Cleveland Clinic

To: Economic Intelligence Unit, CPE Evaluation Panel

Subject: Community Priority Evaluation for .MED (Hexap SAS), Application ID # 1-1192-28569).

Cleveland Clinic provides this comment to the Community Priority Evaluation (CPE) panel in relation to its review of awarding priority status sought by Hexap SAS (Application 1-1192-28569) for the string .MED. We do so as 1) a competing applicant for .MED having not filed with ICANN seeking community priority (see Medistry application # 1-907-38758) and 2) as a significant institution improperly claimed by Hexap to be a member of its .MED community.

Cleveland Clinic is a significant institution claimed by Hexap to be a member of its .MED Community

Cleveland Clinic was established in 1921 by 4 founding physicians (3 of whom were WW1 veteran physicians) as a charitable not for profit group practice, dedicated to patient care enhanced by research and education. Cleveland Clinic has evolved into an internationally renowned integrated and academic healthcare system, attracting patients from more than 168 countries around the globe. Cleveland Clinic operates 12 domestic hospitals and a multitude of family health and ambulatory surgery centers, and health and wellness centers in Florida and Toronto, Canada, and a specialized neurological clinic in Las Vegas, Nevada. In cooperation with SEHA and Mubadala, Cleveland Clinic provides consulting and management services to Sheikh Khalifa Medical City and Cleveland Clinic Abu Dhabi in Abu Dhabi, UAE. Cleveland Clinic also has strategic arrangements in various parts of the world, including distant health and telemedicine connectivity as well as various channels for the proliferation of curated, up to date medical and health content for global internet education used by millions around the globe, currently being translated into multiple languages. It also provides other global outreach services such as its MyConsult Remote Second Medical Opinion services, global Graduate Medical Education, and other onsite clinical and educational services. Cleveland Clinic has a long history of training medical professionals in conjunction with its tri-part mission, training approximately 1,000 residents from across the globe every year in 60 specialties, making it one of the largest programs in the USA. Through an affiliation with Case Western Reserve University School of Medicine, Cleveland Clinic redefined medical education through the creation of its unique endowed training program dedicated to developing a new generation of physician-investigators. Since 2008, such education is tuition-free, utilizing endowment and funds from Cleveland Clinic to maintain its operations.

Cleveland Clinic has been, for the last twenty years, the preeminent #1 hospital for Cardiology and Heart Surgery. Its leadership in various specialties is outlined below:

Specialty Areas	U.S. Ranking	Ohio Ranking
Cardiology & Heart Surgery	1	1
Urology	1	1
Diabetes & Endocrinology	2	1
Gastroenterology	2	1
Kidney Disorders	2	1
Rheumatology	2	1
Gynecology	3	1
Orthopaedics	3	1
Pulmonology	3	1
Ear, Nose & Throat	6	1
Neurology & Neurosurgery	6	1
Ophthalmology	7	1
Geriatrics	9	1
Cancer	13	1

Under any construction of how Hexap attempts to define a community for .Med, Cleveland Clinic carries standing as a significant member of this purported community. To be clear, Cleveland Clinic opposition qualifies as "Relevant opposition from one group of non-negligible size."[1] Regardless of the competing nature we have for the .Med string, our comment is specific and relevant opposition of non-negligible size to the Hexap application.

Cleveland Clinic specific comments regarding awarding Hexap's application for .MED community priority status

Hexap's definition of the .MED community is inconsistent and imprecise; relying on interpretations rephrased at least 4 different ways.

Hexap defines "the .MED Community" in response to 18B as "medical professionals who would like to become a registrant in the .MED TLD". In response to Question 20, Hexap introduces a different definition, this time of the "medical community" which is then followed by a discussion of what Hexap describes as the "designed community". A comparison of these definitions and descriptions clearly do not reconcile.

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[1] See Community Priority Evaluation (CPE) Guidelines Prepared by The Economist Intelligence Unit

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On its face, the "medical community" is broader than the "designed community"[2] while each of these is different than "the .MED Community" definition[3]. Further, under Registration Polices contained in response to 18B, Hexap states "Eligible registrants must be part of the designed community and are classified under two categories" offering at least a fourth interpretation of the community for a reviewer to select from[4].

