office

Board Appointments
ANIH: Marvin Deacon
Moses Owen
ANTHC: Walter Jim
Alton Alexie
2nd Adolph Lewis
ANHB: Marvin Deacon
Walter Jim, Ex-Office
Marvin Deacon

Special Committees:
Corp Compliance/Quality Assurance
Bonnie Persson
John Uttereyuk
John M. Joe
Mary Ayunerak
Walter Jim, Ex-Office
Dan Winkelman, Ex-Office

Compensation Committee
John M. Joe
Stanley Hoffman
Moses Owen
Michael Hunt
Geraldine Beans
Walter Jim, Ex-Office
Dan Winkelman, Ex-Office

2020 challenged the YK Delta regional healthcare system in new and, in many respects, terrifying ways. YKHC responded quickly to the advent of the deadly Coronavirus early in the year, cancelling potentially super-spreader events like the Tribal Gathering, encouraging employees to work from home, initiating widespread testing, monitoring community infections with daily updates and, finally, at the end of the year, launching a vaccination effort that met and overcame our region’s inherent obstacles of fickle weather and difficult travel. The effort was noticed nationally and appreciated locally, although lockdowns, quarantines and isolation impacted our normal way of life.
Waqaal! Much has transpired over this past year. A year ago, we were finishing the con-
nector between the new outpatient clinics and the existing hospital renovation, as well as
constructing several new departments. We also had a team of over 35 leaders simultane-
ously preparing our health system’s COVID-19 response in early 2020 and we were antici-
paring our first COVID-19 case.

In April 2020, construction of the new $340 million hospital and housing project was in year four of five and we were deep into construction of many new areas, like the emergency department, gathering room, customer travel, phase two of the pharmacy, electrical room, diagnostic imaging, surgery, central sterile, cafeteria and the gift shop. Many inspections by our architects and engineers were also taking place. Various certifications were per-
formed by contractors of the many mechanical areas, such as on our new medical gas system and electrical work.

While that new construction progressed, work on our COVID-19 response had begun and continued throughout 2020 by all 1,300 employees. We began to see our first cases in late spring which gradually built to a large wave in the early winter of 2020. Unfor-
tunately, for too many families, many hospitalizations and deaths followed. Our sincere condolences to each of you.

On December 17, we began the YK Delta’s largest vaccination program in its history with the Pfizer vaccine initially and other brands thereafter. By January 11, 2021, anyone 16 years of age and older was eligible for the vaccine across our 50 member vil-

dages. Before the end of January, we had offered the vaccine at least once to all 50 villages and had been to many villages multi-
ple times. Our pace was aggressive, fast and safe. It was very im-
portant to leadership to use all resources available to ensure all
50 member villages were offered the vaccine timely, regardless of
how remote each of our homes are because access to health care has always been at the foundation of YKHC.

We continue to educate and answer questions on COVID-19 re-
sponse and the available vaccines through a variety of methods:
• Custom public service announcements on six radio stations;
• Local, statewide and national media interviews;
• Print and graphic ads;
• The monthly Messenger;
• Videos;
• www.YKHC.org;
• YKHC’s Facebook page;
• Six region-wide virtual town halls with various partners;
• Weekly hour-long telephone conferences with tribal/city gov-
ernments, seven school districts and YKHC staff;
• Monthly hour-long telephone conferences with businesses;
• Numerous individual telephone conferences with tribal and city governments.

Shortly, we anticipate being able to offer the vaccine to children ages 12-15 after the vaccine receives an emergency use authori-
sation from the federal government. To learn more about YKHC’s COVID-19 response, to sign up for the vaccine or to answer your

Quyana to all 1,300 YKHC employees and our hospital construc-
tion partner, ASKW-Davis LLC, the Indian Health Service, and the numerous sub-contractors for all that you do each and every
day!

Quyana to all our customers! Please do not put off your health care, even during a pandemic. Get your annual physicals, preven-
tive screenings and medical advice. YKHC is here for you and your family.

