



GE Healthcare
Monitoring Solutions

8200 W. Tower Avenue
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October 20, 2008

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 Twelfth Street, S.W.
Washington, DC 20554

**Re: GE Healthcare *Ex Parte*
WP Docket No. 07-100**

Dear Ms. Dortch:

In its Reply Comments in this proceeding, GE Healthcare (“GEHC”) expressed concern regarding a proposal to permit WMTS systems to operate on a secondary basis in the portions of the 1427-1432 MHz band where non-medical telemetry operations have primary status.¹ However, in light of subsequent information submitted by Philips Medical Systems (“Philips”) in this proceeding, GEHC hereby seeks to clarify its position.

GEHC’s Reply Comments assumed that the proposal under consideration for secondary WMTS use of the 1427-1432 MHz band involved the operation of unidirectional, narrowband FDMA technology that is traditionally employed for medical telemetry devices. As suggested in GEHC’s Reply Comments, such legacy technology is not well suited to secondary operations. However, GEHC did not intend in its Reply Comments to suggest that secondary WMTS operations could not be reliably conducted using new technologies such as the unrestricted contention-based protocols, and “cognitive” listen-before-talk and frequency agility technology, now being used to enable wireless devices to autonomously and opportunistically put otherwise fallow spectrum to beneficial use while ensuring safe and reliable operation.²

According to information provided by Philips after GEHC submitted its Reply Comments, its latest WMTS devices apparently incorporate such new technologies:

¹ Reply Comments of GE Healthcare, WP Docket No. 07-100, at 4-6 (filed Sept. 11, 2007).

² See *Ex Parte* of GE Healthcare, ET Docket No. 08-59, at 4 (filed Sept. 18, 2008). GEHC notes that authorizing secondary use of portions of the 1427-1432 MHz band for WMTS would not affect the critical need for a secondary MBANS allocation in the 2360-2400 MHz band. See *id* at 3-4.

Philips Medical Systems has designed and manufactures WMTS devices that are cognitive – that is, its devices constantly monitor the spectrum to track which channels are quiet and dynamically changes channels if interference is encountered. This behavior enhances patient safety by ensuring that moment-to-moment changes in spectrum use, such as a wayward signal from an airplane radar, will initiate a channel switch without disrupting the wireless monitoring function. The more channel choices from which the equipment can select – primary or secondary – the more reliable the monitoring function is for the patient, without interfering with other non-WMTS primary users.³

Philips reiterated its contemplated use of cognitive, listen-before-transmit frequency hopping technology in a recent June 26, 2008 *ex parte*.⁴

In view of the information provided by Philips subsequent to the filing of GEHC's Reply Comments in this proceeding, GEHC clarifies that it has no objection to the Commission authorizing secondary operations of such cognitive WMTS devices in the 1427-1432 MHz band.

Respectfully submitted,

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³ Reply Comments of Philips Medical Systems, WP Docket No. 07-100, at 4 (filed Sept. 11, 2007).

⁴ See *Ex Parte* of Philips Medical Systems, WP Docket No. 07-100, at 4-6 (filed June 26, 2008).