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RURAL HOSPITAL PROGRAM

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October 31, 2000

Ms. Magalie Roman Salas
Secretary, Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

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RE: Ultra-Wideband (ET Docket 98-153)

Dear Ms. Salas:

As Director of the University of Arkansas for Medical Sciences, Rural Hospital Program, and Associate Director for Program Development, Arkansas AHEC Program, I encourage the Federal Communication Commission to grant approval for the use of Ultra-wideband (UWB) radio transmission as proposed in the upcoming rulemaking proceeding concerning this technology.

The lack of proper access to healthcare for many Americans has a negative impact on their health. Arkansas currently ranks 50th in the nation in health status. The low rankings in areas such a premature death, infant mortality, total mortality, cancer cases, and heart disease place Arkansas as the least healthy state in 1999. These disturbing statistics challenge us to address the healthcare needs of the low-income, high-risk populations in the state by continuing to utilize the most innovative telehealth technology available as quickly and as efficiently as possible.

Telehealth-related technologies and applications are vital elements in fulfilling our objectives of disseminating information on healthcare and providing critical services from the concentration of specialists in urban areas to the underserved residents in the remote regions of rural Arkansas. UWB holds promise as a means of offering telehealth services in a more cost-effective, timely method to medical facilities and community health clinics. We are excited at the prospect of enhancing our current consumer health education programs and telehealth consultation services by utilizing UWB applications. By applying wireless to future projects in rural communities, the cost of installing and using telemedicine will be reduced.

Most of the small hospitals, community clinics, and other healthcare centers in the out-lying areas of Arkansas do not have access to the first or last feet connectivity to LANs in their facilities, which impacts the effectiveness of telehealth programs in these regions. Installing interior wiring and making other necessary technological changes to accommodate the execution of the requested telehealth services in these facilities would be both cost-prohibitive and time-consuming. UWB appears to be an excellent solution to this dilemma of accessibility.

Thank you for considering our comments. We hope the Federal Communications Commission will see the advantages of the use of UWB in the delivery of telehealth and that it will make a favorable ruling in the use of this technology.

Sincerely,



Ann B. Bynum, EdD
Director, UAMS Rural Hospital Program
Associate Director, Arkansas AHEC Program

cc: Neal Neuberger

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