Sincerely,
Walter Jim Dan Winkelman
Chair of the Board of Directors President & CEO

In 2020, COVID-19 Response was added as a fifth strategy.
COVID-19 Response

Prepare community
Deploy testing
Support public health
Increase public information and communication
Restructure facility operations
Manage administrative overhead and support

YKHC teams joined calls with the White House, Alaska’s Congressional Delegation, and the Indian Health Service to advocate for the special needs and vulnerabilities of the Native population of the YK region.

Orders were placed for additional personal protective equipment (PPE), hand sanitizer and testing supplies.

Additional supplies were distributed to village clinics.

Health aides were trained to collect specimens in village clinics.

With CDC guidance, OHE created hand hygiene and disinfectant instructions for communities that don’t have access to running water and sewer.

Village water plant operators were trained on how to make bleach with chemicals used locally to treat water systems.

Members of YKHC’s Incident Command team began attending regional school districts on quarantine and testing guidelines for teachers, students and communities faced with restrictions on in-person learning.

Drive-through testing tents in Bethel, sub-regional and village clinics were set up and staffed.

YKHC’s Chief of Staff developed local testing criteria and strategies in alignment with the CDC and State of Alaska.

A COVID-19 triage hotline was created to assess testing needs of patients concerned about symptoms.

Testing locations were set up at the Bethel, Aniak, and St. Mary’s airports to meet all incoming flights.

Village rapid response teams deployed on chartered flights from Bethel when a positive case was identified in a village.

Village water plant operators were trained on how to make bleach with chemicals used locally to treat water systems.

Members of YKHC’s Incident Command team attended meetings on in-person learning.

Weekly calls with Tribes and municipal governments ensured prevention and preparedness, quarantine and community lockdown advisories were shared with communities.

The public was updated consistently through community outreach, in the form of public service announcements and media interviews.

YKHC published weekly situational reports updating local stakeholders on case information, recoveries, and reminders.

Medical Appointments Available via Telehealth

We created and enacted telehealth for medical appointments early in the pandemic.

YKHC dedicated a portion of our website to COVID-19 information about local cases, prevention strategies, reminders about accessing care, and other resources.

Numerous op-eds were published by statewide outlets advocating for timely response and mandatory testing.

Restructure facility operations

• YKHC implemented telecommuting, wherever possible, early in the pandemic.
• We established symptoms screening as part of scheduling and registration.
• Physical distancing measures and protective equipment were adopted in all clinical and administrative facilities.
• We mandated symptoms screening of patients across facilities and created care areas for high-risk patients (such as those with respiratory symptoms and expectant mothers)
• Additional cleaning and sanitizing protocols in the hospital and long-term care facility were put in place.
• Dietary service was restructured to comply with health mandates.
• Pharmacy started three-month prescriptions refills.
• Testing locations outside the hospital and at the airport were set up and maintained.

Manage administrative overhead and support

• Accounting workflows and internal cost processing was established to track direct COVID-19 and Incident Command expenses for reimbursement by federal COVID-19 assistance funding. This included internal processing of labor, materials, and facility costs.
• Related expenses were incurred to establish legal and employee policy guidance.

Support public health

• Medical staff began conducting daily check-in calls for all COVID-19 positive patients and close contacts.
• Contact tracing and provider follow-up was provided to all COVID-19 positive patients in the region.
• YKHC Chief of Staff and the Alaska Section of Epidemiology communicated weekly.

Increase public information and communication

• YKHC Public Relations notified tribes, local governments, school districts, staff, and the public of all known positive COVID-19 cases in the region, as well as testing totals, deaths, medevacs and recoveries.
• Weekly calls with Tribes and municipal governments ensured prevention and preparedness, quarantine and community lockdown advisories were shared with communities.
• The public was updated consistently through community outreach, in the form of public service announcements and media interviews.

• Aniak, and ANHB were initiated.
• YKHC implemented telecommuting, wherever possible, early in the pandemic.

• Respiratory symptoms and expectant mothers)

• Medical staff began conducting daily check-in calls for all COVID-19 positive patients and close contacts.

While in-person dental appointments were suspended, dental staff went to work making face masks.

Andrea Goyle, NP, clad in proper personal protective gear, is ready for testing in Pilot Station.
HEALTHY COMMUNITY
Extend and sustain water and sewer projects
Advocate for public funding and new projects

EXTEND AND SUSTAIN WATER AND SEWER PROJECTS
YKHC continues to advocate for public funding to sustain and extend sewer projects in our communities. Overall health is significantly improved in households with piped water and sewer. Families living in homes without indoor plumbing have higher rates of respiratory and skin infections.

