DRAFT Supplemental Environmental Assessment

Whiteriver Hospital Replacement and Associated Facilities

Fort Apache Indian Reservation, Arizona

NOVEMBER 2025

PREPARED FOR

Department of Health and Human Services
Indian Health Service, Phoenix Area Office

PREPARED BY

SWCA Environmental Consultants

DRAFT SUPPLEMENTAL ENVIRONMENTAL ASSESSMENT

WHITERIVER HOSPITAL REPLACEMENT AND ASSOCIATED FACILITIES

FORT APACHE INDIAN RESERVATION, ARIZONA

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November 2025

The environmental report has been prepared for the Indian Health Service. It is intended to assess the impact of the proposed project on the environment. It will be the environmental document that will be released to the public review, if needed. It will be adopted by the Agency Applicant.

_____ _____

Name of Preparer Date

_____ _____

Name of Indian Health Service Applicant Date

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1 OVERVIEW AND PURPOSE AND NEED FOR THE PROPOSED ACTION

1.1 Overview

The Indian Health Service (IHS) Whiteriver Service Unit (WRSU) proposes to construct and operate a new hospital and associated facilities in Whiteriver, Arizona, and to construct staff quarters and a wastewater treatment plant north of Whiteriver near Indian Pine, Arizona. Both sites are on the Fort Apache Indian Reservation (FAIR) in Navajo County, Arizona (Figure 1).

An Environmental Assessment (EA) was completed for the project in May 2019 (Docket, 2019 Year), and a Finding of No Significant Impact (FONSI) was issued by the IHS on May 20, 2019. Since 2019, the proposed project area has expanded, and several new elements of the project have been added. The IHS has identified the need for a Supplemental EA to assess new information and changed circumstances. The Supplemental EA incorporates by reference the existing analysis in the 2019 EA (the 2019 EA is provided in Appendix A of this report) and provides new analysis for any changes or additions to the 2019 EA.

As described in the 2019 EA, the site of the proposed hospital is adjacent to the existing Whiteriver Hospital on Arizona State Route (SR) 73, in the northern section of the community of Whiteriver, Arizona (Figure 2; see Figure 1). The hospital site lies at approximately 33°52'31.67" North and 109°57'34.29" West in portions of Sections 30 and 31, Township 6 North, Range 23 East and Sections 25 and 36, Township 6 North, Range 22 East, Gila and Salt River Baseline and Meridian, as indicated on the U.S. Geological Survey (USGS) Whiteriver and Alchesay Flat, Arizona, 7.5-minute quadrangles.

As described in the 2019 EA, the site of the proposed staff quarters is near the community of Indian Pine, Arizona, southeast of the Hon-Dah Resort and Casino, adjacent to the intersection of SR 73 and SR 260 (Figure 3; see Figure 1). The proposed staff quarters site lies at approximately 34°4'6.36" North and 109°53'51.20" West in portions of Sections 21–23, 26, and 27, Township 8 North, Range 23 East, Gila and Salt River Baseline and Meridian, as indicated on the USGS Indian Pine, Arizona, 7.5-minute quadrangle.

The information presented in the Supplemental EA serves as the basis for IHS's decision regarding whether the Proposed Action would result in a significant impact to the environment, requiring the preparation of an Environmental Impact Statement (EIS), or whether no significant impacts would occur, in which case a FONSI would be appropriate.

1.2 Purpose and Need

The IHS WRSU proposes to construct and operate a new hospital and staff quarters in Whiteriver, Arizona, and to construct staff quarters and a water treatment plant in support of the hospital facility to replace aging facilities.

The WRSU has been serving the White Mountain Apache Tribe (WMAT) and surrounding region at the Whiteriver Indian Hospital for over 41 years and currently serves approximately 17,000 Tribal members and other Native American communities around the area. Most health care services at the existing hospital are offered on-site, but specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. In 2024, the Arizona Department of Health Services designated the WMAT region as one of the five highest need Primary Care Areas, with a classification as an Arizona Medically Underserved Area (Arizona Department of Health Services 2024).

As explained in the 2019 EA, the purpose of and need for the healthcare delivery program and replacement hospital is to expand existing services and provide comprehensive healthcare to the WMAT.

The purpose of and need for the staff quarters is to provide housing units for the additional employees needed to staff the expanded services at the hospital site. The new quarters would serve to absorb the increase in staff employed at the new facility in a market where housing options are limited.

1.3 IHS Objectives

1.3.1 Objective #1

IHS Objective #1 for the Proposed Action is to help ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all eligible Native Americans who live within the Primary Service Area.

1.3.2 Objective #2

IHS Objective #2 is to expand and greatly enhance the existing services provided to the WMAT and provide new services.

1.3.3 Objective #3

IHS Objective #3 is to support the IHS mission, in partnership with American Indian and Alaska Native people, to raise the physical, mental, social, and spiritual health to the highest level.

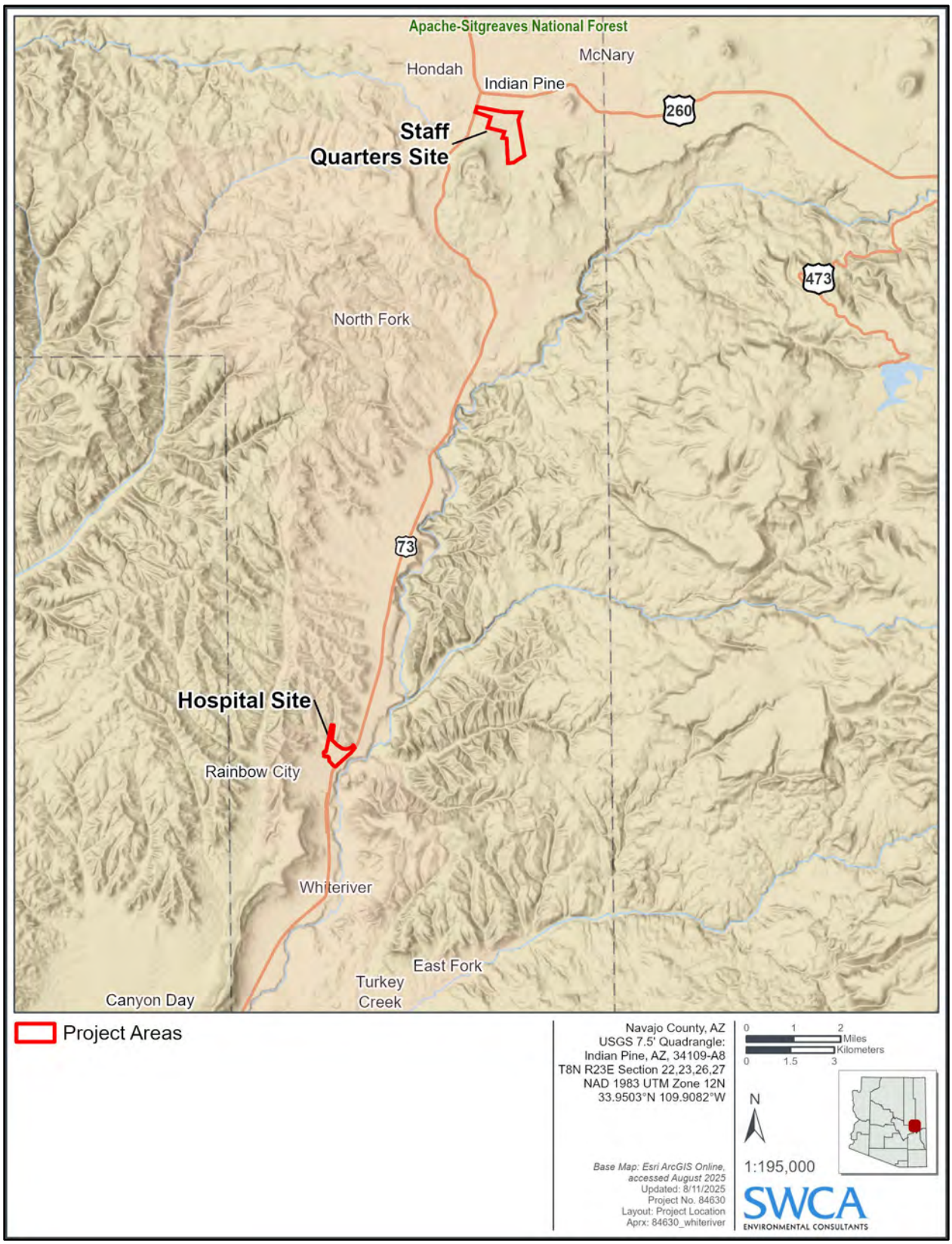

Figure 1. Project vicinity.

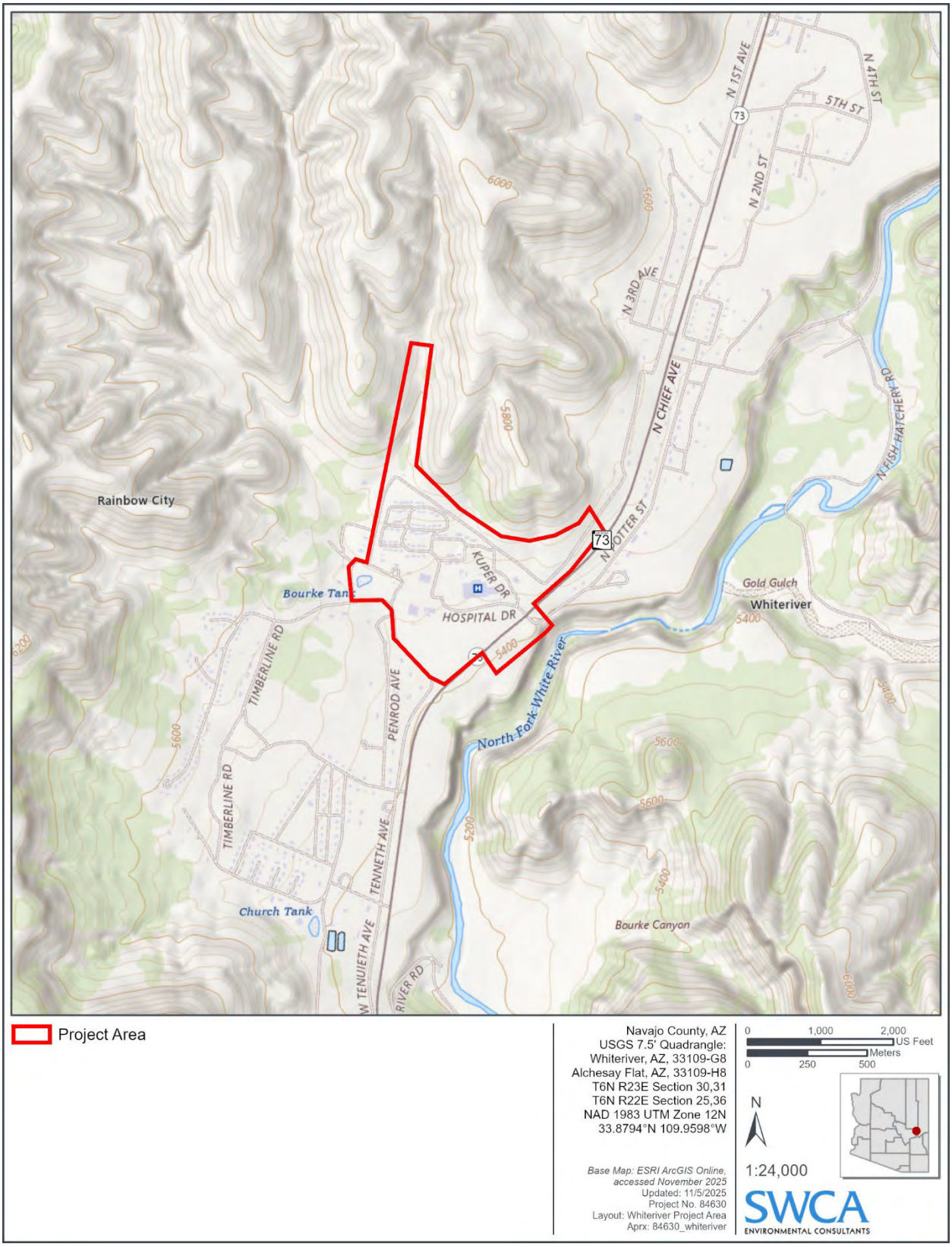

Figure 2. Whiteriver Hospital project area.

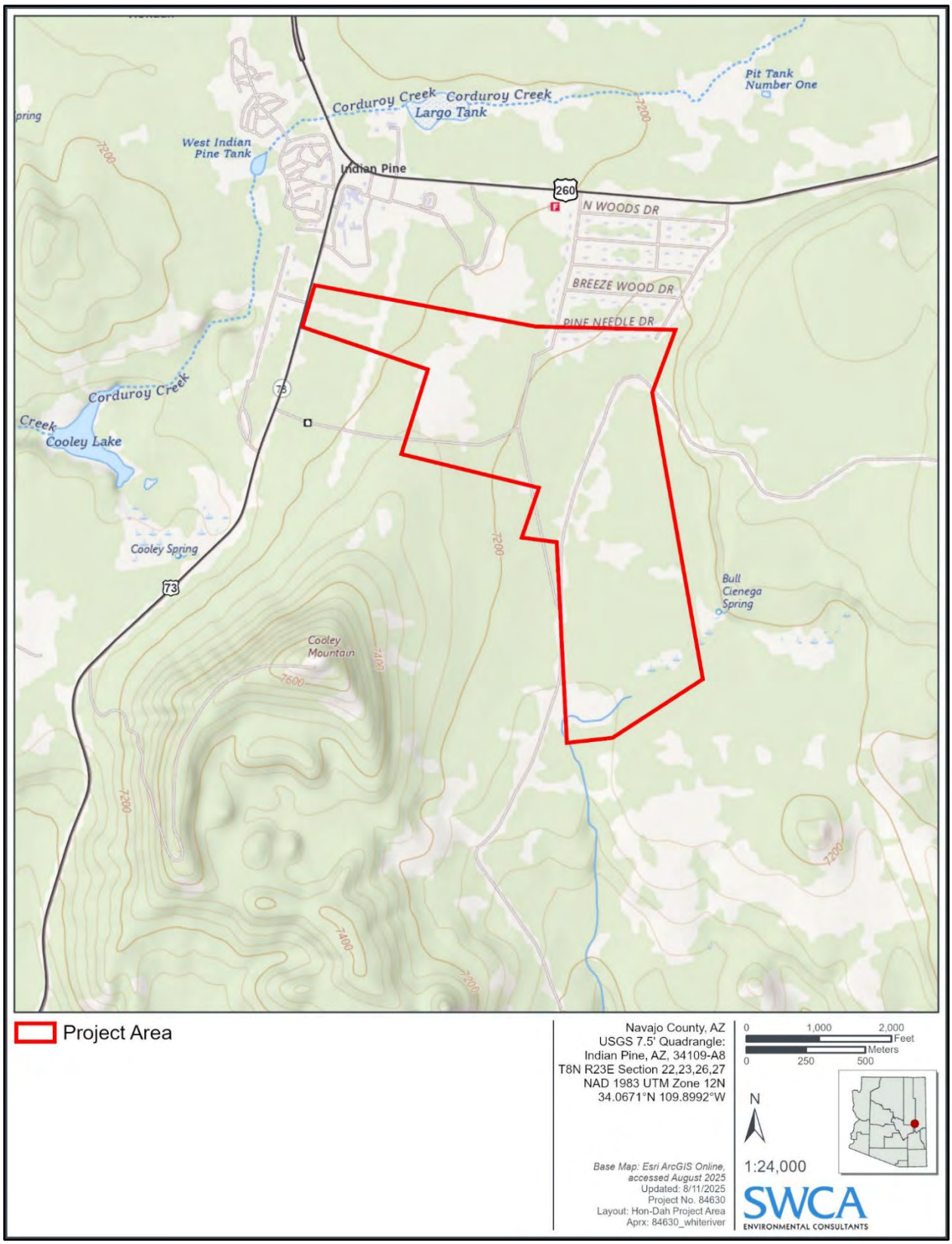

Figure 3. Staff quarters project area.

1.4 Relevant Laws

This Supplemental EA was prepared in accordance with the National Environmental Policy Act (NEPA) of 1969 (42 United States Code [USC] 4321 et seq.), the Department of Health and Human Services (DHHS) General Administrative Manual, Part 30 (DHHS 2003), and the IHS Environmental Review Manual. (IHS 2019) In February 2025 the Council on Environmental Quality (CEQ) issued a rule rescinding its National Environmental Policy Act (NEPA) regulations, effective April 11, 2025. However, the NEPA process associated with this project began before the new rule took effect therefore this document was prepared utilizing the preexisting NEPA regulations.

1.5 Decisions that Must Be Made

The analysis in this Supplemental EA evaluates the potential environmental consequences of the proposed and alternative actions. Based on this information, IHS will decide whether to implement the Proposed Action or the No Action (No Action Alternative). As required by NEPA, preparation of an environmental document must precede final decisions regarding the Proposed Action and be available to inform decision-makers of the potential environmental impacts of selecting the Proposed Action or the No Action Alternative. If significant impacts are identified, IHS would either undertake mitigation to reduce impacts to below the level of significance, undertake the preparation of an EIS addressing the Proposed Action, or abandon the Proposed Action.

1.6 Scoping and Resource Issues

Public and agency participation was solicited during the preparation of the 2019 EA. Scoping letters were sent in July 2018 to Federal and State agencies and Tribal resource offices requesting agency and Tribal input on issues addressed in the 2019 EA. In addition, IHS conducted consultations with several State and Federal agencies regarding the project. Input from the public and agencies was incorporated into the project as documented in the 2019 EA (see Appendix A).

Public and agency participation was also solicited for the preparation of the Supplemental EA. In August 2025, scoping letters were sent to 419 agencies, businesses, and residences requesting comments on the proposed hospital replacement and staff quarters projects. In September 2025, flyers with project details and comment information were posted at the Hon-Dah Casino and Convenience Store, WMAT Tribal Business office, and other areas of public interest such as Bashas Supermarket and Whiteriver post office. Additional flyers were distributed at the WMAT Harvest Festival on September 12, 2025. Radio announcements were made on KNNB radio from mid-September until September 26, 2025. Copies of the scoping letter, flyer, and radio announcement are included in Appendix B.

Scoping Comments and Response

Two responses were received during scoping: one letter via email from the WMAT Game and Fish department and an email response from the U.S. Fish and Wildlife Service, Southwest Regional Office. The responses are summarized below and included in their entirety in Appendix B.

- The U.S. Fish and Wildlife Service (USFWS) - USFWS requested that IHS coordinate with the WMAT Game and Fish department to update the biological assessment from the original 2019 EA with current information regarding tribally and federally listed species. WMAT Game and Fish were included in the scoping mailing and the consultant for IHS contacted the WMAT directly to obtain information related to the biological resources in the project area. The information was incorporated into the Supplemental EA.
- WMAT Game and Fish - The WMAT Game and Fish department provided a letter stating that there are no known federally threatened, endangered, or tribally sensitive species in the project areas. The information was incorporated into the biological resources analysis in the Supplemental EA.

2 PROPOSED ACTION AND ALTERNATIVES TO THE PROPOSED ACTION

2.1 No Action Alternative

Under the No Action Alternative, the proposed new hospital, new wastewater treatment plant, and associated hospital facilities in Whiteriver would not be constructed, nor would the staff quarters and wastewater treatment facility near Indian Pine. The existing hospital would continue to be maintained and operated in its current capacity. The land near Indian Pine would remain undeveloped forest.

2.2 Proposed Action Alternative

The WRSU proposes to build a new hospital, staff quarters, and associated facilities within the WMAT region, adjacent to the existing Whiteriver Hospital, and new staff quarters and wastewater treatment facility, approximately 15 miles to the north of the hospital and just south of Indian Pine, Arizona.

Hospital Site Proposed Action Elements

Proposed Action activities at the hospital site involve the development of a new hospital campus designed to provide comprehensive medical services and supporting infrastructure. The core of the project is the construction of a 407,746-square-foot hospital building that would include emergency medical services. Supporting facilities would be built throughout the site, including 124 staff housing units, a 4,083-square-foot maintenance building, a 1,500-square-foot pump house, and a 16,316-square-foot wastewater building with associated piping connections to water, sewer, and reclaimed water systems extending to and from the hospital campus.

To manage stormwater, the site would incorporate five detention basins. Each basin is engineered to hold up to 2.5 feet of water with 6 inches of freeboard and would be connected by a pipe system that would discharge to the Arizona Department of Transportation (ADOT) right-of-way (ROW) next to the site.

Parking for approximately 1,335 vehicles would be distributed throughout the campus to serve patients, visitors, and staff, with spaces allocated in proportion to the size and function of each facility. For construction purposes, a 5-acre laydown yard would be established south of SR 73, across from the hospital site, to accommodate the temporary storage of supplies and equipment.

Site access would be provided through three entry points. The main entrance would be located at Apache Circle and SR 73, featuring full access, dedicated turn lanes, and a traffic signal. A secondary entrance on the southwest portion of the site would also allow full access, including a right-turn lane, while a third partial access point at the center of the site would provide right-turn-only movements, prohibiting left turns onto SR 73.

Figure 4 shows a conceptual site plan of the proposed hospital site elements. Table 1 provides a comparison between the 2019 hospital site elements and the new project description that is analyzed in this Supplemental EA. Construction of the hospital site elements would occur from mid-2026 through early 2029. Demolition of the existing hospital building would begin in 2029 and would conclude in 2030.

Table 1. Hospital Site Proposed Action Elements

Hospital Site Elements	Comparison with 2019 Hospital Site Elements
Construction of a new 407,746-square-foot hospital building, including emergency medical services.	Similar in size and description.
Construction of 124 staff housing units.	Not specified in the 2019 EA.
Construction of a new 4,083-square-foot maintenance facilities building.	Not specified in the 2019 EA.
Construction of a new 1,500-square-foot pumphouse building.	Not specified in the 2019 EA.
Construction of five stormwater detention basins. Each basin is designed to hold 2.5 feet of water with 6 inches of freeboard, connected by a series of pipes ending at the ADOT ROW, adjacent to the hospital site.	Not specified in the 2019 EA.
Construction of a 16,316-square-foot wastewater building and associated piping. There would be water, sewer, and reclaimed water piping coming to and from this building from the main hospital campus.	Included generally in the 2019 EA in the associated facilities discussion as “parking areas, wastewater treatment upgrades, and water supply” upgrades.
In total, 1,335 patient, visitor, and staff parking spaces distributed throughout the hospital site. An appropriate number of spaces would be matched with associated buildings.	Included generally in the 2019 EA in the associated facilities discussion as “parking areas, wastewater treatment upgrades, and water supply” upgrades.
An approximately 5-acre laydown area (for the temporary storage of construction supplies and equipment) would be located south of SR 73 across from the hospital site.	Not specified in the 2019 EA.
A total of three access points would be included for the hospital site. The main access would be at Apache Circle and SR 73 (full access with turn lanes and a signal). A second access would be located on the southwestern portion of the site (full access with right-turn lane). And a third partial access would be located near the center of the hospital site (no left turn onto SR 73).	The 2019 EA described changes to the SR 73 at Apache Circle intersection through the addition of a traffic signal and an eastbound turn lane into Apache Circle. Additionally, a right-in, right-out access to for SR 73 was described for the south end of the site.

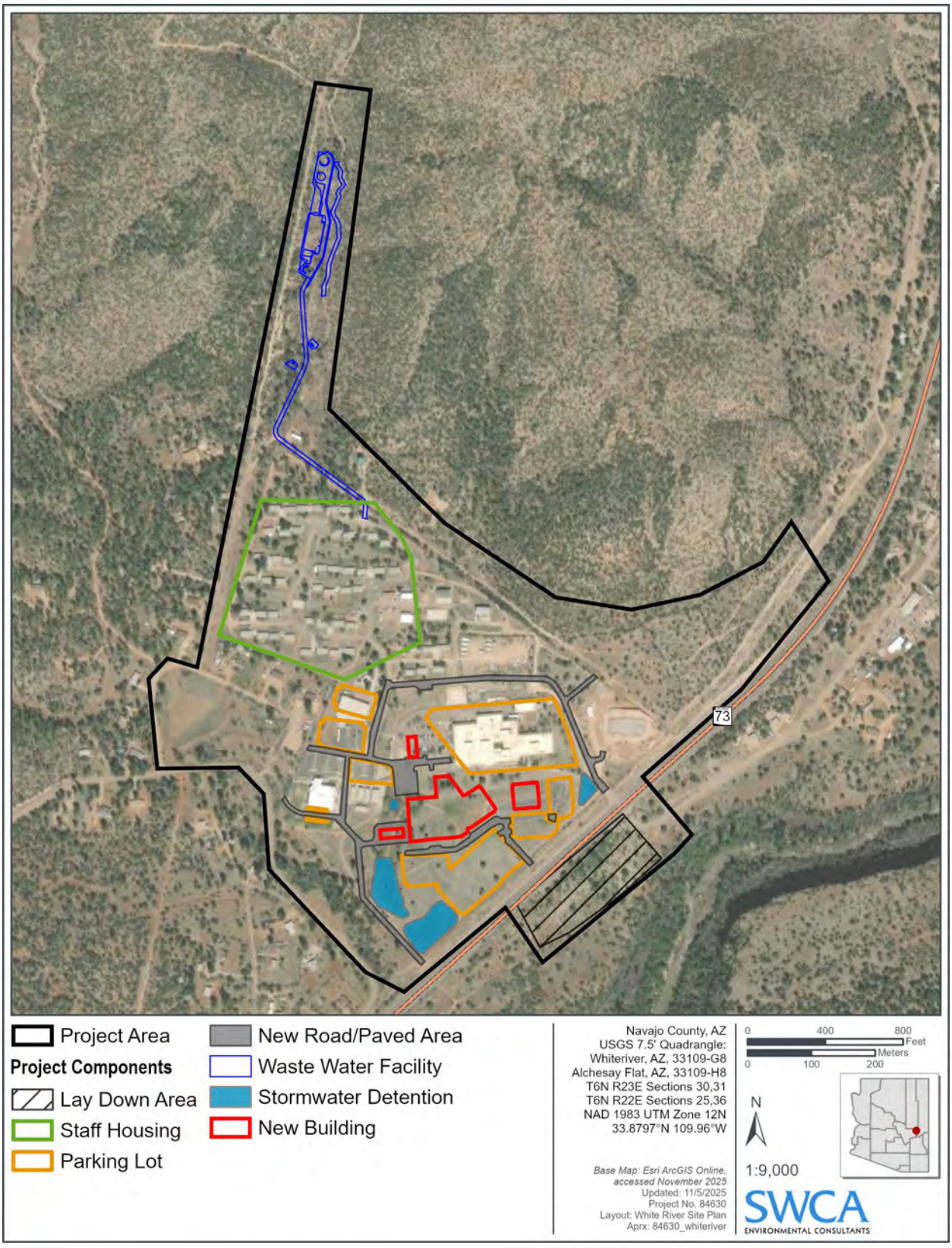

Figure 4. Conceptual site plan for Whiteriver.

Staff Quarters Proposed Action Elements

Proposed Action elements at the staff quarters site include dedicated hospital employee housing consisting of approximately 200 housing units, ranging in size from two to four bedrooms, offering a mix of options to accommodate staff and their families.

To support the development, new infrastructure would be constructed including a 13,339-square-foot wastewater treatment building connected by sewer, water, a spray field, and reclaimed water piping to provide reliable utility services for the residential community.

Access to the staff quarters site would be enhanced through new access road connections. An approximately 1,800-foot-long access road would be built from SR 73 east to the housing site, and improvements would be made to the existing gravel road that extends from Timber Ridge Road to the proposed water treatment plant. Both roadways would be paved with asphalt.

Figure 5 shows the conceptual site plan of proposed elements at the staff quarters site. Table 2 lists the elements associated with the Proposed Action at the staff quarters site and provides a brief comparison between the site elements of 2019 staff quarters and the new project description that is analyzed in this Supplemental EA. Construction of the staff quarters and wastewater treatment facility would occur from mid-2026 through early 2029.

Table 2. Staff Quarters Proposed Action Elements

Staff Quarters Site Elements	Comparison with 2019 Staff Quarters Site Elements
Approximately 200 housing units, each with two to four bedrooms, would be located on the 100-acre parcel identified in the 2019 EA.	2019 EA discussed 141 staff residences on the 100-acre parcel. The location of the 100-acre parcel remains the same.
Construction of an access road from SR 73, east to the proposed staff quarters site. Turn lanes at the intersection of SR 73 and 4th Street would be constructed.	Access road was not specified in the 2019 EA. The construction of a new northbound right-turn lane and southbound left-turn lane on SR 73 was specified.
Construction of a 13,339-square-foot wastewater treatment building with sewer, water, a spray field, and reclaimed water piping.	Not specified in the 2019 EA.
Construction of a new access road and upgrading the existing gravel access road to asphalt, from Timber Ridge Road to the proposed water treatment plant.	Activities associated with a new access road were not specified in the 2019 EA.

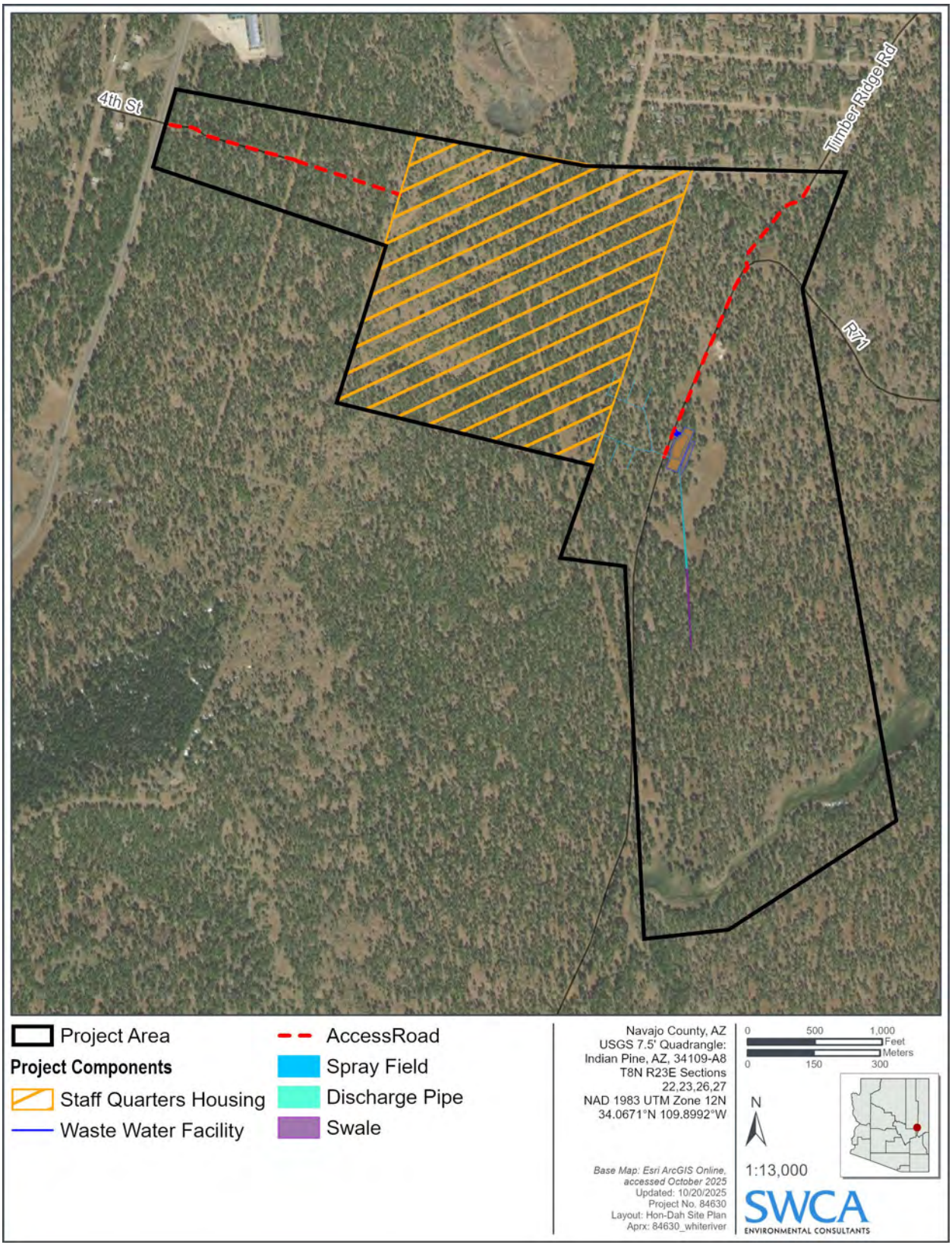

Figure 5. Conceptual site plan for staff quarters.

2.3 Alternatives Considered but Eliminated

NEPA requires that Federal agencies explore and objectively evaluate reasonable alternatives to a Proposed Action in cases involving "…unresolved conflicts concerning alternative uses of available resources" (42 U.S. Code § 4332(H)). Unreasonable alternatives do not require detailed analysis. The 2019 EA considered six alternative sites to the Proposed Action that were dismissed from detailed analysis. The alternative sites and rationale for dismissing them from consideration can be found in Section 2.1.3 of the 2019 EA and are not repeated here.

2.4 Comparison of Alternatives and Analysis Included in the Supplemental EA

Table 3 summarizes the environmental effects of the two alternatives. It provides a comparison between the No Action Alternative, the Proposed Action from the 2019 EA, and the Proposed Action analyzed in this Supplemental EA. Only resource areas that exhibit changes from the 2019 EA are analyzed in this Supplemental EA. Resource areas that have not changed are not reanalyzed, though the analysis in the 2019 EA is incorporated by reference and can be found in Appendix A of this document.

Table 3. Summary of Environmental Effects of Alternatives

Environmental Resource	No Action Alternative	Proposed Action 2019 EA	Proposed Action Supplemental EA	Supplemental EA Analysis Status
Air Quality	No new construction or demolition activities; therefore, no new impacts on air quality would occur.	Construction would cause temporary, negligible, adverse impacts on air quality during the construction phase from equipment emissions and fugitive dust, when following mitigation measures to reduce impacts.	Construction would cause temporary, negligible, adverse impacts on air quality during the construction phase from equipment emissions and fugitive dust, when following mitigation measures to reduce impacts.	No changes in regulations have occurred since 2019 EA was published. All pollutants are in attainment in this region. Impacts and mitigation from the 2025 Proposed Action would be comparable to those described in the 2019 EA; **therefore**, **the analysis is not repeated in the Supplemental EA.**
Water Resources	No new construction or demolition activities; therefore, no new impacts to water resources would occur.	Localized, minor, adverse impacts to a stream for stormwater outfall and erosion protection. Permitted under Nationwide Permit (NWP) 9 or 13. Localized, minor, adverse impacts on water quality due to risk of spills and runoff during construction and operation activities.	The expanded Proposed Action includes stormwater detention basins and drainage features. The addition of two wastewater treatment facilities (one at each project area) is also included, which would discharge treated effluent to surface drainage features. There are no documented Waters of the U.S. in either project area. The project would be subject to strict water quality standards for treated wastewater. In addition, National Pollutant Discharge Elimination System (NPDES) permits and a Stormwater Pollution Prevention Plan (SWPPP) would be required during construction and operations. Best management practices (BMPs) would further reduce any impacts to surface water features from site runoff. Only minimal, adverse impacts to surface water resources are expected from construction and implementation of the Proposed Action.	Due to the addition of wastewater treatment facilities to both project areas, surface water resources is analyzed in Section 3.1 of this document. Impacts to surface water from the Proposed Action are expected to be mitigated through BMPs, adherence to water quality requirements, NPDES permitting, and implementation of a SWPPP. Mitigated impacts to surface water resources from construction and implementation of the Proposed Action would be localized and minimal.

Environmental Resource	No Action Alternative	Proposed Action 2019 EA	Proposed Action Supplemental EA	Supplemental EA Analysis Status
Groundwater	No new construction or demolition activities therefore no new impacts to groundwater resources would occur.	Withdrawals for domestic water to serve the new facility and housing would come from groundwater and surface water. Impacts to groundwater would be negligible.	Withdrawals for domestic water to serve the new facility and housing would come from groundwater and surface water. Impacts to groundwater would be negligible.	Impacts from the 2025 Proposed Action would be comparable to those described in the 2019 EA; **therefore**, **the analysis is not repeated in the Supplemental EA.**
Floodplain	No new construction or demolition activities; therefore, no new impacts to the floodplain would occur.	No mapped floodplains occur at either site. No impacts to or from the floodplain.	The hospital site project area is mapped on FEMA Flood Insurance Rate Map panel number 04017C5050E and 04017C5125E and is entirely within an area mapped a Zone X (Unshaded) which is classified as an area of minimal flood hazard. The hydrologic analysis indicates that approximately 13.8 acres would be inundated during a 100-year event, and approximately 17 acres would be inundated during a 500-year event. The staff quarters project area is mapped on FEMA Flood Insurance Rate Map panel number 04017C4975F and is within Zone D (FEMA 2025c) which is classified as an area of undetermined flood hazard. The hydrologic analysis indicates that approximately 11 acres would be inundated during a 100-year event, and approximately 12.8 acres would be inundated during a 500-year event.	The floodplain analysis is updated to include the expanded Proposed Action and can be found in Section 3.2 of this document. Based on hydrologic analysis, development of the Whiteriver hospital site and staff quarters site would impact areas which may be inundated during a 100-year and 500-year events. Although the natural function of the base floodplain would be impacted by the Proposed Action, the proposed stormwater and drainage modifications would reduce the likelihood that modifications for construction of the hospital, staff quarters, or associated infrastructure improvements, would impound, slow flow rates, change the base flood elevation within the project area, or change the hydrologic characteristics of the floodplain.
Topography, Soils	No new construction or demolition activities; therefore, no new impacts to the topography or soils would occur.	Both sites would be disturbed by ground-clearing activities, permanently disturbing the existing soils. Mitigation measures and BMPs would reduce impacts to minor, adverse, localized impacts.	Both sites would be disturbed by ground-clearing activities, permanently disturbing the existing soils. Mitigation measures and BMPs would reduce impacts to minor, adverse, localized impacts.	No changes in regulations have occurred since 2019 EA was published. Impacts and mitigation from the 2025 Proposed Action would be comparable to those described in the 2019 EA; **therefore, the analysis is not repeated in the Supplemental EA.**
Geology/ Seismic	No new construction or demolition activities; therefore, impacts related to seismic hazards would remain unchanged.	Hospital and staff quarters would be constructed according to seismically safe design parameters. Negligible impacts to the project from seismic issues would occur.	Hospital and staff quarters would be constructed according to seismically safe design parameters. Negligible impacts to the project from seismic issues would occur.	No changes in regulations have occurred since 2019 EA was published. Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA**.

