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November 5, 2000

Katherine S. Ferguson, M.D.
"Dr. Kitty"
FAAP
Pediatrics

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

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FEDERAL COMMUNICATIONS COMMISSION

William W. Ferguson, M.D.
"Dr. Bill"
FAAFP
Family Practice

RE: Ultra-Wide Band (ET Docket 98-153)

Robert M. Schumacher, M.D.
"Dr. Bob"
Pediatrics

Dear Ms. Salas:

I am a practicing rural cardiologist, member of the Board of Directors of the California Telehealth and Telemedicine Center, independent telemedicine consultant, and former Director of Aerospace Medicine and Occupational Health for the National Aeronautics and Space Administration (where I directed NASA's telemedicine programs and in 1994 initiated programs to develop low cost, Internet-based telehealth and telemedicine applications). I have been integrally involved in the development of telehealth and telemedicine related technologies and applications to establish new ways of increasing access to medical services in underserved areas, whether rural and remote by distance or urban and remote by culture and other barriers to access. Since I left my SES position (inside the beltway) in 1996 to find out what rural medicine was really like, I have developed an understanding of the problems of health care delivery in underserved communities that neither I nor my colleagues who sat with me on numerous Federal telemedicine advisory committees had.

Earl W. Ferguson, M.D., Ph.D.
"Dr. Earl"
FACC, FACP, FACPM
Cardiology, Critical Care,
Preventive Medicine

As Internet/Intranet/Extranet telehealth and telemedicine applications are further developed, high-bandwidth wireless technologies have tremendous potential to cut infrastructure costs. Ultra-wide band offers low cost, high speed wireless connectivity for LANs. UWB can help us transform the practice of medicine in hospitals and clinics to make patient care information, practice standards, drug information, and other critical data readily available to healthcare providers on monitors, PDAs, laptops and other devices in a highly mobile environment. This technology, if properly applied, can markedly improve the quality, the efficiency, and the cost-effectiveness of healthcare. It has the potential to move ALL the data required for better, coordinated decision making, including remote consultations with specialists, right to the patient -- at the bedside, in the clinic examining room, or even at home.

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UWB can also improve our administrative/business practices efficiency and help us comply with the administrative simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In short, I am excited about the prospects for UWB, and its potential for clinical and administrative applications to improve health care for the patients we serve, and the nation.

I hope that the Federal Communications Commission will favorably view the possibilities of UWB for healthcare in its rule making activities. Thank you for your consideration of this extremely important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Earl W. Ferguson", with a long, sweeping horizontal line extending to the right.

Earl W. Ferguson, M.D., Ph.D.

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