

LAND MOBILE COMMUNICATIONS COUNCIL

Writer's Address and Telephone Number:

1110 N. Glebe Road
Suite 500
Arlington, VA 22201
(703) 528-5115

MEMBERS

AAA

AAR

October 13, 2003

AASHTO

AMTA

APCO

Mr. John Muleta

Chief

API

Wireless Telecommunications Bureau

ARINC

Federal Communications Commission

CSAA

445 Twelfth St., S.W.

FCCA

Washington D.C. 20554

FIT

IAFC

IAFWA

Re Freeze on High Power Operations in the 460-470 MHz
and Mobile Band

IMSA

ITA

ITSA

Dear Mr. Muleta

MRFAC

NASF

PCIA

TIA

TLPA

UTC

The American Hospital Association (AHA) wrote to you on September 23, 2003 presenting what it considers to be an "orderly approach to the lifting of the current freeze on the licensing of the 460-470 MHz band for high-power land mobiles." While the Wireless Telecommunications Bureau has not publicly asked for comment on AHA's proposal, the Land Mobile Communications Council (LMCC) would like to offer its view. LMCC acts with the consensus, and on behalf of the vast majority of public safety, business, industrial, private, commercial and land transportation radio users, as well as a diversity of land mobile service providers and equipment manufacturers. LMCC's membership also includes all of the FCC-certified Frequency Advisory Committees (FACs) for the private land mobile services that administer the frequencies at issue in the AHA proposal. As such, LMCC is uniquely qualified to comment on AHA's proposal.

AHA is requesting a delay of the lifting of the current freeze on the licensing of high power applications in the 460-470 MHz band, which is due to occur on October 16, 2003. AHA cites the unavailability- until recently, of equipment in the new WMTS bands, as well as adverse economic conditions as the reasons for needing to delay lifting the freeze. AHA proposes a process in

which the freeze is immediately extended for at least another six months, but essentially lasts for another two full years beyond that. During the first six months of this period AHA-member hospitals would be expected to register their geographic location and operating frequencies with the American Society for Health Care Engineering (ASHE). During the next two years, Part 90 FACs would be expected to access the ASHE database, on a fee basis, and coordinate high power land mobile licensees at a distance of 40 miles (after 18 months, 20 miles) from medical telemetry operations.

LMCC opposes AHA's request. When the FCC initiated its refarming proceeding in 1991, the private land mobile community was thrilled with the prospect of obtaining some limited additional spectrum for high power repeater/mobile operations in the highly congested UHF band. Now, 12 years later, we are still waiting for that prospect to be fully realized. We thought we were getting closer when LMCC submitted its low power proposal to the FCC, only to be disappointed again when we learned that our proposal could only be fully implemented after yet another rulemaking proceeding (which was just completed earlier this year). We were encouraged by the Commission's lifting of the freeze in the 450-460 MHz portion of the UHF band in January 2001, but that action resulted in only 19 channel pairs being made available for high power use. Those 19 channels didn't go very far, especially in major urban areas, so the need for high power spectrum is still serious.

LMCC empathizes with the nation's health care facilities over the economic difficulties they have been experiencing. Indeed, LMCC's varied constituencies have been subject to the same adverse economic conditions. Many private land mobile users, particularly those with public service functions such as utilities and transportation, find themselves in the same position as hospitals in regards to funding and budgeting cycles. But all the funding in the world doesn't help if the appropriate spectrum is not available.

LMCC certainly agrees that interference to medical telemetry systems from high power operations is not desirable. But we also believe such fears are unwarranted. Even while the freeze on high power operations has been in place, the refarming Second Report and Order allowed licensing of high power systems on the former 12.5 kHz offset channels provided that frequency coordinators certified that the high power operations would not impact the incumbent co-channel low power operations. A number of such high power systems have been licensed in the intervening years and LMCC has not been made aware of any specific cases of interference caused to hospital telemetry operations by those high power systems.

AHA's specific coordination proposal to permit high power operations in the subject band is unnecessary, burdensome, and impractical. In fact, it requests the reinstatement of a coordination requirement that the hospitals themselves asked to do away with over a decade ago. At that time the hospital community argued that coordination was unnecessary because their operations neither posed an interference threat *to* other users, nor were they concerned about the potential for interference to their operations *from* other users. LMCC notes that this occurred at a time when extensive high power

operations were licensed on channels 12.5 kHz adjacent to the medical telemetry operations, potentially subjecting them to the very type of interference about which AHA now expresses concern.

The 40 mile protection zone recommended by AHA is unrealistic in today's highly congested land mobile operating environment. While land mobile frequencies are extremely overcrowded in markets of all sizes across the country, some of the most acute need for high power operations is in major urban areas. Radio users in large cities do not routinely enjoy the benefit of separation of 40 miles (or even 20 miles) between users. To impose such a requirement would severely reduce or even completely negate the availability of new high power operations on the subject frequencies.

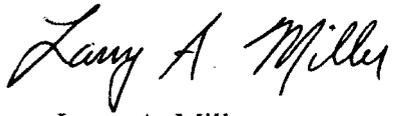
AHA's proposal would mandate that FACs use the ASHE database. This would be a serious departure from existing Commission policy. Never before has the Commission required any of the FACs to utilize a privately maintained and operated data base. While a number of FACs do maintain their own individual databases, there is no existing requirement for any FAC to access another FAC's database. In fact, as part of the refarming proceeding, the Commission specifically declined to adopt a single nationwide database and/or provider for any of the refarming bands. The only requirement is that FACs that coordinate Part 90 frequencies exchange with one another on a daily basis, a record of those applications it has coordinated during the previous business day. This is an area in which ASHE has already expressed an unwillingness to cooperate.

For telemetry applications in the 1.4 GHz band, ASHE's data service provider cannot accept data in the EBF format that has been used by all Part 90 FACs since 1997. Their reluctance to cooperate in adopting an existing standard does not bode well for any future interaction FACs would have with ASHE should the Commission elect to adopt the AHA proposal. Furthermore, AHA/ASHE proposes that ASHE would be able to recover a fee from Part 90 FACs that access the ASHE database. Fee collection amongst FACs for notification and other inter-FAC transactions ceased when the FCC instituted competitive coordination, and we have no desire to once again take a step backwards. Electronic databases and communications have eliminated the burden that was formerly associated with interaction amongst FACs and which justified charging fees.

In sum, AHA's proposal provides no benefit for private land mobile applicants/licensees and instead only serves to further delay those entities' access to much needed high power spectrum. For all of these reasons, it is impossible for LMCC to accommodate AHA's request for additional delay before our industries are permitted to use the additional high power spectrum for which they have been waiting for so long.

LMCC would be happy to discuss the matter with you and your staff at your earliest opportunity.

Sincerely,

A handwritten signature in black ink that reads "Larry A. Miller". The signature is written in a cursive, flowing style.

Larry A. Miller
President