Environmental Resource	No Action Alternative	Proposed Action 2019 EA	Proposed Action Supplemental EA	Supplemental EA Analysis Status
Invasive and Noxious Species	No new construction or demolition activities; therefore, no new impacts to invasive and noxious species or the potential for their spread would occur.	Mitigation measures will be used to limit the spread of invasive species during construction. Negligible and beneficial impact due to management of invasive species would occur.	Mitigation measures will be used to limit the spread of invasive species during construction. Negligible and beneficial impact due to management of invasive species would occur.	No changes in regulations have occurred since 2019 EA was published. Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA**.
Timber Resources	No new construction or demolition activities; therefore, no new impacts on timber resources would occur.	Commercially viable timber would be removed at the staff quarters site. Trees would not be removed until design is final and Bureau of Indian Affairs (BIA) forestry department permits are in place. Impacts on timber resources would be minor, adverse, and permanent.	Commercially viable timber would be removed at the staff quarters site. Trees would not be removed until design is final and BIA forestry department permits are in place. Impacts on timber resources would be minor, adverse, and permanent.	No changes in regulations have occurred since 2019 EA was published. Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA**.
Special Status Species	No new construction or demolition activities; therefore, no new impacts to special status species would occur.	No impacts to special status species. No impacts to migratory birds under the Migratory Bird Treaty Act would occur if mitigation measures are followed.	No impacts to special status species. No impacts to migratory birds under the Migratory Bird Treaty Act would occur if mitigation measures are followed.	The analysis is updated to include the expanded Proposed Action and can be found in Section 3.3 of this document. The conclusion of the analysis remains consistent with the 2019 EA.
Cultural Resources	No new construction or demolition activities; therefore, no new impact to cultural resources would occur.	No sites present; therefore, no impacts to cultural or historic resources would occur.	Identified sites will be avoided; therefore, no impacts to cultural or historic resources would occur.	The analysis is updated to include the expanded Proposed Action and can be found in Section 3.4 of this document. No impacts to cultural resources are expected.
Socioeconomics	No improved facilities or services; therefore, adverse socioeconomic impacts to community members would occur: - Continued expense for travel to other healthcare facilities. - No job creation from expanded services. - No housing benefits for healthcare employees.	Potentially beneficial impacts realized from temporary job creation associated with construction and permanent job creation associated with the expanded health care services. Reduced individual travel expenses for obtaining health care outside the service area. Housing benefit for healthcare employees from increased housing units. Moderate, beneficial impacts to socioeconomics.	Potentially beneficial impacts realized from temporary job creation associated with construction, and permanent job creation associated with the expanded health care services. Reduced individual travel expenses for obtaining health care outside of the service area. Housing benefit for healthcare employees from increased housing units. Moderate, beneficial impacts to socioeconomics.	Socioeconomic data and analysis are updated and can be found in Section 3.5 of this document. Moderate, beneficial impacts are comparable to the 2019 EA.

Environmental Resource	No Action Alternative	Proposed Action 2019 EA	Proposed Action Supplemental EA	Supplemental EA Analysis Status
Land Use	No new construction or demolition activities would occur; therefore, the hospital site land use would continue as is. The staff quarters site would remain vacant.	Compliance with the WMAT plans for the project sites. Coordination required with ADOT and BIA Department of Transportation (DOT) for any roadway reconstruction or new construction. Negligible adverse, and minor beneficial, impacts to land use.	Compliance with the WMAT plans for the project sites. Coordination required with ADOT and BIA DOT for any roadway reconstruction or new construction. Negligible adverse, and minor beneficial, impacts to land use.	No changes in land use plans or regulations have occurred since the 2019 EA was published. Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA**.
Utilities/ Public Service	No new construction of wastewater facilities or upgraded water delivery system infrastructure would occur, leaving current services inadequate to handle future demand. No beneficial impacts would be realized. No increased demand for police, fire, or emergency services would occur; therefore, no impacts to these services would occur.	Upgrades would be constructed for water and sewer in order to adequately serve the facility. Moderate, beneficial, permanent impacts to utilities. Additional housing would tax the already overloaded law enforcement personnel. Assistance would be needed from local agencies, or new resources requested. Minor, adverse impacts to public service would occur.	New wastewater facilities and upgrades to water delivery infrastructure associated with the Proposed Action would provide moderate, beneficial impacts to utilities on the FAIR. Due to the increase in demand on public services, the project would have minor, adverse impacts to public services on the FAIR.	Due to the addition of new wastewater treatment facilities and water delivery infrastructure in the Proposed Action, an updated analysis is provided in Section 3.6 of this document. The conclusions of the analysis remain consistent with the 2019 EA.
Waste and Hazardous Materials Management	No new construction or increase in operations; therefore, no additional solid or hazardous waste would be generated.	Contractor would coordinate with local waste contractor for disposal of construction waste. Facility manager would coordinate with local waste contractor for collection and disposal of solid, hazardous, and medical waste. IHS would arrange for waste and recycling collection from the new quarters. Impacts to waste and hazardous materials management would be minor and adverse.	Contractor would coordinate with local waste contractor for disposal of construction waste. Facility manager would coordinate with local waste contractor for collection and disposal of solid, hazardous, and medical waste. IHS would arrange for waste and recycling collection from the new quarters. Impacts to waste and hazardous materials management would be minor and adverse.	Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA**.

Environmental Resource	No Action Alternative	Proposed Action 2019 EA	Proposed Action Supplemental EA	Supplemental EA Analysis Status
Transportation and Access	No improvements to hospital site access would be made, adversely impacting SR 73 and hospital users. Increased traffic at the staff quarters site would not occur.	Increased number of users at the hospital site would adversely impact traffic and access. Recommendations were made in the 2019 EA for improvements at the three access points, including a traffic signal at Apache Circle and SR 73, which would reduce adverse impacts. Access to the staff quarters site from SR 73 and 260 were discussed, and new turn lanes along SR 73 were recommended to accommodate additional traffic.	Design improvements are included in the Proposed Action for three access points to the hospital site, including a signalized intersection at Hospital Drive/Potter Street and SR 73. Construction of two paved access roads into the staff quarters site and turn lanes along SR 73 at 4th street are included in the Proposed Action.	Due to the roadway and access design improvements included in the new Proposed Action at both sites, an analysis of impacts related to transportation and access is included and can be found in Section 3.7 of this document. Both sites are expected to have minimal adverse impacts to traffic and access associated with construction activities. Postconstruction, improved access and design of the access points at the hospital site would provide a moderate, beneficial impact to hospital employees, visitors, and patients while minimizing any impact to traffic along SR 73. At the staff quarters site, increased traffic at the intersection of SR 73 and 4th street is expected, but the inclusion of turn lanes on SR 73 is expected to reduce impacts to a negligible level.
Noise	No new construction or increase in operations would occur; therefore, no additional noise would be generated. No additional impacts from noise would occur.	Construction would impact nearby residents and local wildlife. Implementing mitigation measures would reduce impacts to temporary and minor. Operation would increase traffic noise near the hospital. Impacts to noise would be negligible and adverse.	Construction would impact nearby residents and local wildlife. Implementing mitigation measures would reduce impacts to temporary and minor. Operation would increase traffic noise near the hospital. Impacts to noise would be negligible and adverse.	Information from the 2019 EA is comparable to the 2025 Proposed Action**; therefore, the analysis is not repeated in the 2025 Supplemental EA**.
Human Health and Safety	The existing facility is unable to meet the health care demands of the present and the projected WRSU workload population. Therefore, health care services would possibly decline in quality and response to increased workload quantities associated with the growing user population and the aging of the facilities.	The construction of the replacement hospital and staff quarters would involve direct health and safety issues for workers. Regulations for safeguarding construction workers on construction sites fall under Occupational Safety and Health Administration (OSHA) and are the responsibility of the construction contractor(s).	The construction of the replacement hospital and staff quarters would involve direct health and safety issues for workers. Regulations for safeguarding construction workers on construction sites fall under OSHA and are the responsibility of the construction contractor(s). Risks to human health and safety at the project sites during construction	No changes in regulations have occurred since 2019 EA was published. Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA.**

Environmental Resource	No Action Alternative	Proposed Action 2019 EA	Proposed Action Supplemental EA	Supplemental EA Analysis Status
	The prolongation of an insufficient health care system would continue to adversely affect some members of the WMAT. Impacts to human health and safety from the No Action Alternative would be moderate and adverse.	Risks to human health and safety at the project sites during construction would be temporary, localized, and minor, given the OSHA safety regulations and requirements. Highly visible signs would be posted to warn and inform the public of construction activities in order to mitigate adverse impacts posed to human health and safety during construction activities. In addition, security would be available 24 hours per day for staff and property safety. The communities within the hospital service area would benefit from the availability of a modern health care delivery program that would improve access to basic medical services that are necessary to maintain and promote health for the residents of the service area. The overall impacts to human health and safety from the operation of the new Whiteriver hospital would be reservation-wide, major, and beneficial.	would be temporary, localized, and minor, given the OSHA safety regulations and requirements. Highly visible signs would be posted to warn and inform the public of construction activities in order to mitigate adverse impacts posed to human health and safety during construction activities. In addition, security would be available 24 hours per day for staff and property safety. The communities within the hospital service area would benefit from the availability of a modern health care delivery program that would improve access to basic medical services that are necessary to maintain and promote health for the residents of the service area. The overall impacts to human health and safety from the operation of the new Whiteriver hospital would be reservation-wide, major, and beneficial.	
Greenhouse Gas Emissions	No construction activities would contribute to greenhouse gases. Continued use of private vehicles to travel long distances for heal care would continue to increase Carbon dioxide (CO_2) emissions in the area. Impacts to climate change would be negligible.	Construction activities would release CO_2 emissions. Project impacts on climate change would be negligible, and climate change on the project would be negligible.	Construction activities would release CO_2 emissions. Project impacts on climate change would be negligible, and climate change on the project would be negligible.	Information from the 2019 EA is comparable to the 2025 Proposed Action; **therefore, the analysis is not repeated in the 2025 Supplemental EA.**

2.5 Resources/Issues Eliminated From Detailed Study

The following resources and issues are dismissed from further analysis in the 2019 EA. Rationale related to their dismissal is summarized below and a more detailed explanation can be found in the 2019 EA. These resources are also not analyzed in the Supplemental EA.

Prime and Unique Farmland: The soils within the project boundaries of both sites are mapped as "not prime farmland;" therefore, no farmland would be impacted by implementation of the project.

Sole Source Aquifers: The nearest sole source aquifer (Upper Santa Cruz and Avra Basin Sole Source Aquifer) is located approximately 90 miles southwest of the project site; therefore, no sole source aquifers would be impacted by implementation of the project.

Coastal Zones: There are no coastal zones within the vicinity of the sites, as Arizona does not have a coast; therefore, coastal zones would not be impacted by implementation of the project.

Wild and Scenic Rivers: The nearest wild and scenic rivers are the Verde and Fossil Creek. They are located over 90 miles west of the project area; therefore, wild and scenic rivers would not be impacted by implementation of the project.

Coastal Barrier Resources: The project area is not in the vicinity of the Coastal Barrier Resources System as Arizona does not have a coast; therefore, coastal barrier resources would not be impacted by implementation of the project.

National Natural Landmarks: There are no wildlife refuges, sanctuaries, or other national natural landmarks closer than 20 miles to the project site; therefore, national natural landmarks would not be impacted by implementation of the project.

Environmental Justice/Protection of Children: The 2019 EA determined that the project would have no disproportionate impacts on minorities or low-income populations. In addition, Executive Order (EO) 12898 and EO 14096 were rescinded in 2025 by EO 14148. This topic has been eliminated from further analysis.

3 AFFECTED ENVIRONMENT AND ENVIRONMENTAL CONSEQUENCES

3.1 Surface Water Resources and Stormwater

The Clean Water Act (CWA) serves as the federal regulatory structure to protect surface water quality. Federal jurisdiction of surface waters extends to features that meet the definition of Waters of the U.S. (WOTUS), as defined under 33 Code of Federal Regulations (CFR) 328. Section 404 of the CWA regulates the addition of dredged or fill material into jurisdictional surface water features (i.e., WOTUS), and CWA Section 402 regulates the discharge of stormwater runoff from active construction sites into WOTUS.

CWA Section 404 permitting is a two-step process. The first step is to determine the geographic area of the U.S. Army Corps of Engineers (USACE) jurisdiction (i.e., WOTUS limits) of any surface water features on-site. The USACE and U.S. Environmental Protection Agency (EPA) determine the presence/absence and jurisdictional extent of WOTUS by using their jurisdictional determination process. If WOTUS are identified under step one and they may be impacted by the project, the second step is to determine the applicable type of Section 404 permit (standard permit or nationwide permit) required based on the nature and extent of WOTUS-disturbing project activities. If no surface water features may

be potential WOTUS in the project area or if the surface water features in a project area are determined not to be WOTUS by the USACE, then Section 404 permitting requirements do not apply, and there is no need to proceed to the second step of identifying and obtaining the appropriate Section 404 permit authorization. Surface water resources are further protected during construction activities under CWA Section 402 regulations and through the National Pollutant Discharge Elimination System (NPDES) permitting process.

3.1.1 Affected Environment

Hospital Site

The hospital site project area is on the lower bajada of the White Mountains at elevations ranging from approximately 5,408 to 5,585 feet above mean sea level. The topography of the project area is relatively flat and slopes downgradient from the north toward the south. The overall slope across the project area is calculated at approximately 3.9%. The project area is surrounded by juniper (*Juniperus* spp.) woodlands interspersed with rural residential lots and unimproved roads. The North Fork White River is approximately 0.1 mile southeast of the project area. Within the project area, Bourke Tank, a constructed earthen basin, lies on the west side of the project area.

The project area lies within the Gold Gulch-North Fork White River subwatershed (12-digit Hydrologic Unit Code [HUC] 150601020207) in the Salt basin, as defined by the USGS Watershed Boundary Dataset (USGS 2025). Streams in this subwatershed flow toward the North Fork White River, which is a tributary to the Salt River.

After reviewing agency data sets, no Outstanding Arizona Waters, impaired waters, or water bodies designated as not attaining water quality standards are mapped within or adjacent to the hospital site project area (Arizona Department of Environmental Quality [ADEQ] 2025).

A desktop review was completed to identify potential WOTUS, and the field reconnaissance was done on June 6, 2024, and June 26, 2025. Three surface water features were identified in the project area and subject to field investigation at 10 representative data points: two unnamed streams and a pond. Data points were placed on surface water features modeled by National Wetlands Inventory (NWI) within the project area (USFWS 2025a). The National Hydrography Dataset (NHD) review (EPA 2025) indicated that NHD flowlines modeled within the project area coincide with the modeled NWI riverine features (Table 4) (SWCA Environmental Consultants [SWCA] 2025a). Bourke Tank within the project area is modeled in the NWI as a freshwater pond.

Table 4. Summary of Surface Water Features in the Hospital Site Project Area

Feature No.	NWI/NHD Code and Description	Associated Feature	Potential WOTUS (Y/N)
1	R4SBC/46007 Riverine intermittent streambed seasonally flooded; stream/river	Unnamed drainage associated with livestock tank (Bourke Tank) Swale with discontinuous and weak ordinary high-water mark (OHWM) indicators associated with a human-made livestock tank. The segment of the swale within the project area is identified by NWI and NHD as a linear surface water feature.	No. The unnamed drainage is excluded under 33 CFR 328.3(b)(8).
2	PUSC/55800 Palustrine unconsolidated shore seasonally flooded; artificial path	Bourke Tank Dry cattle tank with swale near outlet.	No. The livestock tank is excluded under 33 CFR 328.3(b)(5).
3	R4SBC/46007 Riverine intermittent streambed seasonally flooded; stream/river	Unnamed drainage Identified by NWI/NHD as a linear surface water feature.	No, not relatively permanent (i.e., field indicators characterize the feature as ephemeral).

As described above, surface water features in the project area were evaluated for their potential as jurisdictional features under the 2023 WOTUS Rule, as amended (EPA 2023). While Features 1 and 3 may have a continuous surface connection to a downstream Traditionally Navigable Water, both features have an ephemeral flow regime and would not be considered relatively permanent; therefore, both these features would not meet the WOTUS definition of a tributary under 33 CFR 328.3(a)(3). Feature 1 is also a swale that would be excluded as WOTUS under 33 CFR 328.3(b)(8). Similarly, Feature 2 (Bourke Tank) would be excluded as WOTUS under 33 CFR 328.3(b)(5) because it is an artificial pond for stock watering purposes. Because there are no potential WOTUS in the hospital site project area, Section 404 permitting would not be required prior to the hospital site development.

Staff Quarters Site

The staff quarters project area is in the White Mountains on the Mogollon Rim in the community of Indian Pine approximately 3.5 miles southeast of Pinetop at elevations ranging from approximately 7,140 to 7,300 feet above mean sea level. The topography of the project area is relatively flat and slopes downgradient to the north and south toward Bull Cienega Creek. The staff quarters project area is mostly undeveloped conifer forest, and land use in the vicinity includes the Indian Pine residential development, a casino, and SR 260 to the north, SR 73 to the west, and forest to the south and east.

The western portion of the project area lies within the 35,959-acre Upper Corduroy Creek subwatershed (12-digit HUC 150601040102), and the eastern portion is within the 11,908-acre Cottonwood Canyon subwatershed (HUC 150601020201), as defined by the USGS Watershed Boundary Dataset (USGS 2025). Streams in these subwatersheds flow toward the White River, which is a tributary of the Salt River.

After reviewing agency data sets, no Outstanding Arizona Waters, impaired waters, or water bodies designated as not attaining water quality standards are mapped within or adjacent to the staff quarters project area (ADEQ 2025).

A desktop review was completed to identify potential WOTUS, and the field reconnaissance was done on June 25, 2025. One surface water feature was identified in the staff quarters project area and subject to field investigation at three representative data points within Bull Cienega Creek, which is modeled by NWI within the project area (USFWS 2025a). The NHD review (EPA 2025) indicated that the NHD flowline within the project area coincides with the NWI riverine feature (Table 5) (SWCA 2025b).

Table 5. Summary of Surface Water Features in the Staff Quarters Site Project Area

Feature No.	NWI/NHD Code and Description	Associated Feature	Potential WOTUS (Y/N)
1	PEM1C/46006 Palustrine, emergent, persistent, seasonally flooded	Bull Cienega Creek Isolated wetland associated with a swale identified by NWI/NHD as an emergent wetland.	No, WL-1 is not adjacent to a WOTUS, and the downstream non-wetland portion is excluded under 33 CFR 328.3(b)(8).

As described above, surface water features in the project area were evaluated for their potential to be considered jurisdictional under the 2023 WOTUS Rule, as amended. Bull Cienega Creek (Feature 1) is a swale associated with an isolated wetland (WL-1) that meets all the parameters of a wetland but would be excluded from consideration as a WOTUS and not subject to federal CWA Section 404 regulations because it is not adjacent to another WOTUS. Bull Cienega Creek also did not show indicators of ordinary high-water marks and would also be excluded from jurisdiction under 33 CFR 328.3 (b)(8). Finally, the portion of Bull Cienega Creek near the staff quarters project area is ephemeral based on the Streamflow Duration Assessment Method results and would not be considered relatively permanent.

3.1.2 Environmental Consequences

3.1.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the proposed new hospital, new wastewater treatment plant, and associated hospital facilities in Whiteriver would not be constructed, nor would the staff quarters and wastewater treatment facility near Indian Pine. The existing hospital would continue to be maintained and operate in its current capacity. The land near Indian Pine would remain undeveloped forest. There would be no new impacts to water resources, including stormwater runoff from construction sites, under this alternative.

3.1.2.2 PROPOSED ACTION ALTERNATIVE

At the hospital site, discharge from the wastewater treatment plant would be reclaimed and used on-site for irrigation and for use in architectural water features. Water that is not reclaimed would be discharged into the local wash adjacent to the hospital property traveling under SR 73 downstream. Engineering controls such as armoring would be included in drainages to reduce erosion. New channels and buried stormwater pipes would be constructed to direct off-site runoff away from the hospital site and into on-site retention basins. The four-basin detention design would ensure the new hospital site would not increase runoff into the culverts under SR 73.

At the staff quarters site, the wastewater treatment plant would discharge into a 600-foot-long drainage swale, eventually draining onto open land south of the facility. Drainage features associated with the staff housing would be created to direct runoff to the east side of the site, and dimensions overall would be reduced if roadways and parcels are graded to convey the 100-year flow.

The construction phase of the project will require coverage under an NPDES general permit for stormwater discharge from construction activities, and under the Construction General Permit (CGP). This will require a Stormwater Pollution Prevention Plan (SWPPP) and a construction Notice of Intent (NOI), respectively, for each site. The chief requirements of the NPDES general permit for construction sites are a construction NOI and the preparation and implementation of a SWPPP. SWPPPs contain measures to reduce soil erosion and prevent pollution from petroleum, oil, and lubricants (POLS) and other chemicals or hazardous/toxic materials at construction sites. Specifically, SWPPPs assess the characteristics of the site such as nearby surface waters, topography, and stormwater runoff patterns; identify potential sources of pollutants such as sediment from disturbed areas and stored wastes or fuels; and identify best management practices (BMPs) that will be used to minimize or eliminate the potential for these pollutants to reach surface waters through stormwater runoff.

Using standard construction BMPs, such as installing perimeter silt fences, spreading straw and mulch to protect exposed ground, and covering stockpiles of earth or soils, would minimize runoff, erosion, and impacts to on-site and off-site soils and water resources.

3.1.2.3 MITIGATION

No mitigation is required because existing regulatory mechanisms described in Section 3.1.2.2 address potential adverse effects to surface water resources.

3.2 Floodplain

The IHS considers healthcare facilities as “critical actions”, and in accordance with Executive Order (EO) 11988 Floodplain Management, IHS must consider the 500-year flood event in their healthcare facility design (IHS 2006). In addition, the Federal Emergency Management Agency (FEMA) considers systems and assets, including hospitals and water infrastructure, as “critical infrastructure” whereas “the

incapacity or destruction of such may have a debilitating impact on the security, economy, public health or safety, environment, or any combination of these matters, across any local, State, Tribal and Federal jurisdiction." (FEMA 2025a). For actions involving critical infrastructure, the 100-year floodplain and flood elevation should be considered for non-critical actions and the 500-year floodplain and flood elevation for critical actions (FEMA 2025b).

The FEMA National Flood Hazard Layer data indicates a majority of the project area is currently designated as Zone X (unshaded) and Zone D (FEMA 2025c). Specifically, the FEMA data indicates that the hospital site is outside of regulatory floodplains, and the staff quarters site is in an area where flood hazards are undetermined. To determine whether potential floodplain impacts could occur, a hydrologic analysis was conducted to model the approximate 100-year and 500-year inundation areas within the project area during an equivalent event. The modeled floodplains identified by the project's hydrologic analysis are the basis for impacts being considered under this EA. To minimize effects to the floodplain and comply with EO 11988, an Eight-Step Decision Making Process was completed for the Proposed Action (Appendix C).

3.2.1 Affected Environment

Hospital Site

The FEMA National Flood Hazard Layer was reviewed to determine if the project is in a floodplain. The project area is mapped on FEMA Flood Insurance Rate Map panel number 04017C5050E and 04017C5125E and is entirely within an area mapped a Zone X (unshaded) (FEMA 2025c), which is classified as an area of minimal flood hazard. Areas mapped as Zone X (unshaded) are defined by FEMA as "areas determined to be outside the 0.2% annual chance floodplain." (FEMA 2025a). The Hospital and associated facilities are not located within a Special Flood Hazard Area (SHFA) (FEMA 2025a). The hydrologic analysis was conducted to determine if portions of the project area may become inundated during 100-year and 500-year events. The hydrologic analysis indicates that approximately 13.8 acres would be inundated during a 100-year event, and approximately 17 acres would be inundated during a 500-year event.

Staff Quarters Site

The FEMA National Flood Hazard Layer was reviewed to determine if the project is in a floodplain. The project area is mapped on FEMA Flood Insurance Rate Map panel number 04017C4975F and is within Zone D (FEMA 2025c) which is classified as an area of undetermined flood hazard. The project area for the staff quarters is entirely within an area mapped as Zone D, defined by FEMA as "Areas in which flood hazards are undetermined but possible" (FEMA 2025a). The staff quarters are not located within a SHFA (FEMA 2025c). A hydrologic analysis was conducted to determine if portions of the project area may become inundated during 100-year and 500-year events. The hydrologic analysis indicates that approximately 11 acres would be inundated during a 100-year event, and approximately 12.8 acres would be inundated during a 500-year event.

3.2.2 Environmental Consequences

3.2.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the hospital and staff quarters would not be constructed, and the existing Whiteriver hospital would continue to operate. No construction activities or additional disturbance would occur, nor would any features be placed in floodplains on the landscape. The floodplains described in Section 3.2.1 would continue to function as they are.

3.2.2.2 PROPOSED ACTION ALTERNATIVE

Based on hydrologic analysis, approximately 55 acres mapped as being inundated during a 100 or 500-year event would be affected by the Proposed Action. Specifically, approximately 13.8 acres of areas mapped as 100-year inundation areas and approximately 17 acres of areas inundated during a 500-year event would be affected at the Whiteriver hospital site. Approximately 11 acres of areas mapped as 100-year inundation areas and approximately 12.8 acres of areas inundated during a 500-year event would be affected at the staff quarters site.

Based on hydrologic analysis, development of the Whiteriver hospital site and staff quarters site would impact areas which may be inundated during a 100-year and 500-year events. Although the natural function of the base floodplain would be impacted by the Proposed Action, the proposed stormwater and drainage modifications would reduce the likelihood that modifications for construction of the hospital, staff quarters, or associated infrastructure improvements, would impound, slow flow rates, change the base flood elevation within the project area, or change the hydrologic characteristics of the floodplain.

3.2.2.3 MITIGATION

No mitigation is required since the Proposed Action has been designed to avoid and minimize impacts to floodplains.

3.3 Special Status Species

Resources used for the understanding of biological resources in the vicinity of the project areas include two biological assessments (NorthWind 2018a, 2018b) prepared for the 2019 EA, 2025 desktop analysis, and 2025 site reconnaissance.

3.3.1 Affected Environment

The two biological assessments completed in 2018 for the 2019 EA described the general landscape, wildlife, and noxious weeds of the project areas and the surrounding vicinity. In 2025, a site reconnaissance of the project areas was completed, and observations aligned with the description provided in the 2018 biological assessments. Standing water was observed at Bull Cienega Spring, although water levels were lower than observed in 2018, with reduced vegetation cover. Cattle were observed near the spring, and cattle pucks were evident throughout the grassy area of the Bull Cienega Spring.

The analysis areas for special-status species are the project areas plus a 0.5-mile buffer. The USFWS Information for Planning and Consultation (IPaC) database was queried to generate an official species list for the hospital site (Consultation Code: 2025-0122999) and staff quarters site (Consultation Code: 2025-0141887) (USFWS 2025b). The results indicated that Mexican wolf (*Canis lupus baileyi*), New Mexico Meadow jumping mouse (*Zapus hudsonius luteus*), Mexican spotted owl (*Strix occidentalis lucida*), yellow-billed cuckoo (*Coccyzus americanus*), Gila topminnow (including Yaqui) (*Poeciliopsis occidentalis*), loach minnow (*Tiaroga cobitis*), and monarch butterfly (*Danaus plexippus*) may have a current range, historical records, or suitable habitat in the area queried around both project areas. Additionally, southwestern willow flycatcher (*Empidonax traillii extimus*) was returned in the query results for the hospital project area, and Suckley's cuckoo bumble bee (*Bombus suckleyi*) was returned in the query results for the staff quarters project area. There is no designated or proposed critical habitat for federally listed species in either project area (USFWS 2025b).

Of the species returned in the IPaC queries, the 2018 biological assessments concluded that the hospital and staff quarters project areas do not contain suitable habitat for Mexican spotted owl, yellow-billed cuckoo, or Mexican wolf, and the species were not analyzed in detail. The 2025 analysis area is similar in

location and habitat to the 2018 analysis areas, and the latest observation data for Mexican spotted owl and yellow-billed cuckoo (eBird 2025; iNaturalist 2025) do not include any records within the current analysis area. As such, Mexican spotted owl and yellow-billed cuckoo are not analyzed further in this assessment.

Based on information from the 2018 biological assessments, 2025 desktop review, and 2025 site reconnaissance, four of the remaining seven species returned in the IPaC queries (USFWS 2025b, 2025c) for the analysis areas have been excluded from further review (Table 6). The review indicated that one listed experimental population, non-essential species (Mexican wolf), one proposed threatened species (monarch butterfly), and one endangered species (loach minnow) may occur in one or both of the analysis areas.

In addition to species listed by USFWS, the WMAT Game and Fish maintains a proprietary list of tribally sensitive species. Based on communication from the WMAT Game and Fish (Gage Hollingsworth to Brenda Pusher-Begay, personal communication, September 23, 2025), the 2025 project areas do not contain known federally threatened, endangered, or tribally sensitive species.

Table 6. Federally Listed Sensitive Species Excluded from Further Review

Species	Status	Habitat Requirements	Exclusion Justification
New Mexico Meadow jumping mouse (*Zapus hudsonius luteus*)	Federally Endangered	Species requires riparian herbaceous vegetation associated with seasonally available or perennial flowing water and adjacent floodplain and upland areas. In Arizona, known to occur in White Mountains of eastern Arizona, in southern Apache and northern Greenlee Counties.	The analysis areas do not contain suitable habitat, and this species is not known to occur in Navajo County. The project would not affect this species.
Gila topminnow (incl. Yaqui) (*Poeciliopsis occidentalis*)	Federally Endangered	Prefers shallow warm water in a moderate current with dense aquatic vegetation and algae mats.	As of 2017, the species is not known to occur in Navajo County, and the analysis areas do not contain suitable habitat. The project would not affect this species.
Southwestern willow flycatcher (*Empidonax traillii* ssp. *extimus*)	Federally Endangered,	Found in dense riparian habitats along streams, rivers, and other wetlands where cottonwood, willow, boxelder (*Acer negundo*), saltcedar (*Tamarix* spp.), Russian olive (*Elaeagnus angustifolia*), buttonbush (*Cephalanthus* spp.), and arrowweed (*Pluchea sericea*) are present. Nests are found in thickets of trees and shrubs.	The analysis areas do not contain suitable habitat, and this species is not known to occur in Navajo County. The project would not affect this species.
Suckley's cuckoo bumble bee *Bombus suckleyi*	Federally Proposed Endangered	Historically found in various habitat types, including prairies, grasslands, meadows, urban and agricultural areas, and woodlands, up to 10,500 feet in elevation. Suckley's cuckoo bumble bee has not been observed in the United States since 2016, despite widespread historical occurrence records and increased sampling efforts for bumble bees.	The project would not affect this species, as it has not been observed in the United States since 2016.

Sources: Arizona Game and Fish Department (2022, 2023a); USFWS (2024a)

Mexican Wolf

The staff quarters analysis area is approximately 1.6 miles south of the Mexican Wolf Experimental Population Area (MWEPA) Zone 1, and both analysis areas are within the MWEPA Zone 2 (USFWS 2025c). In Arizona, Mexican wolves inhabit pine-oak woodlands, pinyon-juniper woodlands, and mixed-conifer forest above 4,000 feet. They show a strong preference for elk, compared with other ungulates, although deer and small animals are also preyed upon. Forest cover, high native ungulate density, and low livestock density are the most important habitat attributes needed for wolves to persist in an area. Habitats with low forest cover and high human density and use are considered unsuitable. Riparian corridors are

important sources of water and cover and provide a means of movement in more arid regions within the subspecies' range (Arizona Game and Fish Department [AZGFD] 2023b).

The hospital site includes developed residential and commercial development, which is unsuitable for Mexican wolf. The staff quarters analysis area contains pinyon-juniper woodlands, and prey items such as elk and deer are likely to occur. Both analysis areas contain wooded riparian corridors, which dispersing wolves prefer to use (White River within the hospital analysis area and Bull Cienega Creek within the staff quarters analysis area).

Mexican wolves have been released in Navajo County, and the analysis areas are within the experimental population area. Although both analysis areas are outside the occupied range (USFWS 2025c), a member of the Single pack was recorded on August 31, 2025, approximately 6.75 miles northeast of the staff quarters project area. Dispersing wolves may wander into either analysis area.

Loach Minnow

Loach minnows are a short-lived, bottom-dwelling, small minnow now considered rare or uncommon in Arizona (AZGFD 2023c). The species requires riffle habitat; resting and spawning habitat includes the downstream side of rocks and the space between rocks. The species is absent from habitats where fine sediments fill these interstitial spaces. Loach minnows may be associated with dense, filamentous green algae. The surrounding vegetation community within areas of suitable habitat includes open, low-growing riparian vegetation composed of grasses and shrubs. The species range has been dramatically reduced and fragmented, due to habitat destruction, and competition and predation by introduced fish species (AZGFD 2023c).

Neither project area contains suitable habitat for the loach minnow; however, the analysis area of the hospital site includes the White River, a watershed in which loach minnows are known to occur.

Monarch Butterfly

The monarch butterfly is proposed to be listed under the Endangered Species Act but is not currently afforded federal protection. Found throughout Arizona in spring, summer, and fall migration. Arizona populations winter in California, Mexico, and the deserts of Arizona. Migrants often occur near water such as rivers, creeks, roadside ditches, and irrigated gardens. The monarch butterfly lays eggs on milkweed plants (*Asclepias* spp. and related plants). Monarchs are found in a variety of habitats. During fall migration in Arizona, monarchs favor nectar from native plants, including sunflowers (*Helianthus* spp.), rabbitbrush (*Ericameria* spp.), thistles (Family Asteraceae), milkweeds (*Asclepias* spp.), and a variety of other native and garden plants (USFWS 2024b).

Although no milkweed species were observed during SWCA's site visits nor noted in North Wind (2018a, 2018b), the analysis areas contain roadside ditches that may retain water, residential and commercial properties with garden plants, and Bull Cienega Spring is located within the staff quarters project area. Bull Cienega Spring provides a source of seasonal standing water, which is habitat favored by migrating monarchs. Additionally, the White River is located along the eastern portion of the hospital site analysis area. Monarch butterflies were recorded within the hospital project area in 2013 and along SR 73 between the two project areas in 2014 (Western Monarch Milkweed Mapper 2018).

Additional Sensitive Species

As discussed in the 2018 biological assessments, no culturally sensitive species or their habitat were identified in the project areas. Additionally, all species covered by the Migratory Bird Treaty Act (MBTA) are protected, and avian species were observed within both project areas. Mitigation measures to protect MBTA species are provided below.

3.3.2 Environmental Consequences

3.3.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the proposed projects at the hospital and staff quarters sites would not be constructed. The existing Whiteriver Hospital would continue to operate, and no construction activities would occur. There would be no new impacts to sensitive species or their habitat under this alternative.

3.3.2.2 PROPOSED ACTION ALTERNATIVE

Hospital Site

Under the Proposed Action Alternative, construction of the hospital and associated wastewater facility would require ground disturbance and vegetation clearance. The hospital construction would have minimal impacts to sensitive species or their habitat, as construction would occur within the existing hospital campus, a previously disturbed and developed area. The wastewater facility would be constructed in an area with minimal previous disturbance. Vegetation clearance would remove wooded and shrub habitat. During construction, local wildlife would be affected by noise, vegetation removal, and dust and are likely to disperse from the active construction area. The wastewater facility would result in the removal of approximately 0.5 acre of forest/scrub habitat. Monarch butterfly and MBTA species may use habitat in this area; however, given the residential and commercial development and lack of riparian corridor habitat, Mexican wolf and loach minnow would not be affected by construction of the hospital or the associated wastewater facility.

Drainage and road improvements would occur primarily in previously disturbed areas with minimal impacts to habitat. Stormwater from the hospital and associated impervious surfaces (parking lots and sidewalks) would be directed to the existing system, which would receive armoring to reduce the potential for erosion or increased turbidity downstream. Treated wastewater discharge is not anticipated to increase flows through local drainages or into the White River. On-site detention basins and discharge infrastructure will be designed to control flows and minimize off-site discharge and erosion. Operation of the hospital and wastewater facility is not expected to affect downstream species.

