**Before the**

**FEDERAL COMMUNICATIONS COMMISSION**

**Washington, DC 20554**

In the Matter of )

)

Accelerating Wireless Broadband Deployment ) WT Docket No. 17-79

by Removing Barriers to Infrastructure )

Investment )

)

Accelerating Wireline Broadband Deployment ) WT Docket No. 17-84

by Removing Barriers to Infrastructure )

Investment )

**COMMENTS OF THE ALASKA NATIVE HEALTH BOARD**

The Alaska Native Health Board (ANHB) hereby submits these comments in response to the Federal Communications Commission’s (“FCC” or “Commission”) *Notice of Proposed Rulemaking and Notice of Inquiry[[1]](#footnote-1)* and *Notice of Proposed Rulemaking,* *Notice of Inquiry, and Request for Comment[[2]](#footnote-2)* in the above captioned proceedings.

**I. INTRODUCTION.**

ANHB is pleased that the FCC is investigating approaches to make more efficient and accelerate the deployment of wireline and wireless broadband facilities. As the FCC evaluates the proposals submitted in this proceeding, it must consider the unique challenges faced in the State of Alaska.

Established in 1968, ANHB serves as the statewide voice on Alaska Native health issues. ANHB is a 28-member organization representing tribes and tribal organizations carrying out health services on behalf of the 229 federally recognized Tribes in Alaska. As the statewide tribal health advocacy organization, ANHB assists the Alaska Tribal Health System (ATHS), state and federal agencies with achieving effective communication and consultation.

*Trust Responsibility*

Established in numerous Treaties and the Constitution, the Trust Responsibility forms a unique government-to-government relationship between the federal government and Alaska Natives and American Indian (AN/AI) people. These actions form the legal basis by which the United States has committed to protecting the health and well-being of America’s first citizens in perpetuity.

Alaska Tribes and tribal health organizations (THOs) have taken ownership of programs and services through a contracting and compacting process and now carry out nearly all of the functions previously administered by the IHS. Collectively, the Alaska Tribal Health System forms an integrated statewide health network, providing health care services at village clinics, regional hubs and the Alaska Native Medical Center.

In taking on this responsibility, Alaska Tribes operate on the principle of self-determination and intertribal cooperation, and in doing so have achieved remarkable advances in strengthening the health and well-being of our people.

*The Alaska Tribal Health System*

The Alaska Tribal Health System (ATHS) is a truly comprehensive statewide system of health care. It is a voluntary affiliation of over 30 Alaska Tribes and THOs providing health services to over 158,000 AI/AN people. Each Tribe and THO is autonomous and serves a specific geographical area; and, many are the only health provider in their respective community. This fact makes the ATHS an integral part of the Alaska Public Health System. It is a finely-tuned network that provides services through:

* 180 small community primary care centers spanning over 660,000 square miles
* 25 sub regional mid-level care centers
* 4 multi-physician health centers
* 6 regional hospitals
* Alaska Native Medical Center tertiary care
* Referrals to private medical providers and other states for complex care

**II. TRIBAL CONSULTATION IS KEY**

A core tenet of the ATHS is tribal sovereignty and the government-to-government relationship between AN/AI Tribes and the Federal Government. Thusly, ANHB joins other tribal governments and tribal organizations in encouraging the FCC to increase the importance of tribal consultation in any FCC proceeding or the substance of any rulemaking. While the stated purpose of this rulemaking and the most recent round of FCC tribal consultations is removing obstacles to infrastructure investment and development, ANHB agrees with other tribal commenters that tribal involvement in the siting of FCC-approved facilities is not an obstacle, but rather offers the federal government and telecommunications providers/partners meaningful involvement from sovereign tribal nations which can be invaluable in siting infrastructure to better meet community needs. ANHB supports the continued use of the Tower Construction Notification System (TCNS) which was implemented for that very reason. The TCNS has been a model for how the federal government, Tribal Nations and industry can work together in a meaningful way that encourages infrastructure development while respecting tribal sovereignty. In joining with other tribal commenters on this subject, ANHB encourages the FCC to engage early with tribes in consultation and involvement on infrastructure siting, and, where possible, build safeguards into the process to add funding to support that tribal role in the process.

**III. INVESTMENT IN INFRASTRUCTURE AND RETURN ON INVESTMENT**

More than anything, the primary obstacle that exists in siting FCC-approved infrastructure is insufficient funding. Alaska has a population density of just 1.26 people per square mile with vast areas of rural Alaska with even lower levels. As shared by other THOs, these areas are remote with extreme weather, with limited transportation options for hauling infrastructure equipment or for maintenance, small communities that represent tribal people living in their ancestral homelands, where on average in 2015 the FCC reported that 81% did not have access to high speed internet.

Individual or home access (briefly addressed later) is increasingly important to the delivery of care, but even THO access to broadband is limited mainly due to the lack of resources and funding resulting in few existing available conduits for data (i.e. lack of fiber cabling, few areas of 4G or other network connectivity points, low incomes to support community access to phones, routers, and subscription services, etc.). Additionally, the Indian Health Service is chronically and severely underfunded. Infrastructure is sorely needed. However, the IHS is currently funded at approximately 55% of need with limited amounts available to dedicate to building/supporting infrastructure as doing so reduces amounts available for patient care.

However, Tribes and THOs have been able to make strides through partnerships with other federal agencies, particularly with the FCC through the Rural Health Care Program administered by the Universal Administrative Service Company (USAC). These program funds have been key for the ATHS to deploy and use telehealth tools supported by high speed broadband that has become a platform for 21st Century Electronic Health Records that can be shared securely with other medical providers to directly improve patient care throughout Alaska.