There are 4,781 occupied homes in the YK Delta.

Funded Levels

<table>
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<th>Current Service</th>
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Note: The funded service level includes these percentages of homes outside of Bethel that have been funded for service. Some of these homes have active projects to provide service, but have not yet been hooked up. Others were served, but are not active customers.

ADVOCATE FOR PUBLIC FUNDING AND NEW PROJECTS
YKHC partners with the State of Alaska and ANTHC, Village Safe Water funded projects, and other sanitation projects, advising on projects needed, reviewing plans, inspecting facilities and advocating for funding.

ARUC reconnecting home water/sewer
YKHC advocated for the ANTHC Alaska Rural Utility Cooperative (ARUC) to reconnect homes with water/sewer services during the COVID-19 crisis. ARUC collaboratively manages ten water systems in the YK Delta in partnership with local city or tribal offices. The local water plant operators in each of these ten communities are ARUC employees, and they were plumbing inside homes that could not be easily reconnected, required parts not easily locally available and when access to homes was limited asked to “turn on” disconnected homes with water/sewer services.

Bleach Kit Distribution

Due to the nationwide bleach and hand sanitizer shortage, YKHC-OEHE developed instructions and kits for local water plant operators to use Calcium Hypochlorite from the water plant to mix 5% household bleach. Bleach is an important tool for disinfection of surfaces and for wash basins when water is re-used for handwashing. The kits included a 32-gallon container for mixing, personal protective equipment, mixer, siphon pump, directions, and empty bottles with childproof lids and warning labels that can be filled with bleach solution and distributed to homes.

Forty-nine water plant operators received bleach kits. OEHE staff spoke with all water plant operators for community distribution. For locations that don’t have a water plant, OEHE staff worked with a person designated by the tribe to receive and distribute kits.

MIXING BLEACH SOLUTION FOR HOME-USE DISINFECTANT

Mixing bleach solution for home-use disinfectant. Due to the nationwide bleach and hand sanitizer shortage, YKHC-OEHE developed instructions and kits for local water plant operators to use Calcium Hypochlorite from the water plant to mix 5% household bleach. Bleach is an important tool for disinfection of surfaces and for wash basins when water is re-used for handwashing. The kits included a 32-gallon container for mixing, personal protective equipment, mixer, siphon pump, directions, and empty bottles with childproof lids and warning labels that can be filled with bleach solution and distributed to homes.

BLEACH KIT DISTRIBUTION

Using bleach to disinfect surfaces

Here are some things that homes without running water can do using household bleach.

1. Protect yourself and others from COVID-19. Wash your hands often. If soap and water are not readily available, use hand sanitizer. Cover your nose and mouth when you cough or sneeze. Avoid close contact with others.

2. Use bleach to disinfect surfaces. You can use bleach to disinfect surfaces such as door knobs, light fixtures, hard surfaces daily like countertops and door handles. For high touch surfaces, first clean soiled surfaces using soap and water. Then mix a solution of 4 teaspoons liquid chlorine bleach to one gallon of water. Wear gloves to protect your hands from bleach.

3. Using bleach solution for home-use disinfectant. Due to the nationwide bleach and hand sanitizer shortage, YKHC-OEHE developed instructions and kits for local water plant operators to use Calcium Hypochlorite from the water plant to mix 5% household bleach. Bleach is an important tool for disinfection of surfaces and for wash basins when water is re-used for handwashing. The kits included a 32-gallon container for mixing, personal protective equipment, mixer, siphon pump, directions, and empty bottles with childproof lids and warning labels that can be filled with bleach solution and distributed to homes.

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HEALTHY PEOPLE
Improve our children’s oral health
Reduce drownings, unintentional injuries and suicides
Increase Cancer Screening

IMPROVE THE ORAL HEALTH OF OUR CHILDREN

Dental Health Aide Therapists (DHAT) are a vital component of our effort to address children’s oral health.

We partner with communities and families to change behaviors and expectations, discouraging the consumption of soda and high sugar drinks and offering education to Head Start, school districts and tribal councils.