Staff Quarters Site

Construction of the staff quarters and associated wastewater facility would also require ground disturbance and vegetation removal. Vegetation clearance would result in the removal of approximately 110 acres of forested habitat (100-acre staff quarters parcel, 4th Street access road, Timber Ridge Road access road, and wastewater facility). During construction, local wildlife would be affected by noise, vegetation removal, and dust and are likely to disperse from the active construction area.

Construction within the staff quarters project area would not impact the riparian corridor of Bull Cienega Creek or Bull Cienega Spring. The staff quarters wastewater facility would discharge treated wastewater upslope of Bull Cienega Creek into an approximately 600-foot-long swale and to a spray field immediately west of the wastewater facility. Operation of the staff quarters and wastewater facility would result in overland flow downslope to the swale and/or piped to the spray field, dispersing water over approximately 12 acres of forest land. Flows that do not infiltrate at the swale would overflow toward the creek, approximately 1,800 feet downslope; swale overflow events are anticipated to be minimal and infrequent. Although infiltration is anticipated, any spray with does not infiltrate will flow south-southeast. The initial increased flow to the swale and Bull Cienega Creek may benefit riparian species; however, the discharge from the wastewater facility is planned for future reuse, which may result in the eventual minimization of off-site flow toward Bull Cienega Creek. The spray field area may see an increase in understory vegetation while continued spray in this area may result in yellowing or die-off of ponderosa pine (*Pinus ponderosa*) trees, a species susceptible to over-irrigation in poorly drained soils (USDA 2004).

3.3.2.3 MITIGATION

The following mitigation measures are recommended to avoid impacts to sensitive species. To minimize the spread of noxious weeds, equipment should be washed at a contained vehicle washing station on-site prior to entering the construction site for the first time and before leaving the site. Before the start of construction, a qualified biologist should complete nesting bird surveys (March 1 through September 30), as necessary, and develop mitigation measures to minimize potential impacts to birds protected under the MBTA. Trenches should not be left open overnight or should contain an escape ramp to allow wildlife to exit.

Once construction is completed, temporary disturbance areas should be revegetated to minimize erosion and prevent downstream sediment mobilization. Using standard construction BMPs, such as installing perimeter silt fences, spreading straw and mulch to protect exposed ground, and covering stockpiles of earth or soils, would minimize runoff, erosion, and impacts to on-site and off-site soils and water resources.

3.4 Cultural Resources

As part of the EA process in 2018, two Class I archival records reviews were conducted for the hospital and staff quarters sites, the results of which are reported in *A Class I Cultural Resources Survey for the Indian Health Service Whiteriver Hospital Replacement Facility, Navajo County, Arizona* (North Wind 2018c) and *A Class I Cultural Resources Survey for the Indian Health Service Housing Quarters, Navajo County, Arizona* (North Wind 2018d), respectively. The comprehensive cultural history, relevant physiographic information, and historic research previously discussed in the 2019 EA and associated cultural reports will be incorporated by reference and will not be repeated in this Supplemental EA.

Due to the expansion of the project areas, a supplemental Class I was prepared in 2025 to complement the cultural work done in 2018 for the 2019 EA. The supplemental Class I was prepared to assist WRSU with its obligations to consider the effects of the undertaking on historic properties in accordance with National Historic Preservation Act (NHPA) Section 106 review. Under Section 101 of the NHPA, the WMAT has an officially designated Tribal Historic Preservation Office (THPO) that serves the same function as a State Historic Preservation Office and plays an integral role in protecting cultural resources, advising agencies on the management of Tribal historic properties. Accordingly, National Register of Historic Places (NRHP) evaluations of sites and evaluations of standards of previous surveys are subject to the THPO and any other concurring federal agency.

Cultural resources, referred to as historic properties under the NHPA, require identification and evaluation for projects under Section 106 and may include archaeological resources (e.g., precontact and historic-era sites) and architectural resources (e.g., historic-era buildings, structures, roads) that are at least 50 years of age. Cultural resources also include both human-made and naturally occurring physical features, known as traditional cultural places, that are culturally or traditionally significant and important to a group's cultural identity. Cultural resources in most cases are finite, unique, fragile, and nonrenewable.

3.4.1 Affected Environment

The Whiteriver hospital site and the Staff Quarters site are both on lands ancestral to the WMAT people. Early evidence of land use by Indigenous peoples in the FAIR dates back as far as 10,000 BC and is evidenced by the remains of Clovis spearpoints. The Archaic period spans approximately 8,500 BC to AD 300 and is a period of high mobility hunting and gathering that eventually changed with the domestication of wild plants. The Formative period, AD 300-700, is marked by the introduction of agricultural traditions, pottery manufacturing, and semi-permanent residences, such as pit houses. More permanent residences such as masonry structures and kivas are established from AD 1025-1130, a time of

increased settlement of the area. During the historic period, the Apache occupied seasonal camps and villages following a hunting/gathering lifeway. The introduction of American ranchers, prospectors, and the US Army let to the forced relocation of Apache onto reservations, and the region became dominated by logging and ranching. After World War II and leading to the present, there has been an increased interest in hunting, fishing, and tourism throughout the FAIR. There are approximately 15,000 WMAT members worldwide, many of whom live within the FAIR and near Whiteriver, which is the center of tribal government (Northwind 2018c).

Whiteriver Hospital Site

North Wind (2018c) identifies eight archaeological surveys that intersect the revised hospital project area. In correspondence to SWCA from the WMAT THPO, it is noted that all past survey is adequate, and that all project areas have now been surveyed (M. Altaha, letter from the WMAT Office of Historic Preservation, September 30, 2025).

A total of four cultural resources intersect with the revised hospital project area; two of these (Petersen Sawmill and a building foundation) were destroyed by development of the existing Whiteriver Indian Hospital and its associated facilities (North Wind 2018c). The other two sites (FAIR 35199 and FAIR 35198) consist of a precontact pueblo and a house foundation, both of which are unevaluated for the NRHP and should be avoided by project activities until they can be formally evaluated.

Staff Quarters Site

North Wind (2018d) identifies six archaeological surveys that intersect the revised staff quarters project area and no cultural resources.

In correspondence to SWCA from the WMAT THPO, it is noted that all past surveys are adequate, and that both project areas have now been surveyed without any additional findings (M. Altaha, letter from the WMAT Office of Historic Preservation, September 30, 2025).

3.4.2 Environmental Consequences

3.4.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the replacement hospital and staff quarters would not be built, and no further action would be required for the preservation of cultural resources.

3.4.2.2 PROPOSED ACTION ALTERNATIVE

Under the Proposed Action, two cultural resource sites, FAIR 35199 and FAIR 35198, fall within the Whiteriver Hospital project area and may be at risk of adverse effects from construction activities. No cultural resources are present within the staff quarters project area.

As a result of Class I inventory and additional survey, the WMAT THPO has made a determination that the proposed undertaking will result in No Adverse Effect to historic properties (M. Altaha, letter from the WMAT Office of Historic Preservation, September 30, 2025) and cultural resource requirements under the NHPA have been met.

3.4.2.3 MITIGATION

Mitigation would be required in the form of avoidance of cultural resource sites FAIR 35199 and FAIR 35198 during all construction. These two sites occur within the Whiteriver hospital project area and should be well marked for avoidance and monitored during any adjacent construction activity. No mitigations are required within the staff quarters project area.

In the event that previously unreported cultural resources are encountered during ground-disturbing activities, all work must immediately cease within 30 meters (100 feet) until a qualified archaeologist has documented the discovery and evaluated its eligibility in consultation with the WMAT THPO.

If human remains are encountered during ground-disturbing activities, all work must immediately cease within 30 meters (100 feet) of them, the area must be secured and the WMAT THPO must be notified immediately.

3.5 Socioeconomics

3.5.1 Affected Environment

For census statistical purposes, the project areas are located in the Whiteriver Census Designated Place (CDP) and the Hon-Dah CDP as delineated by the U.S. Census Bureau. CDPs are a statistical geography representing closely settled, unincorporated communities that are locally recognized and identified by name. The purpose of CDPs is to provide meaningful statistics for well-known, unincorporated communities. Table 7 provides a summary of census data for the two areas.

Table 7. Census Data

	Arizona	Navajo County	Whiteriver CDP	Hon-Dah CDP
Population	7,151,502	106,717	4,520	814
Median Household Income	$77,315	$50,754	$38,205	Data Not Available
Education: Bachelor's Degree or Higher	33.5%	16.9%	3.3%	26.9%
Employment Rate	57.8%	42.0%	32.7%	48.4%
Median Age	39.3	40.4	31.1	30.0
Poverty Rate	12.4%	25.6%	44.0%	1.9%
Homeownership Rate	67.7%	71.9%	45.7%	100%
Vacant Housing	13.1%	37.5%	13.7%	31.1%
American Indian and Native Alaskan	4.5%	41.6%	98.1%	92.9%
Without Health Care Coverage	9.9%	12.9%	21.5%	18.6%

Sources: U.S. Census Bureau (2025a, 2025b, 2025c, 2025d, 2025e)

Demographic and Economic Data Summary

The census data reveal notable contrasts in population size, demographics, and socioeconomic conditions across Arizona, Navajo County, and the communities of Whiteriver and Hon-Dah. Arizona, with over 7.1 million residents, is significantly more populous than Navajo County (106,717), Whiteriver (4,520), and Hon-Dah (814). The CDPs are located on White Mountain Apache Tribal lands; the proportion of American Indian and Alaska Native residents increases significantly in these areas, rising from 4.5% in Arizona to 41.6% in Navajo County, and reaching 98.1% in Whiteriver and 92.9% in Hon-Dah.

Economic disparities are evident. Arizona has the highest median household income at $77,315, while incomes drop sharply in Navajo County ($50,754) and Whiteriver ($38,205). Income data are unavailable for Hon-Dah. Poverty rates mirror these trends: Arizona's rate is relatively low at 12.4%, while Navajo County's is more than double, at 25.6%. Whiteriver experiences the most severe poverty, at 44.0%. Hon-Dah reports an exceptionally low poverty rate of just 1.9%, which is an outlier among the other rural Native communities. The population for the Hon-Dah CDP is very small; therefore, trends in the data are difficult to identify and may not be representative of the area as a whole.

Educational attainment also varies significantly. While 33.5% of Arizona's population holds a bachelor's degree or higher, only 16.9% do in Navajo County. This figure drops drastically in Whiteriver, where just 3.3% have earned a degree, compared with 26.9% in Hon-Dah. Employment rates follow a similar pattern, with Arizona at 57.8%, Navajo County at 42.0%, and Whiteriver at 32.7%. Hon-Dah, at 48.4%, performs better than the county overall.

Other demographic indicators show that residents of Whiteriver and Hon-Dah tend to be younger, with median ages of 31.1 and 30.0, respectively, compared with 39.3 in Arizona and 40.4 in Navajo County. Health insurance coverage is lowest in Whiteriver, where 21.5% are uninsured, while Arizona has the best coverage rate at 9.9%. Hon-Dah and Navajo County fall in between, at 18.6% and 12.9%, respectively.

Vacant housing rates vary across communities. Low vacancy rates may suggest insufficient housing to meet community needs. Whiteriver has a much lower vacancy rate (13.7%), compared with Hon-Dah (31.1%) and Navajo County (37.5%), but roughly mirrors the Arizona housing vacancy rate (13.1%).

In terms of housing, homeownership rates in Arizona (67.7%) and Navajo County (71.9%) are relatively strong. Whiteriver, however, has a much lower rate at 45.7%, while Hon-Dah reports full homeownership at 100%, which could be a data anomaly related to the small population size or it could reflect a specific Tribal housing policy or local housing structures.

Tribal employment opportunities on the FAIR consist of working at the Tribal enterprises, which include the Sunrise Park Resort, Hon-Dah Resort and Casino, and Hawley Lake Recreation Area or in the nearby towns of Show Low and Pinetop.

Overall, the data illustrates deep disparities between the broader state and these smaller Native communities, particularly in education, income, employment, and healthcare access, with Whiteriver facing some of the most challenging conditions.

Healthcare Access

The WRSU has been serving the WMAT and surrounding region at the Whiteriver Indian Hospital for over 41 years and currently serves approximately 17,000 Tribal members and other Native American communities around the area. Demand for local health services is expected to increase by 26%. Most health care services at the existing hospital are offered on-site, but specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. In 2024, the Arizona Department of Health Services designated the WMAT region as one of the five highest need Primary Care Areas, with a classification as an Arizona Medically Underserved Area (Arizona Department of Health Services 2024).

3.5.2 Environmental Consequences

3.5.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the replacement hospital and staff quarters would not be built. No benefits associated with expanded job opportunities and staff housing would be realized. Community members would continue to use the existing hospital. The existing facility would be unable to meet the health care demands of the present and projected WMAT population. Health care delivery could decline in quality in response to increased workload quantities associated with the growing hospital user population and the aging facilities. Expansion of health care services and programs would be limited to space permitted, which has been determined to be insufficient to meet the needs of the Primary Service Area.

The No Action Alternative would have adverse socioeconomic impacts to the WMAT community.

3.5.2.2 PROPOSED ACTION ALTERNATIVE

The Proposed Action at the hospital site would include new but temporary construction jobs. Contractors would prioritize hiring local Tribal members before opening positions to non-local Tribal members and the general public. Using local Tribal labor would help to reduce the unemployment rate on the FAIR.

In addition, the expansion of hospital services could create additional job opportunities for Tribal members with relevant professional/educational backgrounds. It is anticipated that the new hospital facilities would create approximately 520 additional staff positions. These job opportunities would provide a beneficial socioeconomic benefit for the Tribal communities on the FAIR.

Construction activities are expected to take approximately 3 years. Economic benefits to the local community are expected to be seen through wages, overhead expenses, materials costs, and profit. Economic benefits from the operation of the hospital are expected because Tribal members would no longer have to drive to other communities for their medical treatments and services.

Due to limited housing options on the FAIR, the addition of the staff quarters would be a socioeconomic benefit for the community. Tenants of the staff quarters would be hospital staff, contractors, and students who work and/or provide services at the hospital facilities. Rent pricing would be set to match comparable units in the Show Low, Arizona, area. The new quarters would serve to absorb the increase in staff employed at the new facilities, where housing options are limited due to high demand.

The expanded services at the proposed new hospital facility would reduce the need for tribal members to travel long distances for their appointments and would offer health services that include preventative care and wellness. The proposed action meets the purpose and need of the project and IHS objectives.

Overall, the Proposed Action would provide both temporary and long-term benefits to the community in the form of additional employment opportunities and increased housing availability.

3.5.2.3 MITIGATION

No adverse impacts are anticipated therefore no mitigation is recommended.

3.6 Utilities and Public Service

Utilities and public service in the project areas are similar to what was reported in the 2019 EA. Updates have been included as appropriate. The addition of the wastewater treatment facilities at both project sites has been included in the analysis.

3.6.1 Affected Environment

The existing Whiteriver hospital uses the following types of utilities energy, communications, water supply, and wastewater. Electricity is currently provided to the sites by Navopache Electric Cooperative. There is no natural gas provided to the area. Propane is delivered by several vendors in the region. The WMAT is developing an Internet service provider, which would provide fiber-optic data and phone services to the facility. Water is provided by the WMAT Utility Authority (WMATUA). Due to maintenance issues, the WMATUA water system has a marginally adequate domestic water supply and fire storage capacity and a history of outages during high usage periods. The hospital site has an 8-inch community water distribution main pipe. Static pressure at the hospital site is 105 pounds per square inch. Wastewater is currently collected by WMATUA for treatment and disposal. The existing sewage collection and treatment system is at maximum capacity.

Law enforcement is provided by the WMAT Police Department, with locations in Whiteriver, within 3 miles of the hospital site, and at the Hon-Dah Public Safety Complex, within 1 mile of the staff quarters site. Officers are located at Hon-Dah on an intermittent basis. Resources are stretched thin, and response

times can be long. Additional assistance can be requested from Navajo County, though those response times are dependent on the location of resources. Emergency services are provided by the WMAT Emergency Medical Service, with locations in Whiteriver, within 3 miles of the hospital site, and at the Hon-Dah Public Safety Complex, within 1 mile of the staff quarters site. Fire suppression is provided by WMAT Fire and Rescue, which is a rural fire department. The Whiteriver Station is within 3 miles of the hospital site, and the Hon-Dah Station is within a mile of the staff quarters site. Pinetop Fire and Rescue is 20 miles to the west and is the secondary source of fire suppression assistance.

3.6.2 Environmental Consequences

3.6.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the proposed new hospital, new wastewater treatment plant, and associated hospital facilities in Whiteriver would not be constructed, nor would the staff quarters and wastewater treatment facility near Indian Pine. The existing hospital would continue to be maintained and operate in its current capacity. The land near Indian Pine would remain undeveloped forest. The current facilities, such as the water delivery and wastewater systems, do not meet the demands of the hospital facility. Without improvements to the existing hospital systems, there would be moderate, adverse impacts to the community. Because the proposed hospital and staff quarters would not be built, they would not add extra demand on public services.

3.6.2.2 PROPOSED ACTION ALTERNATIVE

As reported in the 2019 EA, electric and propane suppliers have ample capacity to accommodate the facilities included in the Proposed Action. The WMAT is currently developing an Internet service provider, which would provide fiber-optic data and phone services to the facility. Improvements to on-site water delivery systems are included in the Proposed Action and include a pump station that would pump water from the mains to water storage tanks to provide 4 days of stored water for hospital use and fire suppression. New wastewater treatment facilities would be built at both project sites to accommodate the new hospital facility and new staff quarters. Reclaimed water from the proposed wastewater treatment facilities would be used for approved uses such as irrigation.

Police, fire, and emergency services on the FAIR would see an increase in demand due to the expansion of the hospital and new staff quarters. Response times may be longer due to the increase.

New wastewater facilities and upgrades to water delivery infrastructure associated with the Proposed Action would provide water moderate, beneficial impacts to utilities on the FAIR. Due to the increase in demand on public services, the project would have minor, adverse impacts to public services on the FAIR.

3.6.2.3 MITIGATION

No mitigation is included.

3.7 Transportation and Access

3.7.1 Affected Environment

Hospital Site

Adjacent to the hospital site, SR 73 is currently a non-divided, five-lane, east-west arterial roadway. There are two westbound and two eastbound lanes with a 55-mile-per-hour (mph) posted speed limit in each direction and a shared left turn lane down the middle. There are no curb and gutter on either side of

the road. There are no sidewalks and no bike lanes on either side of the road. Currently, there is only one driveway into the hospital site. The intersection of Hospital Drive/Potter Street and SR 73 is currently a two-way, free-flowing intersection. The eastbound and westbound directions are free flowing, whereas the southbound and northbound directions are two-way-stop controlled. There is a dedicated eastbound left-turn lane, one eastbound through lane and one shared eastbound through/right lane. There is a dedicated westbound right-turn lane, one westbound through lane, and one dedicated westbound left turn lane. There is one shared through/left/right lane for both the northbound and southbound directions.

In addition to roadways, patients can be transported to and from the hospital via helicopter service using a helipad on the hospital property. Title 14 CFR Part 157 requires all persons to notify the Federal Aviation Administration (FAA) at least 90 days before construction, alteration, activation, deactivation, or change to the status or use of a civil or joint-use (civil/military) airport (as used herein, the term "airport" means any landing or takeoff area, e.g., airport, heliport, vertiport, gliderport, seaplane base, ultralight flightpark, or balloonport).

Staff Quarters Site

The staff quarters site is located east of SR 73 and south of SR 260. In the project area, both SR 73 and SR 260 consist of a two-lane highway with a posted speed limit of 55 mph. Two access points currently exist for the site: one from SR 260 and one from SR 73. Access to the site from SR 260 travels south through an existing residential subdivision via Timber Wood and Timber Ridge Roads. Access from SR 73 occurs at the intersection of 4th street and SR 73 south of the Hon-Dah casino, via an unpaved road.

3.7.2 Environmental Consequences

3.7.2.1 NO ACTION ALTERNATIVE

Under the No Action Alternative, the new hospital site elements and the staff quarters site elements would not be constructed. Improvements to access at the hospital site would not be implemented; therefore, the traffic users along SR 73 and hospital site users would not have the beneficial impacts of the improvements. At the staff quarters site, no increase in traffic along SR 73 would occur due to the increase in staff quarters.

3.7.2.2 PROPOSED ACTION ALTERNATIVE

Hospital Site

The Proposed Action at the hospital site is planned to have three separate points of access: two are proposed driveways; the other is an existing intersection at Hospital Drive/Potter Street and SR 73.

Access point 1 would be along SR 73 at the southwest corner of the hospital property and is proposed to be a full access driveway allowing a southbound left and southbound right out onto SR 73. Access 1 is a secondary site entry point that is anticipated to be used for IHS personnel and emergency vehicles. With this new driveway, a dedicated westbound right-turn lane would be constructed to reduce the likeliness of rear-end crashes. A storage length of 230 feet is recommended for this westbound right turn to meet the findings of the traffic study and ADOT recommendations (Dibble 2025).

Access point 2 is north of access point 1 along SR 73 towards the center of the hospital property and is proposed to be a three-quarter access driveway allowing for only a southbound right out onto SR 73. With this new driveway a dedicated westbound right-turn lane would be constructed based on turn lane warrants and to reduce the potential of rear end crashes. A storage length of 230 feet is recommended for this westbound right turn to meet the findings of the traffic study and ADOT recommendations (Dibble 2025).

Access point 3 is at the northeast corner of the hospital property at the intersection of Hospital Drive/Potter Street and SR73 and is the proposed primary entry to the hospital site that is anticipated to be used by employees, visitors, and patients. Access point 3 is currently a two-way-stop controlled intersection and is proposed to become a signalized intersection. The dedicated westbound right-turn lane would be maintained, with the addition of a westbound through lane. The additional westbound through lane would be constructed to keep a desirable level of service for the westbound through movements. This would result in a westbound right-turn lane, two westbound through lanes, and a westbound left-turn lane. A storage length of 330 feet is recommended for this westbound right turn to meet the findings of traffic study and ADOT recommendations (Dibble 2025). The signal timing would be protected-permissive for the eastbound left approach based on capacity analysis.

During construction of access point 3, delays at the intersection are possible. Access points 1 and 2 would be available during construction to help alleviate loss of access at access point 3. The contractor would be required to design a traffic management plan acceptable to ADOT and follow the Manual of Uniform Traffic Control Devices. Postconstruction, the improved access and design of the access points would provide a moderate, beneficial impact to hospital employees, visitors, and patients while minimizing any impact to traffic along SR 73.

The new hospital would also include a heliport. A Notice of Landing Area Proposal, Form 7480-1 would need to be submitted to the FAA at least 90 days before construction, to allow FAA to perform an airspace review of the proposed heliport and associated take-off and landing flight paths.

Staff Quarters Site

The Proposed Action at the staff quarters site includes site access improvements. An approximately 2,400-foot-long paved access road would be constructed from southern terminus of Timber Ridge Road south to the proposed wastewater treatment facility. An approximately 1,800-foot-long paved access road would be constructed east from SR 73 to the area of the staff housing. New northbound and southbound turn lanes from SR 73 to 4th street would be constructed to accommodate traffic flow into and out of the staff housing site.

During construction, impacts on traffic are possible. The contractor would be required to design a traffic management plan acceptable to ADOT and follow the Manual of Uniform Traffic Control Devices. Postconstruction, increased traffic is expected at the intersection of SR 73 and 4th street. The implementation of turn lanes on SR 73 is expected to minimize any increase in traffic from the staff quarters.

Summary

Overall, both sites are expected to have minimal adverse impacts to traffic and access associated with construction activities. Postconstruction, improvements to access at the hospital site are expected to have moderate, beneficial impacts to users along SR 73. Increased traffic at the intersection of SR 73 and 4th Street is expected, but the implementation of turn lanes on SR 73 is expected to reduce impacts to a negligible level.

3.7.2.3 MITIGATION

Construction impacts would be mitigated through use of alternative entrances, signage, and best management practices. No other adverse impacts are anticipated.

4 CUMULATIVE IMPACTS

A cumulative impact is an impact on the environment that results from the incremental impact of the alternatives when combined with the effects of past, present, and reasonably foreseeable future actions,

regardless of which agency (Federal or non-Federal), organization, or person undertakes such other actions. Cumulative impacts can result from individually minor, but collectively significant, actions taking place over a period of time. To determine potential cumulative impacts, projects in the area surrounding the proposed project sites were identified. Potential projects identified as cumulative actions included any planning or development activity that was currently being implemented or that would be implemented in the reasonably foreseeable future. These cumulative actions were evaluated in conjunction with the impacts of each alternative to determine whether they would have any additive effects on the resources impacted by the proposed facilities.

Near the hospital site:

- WMATUA has plans to build a new water treatment building near the proposed hospital to provide city water once the Miner Flat Dam is constructed. This project would affect utilities, topography/soils, and air quality.

Near the staff quarters site:

- WMAT has submitted grants to build a new Head Start Facility north of the Hon-Dah Fire and Rescue Building. This project would affect transportation, topography/soils, and air quality.
- The White Mountain Apache Housing Authority is preparing information and planning efforts to apply for a grant to construct 100 homes, 1.5 miles northwest of the proposed staff quarters site. This project could affect transportation, topography/soils, and air quality.
- WMAT completed Master Plan in 2022, future projects for consideration are an additional hotel and outdoor venue on the existing Hon-Dah Casino property. No projects are currently underway.

Table 8 summarizes possible cumulative impacts from the construction and operation of the replacement hospital and staff quarters, and consideration of other reasonably foreseeable future actions. **There would be no significant adverse cumulative impacts from the Proposed Action.**

Table 8. Summary of Cumulative Impacts

Resource	Cumulative Impacts
Air Quality	Air quality is in attainment in the project areas. Additional construction projects may incrementally contribute particulate matter from dust and wind erosion that could affect localized air quality. County and tribal air quality guidelines would be required of any new construction activities to minimize impacts to air quality. Cumulative impacts to air quality would be localized, negligible to minor, and temporary.
Water Resources and Stormwater	Projects located near the hospital site could contribute to drainage and runoff flows into surface water features. Appropriate permits associated with surface water quality impacts would be required of any new construction activity, which would reduce impacts from runoff. BMPs and drainage design would further reduce potential impacts to surface water features from construction and operational activities. Projects located near the staff quarters site would not affect surface water features at the staff site. Adverse cumulative impacts on water resources and stormwater are expected to be mitigated through appropriate permitting and design features and therefore are expected to only be negligible to minor.
Groundwater	Water consumption at the new hospital and staff quarters would be from a municipal source and would include a combination of surface and groundwater. The proposed project expects to use reclaimed water for irrigation and other approved uses to minimize the increase in water use at the new facilities. Any future growth in the area would increase water demand. Cumulative impacts on groundwater supply are expected to be minor and adverse.
Floodplain	Although the natural function of the base floodplain would be impacted by the Proposed Action, impacts would be minimal, and the modifications that may be made for construction of the hospital facilities and staff quarters are not anticipated to impound, slow flow rates, or change the flooding frequency class within the project area or change the hydrologic characteristics of the floodplain. Cumulative impacts to the floodplain are expected to be minor and adverse.

Resource	Cumulative Impacts
Topography and Soils	The majority of the hospital site has been previously disturbed by grading and paving activities. The staff quarters site is undisturbed, and the project would affect the topography and soils in the area. The construction of additional projects in the area would increase impacts to the topography and soils in the region. Cumulative impacts to topography and soils would be localized minor and adverse.
Geologic and Seismic	Due to modem construction techniques that address seismic concerns, there would be no impacts to geologic or seismic issues with construction of the facilities. Any proposed development projects in the area would likewise use seismically safe construction and design. Cumulative impacts associated with geology and seismic events are not expected.
Invasive and Noxious Species	The construction of the facilities would serve to remove some invasive and noxious species, and plant native species. Future projects in the area would follow the same procedures, though the potential for spread of invasive and noxious species increases with construction vehicles entering the sites. Cumulative impacts to invasive and noxious species would be minor and adverse.
Special Status Species	The proposed project is not expected to impact listed species. Future projects in the area would undergo surveys prior to construction to ensure no species are adversely impacted. Cumulative impacts to special status species are anticipated to be negligible.
Cultural Resources	The proposed project is not expected to impact cultural resources. Future projects in the area would coordinate with the WMAT regarding cultural resources. Cumulative impacts to cultural resources are not expected.
Socioeconomics	The construction and operation of the new hospital facility is expected to create short-term and long-term employment opportunities for Tribal members on the FAIR. Additional economic benefits from the projects are expected from wages as well as increased sales for local businesses. The additional housing units at the staff quarters site would benefit the community where housing options are limited. Other construction projects would also benefit the community from job opportunities and economic benefits to local businesses. Cumulative impacts to socioeconomics are expected to be moderate and beneficial.
Land Use	Land use of the proposed facilities is consistent with WMAT land use policies. Any future development would be required to also be consistent with WMAT policies. No impacts to land use are expected; therefore, no cumulative impacts would be expected.
Utilities and Public Services	The proposed facilities would increase demand for utilities and public services in the area. The addition of new wastewater treatment facilities at both proposed project sites would provide beneficial impacts to the demand for wastewater services in the area. Future development in the area would increase demand for public services such as fire, police, and emergency services. Cumulative impacts to public services would be moderate and adverse.
Waste and Hazardous Materials Management	Construction of the Proposed Action would generate a large quantity of construction debris for disposal. Other construction projects on the FAIR would also increase demand on waste disposal in the area. The hospital would coordinate with local waste contractor for collection and disposal of solid, hazardous, and medical waste. Other facilities in the vicinity that store, generate, or dispose of hazardous materials would have need for these services also. The addition of the staff housing in the area would increase demand for domestic waste collection. Future housing projects near the staff quarters site would also increase demand for domestic waste collection. Cumulative impacts to solid waste and hazardous materials management from the construction and operation of the facilities would be minor and adverse, combined with the other planned projects.
Transportation and Access	Improvements to hospital access, including new driveways, turn lanes, and signals, provide beneficial impacts to traffic in the hospital site area. Additional traffic associated with the staff quarters site would increase traffic along SR 73 near the Hon-Dah Casino. Additional development projects in that area would add additional traffic to the local roadways as well as SR 73 and SR 260. This additional traffic load could degrade the level of service of the roadways in the vicinity. If future development projects do not include improvements to access and roadways, the added traffic load could have moderate, adverse cumulative impacts on the level of service in the area of the staff quarters.

Resource	Cumulative Impacts
Noise	Temporary construction noise is anticipated to be minor and adverse in both project areas. Any additional projects in the vicinity might also incrementally contribute temporary noise impacts, which could disturb residents and wildlife in the area during construction. Increased noise due to operations is expected to be negligible but, in combination with other development projects, could be noticeable to residents and wildlife in the area. Cumulative impacts due to construction noise are expected to be minor and adverse but temporary. Cumulative impacts from operations, in combination with other planned projects, are expected to be minor and adverse.
Human Health and Safety	The Proposed Action would result in long-term beneficial human health and safety impacts from the increased quality of health care available to Tribal members. Planned construction projects could have minor adverse cumulative impacts to human health and safety during construction. The expansion of the hospital facilities would provide major beneficial cumulative health and safety impacts in the area.

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White Mountain Apache Tribe Game and Fish Department

White Mountain Apache Tribe Tribal Historic Preservation Office

7 ACRONYMS AND ABBREVIATIONS

Acronyms and Abbreviations

Agency	Indian Health Service
ADEQ	Arizona Department of Environmental Quality
ADOT	Arizona Department of Transportation
AZGFD	Arizona Game and Fish Department
BIA	Bureau of Indian Affairs
BMP	Best Management Practice
CDP	Census Designated Place
CEQ	Council on Environmental Quality
CFR	Code of Federal Regulations
CGP	Construction General Permit
CO_2	Carbon Dioxide
CWA	Clean Water Act
DHHS	Department Health and Human Services
EA	Environmental Assessment
EIS	Environmental Impact Statement
EO	Executive Order
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
FAIR	Fort Apache Indian Reservation
FEMA	Federal Emergency Management Agency
FONSI	Finding of No Significant Impact
HUC	Hydrologic Unit Code
IHS	Indian Health Service
IPaC	Information for Planning and Consultation
MBTA	Migratory Bird Treaty Act
mph	miles per hour
MWEPA	Mexican Wolf Experimental Population Area
NEPA	National Environmental Policy Act
NHD	National Hydrography Dataset
NHPA	National Historic Preservation Act
NOI	Notice of Intent
NRHP	National Register of Historic Places
NWI	National Wetlands Inventory
NWP	Nationwide Permit
NPDES	National Pollutant Discharge Elimination System
OSHA	Occupational Safety and Health Administration
OHWM	Ordinary High Water Mark

Acronyms and Abbreviations

POLS	Petroleum, oils, and lubricants
ROW	Right-of-way
SFHA	Special Flood Hazard Area
SR	State Route
SWPPP	Stormwater Pollution Prevention Plan
THPO	Tribal Historic Preservation Office/Officer
USACE	United States Army Corps of Engineers
USC	United States Code
USDA	United States Department of Agriculture
USFWS	United States Fish and Wildlife Service
USGS	United States Geological Survey
WMAT	White Mountain Apache Tribe
WMATUA	White Mountain Apache Tribe Utility Authority
WOTUS	Waters of the U.S.
WRSU	Whiteriver Service Unit

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APPENDIX A

Whiteriver Replacement Hospital and Quarters FONSI and Final Environmental Assessment May 2019

FINDING OF NO SIGNIFICANT IMPACT

Whiteriver Replacement Hospital and Staff Quarters

The U.S. Department of Health and Human Services, Phoenix Area Indian Health Service (PAIHS) proposes to construct and operate a new hospital and additional staff quarters in Whiteriver, Arizona (AZ), Navajo County, to replace existing aging facilities. Both sites are located on the White Mountain Apache Tribe (WMAT) Indian Reservation. The new hospital will continue to serve the WMAT and surrounding region.

The proposed new facility will consist of 400,000 square feet (sf) of newly constructed space, on a 64.6-acre parcel, located adjacent to the existing Whiteriver Hospital on AZ State Route (SR) 73, in the northern section of the community of Whiteriver. The proposed additional 144 staff residences would be constructed on a 100-acre parcel southeast of the Hon-Dah Resort and Casino, adjacent to the intersection of AZ SR 73 and 260.

The proposed healthcare delivery program and replacement hospital would expand existing services, and would include additional services to provide comprehensive healthcare to the WMAT. The proposed action will allow PAIHS to (1) provide 22 acute care beds, 4 intensive care beds, 4 labor and delivery units, and a variety of other services to include dental care, behavioral health (mental health and alcohol), specialty outpatient care, optometry, audiology, rehabilitation services, and preventive care services including a wellness center; (2) effectively meet projected growth in demand for services past the year 2025; and (3) provide housing for the required staff and personnel.

The attached EA was prepared in accordance with the National Environmental Policy Act (NEPA) of 1969 (42 UCS 4321 et seq.), the Council on Environmental Quality (CEQ) regulations (40 Code of Federal Regulations (CFR) 1500-1508) for implementing NEPA, the DHHS General Administrative Manual, Part 30, and the IHS Environmental Review Manual.

Refer to the EA for a complete description of the proposed project and the affected environment. The project was not Categorically Excluded, as defined in 40 CFR 1508.4 and the IHS Federal Register notice of January 6, 1993 because the facility capacity will be substantially increased, the useable space created is greater than 12,000 sf, and greater than five acres will be involved. In accordance with NEPA, PAIHS has completed the EA, dated April 2019, to evaluate the environmental consequences of the Proposed Action, along with the No Action alternative. As a result of the EA, and after considering comments from agencies and the WMAT, PAIHS has made a determination that the Proposed Action will not have a significant impact on the quality of the human environment.

The following supports the Finding of No Significant Impact:

The long-term beneficial impacts of the proposed Whiteriver Hospital and supporting staff quarters are that it would provide improved access to health care and a socioeconomic

resource for the WMAT and other eligible Indians in area. The implementation of this proposed action would contribute to improving the health of the residents, increasing their accessibility to health care services, and expanding existing health care services. There would be a beneficial impact due to employment opportunities for community members.

Interagency scoping indicated support and a lack of controversy.

Cultural Resources

A Class I cultural resources survey was conducted by North Wind Resources to determine if the project would impact potential NRHP eligible properties. The redacted survey report is included in Appendix B of the attached EA. Three previously recorded properties were noted at the hospital site, but per WMAT THPO records nothing remains of the properties. The undertaking at the hospital site would result in no effect to historic properties. The WMAT THPO conducted a survey of the quarters site with the determination of no effect on heritage resources. At both project sites, no further work was recommended, and no avoidance is necessary.

If previously unrecorded cultural resources are encountered during ground-disturbing activities, all work would cease in the immediate area and would not resume until IHS and the WMAT THPO have been notified and allowed proper time to address the nature and significance of the discovery.

Additionally, in the unlikely event that human remains are discovered during ground-disturbing activities, the WMAT THPO Archaeologist would be notified immediately, and the remains would be treated with dignity and respect at all times until an appropriate course of action has been determined, pursuant to 43 CFR 10 (Native American Graves Protection and Repatriation Act of 1991, as amended). Additionally, the Arizona State Historic Preservation Office and the BIA Western Regional Archaeologist would be consulted in accordance with 36 CFR 800.13.

