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Federal Communications Commission**

**National Public Health Information Coalition
2007 Annual Conference
Remarks**

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9:30 a.m.
(Conference Opening Session)**

Good Morning. I appreciate the invitation to be with you today. I want to thank NPHIC and your President, John Stieger, for the opportunity to participate in today's conference to discuss the work of the Federal Communications Commission's Public Safety and Homeland Security Bureau and recent Commission policy developments and initiatives.

As a way of introduction, I spent 30 years in public safety and law enforcement before retiring in March of this year. Immediately prior to joining the FCC, I served as the Director of Public Safety and Chief of Police at the University of North Carolina at Chapel Hill.

Some of you may be wondering why the FCC? First let me see a show of hands if you've ever used an office phone, cell phone, blackberry, a pager or the internet. In the same light, we are intricately involved in all forms of emergency communications and we look forward to working with NPHIC in this area.

The Public Safety and Homeland Security Bureau, like NPHIC, is committed to promoting an open dialogue with the public health community, developing effective policies that will improve emergency communications, and advancing innovations in the communications industry to support these efforts.

We value the leadership, dedication and contributions of your organization to public health and look forward to working with you to ensure that you have the communications tools needed to help protect the life of every American.

The Commission has been in the public safety business for a long time – the first sentence of the Communications Act identifies promoting the “safety of life and property” through the use of communications services as one of our core missions. To emphasize this commitment and focus on public safety, FCC Chairman Kevin Martin established the Public Safety and Homeland Security Bureau one year ago, tomorrow.

Today, I will first offer a brief overview on the Bureau and will then highlight some of the emergency preparedness topics of interest to your organization and the health care sector.

Our Bureau develops and administers the FCC’s regulations and policies for public safety communications issues such as emergency preparedness, protection of the Nation’s critical communications infrastructure, and the creation of an interoperable communications networks.

The Bureau coordinates with our Federal, state and industry partners on public safety and homeland security issues. We work together to assess the communications infrastructure in times of disaster and coordinate the spectrum needs of first responders, health care providers and the communications industry.

The Bureau also serves as a clearinghouse for public safety and homeland security information. This clearinghouse responsibility includes the development of dedicated web pages that highlight ‘best practices’ in emergency communications for hospitals and health care facilities.

We have also made it a goal to increase our dialogue and build stronger relations with the U.S. Department of Health and Human Services (HHS), state and local health departments, hospitals and public health organizations regarding emergency communications preparedness.

To advance this goal, we will be co-hosting a Health Care Summit on Emergency Communications with HHS on Thursday, November 1st. The Summit will examine the health care sector’s response to public health emergencies, as well as the benefits of utilizing broadband networks to support telemedicine and other communications infrastructure.

This enhanced dialogue will help lead to improved information-sharing capabilities and further strengthen the Nation's ability to respond to pandemics or bioterrorism-related events.

The reliance of hospitals and other health care facilities on communications infrastructure underscores the critical importance of having robust, redundant and interoperable communications systems in place.

It is extremely important that the telecommunications circuits of health care providers be restored on a priority basis during emergencies so that they have access to wireline and wireless networks.

I'd like to highlight three programs that can improve the emergency communications capabilities of health care providers. We work with the National Communications System (NCS) and the communications industry to promote the use of the Telecommunications Service Priority (TSP), the Government Emergency Telecommunications Service (GETS) and the Wireless Priority Service (WPS) programs by the health care sector, the public safety community, broadcasters and communications companies.

TSP enrollment provides qualified entities such as hospitals and health care providers with assurance that if their communications circuits are damaged due to disasters or other disruptive events they will receive priority restoration or installation.

WPS provides users with a significantly increased likelihood that their cell phone calls will go through, on a priority basis, to their intended destination during times of crisis. For example, in the wake of the 9/11 terrorist attacks, use of the WPS program resulted in call completion rates of over 95 percent of all calls made by participants in the program.

The GETS program is similar to the WPS program, but is specifically for wireline communications. Unfortunately, we have found that, in much of the country, all of these programs are underutilized.

We encourage you to work with your telecommunications providers to enroll primary circuits in TSP, WPS and GETS.

To assist the health care sector with enrollment in these federal priority service programs, we have posted health care enrollment guides and ‘Frequently Asked Questions’ on our web site at: <http://www.fcc.gov/pshs/emergency/faqs/tspfaq.html>. We hope that you find this information helpful.

The Commission is also exploring the effects of network congestion during pandemics.

As you may know, the Federal Government estimates that as much as 40 percent of the Nation's workforce – including personnel supporting our infrastructure – may be absent during the height of an influenza pandemic.

