

October 12, 2013

Via Electronic Filing in GN Docket No. 12-268

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street S.W.,
Washington, DC. 20554

RE: GN Docket No. 12-268 Media Bureau Seeks Comment on Catalog of Eligible Expenses and other issues related to the Reimbursement of Broadcaster Channel Reassignment Costs

Below are Comments in support of Catalog of Eligible Expenses, Section G. Miscellaneous Expenses #1. DTV Medical Facility Notification

Background

On February 27, 1998, the earliest beginnings of the DTV Transition from analogue, station WFAA TV in Dallas, Texas (group owner Belo Corp.) began digital television operations and promptly overpowered telemetry medical devices at Baylor Hospital(s) in Dallas, Texas area with their new digital signal. Among other things, these devices monitor the vital signs of patients.

To alleviate potential interference following this mishap, the FCC required as part of the DTV Construction Permit (CP), stations to inform medical facilities located in their coverage area prior to operation of their digital channels. J. C. Curley & Company, Inc. became a premier supplier of this “DTV Medical Notification” service to television broadcasters nationwide including all of the Belo Corporation (Television) stations who discovered the interference issue.

Notification Process

Since 1999, J. C. Curley & Company, Inc. has been notifying appropriate medical facilities for its client tv stations before they begin operations on digital channels. While we have always been able to identify and notify the appropriate medical facilities in a station’s coverage area, the station’s power up or operations have not always gone smoothly.

In the West Palm Beach-Ft. Pierce market, we performed DTV Medical Notification services for a group of market stations early on with no difficulty. Subsequently an additional client was going to power up and contracted with us to inform the marketplace for them. After the new station began operations on a low power DTV, they powered up to a higher power. At that point

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the station interfered with the operations of equipment in a nearby medical facility and the station had to power down and await the medical facilities replacement or retuning of their equipment before resuming normal operations. The medical facility acknowledged receipt of the notice with all of the stations proper information, but did not take any steps to insure there would be no interference to their equipment.

In Columbus, Ohio there was a similar situation. Proper notices were sent out and acknowledged, but a major medical facility was overpowered when the client station began maximization operations on DTV. Out of the 4 locations that received the notice for *this one institution*, none took the needed steps to insure there would be no interface. The station powered down and waited for the medical facility to relocate their medical equipment to different frequencies.

In New Orleans, LA. medical facilities received a notice from a group of our DTV Client Stations in that market. One medical facility contacted us before the stations' power up to indicate *they* are operating on one of the client stations DTV frequencies--- and *they did not intend to change their* operations for a tv stations digital operations. The medical facility eventually understood that their use of the frequencies was secondary to the tv station---and they would have to readjust their equipment.

In the New York, NY. market, after medical facilities received one of the many notices we sent out, one facility called us to indicate they were operating on the same dtv frequency as one of our client stations. We believed they were far enough away from the TV station and would not receive interference. We arranged for a "test" power up with our client station, and put their fears to rest; although they did receive a notice from us of "potential interference" there was none.

These are just a few of the DTV interference issues that we had over the past 10 plus years of providing this notification service. Typically interference issues, which stop normal operations at medical facilities, are the result of a lack of action by the medical facility to the properly served notice. Without the notice, the medical facility would have a very difficult time in identifying the *source* of the interference and being able to return to their normal, safe operations for patients.

Recommendation

Regardless of the size of a market, because of the continued potential for interference to medical equipment and the loss of patient health and safety, we recommend that the requirement for DTV Medical Notifications continue and that "DTV notification service" be included in the approved "catalog of eligible expenses" for reimbursement to broadcasters after channel reassignment. Any time a station moves to a previously unoccupied channel and begins DTV operations--- this notification process must be completed to insure the public's safety. It is an integral part of a stations transition to digital operations and is in the public's interest.

Discounts and cost savings

The commission asked for input on discounts and cost savings. When Curley & Company performs DTV Medical Notifications for a group of stations in one market at the same time, and in the same mailing, some out of pocket costs can be shared equally by the tv station partners. The more the partners the more the discount to each partner. The out-of- pocket costs including; printing notices, envelopes, paper, stuffing same; first class postage and fees and raw medical data bases generally total almost half of the entire costs of the service, so the market specific group discount can be significant.

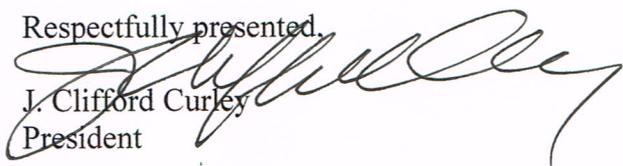
Below is an example of the costs for the DTV Medical Notification service in the market sizes outlined on the docket.

Typical Costs for Standalone DTV Medical Notification	Shared Costs for 2 partners DTV Medical Notification	Shared Costs for 3 partners DTV medical Notification
Markets 1-64 \$3,500 to \$1,800	Markets 1-64 \$2,162 to \$1,625	Markets 1-64 \$1,770-\$1,442
Markets 65-150 \$2,125 to \$1,650	Markets 65-150 \$1,625 to \$1,250	Markets 65-150 \$1,440-\$1,115
Markets 151-199 \$1500 to \$1,400	Markets 151-199 \$1,200-\$1,100	Markets 151-199 \$1,008 to \$1,300
Markets 200+ \$1,300	Markets 200+ \$925.00	Markets 200+ \$858.00

(Due to the makeup of individual markets and the number of medical facilities located therein the costs do not go down as a function only of the size of the market. The above are for illustrative purposes only.)

J. C. Curley & Company endeavors to do group notices to medical facilities, although in all cases, due to timing issues, this is unable to be completed in every instance. For our client stations that would be part of the re-pack, we would provide discounts as the process permits.

Respectfully presented,


J. Clifford Curley
President