Air Quality

Project impacts to air quality would be limited to construction activities and would consist of emissions from gas and diesel engines in construction trucks and equipment, as well as dust (PM_{10}) associated with trenching and earth moving activities. The contractor would implement standard dust control measures, such as watering of exposed dirt areas, unpaved roads and haul areas, and complying with EPA diesel emission and air quality regulations. Long-term adverse impacts to air quality are not anticipated as a result of the construction of the sewer in the proposed alignment.

Water Resources

General construction impacts associated with the development of the proposed facilities could affect water resources by storm water runoff from the site carrying sediment and contamination loads into surface water during times of heavy rain, and, by contamination from construction activities infiltrating area soils and percolating down into the groundwater. At both sites, new channels, pipes, or swales would be constructed to safely direct water runoff away from the facilities and into the adjacent stream or offsite. The

appropriate permits for stream channel protection would be acquired (refer to Appendix D of the attached EA).

The construction phase of the project will require coverage under a U.S. EPA Region IX NPDES general permit for storm water discharge from construction activities. The permit requires preparation and implementation of a Storm Water Pollution Prevention Plan, which includes measures to reduce soil erosion and prevent pollution from petroleum, oil, and lubricants and other chemicals or hazardous/toxic materials at construction sites. The plan will assess the characteristics of the site such as nearby surface waters, topography, and storm water runoff patterns; identify potential sources of pollutants such as sediment from disturbed areas, and stored wastes or fuels; and identify Best Management Practices which will be used to minimize or eliminate the potential for these pollutants to reach surface waters through storm water runoff. The contractor shall also comply with the WMAT Water Quality Protection Ordinance as it pertains to construction activities. Overall impacts to water resources would be minor.

Living Resources/Special Status Species

The potential for adverse effects on special status species and critical was considered. No wetlands are located on the project sites. Refer to Appendix C of the attached EA for copies of the Biological Assessments (BA) conducted for the proposed project.

No special status species were determined to be present on either site. If the project complies with mitigation measures to avoid incidental take of migratory birds or the parts, nests, or eggs of migratory bird species protected by the MBTA, there would be no impact to special status species from this action. As a result of consultation with Tribal biologists, Arizona Game and Fish Department and the US Fish and Wildlife Service, PAIHS determined the Proposed Action would have no effect on listed species.

Utilities

All the required utilities for the facilities have been indicated by the supplying companies to be available in the area (refer to Appendix G of the attached EA for will serve letters). The water and wastewater systems would be upgraded to accommodate the water demands and proposed wastewater flows, which would benefit the entire area. Overall the project would have moderate, beneficial impacts to utilities.

Transportation

A Traffic Impact Analysis was conducted for both sites (refer to Appendix F of the attached EA). The level-of-service at the access points for the staff quarters location would not be degraded sufficiently to require any changes to the existing configuration or traffic control. At the hospital site, however, the additional anticipated traffic would degrade the level-of-service to F at the SR 73/Apache Circle intersection. Installation of a traffic signal at Apache Circle and SR 73 would improve the Proposed Action level-of-service to B or better, in addition to a separate eastbound left-turn lane into Apache Circle. The development of a new right-in, right-out only access to SR 73 at the south end of the site would provide a secondary point of access and relieve potential congestion at the Apache Circle access. Overall impacts to traffic, access, and transportation would be moderate and beneficial.

Noise

During construction, noise would be produced by heavy equipment (e.g., scrapers, bulldozers, graders, loaders, dump trucks, pneumatic hammers), and other construction equipment (e.g., saws, drills, compressors, hammers, welding, etc.). Federal workplace standards for protection from hearing loss allow time-weighted average level of 90 dBA over an 8-hour period, 85 dBA averaged over a 16-hour period and 70 dBA over a 24-hour period. Noise produced by diesel-powered equipment is typically 85 dBA at a distance of 50 feet from the equipment. To minimize the impact construction noise would have on nearby residents, it is recommended that construction occur only during daytime hours during the week. Federal workplace standards for the operation of equipment will be complied with for the protection of workers and the public.

Other Issues

The construction contractor shall be required to implement appropriate construction-related measures, such as washing of construction equipment, to reduce incidental spread of invasive species by seed or plant dispersal on construction equipment. The contractor would be responsible for ensuring that hazardous waste material generated is properly disposed of in accordance with RCRA. All hazardous materials stored and/or generated will be properly and uniformly labeled and housed in appropriate storage containers.

Public Review

A notice of availability of the EA and Draft FONSI for a thirty-day review period will be emailed to individuals and agencies. PAIHS will make these documents available upon request.

IHS will take no administrative action on the above described project prior to expiration of the comment period and review of all comments received.

Finding (Final)

After review of the EA and all agency and public comments, IHS has determined the proposed project will have no significant and unmitigated environmental impacts, requiring the preparation of an Environmental Impact Statement. The FONSI is hereby approved without substantive changes from the Draft FONSI and it will not be re-circulated for review, but will be available to any agency or individual upon request to CAPT Michael Welch, at the Phoenix Area IHS, 40 North Central Ave., Suite 720, Phoenix, AZ, 85004.

Approved: Date: 5/20/2019

Michael Welch, R.S.

Associate OEH&E Area Director

Phoenix Area Indian Health Service

WHITERIVER SERVICE UNIT
WHITERIVER REPLACEMENT HOSPITAL
AND QUARTERS

PHOENIX AREA INDIAN HEALTH SERVICE

FINAL ENVIRONMENTAL ASSESSMENT
MAY 2019

PREPARED BY:

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FINAL ENVIRONMENTAL ASSESSMENT

WHITERIVER SERVICE UNIT
WHITERIVER REPLACEMENT HOSPITAL
AND QUARTERS
WHITERIVER, ARIZONA

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MAY 2019

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EXECUTIVE SUMMARY

The U.S. Department of Health and Human Services, Phoenix Area Indian Health Service (PAIHS) proposes to construct and operate a new hospital and staff quarters in Whiteriver, Arizona (AZ), to replace existing aging facilities. Both sites are located on the White Mountain Apache Tribe (WMAT) Indian Reservation. The new hospital will continue to serve the WMAT and surrounding region.

The site of the proposed hospital is located adjacent to the existing Whiteriver Hospital on AZ State Route (SR) 73, in the northern section of the community of Whiteriver. The hospital site lies at approximately 33°52'31.67" North Latitude and 109°57'34.29" West Longitude; (Sec. 31, T6N, R23E, Mount Diablo Meridian), and is shown on USGS Quadrangle Map Alchesay Flat. The proposed quarters site is located southeast of the Hon-Dah Resort and Casino, adjacent to the intersection of AZ SR 73 and 260. The quarters site lies at approximately 34°4'6.36" North Latitude and 109°53'51.20" West Longitude; (Sec. 22, T8N, R23E, Mount Diablo Meridian), and is shown on USGS Quadrangle Map Indian Pine.

The need for a new facility was determined when the indicators illustrated the need for increased medical and social services for WMAT members. The PAIHS has been serving the WMAT and surrounding region at the Whiteriver Indian Hospital for over 37 years. The service area user population for 2010 was 13,398, and is projected for 2025 to be 16,843, a 26% increase. Services at the Whiteriver Indian Hospital are limited by space, staff, and resources. Specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. The WMAT is designated by Arizona Department of Health as a Primary Care Area (PCA), and is classified by the Arizona Department of Health as an Arizona Medically Underserved Area MUA) (PAIHS, 2016).

The proposed healthcare delivery program and replacement hospital would expand existing services, and would include additional services to provide comprehensive healthcare to the WMAT. The proposed action will allow PAIHS to 1) provide 22 acute care beds, 4 intensive care beds, 4 labor and delivery units, and a variety of other services to include dental care, behavioral health (mental health and alcohol), specialty outpatient care, optometry, audiology, rehabilitation services, and preventive care services including a wellness center; 2) effectively meet projected growth in demand for services past the year 2025; and (3) provide housing for the required staff and personnel.

The proposed action consists of building a 400,000 square-foot hospital on a portion of the 64.6-acre existing hospital campus, developing appropriate additional infrastructure consisting of parking areas, wastewater treatment, and water supply. The 144 staff residences will be constructed on a 100-acre parcel of land referred to as Hon Dah.

This Environmental Assessment EA) was prepared in accordance with the National Environmental Policy Act (NEPA) of 1969 (42 UCS 4321 et seq.), the Council on Environmental Quality CEQ) regulations 40 Code of Federal Regulations CFR) 1500-1508) for implementing NEPA, the DHHS General Administrative Manual, Part 30, and the IHS Environmental Review Manual.

This EA analyzes the potential environmental impacts that would result from the Proposed Action and alternatives. The Proposed Action alternative and the No Action alternative are the two reasonable alternatives considered for this project.

Environmental Effects

No Action

Under the No Action alternative, there would be no construction impacts to resources such as special status species, cultural resources, or groundwater. However, there would also be no beneficial impacts such as removal of noxious weeds, improvement to traffic flow, rehabilitation of water and wastewater systems, and upgraded medical treatment facilities. The overall impact to human resources would be minor and adverse.

Proposed Action

The eighteen resources analyzed indicated that the project as a whole would have minor adverse impacts. Beneficial impacts, however, would be moderate, with a major impact to human health and safety. The resources and their impacts are summarized below:

	TEMPORARY/ PERMANENT	NEGLIGIBLE	MINOR	MODERATE	MAJOR	BENEFICIAL	ADVERSE
Air Quality	Temp		X				X
Water Resources	Perm		X				X
Groundwater	Perm	X					X
Floodplain	N/A						
Topography & Soils	Perm		X				X
Geology/ Seismic	Perm	X					X
Invasive Species	Perm	X				X	
Timber Resources	Perm		X				X
Special Status Species	N/A						
Cultural Resources	N/A						
Socioeconomics	Perm			X		X	
Land Use	Perm		X			X	

	TEMPORARY/ PERMANENT	NEGLIGIBLE	MINOR	MODERATE	MAJOR	BENEFICIAL	ADVERSE
Utilities	Perm			X		X	
Waste Management	Perm		X				X
Transportation	Perm			X		X	
Noise	Temp			X			X
Human Health Safety	Perm				X	X	
Climate Change	Perm	X					X

1.0 PURPOSE OF AND NEED FOR ACTION

1.1 Overview of the Proposed Action

The U.S. Department of Health and Human Services, Phoenix Area Indian Health Service (PAIHS) proposes to construct and operate a new 400,000 square-foot hospital, and 144 staff quarters in Whiteriver, Arizona (AZ).

The proposed action consists of building a 400,000 square-foot hospital on a portion of the 64.6-acre existing hospital campus, developing appropriate additional infrastructure consisting of parking areas, wastewater treatment, and water supply. The 144 staff residences will be constructed on a 100-acre parcel of land referred to as Hon Dah.

1.1.1 Project History and Background

The PAIHS has been serving the White Mountain Apache Tribe WMAT) and surrounding region at the Whiteriver Indian Hospital for over 37 years. The hospital offers comprehensive health care and wraparound services to address the health priorities of the WMAT. Most of the care is offered on-site, but specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. The WMAT is designated by Arizona Department of Health as a Primary Care Area (PCA). Due to low scores for 14 weighted criteria, the WMAT PCA is classified by the Arizona Department of Health as an Arizona Medically Underserved Area MUA) PAIHS, 2016).

The health status of the WMAT is typical to that of an economically depressed and medically underserved area. The service area user population for 2010 was 13,398, and is projected for 2025 to be 16,843, a 26% increase. Services at the Whiteriver Indian Hospital are limited by space, staff, and resources.

In 2016, the IHS evaluated an expanded healthcare delivery program and replacement hospital which would expand existing services, and would include additional services to provide comprehensive healthcare to the WMAT. A Program Justification Document (PJD was prepared to evaluate the workload and proposed services. A Phase I Site Selection and Evaluation Report (SSER) was prepared in March 2017 to evaluate four sites for the new hospital and quarters. Those four sites were deemed unsuitable, and three new sites were evaluated in November 2017 PAIHS, 2017b). One of those sites is the Proposed Action.

1.1.2 Location and General Description of the Affected Area

Whiteriver is located on the Fort Apache Indian Reservation (FAIR) in southern Navajo County, Arizona, in the narrow finger between Apache County and Gila County. The town of Whiteriver is situated on Alchesay Flat, a wide ledge above the north fork of the White River, between two mountain ridges (Figure 1-1).

The site of the proposed hospital is located adjacent to the existing Whiteriver Hospital on AZ State Route (SR) 73, in the northern section of the community of Whiteriver (Figure 1-2). The hospital site lies at approximately 33°52'31.67" North Latitude and 109°57'34.29" West Longitude; (Sec. 31, T6N, R23E, Mount Diablo Meridian), and is shown on USGS Quadrangle Map Alchesay Flat. Elevation near the hospital site is around 5,500 feet above mean sea level, sloping generally to the south (Figure 1-3).

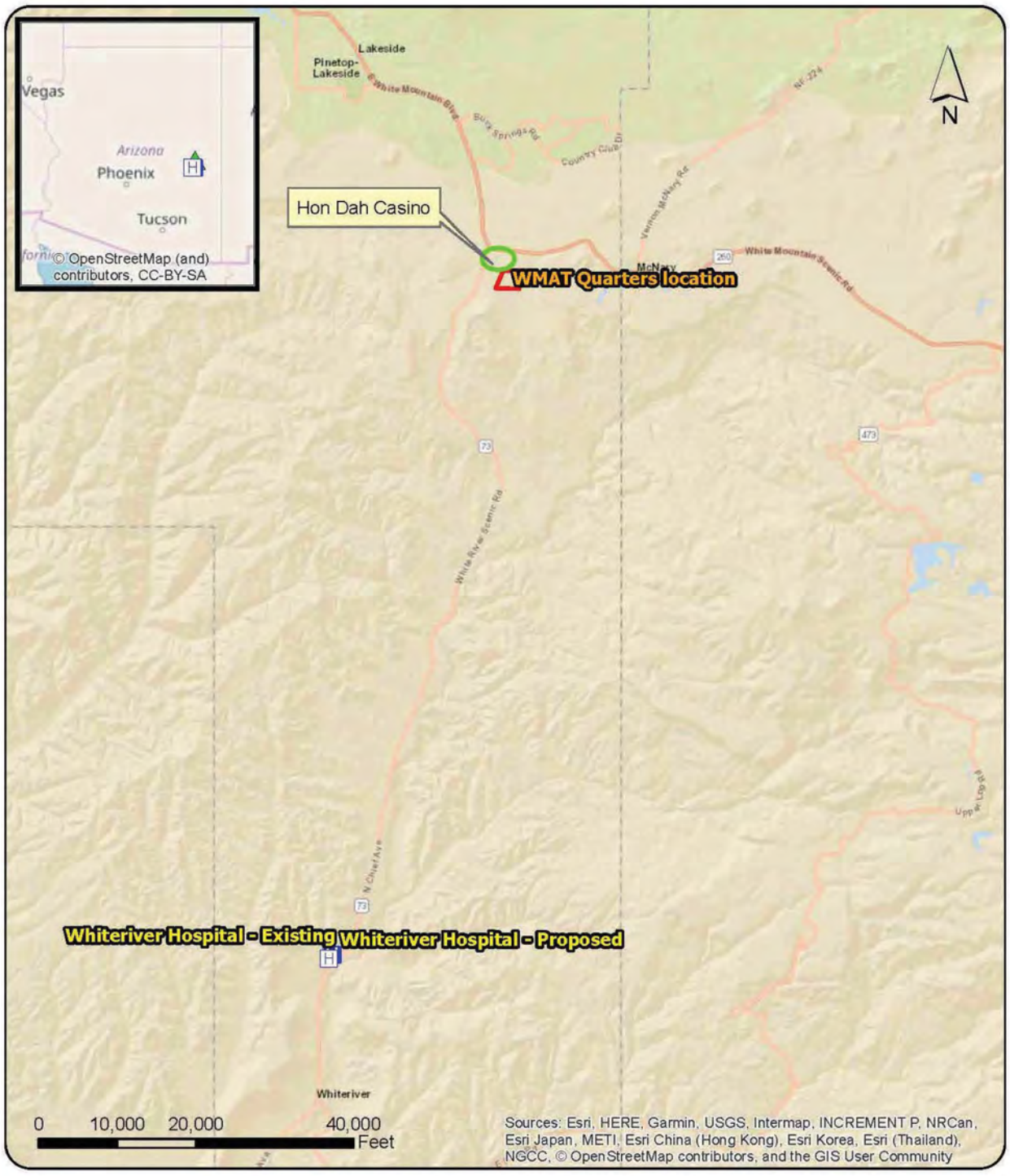

Figure 1-1. Project Vicinity Map

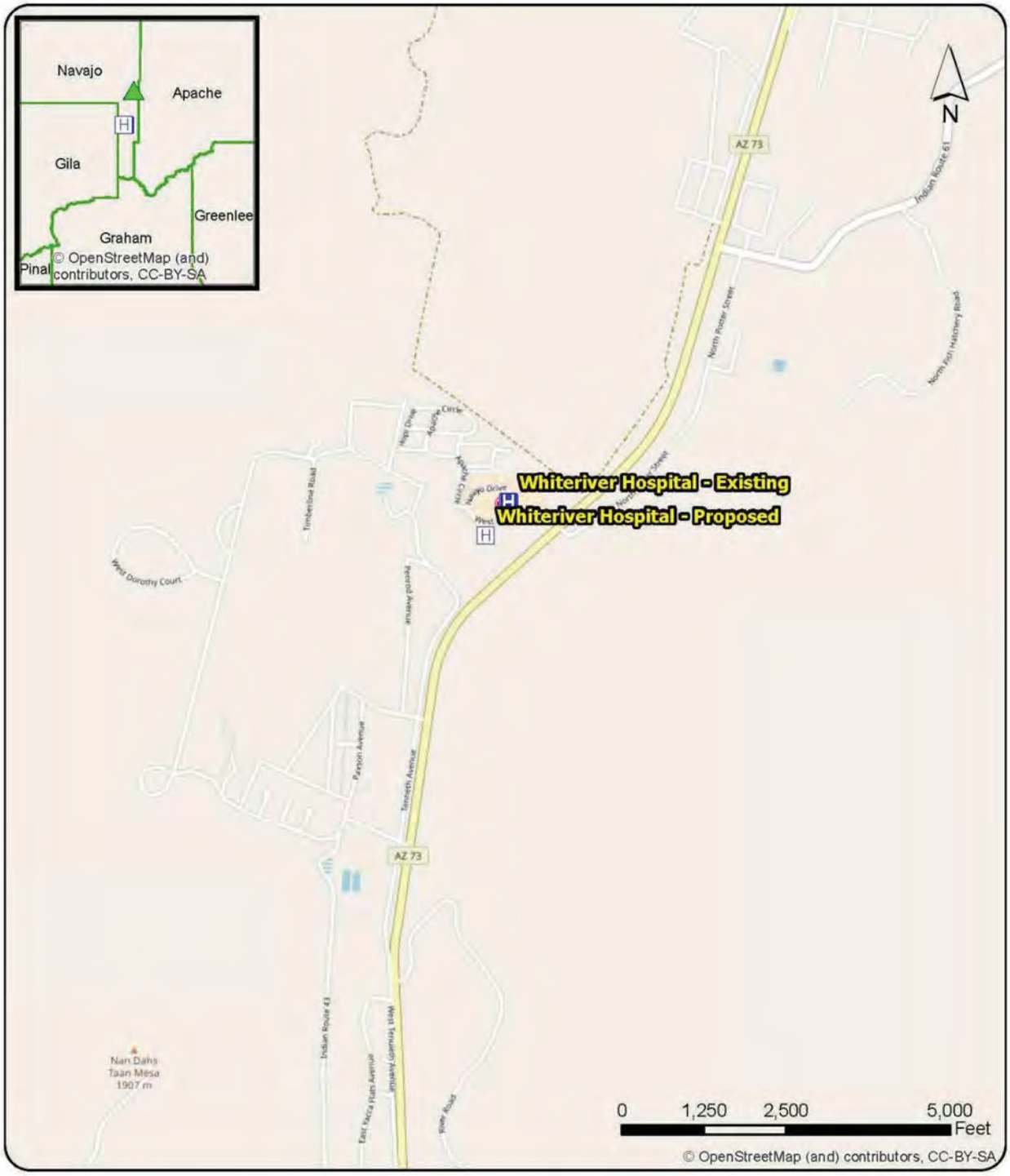

Figure 1-2. Whiteriver Hospital Proposed Site

Figure 1-3. Whiteriver Hospital Proposed Location

The proposed quarters site is located approximately 0.5 mile southeast of the Hon-Dah Resort and Casino, situated at the intersection of AZ SR 73 and 260 (Figure 1-4). The site lies at approximately 34°4'6.36" North Latitude and 109°53'51.20" West Longitude; (Sec. 22, T8N, R23E, Mount Diablo Meridian), and is shown on US Geological Survey (USGS) Quadrangle Map Indian Pine. Elevations at the housing site are around 7,200 feet above mean sea level, sloping generally to the southeast. The housing site is proposed to be located adjacent to an existing residential neighborhood that is bordered by and accessed from SR 260 to the north. SR 73 is approximately 0.5 mile to the west (Figure 1-5).

Figure 1-4. Whiteriver Hospital Staff Quarters Proposed Location

Figure 1-5. Staff Quarters Proposed Site

Central Arizona has been occupied since Paleoindians hunted here in 10,000 BC. As the cultures became more complex, communities constructed multi-storied great houses and linked their communities with roads. At the height of the prehistoric period, there were at least 50 villages in the Mogollon Rim area. By 1450 AD, the population dispersed to Hopi and Zuni and the permanent villages began to disappear. Western Apaches were hunter-gatherers and moved through the area with the seasons from low to high elevations, until the first ranches were established in the mid-nineteenth century. By the early 1870s many Apaches were removed from their homelands and interred in reservations. Camp Mogollon, which would become Fort Apache, was established in 1879. Fort Apache was closed by the US Army in 1922 and taken over by the BIA. Ranching in the area declined in the late 1800s, and sawmills were operated sporadically in Whiteriver through the 1960s. The Great Depression affected central Arizona along with the rest of the country, and Civilian Conservation Corps (CCC) programs and camps were established throughout Navajo County. The region now draws hunters and tourists. Wildlife management was enacted to improve existing water supplies for wildlife. Residents of southern Arizona built summer homes in the mountains to escape seasonal heat. The WMAT consists of about 15,000 members, many of whom live on tribal lands near Whiteriver (NorthWind, 2018d).

Commercial interests include resorts, casinos, and material source operations.

The hospital site is located on the existing hospital campus, which include the Whiteriver Hospital, staff housing, water tank, parking area, and an open field. The area is characterized by development along SR 73, to include residential neighborhoods, schools, churches, commercial establishments, and tribal administrative facilities. Near the project site development is concentrated on the west side of SR 73. The east side is open space on a broad ledge above the White River gorge.

The staff quarters site is located between the communities of McNary and Pinetop. The Hon-Dah Casino is situated on the southeast corner of the intersection of SR 260 and SR 73. The area is largely forested open space, with the exception of the residential neighborhoods north of the site and west of SR 73.

1.2 Need for the Project

The need for a new facility was determined when the indicators illustrated the need for increased medical and social services for WMAT members. The PAIHS has been serving the WMAT and surrounding region at the Whiteriver Indian Hospital for over 37 years. The service area user population for 2010 was 13,398, and is projected for 2025 to be 16,843, a 26% increase. Services at the Whiteriver Indian Hospital are limited by space, staff, and resources. Specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. The WMAT is designated by Arizona Department of Health as a PCA, and is classified by the Arizona Department of Health as an Arizona MUA (PAIHS, 2016).

1.3 Purpose of the Project

The proposed healthcare delivery program and replacement hospital would expand existing services, and would include additional services to provide comprehensive healthcare to the WMAT. The proposed action will allow PAIHS to 1) provide 22 acute care beds, 4 intensive care beds, 4 labor and delivery units, and a variety of other services to include dental care, behavioral health mental health and alcohol), specialty outpatient care, optometry, audiology, rehabilitation services, and preventive care services including a wellness center; 2) effectively meet projected growth in demand for services past the year 2025; and (3) provide housing for the required staff and personnel.

1.4 IHS Objectives

1.4.1 Objective #1

IHS Objective #1 for the Proposed Action is to help IHS ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all eligible Native Americans who live within the PSA.

1.4.2 Objective #2

IHS Objective #2 is to expand and greatly enhance the existing services provided to the WMAT, and provide new services.

1.4.3 Objective #3

IHS Objective #3 is to support the IHS mission, in partnership with American Indian and Alaska Native people (AI/AN), to raise the physical, mental, social, and spiritual health to the highest level.

1.5 Relevant Laws

This environmental assessment EA) analyzes the environmental impacts that would result from the Proposed Action and its alternative, the No Action alternative. This EA was prepared in accordance with the National Environmental Policy Act (NEPA) of 1969 (42 USC 4321 et seq.), the Council on Environmental Quality CEQ) regulations 40 Code of Federal Regulations CFR) 1500 through 1508) for implementing NEPA, the Department of Health and Human Services' DHHS) revised General Administration Manual Part 30, which details environmental protection and NEPA policy for the Department, and IHS NEPA Environmental Review Manual.

The Purpose of an EA

An EA is a study conducted by a Federal agency to determine whether an action the agency is proposing to take would significantly affect any portion of the human or natural environment. The intent of the EA is to provide project planners and Federal decision-makers with relevant information on a Proposed Action's impacts on the environment.

If the EA finds that no significant impacts would result from the action, the agency can publish a Finding of No Significant Impact FONSI), and can proceed with the action. If the EA finds that significant impacts would result from the action, then the agency must prepare and publish a detailed Environmental Impact Statement EIS) to help it decide about proceeding with the action.

1.6 Decisions that Must be Made

Key goals of NEPA are to help Federal agency officials make well-informed decisions about agency actions and to provide a role for the general public in the decision-making process. The study and documentation mechanisms associated with NEPA seek to provide decision-makers with sound knowledge of the comparative environmental consequences of the several courses of action available to them. NEPA studies, and the documents recording their results, such as this EA, focus on providing input to the particular decisions faced by the relevant officials.

In this case, the IHS will decide whether to construct the replacement Whiteriver Hospital and new staff quarters. The Associate Director, Office of Environmental Health and Engineering, will make this decision in part based on the results of this EA, the overall management framework already established for the IHS, and the legislation guiding the actions of the IHS.

1.7 Scoping and Resource Issues

1.7.1 Scoping

Public and agency participation were solicited in the preparation of this EA in an effort to involve the general public and agencies in determining the scope of issues to be addressed. Among other tasks, scoping determines important issues and eliminates issues not important; allocates

assignments among the interdisciplinary team members and/or other participating agencies; identifies related projects and associated documents; identifies other permits, surveys, consultations, etc. required by other agencies; and creates a schedule that allows adequate time to prepare and distribute the environmental document for public review and comment before a final decision is made. Scoping includes any interested agency or any agency with jurisdiction by law or expertise to obtain early input.

To satisfy scoping requirements for this project, letters were sent out to federal and state agencies and tribal resource offices requesting agency and tribal input on issues addressed in the EA. Comments received during scoping are included as Appendix A. IHS underwent consultations with several State and Federal agencies regarding the project. For a more detailed discussion of the scoping process, including persons and agencies contacted and agency consultation letters, refer to Chapter 5 and Appendix A, respectively.

1.7.2 Relevant Resource Issues

The following issues and impact topics are analyzed in this EA:

Air Quality: The Federal 1970 Clean Air Act stipulates that Federal agencies have an affirmative responsibility to protect air quality from adverse air pollution impacts. Air quality has the potential to be temporarily degraded during construction by fugitive dust and emissions from equipment. For this reason, impacts on air quality are included in this EA.

Topography and Soils, Spills: During construction, there is the potential for increased surface water runoff and soil erosion at the project site. Construction equipment and vehicles have the potential to cause soil compaction. Accidental fuel or other chemical spills during construction have the potential to contaminate soils on the site. For these reasons, impacts on soils and potential for spills are included in this EA.

Geologic, Seismic Considerations: The project is located in an area of low seismic activity. Due to the critical facility requiring structural considerations to mitigate for potential seismic activity, this topic is further evaluated in this EA.

Water Resources and Stormwater: A meandering wash is present along the southwestern edge of the proposed hospital site. The wash would not be directly impacted by construction, but increased runoff from the proposed facility needs to be evaluated to ensure impacts to the wash and areas downstream are minimized.

The project will involve more than one acre of ground-disturbing work, therefore a Storm Water Pollution Prevention Plan SWPPP) will be needed prior to project construction, and a Notice of Intent submitted to the U.S. Environmental Protection Agency EPA) in accordance with the EPA National Pollution Discharge Elimination System NPDES) general permit for construction activities. For these reasons, impacts on water resources and stormwater are included in this EA.

Groundwater: Groundwater in the White River Sub-basin of the Salt River Basin is discontinuous and well yields vary widely due to the geology of the region. Water sources consist of surface water. This topic is further evaluated in this EA.

Floodplain: The hospital site is located in Zone X, 500-year floodplain, and the quarters site is located in Zone D, undetermined but possible flood hazard. For this reason, this topic is further evaluated in this EA.

Invasive and Noxious Species: In accordance with Executive Order 13112 – Invasive Species, Federal agencies must not carry out actions that may cause or promote the introduction or spread of invasive species in the United States, unless the agency has determined that the benefits of the actions outweigh the potential harm caused by invasive species; and that all measures to minimize risk of harm will be taken in conjunction with the actions. For this reason, impacts due to invasive and noxious species are included in this EA.

Special Status Species: Construction activities have the potential to displace wildlife or eliminate habitats through removal of vegetation. Wildlife may be disturbed from noise generated during construction and operation activities, during transport of equipment and workers, and from artificial lighting during operation. Due to the potential to impact tribal or federal sensitive species or migratory birds, this topic is further evaluated in this EA.

Cultural Resources: Section 106 of the National Historic Preservation Act (NHPA) of 1966 provides the framework for Federal review and protection of cultural resources, and ensures that they are considered during Federal project planning and execution. Potential impacts to cultural resources are addressed in this EA.

The Native American Graves Protection and Repatriation Act (NAGPRA), 25 U.S.C. 3001 et seq. [Nov. 16, 1990] applies to the intentional or inadvertent discovery of Native American human remains and cultural items on Federal lands or tribal lands after November 16, 1990. The purpose of the act is to determine the ownership or control of Native American items which are excavated or discovered on Federal or tribal lands and to facilitate disposition to owners. NAGPRA would apply to any inadvertent discovery of human remains, funerary objects, sacred objects, or objects of cultural patrimony found under or on the surface of the project area pursuant to section 43 of the Act [43 CFR 10.2 (g)(4)]. Potential impacts under NAGPRA are addressed in this EA.

Visual Resources: Due to the proposed construction of the new facility and quarters, there is the potential to impact visual resources. This topic is further evaluated in this EA.

Land Use: Construction of the facilities by IHS on tribal land require approval by the Tribal Council. For this reason, land use is addressed in this EA.

Socioeconomics: Construction activities and operation of the new hospital have the potential to beneficially affect employment in the area, therefore these impacts are addressed in this EA.

Utilities: Development of the new hospital and staff quarters requires additional infrastructure, therefore these impacts are addressed in this EA.

Waste and Hazardous Materials Management: In accordance with the Federal hazardous materials transportation law, hazardous wastes and materials require proper handling and disposal at approved facilities. Construction activities would generate solid and sanitary wastes, and operation of the hospital would generate hazardous wastes. For this reason, impacts to waste and hazardous materials management are included in this EA.

Transportation and Access: Construction activities would temporarily increase and/or disrupt traffic in the vicinity of the site. Expansion of the hospital and the addition of residences would impact traffic in the area. Transportation and access issues will be addressed in this EA.

Noise: Activities associated with the construction and operation of the facility would produce noise, which has the potential to adversely affect nearby residents and special status species. Noise will be addressed in this EA.

Human Health and Safety: Construction activities and the construction site have the potential to pose safety risks to workers and the public. Impacts on other resource areas, such as air and water, may also affect human health and safety. Operation of the new hospital would provide expanded services and a higher quality of health care to tribal members, resulting in beneficial impacts to the human health and safety. For these reasons, human health and safety issues are addressed in this EA.

Climate Change: Due to the increased interest and awareness of global wide climate changes and temperature increases, IHS has chosen to investigate the effects of their projects on climate change. Some of the factors that have been identified in increasing the effects of global warming are traffic volumes, construction, industrial facilities, operations and maintenance of buildings, and construction materials. When compared to other development in the area, any additional impact of this project on climate change is not major. However, due to the sensitive nature of this topic and the uncertainty of the current science related to climate change, this topic is further evaluated in this EA.

1.7.3 Resources/Issues Eliminated from Detailed Study

The following issues and impact topics were dismissed from further analysis in this EA:

Prime and Unique Farmland: Federal agencies must assess the effects their actions may have on farmland soils classified by the U.S. Department of Agriculture, Natural Resources Conservation Service (NRCS) as prime or unique, or of statewide or local importance. The soils within the project boundaries of both sites are mapped as "not prime farmland," therefore no farmland would be impacted by implementation of the project. This topic is dismissed from further analysis.

Sole Source Aquifers: The EPA's Sole Source Aquifer Program, established in 1977 under the Safe Drinking Water Act (SDWA), requires evaluation of projects to determine if they have the potential to contaminate a sole source aquifer. The nearest sole source aquifer (Upper Santa Cruz and Avra Basin Sole Source Aquifer) is located approximately 90 miles southwest of the project site (EPA, 2018b).

Coastal Zones: The Coastal Zone Management Act (CZMA) encourages states to preserve, protect, develop, and where possible, restore or enhance valuable natural coastal resources such as wetlands, floodplains, estuaries, beaches, dunes, barrier islands, and coral reefs, as well as the fish and wildlife using those habitats. The CZMA and its implementing regulations require Federal agencies proposing actions, whether within or outside of a State's coastal zone, to determine if the action is reasonably likely to affect any land or water use or natural resource within that coastal zone. There are no coastal zones within the vicinity of the sites as Arizona does not have a coast; therefore this topic is dismissed from further analysis.

Wild and Scenic Rivers: The National Wild and Scenic Rivers Act is administered by four federal agencies: the Bureau of Land Management, the National Park Service, the U.S. Fish and Wildlife Service, and the U.S. Forest Service. The Act protects selected rivers, and their immediate environments, which possess outstandingly remarkable scenic, recreational, geologic, fish and wildlife, historic, cultural, or other similar values. The nearest wild and scenic rivers are the Verde

and Fossil Creek USFS, 2018). They are located over 90 miles west of the project area. This topic is dismissed from further analysis.

Coastal Barrier Resources: The Coastal Barrier Resources Act restricts Federal expenditures and financial assistance which would have the effect of encouraging development of coastal barriers. The Act established a Coastal Barrier Resources System consisting of those undeveloped coastal barriers located on the Atlantic and Gulf coasts of the United States. The coastal barriers provide habitat for migratory birds and wildlife, and contain resources of extraordinary scenic, scientific, natural, historic, and other importance. The project area is not in the vicinity of the Coastal Barrier Resources System as Arizona does not have a coast; therefore, this topic is dismissed from further analysis.

National Natural Landmarks: Federal agencies must assess the impacts their actions have on National natural landmarks such as Wildlife Sanctuaries, National Wildlife Refuges, and Wildlife Preserves. There are no wildlife refuges, sanctuaries, or other natural landmarks closer than 20 miles to the project site; therefore, this topic is dismissed from further analysis.

Environmental Justice/Protection of Children: Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*, requires Federal agencies to identify and address any disproportionate adverse human health or environmental effects of its projects on minority or low-income populations. Executive Order 13045, *Protection of Children from Environmental Health Risks and Safety Risks*, directs Federal agencies to "identify and assess environmental health risks and safety risks that may disproportionately affect children."

Since the proposed project is located entirely within the WMAT, and all tribal members are minorities, the project would have no disproportionate impacts on minorities. Because no disproportionate impacts on children, minority, or low-income populations would result from the alternatives, this topic was eliminated from further analysis in this EA.

2.0 ANALYSIS OF ALTERNATIVES

2.1 Description of the Alternatives

2.1.1 Alternative A – No Action

The existing Whiteriver Hospital was developed in the late 1970s. Under the No Action alternative, there would be no construction of a new hospital or staff quarters. The existing hospital would continue to be maintained and operate in its current capacity. However, this facility would be unable to meet the health care demands of the present and projected WMAT workload population. Health care service could possibly decline in quality in response to increase workload quantities associated with the growing hospital user population and the aging of the facilities. The No Action alternative would not meet the project's purpose and need.

Without the construction of the new hospital and quarters, there would be no possibility of associated environmental impacts, either positive or negative, from the project. Expansion of health care services and programs would be limited to space permitted, which has been determined to be insufficient to meet the needs of the Primary Service Area (PSA).

The sites proposed for construction of the new hospital and quarters would remain as a parking area at the hospital, and undeveloped forest at the housing site.

2.1.2 Alternative B – Implement Proposed Action

The PAIHS proposes to build a new hospital within the WMAT adjacent to the existing Whiteriver Hospital, at the north end of Whiteriver, Arizona, and new staff quarters approximately 15 miles to the north near the Hon-Dah Casino. The project area is located in the central highlands of Arizona, in Navajo County, approximately 20 miles south of the resort town of Pinetop, and 60 miles northeast of Globe.

The proposed hospital would be located between the existing hospital and SR 73, in the location of the existing parking lot. The 400,000 square foot hospital would occupy a portion of the 64.6-acre hospital campus. The proposed 144 staff residences would be constructed on a 100-acre parcel of land referred to as Hon Dah.