Cleveland Clinic believes predictability and transparency are main policy staples embedded throughout the Guidebook and ICANN's new gTLD process. An applicant selecting community status has the burden to put forth a single, concise community definition for a reviewer to apply CPE criteria against rather than a menu of disparate community definitions for the reviewer to select from.

Community Establishment criteria in particular "relates to the community as explicitly identified and defined according to statements in the application". Statements made by the applicant, as pointed out here, clearly demonstrate the community is not "explicitly identified and defined" and are, in fact, conflicting.

Cleveland Clinic believes the Hexap CPE evaluation should be disqualified from being awarded community priority on these grounds alone. Nonetheless, we will also clearly demonstrate how the community criteria, when applied to the Hexap application, fails to achieve the requisite number of points.

Community Establishment Criteria – Delineation

Two conditions must be met to fulfill the requirements for delineation: there must be a clear, straightforward membership definition and there must be awareness and recognition of a community (as defined by the applicant) among its members.

Hexap tries to conflate the idea of "community membership" with eligibility requirements to register a .Med domain name, particularly through their "designed community" discussion. This approach fails because the requirement to be an eligible registrant is decided solely by Hexap. Eligibility to register a .Med domain name is not the same as being a member of a community with current and verifiable membership registration information to a membership organization. Since, literally, anyone can propose an application for a generic string exactly this way (defining a community by the eligibility requirements to register a domain in the TLD), this is the very reason this approach is not acceptable to earn priority.

The community membership mechanism for Hexap's .Med application is in fact not clear, transparent or verifiable. No evidence is provided by Hexap to support the requirement that those identified as possible members of the community "are active in creating, supporting, representing, protecting and /or nurturing community activities"[5]. The first criterion for Delineation is not achieved.

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[2] For example, the "medical community" is defined to be "all healthcare providers" and the "designed community" limits this to "licensed healthcare providers".

[3] The term "professional" is understood to mean individuals not entities.

[4] It is not clear whether "eligible registrants" are part of a larger designed community or are what comprise the designed community.

[5] See .MUSIC Community Priority Evaluation Report https://www.icann.org/sites/default/files/tlds/music/music-cpe-1-959-51046-en.pdf

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The second criteria for Delineation is that there must be awareness and recognition of a community among its members. The community described by Hexap is both vague and global in scope. One of Hexap's community definitions is "medical professionals (i.e., members of the .MED Community) who would like to become a registrant in the .MED TLD" while admitting "The medical profession is not structured in a particular way, but consist of many different organizations, institutions, etc. that focus on specific practice areas". Lack of community structure does not support the likelihood of awareness and recognition by members, the existence of "cohesion" as required by the guidebook, or longevity, or that members are "united or form a whole". The second criterion for Delineation is not achieved.

Community Establishment Criteria – Organization

Two conditions must be met to fulfill the requirements for organization: there must be at least one entity mainly dedicated to the community and there must be documented evidence of community activities.

The community Hexap is trying to capture is simply too broad for any entity, including "at least one" to claim to be "mainly dedicated". There are entities, independent of each other, dedicated to parts of the fictitious community Hexap seeks to capture but not at least one that is mainly dedicated to all. Hexap puts forth no documented evidence to support a combination of entities working together to further community activities.

Hexap's fabricated community is dispersed geographically and across a wide array of medical, medicine, and health related activities ranging from generalist medical practitioners, dentists, speech therapists, chiropractors, ambulances, libraries, hospitals, so-called government related councils and so on while also stating the community is "subject to change". The application does not satisfy either of the two conditions to fulfill the requirements for organization.

Nexus between Proposed String and Community

To receive the maximum score for Nexus, the applied for string must match the name of the community or be a well-known short form or abbreviation of the community name. To receive a partial score for Nexus, the applied for string must identify the community. "Identify" means that the applied for string should closely describe the community or the community members, without over reaching substantially beyond the community.

