

**THE INTERNATIONAL CENTRE FOR EXPERTISE OF THE
INTERNATIONAL CHAMBER OF COMMERCE**

CASE No. EXP/504/ICANN/121

ICANN AT-LARGE ADVISORY COMMITTEE (ALAC)

(USA)

vs/

DOTHEALTH, LLC

(USA)

(Consolidated with case No. EXP/505/ICANN/122

ICANN AT-LARGE ADVISORY COMMITTEE (USA) vs/

GOOSE FEST, LLC (USA))

This document is a copy of the Expert Determination rendered in conformity with the New gTLD Dispute Resolution Procedure as provided in Module 3 of the gTLD Applicant Guidebook from ICANN and the ICC Rules for Expertise.

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(USA)**

Expert Determination

Professor Jan Paulsson

13 January 2014

TABLE OF CONTENTS

The Applicant	3
The Objector	3
Defined Terms	4
The Procedural Framework	5
Overview	6
Grounds For The Objection	9
a) Standing	9
b) Community	9
c) Substantial Opposition	12
d) Targeting	14
e) Detriment	15
Response By The Applicant	19
a) Standing	19
b) Community.....	20
c) Substantial Opposition.....	22
d) Targeting.....	22
e) Detriment.....	22
Assessment	24
a) “Communities” in general	26
b) “Global Internet communities”	28
c) .health in particular	33
d) Standing	40
Determination	41

THE APPLICANT

DotHealth, LLC
345 Walthery Ave,
Ridgewood, N.J. 07450
USA

Represented by :

- its Chief Executive Officer
Andrew Weissberg
weissberga@gmail.com
+1-201-378-3199

- Mr. Don C. Moody and Mr. John M. Genga
The IP & technology Legal group, PC
15260 Ventura Blvd , Suite 1810
Sherman Oaks, CA, USA
don@newgtldisputes.com; john@newgtldisputes.com
+1 888 402 7706. + 1 818 444 4582

THE OBJECTOR

At-Large Advisory Committee (ALAC)
ICANN, 12025 Waterfront Dr, Ste 300
Los Angeles, 90094-2536
CA, USA

Represented by its Chair:

Olivier MJ Crépin-Leblond
+1-310-578-8647
ALAC-Objections@atlarge-lists.icann.org

DEFINED TERMS

gTLD	generic top-level domain.
Dispute Resolution Procedure.	Attachment to Module 3: New gTLD Dispute Resolution Procedure.
GAC	ICANN's Government Advisory Committee.
Guidebook	The New gTLD Applicant Guidebook, approved by ICANN on 20 June 2011, updated on 11 January 2012 and 4 June 2012.
IFHIMA	International Federation of Health Information Management.
IFIP	International Federation of Information Processing.
IMIA	International Medical Informatics Association.
Module 3	see Objection Procedures.
NGO	non-governmental organization.
Objection	Objector's Objection dated 13 March 2013.
Objection Procedures	Module 3 of the Guidebook: New gTLD Dispute Resolution Procedures for Governmental Advisory Committee Advice on New gTLDs and formal third-party objections.
Policy	The GNSO Report of 11 September 2007 entitled "Introduction of New Generic Top-Level Domains" as adopted by ICANN's Board of Directors on 26 June 2008.
Response	Applicant's Response dated 6 June 2013.
Rules	Rules for Expertise of the International Chamber of Commerce.
TLD	Top-level domain, aka "string".

THE PROCEDURAL FRAMEWORK

1. The present Determination assesses the validity of a Community Objection to the New gTLD Application submitted by DotHealth as a candidate to serve as registry operator for the string .health. Such Objections are defined in subsection 3.2.1 of the Guidebook as based on a claim that:

There is substantial opposition to the gTLD application from a significant portion of the community to which the gTLD string may be explicitly or implicitly targeted.

Subsection 3.5.4 makes clear that a Community Objection will be successful only if the Objector satisfies each of the four following tests :

- *The community invoked by the objector is a clearly delineated community; and*
- *Community opposition to the application is substantial; and*
- *There is a strong association between the community invoked and the applied-for gTLD string; and*
- *The application creates a likelihood of material detriment to the rights or legitimate interests of a significant portion of the community to which the string may be explicitly or implicitly targeted. Each of these tests is described in further detail below.*

2. In addition to the Objection Procedures and the Dispute Resolution Procedure, the rules applicable to the Determination are the Rules of Expertise of the ICC, supplemented by the ICC Practice Note on the Administration of Cases under the Attachment to Module 3 of the Guidebook.

3. The place of the proceedings is Paris. They were conducted exclusively in English. All communications among the Parties, the ICC, and myself have been electronic. The file was consolidated with EXP/505/ICANN/122 by the ICC Centre for Expertise on 7 May 2013.

4. The Objection is dated 13 March 2013. The Response is dated 6 June 2013. I was informed of my appointment by the Centre on 11 July 2013. The file was transferred to me under cover of a letter from the ICC dated 2 August 2013, and I confirmed receipt thereof on 8 August 2013.

5. This draft Determination was submitted for scrutiny to the Centre within the 45 day time limit set down in Article 21(a) and (b) of the Procedure.

OVERVIEW

6. ICANN'S New gTLD Program was given its public launch in June 2011. DotHealth, in its Application originally posted on 13 June 2012, affirmed its belief that “the .health gTLD provides for a meaningful opportunity to structure and distinguish a world of online health information and resources that all health stakeholders can trust.”

7. The Applicant describes Neustar, Inc., as “the world’s leading provider of essential clearinghouse services to the global communications and Internet industry”, and states that Neustar, which is one of three corporate shareholders holding at least 15% of DotHealth’s shares, is the Applicant’s “backend provider”.