The hospital would provide 22 acute care beds, 4 intensive care beds, 4 labor and delivery units, and a variety of other services to include dental care, behavioral health mental health and alcohol), specialty outpatient care, optometry, audiology, rehabilitation services, and preventive care services including a wellness center.

The facility would deliver modern health care services to a PSA projected user population of 16,843 by 2025, and an Extended Service Area projected user population of 19,270 by 2025. The new hospital would provide employment to approximately 1,020 individuals 520 more than currently employed by the Whiteriver Hospital). Additionally, construction jobs would be provided in the short term for both the hospital and the quarters. Whenever possible, employment at the hospital would be handled through the Tribal Employment Rights Office (TERO).

The existing hospital and quarters on the hospital campus would be demolished following construction, operation, and occupancy of the new hospital and quarters.

Construction is expected to begin in 2024, and continue for three (3) years, with operation scheduled to begin in 2027. IHS would provide the funding to construct the facilities through new

facilities construction funding authorized by Congressional Appropriations under the Health Facilities Construction Priority System.

Under the provision of Public Law 93-638, the Indian Self-Determination and Education Assistance Act of 1975, the Tribe has not chosen to be responsible for the design of the facility buildings. Titles I and V of the Indian Self-Determination and Education Assistance Act have made it possible for Tribes to take specific program shares (dollars) and provide Tribes the option of assuming from the IHS the administration and operation of health services and programs in their communities. The WMAT has not opted to use this provision.

IHS will be required to incorporate Leadership in Energy and Environmental Design LEED) Green Building Design Standards in the design of the hospital, to use alternative energy sources such as solar, geothermic, and wood biomass, and to use eco-friendly building materials to the extent possible. Additionally, IHS would like to ensure that the construction and operation of the facility minimizes impacts to the environment and maximizes tribal resources.

2.1.3 Alternatives Considered but Eliminated from Evaluation

CEQ regulations for implementing NEPA require that Federal agencies explore and objectively evaluate all reasonable alternatives to a proposed action, and to briefly discuss the rationale for eliminating any alternatives that were not considered in detail. Six alternative sites were considered, in addition to the preferred site the Proposed Action), but were dismissed from further analysis. Four of these sites were evaluated in a Phase I SSER in March 2017, and following their dismissal, three additional sites were evaluated in a subsequent Phase I SSER in November 2017 (PAIHS, 2017b). One of these three sites is the Proposed Action. The other two were dismissed (the Canyon Day sites). These six alternatives are discussed below (see Figure 2-1).

Canyon Day Site 1 (November 2017)

This site is approximately 1.5 miles north of SR 73, and is located 10 miles southwest of the existing Whiteriver Hospital. This site was dismissed for consideration for the following reasons:

- A 1.5-mile access road would be needed to connect to SR 73
- The site would require extension of the water and sewer mains, electrical power, and telephone lines
- The site is one of the major elk migration and rutting areas
- The site would impose higher development and infrastructure costs due to the distance to existing utilities and roadways

Canyon Day Site 2 (November 2017)

This site is approximately 2.0 miles north of SR 73, and is located 9.5 miles southwest of the existing Whiteriver Hospital. This site was dismissed for consideration for the following reasons:

- A 2.0-mile access road would be needed to connect to SR 73
- The site would require extension of the water and sewer mains, electrical power, and telephone lines
- The site is one of the major elk migration and rutting areas

- The site would impose higher development and infrastructure costs due to the distance to existing utilities and roadways

Miner Flat (March 2017)

This site is adjacent to AZ State Route 73 and is located approximately 8 miles northeast of the existing Whiteriver IHS Hospital. This site was dismissed for consideration for the following reasons:

- This is a sloping site with a significant amount of Ponderosa Pine trees.
- There are several drainage gullies running throughout the site which exhibit severe flooding during the monsoon season.
- A sewer main extension of approximately 2 miles crossing Post Office Canyon would be required.
- This site will have higher site development costs and infrastructure costs due to the distance to existing sewer main and the construction of a lift station at the bottom of Post Office Canyon.

Round Top (March 2017)

This site is adjacent to AZ State Route 73 and is located approximately 6 miles northeast of the existing Whiteriver IHS Hospital. This site was dismissed for consideration for the following reasons:

- This is a sloping site with a significant amount of Ponderosa Pine trees.
- There are several drainage gullies running throughout the site which exhibit a potential for flooding during the monsoon season.

Sawtooth Mountain (March 2017)

This site is adjacent to AZ State Route 73 and is located approximately 10.5 miles southwest of the existing Whiteriver IHS Hospital. This site was dismissed for consideration for the following reasons:

- This site would require an extension of approximately 1 mile for the sewer main, electrical power line and telephone lines.
- This site is one of the major Elk migration and rutting areas.

Cedar Creek (March 2017)

This site is adjacent to AZ State Route 73 and is located approximately 17.5 miles southwest of the existing Whiteriver IHS Hospital. This site was dismissed for consideration for the following reasons:

- lack of utilities in the area
- distance away from the Tribal housing communities of Whiteriver

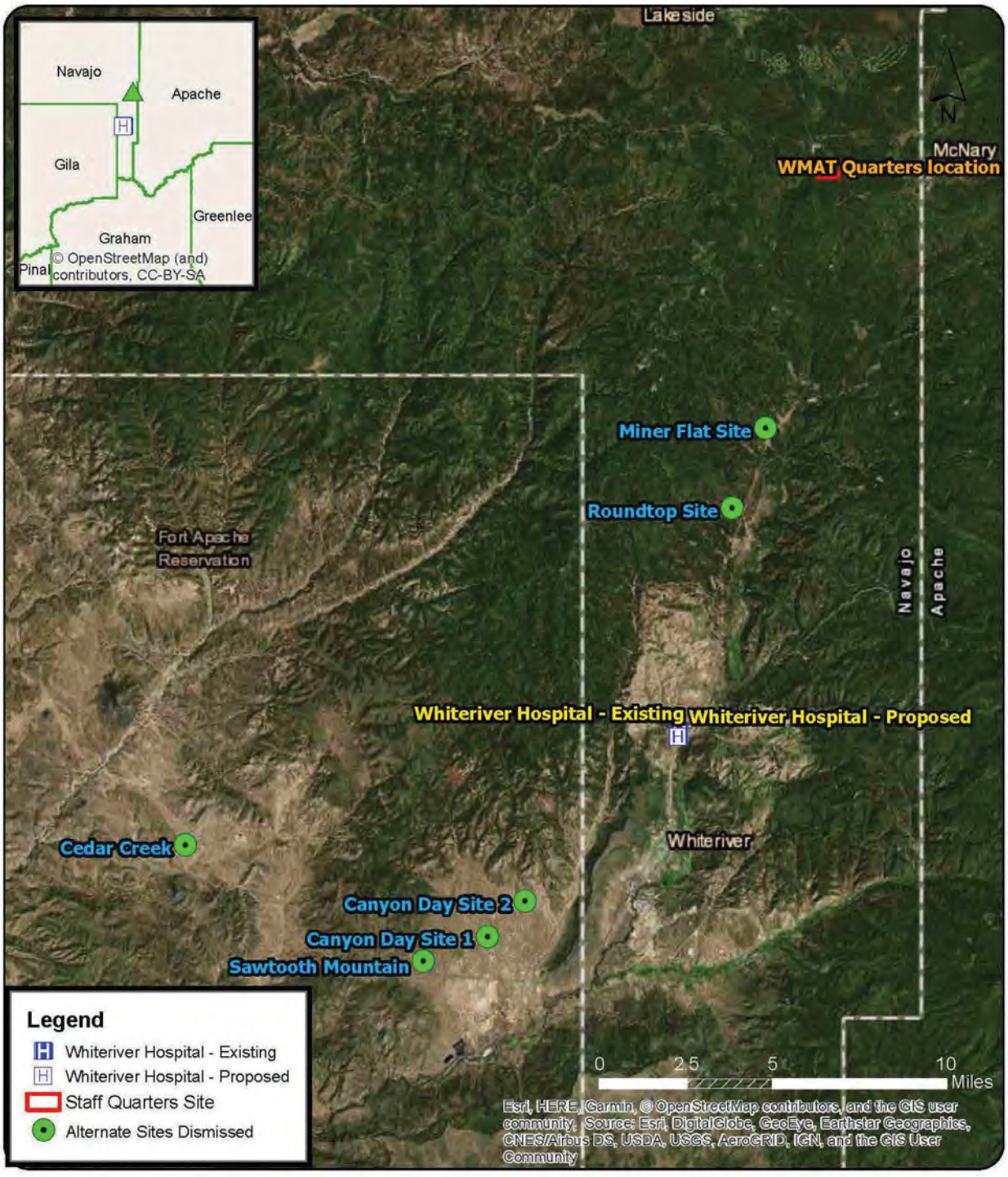

Figure 2-1. Alternatives Considered but Eliminated from Evaluation

2.2 Comparison of Alternatives

2.2.1 Summary of Environmental Consequences

Table 2-1 briefly summarizes the environmental effects of the two alternatives. It provides a quick comparison of how well the alternatives respond to the project need, objectives, significant issues, and impact topics. Chapter 3 discusses the environmental consequences of the proposed alternatives in detail.

Table 2-1. Comparison of Potential Impacts of the Alternatives

Environmental Resource	No Action	Proposed Action
Air Quality *Both sites in attainment for air quality.*	No new construction activities, therefore no impacts to air quality.	Construction would cause temporary, negligible, adverse impacts on air quality during the construction phase from equipment emissions and fugitive dust, when following mitigation measures to reduce impacts.
Water Resources *Stream adjacent to hospital site; no wetlands at staff quarters site*	No new construction activities, therefore no impacts to water resources or stormwater.	Localized, minor, adverse impacts to a stream for stormwater outfall and erosion protection. Permitted under Nationwide Permit (NWP) 9 or 13. Localized, minor, adverse impacts on water quality due to risk of spills and runoff during construction and operation activities.
Groundwater *Well yields are discontinuous and widely varying*	No new facilities or housing, therefore no impact to groundwater.	Withdrawals for domestic water to serve the new facility and housing would come from groundwater and surface water. Impacts on groundwater would be negligible.
Floodplain *Neither site in mapped floodplain*	No new construction activities, therefore no impacts to or from floodplain.	No impacts to or from the floodplain due to the distance from the sites.

Environmental Resource	No Action	Proposed Action
Topography, Soils *Hospital: virtually flat, previously graded* *Quarters: slightly rolling*	No new construction activities, therefore no impacts to topography or soils.	Hospital site: soft soils require rock sockets; Quarters site: spread footings required. Both sites subject to frost heave and require non-frost susceptible structural fill. Moderate, permanent, adverse, localized impact on topography and soils.
Geology/ Seismic *Low seismic activity*	No seismic impacts on existing structures.	Hospital and quarters constructed following seismically safe design parameters. Negligible impacts to the project from seismic issues.
Invasive and Noxious Species *Hospital: 3 invasive species* *Quarters: 1 invasive species*	No new construction activities, therefore no impact to invasive or noxious species or the potential for their spread.	Mitigation measures will be utilized to limit the spread of invasive species during construction. Negligible and beneficial impact due to management of invasive species.
Special Status Species *No special status species on either site*	No new construction activities, therefore no impact to special status species.	No impacts to special status species. No impacts to migratory birds under the Migratory Bird Treaty Act (MBTA) if mitigation measures followed.
Cultural Resources *No cultural resources present on either site*	No new construction activities, therefore no impact to cultural resources.	No sites present, therefore no impacts to cultural or historic resources.

Environmental Resource	No Action	Proposed Action
Socioeconomics *AI/AN unemployment is extremely high*	Continued expense for travel to obtain health care outside of the service area. No potential benefits from job creation associated with expanded health care services. Minor, adverse impact to socioeconomics.	Potentially beneficial impacts realized from temporary job creation associated with construction, and permanent job creation associated with the expanded health care services. Reduced individual travel expenses for obtaining health care outside of the service area. Moderate, beneficial impact to socioeconomics.
Land Use *Both sites set aside by WMAT for these projects*	No facilities constructed on these parcels, and the sites would remain vacant. Plans for their use would be revised. Minor, adverse impact on land use.	Compliance with the WMAT plans for the project sites. Coordination required with AZ Department of Transportation (ADOT), Bureau of Indian Affairs (BIA) Department of Transportation (DOT) for any roadway reconstruction or new construction. Negligible adverse, and minor beneficial impacts to land use.
Utilities/ Public Service *Water and sewer facilities at capacity* *Law enforcement resources at capacity*	No upgrades would be constructed for water or sewer facilities, outages would continue. Minor, adverse impacts to utilities. No additional law enforcement resources would be requested, leaving current resources stretched thin. Minor, adverse impacts to public service.	Upgrades would be constructed for water and sewer in order to adequately serve the facility. Moderate, beneficial, permanent impacts to utilities. Additional housing will tax the already overloaded law enforcement personnel. Assistance would be needed from local agencies, or new resources requested. Minor, adverse impacts to public service.

Environmental Resource	No Action	Proposed Action
Waste and Hazardous Materials Management *Waste services are available for both sites*	No new construction, therefore no solid or hazardous waste generated.	Contractor would coordinate with local waste contractor for disposal of construction waste. Facility manager would coordinate with local waste contractor for collection and disposal of solid, hazardous, and medical waste. IHS would arrange for waste and recycle collection from the new quarters. Impacts to waste and hazardous materials management would be minor and adverse.
Transportation *Current level-of-service at hospital site is adequate, but will degrade by 2023*	No upgrades to traffic configurations, therefore future degraded level-of-service will not be anticipated, and unsafe conditions may be present. Minor, adverse impacts to transportation.	Contractor would prepare traffic management plans for construction. Upgrades would include additional access points and a traffic signal to keep level-of-service at a safe condition. Impacts to traffic and transportation would be minor, permanent, and beneficial.
Noise *Rural area generally quiet with street and casino noise*	No changes or additions to traffic; no construction activities to generate noise. No impacts to noise.	Construction would impact nearby residents and local wildlife. Following mitigation measures would reduce impacts to temporary and minor. Operation would increase traffic noise near the hospital. Impacts to noise would be negligible, and adverse.

Environmental Resource	No Action	Proposed Action
Human Health and Safety *Increased medical and social services are required*	Prolongation of insufficient health care in the area would cause moderate and adverse impacts to human health and safety.	Traffic control plan would protect pedestrian movements. Construction-related safety impacts would be temporary, localized and negligible, with compliance of Occupational Safety and Health Administration (OSHA) recommendations for workers. Addition of new services at the replacement hospital would result in reservation-wide, major, beneficial impacts to human health and safety.
Climate Change *Region is warming and drying with climate change*	No construction activities would contribute to Greenhouse Gases GHG). Continued use of private vehicle to travel long distances for health care would continue to increase CO_2 emissions in the area. Impacts to climate change would be negligible.	Construction would release CO_2 emissions, and local climate change would raise temperatures, affecting construction schedules. Project impacts on climate change would be negligible; climate change impacts on the project would be negligible.

3.0 AFFECTED ENVIRONMENT AND ENVIRONMENTAL CONSEQUENCES

This section describes existing conditions of the resources analyzed, and the environmental consequences associated with the alternatives. NEPA requires consideration of context, intensity, and duration of impacts, direct or indirect impacts, cumulative impacts, and measures to mitigate for impacts. Potential impacts are described in terms of type (beneficial or adverse), context, duration, intensity, and impairment.

3.1 Air Quality

3.1.1 Existing Conditions

The EPA regulates six air pollutants for which standards for safe levels of exposure have been set under the Clean Air Act of 1990 (CAA): ozone, carbon monoxide, nitrogen dioxide, particulate matter, sulfur dioxide and lead. These pollutants are called "criteria pollutants." Hazardous and other toxic air pollutants, including mercury, are regulated under the CAA Amendments of 1990.

For each criteria pollutant, the maximum concentration above which adverse effects on human health may occur is called a National Ambient Air Quality Standard (NAAQS). Areas of the country where air pollution levels persistently exceed the NAAQSs may be designated "nonattainment." In addition to these six criteria pollutants, volatile organic compounds VOCs) are a source of concern and are regulated as a precursor to ozone. VOCs are created when fuels or organic waste materials are burned. Most hydrocarbons are presumed to be VOCs in the regulatory context, unless otherwise specified by the EPA.

The WMAT Environmental Protection Office (EPO) has an Air Quality Program, which operates two tapered element oscillating microbalance (TEOM) machines on the reservation, monitors ambient air quality, builds tribal capacity, and conducts outreach awareness of the importance of maintaining good air quality. The TEOM machines measure the 24-hour average ambient concentration of PM-10. The 24-hour standard for PM-10 set by the EPA is 150 ug/m^3. Neither site exceeded 62 ug/m^3 in 2016 (WMAT, 2018).

EPA Region 9 has mapped the designations for the six air pollutants as unclassifiable/attainment, attainment/maintenance, nonattainment/moderate and nonattainment/serious. The project sites are designated as being in unclassifiable/attainment for all six pollutants.

The EPA is responsible for ensuring that air quality protects public health and welfare. Under the EPA's General Conformity Rule, Federal agencies are required to prepare a written conformity analysis and determination for proposed activities where the total of direct and indirect emissions of a non-attainment or maintenance criteria pollutant caused by the activity will exceed the threshold emission levels specified under the CAA. All pollutants are in attainment in this region, therefore a conformity analysis is not required.

3.1.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. The existing Whiteriver Hospital would continue to operate. No construction activities would occur, and existing traffic levels and patterns in the community would continue under current trends. There would be no additional sources of emissions in the hospital project area, and no sources of

emissions in the staff quarters project area. There would be no short- or long-term impacts on air quality under this alternative.

3.1.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. A portion of each project site (64.6-acres for the hospital and 100-acres for the staff quarters) would be disturbed by ground clearing activities.

Impacts on air quality resulting from this alternative can be divided into three main categories: 1) temporary effects associated with emissions from construction equipment and fugitive dust on-site; and 2) temporary effects as a result of increased construction traffic and associated vehicle emissions off-site.

Heavy equipment needed to build the facilities would likely include, at a minimum, graders, bulldozers, backhoes, dump trucks, cement trucks, and other diesel and gasoline-fueled heavy and light equipment. Intermittently, over the expected construction time of three (3) years, this equipment would emit quantities of five criteria air pollutants: carbon monoxide CO), nitrogen oxides (NOx), sulfur dioxide (SO_2), particulate matter (PM10), and VOCs. In addition to tailpipe emissions from heavy equipment, the temporary disturbance of grading for the structures could generate fugitive dust.

Fugitive dust, such as dirt stirred up from construction sites, can affect public health. The type and severity of effects depend in large part on the size and nature of the dust particles. The types of effects that can occur include inhalation of fine particles that can then accumulate in the respiratory system, causing various respiratory problems, including persistent coughs, wheezing, eye irritations, and physical discomfort.

Construction personnel would be expected to implement reasonable measures, such as applying water to exposed surfaces or stockpiles of dirt, when windy and/or dry conditions promote problematic fugitive dust emissions see Section 3.1.4 below for mitigation measures). Adhering to these measures would minimize any fugitive dust emissions. Use of mitigation measures would reduce the possibility of adverse impacts from fugitive dust emissions. Overall, impacts from fugitive dust emissions would be temporary in duration and of minor intensity.

Exhaust emissions from equipment used in construction, coupled with likely fugitive dust emissions, could cause negligible, short-term degradation of local air quality, but would not be high enough to result in significant deterioration, if mitigation measures are followed.

3.1.4 Mitigation

During construction activities, construction personnel will comply with EPA regulations to minimize emissions of NOx, fugitive dust, and PM10.

The construction contractor should implement the following construction-related measures to reduce emissions of fugitive dust (including PM10) and NOx emissions below the significance thresholds, and to reduce the potential for substantial nuisance or visibility impacts in the immediate vicinity of the project site.

- Enclose, cover or water all soil piles
- Water all exposed soil (disturbed or inactive) with adequate frequency to keep soil moist at all times; or apply chemical or non-erodible control measures

- Water all unpaved haul roads as needed
- Maintain at least three inches of freeboard for loads of all trucks hauling soil, sand, and other loose materials
- Water, apply (non-toxic) soil stabilizers or non-erodibles to inactive construction areas previously graded areas inactive for ten days or more)
- Limit traffic speeds on unpaved roads to 15 miles per hour
- Install wind fences/barriers of <50% porosity around storage piles, parking and equipment staging areas
- Install a trackout control device on all exits onto paved areas accessible to the public
- Ensure that all mobile and stationary internal combustion engine equipment is properly maintained and well-tuned according to manufacturer's specifications
- Adopt diesel emission mitigation measures per the latest guidance from EPA

The mitigation measures listed above should reduce emissions of PM10 and NOx to less than the significance criteria. Therefore, construction impacts for PM10 and NOx would be less than significant.

3.2 Water Resources and Stormwater

3.2.1 Existing Conditions

Per the National Wetlands Inventory (NWI), the hospital site is bordered to the southwest by a 0.5-acre freshwater pond with an unconsolidated shore, and a stream classified as a riverine intermittent streambed, seasonally flooded (Figure 3-1). The stream flows northwest to southwest, and drains into the North Fork White River, which is located on the east side of SR 73. The stream appears to have been eroded during historic flows and is exhibiting a tendency to migrate towards the hospital site. Offsite flows from the north drain southeast across the site to a drainage swale on the west side of SR 73 (EPS Group, 2018c).

Per the NWI and field truthing by the project biologist, there are no wetlands within a half-mile of the quarters site (Figure 3-2) (USFWS, 2018).

Figure 3-1. Wetland Map – Hospital Site

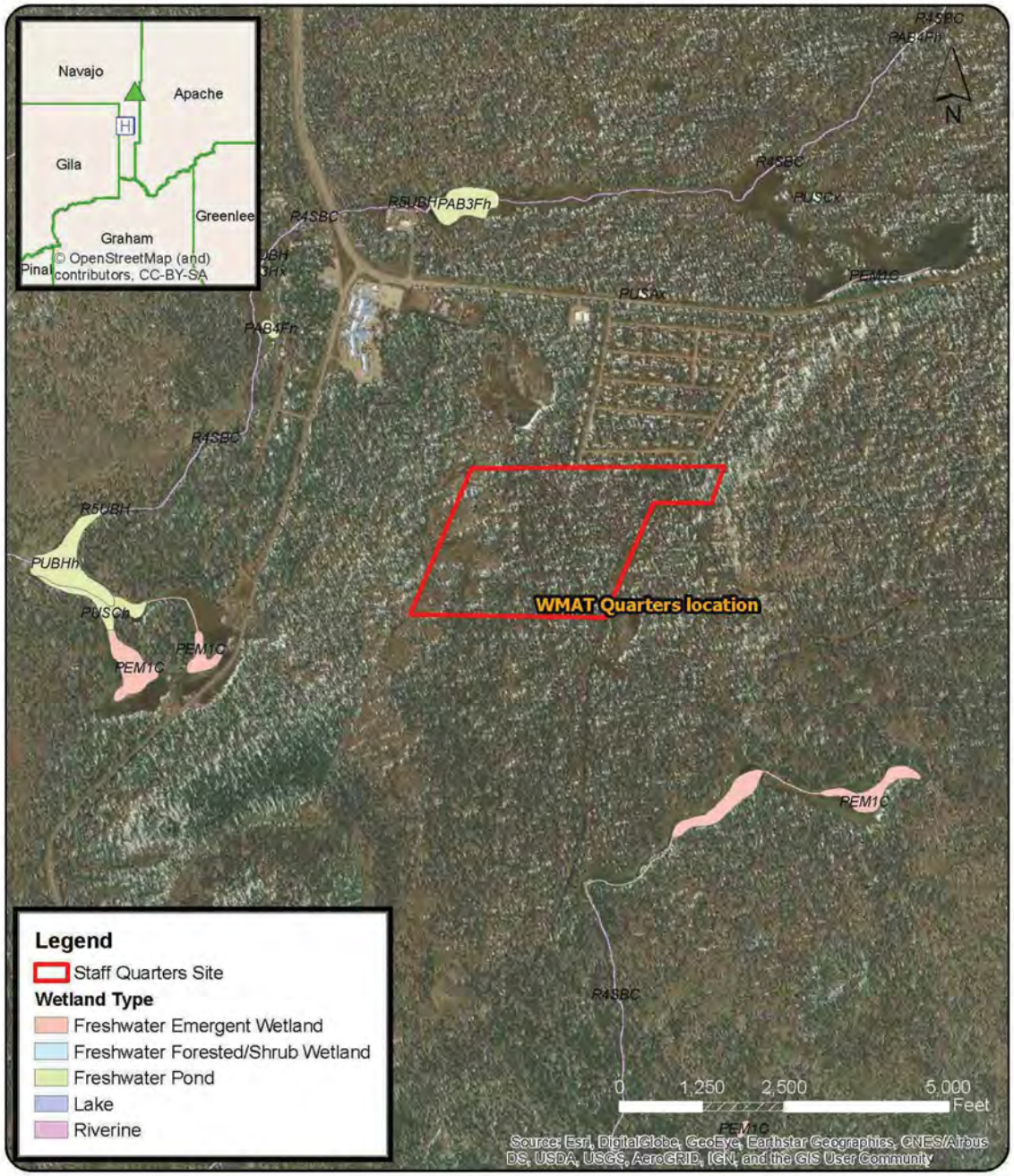

Figure 3-2. Wetland Map – Quarters Site

The Clean Water Act (CWA) Section 402 protects surface waters through stormwater permitting. This process includes the NPDES Construction Permit, Notice of Intent (NOI) and SWPPP. The WMAT adopted a Water Quality Protection Ordinance in 1999, following its application for Treatment-as-a-State under the CWA Section 106 in 1993.

3.2.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. The existing Whiteriver Hospital would continue to operate, and no construction activities would occur. There would be no impacts to water resources or stormwater under this alternative.

3.2.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. A portion of each project site (64.6-acres for the hospital and 100-acres for the staff quarters) would be disturbed by ground clearing activities.

Water Resources

A permit for impacts to the stream due to stormwater management see below) would need to be obtained from the US Army Corps of Engineers (USACOE) under CWA 404. Activities are likely to fall under NWP 9 or NWP 13, depending on the extent of the impact.

There are no water resources in the vicinity of the quarters site, therefore no permitting or mitigation measures are required.

Stormwater

At the hospital, new channel or buried stormwater pipe would need to be constructed to direct offsite runoff away from the hospital site and into the adjacent stream. The increase in runoff may exacerbate erosion within the existing stream, and 8" riprap would be recommended to prevent the wash from eroding further and impacting the site. The hospital site would need to be graded to ensure that the southwest edge of the site remains above the modeled floodplain of the stream, to maintain 3-feet of freeboard for the critical facility (EPS Group, 2018c).

At the quarters site, new drainage swales would be created to direct runoff to the eastern side of the site. The largest swale would be 20-feet wide, and initiate at the southern existing terminus of Timber Ridge Road. Swale dimensions overall would be reduced if roadways and parcels are graded to convey the 100-year flow.

The construction phase of the project will require coverage under a NPDES general permit for stormwater discharge from construction activities, and under the Construction General Permit (CGP). This will require a SWPPP and a construction NOI, respectively, for each site.

The chief requirements of the NPDES general permit for construction sites are a construction NOI and the preparation and implementation of a SWPPP. SWPPPs contain measures to reduce soil erosion and prevent pollution from petroleum, oil, and lubricants POLS) and other chemicals or hazardous/toxic materials at construction sites. Specifically, SWPPP plans assess the characteristics of the site such as nearby surface waters, topography, and storm water runoff patterns; identify potential sources of pollutants such as sediment from disturbed areas, and stored wastes or fuels; and identify Best Management Practices (BMPs) which will be used to minimize or eliminate the potential for these pollutants to reach surface waters through storm water runoff.

By utilizing standard construction BMPs, such as installing perimeter silt fences, spreading straw and mulch to protect exposed ground, and covering stockpiles of earth or soils, runoff, erosion and impacts to on-site and offsite soils and water resources would be minimized.

Overall impacts to water resources would be minor, and adverse.

3.2.4 Mitigation

BMPs would be placed along portions of the sites' perimeters to control erosion during all construction activities. Under all circumstances, sediment runoff from the sites should be captured and prevented from entering any drains, so that no sediment loading occurs in irrigation ditches or natural streams. Avoidance and minimization of impact to washes during construction should be practiced, and if any washes are to be impacted, they would need to be restored to their existing condition. The contractor shall comply with the WMAT Water Quality Protection Ordinance as it pertains to construction activities (WMAT, 1999).

3.3 Groundwater

3.3.1 Existing Conditions

Groundwater in the White River Sub-basin of the Salt River Basin is discontinuous and well yields vary widely due to the geology of the region (ADWR, 2009). Water sources consist of surface water. The source of domestic water in Whiteriver is groundwater pumped from well fields at Miner Flat, and from river water pumped from the North Fork White River. The WMAT Tribal Utility Authority distributes water produced from both sources throughout the year, varying the ratio depending on the season and weather conditions (The Independent, 2015).

3.3.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. The existing Whiteriver Hospital would continue to operate, and no construction activities would occur. The quantity of domestic water required for the facility would not change, and there would be no additional groundwater withdrawals. There would be no impact to groundwater from this alternative.

3.3.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. Additional water would be required to serve the expanded facility and the new staff quarters. Sources of domestic water in the area are a combination of surface and ground water. The additional withdrawals to serve the facility and quarters are anticipated to have a negligible impact on groundwater in the region.

3.4 Floodplain

3.4.1 Existing Conditions

The North Fork White River flows 25 miles from the west slope of Mt Baldy, and merges with the East Fork White River to form the White River. It flows south on the east side of SR 73, as close as 700 feet to the hospital site, and 3 miles east of the staff quarters site. Due to the approximately 160-foot deep gorge in which the river flows, the hospital site is not impacted by its floodwaters, which generally peak at under 25 feet deep EPS Group, 2018c). Federal Emergency Management Agency FEMA) maps the hospital site on Flood Insurance Rate Map (FIRM) 04017C5050E as Zone X, Area of Minimal Hazard (FEMA, 2008), and the quarters site on FIRM 04017C4975F as

Zone D, Area of Undetermined Flood Hazard (FEMA, 2015). Neither site is located in a mapped Floodplain.

3.4.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. The existing Whiteriver Hospital would continue to operate, and no construction activities would occur. There would be no impacts to or from the floodplain under this alternative.

3.4.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. Offsite runoff and increased stormwater runoff from the site are addressed in Section 3.2 Water Resources and Stormwater. There would be no impacts to or from the floodplain due to the proposed action.

3.4.4 Mitigation

No impacts are anticipated, therefore no mitigation is recommended.

3.5 Topography and Soils

3.5.1 Existing Conditions

Topography

The project sites are located in the Central Highlands transition zone of Arizona at elevations over 5000 feet. The region is located between the Colorado Plateau to the north and the Basin and Range province to the southwest. The Central Highlands are characterized by diverse topography, ranging from rugged mountain ranges to deeply incised canyons ADWR, 2009). The region is also in an area with anticipated frost depth between 12 and 24 inches.

The hospital site is located in the northern portion of the town of Whiteriver. The site has been previously graded and developed to construct the existing Whiteriver Indian Hospital, housing, parking lots, and various outbuildings. The site is virtually flat, sloping 2% to the southwest, at elevation 5440 feet above mean sea level.

The staff quarters site is located 22 miles to the north, at elevation 7200 feet above mean sea level. The site slopes generally to the south and east, at approximately 4%, with slightly rolling terrain.

Soils

The hospital site is mapped as Tours silt loam, 0-8% slopes (Map Unit 112B). Tours silt loam occurs on drainageways. The soils are generally well drained, with moderately high infiltration rate and moderately low runoff potential. The soils have the potential to be expansive-susceptible, and have a slight collapse potential.

The quarters site is mapped as Sizer gravelly silt loam, 0-8% slopes Map Unit 85B . Sizer gravelly silt loam occurs on cinder cones. The soil is generally well drained, with high infiltration rate and low runoff potential. A perched groundwater table was encountered between 11 and 31 feet below the surface (ATEK, 2018).

3.5.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. The existing Whiteriver Hospital would continue to operate, and no construction activities would occur. There would be no impact to topography or soils from this alternative.

3.5.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. A portion of each project site (64.6-acres for the hospital and 100-acres for the staff quarters) would be disturbed by ground clearing activities, permanently disturbing the existing soils.

The soils on the hospital site are soft, and therefore would require deep foundations embedded up to 10 feet into the bedrock (rock sockets).

The foundation for the quarters is recommended to be spread footings, with geogrid emplaced beneath the engineered fill within structural areas. Post-tension slabs can be used, with over excavation extending laterally at least 5 feet beyond structure perimeters.

Both sites are subject to frost and potential frost heave. The use of fine-grained soils should be avoided in and around structural areas. Fill should be non-frost susceptible structural fill.

Further information on site soils and recommendations can be found in the geotechnical exploration report prepared for the sites and attached in Appendix E. An adequate program of tests and observations should be performed during construction of the facilities (ATEK, 2018).

Construction equipment to be used during the various facets of site development could include bulldozers, backhoes, earth scrapers, motor graders, heavy haul trucks, large tractors, concrete trucks, asphalt pavers, concrete pavers, rollers, and compactors.

As with almost any construction project involving the use of heavy equipment, there is some risk of an accidental fuel or chemical spill, and the potential contamination of soils. Fuel products (petroleum, oils, lubricant) would be needed to operate and fuel excavation equipment. To reduce the potential for soil contamination, fuels would be stored and maintained in a designated equipment staging area. A person(s) designated as being responsible for equipment fueling would closely monitor the fueling operation, and an emergency spill kit containing absorption pads, absorbent material, a shovel or rake, and other cleanup items, would readily be available on site in the event of an accidental spill. Following these precautions, the potential for an accidental chemical or fuel spill to occur and result in adverse impacts on soils would be negligible.

Construction equipment also has the potential to compact soil, reducing the porosity and conductivity of the soil. Such compaction is likely to slightly increase the amount of surface runoff in the immediate area. Stabilization of the soils will be vital to prevent sediment runoff impacts to water sources, possibly degrading water quality.

This action would have a permanent, minor, adverse, localized impact on the topography and soils of the sites.

3.5.4 Mitigation

Any excess soil removed from the construction sites should be transferred to a suitable storage area. The amount of vegetative clearing would be minimized to protect the natural vegetation.

BMPs should be vigorously incorporated into and maintained in all project plans. BMPs at construction activity sites typically consist of various erosion and sediment control measures. At the proposed site, silt fences, straw bales, and other temporary measures would be placed in ditches and along portions of the site perimeter to control erosion during construction activities. These temporary erosion prevention measures should be maintained in place until the site vegetation is firmly established and soil has stabilized. Regular inspections of the erosion and sediment control measures would be performed after any storm event by qualified personnel, and as required in the NPDES General Permit. All disturbed areas would be stabilized and revegetated with native plant vegetation following commencement of construction activities.

3.6 Geology/Seismic

3.6.1 Existing Conditions

The project site, located in east-central Arizona, is in an area of low seismic activity. The geotechnical study reviewed the local geologic conditions and the subsurface soils, and using the USGS Earthquake Hazards Program, the sites, per the 2009 International Building Code, have the Site Classes shown in Table 3-1. There are no documented earthen fissures near either site, and the area has no measured land subsidence (ATEK, 2018).

Table 3-1. Seismic Site Class

Site	Site Class
Hospital	C
Staff Quarters	D

3.6.2 No Action

Under the No Action alternative, the existing hospital would not be replaced, and would continue in use in its present state. There is no indication that seismic issues would cause damage to the existing structure. The impacts of seismic conditions on this alternative would be negligible.

3.6.3 Proposed Action

Under the Proposed Action, the replacement hospital and staff quarters would be constructed. There is a preference for health care centers to be situated on site class C or better, and the site has been modeled at site class C (ATEK, 2018). The new facilities would be constructed in accordance the most recent version of the IHS Architecture/Engineer A/E) Design Guide (IHS OEHE, 2016). Additional geotechnical exploration, foundation and structural design will be performed by the Design A/E Firm (Fischer, 2019b).

There would be negligible impacts to the project from seismic issues when appropriate design and construction methods are followed.

3.6.4 Mitigation

No mitigation would be required to meet seismic considerations, as the new facilities would be designed using appropriate current building codes.

3.7 Invasive and Noxious Species

3.7.1 Existing Conditions

The USDA NRCS and the Arizona Department of Agriculture AZDA) lists of noxious weeds for Arizona were reviewed to determine the presence/absence of listed noxious weeds within the project areas. The list of noxious and invasive weeds in the Apache-Sitgreaves National Forests (ASNFs) was also reviewed, as the ASNFs is adjacent to the FAIR (ASNFs, 2008).

During the field visits, the noxious weed field bindweed *Convolvulus arvensis*) and the invasive weed oxeye daisy *Leucanthemum vulgare*) and common mullein *Verbascum thapsus*) were observed on the hospital site. A few additional unidentified weed species and grasses Poaceae spp.) were also found on the site (NorthWind, 2018b). Only common mullein was observed on the staff quarters site.

All three plants are listed by the ASNFs as Treatment Priority 3, Class C, which consists of noxious and invasive weeds that receive the lowest priority. Management emphasis is to contain spread to present population size or decrease population when possible (ASNFs, 2008). Field bindweed is listed as a regulated pest by the AZDA. Regulated pests means any of the plants, or their viable plant parts, must be controlled to prevent further infestation or contamination (AZDA, 2019).

