

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554**

In the Matter of )  
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Framework for Next Generation 911 Deployment ) PS Docket No. 10-255  
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**COMMENTS OF SORENSON COMMUNICATIONS, INC.**

Sorenson Communications, Inc. (“Sorenson”) hereby comments on the Commission’s Notice of Inquiry (“NOI”) regarding how the Commission can encourage and promote the evolution of the 911 system from a voice-centric system based on outdated network technologies to one that incorporates modern technologies and capabilities.<sup>1</sup> There is little doubt that Next Generation 911 (“NG911”) capabilities hold tremendous promise for improved communications between first responders and individuals who are deaf or hard-of-hearing, particularly once PSAPs are ready and able to use text as a reliable means to contact 911. Direct point-to-point contact between deaf or hard-of-hearing individuals and PSAPs could also be helpful if PSAPs are able adequately to staff and to handle the unique network demands of ASL-based video 911 calls. However, these operations are complex, as it may be difficult to staff and to provision adequate network facilities with respect to localized incidents that result in a high volume of 911 calls, particularly for smaller PSAPs. Thus, Sorenson urges the Commission to avoid actions that could inadvertently degrade emergency services currently available to deaf and hard-of-hearing users, particularly in times of high 911 call volume.

Through its rules for Internet-based TRS, including VRS and IP Relay, the FCC has already ensured that deaf and hard-of-hearing consumers can reliably access geographically

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<sup>1</sup> *Framework for Next Generation 911 Deployment*, Notice of Inquiry, FCC 10-200 (Rel. Dec. 21, 2010) (“NOI”).

appropriate PSAPs through their default VRS or IP Relay providers simply by dialing 911. With VRS, an ASL-fluent deaf or hard-of-hearing person dials 911 and then communicates using ASL with an ASL-to-English interpreter, who translates the emergency communication and relays the conversation to the PSAP. With respect to IP Relay, a deaf or hard-of-hearing individual uses text or instant messaging to communicate with a relay operator, who calls the geographically appropriate PSAP and relays the communication between the deaf or hard-of-hearing individual and first responders. These existing systems allow deaf or hard-of-hearing individuals to contact any PSAP and to communicate with any PSAP operator. Thus, while direct, unintermediated connection between a deaf or hard-of-hearing individual and first responders sounds attractive, and could in some circumstances provide first responders with some additional direct visual information, its success ultimately depends upon implementation of the direct connection—the risk being that deaf and hard-of-hearing customers’ exposure to a new and unfamiliar process in an emergency situation erodes timely and functionally equivalent access to existing emergency-service capabilities. These issues could arise because direct access transfers the burden of managing and interpreting ASL calls to the PSAPs, which risks overburdening those entities, particularly at times of high 911 call volume and thus makes it harder, rather than easier, for deaf and hard-of-hearing consumers to reach first responders.

#### **I. General Comments on the NOI’s Impact on the Deaf and Hard-of-Hearing**

The Commission seeks comment on the “core elements that should be part of every NG911 system.”<sup>2</sup> Simple, straightforward consumer access using easily accessible and readily available technology should be a “core” element of any 911 system. Certainly Sorenson supports implementation of enhanced emergency features—such as access by multiple device

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<sup>2</sup> NOI, ¶ 31.

types and availability of non-voice services<sup>3</sup>—when technically feasible and when PSAPs are capable of using such enhanced features. But in its effort to layer additional features onto existing emergency services platforms, the Commission should avoid taking actions that inhibit consumers’ ability to access emergency services using the technologies that they use most frequently and with which they are thus most comfortable, and which are capable of directing nationwide call answering and translation capabilities to high-volume local emergencies.

VRS and IP Relay customers, for example, currently have ready access to emergency services using VRS and IP Relay, technologies that they use frequently to communicate with hearing end users. As required by FCC regulations, Sorenson (and presumably other providers) routes all VRS and IP Relay 911 emergency calls to a geographically appropriate PSAP, provides real-time translation during the call, and collects and maintains Registered Location information for their default users.<sup>4</sup> The process works well and, to Sorenson’s knowledge, has in no way impaired its customers’ ability to reach critical emergency services. Indeed, one of the advantages of the current system is that it leverages Sorenson’s nationwide ASL interpreting capabilities even for a localized emergency. So, for example, Sorenson customers trying to reach 911 in New Orleans during a local emergency are not limited by the number of interpreters at New Orleans area call centers. Their calls can still be interpreted and relayed to the New Orleans PSAP even if Sorenson’s New Orleans area call centers are shut down due to the emergency.

