

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

The FCC's Advisory Committee)	
For The 2007 World)	IB Docket No. 04-286
Radiocommunication Conference)	
)	
Recommendations on WRC-07 Issues)	WRC-07 Agenda Item 1.17
)	Document WAC/042 (23.02.05)

**JOINT COMMENTS OF THE AMERICAN HOSPITAL ASSOCIATION
AND THE AMERICAN SOCIETY OF HEALTHCARE ENGINEERING**

The American Hospital Association (“AHA”) and the American Society of Healthcare Engineering of the American Hospital Association (“ASHE”), by their counsel, jointly file these comments in response to the Commission’s February 28, 2005, Public Notice in IB Docket No. 04-286.¹ AHA and ASHE limit their comments to WRC-07 Agenda Item 1.17 and Document WAC/042 (23.02.05), which address the international allocation of the 1430-1432 MHz band for space-to-earth fixed-satellite service (“FSS”) feeder links for non-geostationary satellite systems operating below 1 GHz (“Little LEOs”). AHA and ASHE oppose the upgrade of the FSS allocation in the 1430-1432 MHz band to primary status unless studies have been completed that demonstrate that Little LEO feeder links will not interfere with Wireless Medical Telemetry Service devices which the Commission has authorized to operate on a primary basis in the 1429-1431.5 MHz band in seven regions of the country.

¹ See Public Notice, *The FCC's Advisory Committee for the 2007 World Radiocommunication Conference Approves Recommendations on WRC-07 Issues*, IB Docket No. 04-286, DA 05-476, February 28, 2005 (“Public Notice”).

AHA's and ASHE's Interest in This Proceeding

The AHA was the lead proponent in ET Docket No. 99-255 for the establishment of the Wireless Medical Telemetry Service (“WMTS”), a low power service providing critical hospital patient monitoring functions, such as pulse and respiration rate monitoring, which require interference protection from co-channel and adjacent channel transmissions in order to ensure patient safety.² If WMTS equipment cannot be adequately protected from harmful interference, the efficiency and health care benefits of WMTS that the Commission intended to foster cannot be fully realized. Over the protest of Little LEO operators, the Commission in 2000 initially allocated spectrum in the 1429-1432 MHz band to WMTS;³ and several Little LEO operators filed a petition for reconsideration.⁴

In 2002, in Docket No. 00-221, the Commission denied the Petition for Reconsideration filed by Little LEO entities in ET Docket No. 99-255 in which they sought an exclusive allocation of three megahertz of spectrum in the 1427-1432 MHz band for FSS feeder links.⁵ Instead, the FCC allocated the 1427-1429.5 MHz band to WMTS on a primary basis, elevated the telemetry service to primary status in the 1429.5-1432 MHz band, and allocated the 1430-1432 MHz band to Little LEO feeder downlinks contingent on completion of ongoing interference studies and adoption of an international allocation for this spectrum.⁶ It is noteworthy that at the time WMTS did not have an allocation in the 1430-1432 MHz band so the

² See *In the Matter of Amendment of Parts 2 and 95 of the Commission's Rules to Create a Wireless Medical Telemetry Service*, 15 FCC Rcd 11206 (2000) (“WMTS Order”). On February 23, 2001, the Commission selected ASHE to be the frequency database coordinator for WMTS licensing. *In the Matter of Amendment of Parts 2 and 95 of the Commission's Rules to Create a Wireless Medical Telemetry Service, Order*, 16 FCC Rcd 4543 (2001).

³ *WMTS Order* at ¶ 21.

⁴ Petition for Reconsideration of Final Analysis Communication Services, Inc., LEO One Worldwide, Inc., and Orbital Communications Corporation, ET Docket No. 99-255 and PR Docket No. 99-235, August 16, 2000.

⁵ *In the Matter of Reallocation of the 216-220 MHz, 1390-1395 MHz, 1422-1429 MHz, 1429-1432 MHz, 1432-1435 MHz, 1670-1675 MHz, and 2385-2390 MHz Government Transfer Bands*, 17 FCC Rcd 368 at ¶ 59 (2002).

⁶ *Id.* at ¶ 55 (2002).

FCC did not consider the potential for harmful interference from Little LEO feeder downlinks on low power WMTS devices.