In accordance with Executive Order 13112 – Invasive Species, Federal Agencies must not carry out actions that may spread invasive species, unless the Agency has made the determination that the benefits of the action outweigh the potential harm caused by invasive species; and that all measures to minimize risk of harm will be taken in conjunction with the actions.

3.7.2 No Action

Under the No Action alternative, the replacement hospital and staff quarters would not be constructed. There would be no potential for introduction or spread of invasive or noxious species. There would be no impact to invasive and noxious species.

3.7.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. A portion of each project site (64.6-acres for the hospital and 100-acres for the staff quarters) would be disturbed by ground clearing activities.

During vehicle access, or the process of excavation and grading, it is possible for seeds or reproducible parts of plants to attach to equipment and therefore spread to other areas. Exportation of soil containing seeds of invasive and noxious plants could spread the plants to areas using the soil. Importation of soil for use as fill also has the potential to introduce seeds from invasive and noxious plants from other areas.

Landscaping would include native vegetation and encourage the elimination of invasive and noxious species.

If recommended mitigation measures are followed, the impact to invasive and noxious species would be negligible and beneficial.

3.7.4 Mitigation

The construction contractor shall be required to implement appropriate construction-related measures (such as washing of construction equipment) to reduce incidental spread of invasive species by seed or plant dispersal on construction equipment. Any new soil introduced into the project area, or soil exported from the project site, should be treated prior either to exportation or importation to prevent the spread of invasive and noxious plants.

3.8 Timber Resources

3.8.1 Existing Conditions

The Hospital Site is currently largely disturbed land with few stands of native vegetation remaining. The Quarters Site is almost all forested with trees that are commercially viable timber, notably Ponderosa pine. The BIA Forestry department oversees timber cutting and sales on Tribal land.

3.8.2 No Action

Under the No Action alternative, the replacement hospital and staff quarters would not be constructed. There would be disturbance of existing trees on the hospital or staff quarters sites. There would be no impact to timber resources.

3.8.3 Proposed Action

Under the Proposed Action, the replacement hospital and staff quarters would be constructed. The development of the staff quarters site would require removal of a number of commercially viable trees. Removal of the commercial timber, particularly Ponderosa pine, will require a permit from the BIA Forestry department Jeanne, 2018). Trees to be undisturbed would be marked with paint, and contracted foresters would remove the remaining trees. The trees that are removed could be used at a milling facility for lumber, which would result in no cost for their removal. Trees should not be removed until the design is final, and construction is imminent in order to avoid unnecessary deforestation. Impacts to timber resources would be minor, adverse, and permanent.

3.8.4 Mitigation

It is recommended that the site design take the location and viability of trees on the site into account and grading activities be located around the existing trees to preserve them.

3.9 Special Status Species

3.9.1 Existing Conditions

Special Status Species are those plant or animal species considered sufficiently rare, threatened, or significant to be included on lists kept by the Tribe, the US Fish and Wildlife Service USFWS), or the Arizona Game and Fish Department (AZGFD).

Hospital

The hospital site is approximately 5,500 feet above mean sea level, and receives from 9.8 to 19.6 inches of precipitation annually, spread more or less evenly throughout the year. The general area is characterized as Great Basin Conifer Woodland biotic community, and the site is vegetated with

natural and landscaped vegetation. A field visit was conducted on July 7, 2018. The surrounding landscape is a mix of pinyon-juniper conifers, and grasslands.

Table 3-2. Observed plant species on the hospital site

Species Name	Common Name
Overstory	
Pinus edulis	pinyon pine
Pinus ponderosa	ponderosa pine
Juniperus scopulorum	Rocky Mountain juniper
Understory	
Acaciella angustissima	white-ball acacia
Argemone pleicantha	prickly poppies
Berberis haematocarpa	barberry
Cirsium ambigua	yellowspine thistle
*Convolvulus arvensis**	field bindweed
Cucurbita foetidissima	buffalo gourd
Guara coccinea	scarlet beeblossom
*Leucanthemum vulgare**	oxeye daisy
Solanum elaeagnifolium	silverleaf nightshade
*Verbascum thapsus**	common mullein

*Listed as invasive or noxious weeds, see Section 3.7

No wildlife other than four common bird species were identified on the site:

- Common raven (*Corvus corax*
- American robin (*Turdus migratorius*
- House finch (*Haemorhous mexicanus*
- House sparrow (*Passer domesticus*

Staff Quarters

The staff quarters sites is approximately 7,200 feet above mean sea level, and receives from 9.8 to 19.6 inches of precipitation annually, spread more or less evenly throughout the year. The general area is characterized as Petran Montane Conifer Forest biotic community, and the site is vegetated

with relatively undisturbed ponderosa pine forest cut by a few gravel and dirt roads. A field visit was conducted on July 7, 2018.

Table 3-3. Observed plant species on the staff quarters site

Species Name	Common Name
Overstory	
Pinus ponderosa	ponderosa pine
Understory	
Erigeron divergens	spreading fleabane
Penstemon barbatus	beardlip penstemon
Quercus gambelii	Gambel oak
*Verbascum Thapsus**	common mullein

*Listed as invasive or noxious weeds, see Section 3.7

No wildlife other than feral horses and three bird species were observed on the site:

- American robin (*Turdus migratorius*
- Dark-eyed juncos (*Junco hyemalis*
- Anna's hummingbird (*Calypte anna*

Bull Cienega Spring

Bull Cienega Spring is sensitive area for the WMAT. The federally threatened Chiricahua leopard frog has been confirmed as occurring at the spring. WMAT has established a 100-foot perimeter to protect all springs and cienegas on the FAIR. The buffer acts as an equipment restriction zone. The project site is located approximately one mile northwest of the spring.

Both sites

The USFWS Information for Planning and Consultation IPaC) website was accessed for federally listed species, as protected under the Endangered Species Act ESA) of 1973. Sensitive species listed by the USFWS were not observed within the project areas and are unlikely to occupy the project areas see Table 3-4). These species have been excluded from further discussion. No designated final or proposed critical habitat occurs within the project areas (NorthWind, 2018b).

Table 3-4. Federally Listed or Protected Species with Potential to Occur

Species	Status[1]	Habitat Requirements	Exclusion Justification
Mexican Spotted Owl *Strix occidentalis lucida*	T	Occurs in relatively isolated mountain ranges of canyon systems; riparian; and dense mixed-conifer forests.	Project activities will have no effect on Mexican spotted owls or their critical habitat. No suitable

Species	Status[1]	Habitat Requirements	Exclusion Justification
		Elevation: 4,100 - 9,000 feet.	habitat occurs within the project area.
Yellow-billed Cuckoo *Coccyzus americanus*	T	Large blocks of riparian woodlands (cottonwood, willow, or tamarisk galleries) and dense thickets along streams and marshes. Elevation: <6,500 feet	Project activities will have no effect on yellow-billed cuckoo or their proposed critical habitat. No suitable habitat occurs within the project area.
Northern Mexican Gartersnake *Thamnophis eques megalops*	T	Strongly associated with permanent water and dense vegetation, including stock tanks, ponds, lakes, and riparian woods. Forages near streams, lakes, and irrigation ditches. Elevation: 3,000 - 8,000 feet (amsl).	Project activities will have no effect on gartersnakes or their proposed critical habitat. No suitable habitat occurs within the project area.
Chiricahua Leopard Frog *Rana chiricahuensis*	T	Permanent waters, including ponds, tanks, cienegas, and small streams. Restricted to springs, livestock tanks, and streams of watersheds free from nonnative predators. Elevation: 3,200 - 8,900 feet (amsl).	Project activities will have no effect on Chiricahua leopard frog or their critical habitat. No water or suitable habitat occurs within the project area.
Apache Trout *Oncorhynchus apache*	T	Streams within mixed conifer and ponderosa pine forests with relatively deep pools, slow stream velocities, gravel or smaller substrate, overhead cover, instream cover with large woody debris, and undercut banks. Elevation: >6,000 feet (amsl).	Project activities will have no effect on Apache trout. No streams, water, or suitable habitat occurs within the project area.
Gray Wolf *Canis lupus*	EXPN	Associated with woodlands characterized by sparsely to densely-forested mountainous terrain and adjacent grasslands. Elevation: 4,500 - 5,000 feet (amsl).	Project activities will have no effect on gray wolves. No suitable habitat occurs within the project area. Wolves typically avoid areas occupied by humans.
Mexican Wolf *Canis lupus baileyi*	EXPN	Associated with woodlands characterized by sparsely to densely-forested	Project activities will have no effect on Mexican wolves. No suitable habitat

Species	Status[1]	Habitat Requirements	Exclusion Justification
		mountainous terrain and adjacent grasslands. Elevation: 4,500 - 5,000 feet (amsl).	occurs within the project area. Wolves typically avoid areas occupied by humans.

[1]T=Federally Threatenedl EXPN=Proposed Experimental Population, Non-essential Endangered

Culturally Sensitive Species

WMAT provided a list of Tribally Sensitive Species. This list is proprietary and confidential, and was used to determine if these species were present. No Tribally Sensitive Species, candidate species, or their habitat was identified within the project areas.

Migratory Bird Treaty Act

The MBTA implements various treaties and conventions for the protection of migratory birds. Mitigation measures listed below provide recommendations to avoid incidental take of migratory birds or the parts, nests, or eggs of migratory bird species protected by the MBTA. Breeding season for the majority of MBTA species is March 1 through September 30. Although avian species were identified during survey, no nests were identified in the project areas.

3.9.2 No Action

Under the No Action alternative, the replacement hospital and staff quarters would not be constructed. There would be no potential for disturbance of special status species.

3.9.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. A portion of each project site (64.6-acres for the hospital and 100-acres for the staff quarters) would be disturbed by ground clearing activities. The staff quarters site will not impact Bull Cienega Spring or the species occurring there due to the distance from the project area. No special status species were determined to be present on either site. If the project complies with mitigation measures to avoid incidental take of migratory birds or the parts, nests, or eggs of migratory bird species protected by the MBTA, there will be no impact to special status species from this action.

3.9.4 Mitigation

The following mitigation measures are recommended for the protection of biological resources:

Prior to the start of construction, a qualified biologist should complete nesting bird surveys March 1 - September 30), as necessary, and develop mitigation measures to minimize potential impacts to birds protected under the MBTA. If nests are encountered within the project area, they must be avoided until all young birds have fledged and left the nest on their own. If the nest cannot be avoided or poses as a threat to human safety, such as a fire hazard, the nest may be relocated by a licensed wildlife professional.

No activities shall occur within the 100-foot perimeter around Bull Cienega Spring.

3.10 Cultural Resources

3.10.1 Existing Conditions

The FAIR has been inhabited by WMAT and their ancestors since the Paleoindian period, 10,000 BC to 8,500 BC. Surface remains of Clovis spear points, and buried megafauna sites are some of the remnant indicators of the earliest inhabitants. Migratory groups developed ceramics and the earliest agricultural traditions during the subsequent Formative period. Permanent residences such as multi-storied community buildings and kivas were constructed from AD 1025 to 1130, forming settlement systems of communities. In the early historic period villages and seasonal camps were formed as the Apache maintained a hunter-gatherer lifestyle. By the mid- to late-nineteenth century, the influx of Euro-American gold prospectors, ranchers, and the US Army forced the Apache from their homesteads into reservations. Logging and ranching dominated the region until after World War II, when the area attracted sportsmen and tourists. WMAT continues to attract recreationists throughout the reservation. The WMAT consists of about 15,000 members worldwide, many of whom live on the FAIR, near Whiteriver, which is the locus of tribal government (NorthWind, 2018d).

A complete Class I records search was conducted for the 64.6-acre Area of Potential Effect (APE of the hospital site and the 100-acre APE of the staff quarters site in September 2018. The records search included archival resources of previously-conducted surveys, previously-identified archaeological sites, historic properties, and other cultural resources within the one-mile research buffers around the APEs. AZSITE noted that they have minimal to no information for the general area. The Museum of Northern Arizona MNA) identified no previously conducted surveys and recorded sites within the APEs and one-mile buffers. The Arizona State Historic Preservation Office (SHPO) has no records of previously recorded sties or surveys. Government Land Office survey maps and patents were also researched and no structures or features were identified within the APEs or the buffers (NorthWind, 2018d).

The WMAT Cultural Resource Director indicated that no Traditional Cultural Properties are present at either site (Riley, 2018).

Hospital

The WMAT THPO identified nine previously-conducted surveys and seven previously-identified sites within the hospital site research buffer. Five of the surveys intersect the proposed project area, covering 100 percent of the APE. The surveys were conducted to modern standards and accepted transect intervals, therefore no new surveys are required. Two of the sites intersect the project area. Consultation with the THPO indicates that one of the sites was recorded and documented prior to removal for construction of the existing IHS buildings, and the other was removed by construction activities (NorthWind, 2018d).

Staff Quarters

The WMAT THPO identified ten previously-conducted surveys and three previously-identified sites within the staff quarters research buffer. A survey of the entire APE was conducted by the THPO in 2004, which resulted in a determination of no effect on heritage resources. The surveys were conducted to modern standards and accepted transect intervals, therefore no new surveys are required (NorthWind, 2018c).

3.10.2 No Action

Under the No Action alternative, the staff quarters and replacement hospital would not be constructed, and no ground disturbing activities would occur in the area. There would be no impacts to historic or cultural resources.

3.10.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. A portion of each project site (64.6-acres for the hospital and 100-acres for the staff quarters) would be disturbed by ground clearing activities. The hospital site has been previously disturbed by construction activities, and consultation with the THPO indicates that no historic or archaeological sites remain (NorthWind, 2018d). The staff quarters site has been previously cleared by the THPO during a 2004 survey as having no effect on heritage resources (NorthWind, 2018c). The Proposed Action would have no effect on historic properties; no further work is recommended, and no avoidance is necessary (NorthWind, 2018d).

If previously unrecorded cultural resources are encountered during ground-disturbing activities, all work must cease in the immediate area and should not resume until IHS and the WMAT THPO have been notified and allowed proper time to address the nature and significance of the discovery.

Additionally, in the unlikely event that human remains are discovered during ground-disturbing activities, the WMAT THPO Archaeologist should be notified immediately, and the remains should be treated with dignity and respect at all times until an appropriate course of action has been determined, pursuant to 43 CFR 10 (Native American Graves Protection and Repatriation Act of 1991, as amended).

3.10.4 Mitigation

No effects are anticipated, therefore no mitigation is necessary.

3.11 Socioeconomics

3.11.1 Existing Conditions

The projects are located in two different Census Designated Places CDP) as delineated by the US Census Bureau USCB). The hospital site is located in the Whiteriver CDP, and the staff quarters site is within the Hondah CDP. Census data for the two areas, Navajo County, the State of Arizona, and the Nation are shown in Table 3-5 and graphed in Figure 3-3. The Whiteriver CDP has a higher unemployment rate and more families below poverty level than Hondah CDP and Navajo County, both of which are higher than the State of Arizona and the Nation. The median household income is correspondingly lower in Whiteriver CDP; Hondah CDP and Navajo Co are comparable, but still lower than Arizona as a whole. The census data affirms the information in Section 1.1, that the WMAT is economically depressed.

Table 3-5. Census Data for the Project Area

	Total Population	Not in Labor Force	Unemployed (%)	Below Poverty Level (%)	Median Household Income ($)	White (%)	Hispanic (%)	AI/AN (%)	African Amer (%)
Whiteriver CDP	4,104	48.3	25.3	41.3	24,506	1	1.8	96.8	0.4
Hondah CDP	812	36.7	11.5	27.8	38,882	3.3	5	92.7	0.2
Navajo Co	107,449	51.2	8	23.7	38,798	49.3	10.8	43.4	0.9
Arizona	6,392,017	40.5	4.2	12.3	53,510	73.0	29.6	4.6	4.1
Nation	308,745,538	36.8	3.3	13.4	60,336	72.4	16.3	0.9	12.6

Data from U.S. Census Bureau Data (UCSB, 2010).

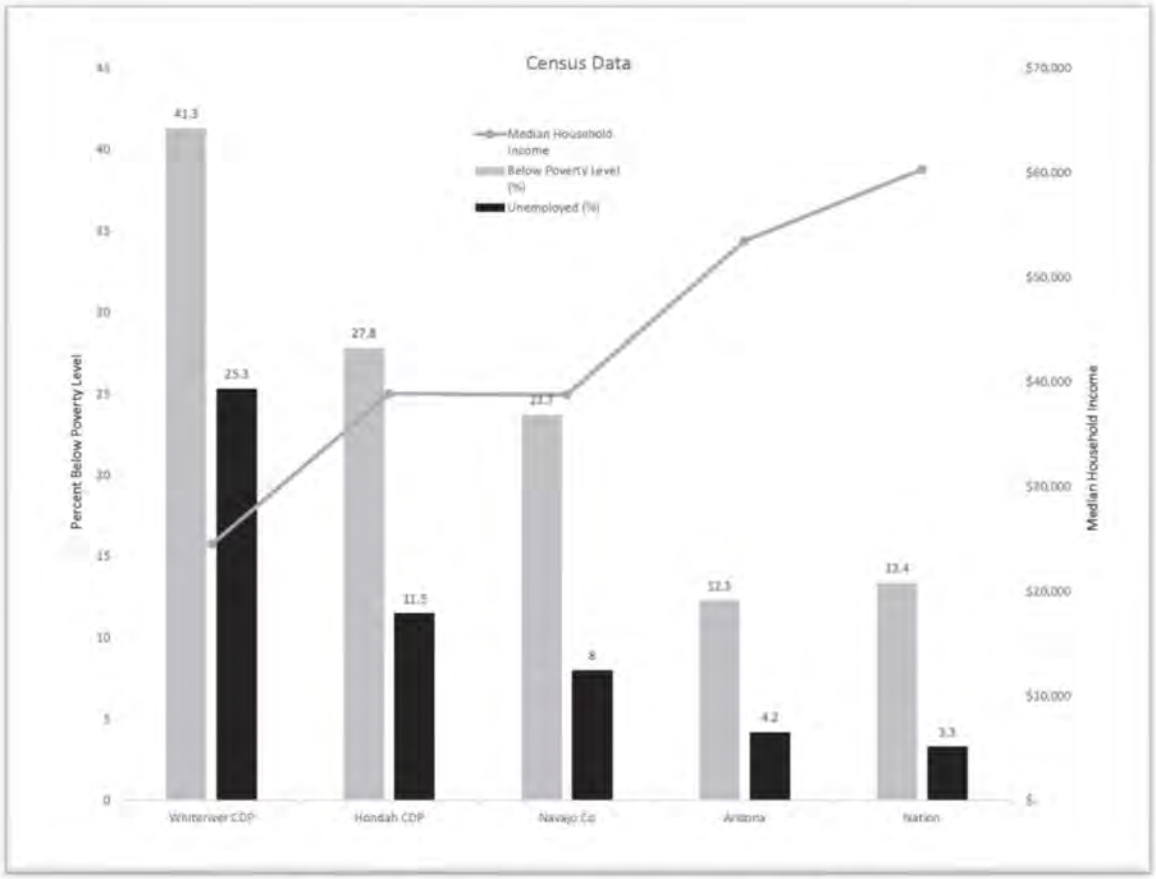

Figure 3-3. Census Data for the Project Area

Tribal employment opportunities on the FAIR consist of working at the tribal enterprises, which include the Sunrise Park Resort, Hondah Resort and Casino, and Hawley Lake Recreation Area, or in the nearby towns of Show Low and Pinetop. This coincides with the census data, which indicate that the majority of occupations held by the local residents are in the service and sales occupations, within the recreation, health care, and social services industries.

3.11.2 No Action

Under the No Action alternative, the replacement hospital and staff quarters would not be constructed. None of the new employment associated with the construction of the hospital and quarters, and operation of the facility would be created. No additional wages or benefits would be generated or spent in the local economy.

Community members would continue to use the existing Whiteriver Hospital, which is outdated and insufficient. Existing facilities would not meet the health care demands of the present or projected Service Unit workload populations. No social benefits from having new services including ambulatory procedures, telemedicine, and dental care would become available. The No Action alternative would have a major adverse impact on socioeconomics of the area.

3.11.3 Proposed Action

Under the No Action alternative, the replacement hospital and staff quarters would be constructed.

Economic Impacts

All new construction contracts must register with the TERO. TERO hires construction workers for new contracts. First they hire Indians from a list of registered Tribal members per trade, and then Indians that are not local. As a last resort, if positions are still not filled, a contractor selected by IHS fills remaining positions. IHS is encouraged to select Indian-owned companies for contracts.

Temporary employment of the local labor force through TERO would reduce the unemployment rate on the FAIR. Benefits to the local economy would be seen through wages, overhead expenses, materials costs, and profit. Local commercial and service entities in the community may expect to see some short-term, negligible increase in activity related to expenditures by workers that are not from the area.

Construction activities are anticipated to take 3 years, with occupancy anticipated by 2027. The resulting impact on the local economy would be temporary. An additional benefit resulting from construction of the facility would be an increase in State revenue and Tribal income from the collection of contractor's taxes.

IHS will provide the funding to construct the facilities through new facilities construction funding authorized by Congressional Appropriation under the HFCPS. At this time, there is no tribal cost-sharing involved. All funding for the project is expected to come from Federal sources.

Social Impacts

In addition to the temporary employment of construction workers, the replacement hospital will provide long-term employment opportunities for Tribal members. According to preliminary estimates calculated by IHS, the new facility would require a staff of approximately 1,020. The existing facility will be removed, and currently employs approximately 500 staff. Therefore, the new facility will require approximately 520 new staff personnel (DockIt, 2018).

Not all the employees at the replacement facility will be from the WMAT. Since many of the professions require training that is often extensive, it is possible that the new facility will experience staffing shortages despite the high unemployment rate on the FAIR. The number of WMAT members employed at the facility will depend on the availability of skilled Tribal workers. However, the increase in positions in the areas of administrative support and facility support, such as security, are anticipated to be largely filled from within the FAIR. The overall impacts of the new facility on tribal employment are anticipated to be moderate and beneficial.

Impacts to socioeconomics would be moderate and beneficial.

3.11.4 Mitigation

A building design that incorporates LEED Green Building Design Standards, and uses alternative energy sources such as solar, geothermic, and/or wood biomass, would provide more jobs for tribal members.

3.12 Land Use

3.12.1 Existing Conditions

Both project sites are located on the FAIR in Navajo County, AZ. As tribal land, their use is not subject to County land use plans. The WMAT passed a resolution in March of 2017 supporting a site selection process by PAIHS to determine viable locations for the replacement hospital and staff quarters, and proposing the evaluation of four sites see Figure 2-1) (WMAT, 2017a). The PAIHS prepared a SSER in March 2017 (PAIHS, 2017a), evaluating those four sites. The determination was that none of them were suitable. In November of 2017, WMAT rescinded the March 2017 resolution, and passed another one suggesting three different sites see Figure 2-1) (WMAT, 2017b). The PAIHS prepared a second SSER in November 2017 (PAIHS, 2017b), evaluating the three new sites. Following this evaluation, two of the suggested sites were determined unsuitable, and the current sites were agreed upon to be the preferred locations. These sites were also passed in a WMAT resolution in August 2009 for the proposed use WMAT, 2009). This resolution included increasing the Hon Dah parcel size from 50 to 100.07; and returning to the IHS 13.9 acres adjacent to the existing hospital site for expansion, parking, and roads. Both project sites have therefore been designated and set aside by the WMAT for construction of the replacement hospital and staff quarters.

SR 73 and SR 260 are under the jurisdiction of ADOT. Any new access to these roads, or changes in roadway configurations would require approval of ADOT.

The BIA DOT provides management and oversight of roads in Indian Country (BIA, 2019). The BIA Fort Apache Agency Road Office is responsible for road maintenance on the FAIR, and the BIA Western Region Office oversees construction or reconstruction of roads on the FAIR. The BIA has staff on the reservation and is responsible for the roads program and maintenance. The tribal government has a Transportation Committee (FHWA, 2019). New road construction would require coordination with BIA DOT.

3.12.2 No Action

Under the No Action alternative, the new hospital and staff quarters would not be constructed. The parcels designated for construction of these facilities would remain vacant, and the plans for

their use would need to be revised. There would be a minor, adverse impact on land use from this alternative.

3.12.3 Proposed Action

Under the Proposed Action alternative, the replacement hospital and staff quarters would be constructed. The land use plan for these sites would be followed. Any additional land rights required for access roads or utilities would be granted via a WMAT resolution, and would involve BIA for use of any trust land. Widening of SR 73 for any required changes to road configuration would require coordination with ADOT and BIA. New roads on the FAIR, or reconstruction of existing roads would require coordination with BIA DOT.

There would be negligible adverse, and minor beneficial impacts to land use from the project.

3.12.4 Mitigation

No mitigation is required.

3.13 Utilities and Public Service

3.13.1 Existing Conditions

Utilities

In general, utilities include the following kinds of facilities and infrastructure:

- *Energy*: gas pipelines and substations; electricity transmission and distribution lines; electrical substations; propane tanks and truck deliveries
- *Communications*: telephone lines; fiber optics
- *Water supply*: water lines; water storage tanks; wells
- *Wastewater*: sewage pipelines; sewage treatment plants; on-site sewage treatment

Electricity is currently provided to the sites by Navopache Electric Cooperative.

There is no natural gas provided to the area. Propane is delivered by several vendors in the region.

Frontier Communications provides telephone and fiber optic service to the area.

Water is provided by the WMAT Utility Authority WMATUA). Due to maintenance issues the WMATUA water system has a marginally adequate domestic water supply and fire storage capacity, and a history of outages during high usage periods. The site has 8-inch community water distribution mains. Static water pressure at the proposed hospital site is 105 psi.

Wastewater is currently collected by WMATUA for treatment and disposal. The existing sewage collection and treatment system is at maximum capacity

Public Services

In this context, public services include the following services provided by tribal agencies and/or contractors:

- Law enforcement
- Emergency medical response

- Fire suppression

Law enforcement is provided by the WMAT Police Department, with locations in Whiteriver, within 3 miles of the hospital site, and at the Hon Dah Public Safety Complex, within a mile of the staff quarters site. Officers are located at Hon Dah on an intermittent basis. Resources are stretched thin, and response times can be long. Additional assistance can be requested from Navajo County, though those response times are dependent on the location of resources (Webster, 2019).

Emergency services are provided by the WMAT Emergency Medical Service, with locations in Whiteriver, within 3 miles of the hospital site, and at the Hon Dah Public Safety Complex, within a mile of the staff quarters site.

Fire suppression is provided by WMAT Fire and Rescue, which is a rural fire department. The Whiteriver Station is within 3 miles of the hospital site, and the Hon Dah Station is within a mile of the staff quarters site. Pinetop Fire and Rescue is 20 miles to the west, and is the secondary source of fire suppression assistance (Tessay, Personal communication (Fire Chief) via telephone, 2019a).

3.13.2 No Action

Under the No Action alternative, the replacement hospital and staff quarters would not be constructed. There would be no need for additional services, however, upgrades would not be installed, therefore leaving some utilities still in need for improvement. Outages of domestic water would continue, and the wastewater treatment facility would remain at capacity. Overall impacts to utilities would be minor and adverse.

3.13.3 Proposed Action

Under the Proposed Action, the replacement hospital and staff quarters would be constructed.

Utilities

The utility needs are as shown in Table 3-6.

Table 3-6. Utility Needs

Utility	Hospital	Quarters	Total
Communications	Telephone, Fiber Optic	Telephone	
Fuel (Propane) (G/yr*)	345,000	58,464	403,464
Electric kWh/yr)**	3,960,000	618,065	4,578,065
Water (GPD	52,200	50,400	102,600
Wastewater GPD)			82,080

gallons/year; **Kilwatt-hours/year; ***gallons/day

The existing electric system capacity is sufficient to adequately serve the needs of the proposed facility. Navopache Electric has indicated their ability to provide electric service to the proposed facilities (see Appendix G).

Ferrell Gas, located in Show Low, has sufficient capacity to provide propane to the hospital and staff quarters, and has provided a will serve letter to that effect (see Appendix G).

Frontier Communications has indicated the proposed facilities are in their serving area and they currently provide service in these areas (see Appendix G).

The water distribution system will need to be upgraded to adequately meet the demands of the proposed facility. The required upgrades would be determined during the facility design phase see Appendix G).

The wastewater system will require upgrades to adequately handle the proposed wastewater flows. The required upgrades would be determined during the facility design phase (see Appendix G).

With the availability of existing service to the proposed facility locations, and the subsequent upgrades to the water and wastewater systems, the project would have moderate, beneficial impacts to utilities in the area.

Public Services

The WMAT fire and rescue department has confirmed that they have resources in close proximity to the new facility and quarters, and that access is not an issue. If assistance is needed, the Pinetop department would be called in (Tessay, Personal communication Fire Chief) via telephone, 2019a). The WMAT Fire & Rescue chief recommends a fire protection system for the hospital (Tessay, 2019b). The IHS provides fire sprinkler systems in their buildings in accordance with National Fire Protection Association (NFPA) 13 – Standard for Installation of Sprinkler Systems, and IHS Technical Handbook for Environmental Health and Engineering, Volume III – Health Care Facilities Design and Construction, Part 24 – Construction Guidelines, Chapter 24-11 Installation of Fire Sprinkler Protection in IHS Owned Installations (Fischer, 2019c).

Law enforcement response could be longer than currently experienced, depending on the situations encountered (Webster, 2019).

The project would have minor, adverse impacts to public service.

3.13.4 Mitigation

No mitigation is required.

3.14 Waste and Hazardous Materials Management

3.14.1 Existing Conditions

Solid waste generated from the existing Whiteriver Hospital is subject to all applicable tribal, state, and federal environmental protection laws governing waste. Solid waste is currently disposed of by Larson Waste. Hazardous waste is defined as waste that cannot be accepted at a community landfill. Hazardous and regulated medical waste are currently collected by Larson Waste. Larson Waste also collects residential refuse and recyclable materials.

There are few industrial facilities and gas stations within 5 miles of the project sites:

- Fort Apache Timber Company is located 4 miles south of the hospital site.
- Wastewater treatment plant 1.5 miles north of the hospital site.
- H Market gas station is located 2.5 miles south of the hospital site.
- Hon Dah Mini-Mart gas station is located 0.5 miles northwest of the quarters site, on the north side of the Casino.

3.14.2 No Action

Under the No Action alternative, the new hospital and staff quarters would not be constructed, and there would be impacts on waste management, as there would be no new demand on the current supplies or facilities.

3.14.3 Proposed Action

Under the Proposed Action alternative, the replacement hospital and staff quarters would be constructed. The construction of the facilities would generate construction debris waste, which would require proper disposal or reuse. Construction of the facilities is anticipated to take three (3) years, and would begin with site preparation, foundations, and underground utilities, while design of the above-ground mechanical, piping, buildings, structures, and electrical systems is being developed.

Any non-hazardous construction debris that cannot be reused or recycled will be disposed of by the contractor. The construction contractor would be responsible for ensuring that the waste material generated is properly disposed. Portable restrooms for employee use during the construction period would be provided and maintained by a private contractor.

Petroleum spills from construction equipment would be treated according to BMPs.

Solid, hazardous and medical waste generated from operation activities at the replacement hospital would continue to be disposed of by Larson Waste (see Larson Waste Will Serve Letter in Appendix G).

The overall impacts on waste and hazardous materials management from the Proposed Action would be minor, and adverse.

3.14.4 Mitigation

During both the construction and operation phases of the replacement hospital, as many materials as possible should be recycled and/or reused to minimize the amount of waste generated by the facility. All hazardous materials stored and/or generated at the hospital should be properly and uniformly labeled and housed in appropriate storage cabinets. Prior to commencement of facility operations, hospital staff should provide the local fire department with a walk-through of the facility to familiarize the area's emergency response staff with the nature and location of all hazardous materials kept on the premises, in order to facilitate appropriate responses in the event of facility emergencies.

BMPs for prevention and treatment of petroleum spills would be implemented according to currently accepted practices during both construction and operation.

3.15 Transportation and Access

3.15.1 Existing Conditions

Traffic Impact Analyses were completed for both the hospital and staff quarters sites.

The hospital site is adjacent to the existing Whiteriver Hospital, which is located on SR 73. The primary road used to access the site is SR 73, with Apache Circle providing direct access see Figure 3-4). SR 73 provides two northbound through lanes, and one southbound through lane with a two-way, left-turn lane median and a posted speed limit of 55 mph. SR 73 provides connections to SR 260 to the north, and SR 77 to the northwest, direct routes to the larger populated areas of Show Low and Pinetop. Apache Circle and Potter Street provide local access only. Traffic counts were conducted and compared to historic data provided by ADOT to obtain an estimated rate of growth of 6%. The existing level-of-service for the Apache Circle intersection is C or better during peak hours. It is calculated that the level-of-service in 2023 would degrade to D or E during peak hours, and a traffic signal would be warranted (EPS Group, 2018b).

The staff quarters site is southeast of the SR 260 and SR 73 intersection. Access to the site is currently through the existing subdivision on the south side of SR 260. Two existing paved residential roads, Timber Wood Road and Timber Ridge Road, provide access to the subdivision from SR 260, and dead-end at the boundary with the staff quarters site (see Figure 3-5 . An existing unpaved road provides access to the site from SR 73 (see Figure 3-6). SR 260 provides one eastbound and one westbound through lanes with a posted speed limit of 55 mph. It provides access to Show Low and Pinetop to the west and Greer to the east. The existing level-of-service for both residential access intersections is C or better during peak hours, and is unlikely to degrade to a lower level by 2023 (EPS Group, 2018a).

Figure 3-4. Access to the Existing Hospital from SR 73 (looking east)

Figure 3-5. Timber Ridge Road (looking north from the staff quarters site)

Figure 3-6. Unpaved access road to staff quarters site (looking west)

The WMAT established a transit system in June 2017. Fort Apache Connection Transit (FACT) operates under the WMAT Division of Transportation. FACT operates two routes through the Fort Apache Reservation Monday through Friday with the exception of major holidays Johnson, 2017).

3.15.2 No Action

Under the No Action alternative, the replacement hospital and staff quarters would not be constructed. There would be no change to existing access or roadways at the hospital or near the

staff quarters site. Improvements to the traffic configuration at the hospital site would not be implemented, potential degrading the level-of-service at the intersection to unsafe levels. Impacts to transportation and access from this alternative would be minor and adverse.

3.15.3 Proposed Action

Under the Proposed Action alternative, the replacement hospital and staff quarters would be constructed. The level-of-service at the hospital site with the new development would be F at the SR 73 / Apache Circle intersection. Changes to the existing configuration and traffic control are recommended as outlined in 3.15.4 Mitigation.

The level-of-service at the staff quarters access off of SR 260 would be C or better. No changes to the existing configuration or traffic control are required. An additional access to the site from SR 73 would have a level-of-service of B or better. New northbound right-turn lane and a southbound left-turn lane are recommended on SR 73 for this additional access.

Construction activities have the potential to disrupt traffic. The contractor would be required to design a traffic management plan acceptable to ADOT and following the Manual on Uniform Traffic Control Devices MUTCD). Impacts to traffic, access, and transportation would be moderate, permanent, and beneficial, with implementation of the mitigation as outlined below.

If the replacement hospital will require a new heliport, a Notice of Landing Area Proposal, Form 7480-1, will need to be submitted to the Federal Aviation Administration FAA) to allow FAA to perform an airspace review of the proposed heliport and associated take-off and landing flight paths (Williams, 2018).

3.15.4 Mitigation

Installation of a traffic signal at Apache Circle and SR 73 would improve the Proposed Action level-of-service to B or better. A separate eastbound left-turn lane into Apache Circle is recommended. The development of an additional right-in, right-out only access to SR 73 at the south end of the site is also recommended to provide a secondary point of access and to relieve potential congestion at the Apache Circle access (EPS Group, 2018b).

3.16 Noise

3.16.1 Existing Conditions

Noise is often defined as unwanted sound. The human ear can detect a wide range of sounds, but typically has reduced sensitivity to those of very low or very high pitch. Sound intensity is measured in decibels. Because the decibel (dB) scale does not accurately reflect the sound exposure levels heard by a human listener, a weighted scale (dBA) is used. This sound level scale is progressively reduced in sensitivity to very low and very high pitched sounds, and therefore mimics a human's sense of hearing.

Normal speech has a sound level of approximately 60 dBA. Sound levels above about 120 dBA begin to be felt inside the human ear as discomfort, and eventually pain at still higher levels.

SR 73, adjacent to the hospital site, is the main route between Whiteriver and Pinetop-Lakeside and other points to the north. The measured Annual Average Daily Traffic (AADT) is 8,403 EPS Group, 2018b). SR 260, near the staff quarter site, connects eastern Arizona and New Mexico with Show Low, Prescott, and other areas in central Arizona. The measured AADT is 3,720; the AADT

of SR 73 at the intersection with SR 260 is 4,911 (EPS Group, 2018a). Although there are no figures for ambient sound levels in the area, noise levels associated with traffic in the vicinity of the roadways can be assumed to be relatively low.

The surrounding area is rural with a mix of single family residences and small farms. Although there are no figures for ambient sound levels in the area, noise levels associated with neighboring activities and traffic in the vicinity of the hospital site can be assumed to be low. The Hon Dah Casino is approximately a half-mile from the staff quarters site, and the Hon Dah RV Park is across SR 73 from the Casino. There is the possibility of noise generated at both sites from vehicle traffic, schedule events, and informal entertainment activities.