We support the fluoridation of water systems and advocate for extending piped water systems in the region.

We are improving access to preventative services such as oral exams for high risk children ages 0-9, providing fluoride varnish and sealant treatments.

We are engaging with pregnant women to control potential transmittal of dental disease to their babies. We continue to train more dental assistants and dental therapists while recruiting for pediatric dentists.

The new hospital’s expanded dental facilities will allow YKHC to provide additional services.

REDUCE DROWNINGS, UNINTENTIONAL INJURIES AND SUICIDES

Unintentional injuries and drownings are among the top ten leading causes of death in the YK Delta with approximately twice the number of deaths from unintentional injuries compared to the rest of the country. Unintentional injuries account for the second highest number of deaths per year in our region.

To reduce unintentional injuries, YKHC prioritized injury prevention training. Program staff virtually attended ANTHC’s Injury Prevention Level 2 training in May. Program staff are considering the development of an Injury Prevention Level 1 distance delivery training for community and tribal leaders, or a digital injury prevention fellowship for community leaders.

Additional programs were created to assist with COVID-19 related needs. The OEHE team is assisting the state with COVID-19 contact tracing for the YK Delta. In the event of a community-based response trip, the OEHE team assists with community-based testing, communications, and logistics.

YKHC took steps to reduce suicide. The YK Delta has had a high suicide rate for many years, with 10-24 each year. Sadly, most are teens and young adults and most are alcohol related. Most people who die are not active in Behavioral Health treatment. People who are engaged in Behavioral Health treatment are more likely to survive and recover.

To help reduce drownings, OEHE ordered and sent out 946 life vests for 52 Kids Don’t Float stations in the region.
INCREASE CANCER SCREENINGS

Cancer is the leading cause of death for people of the YK Delta. Early detection (screenings) can lead to better care and better outcomes.

Current YKHC Screening Rates

- Colon/Rectal Cancer screening rates: 54.5% of eligible population.
- Breast Cancer screening rates: 20.4% of eligible population.
- Cervical Cancer screening rates: 55.2% of eligible population.
- Lung Cancer screening rates (high risk group): No current data.
- Tobacco Use screening rates: 67.7% of eligible adult population.

CARE DELIVERY

Successfully complete the Paul John Calricaraq Project

Strengthen village health programs

Focus on quality

Improve patient experience

SUCCESSFULLY COMPLETE THE PAUL JOHN CALRICARAQ PROJECT

In 2020, despite the COVID-19 global pandemic, construction on the Dr. Paul John Calricaraq Project continued within budget and on schedule. Extra safety measures were taken to prioritize safety of staff, patients, visitors and crews while construction progressed.

New Three Story Hospital Expansion Construction

Finishing touches for Dental, Nicotine Therapy, Physical Therapy, Diabetes/Wellness, Ultrasound and Behavioral Health departments on the second floor of the hospital expansion were completed in January 2020. New furniture was installed at the second floor waiting areas. In early 2020, some artists traveled to Bethel to install their artwork including the stained-glass art in the north stairwell (right). The remaining artwork will be installed following project completion.

At the start of the COVID-19 pandemic, YKHC Construction created temporary enclosed dental suites for treating patients with additional means of separation. In the lab, new automation equipment was installed and certified and due to temporarily rerouted during construction. The new entrance will include an interior ramp for access to Security, Emergency, Fast Track and Diagnostic Imaging. New wooden boardwalks around the south and east sides of the hospital were built as well.

The hospital’s pneumatic tube system below the main floor was constructed to tie into the new 3-story hospital’s system. The rooftop penthouse was renovated to include new medical and instrumentation air systems and upgraded electrical systems. The old power generators were removed to make space for the new compressed oxygen generation room.

New Hospital expansion has been completed.

The new Siemens Somatom Perspective CT scanner is greatly expanded cancer screening capacity.

HEALTH AIDS OF THE YEAR FOR 2019

Among the disappointments of having no Tribal Gathering in 2020 was missing the recognition of Health Aide of the Year for the previous year. Two outstanding health aides received the honor and were celebrated in a special September issue of the Messenger.