Hexap describes the term "med" using many related full length terms including health, healthcare, medical, and medicine amongst others. While Hexap states "med means medical"[6], they use the term "health" to describe "med" 97 times in their application.

In response to question 20D, Hexap states the following: "To the Applicant's knowledge, the string [Med] has no particular meaning outside of the medical field, although it may function as an abbreviation for various sorts of titles or names". Yet "Med" is a common abbreviation for the Mediterranean (such as the "Med Sea"). In any event, "Med" when used as an abbreviation is clearly not unique to "medical".

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[6] "As clearly shown above, "MED" means medical, both from a community context and in a general point of view." See http://aboutdotmed.com/2012/11/our-community-priority/

Even in context to the medical field, when a doctor prescribes a "med" the meaning is an abbreviation for medicine, not "medical". Hexap includes "pharmacists" as part its list of eligible registrants yet we note the National Association of Boards of Pharmacy (NABP) expert opinion that "med does not closely describe a pharmacist"[7].

While Hexap aspires for "Med" to be an abbreviation only for "medical", compelling and overwhelming evidence indicates that this is realistically not the case. As such, "Med" does not match the name of the community nor rise to the level of closely describing the breadth and depth of the diverse community Hexap seeks to capture by this abbreviation.

Hexap relies upon on the international classification of health workers (what Hexap refers to as ISCO-08[8]) yet excludes 23 of the 37 classifications contained in this source document. The stated intent by the authors of the classification document is to identify health workers "to serve as a model to facilitate communication about health occupations, to enhance comparability of data on health workers within and across countries and over time, and to make it possible for data and information on health workers obtained from different sources to be produced in a form which can be useful for research as well as for decision-making and action-oriented activities". Simply put, it is meant to be an inclusive document for purposes of identifying health workers. The exclusion by Hexap of many "health workers" listed is substantial and therefore not a document supportive of "Med" being the name or a well-known short form or abbreviation of "health workers".

Enforcement

Two conditions must be met to fulfill the requirements for Enforcement: the registration policies must include specific enforcement measures constituting a coherent set, and there must be appropriate appeals mechanisms. Hexap provides no appropriate appeals mechanism. For example, where Hexap states: "HEXAP shall reserve the right to subject the registration or use of a domain name to internal approval processes and procedures, at each and every step of the domain name life cycle" no "coherent set" of internal approval processes and procedures is described and no method to appeal such decisions is mentioned.

Community Endorsement

Hexap does not represent the entirety of the purported community as described by its application. Letters of endorsement consist of 17 letters and many of these are identical. Some, such as the one from Stanford University, call into question whether the support is institutional or that of one employee, not authorized to speak for the institution. Taken as a whole, 17 letters of support hardly penetrate the sheer size and global nature Hexap seeks to capture. None of the letters contain a description of the process and rationale used in arriving at the expression of support.

Community Opposition

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[7] See NABP opposition comment at https://www.icann.org/en/system/files/correspondence/catizone-to-eiu-10feb15-en.pdf
[8] See http://www.who.int/hrh/statistics/Health_workers_classification.pdf?ua=1

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To receive the maximum score for Opposition, the application must not have received any opposition of relevance. To receive a partial score for Opposition, the application must have received opposition from, at most, one relevant group of non-negligible size.

As stated previous, under any interpretation of Hexap's alleged community for the .Med string, Cleveland Clinic stands in opposition as one relevant group of non-negligible size. In fact, we stand in opposition as a leading healthcare organization of significant size. We note the American Hospital Association public opposition to the Hexap application[9] as well as that of the National Association of Boards of Pharmacy previously cited. As the Hexap application for .Med has in fact received opposition from more than one relevant group of non-negligible size, a partial score for Opposition is not warranted.

Sincerely,

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Chief Information Officer, Cleveland Clinic

CC: Robert J. Turk
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[9] See AHA comment located at
https://gtldcomment.icann.org/commentsfeedback/applicationcomment/commentdetails/10933

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