3.16.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. The existing Whiteriver Hospital would continue to operate, and no construction activities would occur. There would be no impacts to existing noise conditions from this alternative.

3.16.3 Proposed Action

Under the Proposed Action, the staff quarters and replacement hospital would be constructed. During construction, noise would be produced by heavy equipment e.g., trenchers, bulldozers, loaders, dump trucks). Federal workplace standards for protection from hearing loss allow time-weighted average level of 90 dBA over an 8-hour period, 85 dBA averaged over a 16-hour period and 70 dBA over a 24-hour period. Noise produced by diesel-powered equipment is typically 85 dBA at a distance of 50 feet from the equipment. However, the noise of individual pieces of equipment can vary considerably depending on age, condition, manufacturer, use, and a changing distance from the equipment to a receptor location. Operation of the equipment also varies considerably throughout the construction phase and day to day.

The primary human effect due to prolonged noise is annoyance. Other non-auditory human effects include speech interference, stress reactions, sleep interference, lower morale, efficiency reduction, and fatigue. Although construction noise may be audible at a receptor located within several miles, the proposed construction sites are within 500 feet of residences.

Although the residents already experience some background noise related to local traffic on adjacent roadways, the impacts of noise on the residents due to construction, or as a result of increased traffic due to construction, are expected to be temporary, moderate, and adverse.

Operation of the facility would cause an increase in vehicle traffic due to more patients accessing the facility, and staff traveling between the staff quarters and the hospital.

Wildlife in the vicinity of the sites would be exposed to various noise sources during construction. Numerous studies have been conducted attempting to document the effects of noise on wildlife. Wildlife responses to noise vary considerably and are a function of many other variables besides noise, including the characteristics of the noise and its duration, life history characteristics of the species, habitat type, seasonal and current activity of the animal, sex, age, previous noise exposure, as well as other physical stressors such as drought. General wildlife responses to human-made noise are attraction, tolerance and aversion, which are summarized in the following list of potential responses:

- Most animals habituate to sounds e.g., truck and equipment noise) disassociated with other threatening stimuli.
- Animals (e.g., ungulates) that habituate to traffic noise are vulnerable to oncoming vehicles.
- Steady sounds are less prone to startle animals than sudden onset noise.
- Human-made noise can mask meaningful noise (e.g., mating and other communication).
- Motivation to find food can make animals tolerant of noise.
- Different species have different levels of noise tolerance and habituation.
- Most effects of noisy disturbances are mild enough that they may never be detectable as changes in population size or population growth.
- Animal aversion is measured in avoidance responses and can be lessened if animals can predict exposure (e.g., warning signal before conveyor startup).

Construction noise impacts would likely affect small game animals that are typically found in the affected landscape, such as mice or rabbits. Hospital construction is proposed to occur within a developed area, therefore wildlife species that are sensitive to noise may already be displaced due to, or are habituated to, existing noises and activities. Staff quarters construction would occur in an undeveloped area, though its proximity to development may reduce the impacts on wildlife.

3.16.4 Mitigation

To minimize the impact construction noise would have on nearby residents, it is recommended that construction occur only during daytime hours during the week.

3.17 Human Health and Safety

3.17.1 Existing Conditions

The PAIHS has been serving the WMAT and surrounding region at the Whiteriver Indian Hospital for over 37 years. The service area user population for 2010 was 13,398, and is projected for 2025 to be 16,843, a 26% increase. Services at the Whiteriver Indian Hospital are limited by space, staff, and resources. Specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. The WMAT is designated by Arizona Department of Health as a PCA, and is classified by the Arizona Department of Health as an Arizona MUA. These indicators illustrate the need for increased medical and social services for the WMAT members. Top health conditions for the WMAT are typical of an economically depressed and medically underserved area, and include diabetes, hypertension, liver cirrhosis, and heart disease. Alcohol abuse is common, and meth use is prevalent (PAIHS, 2016).

There are few human safety issues in the project area. Pedestrian traffic is potentially the most at risk, as the only sidewalk near the hospital is on the campus itself. There is no formal sidewalk along SR 73, though a dirt path has been worn into the roadside. There is no sidewalk within the subdivision adjacent to the quarters site, nor is there one along SR 260, for pedestrians to access the Casino or general store located at the intersection of SR 260 and SR 73.

3.17.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. Existing conditions would continue at the Whiteriver Hospital, and the facility would continue to operate without the proposed services. Expansion of services to include in-patient care, dental care, behavioral health, optometry would not be provided due to limited space availability, staff, and resources.

The IHS Phoenix Indian Medical Center PIMC) is located 180 miles to the west, in Phoenix, Arizona, and the nearest IHS ambulatory care clinic in 51 miles to the northwest at the Cibecue Indian Health Center. Neither of these is within the IHS acceptable access threshold for inpatient and outpatient care (PAIHS, 2016).

The existing facility is unable to meet the health care demands of the present and the projected Service Unit workload population. Therefore, health care services would possibly decline in quality and response to increased workload quantities associated with the growing user population and the aging of the facilities.

The prolongation of an insufficient health care system would continue to adversely affect some member of the WMAT. While many tribal members may have the means to leave the service area to obtain adequate health care when necessary, others do not. In extremely severe cases, a decline in services may result in unnecessary or prolonged illness, possibly resulting in premature death, for those who do not have the means to receive treatment elsewhere. Impacts to human health and safety from the No Action alternative would be moderate and adverse.

3.17.3 Proposed Action

The construction of the replacement hospital and staff quarters would involve direct health and safety issues for workers. The National Institute for Occupational Safety and Health considers construction to be a high-risk industrial sector. The OSHA notes that in 2017, 20% of fatalities in private industry were due to construction. Fatal construction numbers for 2017 ranged from 39% due to falls, to 7% due to electrocution (OSHA, 2017).

Although the IHS does not have any specific human health and safety regulations, they require compliance with OSHA regulations. Regulations for safeguarding construction workers on construction sites fall under OSHA, and are the responsibility of the construction contractor(s). Risks to human health and safety at the project sites during construction would be temporary, localized, and minor given the OSHA safety regulations and requirements.

The operation of the new Whiteriver Hospital would expand services to include:

- Inpatient surgery
- Intensive care
- Expanded labor and delivery care, to include C-sections
- Expanded radiography, to include mammography
- Speech therapy
- Behavioral care (mental health and alcohol)
- Optometry
- Audiology

- Rehabilitation Services
- Preventive care services
- Wellness Center

The communities within the PSA would benefit from the availability of a modern health care delivery program that will improve access to basic medical services that are necessary to maintain and promote health for the residents of the service area. The provision of such services within a reasonable distance of a patient's home may encourage participation and involvement of the family in the healing process. For the Community member who has managed to maintain traditional value systems, the involvement of family and community in healing and overcoming problems is very important. The overall impacts to human health and safety from the operation of the new Whiteriver hospital would be reservation-wide, major, and beneficial.

3.17.4 Mitigation

Highly visible signs would be posted to warn and inform the public of construction activities in order to mitigate adverse impacts posed to human health and safety during construction activities.

To ensure that the health care providers can deliver services in a safe, secure environment, with minimal threats to the property and well-being of patients, visitors, and staff, professional security staff may be devoted solely to providing around-the-clock security coverage.

3.18 Climate Change

3.18.1 Existing Conditions

Climate change effects on ecosystems are increasing across the world. The effect of this on Arizona is to shrink its forests and make its deserts hotter Bowling, 2018). Drought conditions have also increased the risk and intensity of fires. Evacuation and pre-evacuation notices were issues in Show Low, Pinetop, and Lakeside – within 5 miles of the staff quarters site. It is estimated that the fire causes are 50% human and 50% lightning, but regardless of the initiation, the dry state of the forests causes the fires to be more intense. Navajo County are working on a Community Wildfire Protection Plan which will analyze areas at risk and recommend measures to reduce severe wildfires (Schaller, 2017).

Climate change is also affecting water supplies in the southwest as increased temperatures are worsening drought in the Colorado River Basin. The southwest is becoming drier, water supplies are diminished, and agriculture is at risk (James, 2018). The more intense droughts, large floods, and deteriorating infrastructure have led to ongoing decline in the availability of water for the expanding populations (USGCRP, 2018).

The rural nature of the Whiteriver region makes reduction in carbon footprint difficult, as public transportation is minimal and distances between facilities are large. For example, the White Mountain Connection bus travels between Holbrook and Pinetop-Lakeside, but does not go to Whiteriver (WMC, 2013).

3.18.2 No Action

Under the No Action alternative, the hospital and staff quarters would not be constructed. There would be no increase in emissions due to construction activities. However, due to the lack of

certain services offered at the existing hospital, more patient trips would be required to facilities at a distance from Whiteriver. Due to the lack of public transportation in the area, private vehicles, or IHS-provided shuttle buses would be required to transport patients. This would continue to increase CO_2 emissions in the area as the population grows. The effects on global climate change, though adverse, would be negligible overall.

3.18.3 Proposed Action

Construction of the replacement hospital and staff quarters would result in a local increase in CO_2 emissions due to transportation of materials and construction activities to include pouring concrete and asphalt. The availability of medical services in Whiteriver would reduce the number of patient trips outside the area, which would reduce the amount of CO_2 emissions. The overall impacts of the project on climate change would be negligible.

The climate change impact on the desert southwest is forecast to cause a potential increase in annual temperatures by between 6 and 8.5 degrees. This would result in increase in droughts and threaten water and food supplies. Urban settings with paved surfaces would experience amplified temperatures. Construction crews would be impacted and would need to schedule their activities to avoid the heat of the day. This could increase the time frame to complete construction if their work days are shortened EPA, 2018b). The overall impacts of climate change on the project would be negligible.

3.18.4 Mitigation

IHS guidelines require energy-efficient design for their facilities. By utilizing alternative energy sources such as solar, geothermic, and/or wood biomass while incorporating LEED Green Building Design Standards, IHS would be able to reduce the carbon footprint of the new facility.

4.0 CUMULATIVE IMPACTS

CEQ regulations 40 CFR 1508.7) require the assessment of cumulative impacts in the decision-making process for Federal projects. A cumulative impact is an impact on the environment that results from the incremental impact of one action when added to other past, present, and reasonably foreseeable future actions regardless of which agency (Federal or non-Federal), organization, or person undertakes such other actions. Cumulative impacts can result from individually minor, but collectively significant, actions taking place over a period of time.

To determine potential cumulative impacts, projects in the area surrounding the proposed project sites were identified. Potential projects identified as cumulative actions included any planning or development activity that was currently being implemented or that would be implemented in the reasonably foreseeable future. These cumulative actions were evaluated in conjunction with the impacts of each alternative to determine if they would have any additive effects on the resources impacted by the proposed facilities.

At the hospital site:

- IHS is preparing construction documents for a new 13,000 ft^2 administration building southeast of the Specialty Services Building. This new building will consolidate employees currently working in five existing modular buildings. Upon completion of the new administration building, four of the modular buildings will be demolished. This new building will not be adding additional employees/traffic to the hospital site.
    - This project would affect stormwater and drainage patterns on the site, topography/soils, and air quality
- IHS is planning a renovation project at the hospital that involves the emergency department, the primary care clinic and the physical therapy department. This project will not add any additional employees/traffic to the hospital site.
    - This project would affect human health and safety, and public services
- WMATUA has plans to build a new water treatment building near the proposed hospital to provide city water once the Miner Flat Dam is constructed.
    - This project would affect utilities, topography/soils, and air quality

Near the staff quarters site in the Hon Dah region:

- IHS has no other projects planned for the immediate future.
- WMAT has submitted grants to build a new Head Start Facility north of the Hondah Fire and Rescue Building.
    - This project would affect transportation, topography/soils, and air quality
- The White Mountain Apache Housing Authority is preparing information and planning efforts to apply for a grant to construct 100 homes, 1.5 miles northwest of the proposed staff quarters site.
    - This project could affect transportation, topography/soils, and air quality

Table 4-1 summarizes possible cumulative impacts from the construction and operation of the replacement hospital and staff quarters, and consideration of other reasonably foreseeable future actions. The primary resource areas affected by the proposed project, that are also anticipated to be affected by cumulative impacts, is human health and safety, and socioeconomics. Many of the current and future projects on the FAIR would incrementally increase tribal employment opportunities, through development of facilities to improve human health and safety, thereby increasing the household incomes of an unspecified number of tribal members and generating more revenue to the FAIR while improving the health and safety of the area residents. The impacts to socioeconomics and health and human safety are expected to be direct and indirect, moderate to major, and beneficial.

There would be no significant adverse cumulative impacts from the Proposed Action.

Table 4-1. Cumulative Impacts

Resource	Cumulative Impacts
Air Quality	Air Quality in the proposed project area is in attainment for all criteria. Additional construction projects in the vicinity might incrementally contribute particulate matter from dust and wind erosion that could affect air quality in the area. Any proposed construction activities would be required to follow County and tribal guidelines for minimizing impacts to air quality. Cumulative impacts on air quality would be negligible to minor, localized, and temporary.
Water Resources and Stormwater	Additional projects on the hospital site would affect the stormwater and drainage patterns. Design of protection of the stream along the southwest boundary of the site should incorporate potential stormwater from all improvements. Appropriate permits would be obtained, and BMPs followed. Proposed projects in the Hon Dah region would not affect water resources or stormwater at the staff quarters site. Cumulative impacts on water resources and stormwater would be moderate and adverse.
Groundwater	The projected water consumption of the new hospital and staff quarters represents an incremental increase in the consumptive use of water resources on the FAIR. Any future growth and development in the area would further increase water demands. Minor cumulative impacts are expected on the water supply.

Resource	Cumulative Impacts
Floodplain	There would be no impacts to the floodplain due to construction of the facilities. Planned projects appear to be at a distance from the floodplain. There would be no cumulative impacts to the floodplain by the project.
Topography and Soils	The construction of the additional projects in the area would increase impacts to the topography and soils in the region. The hospital site is already disturbed by previous grading and construction activities. The quarters site, and the sites of the future projects in the Hon Dah area, are currently largely undisturbed. Cumulative impacts to topography and soils would be localized and minor.
Geologic, Seismic Considerations	Due to modern construction techniques which address seismic concerns, there will be no impacts to geologic or seismic issues with construction of the facilities. Any proposed development projects in the area would likewise utilize seismically safe construction and design. There would be no cumulative impacts to geologic and seismic issues.
Invasive and Noxious Species	The construction of the facilities would serve to remove some invasive and noxious species, and plant native species. Future projects in the area would follow the same procedures, though the potential for spread of invasive and noxious species increases with construction vehicles entering the sites. Cumulative impacts to invasive and noxious species would be minor.
Special Status Species	The proposed facilities will have no impacts on listed species, as there are none on the project sites. Future projects in the area would undergo surveys prior to construction to ensure no species are adversely impacted. Cumulative impacts to special status species are anticipated to be negligible.
Cultural Resources	No cultural resources are located on the project sites. Future projects in the area would undergo surveys to ensure no cultural resources are adversely impacted. Cumulative impacts to cultural resources are anticipated to be negligible.

Resource	Cumulative Impacts
Socioeconomics	The construction and operation of the facilities are expected to create a small amount of short-term construction) and long-term facility operation) employment. Any and all future growth and development on the FAIR would bring additional jobs to the area that would benefit the tribal economy. Cumulative impacts to socioeconomics are anticipated to be minor to moderate and beneficial.
Land Use	Land use of the proposed facilities is consistent with WMAT land use policies. Any future development on the FAIR will also be consistent with the WMAT's land use plan, therefore there will be minor beneficial cumulative impacts.
Utilities and Public Service	The demand for utilities at the proposed facilities will be an increase over the current demand level. Existing water, wastewater, and electric utilities would be extended or rehabilitated during the Proposed Action. Future projects would likewise increase demand on the utilities. This increase should be accounted for in design of the utilities' rehabilitation. Cumulative impacts on utilities are anticipated to be moderate and beneficial due to the planned improvements.
Waste and Hazardous Materials Management	The construction of the facilities will generate a large quantity of construction debris for disposal. Any and all other construction projects on the FAIR would also increase the temporary impacts to waste management from the generation of construction debris. Operation of the hospital will have a minor impact on medical waste and hazardous materials management. Any other facilities in the vicinity that store, generate, or dispose of hazardous materials, would also cause adverse impacts to hazardous materials management. The addition of housing in the area increases demand for domestic waste collection. The cumulative impacts on solid waste and hazardous materials management from the construction and operation of the facilities will be moderate when combined with the other planned projects.

Resource	Cumulative Impacts
Transportation and Access	The Proposed Action would make beneficial changes to the roadways near both sites. The planned projects would benefit from these improvements, while increasing traffic demands in the Hon Dah area. Minor beneficial cumulative impacts to transportation and access issues are expected.
Noise	A minor, temporary increase in noise is anticipated in the project vicinity as a result of construction and operation of the facilities. Any additional projects in the vicinity might also incrementally contribute temporary noise impacts which could disturb residents and wildlife in the area during construction. The cumulative permanent impacts to noise are anticipated to be negligible.
Human Health and Safety	The Proposed Action would result in long-term beneficial human health and safety impacts, from the increased quality of health care available to SA members. Several of the planned projects are proposed for improvements to health care delivery for tribal members. Planned construction projects might impact human health and safety during construction. There would be major beneficial cumulative health and safety impacts in the area.
Climate Change	The addition of resources to the Whiteriver area reduces the need for long distance travel by private vehicles to other areas for health care or housing. The proposed action combined with the planned projects will help to reduce GHG emissions in the area. The cumulative impact on climate cannot be accurately quantified, but is anticipated to be negligible.

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ACRONYMS AND ABBREVIATIONS

AADT	Annual Average Daily Traffic
ADOT	Arizona Department of Transportation
A/E	Architect/Engineer
AI/AN	American Indian/Alaska Native
APE	Area of Potential Effect
ASNFs	Apache-Sitgreaves National Forests
AZ	Arizona
AZDA	Arizona Department of Agriculture
AZGFD	Arizona Game and Fish Department
BIA	Bureau of Indian Affairs
BMP	Best Management Practice
CAA	Clean Air Act
CCC	Civilian Conservation Corps
CDP	Census Designated Place
CEQ	Council on Environmental Quality
CFR	Code of Federal Regulations
CGP	Construction General Permit
CO	Carbon Monoxide
CO_2	Carbon Dioxide
CWA	Clean Water Act
CZMA	Coastal Zone Management Act
dB	Decibel
dBA	Decibel Measurement Unit

DHHS	Department of Health and Human Services
DOT	Department of Transportation
EA	Environmental Assessment
EIS	Environmental Impact Statement
EPA	Environmental Protection Agency
EPO	Environmental Protection Office
ESA	Endangered Species Act
FAA	Federal Aviation Administration
FACT	Fort Apache Connection Transit
FAIR	Fort Apache Indian Reservation
FEMA	Federal Emergency Management Agency
FIRM	Flood Insurance Rate Map
FONSI	Finding of No Significant Impact
GHG	Greenhouse Gases
IHS	Indian Health Service
IPaC	Information for Planning and Consultation
LEED	Leadership in Energy and Environmental Design
MBTA	Migratory Bird Treaty Act
MNA	Museum of Northern Arizona
MUA	Medically Underserved Area
MUTCD	Manual on Uniform Traffic Control Devices
NAAQS	National Ambient Air Quality Standards
NAGPRA	Native American Graves Protection and Repatriation Act
NEPA	National Environmental Policy Act
NFPA	National Fire Protection Association
NHPA	National Historic Preservation Act

NOI	Notice of Intent
NOx	Nitrogen Oxides
NPDES	National Pollution Discharge Elimination System
NRCS	National Resources Conservation Service
NWI	National Wetlands Inventory
NWP	Nationwide Permit
OSHA	Occupational Safety and Health Administration
PAIHS	Phoenix Area Indian Health Service
PCA	Primary Care Area
PIMC	Phoenix Indian Medical Center
PJD	Program Justification Document
PM10	Particulate matter less than 10 micrometers in diameter
POLs	Petroleum, Oil, and Lubricants
PSA	Primary Service Area
SDWA	Safe Drinking Water Act
SHPO	State Historic Preservation Office
SO_2	Sulfur Dioxide
SR	State Route
SSER	Site Selection and Evaluation Report
SWPPP	Storm Water Pollution Prevention Plan
TEOM	Tapered Element Oscillating Microbalance
TERO	Tribal Employment Rights Office
THPO	Tribal Historic Preservation Officer
USACOE	United States Army Corps of Engineers
USCB	United States Census Bureau
USFWS	United States Fish and Wildlife Service

USGS	United States Geological Survey
VOCs	Volatile organic compounds
WMAT	White Mountain Apache Tribe
WMATUA	White Mountain Apache Tribal Utility Authority

APPENDIX B

Public Involvement Materials

DEPARTMENT OF HEALTH & HUMAN SERVICES **INDIAN HEALTH SERVICE**

Whiteriver Indian Hospital
200 West Hospital Drive
P.O. Box 860
Whiteriver, Arizona 85941

August 20, 2025

Dear Interested Party:

The Indian Health Service (IHS) Whiteriver Service Unit (WRSU) is requesting comments on the proposed Whiteriver Replacement Hospital and Staff Quarters project located on the Fort Apache Indian Reservation.

An Environmental Assessment (EA) was completed for the project in May 2019, and a Finding of No Significant Impact was issued by the IHS on May 20, 2019. Since 2019, the proposed project area has expanded, and several new elements of the project have been added. Thus, the IHS has identified the need for a Supplemental EA to assess new information and changed circumstances. The Supplemental EA will incorporate, by reference, the existing analysis in the 2019 EA, and provide new analysis for any changes or additions to the 2019 EA.

As described in the 2019 EA, the site of the proposed hospital is adjacent to the existing Whiteriver Hospital on Arizona State Route (SR) 73, in the northern section of the community of Whiteriver, Arizona (Figure 1, Figure 2). The hospital site lies at approximately 33°52’31.67” North and 109°57’34.29” West in portions of Sections 30 and 31, Township 6 North, Range 23 East and Sections 25 and 36, Township 6 North, Range 22 East, Gila and Salt River Baseline and Meridian, as indicated on the Whiteriver and Alchesay Flat, Arizona, U.S. Geological Survey (USGS) 7.5-minute quadrangles.

As described in the 2019 EA, the site of the proposed staff quarters is near the community of Indian Pine, Arizona, southeast of the Hon-Dah Resort and Casino, adjacent to the intersection of SR 73 and SR 260 (Figure 1, Figure 3). The proposed staff quarters site lies at approximately 34°4’6.36” North and 109°53’51.20” West in portions of Sections 21–23, 26, and 27, Township 8 North, Range 23 East, Gila and Salt River Baseline and Meridian, as indicated on the Indian Pine, Arizona, USGS 7.5-minute quadrangle.

PURPOSE AND NEED FOR THE PROJECT

The WRSU has been serving the White Mountain Apache Tribe (WMAT) and surrounding region at the Whiteriver Indian Hospital for over 41 years and currently serves approximately 17,000 Tribal members and other Native American communities around the area. Most health care services at the existing hospital are offered on-site, but specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. In 2024, the Arizona Department of Health designated the WMAT region as one of the five highest need Primary Care Areas with a classification as an Arizona Medically Underserved Area.
As explained in the 2019 EA, the purpose and need for the healthcare delivery program and replacement hospital would be to expand existing services and provide comprehensive healthcare to the WMAT. The purpose and need for the staff quarters would be to provide housing units for the additional employees needed to staff the expanded services at the hospital site. The new quarters will serve to absorb the increase in staff employed at the new facility in a market where housing options are limited due to high demand.

PROPOSED ACTION

The WRSU proposes to build a new hospital and associated facilities within the WMAT region, adjacent to the existing Whiteriver Hospital, and new staff housing approximately 15 miles to the north of the hospital, just south of Indian Pine, Arizona.

Elements associated with the proposed action at the hospital site are listed below. A comparison is provided between the 2019 EA hospital site elements and the new project description that will be analyzed in the Supplemental EA. Construction of the hospital site elements would occur from mid-2026 through early 2029. Demolition of the existing hospital building would begin in 2029 and would conclude in 2030.

Hospital Site Element	**Comparison with 2019 EA**
Construction of a new 407,746-square-foot (sq-ft) hospital building including emergency medical services.	Similar in size and description.
Construction of a new 4,083-sq-ft maintenance facilities building.	Not specified in the 2019 EA.
Construction of a new 1,500-sq-ft pump house building.	Not specified in the 2019 EA.
Construction of five stormwater detention basins. Each basin is designed to hold 2.5 feet of water with 6 inches of freeboard, connected by a series of pipes ending at the Arizona Department of Transportation right-of-way adjacent to the hospital site.	Not specified in the 2019 EA.
Construction of a 16,316-sq-ft wastewater building and associated piping. There would be water, sewer, and reclaimed water piping coming to and from this building from the main hospital campus.	Included generally in the 2019 EA in the associated facilities discussion as “parking areas, wastewater treatment upgrades, and water supply” upgrades.
In total, 1,335 patient, visitor, and staff parking spaces distributed throughout the hospital site. An appropriate number of spaces would be matched with associated buildings.	Included generally in the 2019 EA in the associated facilities discussion as “parking areas, wastewater treatment upgrades, and water supply” upgrades.
An approximately 5-acre lay-down area (for the temporary storage of construction supplies and equipment) would be located south of SR 73 across from the hospital site.	Not specified in the 2019 EA
Two new driveways would be added along SR 73, along with an upgrade to the existing main entrance. A traffic signal would be installed at the existing main entrance.	The 2019 EA described changes to the SR 73 at Apache Circle intersection by adding a traffic signal and an eastbound turn lane into Apache Circle. Additionally, a right-in, right-out access to for SR 73 was described for the south end of the site.

Elements associated with the proposed action at the staff quarters site (south of Indian Pine) are listed below. A comparison is provided between the site elements of 2019 EA staff quarters and the new project description that will be analyzed in the Supplemental EA. Construction of the staff quarters and wastewater treatment facility would occur from mid-2026 through early 2029.

Staff Quarters Site Element	Comparison with 2019 EA
Approximately 183 housing units, each with two to four bedrooms, would be located on the 100-acre parcel identified in the 2019 EA.	2019 EA discussed 141 staff residences on the 100-acre parcel. The location of the 100-acre parcel remains the same.
Construction of an access road from SR 73 to the proposed staff quarters site.	Access road was not specified in the 2019 EA. The construction of a new northbound right-turn lane and southbound left-turn lane on SR 73 were specified.
Construction of a 13,339-sq-ft wastewater treatment building with sewer, water, and reclaimed water piping.	Not specified in the 2019 EA.
Construction of a new access road and upgrading the existing gravel access road to asphalt, from Timber Ridge Road to the proposed water treatment plant.	Activities associated with a new access road were not specified in the 2019 EA.

PUBLIC AND AGENCY SCOPING PERIOD

The IHS is requesting comments from the public and agencies during this 30-day scoping period. During this scoping period, you are invited to identify any issues or concerns you may have with the proposed action and provide comments on the scope and content of the Supplemental EA. The IHS will consider your comments during development of the Supplemental EA. Comments will be accepted throughout the 30-day scoping period beginning August 20 through September 19, 2025. Scoping comments can be submitted by email or by mail:

By email:

Brian.Campbell@.ihs.gov

By delivery to:

Whiteriver Indian Hospital
Captain Brian Campbell
PO Box 860
Whiteriver, AZ 85941

Please note that comments will be subject to disclosure under the Freedom of Information Act and comments may be published as part of the Supplemental EA.

Thank you for your participation in the environmental review process. We appreciate your interest and look forward to your comments.

Sincerely,

Brian N. Campbell PharmD., BCPS
CAPT United States Public Health Service
Deputy Chief Executive Officer

Attachments:
Figure 1. Project vicinity.
Figure 2. Whiteriver Hospital project area.
Figure 3. Staff quarters project area.

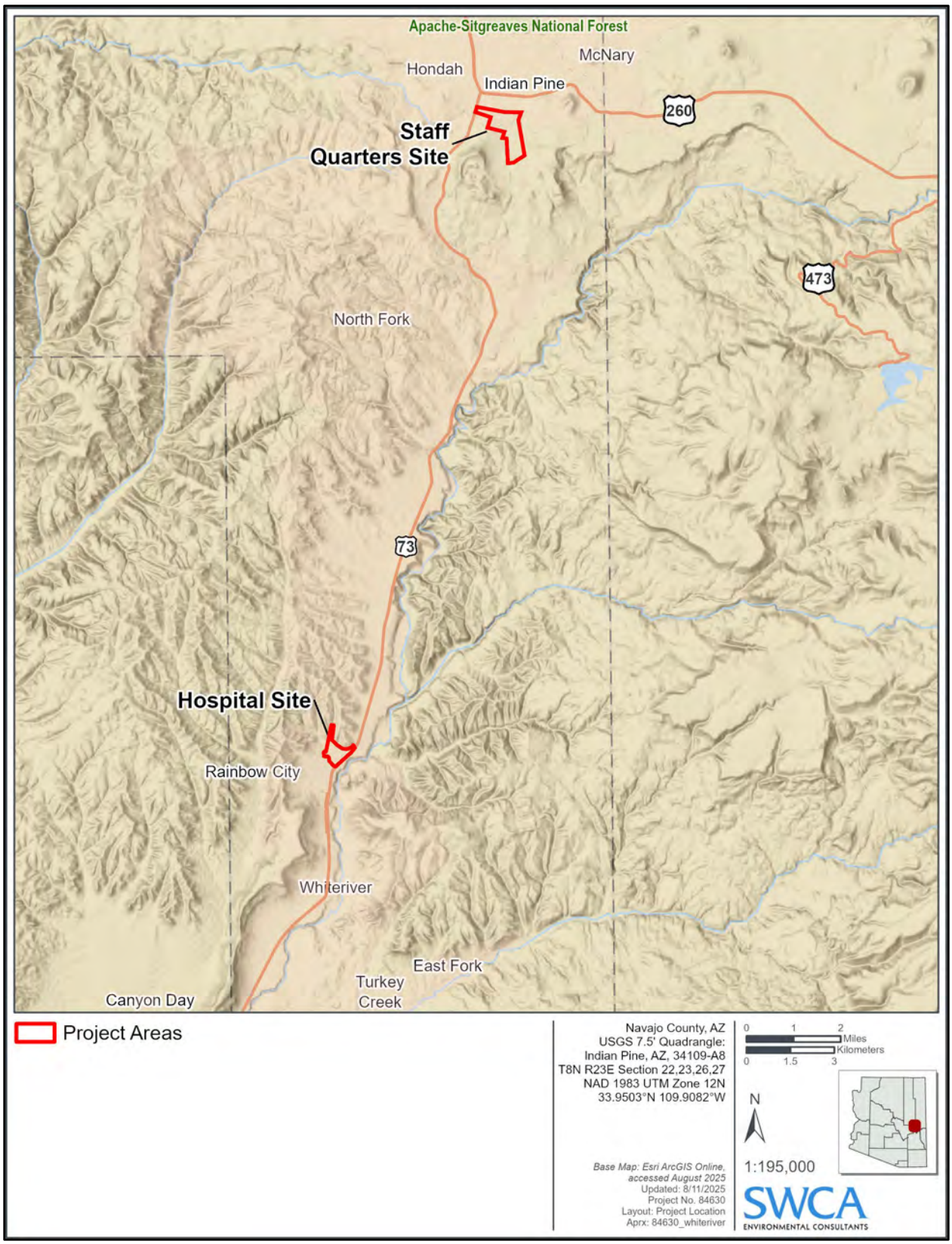


Figure 1. Project vicinity.

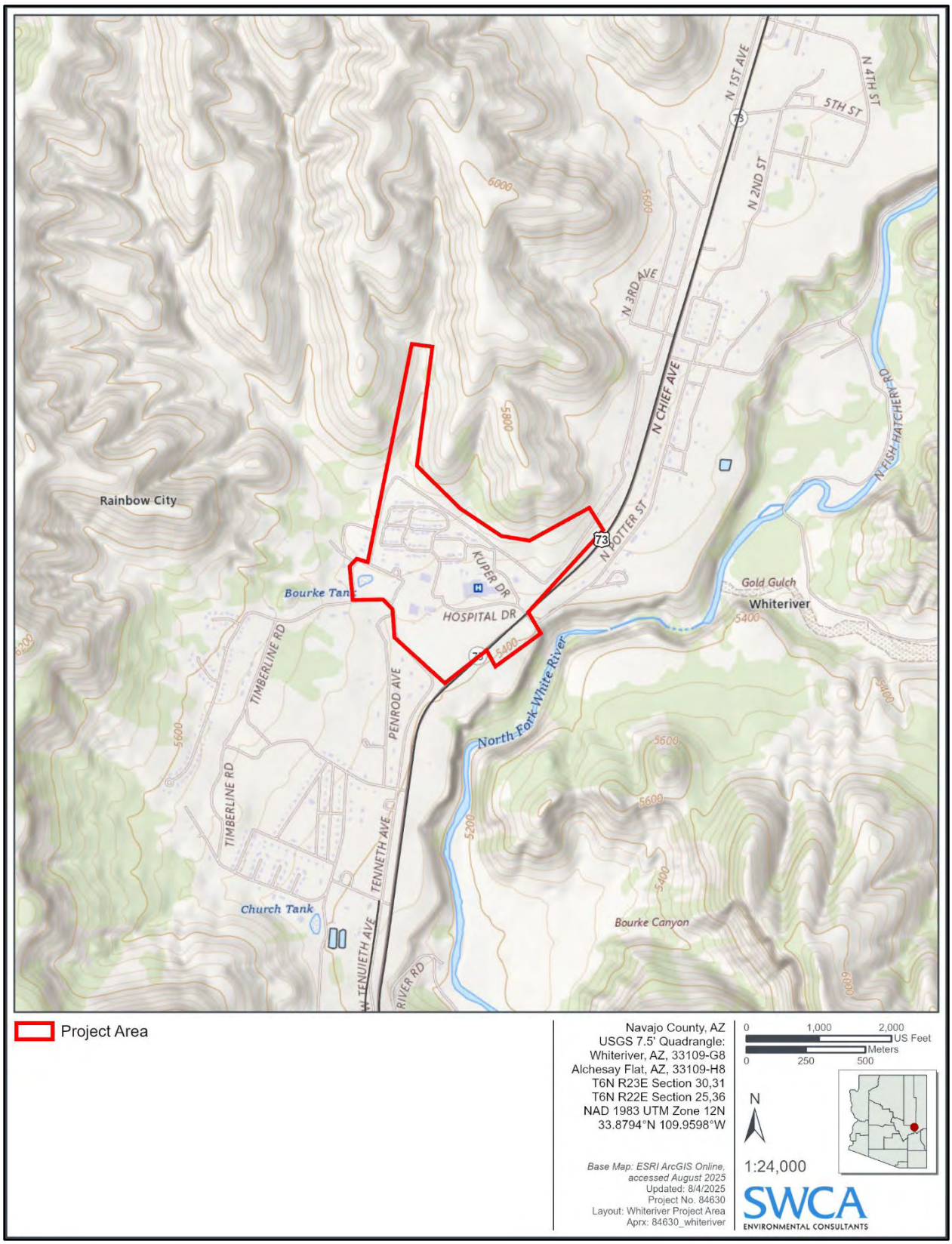


Figure 2. Whiteriver Hospital project area.

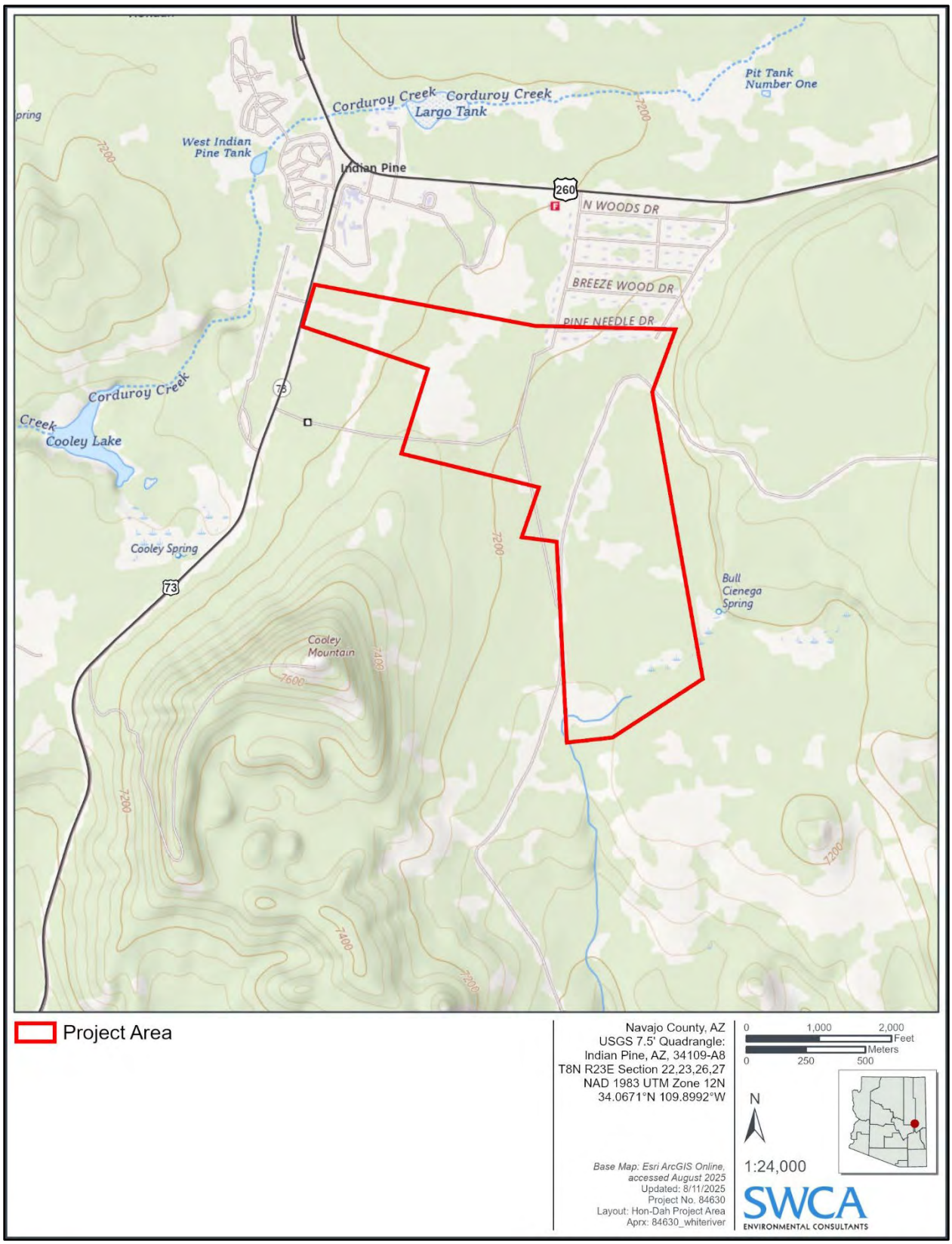


Figure 3. Staff quarters project area.