A. Stewart Ferguson PhD, Chief Technology Officer for Alaska Native Tribal Health Consortium, reports that the ATHS Chief Information Officers and Information Technology managers are concerned that the uncertainty in USAC funding may greatly damage the ability to provide health care in Alaska. The more than 220 rural sites in the ATHS are connected through a wide area network that has been operational since 2001, and which allows all the sites to participate in multiple services in support of health care including telehealth, tele-radiology, access to electronic health records, data, analytics, phone, fax, and internet. All 30 organizations that comprise the ATHS literally connect together on this network and leverage the connectivity to improve the quality of patient care and to reduce costs.

The major concern is that the uncertainty in USAC funding may force organizations to move to lower bandwidth (if they are even able to do so) and cripple their current operations - such as losing the ability to conduct videoconferencing, see specialist remotely, or even to move large radiology images to remote sites for reading. The proration of the FY 2016 revealed that some smaller THOs would have no option but to reduce providers and threatened operations all together as some would not be able to remain compliant with rules and regulations.

On the matter of feasibility and system build-out, one major telecommunications company in Alaska is already reporting an operating loss for the most recent quarter, reportedly due to absorbing the proration of the subsidy for FY 2016. The prorated subsidy in FY 2016 has shaken everyone - from health care administrators to telecommunication executives. This exposes the greatest risk for rural Alaska and the patients therein, because the telecommunications infrastructure has evolved based on long-term business models that assume a reliable level of The Universal Service Fund (USF) funding. Uncertainty in funding may endanger any further expansion and effectively halt the advances that the health care system was counting on for the coming years. Redundant links, fault tolerant networks, multiple routes, etc. which are critical for the health care system to grow, may stop.

Perhaps the risk is best exemplified by looking at the issue of Electronic Health Record (EHR) systems. EHR installations are migrating away from rural areas - but are more often remotely hosted at large data centers in the Lower 48. This is consistent with the direction of the entire health industry, as it is becoming impossible to hire and recruit the skilled staff at rural locations to support the EHRS. In addition, remote hosted EHRS can participate in cloud-based analytics that allows patient care to be more accurately modeled against millions of other patients and to utilize powerful data and analytics tools. At this time, two thirds of the ATHS is connected to a single shared EHR system located in Kansas City and are leveraging this capability.

However, given the importance of real time data and analytics in patient care, this approach to EHRs is only possible with high bandwidth connectivity that is reliable and redundant. Uncertainty in USF funding could potentially freeze the Alaska telecommunication environment - disallowing sites to participate in a shared EHR and forcing organizations to move towards consumer-grade connectivity (again, if even available) with a loss in reliability, bandwidth and performance.

The growth in Alaska infrastructure extends well beyond the hospitals and clinics, as it brings Wi-Fi and cell service into rural villages. This is important to the health care system, as we must increase patient engagement to improve the quality of care. One example is supporting patient’s access to their data through a patient portal. The Meaningful Use program defined in Federal regulations requires 80% of patients to be offered access to a portal in 2018-2019. That makes sense - as it empowers patients to view and share their health care data, and to communicate with providers. That is simply NOT possible without an enlarged telecommunications infrastructure in rural Alaska. Bringing Wi-Fi and cell into the patients’ home, also supports the implementation of home-based technologies to manage the chronically ill patient, which reduces emergency room visits and maintains a much higher level of wellness for patients.

For these reasons, ANHB supports lifting or removing all-together the $400 million cap on USAC supported funding, particularly since this is not a congressionally mandated cap. While not a specific topic covered by this NPRM, ANHB joins other Tribes and THOs in urging the FCC to understand that imposition of such a cap is, itself, a substantial obstacle to telecommunications infrastructure investment, as well as a direct threat to human health since our clinics rely on that funding.

In addition, the support provided by the Rural Health Care Program helps alleviate the high costs of transportation associated with travel to and from rural Alaska. The proposal by the FCC to prorate subsidies for Internet service is a potentially devastating development that will undermine the ATHS’ ability to provide adequate health care services to our tribal communities. The case for increased investment in telecommunications services in tribal communities can be made through the FCC having a better understanding of ATHS’ long history linking such services and the delivery of quality health care to remote communities.

**IV. CONCLUSION**

ANHB invites the entire FCC Board of Commissioners to come and visit Alaska and its rural communities. The partnership between the FCC and the ATHS shines as a bright light of success for the and improved access to care. The funding subsidy through the RHC program is a critical component of that success. ANHB joins our members in encouraging the FCC to continue to expand opportunities for tribal governments and organizations to be involved in, and consult on, the siting of FCC-approved infrastructure. Perhaps more importantly, ANHB likewise urges the FCC to find ways to spur greater investment in such infrastructure in tribal areas of our country. ANHB continues to partner with industry, local, state, and federal partners advancing the goal of expanding access to and improving patient care, and FCC support for those efforts is needed now more than ever.

Respectfully submitted,

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Verné Boerner

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ANHB supports testimony provided by Bristol Bay Area Health Corporation and Arctic Slope Regional Corporation to the FCC.

1. Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment, *Notice of Proposed Rulemaking and Notice of Inquiry*, 32 FCC Rcd 3330 (2017). These Comments are timely filed. The FCC extended the deadline to file initial comments to June 15, 2017. *See* Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment, *Order*, DA 17-525, WT Docket No. 17-79 (rel. May 26, 2017). [↑](#footnote-ref-1)
2. Accelerating Wireline Broadband Deployment by Removing Barriers to Infrastructure Investment, Notice of Proposed Rulemaking, Notice of Inquiry, and Request for Comment, 32 FCC Rcd 3266 (2017). [↑](#footnote-ref-2)