Cindy Lawrence, CHP, Mountain Village

Cindy is all around a great person, a great health aide and a leader in her community. She is a role model for upcoming health aides and someone to go to when emergencies are happening. She advocates for patients as well as her clinic. She gained a lot of experience working in Mt. Village, which has helped other health aides as well.

Tessi Charles, Akiachak

Tessi called the ER when a tragedy struck her village. She was told by the provider to do her best to keep the victim alive and that is what she did. She was the only health aide at the time, alone in a house, and relied on community members for back-up and to bring supplies.

She supported the patient so he could breathe. She did an amazing job. Lifesaved was activated and the patient survived. Lifesaved was amazed at the tremendous efforts Tessi made to keep the patient alive.
**STRENGTHEN VILLAGE HEALTH PROGRAMS**

The Itinerant PA/NP program includes six itinerant PA/NPs who visit villages regularly. Village coverage has increased from approximately 80% to 88%.

Providers take it to the village

When the coronavirus reached Alaska in March of 2020 life in the YK Delta suddenly changed. YKHC was faced with a new challenge: how can we continue to provide care while keeping our staff and communities safe?

One strategy identified to decrease the spread of the virus was for YKHC staff to travel to the villages to provide care. Each trip required extensive collaboration and coordination, including COVID-19 testing for staff prior to departure, approval from the Tribal Council for YHC to visit their community, airport pick-ups upon arrival, and the work of transporting all the gear required to provide care.

Although this model has been used for years, now in the time of COVID-19, more department staff traveled to villages more frequently, including smaller communities that don’t always see providers as often.

YKHC’s Diabetes Prevention & Control was able to use grant funds earmarked for patient and provider travel to support this endeavor, which helped to offset costs from YHC’s Indian Health Service budget. As part of this partnership, more than 165 village trips occurred, with Dental, Outpatient, Services, the Village Itinerant Program, and Physical Therapy each completing dozens of trips.

**FOCUS ON QUALITY**

YKHC has continued its commitment to quality throughout the organization. Key focuses for this year and next include the following.

- **Preparations for upcoming Joint Commission visit.** We consistently prepare for Joint Commission visits by monitoring our workplace. A new tracking tool was implemented to support this goal. We anticipate the Joint Commission will review the new hospital and focus on COVID-19 protocols.
- **Quality metrics.** Metrics are displayed on department huddle boards. Next steps include creating and coordinating clinical measures for staff reports, increasing focus on immunizations and cancer screening.
- **Regulatory compliance.** A template of all reporting requirements was created. We are now working on increasing departmental compliance and implementing metrics to track participation.
- **Utilize customer comments for improvement.** A feedback manager has been put in place, which allows us to utilize customer comments to drive improvement. The next step is standardizing feedback labeling to help identify and address top issues.
- **Focus on safety.** YKHC conducts a daily safety and quality call by standardizing the recording of issues and removing any stigma around reporting.

**IMPROVE PATIENT EXPERIENCE**

To improve continuity of care, YKHC is developing a system that allows a patient to see the same provider each visit to the greatest extent possible. Full rollout of this new model of care, which assigns pods of providers to cover geographic regions, has been delayed by COVID-19.

Patients have greater access to care. The PCP team expansion has increased the available exam rooms (and will allow growth in the future to accommodate patient demand) as well as locating other departments, such as Dental, Optometry and Behavioral Health, in the same building to allow easier access to these services.

We are making it easier for customers to provide feedback about their appointments via telephone surveys.

A second round of customer service training for YKHC staff will be developed based on customer comments.

**CORPORATE CAPABILITY AND CULTURE**

**Improve recruitment and staffing processes**

Shape culture to support high reliability

Develop a strong Alaska Native workforce

Continue to improve cash flow

**Improve recruitment and staffing process**

Hiring was affected by the pandemic, which required layoffs, furlough, and a hiring freeze. As of Sept. 30, 2020, 236 positions were open, including 35 percent of positions for physicians and 33% of positions for clinicians.

In order to work towards our mission and vision, it’s important to hire qualified, committed employees. We remain fully committed to that goal.

**Shape culture to support high reliability**

We are deploying the Naparet strategy. Lean Coordinators are working with their departments and staff on problem-solving tools to change vision into actions. This program will be accelerated next year.

