

February 11, 2021

By Electronic Mail

Mr. Douglas W. Kinkoph
Associate Administrator
Office of Telecommunications and Information Applications
National Telecommunications and Information Administration
United States Department of Commerce
The Herbert Hoover Building
Washington, D.C. 20230

Re: Tribal Broadband Grant Program

Dear Mr. Kinkoph:

The Yukon-Kuskokwim Health Corporation (“YKHC”) submits these comments in response to the National Telecommunications and Information Administration’s (“NTIA”) February 2, 2021, letter¹ initiating a Tribal Consultation on the Tribal Broadband Connectivity Program (the “Program”) established by the Consolidated Appropriations Act, 2021 (the “Act”).² In that letter, NTIA invited Tribal representatives to provide input on the implementation of the Program and the distribution of grants providing new funding for Tribal broadband deployments.

YKHC is a non-profit Tribal Health Organization made up of 58 federally-recognized Tribes and operates 41 village clinics, five large sub-regional clinics, and a regional hospital in Bethel, Alaska. YKHC provides comprehensive healthcare to approximately 30,000 people, most of whom are from the Athabascan, Cupik, and Yupik tribes that populate Western Alaska. YKHC is a signatory to the Alaska Tribal Health Compact and is recognized as a Tribal organization under the Indian Self-Determination and Education Assistance Act.³

The YKHC service area is centered on Bethel, the hub city and population center of the Yukon-Kuskokwim Delta, but it extends deep in to the YK Delta, an area approximately the size of South Dakota and one of the most isolated regions in Alaska. Bethel is home to approximately 6,500 people, around 65% of whom are Alaskan Native. The other 57 villages in YKHC’s service area are home to between a few hundred to several thousand people, with approximately 90% of this aggregate population identifying as Alaskan Native. The 57 villages are small, geographically isolated, disconnected from Alaska’s road system, and subject to extreme environmental conditions. These factors, combined with low population density, low employment, low income, and logistical challenges make the YK Delta among the most difficult areas to provide with cost-effective, reliable broadband service.

¹ See Letter from Douglas W. Kinkoph, Associate Administrator, Office of Telecommunications and Information Applications, NTIA (Feb. 2, 2021).

² See Pub. L. No. 105-83, 111 Stat. 1543 (1997).

³ See 25 U.S.C. § 5304(l); see also Pub. L. No. 105-83, § 305, 111 Stat. 1543, 1597 (1997).

Amid these challenges, residents in Bethel and throughout the YK Delta continue to find themselves on the wrong side of a widening digital divide, even with the benefit of existing government programs. For those areas that have some connectivity—including Bethel, the location of the region’s only hospital—bandwidth availability cannot keep up with bandwidth needs, and today residents in the YK Delta increasingly cannot access or use critical applications that routinely are available to and taken for granted by tens of millions of other people across the rest of the nation. Some communities in YKHC’s service area remain without any service at all. Unfortunately, these also are the places where the need for connectivity is the most critical, as many of the communities YKHC serves are over an hour away by air from the YK Delta Regional Hospital in Bethel, weather permitting.

YKHC is thus reliant on the use of telemedicine to fulfill its core health care mission to Tribal communities, and the limitations of increasingly outdated networks have deeply impacted YKHC’s ability to provide essential health care services. The lack of sufficient connectivity has also resulted in other issues: children in communities throughout the YKHC service area lack access to information and learning materials, and residents lack the ability to telecommute to employers outside the YK Delta, contributing to an official unemployment rate that exceeds 20%.

Consistent with NTIA’s stated goals of expanding broadband deployment in unserved areas and promoting digital inclusion, YKHC asks that the agency prioritize eligible areas in the YK Delta in implementing the Program and developing rules for the distribution of funds. These areas, which lack the connectivity necessary to sustain vital telehealth and E-learning applications, are among those communities most at risk of being left behind as telemedicine becomes more ubiquitous and the so-called “homework gap” widens. YKHC, on behalf of the approximately 30,000 people it serves, accordingly requests that NTIA consider the following.

I. The Program Must Appropriately Prioritize Rural and Unserved Areas, Including those Areas Where Service is Insufficient to Support Broadband Applications.

In its call for comments, NTIA asked Tribal leaders and representatives to provide input on how it can adopt rules for Program implementation that ensure broad eligibility. As an initial matter, YKHC notes that the Act’s eligibility provisions recognize Tribal organizations like YKHC as eligible entities for the purposes of Program grants. YKHC also is comforted that the Act recognizes as eligible areas for program support “all villages in the Bethel area, including all villages on the Lower Yukon River and the Lower Kuskokwim River.”⁴ These areas, and other similarly situated Tribal lands, are in dire need of broadband support, and NTIA should design its Program rules to ensure that these needs are appropriately prioritized.

⁴ See 43 U.S.C. § 1606(a)(4). The definition of “Tribal land” in the Act incorporates by reference the regions established by section 7(a) of the Alaska Native Claims Settlement Act. See Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, § 905(a)(13)(C) (2020) (incorporating by reference 43 U.S.C. § 1606(a)).