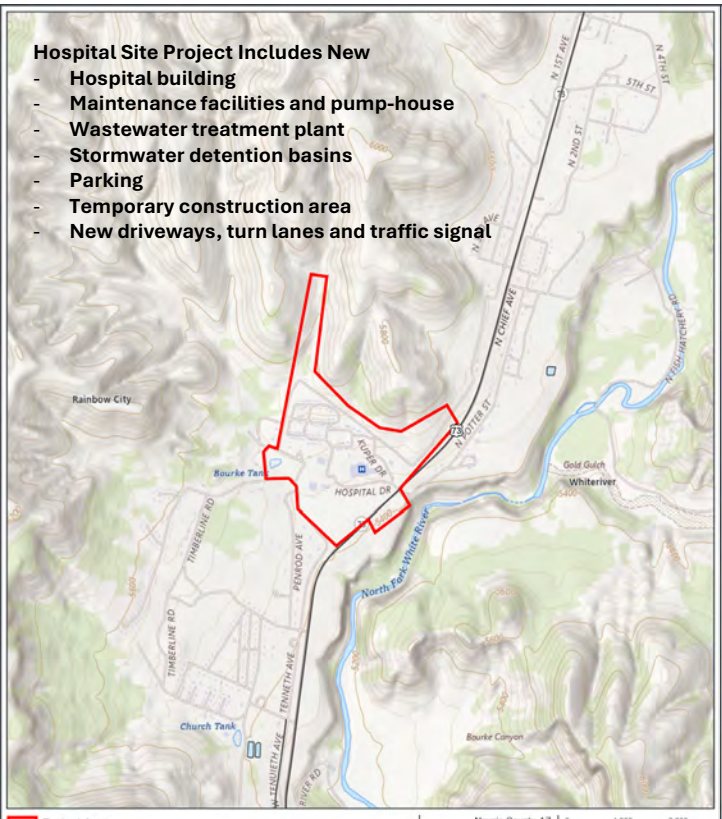
DEPARTMENT OF HEALTH & HUMAN SEREVICES

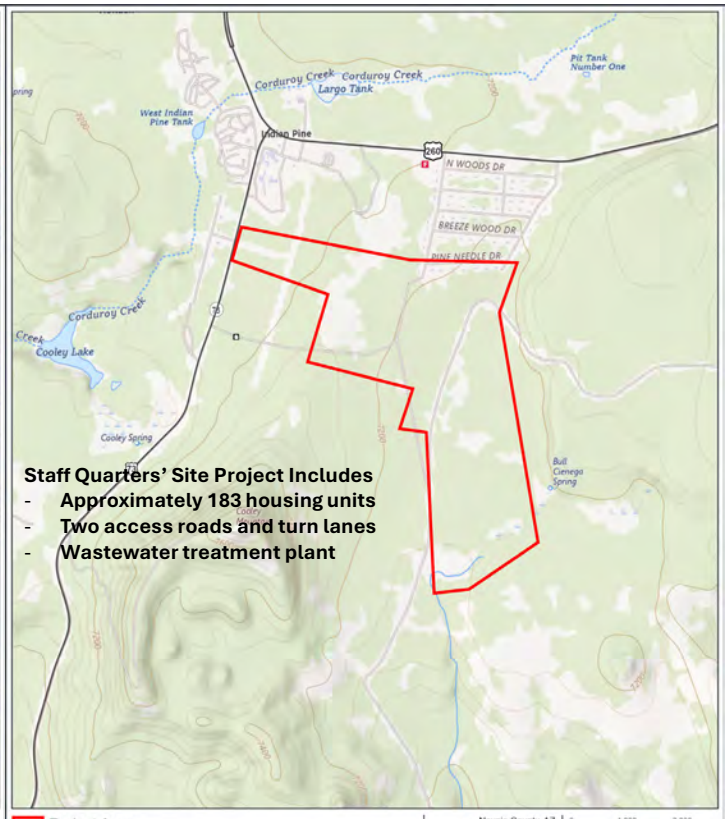
INDIAN HEALTH SERVICE
Whiteriver Indian Hospital
200 West Hospital Drive
P.O. Box 860
Whiteriver, Arizona 85941

Hospital Replacement and Staff Quarters Project

The Indian Health Service (IHS) Whiteriver Service Unit (WRSU) is requesting comments on the proposed Whiteriver Replacement Hospital and Staff Quarters project located on the Fort Apache Indian Reservation.

The WRSU proposes to build a new hospital and associated facilities within the WMAT region, adjacent to the existing Whiteriver Hospital, and new staff housing approximately 15 miles to the north of the hospital, just south of Indian Pine, Arizona.





A Supplemental Environmental Assessment is being completed for this project. As part of that process, **comments are requested from the community**. Comments will be accepted until September 26, 2025. Send comments to:

Whiteriver Indian Hospital
Captain Brian Campbell
PO Box 860
Whiteriver, AZ 85941

OR

Brian.Campbell@ihs.gov

Radio Announcement

The Indian Health Service is proposing to build a new hospital adjacent to the existing hospital in Whiteriver. They are also proposing to build hospital staff housing southeast of the Hondah casino. If you would like details about the project or if you have comments related to the project, email the Captain Brian Campbell at the Whiteriver Indian Hospital at brian.campbell@ihs.gov. Comments on the project are being accepted through September 26th.

Good morning Captain Campbell,

Thank you for your correspondence of August 20, 2025, received by us on September 2, 2025. This email documents our review of the subject proposed action, a replacement hospital and staff quarters, on the Fort Apache Indian Reservation (FAIR), in Navajo County, Arizona, per your request for scoping comments on the supplemental Environmental Assessment (EA).

Originally, the Indian Health Service (IHS) issued a Finding of No Significant Impact on May 20, 2019, for a replacement hospital and staff quarters. Since then, the IHS expanded the proposed project area and added several new elements to the project. Thus, the IHS identified the need for a supplemental EA to address these changes. The supplemental EA will incorporate, by reference, the existing analysis in the 2019 EA, and provide an analysis for any new potential effects.

We recommend the IHS coordinate with the White Mountain Apache Tribe's Game and Fish Department to update the 2018 Biological Assessment (BA) prepared in conjunction with the 2019 EA. Per out Statement of Relationship with the Tribe, the Tribe advises project proponents about species that need to be addressed in project planning, both tribally and federally listed. The Tribe also reviews and advises the proponent about their determinations of effect on species, which would determine the need to consult with the U.S. Fish and Wildlife Service under section 7 of the Endangered Species Act. The IHS' consultant prepared the 2018 BA in coordination with the Tribe. That BA included information the consultant obtained through the Service's Information for Planning and Consultation (IPaC), a project planning tool. Please note that the Service refines, updates and improves information in IPaC on a regular basis. Therefore, in general, we advise project proponents to confirm their IPaC results if there is a lapse in time in project planning and/or the project changes. IPaC can be a starting point for species to consider. The Tribe's Game and Fish Department has the expertise to assist you determine what if any species may be affected by your proposed project.

We appreciate the IHS' outreach for our comments on this proposal. For further information, please contact me or my supervisor, Shaula Hedwall (Shaula_Hedwall@fws.gov). Please refer to the technical assistance number 2025-0151677-TA-001 in future correspondence concerning this project.

Sincerely,

John Nystedt
Acting Native American Liaison
Southwest Regional Office, U.S. Fish and Wildlife Service

Biologist/Tribal Coordinator
Arizona Ecological Services Office

2500 S. Pine Knoll Dr., Flagstaff, AZ 86001
cell: 602-478-3797; office: 928-556-2160
https://www.fws.gov/office/arizona-ecological-services

WHITE MOUNTAIN APACHE TRIBE
Game and Fish

PO BOX 220 * WHITERIVER, ARIZONA 85941 * PHONE (928) 338-4385 * FAX (928) 338-1712

Date: September 23, 2025

Brenda Pusher-Begay
White Mountain Apache Tribe
Environmental Protection Office
PO Box 1159
Fort Apaches, AZ 85926

Re: Whiteriver Hospital and Staff Quarters Project

The above-referenced project refers to Indian Health Services Whiteriver Service Unit (WRSU) proposal to construct a new hospital complex and associated staff housing quarters for the White Mountain Apache Tribe to replace the existing Whiteriver hospital. This project includes 134 acres for the new hospital complex at the existing hospital location and 332 acres for the new housing quarters for hospital staff southeast of the Hon-Dah Resort and Casino near the intersection of SR 73 and SR 260, approximately 13 miles north of Whiteriver.

This project, originally approved in 2019, has expanded in area and project components. The hospital area expanded from 83 to 134 acres from the original proposal and the proposed staff quarters project area expanded from 100 to 332 acres. The project has also expanded to include waste-water treatment facilities and potential change to infrastructure placement.

Please be advised that we have reviewed the information relative to the project, including the map and site details for the construction of the new hospital and staff housing. There are no known federally threatened, endangered, or tribally sensitive species within the immediate project area.

Thank you for your concern for the natural resources of the Reservation.

Sincerely,

Gage Hollingsworth
Wolf Biologist/Sensitive Species Coordinator
White Mountain Apache Tribe
Game and Fish Department

APPENDIX C

Eight-Step Decision Making Process

Eight-Step Decision-Making Process
Executive Order 11988: Floodplain Management
Whiteriver Hospital Project – Navajo County, Arizona

INTRODUCTION

Executive Order (EO) 11988: Floodplain Management requires federal agencies "…to avoid to the extent possible the long- and short-term adverse impacts associated with the occupancy and modification of floodplains and to avoid direct and indirect support of floodplain development wherever there is a practicable alternative." Section 2(a) of EO 11988 outlines an eight-step decision-making process for floodplain impacts. The Indian Health Service (IHS) follows this eight-step decision-making process for all actions involving new construction or substantial improvement in the floodplain.

The IHS Whiteriver Service Unit (WRSU) proposes to construct and operate a new hospital and associated facilities in Whiteriver, Arizona (Figure 1), and to construct hospital staff quarters and a wastewater treatment plant north of Whiteriver near Indian Pine, Arizona (Figure 2), both on the Fort Apache Indian Reservation.

The Proposed Action includes construction of a new hospital campus designed to provide comprehensive medical services and supporting infrastructure on approximately 129 acres of Fort Apache Indian Reservation–owned land in the northern section of the community of Whiteriver, in Navajo County, Arizona. The approximate geographic coordinates of the site are 33.877476°, -109.961766°. The staff quarters portion of the project would consist of dedicated hospital employee housing consisting of approximately 324 housing units, ranging in size from two to four bedrooms, offering a mix of options to accommodate staff and their families; ~200 units on approximately 332 acres of Fort Apache Indian Reservation–owned land south of Indian Pine, along State Route 73, in Navajo County, Arizona. The approximate geographic coordinates of the site are 34.068576°, -109.895402° and 134 units on the 129 acres at Hospital Site.

The WRSU has been serving the White Mountain Apache Tribe (WMAT) and surrounding region at the Whiteriver Indian Hospital for over 41 years and currently serves approximately 17,000 Tribal members and other Native American communities around the area. Most health care services at the existing hospital are offered on-site, but specialized and complex care may require a trip to the Phoenix Indian Medical Center, which is 180 miles away. In 2024, the Arizona Department of Health designated the WMAT region as one of the five highest need Primary Care Areas with a classification as an Arizona Medically Underserved Area (Arizona Department of Health Services 2024).

The purpose and need for the healthcare delivery program and replacement hospital would be to expand existing services and provide comprehensive healthcare to the WMAT. The purpose and need for the staff quarters would be to provide housing units for the additional employees needed to staff the expanded services at the hospital site. The new quarters will serve to absorb the increase in staff employed at the new facility in a market where housing options are limited due to high demand.

To ensure the Proposed Action is consistent with EO 11988, development in the floodplain is evaluated below using the eight-step decision-making process.

STEP 1 – DETERMINE WHETHER THE PROPOSED ACTION IS LOCATED IN A FLOODPLAIN

The Federal Emergency Management Agency (FEMA) National Flood Hazard Layer was reviewed to determine whether the project is in a floodplain. The proposed hospital and associated facilities are mapped on FEMA Flood Insurance Rate Map panel numbers 04017C5050E and 04017C5125E and are within Zone X (FEMA 2025a) which is classified as an area of minimal flood hazard. Figure 3 illustrates the flood zone in the project area. Areas mapped as Zone X are defined by FEMA as "areas determined to be outside the 0.2% annual chance floodplain" (FEMA 2025b).

The proposed staff quarters and wastewater treatment plant are mapped on FEMA Flood Insurance Rate Map panel number 04017C4975F and are within Zone D (FEMA 2025a) which is classified as an area of undetermined flood hazard. Figure 4 illustrates the flood zone in the project area. Areas mapped as Zone D are defined by FEMA as "areas in which flood hazards are undetermined but possible" (FEMA 2025b).

Although FEMA data indicate a majority of the project area is currently designated as Zone X (Unshaded) and Zone D, a hydrologic analysis was conducted to model the approximate 100-year and 500-year inundation areas within the project area during an equivalent event. The hydrologic analysis indicates that approximately 24.8 acres of 100-year floodplain conditions and approximately 29.8 acres of 500-year floodplain conditions occur within the project area. The modeled floodplains identified by the project's hydrologic analysis are the basis for impacts being considered under the project's environmental assessment (EA).

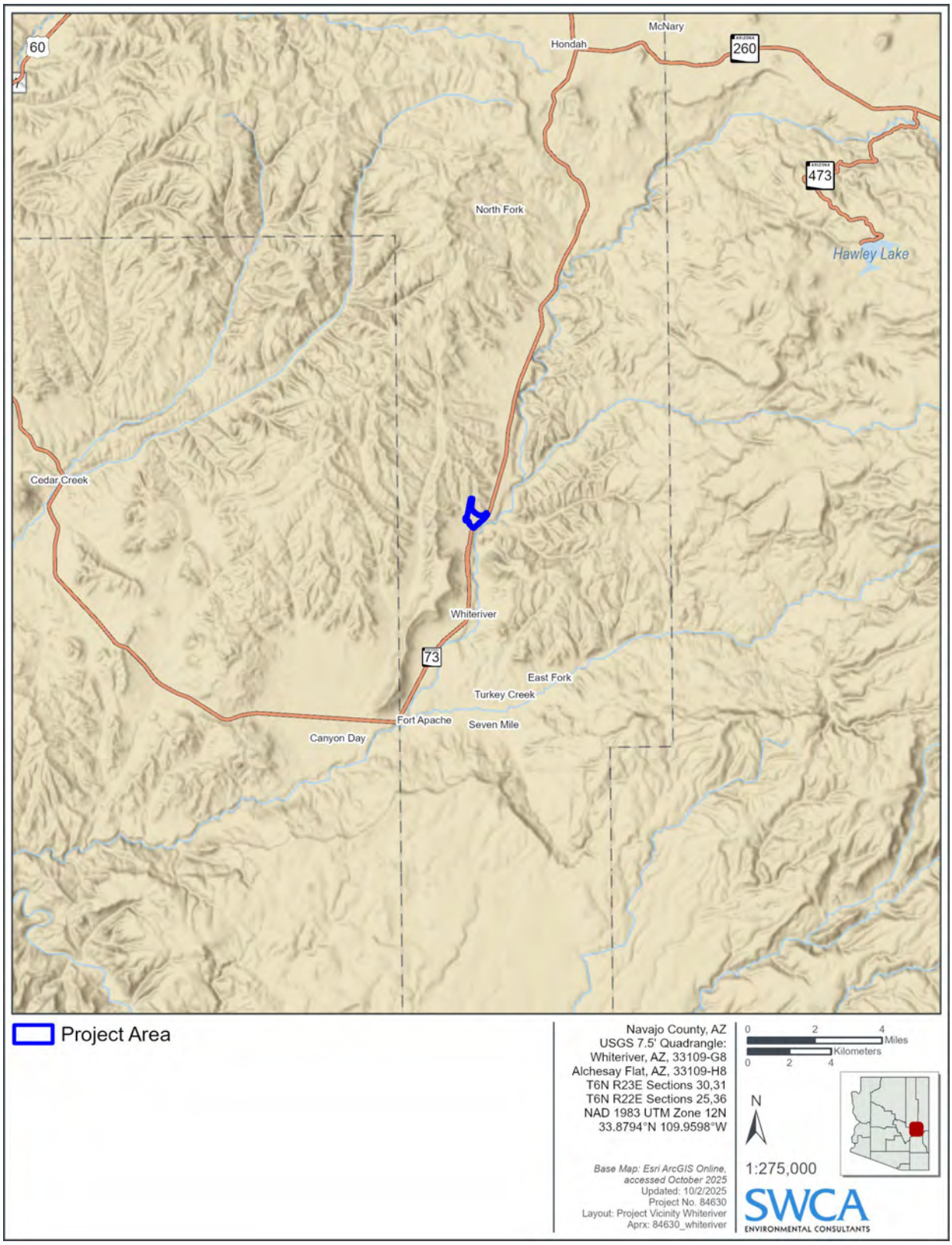


Figure 1. Hospital and associated facilities project location.

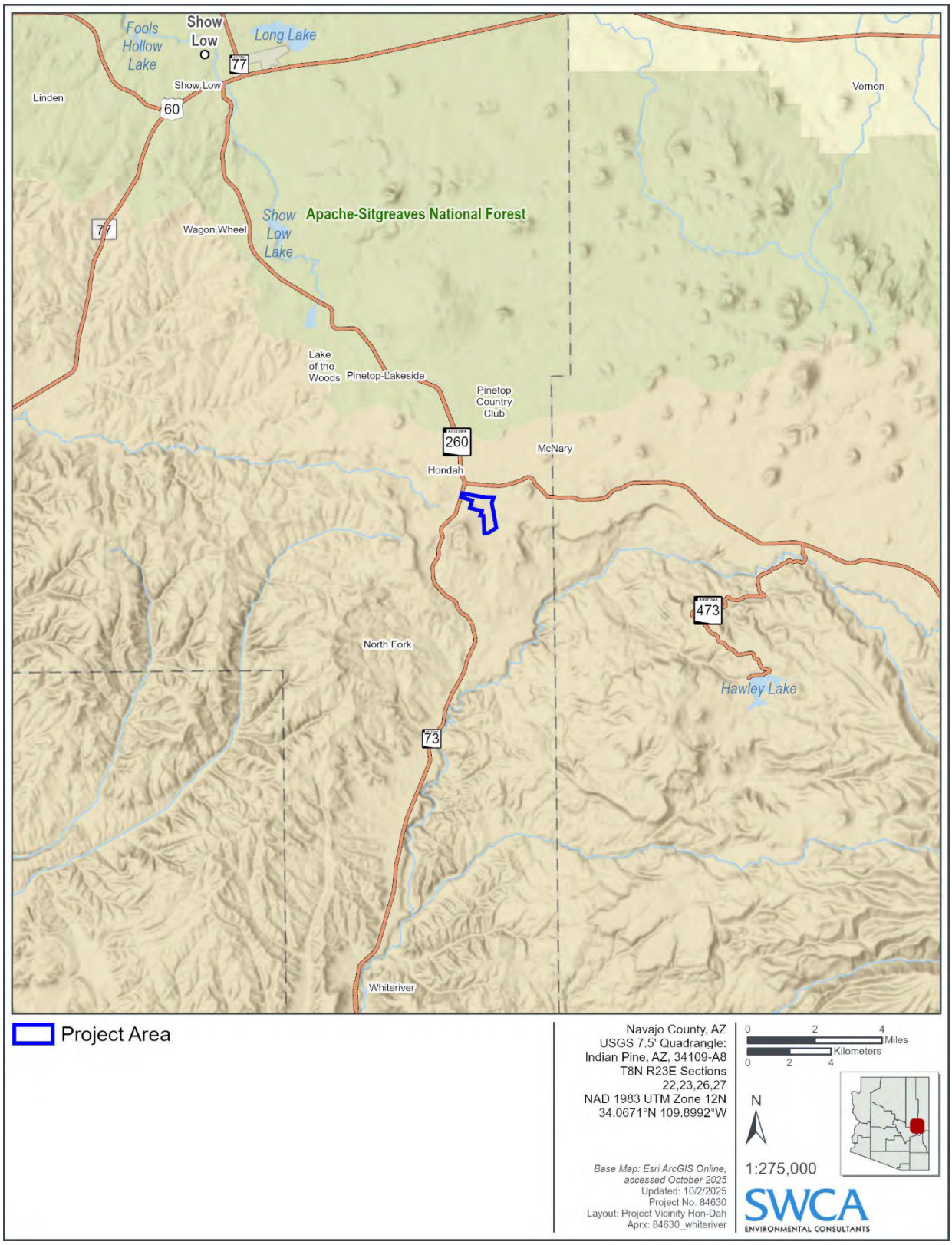


Figure 2. Staff quarters and wastewater treatment plant project location.

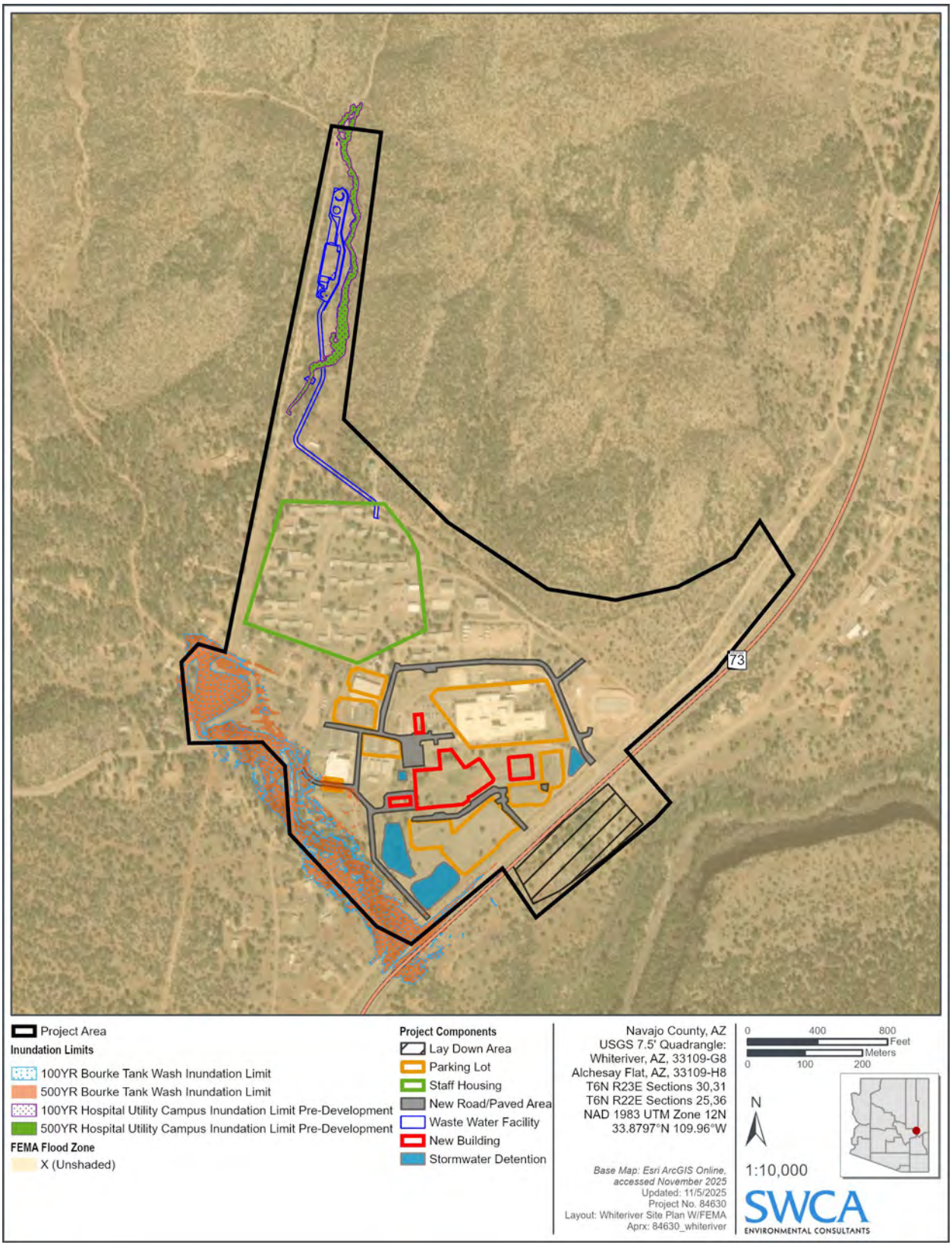


Figure 3. Hospital and associated facilities inundation levels and flood zone.

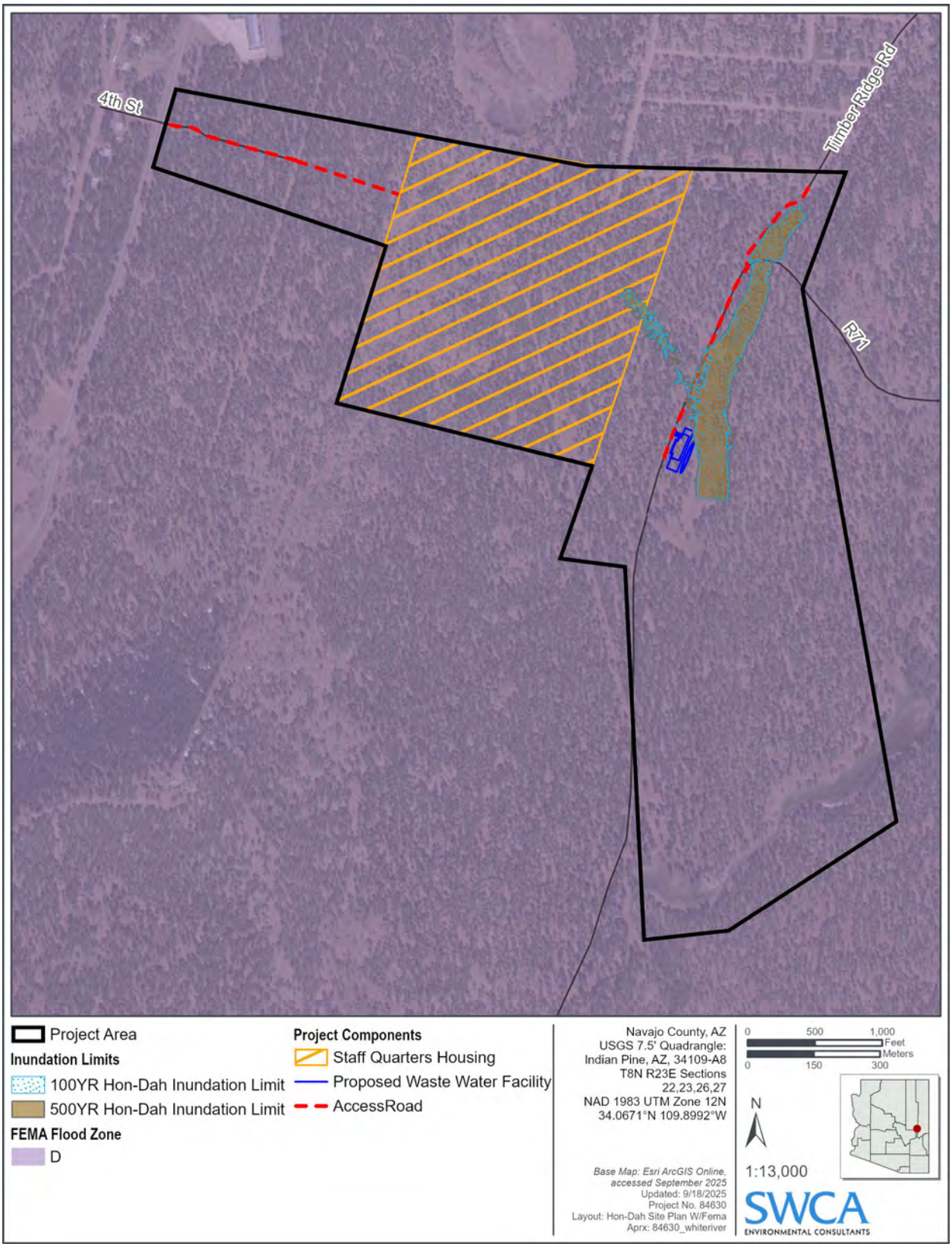


Figure 4. Staff quarters and wastewater treatment plant inundation levels and flood zone.

STEP 2 – PRELIMINARY PUBLIC NOTICE

A Preliminary Public Notice of IHS's intent to carry out an action in a floodplain and involve the affected and interested public in the decision-making process was published in the *Apache Scout,* a newspaper that serves Whiteriver, Arizona, and the surrounding areas that encompass the project areas. Interested parties were invited to submit comments to IHS during the 14-day public comment period. The preliminary notice was published in the *Arizona Republic* on November 21, 2025; *White Mountain Independent* on November 25, 2025; and the *Fort Apache Scout* on November 25 and 28, 2025. A copy of the preliminary notice is provided in Attachment 1.

STEP 3 – SEARCH FOR PRACTICABLE ALTERNATIVES

Action Alternatives

The applicant conducted an initial evaluation of six sites in the 2019 EA (Dockit Consulting, LLC 2019). Two of those sites were dismissed due to biological resource concerns, lengths of access roads needed, and higher development and infrastructure costs. Three other sites that were evaluated had similar concerns, in addition to the presence of significant sloping and drainage gullies, and proximity from Tribal housing communities. Additionally, none of the six potential sites would avoid floodplains.

The site identified for the Proposed Action is the result of the environmental screening of the larger evaluation areas being refined through design and review to avoid additional environmental impacts such as elk migration and rutting areas. Additionally, placement of the wastewater treatment facilities and new access roads need to be in proximity to the other proposed facilities and existing roadways.

No alternatives other than the Proposed Action were considered for further analysis because of the limited resource impacts anticipated to occur under the Proposed Action.

No Action Alternative

The No Action Alternative is not practicable because it fails to address the project need to meet the growing healthcare demands in the community.

STEP 4 – IDENTIFY IMPACTS AND BENEFICIAL VALUES/FUNCTIONS

Natural floodplains provide flood risk reduction benefits by slowing runoff and storing water. Floodplains are also areas of high biological productivity. Other benefits include fish and wildlife habitat protection, flood and erosion control, groundwater recharge, and surface water quality maintenance by filtering sediment and contaminants. The 500-year floodplain within the hospital and associated facilities project area is associated with sheet flow and ephemeral drainages that flow in response to precipitation events. The base floodplain within the project area has been previously disturbed by the existing hospital building and associated structures. The floodplain within the staff quarters and wastewater treatment plant project area is associated with sheet flow and ephemeral drainages, such as Bull Cienega Creek, that flow in response to local precipitation events.

Although the natural function of the base floodplain would be impacted by the Proposed Action, impacts would be minimal and the modifications proposed for construction of the hospital facilities, staff quarters, and wastewater treatment plants are not anticipated to impound or increase flow rates or change the flooding frequency class within the project areas.

During the construction period, up to 129 acres of the hospital and associated facilities project area would be temporarily disturbed by the installation of project components. Approximately 13.8 acres of 100-year inundation areas and approximately 17 acres of 500-year inundation areas within the Whiteriver hospital

project area would be affected. Approximately 11 acres of 100-year inundation areas and approximately 12.8 acres of 500-year inundation areas would be affected at the staff quarters site.

No impacts to wetlands, groundwater, surface waters, threatened or endangered species, cultural resources, air quality, aesthetics, transportation, or noise are anticipated if the Proposed Action is constructed.

STEP 5 – MITIGATE ADVERSE IMPACTS

The hospital, associated facilities, staff quarters, and wastewater treatment plants are not within a Special Flood Hazard Area (FEMA 2025a). Any modifications to floodplains are not anticipated to impound or increase flow rates within the project area or otherwise indirectly and adversely affect the hydrologic character of a floodplain.

STEP 6 – REEVALUATE ALTERNATIVES

The selected project areas are the most reasonable and feasible locations for the Whiteriver hospital facilities, staff quarters, and wastewater treatment plants because they minimize environmental impacts to and address the need for expanded healthcare services for the WMAT. Because the Proposed Action would not significantly alter water levels nor reduce habitat in the base floodplain, construction and operation of the Proposed Action is practicable.

The No Action Alternative is not practicable because it fails to meet the need of increasing demand for specialized and complex healthcare in the community.

STEP 7 – FINAL PUBLIC NOTICE

A final public notice will be published with the Notice of Availability for the finding of no significant impact (FONSI). The final public notice would provide the public with a finding of the IHS final decision that the Proposed Action is the only practicable alternative and an explanation for the significant need for the Proposed Action.

STEP 8 – IMPLEMENT PROPOSED ACTION WITH APPROPRIATE MITIGATION

Upon issuance of the FONSI/final public notice, the Proposed Action would be constructed and operated in accordance with applicable floodplain management procedures. WRSU would obtain all required federal, state, and local building and site development permits for impacts to the floodplain before construction to preserve function and value.

Other implementation measures and mitigation are contingent on final permits/authorizations and commitments documented in the EA and FONSI.

LITERATURE CITED

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Attachment 1: Preliminary Public Notice

Preliminary Public Notice Language for Potential Impacts to Floodplains
Whiteriver Hospital Project

The Indian Health Service Whiteriver Service Unit proposes to construct and operate a new hospital, associated facilities, and staff quarters in Whiteriver and near Indian Pine, Arizona, on the Fort Apache Indian Reservation. The proposed project would construct a new hospital campus designed to provide comprehensive medical services and supporting infrastructure. At the center of the project is the construction of a 407,746-square-foot hospital building that will include emergency medical services. Supporting facilities will be built throughout the site, including 134 staff housing units, a 4,083-square-foot maintenance building, a 1,500-square-foot pump house, and a 16,316-square-foot wastewater plant with associated piping connections to water, sewer, and reclaimed water systems extending to and from the hospital campus. The total project area for the hospital and associated facilities is approximately 129 acres and is just north of Whiteriver, along State Route (SR) 73. The geographic coordinates of the hospital site are 33.877476°, -109.961766°.

The proposed staff quarters at the Hondah site (near Indian Pine) would also be dedicated hospital employee housing and would consist of approximately 200 housing units, ranging in size from two to four bedrooms, offering a mix of options to accommodate staff and their families. To support the development, new infrastructure will be constructed, including a 13,339-square-foot wastewater treatment plant connected by sewer, water, and reclaimed water piping to provide reliable utility services for the residential community. Access to the staff quarters site would be enhanced through new access road connections. An approximately 1,800-foot-long access road would be built from SR 73, east to the housing site, and improvements would be made to the existing gravel road that extends from Timber Ridge Road, south to the proposed water treatment plant. Both roadways would be paved with asphalt, improving long-term accessibility and reliability for staff residents and service vehicles. The total project area for the staff quarters is approximately 332 acres and is south of Indian Pine, along SR 73. The geographic coordinates of the site are 34.068576°, -109.895402°.

The available Federal Emergency Management Agency data indicate the project areas are currently designated as Zone X (Unshaded) (hospital site) and Zone D (staff quarters site). A hydrologic analysis was conducted to model the approximate 100-year and 500-year inundation areas within the project areas during an equivalent event. Based on hydrologic analysis, approximately 55 acres mapped as being inundated during a 100- or 500-year event would be affected by the Proposed Action. Specifically, approximately 13.8 acres of 100-year inundation areas and approximately 17 acres of 500-year inundated areas would be affected at the Whiteriver hospital site. Approximately 11 acres of 100-year inundation areas and approximately 12.8 acres of 500-year inundation areas would be affected at the staff quarters site. In accordance with Executive Order 11988: Floodplain Management, the purpose of this notice is to inform the public of this proposed conversion or effect and request comments concerning the proposed project, alternative sites, or actions that would avoid these impacts, and methods that could be used to minimize these impacts.

The environmental documentation regarding this proposal is available for review by contacting Trenton Breshears, Realty Specialist, Indian Health Service Trenton.breshears@ihs.gov.
Any person interested in commenting on this proposal should submit comments to the email address above by December 10, 2025.