Next steps include further engaging senior leadership and medical staff, rolling out a program to recognize and reward performance and offering additional departmental trainings.

**Develop a strong Alaska Native workforce**

Hiring a strong Alaska Native workforce is important because we know people from the area are more likely to stay. Retention is important moving forward. To support this, we give Native preference when hiring and support projects to develop people.

In 2020, YKHC hired 272 people, 135 of whom were Native. COVID-19 directly affected hiring; expanded COVID-19 testing required the hiring of TDY Registered Nurses. Typically, most of these applicants are non-Native. Fifty-seven percent of YKHC’s overall employees are Alaska Native.
CONTINUE TO IMPROVE CASHFLOW

YKHC was on pace to see a record number of patients in FY20 until March when the whole country started to shut down in order to slow the spread of this terrible disease. While YKHC saw increased funding from the Indian Health Service (IHS) in 2020, third party collections decreased by almost $13 million, or roughly 10 percent from the previous year. These funds are very important to YKHC’s operations—third-party collections are unrestricted dollars that we are able to use for loan repayment and other programs that IHS does not fund, such as the Elder’s home.

This decline in revenue required tough choices, including a temporary furlough as we were unsure how long patients would need to stay home or how long it would be before a vaccine was developed.

Grant funds increased as Federal and State funding were increased to support pandemic response efforts. YKHC tried to prioritize the use of these funds in ways that would not only combat the pandemic but would help the organization prevent illnesses in the future. Some of these projects include UV air cleaning systems in all of the residential and hospital buildings in Bethel and adding water and sewer hook-ups for both the Kongiginak and Tulukskak clinics.

YKHC is currently in the process of completing improvements on all of the other village clinic facilities that allow for cleaning to combat COVID-19. This includes flooring replacement in some facilities. All of the village clinics will have new anti-microbial furniture and vaccine refrigerators that will allow the clinics to store COVID-19 tests as well the COVID-19 vaccines. These funds also supported free testing for all of our communities as well as the COVID-19 Togo vaccination effort.

As YKHC continues to grow and change to being a stronger organization with more diverse revenue sources, this helps the organization to weather tough community and operational challenges like the COVID-19 pandemic.

VACCINATION — PROJECT TOGO

On December 10, 2020, The US Food and Drug Administration (FDA) provided initial emergency approval for use of Pfizer’s COVID-19 vaccine. Another vaccine produced by Moderna was approved soon thereafter.

The Pfizer vaccine had to be stored at -70°F, which presented challenges for storing and transporting the vials of vaccine in our region. The University of Alaska Fairbanks loaned YKHC a special freezer to keep the Pfizer vaccine cold enough and soon Project Togo (named for the famous lead dog of the Nome serum run of 1927) was underway.

Providers and Health Aides were first on the list to be vaccinated so they could safely conduct testing and other COVID-19 care duties without getting sick themselves.

Teams of vaccinators flew on chartered planes to villages, often vaccinating people inside the planes or on the runways so they could administer the first doses quickly as the vaccine could only be out of storage for a few hours.

By the end of December, YKHC was receiving vaccine from both the Indian Health Service and the State of Alaska and we were able to quickly begin vaccinating Elders, essential workers and, eventually, all residents of the YK Delta over the age of 16.
On Saturday, January 16, 2021, a fire destroyed the Tulukskak water treatment plant and washeteria. The community worked tirelessly to try to save the building, but eventually had to shift their focus to protecting nearby homes and fuel tanks.

The following Monday, YKHC Remote Maintenance Workers (RMWs) and a team of medical professionals arrived to assess the damage and provide care to affected residents, and deliver bottled water for elders.

On Wednesday, January 20, and again on January 26, YKHC hosted a meeting with members of the Tulukskak Native Community, the State of Alaska, Indian Health Service (IHS), US Dept. of Agriculture (USDA), Housing and Urban Development (HUD), and several federal agencies to solidify plans and funding for temporary and permanent solutions to bring water services back to Tulukskak—and develop a long term solution to replace the destroyed facility.

YKHC’s immediate short-term plan provides $150,000 of funding to restore non-potable water to Tulukskak for cleaning, bathing, and other sanitation needs of the school and community. This plan also included the building of a temporary washeteria.