8. The Applicant takes the unsurprising view that everyone is concerned by health: “Throughout the world, people rate health one of their highest priorities and concerns”. But the Applicant goes further, mentioning the danger presented by “increasingly accessible access [sic] to misleading or fraudulent health information” and stating its “mission” to be “to establish health as a safe, trustworthy and secure top-level domain for global health stakeholders” by establishing – “in enterprise collaboration” with Neustar – a series

of policies, safeguards and standard operating procedures for the .health gTLD that collectively comprise our proposed registry services and procedural framework.

9. To achieve this objective, the Applicant states that it has executed an exclusive agreement with LegitScript – “the healthcare industry’s leading provider of online fraud intelligence and monitoring services”. DotHealth says that its proposed policies

and registry services have been developed from numerous global and regional health science industry organizations (identifying four such organizations by name). It adds that it has in place “trademark notification services” operated “in conjunction with the Trademark Clearinghouse” and intended to serve as a central repository for verified information pertaining to trademark rights.

10. At the same time, the Applicant indicates that .health could be valuable to “market segments of industries” apart from physicians, hospitals, and other provider organizations. It gives the examples of health-conscious restaurants which might market their menu options; entities engaged in medical tourism and travel and hospitality in general, such as hotels and cruise ships; and employers wishing to use health names to disseminate information about their insurance programs or services.

11. ALAC raises the ground of Community Objection against DotHealth’s Application. Its Objection was submitted to the ICC on 13 March 2013.

12. The Community Objection is not the only possible obstacle to the success of an application. It is important to understand, as a matter of proper regulatory attribution of authority, that my assessment of the Community Objection is limited to the specific criteria set out in Paragraph 1 above. This is not the place to determine, for example, conformity with “generally accepted legal norms of morality and public order that are recognized under principles of international law”. I do not mean to assume or suggest that such an inquiry is called for (or not) with respect to this Application, but seek only to point out that those are the criteria pertinent to another Objection, classified as the “Limited Public Interest Objection”, which is not before me.

GROUNDINGS FOR THE OBJECTION

a) Standing

13. ALAC explains that its standing to object is justified by its status as the primary organisational home within ICANN for individual Internet users. ALAC sits at the top of a pyramid comprised of so-called At-Large Structures which, once accredited by ICANN, become members of the appropriate regional At-Large Organisations (RALOs). Each of the five RALOs is represented on ALAC by three persons, two appointed by the RALO and one by ICANN's Nominating Committee. ALAC proceeded pursuant to subsection 3.3.2 of the Guidebook to organise what is known as the New gTLD Review Group to facilitate the process of developing and assessing potential objections. In this case, the Review Group received and considered comments from the International Medical Informatics Association. The Objection was finally approved by more than three RALOs before being approved by vote by ALAC.

b) Community

14. ALAC recognises that a "Community Objections" cannot be successful unless the objector (or the community it seeks to represent) can be regarded as "a clearly delineated community". ALAC seeks to demonstrate the reality of such a community by relying on the sympathetic attitude to its Objection which it ascribes to the International Medical Informatics Association, which ALAC describes as follows:

The International Medical Informatics Association (IMIA ; www.imia.org) plays a major global role in the application of information science and technology in

the fields of healthcare and research in medical, health and bio-informatics.

The IMIA's basic goals and objectives are to:

- *promote informatics in healthcare and research in healthcare and research in health, bio and medical informatics.*
- *advance and nurture international cooperation.*
- *to stimulate research, development and routine application.*
- *move informatics from theory into practice in a full range of health delivery settings, from physician's office to acute and long term care.*
- *further the dissemination and exchange of knowledge, information and technology.*
- *promote education and responsible behaviour.*
- *represent the medical and health informatics field with the World Health Organization and other international professional and governmental organizations.*

15. ALAC explains that IMIA is a Swiss legal entity established in 1989 after its initial creation in 1967 as a Special Interest Group of the International Federation of Information Processing (“IFIP”). It is a non-governmental organization with “close ties” to the World Health Organization and to the International Federation of Health Information Management (“IFHIMA”). ALAC describes the WHO as the “directing and coordinating authority for health within the United Nations system”, and explains that IFHIMA has since 1968 “supported national associations and health record professionals to implement and improve health records and system.”

16. In addition, ALAC observes that IMIA comprises member societies from 57 countries. These are active “in areas ranging from Health or Medical Healthcare Informatics to Telemedicine and Biomedical Engineering.” IMIA also has six “corporate” and 44 “academic” institutions among its members “from around the world”, as well as individual “corresponding members” from countries that do not have an appropriate organization eligible to become an IMIA Member Society.

17. ALAC describes IMIA as a “bridge organization” and states that its objectives include:

- *moving theory into practice by linking academic and research informaticians with care givers, consultants, vendors, and vendor-based researchers;*
- *leading the international medical and health informatics communities throughout the 21st century;*
- *promoting the cross-fertilization of health informatics information and knowledge across professional and geographical boundaries; and*
- *serving as the catalyst for ubiquitous worldwide health information infrastructures for patient care and health research.*

18. Given its status and activity, as described by ALAC, IMIA should in ALAC’s view be regarded as “the representative of the global community of medical and health informatics professionals from public, private and academic sectors”, and as such “a clearly delineated community” in the sense of subsection 3.5.4 of the Guidebook. ALAC adds that by virtue of its “goals and objectives” the IMIA “community” has developed a “strong” relationship with the global health community in general, “understood as the individuals and entities who provide health-related

services and the beneficiaries of health care”. ALAC argues that information science and technology in the fields of healthcare and research in medical, health and bio-informatics ultimately benefits the entire global health community, and that the Internet in particular enables members of this community to communicate, to exchange products and services, and to inform and educate.

c) Substantial Opposition

19. ALAC recognizes that a "Community Objection" must also demonstrate "substantial" opposition from a "significant" portion of the relevant community. ALAC's demonstration in this respect proceeds primarily by reference to the inclusiveness of IMIA. ALAC notes that IMIA includes organizations representing medical and health informatics professionals at a national level, corporations, academic institutions, and individuals. ALAC states that IMIA's designation as an NGO in "official relations" with WHO, and its partnerships with IFHIMA and IFIP, as well its status as "liaison organization" for the health informatics technical committee of the International Organization for Standardization (ISO), are evidence of the recognition of its stature and expertise. IMIA's history and broad-based membership, in ALAC's words, "lend credence to it having a highly accepted and recognized stature which commands the support and attention of the community it represents".