After an additional rulemaking proceeding, the FCC in WT Docket No. 02-8 finalized the frequency allocation in the upper 1.4 GHz band by shifting the WMTS allocation. In the 1427-1432 MHz band, WMTS was designated as primary on 1427-1429.5 MHz; and telemetry was designated primary on 1429.5–1432 MHz, except for seven regions of the country in which there is a “band flip” whereby WMTS is primary in the 1429-1431.5 MHz band and telemetry is primary in the 1427-1429 and 1431.5-1432 MHz band.⁷ The Commission adopted the so-called “band flip” in the seven regions in order not to disrupt incumbent utility telemetry operations using the 1427-1429 MHz band. As a result, WMTS devices are authorized to operate on a primary basis in the 1429-1431.5 MHz band, thereby sharing most of the 1430-1432 MHz band with Little LEOs in several large and populous regions such as the Washington, D.C., Pittsburgh, and Detroit metropolitan areas that have numerous hospital and health care facilities.

WRC-07 Agenda Item 1.17

As discussed in the attachment to the Public Notice, it is currently the preliminary U.S. view on WRC-07 Agenda Item 1.17 to support the completion of studies on operational and technical means to facilitate the sharing of frequencies around 1.4 GHz. If these studies establish that sharing can be successful, then, as proposed in the attachment, the United States would support upgrading the international allocation of the 1430-1432 MHz band for Little LEO feeder downlinks to primary status.⁸ AHA and ASHE respectfully urge that any such status upgrade for Little LEO feeder downlinks must also expressly be conditioned on the successful completion of

⁷ *In the Matter of Amendments to Parts 1, 2, 27 and 90 of the Commission's Rules to License Services in the 216-220 MHz, 1390-1395 MHz, 1427-1429 MHz, 1429-1432 MHz, 1432-1435 MHz, 1670-1675 MHz, and 2385-2390 MHz Government Transfer Bands*, 17 FCC Rcd 9980 (2002) at ¶ 26 (¶ 28 as initially released).

⁸ *Public Notice* at 7-8.

studies to determine that Little LEO feeder downlinks will have no adverse impact on pre-existing licensed WMTS operations in the 1429-1431.5 MHz band.

In the years leading up to the final allocation of spectrum in the 1.4 GHz band, representatives of WMTS vendors held technical discussions with representatives of Little LEOs. As a result of those discussions, it was concluded that under the anticipated operating parameters for Little LEOs, it would be very difficult, perhaps impossible, for low power WMTS devices to share spectrum with Little LEO operators without being subject to harmful interference.⁹ Indeed, while Little LEOs discussed proposed maximum power flux density levels that might not, in a theoretical analysis, create interference with WMTS, real-world constraints on deploying a commercially viable service would ultimately require Little LEOs to seek increases in their proposed operating power and/or authorization for repeater stations, resulting for sure in interference to low power WMTS devices in the same band.¹⁰

These valid technical concerns have not been assuaged in the intervening years, and so a rigorous determination of no harmful interference is essential before the status of Little LEO feeder downlinks is upgraded to primary because typical first-in-time sharing between co-primary WMTS and Little LEO feeder downlinks is impossible. Because WMTS is a low power service, harmful interference would be created by Little LEO feeder downlinks to WMTS, but not from licensed WMTS devices to the Little LEO downlinks. Moreover, Little LEO feeder downlinks will be ubiquitous, so that any feeder links that interfere with licensed WMTS operations would not be limited to second-in-time WMTS operations. Rather, *all* WMTS licensed operations in the 1429-1431.5 MHz band would be adversely affected, even those

⁹ See Comments of the American Hospital Association Task Force on Medical Telemetry, ET Docket No. 99-255, September 16, 1999, at 9.

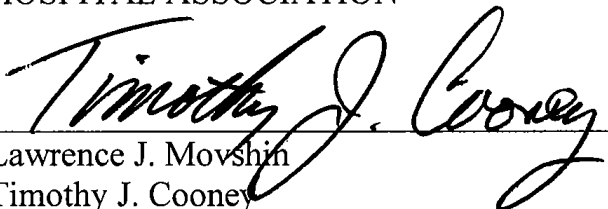
¹⁰ See Reply Comments of the American Hospital Association Task Force on Wireless Medical Telemetry, ET Docket No. 00-221, April 9, 2001, at 7.

whose WMTS operation was first-in-time and, thus, legally protected even from co-primary Little LEO operations. AHA and ASHE, therefore, urge the Commission to consider revising the preliminary U.S. support for upgrading to primary status the international Little LEO allocation for 1430-1432 MHz unless studies are completed demonstrating that feeder downlinks would not cause harmful interference to pre-existing co-primary licensees in the band. Moreover, if studies are completed that indicate that Little LEO feeder links would not subject licensed WMTS operations to harmful interference at specific power flux density levels, the FCC must ensure that no increases in Little LEO power levels subsequently are authorized unless new studies are conducted to demonstrate the absence of harmful interference to WMTS operations at the higher power levels.

Respectfully submitted

AMERICAN HOSPITAL ASSOCIATION

AMERICAN SOCIETY OF HEALTHCARE
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