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December 18, 1996

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DEC 18 1996

Federal Communications Commission  
Office of Secretary

Mr. William F. Caton  
Acting Secretary  
Federal Communications Commission  
1919 M Street, N.W. - Room 222  
Washington, D.C. 20554

Re: ET Docket No. 95-177

Dear Mr. Secretary:

Please be advised that the Critical Care Telemetry Group ("CCTG") has sent the attached letter today to Dr. Michael J. Marcus of the Office of Engineering and Technology. Two copies of this letter are hereby submitted for the public record in the above-referenced proceeding.

Sincerely,

  
Henry Goldberg

Enclosure

cc: Dr. Michael J. Marcus

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December 18, 1996

BY HAND

Dr. Michael J. Marcus  
Associate Chief for Technology  
Office of Engineering and Technology  
Federal Communications Commission  
2000 M Street, N.W.  
Room 480  
Washington, D.C. 20554

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DEC 18 1996  
Federal Communications Commission  
Office of Secretary

Re: ET Docket No. 95-177

Dear Dr. Marcus:

During a recent meeting with representatives of the Critical Care Telemetry Group ("CCTG") respect to the above-referenced proceeding, you raised the issue of the availability of UHF television channel 37 for critical care telemetry. In particular, you asked whether channel 37 should be used for critical care telemetry purposes only when no other vacant UHF television channel is available. CCTG accepts the importance of maintaining an interference-free environment for radio astronomy users on channel 37, but, for the following reasons, does not want a "use last" restriction imposed.

In those areas where very-low-power critical care telemetry can operate without creating harmful interference to radio astronomy, the use of channel 37 would present several advantages for both hospitals and manufacturers. It would simplify channel selection and antenna installation if a large number of telemetry channels in many parts of the nation could be localized to a single 6-MHz television channel.

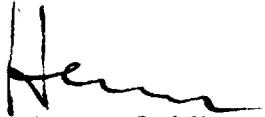
As we have discussed, however, one 6-MHz television channel would not provide sufficient bandwidth for the critical care telemetry requirements of larger hospitals. Furthermore, channel 37 is located at a much higher frequency than many current UHF telemetry transmitters, which operate at 460-470 MHz. Hospitals would not want to duplicate their antenna systems for a second frequency band. A lower vacant UHF channel would allow these users to use a common antenna system for

Dr. Michael J. Marcus  
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their existing telemetry receivers as well as any new receivers that will be permitted by the rules proposed in this proceeding.

For these reasons, CCTG believes that channel 37 should be available for critical care telemetry in areas where such use would not interfere with radio astronomy, to the same extent as other vacant UHF and VHF-TV channels.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Goldberg". The signature is written in a cursive style with a prominent initial "H".

Henry Goldberg