20. ALAC goes on to argue as follows:

Acknowledging the extensiveness and diversity of IMIA's membership, the objection by IMIA, in speaking for all its members, would constitute significant expression of opposition relative to the community it represents, which is taken to be the global network of professionals working in the science

of processing data for storage and retrieval of health knowledge. Such representation renders unnecessary for each of its members to submit an objection to DotHealth, LLC's application for the .health gTLD. The fact that it boasts and represents members operating in several sectors (i.e. public, private, academic and individual persons) spread across numerous countries makes it a legitimate representative in expressing significant opposition to the present application.

Therefore, IMIA in being regarded as the established network for global community of medical and health informatics professionals, presents as a clearly significant portion, if not all, of the global medical and health informatics community.

21. ALAC also invokes and relies upon the fact that other entities "have shared our concerns over DotHealth, LLC's application". In particular, it mentions "GAC Early Warnings" from the Governments of France and Mali against DotHealth's application for the .health gTLD, and notes that the Government of Mali's Early Warning was supported by Argentina, a GAC member. ALAC goes on to review the following expressions of concern from NGOs:

Twenty-three comments were received and published on the Application Comments Forum, thirteen of which were submitted by entities and/or individuals affiliated with those entities, which/who mostly comprise health care professionals, and which/who expressed either an objection or reservation to DotHealth, LLC's application for the .health gTLD based on community objection grounds. Concerns were raised by (1) Save the Children, (2) The Cochrane Collaboration, (3) Drugs for Neglected Diseases initiative (DNDi), (4) Medicus Mundi International Network, (5) Health Innovation in Practice, (6) International Society for Telemedicine and eHealth (ISfTeH), (7) Health On the Net Foundation, (8) World Federation of Public Health Associations, (9) ISQua – International Society for Quality in Health Care; while an objection was

raised by (10) American Hospital Association. The eleventh comment was an objection received from the (11) Association of Corporate Counsel, a global bar association that promotes the common professional and business interests of in-house counsel serving the professional and business interests of lawyers who practice in private sector legal departments, and the twelfth comment was an objection from (12) IMIA.

d) Targeting

22. ALAC seeks to demonstrate that the .health string explicitly, or implicitly (by inference, based on public perception of the string), targets the community on behalf of which the objection is raised. It argues that the community “represented by IMIA” is comprised of international medical and health informatics communities who use and provide information technology tools for the benefit of health sector, thus “involving and impacting the global health community in general”.

23. DotHealth, in ALAC’s view, also seeks to have the same impact. DotHealth’s stated goal, per its Application, is “to establish .health as a safe, trustworthy and secure top-level domain for global health stakeholders”. Point 18(a) and (b) of its application mention the following categories as stakeholders: physicians and healthcare professionals, institutions (health services) and patients (consumers), as well as the associated industries (pharmaceutical industry, medical tourism, food industry, health insurance, etc.).

24. As for DotHealth’s claim that the .health gTLD has support from the National Association of Boards of Pharmacy (NABP) , the Inter-American College of Physicians and Services (ICPS) , the Association of Black Cardiologists, and the

World Federation of Chiropractic, ALAC states that it is “mindful” of IMIA’s stature as the global network of experts working in the science of processing data for the health sector and “hence, the need to balance the support for DotHealth’s application against the weight of IMIA’s representation and objection and the concerns of others to the same.”

25. Given the “sensitivity” of the .health gTLD, ALAC adds that it is “also guided by the French Government’s argument that it would not be in the public interest to entrust the responsibility for operating .health gTLD to an entity which is not affiliated with, endorsed by, or otherwise formally connected to the global health community”.

26. In conclusion, ALAC asserts that DotHealth lacks “sufficient legitimate interest in the .health gTLD”.

e) Detriment

27. Finally, ALAC seeks to expose the "likelihood of material detriment to the rights or legitimate interests of a significant portion of the community. It reasons that a community may invoke the following “types of harm” as constituting “material detriment”: (1) damage to the reputation of the community; (2) disregard of the interest of the community, including in effective security protection for Internet uses; (3) interference with “core activities” of the community, including those that depend upon the Domain Name System; and (4) concrete or economic damage to the community.

28. In particular, ALAC asserts that the present Application creates the likelihood of material detriment to the legitimate interests of the global public health community because health is a highly-regulated sector having safeguards that include, for example, licensing, monitoring and enforcement, and the strings associated with regulated sectors are likely to invoke a level of implied consumer trust. Consumer protection in health is particularly important within the online realm, as national or international rules cannot be effectively enforced to provide complete protection, thereby creating new risks for consumers, industry and governments. The reputation of the community represented by the Objector is based on the professionalism of the IMIA membership and its affiliation with other well-known international entities, WHO included, which supports the consumers' trust in the medical and health informatics products, services and research provided by the IMIA members.

