



March 12, 2012

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VIA ELECTRONIC FILING

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Portals II, Room TW-A325
Washington, DC 20554

Re: *Rural Health Care Universal Service Support, WC Docket No. 02-60*

Dear Ms. Dortch:

On March 9, 2012, Megan Delany, Vice President, Federal Government Affairs & Counsel, and I met with Trent Harkrader, Linda Oliver, Lisa Hone, and Christianna Barnhart of the Telecommunications Access Policy Division of the Wireline Competition Bureau regarding the Rural Healthcare (“RHC”) program. We discussed the many ways in which the RHC program has helped revolutionize the delivery of medical services in rural Alaska and the need for continued support to overcome the challenges of providing healthcare to such geographically isolated communities.

In addition to reiterating many of the points that GCI made comments filed in the above-referenced proceeding in 2010,¹ we provided some updated information regarding the current uses of telemedicine in rural Alaska. Specifically, we stated:

- Alaska is geographically and demographically unique, presenting unparalleled challenges in the delivery and quality of health care. 32 percent of Alaskans – over 45 percent of whom are Alaska Natives – live in rural communities that are highly dispersed, not connected to any road system, and accessible only by airplane, boat, or snowmachine.
- The state faces a shortage of medical professionals, especially among specialists and psychiatrists, to treat its population. Alaska is 48th in the nation in its “doctors to residents”

¹ See, e.g., Reply Comments of General Communication, Inc., WC Docket No. 02-60 (filed Sept. 23, 2010); Comments of General Communication, Inc., WC Docket No. 02-60 (filed Sept. 8, 2010).

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ratio. For rural Alaska, the situation is even bleaker, as 65% of all Alaskan doctors are located in Anchorage. As a result, timely medical care is often an expensive, if not unattainable, airplane flight away.

- Confronted with such challenges, Alaska has led the way in developing innovative telemedicine platforms and networks to anchor the delivery of care. The RHC program has been a key part of this innovative growth of telemedicine in the country's most remote state, supporting connections between villages and regional centers, and between regional centers and Anchorage or the Lower 48, improving patient quality of life while reducing health care costs.
- Alaska has built a network of 550 health aides/practitioners in 170 rural Alaska villages. The Alaska Federal Health Care Access Network ("AFHCAN") reports that as of June 2011 it had served over 100,000th telehealth cases since 2001 when AFHCAN first began documenting cases.² Unsurprisingly, given its unique geography and demographics, Alaska has been the top beneficiary of RHC program disbursements from fiscal years 2002 through 2008.

Please contact me if you have any questions.

* * *

Sincerely,

/s/

Christopher Nierman
Director, Federal Regulatory Affairs

cc: meeting attendees

² See Fiona Brosnan, *AFHCAN Telemedicine Program Reaches Significant Milestone in Alaska*, Native American Times (June 24, 2011) (available at http://www.nativetimes.com/index.php?option=com_content&view=article&id=5615:afhcan-telemedicine-program-reaches-significant-milestone-in-alaska&catid=48&Itemid=24).