Creating new rules that would materially change this established process risks introducing potential points of failure that could delay connections or result in dropped calls, which would directly disserve end users. In particular, the NOI suggests that when a deaf or

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<sup>3</sup> See NOI, ¶ 21.

<sup>4</sup> See 47 C.F.R. § 64.605.

hard-of-hearing consumer makes an emergency call, “rather than routing the call to the ‘geographically appropriate’ PSAP, it may be preferable to enable the 911 system to route the 911 call to a PSAP that is video-enabled and has a 911 call taker prepared to respond to the caller using the caller’s native sign language.”<sup>5</sup> This proposal is unwise for several reasons, and it is not at all clear how it advances emergency access for the deaf and hearing-impaired beyond today’s VRS and IP Relay 911 systems.

First, it is likely to be disconcerting for VRS users if making an emergency call triggers a different process and a different user experience than that which they encounter on every other call that they make to hearing end users. Currently, VRS users reach emergency services via a VRS call center, just like they do for any other call to hearing end users. VRS call centers handle hundreds of VRS calls every day, and both the process by which they direct calls and the user experience they provide are familiar and comfortable for VRS users. It would be dangerous to force VRS users to employ an entirely new and unfamiliar process during a time of emergency—the precise time that consumers most need access to familiar technologies.

Second, the proposal also represents a substantial burden for the centralized PSAPs. They would have to develop the infrastructure necessary to receive multiple simultaneous video calls and the processes necessary to conference in a VRI provider for ASL-English translation, to the extent that they do not have sufficient personnel on staff at that time to answer video calls in ASL. The PSAPs would have to determine how many ASL-trained staff to have available on any given shift, and whether to staff for average or anticipated peak or near-peak 911 calling. If they lacked sufficient on-premises staff, and thus wanted to link in a VRI provider, the PSAPs would be forced to execute a complicated series of steps, which would consume critical response

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<sup>5</sup> NOI, ¶ 29.

time. PSAPs would also have to arrange for additional call receipt and transfer capacity to avoid the delays (or, worse, dropped calls) that would otherwise result through call queuing. This overall call process is substantially more complicated, both operationally and technically—and suffers from more points of potential failure—than simply routing all VRS- or IP Relay-originated 911 calls via the VRS provider’s existing processes and interpreters.

Third, the specialized PSAP would likely be outside the caller’s geographical area, as concentrations of emergency calls from deaf and hard-of-hearing consumers in any given area would likely not justify a stand-alone PSAP. In that case, the centralized PSAPs would be likely to relay instructions to local dispatchers. Although access to such “virtual PSAPs” can be a positive in some situations (such as localized natural disasters),<sup>6</sup> a single stand-alone PSAP responsible for interpreting all calls from deaf and hard-of-hearing end users simply lacks the redundancy that widespread VRS call centers provide and the scalability that a nationwide network of call centers ensures.

Finally, an out-of-area PSAP would not be as familiar with the emergency personnel located in the caller’s area, and thus may not be as effective in making critical resource-allocation decisions. Even if the out-of-area PSAP relays the call information to the geographically appropriate PSAP, the possibility of multiple transfers would arise, adding complexity and decreasing efficiency for calls in situations where time is of the essence.

As a result, this proposal could harm functional equivalence,<sup>7</sup> as deaf and hard-of-hearing callers would, in the ordinary course, be forced to employ an unfamiliar process, PSAPs would

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<sup>6</sup> NOI, ¶ 56.

<sup>7</sup> See 47 U.S.C. § 225(a)(3), (b)(1) (requiring the Commission to “ensure” the availability of “telecommunications relay services” that are “functionally equivalent” to communications services available to hearing consumers).

face potentially damaging burdens, and consumers would be unable to access PSAPs that are located in, and thus familiar with, the unique aspects of their geographic area.

## **II. Comments on Specific Disabilities-Related Questions<sup>8</sup>**

A. *What media types and devices are persons with disabilities likely to use to make an emergency call in an NG911 environment?*

As discussed above, persons with disabilities are likely to use technology most familiar and accessible to them when faced with an emergency. Many deaf and hard-of-hearing individuals currently use VRS- and IP Relay- enabled devices to make 911 calls. Many other deaf and hard-of-hearing individuals, especially those in rural areas, still use older technologies, such as teletype. To maintain functional equivalence, all of these individuals should have access to the same diversity of methods for communicating with PSAPs as hearing persons—including ongoing access via the older technologies with which many are most familiar. Thus, for example, as text-to-911 becomes available for hearing consumers, it will also become available to the deaf. At the same time, the Commission should ensure that it does nothing to degrade 911 access via the existing methods—including VRS, IP Relay, and older technologies like teletype—that support a consistent, widely available bridge between deaf and hard-of-hearing users and PSAPs.