29. As for DotHealth's claimed support from the organizations mentioned in Paragraph 25 above, ALAC repeats that it is necessary to balance the breadth of support for DotHealth's application against the weight of IMIA's objection and the concerns of others. In this respect, ALAC asserts that IMIA considers that a .health gTLD with "insufficient measures" to address these risks will "undermine consumer trust" and harm "legitimate enterprise, competition and the growth of the health industry"; a commercial entity without links to the global health community should not, in ALAC's view, be entrusted with this responsibility. ALAC pursues its argument as follows:

It is IMIA's view that DotHealth, LLC's application for the .health gTLD does not provide sufficient guarantees to safeguard the public interest. The applicant intends to market the gTLD to consumers and other health stakeholders but has

validation processes which, according to IMIA, are insufficient. Without a legitimate link to the community and clarity on appropriate governance and policies, IMIA believes DotHealth, LLC will perpetuate a status quo that has already proved detrimental and costly to the global public health community.

IMIA considers that the .health gTLD should only be delegated to an entity endorsed by the health community and only after a broad-based consultation of the community has taken place, where the rights, rules and responsibilities for the operation of the domain have been properly elaborated. IMIA proposes that there be at least one trusted place on the Internet for health and that .health should be considered for this purpose as a global asset for health. In other words, .health should have some sort of special, protected status, given the significance of the .health string to the health community and to public welfare.

30. ALAC notes that DotHealth has responded that the sole fact that an applicant is a commercial enterprise does not mean that it will not operate the .health string in the public interest, and that DotHealth has emphasized its stringent registry policies against illicit goods and services, rapid take down mechanisms, and proposed security measures. ALAC acknowledges that these policies and measures “would appear to address some of the concerns that IMIA is voicing on behalf of the community”, but insists that IMIA policies and measures go much further, and concludes that any delegated .health gTLD “needs to be the subject of an externally imposed set of rules that safeguard public interest,” and that these rules “ought to be established by relevant global stakeholders of the health community”. It is IMIA’s position, so ALAC states, that the Applicant “cannot be trusted to self-police the .health domain space.”

31. ALAC concludes that if in fact the Applicant were successful but then failed to achieve adequate protection of the .health string against the promotion of illicit goods and services and the dissemination of false, misleading, and/or inaccurate health information, “it is reasonably certain that public welfare will be harmed, health and life could be endangered, and the reputation of the health industry damaged”. ALAC adds that if the successful applicant of the .health gTLD places commercial interests before public welfare interests, “which seems more than likely in the case of a commercial applicant”, those wanting to communicate important public service health information to consumers through the Internet via the .health gTLD will “more than likely” be disfavored as against “income-generating subscribers which publicise health related goods and services.

RESPONSE BY THE APPLICANT

32. DotHealth challenges ALAC's standing to object. The basis for this challenge will be outlined first, followed by a summary of DotHealth's arguments with respect to the four substantive issues.

a) Standing

33. The New gTLD Policy, as given effect by subsection 3.2.2 of the Guidebook, permits institutions associated with "clearly delineated communities" that are "strongly associated" with the string for which an Application has been made to raise an Objection under defined circumstances. DotHealth finds it symptomatic of the problematic nature of ALAC's present Objection that it has chosen to challenge applications for the .health string alone, while taking no initiative with respect to a multitude of strings identified by ICANN's Government Advisory Committee as related to "health and fitness", including (non-exhaustively) .care, .diet, .fit, .fitness, .healthcare, .healthy, .heart, .hiv, .hospital, .med, .medical, .organic, .pharmacy, .rehab., .surgery, .clinic, .dental, .dentist, .doctor, .dds, and .physio. If there is a distinct "community" interested in "health", DotHealth suggests, it must also be concerned with such other stings.

34. According to the Applicant, ALAC claims to be pursuing the present objection "on behalf of the community represented by [IMIA]." But to conclude that ALAC has an ongoing relationship with IMIA, it must first be found, under subsection 3.2.2.4 of the Guidebook (but in DotHealth's words), that "the institutional purpose of the ALAC is related to the benefit of the IMIA, that it performs regular activities that

benefit the IMIA.” In fact, so says the Applicant, ALAC has not attempted to demonstrate an ongoing relationship with IMIA, nor the existence of shared institutional purposes, nor yet again regular activity that benefits IMIA.

35. The Applicant observes that the Objection, at paragraphs 4-5, asserts that the priorities of funding for ALAC’s objections as defined in subsection 3.3.2 of the Guidebook support standing so long as ALAC publishes “the approved process for considering and making objections”. That is an error; this is a minimum requirement for the funding of objections, not a criterion of standing. The purpose of funding ALAC must, in DotHealth's view, be to enable the articulation of concerns of individual Internet users, not those of “a highly focused organisation representing informatics specialists that does not participate in ICANN.”

36. DotHealth concludes that: “It seems self-evident that the purpose of providing funding to ALAC for objections was to facilitate objections reflecting the concerns of individual internet users, not the concerns of a highly focused organization representing informatics specialists that does not participate in ICANN.”

b) Community

37. .DotHealth's essential criticism of ALAC's Objection is that “neither ALAC nor IMIA represents a significant portion of the community to which the DotHealth Application is both explicitly and implicitly targeted.” The word “health” covers a broad and complex range of preoccupations, not only affected by the human body's biology and chemistry “but also by social structures, religious beliefs, politics and economics.” It is conditioned by environment, nutrition, education, occupation,

access to health care, sleep, exercise, wealth, culture, religion, and countless other aspects of life that are of interest to broad swathes of "stakeholders", listed by DotHealth as "consumers, medical professionals, health care facilities, insurance companies, governments, educational and research institutions, pharmaceutical and device manufacturers, professional associations, labor unions, athletes and sports organisations, teachers, clergy, counsellors, charitable organisations, and each and every one of us, not to mention our pets." Individual categories of such stakeholders themselves break down into highly differentiated subcategories, such as what one can describe as the medical "industry", which includes not only medical practitioners but also managers and administrators, underwriters and lawyers, advertisers, investors, media, and shareholders of corporate manufacturers and suppliers of services.

