



October 30, 2008

VIA ELECTRONIC FILING

Mr. Julius Knapp
Chief, Office of Engineering and Technology
Federal Communications Commission
445 - 12th Street, S.W.
Room TW-A325
Washington, D.C. 20554

Re: ET Docket No. 04-186; ET Docket No. 02-380

Dear Mr. Knapp:

As you will recall, on May 29, 2008, representatives of the American Society for Healthcare Engineering of the American Hospital Association ("ASHE") met with several members of your staff to discuss ASHE's interest in the pending "White Spaces Devices" proceeding. At that time, ASHE expressed its appreciation for the Commission's decision to bar TV band devices from Channel 37. ASHE also expressed concern about adjacent channel interference on Channels 36 and 38 that could cause interference to low power Wireless Medical Telemetry Service ("WMTS") equipment and urged the Commission to give strong consideration to proposals to prohibit operation of TV band devices in Channels 36-38. As ASHE noted at the time, creation of such a guard band would assure interference protection for low power WMTS devices in Channel 37, consistent with the Commission's intent in creating a primary allocation for WMTS in this spectrum.

At the time that ASHE met with your Staff, GE Healthcare had recently (by letter dated May 6, 2008) offered an alternative to the flat prohibition on TV band operation in Channels 36-38 favored by ASHE. Specifically, GE Healthcare, a manufacturer of WMTS equipment, supported by the White Spaces Coalition, proposed the imposition of a portable TV band device emissions mask in Channels 36, 37 and 38 that would address adjacent channel overload as well as Channel 37 spurious emission interference. GE believed that adoption of this emission mask could assure that TV Band devices could operate adjacent to the WMTS allocation in Channel 37 without creating harmful interference to WMTS systems.¹ ASHE advised your staff at the meeting that, without further study, ASHE was not in a position to support GE Healthcare's alternative proposal.

¹ In this regard, GE Healthcare assumed that the number of TV bad devices operating simultaneously in Channels 36 and 38 would be small, and requested that the rules expressly require that such devices be designed to seek other channels with equal regularity as they might seek Channels 36 and 38.

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Over the last several months, ASHE has worked with a number of WMTS equipment vendors to study the viability of an emissions mask as an alternative to the favored guard band approach for protecting WMTS operations in Channel 37. As a result of this study, while ASHE continues to believe that a guardband would be the most appropriate approach to assuring that WMTS systems will not be subject to interference from TV band devices, I am writing to advise you that ASHE will now also support the Commission's adoption of the alternative "emissions mask" approach suggested by GE Healthcare, and generally supported by members of the White Spaces Coalition.

I want to re-emphasize a few other points that ASHE made in its visit with your staff. In particular, ASHE remains committed to working with the FCC to provide those health care facilities that are continuing to use legacy wireless medical telemetry systems authorized under Part 15 with timely notice that they **must** migrate that legacy Part 15 equipment to operate in Channel 37 or other WMTS-licensed spectrum or face the potential of harmful interference from TV Band devices. In that regard, while this migration is underway, ASHE would favor a requirement that, for some period of time, TV band device users should be required to notify nearby hospitals prior to commencing operations on TV Channels 7-46.

ASHE appreciates the Commission's continued dedication to the protection of WMTS operations so critical to assuring that wireless medical telemetry systems can be operated in a safe, efficient and effective manner, free of harmful interference from adjacent channel sources. We stand ready to work with the FCC to continue the education and migration process for hospitals and health care facilities who are still utilizing legacy Part 15 equipment that may be impacted by the Commission's decision in these proceedings.


Sincerely,

Dale L. Woodin, CHFM, FASHE
Executive Director, ASHE

cc: Ms. Erika Olsen
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Ms. Angela Giancarlo
Mr. Wayne Leighton
Ms. Renee Crittendon
Mr. Ira Keltz
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