A related issue concerning grant eligibility is the Act’s directive that NTIA consult with the Federal Communications Commission (“FCC”) to “prevent duplication of funding” when considering whether to award Program grants.⁵ This is a key concern for YKHC, as Bethel is a current beneficiary of the FCC’s Rural Health Care Program, and Healthcare Connect Program funding supports GCI’s TERRA network, the lone provider offering services to Tribal communities in the Bethel area. However, despite GCI’s best efforts, logistical challenges and resource limitations have resulted in service that cannot keep up with YKHC’s existing and growing needs. In Bethel, for example, the TERRA network is only capable of providing 10 Mbps download and 4 Mbps upload speeds—far below the 25/3 Mbps standard reflected in the FCC’s current definition of broadband services.⁶ Areas outside Bethel, but still within YKHC’s service area, experience even slower 5/1 Mbps or 3/1 Mbps speeds, if they have network access at all. Because of bandwidth limitations, end users in both Bethel and the surrounding villages also are subject to monthly data caps, which limit—and in some cases, effectively prohibit—distance-learning and telecommuting applications.

NTIA’s implementing rules must ensure that the Program appropriately accounts for the inadequacies of existing services when determining the priority of Tribal broadband deployment projects. For example, with current service limitations, YKHC is unable to provide reliable telehealth connectivity to many of the Tribal communities it serves, potentially leaving its beneficiaries without access to necessary healthcare. Any rules that would fail to account for these areas of need would not meet NTIA’s stated goal of ensuring a program with “broad eligibility.” There also is no threat of “overbuild[ing]” such areas—they remain effectively unserved, as yesterday’s connectivity standards are inadequate to sustain modern needs. Thus, when considering grant requests, we urge NTIA to treat any areas receiving service below the 25/3 Mbps standard as underserved and equally eligible for Program priority.

II. NTIA’s Implementing Rules Should Emphasize Fiber-Based Solutions.

To ensure that any broadband solutions are not quickly rendered obsolete, YKHC also encourages NTIA to prioritize those deployment projects that would provide fiber-based connections to Tribal communities. True broadband connectivity is necessary to bring modern telehealth and E-learning applications to remote areas, and history has proven that alternatives like satellite networks simply lack the reliability and durability needed to provide a lasting solution. Fiber also is faster and, in the aggregate, far more efficient. In the health care context, the increased capacity and speeds would support more efficient use and exchange of electronic

⁵ *Id.* § 905(c)(2).

⁶ See *Inquiry Concerning Deployment of Advanced Telecommunications Capability to All Americans in a Reasonable and Timely Fashion*, 2020 Broadband Deployment Report, 35 FCC Red 8986, 8991 ¶ 13 (maintaining “speeds of 25/3 Mbps” as the “performance benchmark for fixed service”).

health records, which the FCC has long recognized as a means to improve patient care and reduce costs.⁷

Already, commercial providers have plans to use fiber facilities to connect communities along the Alaskan coast⁸; however, there are no plans to extend these connections to coastal areas of the YK Delta or more remote inland areas like Bethel. It is critical that such areas do not get left behind, and NTIA should design its rules to ensure funds are allocated for the purpose of getting places like Bethel connected, especially to new and existing fiber deployments. YKHC also notes that the Act permits the use of Program funds in contracts with non-Tribal “subgrantees,” which contemplates the formation of partnerships between Tribal entities and private telecommunications companies. Such partnerships are critical to the swift and cost-effective connection of areas like Bethel, and NTIA’s rules should reflect the importance of these cooperative solutions.

III. Certainty and Reliability are Key Factors in the Equitable Distribution of Program Funds.

In its request for consultation, NTIA seeks input on how it can ensure it provides Act funding to eligible Tribal entities on an equitable basis. On this issue, YKHC reiterates that any Program should appropriately prioritize rural and underserved areas, which are at the greatest risk of being left behind due to the widening digital divide. To reflect these priorities, NTIA should ensure that its chosen distribution model, including any use of competitive bidding, provides for certainty and reliability in the distribution of Program funds.

Government programs rely on competitive bid processes for good reason—they can provide efficiency, which is critical for federal grant programs. However, a strictly competitive bidding system incentivizes providers taking a very aggressive approach with their plans and bids, often resulting in plans that are never brought to fruition (or full fruition). Applied here, this outcome would present a worst-case scenario—federal funds would be wasted and the areas most deserving of service would be left at an even greater disadvantage at time when telecommunications connectivity is of paramount importance.

A purely competitive process also presents the risk of would-be providers avoiding areas that present greater deployment challenges due to the harsher environments and greater population dispersal. However, it is these areas that are most in need of support. NTIA should be aware of this problem and strive to avoid such bias in its implementing rules and fund distribution framework.

In sum, to avoid the issues presented by purely competitive bidding systems, NTIA should prioritize certainty and reliability in its distribution of program funds. Competition may assist with improving efficiency, but it must be tempered with concrete expectations for

⁷ See, e.g., *Rural Health Care Support Mechanism*, Report and Order, 27 FCC Rcd 16678, 16689 ¶¶ 22–24 (2012).

⁸ See *Quintillion and GCI Announce Partnership to Bring Improved Services to Nome and Kotzebue* (Jan. 25, 2021), <https://www.gci.com/about/newsreleases/gci-and-quintillion-partnership-announcement>.

deployment and continuity of service. A purely competitive process exposes the system to flaws that would risk wasting federal funds that are critical to narrowing the connectivity gap in unserved and underserved Tribal areas.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dan Winkelman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dan Winkelman
President and Chief Executive Officer
Yukon-Kuskokwim Health Corporation