38. DotHealth adds that "health" has "no single authoritative spokesperson, no monolithic representative organisation, and no sole arbiter of the oftentimes-competing inputs, goals, and resource-allocation priorities." It is "self-evident" that this is not a "clearly delineated community". DotHealth concludes that ALAC has not demonstrated that a significant portion of the medical informatics community opposes the Application, "and does not even attempt to demonstrate that IMIA represents a significant portion of the 'community' to which .health is explicitly or implicitly targeted."

c) Substantial Opposition

39. DotHealth asserts that opposition to its Application was not voiced by the members of the ALAC gTLD Review Group, but by a few NGOs connected to the World Health Organization. Only 12 of 187 NGOs "asked and lobbied by the WHO to

submit opposition" actually did so. These comments, including those in the "Early Warnings" from France and Mali, were pure "cut and pastes" of texts suggested by the WHO. Ultimately ALAC itself expressed disappointment over "the lack of interest in the issue".

d) Targeting

40. DotHealth points out that the word "health" does not appear within IMIA's name, and that the public has no reason to know what IMIA is, or what informatics -- "a highly specialised narrow field"-- denotes in relation to health. DotHealth also points out that IMIA did not oppose other strings that appear to be much closer to IMIA's profile, such as .med and .medical.

e) Detriment

41. ALAC has the burden of proving detriment, but has not, in DotHealth's submission, "identified ANY damage or risk of damage to the reputation of any of its at-large structures or community due to the .health TLD."

42. DotHealth asserts that it will actively enforce the policies to which it is bound by virtue of its Application "through an unprecedented and unmatched model of registry security and governance in partnership with the worlds' leading providers of fraud mitigation and rogue online pharmacy surveillance, Neustar and LegitScript, both of which maintain active cooperation with numerous regulatory authorities and government agencies throughout the world" and "will reserve and control the allocation of prominent .health domain names representing commonly used medical terms." At any rate, the Objection does not specify how DotHealth would interfere

with the "core activities of ALAC's purported community (or of Internet users more broadly)". As for the assertions attributed to IMIA itself, they are "over-reaching and entirely non-specific" projections of harm to the reputation of IMIA's members and to consumer confidence; DotHealth states that it does not "understand any of this logic nor its place within the community objection."

ASSESSMENT

43. DotHealth's Application has made it clear, under point 19 of its Application, that it does not pertain to "a community-based TLD". The paradigm of a community on behalf of which the possibility of an Objection of the present kind was conceived readily emerges from the perusal of the Guidebook. The paradigm would be a group of people who have in common not only well-established and distinct origins, beliefs, traditions, and practices, but also the self-perception that they constitute a group whose distinctive interests it is important to preserve and promote. Its members, who might also occupy a distinct economic niche or constitute a social minority, are readily perceived by outsiders as forming such a group, and their concerns or indeed grievances are readily comprehensible, because they are expressed by voices recognised as reliable reflections of the feelings and legitimate ambitions of the community. The infinite and infinitely heterogenous groups of persons keenly interested in "health" -- including for example the "group" of hundreds of millions of people who suffer permanent afflictions of various intensity -- is self-evidently at the antipode of this paradigm.

44. It is rather ALAC that asserts, as it must (see Paragraph 1 above), the existence of a relevant community on behalf of which it purports to act. (This is the "Community invoked by the Objector", in the words of subsection 3.5.4 of the Guidebook). As an Objector, ALAC accepts (as it must) that it has the burden of proving each of the four requisite elements of a successful Community Objection (see Paragraph 1 above). ALAC fails, as shall be seen, at each of these hurdles. But first

it seems necessary, given the arguments raised in support of the Objection, to dispel the notion that the concerns of “communities” disqualify commercial corporations as Registry operators.

45. The Guidebook refers its readers, at page 1-2, to a “complete set of the supporting documentation and more about the origins, history, and details of the policy developed background of New gTLDs Program”, to be found at <http://gns0.icann.org/issues/new-gtlds/>. That site prominently displays a document dated 22 October 2008 entitled “New gTLDs Summary – Principles, Recommendations and Implementation Guidelines”.

46. The Guidebook states in subsection 1.2.1, when defining “eligibility,” that “established corporations, organizations, and institutions in good standing may apply for new gTLDs”. The Guidebook furthermore asserts that “ICANN has designed the New gTLD Program with multiple stakeholder mechanisms”. The Preamble is worth quoting, since it gives substance to the notion of a public/private collaboration:

The program has its origins in carefully deliberated policy development work by the ICANN community. In October 2007, the Generic Names Supporting Organization (GNSO) – one of the groups that coordinate global Internet policy at ICANN – formally completed its policy development work on new gTLDs and approved a set of 19 policy recommendations. Representatives from a wide variety of stakeholder groups – governments, individuals, civil society, business and intellectual property constituencies, and the technology community – were engaged in discussions for more than 18 months on such

questions as the demand, benefits, and risk of new gTLDs, the selection criteria that should be applied, how gTLDs should be allocated, and the contractual conditions that should be required for new gTLD registries going forward. The culmination of this policy development process was a decision by the ICANN Board of Directors to adopt the community-developed policy in June 2008.