B. *How can the Commission ensure that persons with disabilities receive the appropriate benefits from the NG911 system?*

In the Internet-based TRS context, the Commission can focus on improving the capabilities of PSAPs so that they can receive and transmit secondary IP-based communications (*e.g.*, data from health monitoring devices). Because VRS and IP Relay are IP-based technologies, users are likely already to have IP-enabled connections that they can use for

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<sup>8</sup> NOI, ¶ 45 (Posing all questions listed in this section).

“primary” 911 calls, and will thus also be able to engage in “secondary” IP-based NG911 communications via their existing broadband connections. Therefore, the Commission should focus on ensuring that any enhanced NG911 services are available to any person with an IP-based connection. At the same time, the Commission should recognize that many deaf and hard-of-hearing users, especially those in rural areas, continue to rely on older technologies like teletype, and the Commission should ensure that any effort to adopt enhanced 911 services does nothing to impair the ability of those consumers to access 911 services.

C. *What, if any, technical or accessibility requirements should be imposed to ensure that persons with disabilities have the necessary access to the NG911 system?*

For VRS and IP Relay users, this is a back-end, not a front-end, issue. These consumers already have the ability to reach emergency services; their ability to use enhanced services is limited only by PSAPs’ inability to provide them. Thus, the Commission need only require PSAPs to implement NG911 services; there are no new front-end technical or accessibility requirements needed to allow the deaf and hard-of-hearing to access those services.

D. *To what extent can real-time text, which permits the live exchange of information with a PSAP during a call, assist individuals with hearing or speech disabilities who wish to call 911 directly?*

Real-time text could generally be useful to the extent that disabled consumers regularly use it as a means of communication, just as for hearing users. However, IP Relay already provides individuals with hearing or speech disabilities the means to communicate with PSAPs using instant messaging. With IP Relay, the deaf, hard-of-hearing or speech disabled person can initiate a 911 call through the relay provider who then interprets the call and contacts the appropriate PSAP using the caller’s registered location. Direct communication via real-time text could potentially save some time by eliminating the need for interpretation, but at least some text capability already exists via IP Relay.

- E. *What considerations are necessary to ensure effective access to NG911 services for callers who continue to rely on IP-based relay services for their 911 calls?*

Again, IP connectivity for PSAPs is the key element for access to NG911 features. IP Relay is no different from direct access in this respect.

### **III. Consumer Education**

The Commission seeks comment on the best means of educating consumers about NG911 services.<sup>9</sup> With respect to the deaf community, Sorenson and other similar providers are uniquely situated to educate their customers about the enhanced services of NG911 and how those services relate specifically to deaf and hard-of-hearing consumers. To the extent that VRS and IP Relay providers are required to educate their customers, however, the attendant costs should be considered among “compensable” cost data submitted to NECA.

### **IV. Coordination with Other Agencies**

The Commission seeks comment on how to coordinate with other agencies related to deployment of NG911.<sup>10</sup> At least one other agency, the Department of Justice (“DOJ”), is addressing this issue, and the Commission should ensure that its new regulations do not conflict with any new DOJ regulations.

For example, DOJ recently issued an Advance Notice of Proposed Rulemaking (“ANPRM”),<sup>11</sup> seeking information regarding possible revisions to regulations governing direct access to NG911 services for people with disabilities. In the ANPRM, DOJ suggests requiring that individual PSAPs develop capability to receive direct video communications from deaf and hard-of-hearing consumers. Even apart from the fact that some aspects of DOJ’s approach suffer

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<sup>9</sup> NOI, ¶ 78.

<sup>10</sup> NOI, ¶ 86.

<sup>11</sup> Nondiscrimination on the Basis of Disability in State and Local Government Services; Accessibility of Next Generation 9-1-1, 75 Fed. Reg. 43,446 (July 26, 2010) (“ANPRM”).

serious flaws, its inquiry also reveals a possible conflict with the Commission's proposal that emergency calls from deaf and hard-of-hearing consumers be routed to a centralized PSAP. To avoid such potential conflict, the Commission should work closely with DOJ to ensure compatibility among different regulatory schemes.

**V. Conclusion**

For the reasons stated herein, Sorenson shares the Commission's enthusiasm for NG911 services and applauds the Commission's thoughtful implementation effort. Sorenson, however, urges the Commission to avoid actions that could degrade current emergency services available to deaf and hard-of-hearing users.

Respectfully submitted,

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