YKHC immediately began purchasing and trucking supplies to Tulukskak. Winter storms made the ice road impassable, and YKHC personnel used personal snowmachines and sleds to ensure timely delivery of some supplies.

Teams traveled through -30° wind chills and huge snowdrifts to get to Tulukskak where they spent the rest of the day thawing equipment. They encountered equipment issues, preventing them from using the on-site front-end loader.

Three Remote Maintenance Workers (RMW) divided up the six village workers to tackle the task of placing and connecting pipeline. Five teams made significant progress, while the remaining village workers to tackle the task of placing and connecting pipe line. Five teams made significant progress, while the remaining

YKHC Remote Maintenance Worker Shane McIntyre and a team workers from Tulukskak, Jeremy Dary, Henry Carl, Jerrah “Jen” and Chris, turned on water and sewer service to a temporary laundromat that was set up after the Tulukskak washeteria burned down earlier this year. Residents in Tulukskak once again have a location where they can do laundry. “I couldn’t be more proud of the YKHC RMWs and the Tulukskak crew for their hard work these past few weeks,” said Brian Lefferts, Director of the Office of Environmental Health & Engineering. “Having a location for residents to do laundry is essential to the health of the community, great work!”

YKHC’s intermediate plan will provide $1.5 million in funding to deliver the YKHC Long-Term Care/Prematernal Home treatment plant and storage tank to Tulukskak. This building will be delivered when the river is safe enough and used until a permanent build of the new water plant is complete. YKHC’s intermediate plan provides $150,000 of funding to restore non-potable water to Tulukskak for cleaning, bathing, and other sanitation needs of the school and community.

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Three Remote Maintenance Workers (RMW) divided up the six village workers to tackle the task of placing and connecting pipeline. Five teams made significant progress, while the remaining team continued to work on the malfunctioning front-end loader. Crews were delayed in moving pipe into place due to heavy snow drifts and requested the use of DOT airport equipment to clear
WE WANT TO HEAR FROM YOU
There are several ways to provide feedback:
• After your visit, take the survey for Qless, if you registered on your smartphone.
• E-mail us at customer_feedback@ykhc.org.
• Download a feedback form at www.ykhc.org/comment
• Mail a comment form to P.O. Box 287
Bethel, AK 99559
• Or fax a feedback form to 907-543-6366

USING THE MyKYHealth PORTAL
The HealtheLife application, commonly referred to as MyKYHealth, is a secure, web-based service that enables collaboration between patients and providers. MyKYHealth includes the following patient services:
• Send secure messages to your case managers
• View upcoming appointments
• View test results
• Health Record: You can find appointment instructions, medications, immunization records, and more. Keep your record up-to-date to help you and your care providers.
  Remember, this is not a complete health record. Some results such as radiology reports or provider notes may not be viewable.
• Manage other accounts: With proper consent, caregivers can view medical records of family members and for children up to the age of 18 years old.
  Parents, this is an excellent way to track which immunizations your child has received! To do this: log into your MyKYHealth account, select the account you want to view by clicking on the dropdown arrow next to your name, and click on “Visit Summaries” and then select Health Profile or Procedures. Minor will need to reactivate their myKYHealth account at the time of their 18th birthday.

If you already have a MyKYHealth account, simply go to the https://www.ykhc.org website, and click on the “MyKYHealth Log-In” button.
If you don’t have a myKYHealth account, but have an email address on file with Registration, you can self-enroll by following these steps:
• Make sure the Registration department has your email on file.
• Obtain your Medical Record Number (MRN) from the Registration department or locate your MRN number on any discharge paperwork from previous YKHC appointments.
• Go to https://ykhc.iqhealth.com/self-enroll/
• Fill out your information: Name, DOB, Last four digits of your SSN, and MRN.
  Once you’ve created your account, go to your email and verify your email address. You will then be able to log in to myKYHealth.

Frequently Asked Questions
How do I access myKYHealth?
Once you have an account set up, you can access myKYHealth anywhere you have access to the internet.
Is my information secure?
Yes, myKYHealth is HIPAA compliant and provides you with the ability to securely view, store, and share your health information.