47. The proposition that private corporate entities are free to apply without requiring the approval of public officials is unmistakably confirmed in a number of ways, notably by the fact that Module 2 of the Guidebook (a) requires government support only with respect to strings that wish to use geographic names, such as those of a country or a city, and (b) contains detailed references to “evaluation procedures” which notably provide that corporations listed on the world’s 25 largest stock exchanges will be deemed to have passed the “general business diligence and criminal history screening.”

48. Among the “Implementation Guidelines” set down in the document dated 22 October 2008 (see Paragraph 45 of the Implementation Guidelines), we find the plain words:

community should be interpreted broadly.

It therefore seems proper to begin by considering how a “broad interpretation” of “community” should be understood.

a) “Communities” in general

49. The word “community” refers not to a place, but to an abstraction: the convergence of a sense of involvement with common interests. True enough, a community may have a physical center, in the sense that its members care about the amenities, prosperity, security, and reputation of the place where they live. One may also speak, however, of communities which are unattached to a locale, such as those comprised of defenders of animal rights, speakers of Esperanto, adherents of Swedenborg, or fans of the Ajax football team. Communities of persons united by their interests in how they earn their living may be especially strong, whether they form permanent organisations (like professional associations) or not (like the entire population segment of retirees).

50. Communities do not necessarily create institutions. They do not necessarily function as a polity, in the sense of identifying officials formally authorized to act in their name, represent their interests, or formulate their policies. They may exist without structures of self-governance, such as membership committees which admit or exclude individuals by reference to more or less well-articulated standards of qualification or conduct.

51. It follows that communities may include individuals who are more or less concerned with the welfare of the group as a whole; it may contain cynics as well as idealists, speculators as well as altruists. Naturally it may include subgroups or even individuals whose opinions and preferences are sharply at odds with those of the majority of the community. Unless the community has in some constitutional sense defined itself as excluding undesirable individuals, or at least limited their capacity to make claims to speak as members of the group, someone looking at a community

from the outside, and armed only with this broad understanding of what a “community” may be, has no rules-based criteria for evaluating who does or does not belong to the community.

b) “Global Internet communities”

52. The determination I am now charged with effecting deals – so the Guidebook states in subsection 1.1.2.3 – with “global Internet communities”. That expression has not, however, been given further specific definition. One must therefore proceed on the basis of (i) discerning what the relevant rules *do not* say about “communities” and (ii) being attentive to implied constraints derived from principles developed by ICANN.

53. ICANN defines itself as a

private-public partnership dedicated to: preserving the operational security and stability of the Internet, promoting competition, achieving broad representation of global Internet communities, and developing policy appropriate to its mission through bottom-up, consensus-based processes. This necessarily involves the participation of many stakeholder groups in a public discussion. (Guidebook, subsection 1.1.2.3.)

54. The same subsection further explains that a

distinction should be made between application comments, which may be relevant to ICANN's task of determining whether applications meet the established criteria, and formal objections that concern matters outside those evaluation criteria. The formal objection process was created to allow a full and fair consideration of objections based on certain limited grounds outside ICANN's evaluation of applications on their merits.

55. Six "Principles" are defined in the 22 October 2008 document referred to in Paragraph 45. They are worded as follows:

- A *New generic top-level domains (gTLDs) must be introduced in an orderly, timely and predictable way.*

- B *Some new generic top-level domains should be internationalized domain names (IDNs) subject to the approval if IDNs being available in the root.*

- C *The reasons for introducing new top-level domains include that there is demand from potential applicants for new top-level domains in both ASCII and IDN formats. In addition to the introduction of new top-level domain application process has the potential to promote competition in the provision of registry services, to add to consumer choice, market differentiation and geographical and service-provider diversity.*

- D *A set of technical criteria must be used for assessing a new gTLD registry applicant to minimize the risk of harming the operational stability, security and global interoperability of the Internet.*

- E *A set of capability criteria for a new gTLD registry applicant must be used to provide an assurance that an applicant has the capability to meet its obligations under the terms of ICANN's registry agreement.*

- F *A set of operational criteria must be set out in contractual conditions in the registry agreement to ensure compliance with ICANN policies.*

- G *The string evaluation process must not infringe the applicant's freedom of expression rights that are protected under internationally recognized principles of law.*

56. It is striking that this list of principles focuses primarily on technical performance – reliability, coherence, and capability to secure compliance with relevant protocols imposed by ICANN's registry agreement. To the extent that abstract or aspirational principles are defined, they are those of a free market (“competition”, “consumer choice”, “differentiation” and “diversity”) and freedom of expression, rather than regulatory constraints arising from a protective (or

authoritarian) desire to filter “wrong” or “unsound” views, or otherwise restrict access so as to reserve it to those who are vetted by some type of official bodies.

57. To put it another way, I see no reflection here of ALAC’s undisguised bias against “commercial applicants” who “cannot be trusted to self-police the .health domain space and are “more than likely” to place “commercial interests before public welfare interests” (see Paragraphs 30-31 above). This type of policy was not the road taken, notwithstanding the lengthy and broad consultations described in The Guidebook (see Paragraph 45 and the quotation in Paragraph 55 above). It is not for me to express preferences in this regard, but to apply the relevant rules as I find them. The Objector’s animadversions against the Applicant miss the target; profit-seekers may apply; the public interest is evidently intended to be protected by protocols imposed by ICANN in a manner akin to that of regulators whose supervision constrains the conduct of for-profit providers of public services generally.

58. Twenty “Recommendations” are articulated in the 22 October 2008 document. Broadly speaking, they concern matters relating to achieving realistic assurances that strings should be technically reliable, not infringe legal rights, and be run by entities having adequate “financial and organizational operational capability” (Principle 8).

59. Only three of these Recommendations merit mention for present purposes:

- 1 *ICANN must implement a process that allows the introduction of new top-level domains.*

The evaluation and selection procedure for new gTLD registries should respect the principles of fairness, transparency and non-discrimination.

