

**Before the  
Federal Communications Commission**

<b>In the Matter of</b>	)	
<b>Open Internet Remand</b>	)	<b>GN Docket 14-28</b>
	)	
<b>Framework for Broadband Internet Service</b>	)	
	)	<b>GN Docket 10-127</b>
	)	
	)	

**Comments of Global Healthy Living Foundation**

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## **I. GHLF Serves Patients with Chronic Illnesses**

Global Health Living Foundation is a non-profit advocacy organization. Our mission is to improve the quality of life for those with chronic illnesses. We do this by advocating for improved access to care and by educating the public on a number of issues relating to chronic illnesses, such as the importance of diagnosis, of early medical intervention, of long term lifestyle improvement, and others. In short, GHLF is a voice for those who would otherwise not have a voice in finding improvements and educational materials surrounding their illnesses.

GHLF has led the creation of disease-specific communities for those in need of information/support. One of those is CreakyJoints, a network of 70,000 arthritis patients and caregivers all around the US. Other communities include CreakyBones (osteoporosis) and RedPatch (psoriasis). Healthcare is at a point where information can and should be as prevalent as possible. GHLF is taking advantage of the vast spread of the Internet to bring these communities together and educate them as best as possible on their illnesses.

We forge partnerships with provider networks, national and state-level professional societies, and GHLF's disease-specific Nurturing Collaborative Advocacy (NCA) roundtables. Through these grassroots channels, GHLF is able to effectively communicate to chronic illness communities by involving their caregivers, providers, elected officials, and civic community groups. With these connections GHLF uses the strength of their communities to overcome barriers to care for those in need.

Those at GHLF use modern methods of social networking and communication to overcome the outdated problems that plague the healthcare industry. Lack of knowledge, lack of support, lack of funds—all of these issues are addressed by GHLF's growing

communities. When patient groups get stronger and larger, they are able to demand better care for a more affordable price. This is what the new age of healthcare advocacy is aiming towards: strengthening our groups and communities and getting better service and information to those in need.

## **II. The FCC's Proposal Compromises our Ability to Serve the Patients who Rely on Us**

We are a non-profit, and we work by forging partnerships between insurance companies, pharmaceuticals, state legislators, state governors, and Congress. Our funds are limited, and we need to focus as much of them on our members as we can. Furthermore, our funding sources require that we use their funds to serve our members directly. We doubt that we could use those funds to pay for a "fast lane."

If we aren't in a fast lane, by definition, we're in a slow lane. Since people easily get frustrated with slower and unreliable websites, that would compromise our ability to serve our patients. We rely overwhelmingly on social media and the Internet to communicate with our members—through videos, our interactive websites, text, Twitter and Facebook. Our YouTube page has some videos with more than 50,000 views each. Our Facebook page draws hundreds of thousands of people weekly. If any of these communications are perceived as slow or choppy, our members will be deterred. They might turn away before getting involved. They might get fed up and stop coming to us. In either case, another person whom we could have helped would be less educated and connected about their health. Sometimes, the stakes are even higher. We are the first source of health-related news for thousands of people. When several contaminated vials of methotrexate (an arthritis medication) were recalled, we were one of the first organizations to reach out to the people in our community. Within two hours of disseminating the recall message through the Internet, we received two replies from members who were scheduled to take the contaminated medicine that afternoon. Our ability

to quickly and efficiently reach a large number of people very likely saved lives. If we had slow or patchy service, we likely would have had a much smaller network that relied on us less often for information.

### **III. The “Commercial Reasonableness” Standard Will Not Help Us**

Having the right to sue Verizon and AT&T under vague standards which allow them to discriminate is not very helpful. We are a small, non-profit organization and do not have the resources to engage in a legal battle with ISPs. GHLF has eight employees total; we are in no way equipped to fight large cable companies in a lawsuit. Not to mention, the distraction of such an effort would take so much of our time and efforts away from improving and branching out our supportive communities and finding new users.

We urge the FCC to classify broadband providers under Title II of the Communications Act, and to impose *per se* rules against blocking, technical discrimination, and paid prioritizaion, applicable to both fixed and mobile connections.

Respectfully submitted,

/s/ Seth Ginsberg

Seth Ginsberg

President, The Global Healthy Living Foundation