

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554**

In the Matter of:  
Facilitating the Deployment of Text-to-911  
and Other Next Generation 911 Applications  
Framework for Next Generation 911  
Deployment

PS Docket No. 11-153  
PS Docket No. 10-255

**REPLY COMMENTS OF 911 James W. Marshall, 911 Wellness Foundation**

James Marshall offers these comments in response to the FCC's Notice of Proposed Rulemaking on facilitating the deployment of text-to-911 and other next generation 911 ("NG911") applications.<sup>1</sup>

The 911 Wellness Foundation is grateful for the inclusive nature of this comment process which seeks engagement of all 911 stakeholders in shaping our nation's future NG911 service. Please know that while we express strong concern herein regarding potential health impacts of NG911, we are not opposed to its implementation. Rather, we hope to assure its success by contributing mental health expertise to carefully explore a chief working question: *what are the possible psychological impacts of the proposed changes in the 911 "human/machine interface" on the personal wellbeing and performance of the dispatcher?*

## **Introduction**

In our initial NPRM comments we presented research indicating that dispatchers in our current E-911 PSAPs may be at significantly higher risk for secondary traumatic stress disorder (STSD) than the general public, with 16.3% of dispatchers reporting symptoms consistent with STSD.<sup>2</sup> We then expressed concern that their exposure to callers via the NG911 capabilities, particularly text-messaging and real time video, and associated increases in multitasking and emotional labor, could dramatically escalate this risk. We urged, based on current evidence from the stress literature, that these risks be carefully investigated along with implications for PSAP employee health, performance, and retention. We recommended that standards be established upon the findings of such investigation as a requisite for early expediting of texting (primary NG911 capabilities) and full launch of NG911 secondary capabilities).

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<sup>1</sup> See Facilitating the Deployment of Text-to-911 and Other Next Generation 911 Applications; Framework for Next Generation 911 Deployment, PS Docket Nos. 11-153, 10-255, *Notice of Proposed Rulemaking*, 26 FCC Rcd 13615 (2011) ("*Notice*").

<sup>2</sup> Comment submitted by James W. Marshall, December 12, 2011, p.4

Believing it imperative to underscore and further articulate these concerns and recommendations related to specific points made in the comments of other 911 stakeholders, we offer this reply.

### **Interim Solutions for Text-to-9-1-1**

In their NPRM comments L.R. Kimball stated their belief that “*comparing text to voice is not valid. Texting should stand on its own or in the least be compared to teletypewriters (TTY)...*” We fully agree that texting may be an essential communication platform for groups whose emergency communication with 911 would be otherwise impossible or greatly impaired. This concern stands on self-evident grounds, both legal and ethical. However, as part our shared due diligence as 911 stakeholders we must engage in critical evaluation of the effectiveness of texting in comparison to voice as the 911 communication platform for another equally at-risk group of citizens: the mentally ill, specifically the suicidal caller. (And this evaluation has significant implications for the stress toll on our dispatchers as we will address later.) In our comment we cited limitations of texting for this at-risk population that must be addressed before expedited implementation:

...texting represents a risk for significantly limited information, in terms of: 1) the rate at which crucial life-saving information can be received, 2) the lack of essential elements of verbal exchange that accompany traditional verbal communication (voice tone/inflection, expression of affect, intention, etc.). Cooperation of callers who are highly distraught (or mentally ill) in providing vital life-saving information often requires them to gain stability and a sense of emotional safety. Their ability to achieve this improved mental state can require the 911 telecommunicator to establish and maintain a genuine human connection. Callers register this connection by assessing the quality and content of the dispatcher’s responses in terms of empathy conveyed primarily through voice.<sup>3</sup>

We must emphasize that the caller at high risk of suicide struggling with significant ambivalence in choosing death versus life may only provide his address and pledge his cooperation once alliance with the dispatcher has been achieved—a trust that the telecommunicator will assist him non-judgmentally. This alliance is only achieved through caring personal exchange with the dispatcher, which will be far harder to achieve in real time exclusively via texting. Thus, with the exception of the caller who can or will only communicate via texting, the demand for the 911 professional to provide suicide intervention as the *first* responder via text messaging can be expected to increase the rate of completed suicides during 911 calls. We therefore urge the development and adoption of specific standards, guiding protocols, and training for management of calls from texting suicidal callers as a readiness requirement.

This recommendation is critical not only for the caller’s safety but also the dispatchers. In our comments we cited findings from Roberta Troxell’s study of 496 Illinois dispatchers in which 46.8% acknowledged experiencing intense fear, horror, or helplessness in response to a suicidal caller—the criteria for exposure to a traumatic event—at once in their dispatch career.<sup>4</sup> Without fully preparing the dispatcher to manage these calls, and with predictable increases in completed suicides during their intervention attempts, we can predict a related increase in the incidence of traumatization among 911 telecommunicators. Such a failure to protect our 911 workers from this predictable health risk (which also threatens performance in mission critical

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<sup>3</sup>Ibid, p.3

<sup>4</sup> Ibid, p.5

tasks and increased PSAP liability) would be similar to knowingly exposing field responders to HAZMAT without following OSHA required training and practice standards assuring their protection. In this regard, we affirm and support the comments of Motorola in response to the Notice in which they state:

MSI believes that it is important to allow standards bodies the opportunity to sort through these issues and to endorse methods and technologies that provide the best approach, considering the multiple tradeoffs associated with implementation. For the FCC to identify or recommend standards, even on an interim basis, while these deliberations continue would be premature.<sup>5</sup>

MSI continues their comments stating that “Standards work is being addressed by several groups including the Third Generation Partnership Project (“3GPP”), the Alliance for Telecommunications Industry Solutions (“ATIS”), the National Emergency Number Association (“NENA”), and the Internet Engineering Task Force (“IETF”).<sup>6</sup> While we applaud and are most grateful for the progress made by these groups, we know of no inclusion in their standards work addressing the risks addressed in our original comments to the Notice pertaining to real time video or related to our concerns pertaining to texting here. We would urge the Commission and these groups to include full exploration of these psychological factors from this point forward.

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<sup>5</sup> Comments of Motorola Solutions, Incorporated, received December 12, 2011, p. 2

<sup>6</sup> Ibid, p2.