All applicants for a new gTLD registry should therefore be evaluated against transparent and predictable criteria, fully available to the applicants prior to the initiation of the process.

Normally, therefore, no subsequent additional selection criteria should be used in the selection process.

- 6 *Strings must not be contrary to generally accepted legal norms relating to morality and public order that are recognized under international principles of law.*

Examples of such principles of law include, but are not limited to, the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDWA) and the International Convention on the Elimination of All Forms of Racial Discrimination, intellectual property treaties administered by the World Intellectual Property organization (WIPO) and the WTO Agreement on Trade-Related Aspects of Intellectual Property (TRIPS).

20 *An application will be rejected if an expert panel determines that there is substantial opposition to it from a significant portion of the community to which the string may be explicitly or implicitly targeted.*

60. Recommendation 1 focuses on fairness, transparency, non-discrimination, and predictability. If there had also been an intent to adopt such a fundamental principle as the requirement that the right to apply – whether generally or with respect to certain strings – be exclusively reserved for non-profit entities, it surely would have been explicit.

61. Recommendation 6 clearly concerns matters of political interest, but I have no reason to presume that the Applicant in this case is to be suspected of the intent to administer .health in violation of fundamental norms of “morality and public order”.

62. Recommendation 20, of course, echoes the criteria for the present determination (see Paragraph 1 above).

c) .health in particular

63. The Guidebook states in subsection 1.1.2.4 that:

A GAC Early Warning may be issued for any reason.

64. That sentence, however, refers to the following footnote at the bottom of page 1-8:

While definitive guidance has not been issued, the GAC has indicated that strings that could raise sensitivities include those that “purport to represent or that embody a particular group of people or interests based on historical, cultural, or social components of identity, such as nationality, race or ethnicity, religion, belief, culture or particular social origin or group, political opinion, membership of a national minority, disability, age, and/or a language or linguistic group (non-exhaustive)” and “those strings that refer to particular sectors, such as those subject to national regulation (such as .bank, .pharmacy) or those that describe or are targeted to a population or industry that is vulnerable to online fraud or abuse.”

65. I have noted ALAC’s reference to the “sensitivity” of the .health string, as well as its reference to the French Government’s Early Warning to the effect that responsibility for operating that string must be given to an entity “affiliated with, endorsed by, or otherwise formally connected to the global health community.”

66. ALAC has not explained what France may have meant by “the global health community”. Nor has ALAC indicated whether France’s Early Warning evolved into the status of GAC Advice pursuant to subsection 1.1.2.7 of the Guidebook (in the absence of which I see no reason to give it any weight in making this Determination). For present purposes, I proceed on the basis that the relevant “community” is to be understood by reference to the criteria articulated, however diffusely, in the relevant ICANN rules. As should already be clear, I have seen no warrant for considering that the .health “community” is limited to that of a) public health administrations or b)

private health practitioners or bodies operating under public license or accreditation, or even c) private health professionals generally.

67. This does not mean that I do not acknowledge the variable intensity of public interest that may attach to different strings. ALAC seems to be missing the mark when it refers to the “sensitivity” that should attach to .health; a more careful reading of the footnote quoted in Paragraph 64 above should have led to the conclusion that the issue is not one of the very subjective “sensitivities” referred to in the first part of the footnote, but to the “particular sectors” alluded to in the second part as being subject either to national regulation or vulnerability to online fraud or abuse. No matter; I readily accept that there is greater public interest, and greater risk of socially undesirable outcomes, if .health were poorly administered than if proper protocols were ignored with respect to strings that target communities defined by their interest in philately or sports memorabilia.

68. The footnote in question, however, begins with the acknowledgment that “definitive guidance has not been issued” – indeed without an explicit indication that such guidance was forthcoming or anticipated or possible (such as might have been signalled by the insertion of a “yet” before the words “been issued”). I draw the conclusion not that the unquestionably important concerns alluded to in that footnote have been ignored, but are left to be addressed in the protocols imposed on those who administer those strings that are of an inherently higher intensity of public concern.

69. The more significant problem with ALAC's presentation, however, is its introduction of the notion of a "health" community in the first place. In so doing, it

misses the essential point that the "community whose interests" are putatively served by a Community Objection is, as the Guidebook provides explicitly (see Paragraph 1 above), the community "invoked" by the Objector. *That* community is not necessarily one conceived as coextensive with the inherent scope of the string, which may be far broader. In other words, in the present case one needs to assess, in the first place, the credentials of "medical informatics" as a "targeted" community rather than those of "health".

70. True enough, it is natural to consider the ambit of the inherent reach of the string itself. It would be natural to consider the population plausibly concerned by a string named ".astrophysics" when evaluating the contention that that string targets the community of UFO enthusiasts. There is a connection -- but the world is full of connections, and one must be guided by a sense of degree, proportionality, and realism.

71. The Objection itself reveals either that IMIA does not in fact represent the global health community, or else that ALAC does not demonstrate an accurate comprehension of it. ALAC states that "through its goals and objectives the IMIA community [sic] has strong ties to the global health community in general, understood as the individuals and entity who provide health-related services and the beneficiaries of health care." It should be perfectly obvious that this conception misses important segments of human society devoted to "health" in a multitude of enabling capacities, from entrepreneurs to agencies that test foods and medicines in the interest of public health. Moreover, "health" is not limited to the absence of disease and infirmity. And to say that IMIA has "strong ties to the global health community *in general*" – which

is doubtless likely true with respect to the particular, and highly specialized, interface between medical informatics and those who use such technologies – illustrates the nebulosity of the claim that IMIA represents a "delineated" community which is perforce affected by a string that evokes the interests of a putative "global health community".