Substantial changes in work practices may significantly alter communications traffic due to increased telecommuting by the Nation's workforce and society in general. This could lead to communications network disruptions that affect the ability of the public health community to relay important risk-reduction information and strategies to health care providers and the public during emergencies.

To address this issue, we are working closely with the US Department of Homeland Security and HHS to develop best practices and guidance for businesses on building Information Technology (IT) infrastructures to support an anticipated increase in telecommuting traffic during an influenza pandemic.

The recommendations will also include guidance for the public to follow when telecommuting to protect against network congestion during public health emergencies.

I'd now like to share important details on three FCC initiatives of potential interest to you. The first is the Commission's 700 MHz band rulemaking that sets forth a regulatory framework for the creation of a nationwide, interoperable, communications network for public safety.

This broadband network will provide for effective communications between first responders, not just in emergencies, but as part of cooperative communications plans that enable the public safety community to work together to respond to disasters and public health threats.

This initiative will be supported by the creation of a public safety/private partnership between the Commission-selected Public Safety Broadband Licensee and the winning commercial bidder of the Upper 700 MHz Band 'D' Block license.

We encourage the public health and health care communities to coordinate with state and local health departments and emergency management offices to ensure that their communications needs are considered as their respective states develop and rollout their 700 MHz band plans as part of this nationwide initiative.

I believe we all agree that it is critical that health care providers across America have access to the latest communications advances to deliver quality care to patients. This includes access to interconnected broadband gateways through telehealth networks.

This leads to the second initiative I'd like to highlight for you; the deployment of broadband for health care providers in America. Too often, rural health care providers have limited access to the latest communications technologies.

In order to bridge the communications gap between urban and rural health care providers, Chairman Martin has led the Commission's development of a promising Rural Health Care Pilot Program that will significantly increase access to quality health care for Americans living in rural and underserved areas of the nation.

This initiative is aimed at supporting the deployment of broadband infrastructure as part of the build-out telehealth networks, particularly for telemedicine programs, public health initiatives and electronic health records support.

Participating health care providers will be eligible for universal service funding to support up to 85 percent of the costs associated with the design, engineering and construction of innovative and highly efficient broadband health care networks.

Health care providers will also be eligible for reimbursement for the costs associated with the use of these networks to transfer and share telecommunications services and data.

These telehealth services will help increase patients' access to needed specialty care, including such services as cardiology and neurology, in hometown hospitals.

Utilizing broadband networks, physician specialists will be able to analyze medical information and test results, assess patients' conditions, provide consultation and recommend treatment for patients, in some cases, hundreds of miles away.

As part of the pilot program, the Commission also expects qualified participants to coordinate with the U.S. Centers for Disease Control and Prevention (CDC) and other public health officials in instances of national or regional public health emergencies, such as bioterrorism events, disease-related outbreaks or pandemics.

By providing public health officials with access to these telehealth networks, we will help ensure that they are able to share critical, time-sensitive information, including risk management guidance, with first responders, health care providers, government and the community in response to public health emergencies.

Overall, this nationwide initiative is expected to help improve access to quality care, increase efficiency in the delivery of health care, decrease medical errors, improve information-sharing, and lower costs for consumers.

Finally, I'd like to highlight an important initiative that will affect us all. Beginning on February 17, 2009, America's television broadcasters will only transmit digital signals. There will be no further transmission of the traditional analog signals.

It is important that the American public knows about this transition so that they can take steps to ensure that their TVs will continue to work after this date.

Although approximately 85 percent of Americans have digital televisions or subscribe to cable or satellite services and therefore do not need to do anything extra to receive digital broadcasts, we need to increase awareness of this important transition.

In our everyday lives, it is easy to take for granted the value of the television to provide us with access to the latest news, including Emergency Alert System warnings.

To preserve access to this important information, it is essential that the American public be aware of the conversion to digital television within the next 17 months.

To learn about the DTV transition, please visit our dedicated web site for more information at: www.DTV.gov.

In closing, I am sure we would all agree that protecting our Nation from natural and man-made threats, and responding quickly to meet the needs of Americans in crisis is the highest calling for each of us.

When public health officials respond to a health emergency, it is critical that they have accurate information and are able to communicate effectively with each other, as well as government officials, to ensure that patients receive appropriate treatment and that counter measures are put in place to protect the public from potential exposure to disease or other contaminants.

Working together, we can further strengthen our Nation's ability to respond to a public health emergency.

It certainly has been a pleasure being with you today and I wish each of you and NPHIC the very best in the future.

Thank you.