72. DotHealth's Response to the Objection makes the following points, which I consider to be well taken (albeit perhaps expressed with unnecessary rhetorical flourishes):

It would be nothing less than absurd for the Panel to accept the ALAC's [sic] to assert they represent everyone, everything, everywhere and simultaneously be able to qualify for standing as a delineated community. By definition, if either the ALAC or the IMIA represent the stakeholders we intend to serve, they can't be "delineated". However, if they are a community themselves, they have not offered one bit of proof that their community and its functions will be targeted, negatively impacted, or that the opposition within their community is substantial. Thus the Panel is compelled under ICANN rules to dismiss the objection. The vast majority of this objection contains mere speculation and miscellaneous concerns, without any facts or proof to support these concerns.... [E]very one of the concerns is voiced through the perspective of other organizations, rather than the ALAC itself.... ALAC has completely ignored, and did not address, what must be proven within the four tests of the Community Objection framework. Many of their comments

would perhaps belong in a Public Interest Objection, but that is not what this Panel is charged with evaluating.

73. This characterization of ALAC's objection is in my view accurate, and this conclusion is fatal to it.

74. The Internet, as operated under ICANN's system of policies, is conceived as an open vehicle for communication, intended to promote free expression, to enable innovation, to increase consumer choice, and to permit the dissemination of diverse data, analyses, and opinions rather than the orthodoxy proclaimed by public officials who assert the authority to decide what is "true" or "sound".

75. For a string to succumb to a community-based Objection, its very name must surely bring to mind the identity of the Objector (or those sought to be protected by the Objector) as its "target". I cannot see how IMIA can be accepted as speaking for a class of inevitable potential victims of Internet communications that concern the diffuse aggregation of human beings who are vitally concerned by "health". The very notion of a community of "medical informatics" has not, moreover, been shown to me as "clearly delineated".

76. We are certainly at a great remove from the case of a unitary ethnic or confessional community reasonably apprehensive of its vulnerability to detractors and persecutors, or other groups put at risk by reason of the particular circumstances or characteristics that define them.

77. If the existence of a clearly delineated community is not shown, it is impossible, for want of reference points, to see how any opposition could be characterised as substantial.

78. Moreover, considering that the first of the various “factors” listed by the Guidebook (at p. 3-23) as relevant in evaluating the materiality of opposition, namely “Number of expressions of opposition relative to the composition of the community,” I can only record that the Objection, even assuming its factual accuracy as far as it goes, gives me no basis to conclude that ALAC has discharged its burden to prove that the opposition to the Application among the persons and entities who deal extensively with medical informatics is substantial.

79. What ALAC (through IMIA) must show is that the Applicant here targets “the Community represented by the objector”. I have seen no convincing evidence that “informatics” or “bioinformatics” is in fact the Applicant’s target, save in the purely contingent sense that the registry would (a) understand that persons involved therein would have an interest in some of the communications pertaining to “health”, and (b) certainly not exclude them.

80. The matter of “detriment” is, in my view, the locus of the Objector’s principal misconception. ALAC presumes that for-profit entities cannot be trusted to be properly heedful of the public interest. That is a political stance, and controversial. Some will say that history shows that great social benefit has resulted from private innovation and enterprise. Others will say that public or quasi-public regulators are as likely to stifle as to stimulate progress. It is not my role here to express any views as to the policy choices made, except to point out that ICANN insists on the deliberative

and inclusive manner in which they have been made (see Paragraph 46 above), and that the rules upon which the present determination is based rely on the agreements and protocols which ICANN impose on registry administrators, as well as on the way they are enforced and monitored to ensure that public concerns are considered, and reflected in conduct.

d) Standing

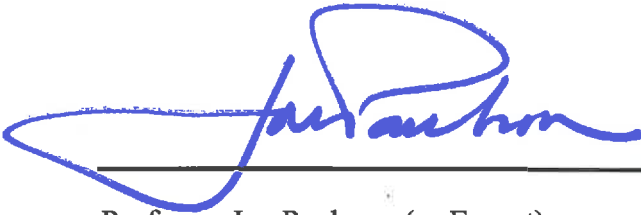
81. Logic suggests that the issue of standing be resolved prior to any consideration of the merits. Indeed, subsection 3.2.2 of the Guidebook provides that “Objectors must satisfy standing requirements to have their objections considered.” There is, however, considerable overlap between the requirement of standing (to be an “established institution associated with a clearly delineated community”) and the test that the “community invoked” must be a “clearly delineated community” -- indeed so much of one that it seems any Objector who succeeds in establishing standing has perforce prevailed on the first out of the four merits tests under subsection 3.5.4 of the Guidebook. That conclusion strikes me as sufficiently unusual to put into question whether such was the intention of the drafters. For that reason I assumed *pro tem* that the Applicant had standing, and assessed the merits, with the result that I reach the unhesitant conclusion that the Objection is unfounded. This confirms that standing and merits are inextricably linked; as there is no “clearly delineated community” of present relevance, the Objector, irrespective of its institutional quality, in this case simply cannot be “associated with a clearly delineated community” since there is no so defined community to be associated with.

DETERMINATION

82. For the reasons stated above and in accordance with article 21(d) of the Procedure, I hereby render the following Expert Determination:

1. ICANN At-Large Advisory Committee's Objection fails.
2. The Applicant DotHealth LLC is the prevailing party.
3. The advance payment of costs made by DotHealth LLC under Article 14(e) of the Procedure shall be refunded to the Applicant by the Centre.

Signed this 13th day of January 2014.



Professor Jan Paulsson (as Expert)
Michael Klein Distinguished Scholar Chair
Faculty of Law
University of Miami