

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of	)	
	)	
Facilitating Implementation of Next Generation 911 Services (NG911)	)	PS Docket No. 21-479
	)	
Improving 911 Reliability	)	PS Docket No. 13-75

REPLY COMMENTS OF INTERNATIONAL DEAF EMERGENCY

International Deaf Emergency (IDE) is a Deaf-led 501(c)(3) nonprofit. Its president, who signs these comments, is Deaf. IDE builds Deaflare, an emergency-alert application for Deaf, hard-of-hearing, and DeafBlind users that redistributes FEMA IPAWS all-hazards alerts with a visual-and haptic-first design: vibration patterns carry the alert for users who cannot see the screen, and the application is designed to work with screen readers and refreshable braille displays. Deaflare is in its testing phase and will be free to use. IDE works with FEMA's IPAWS program under a signed Memorandum of Agreement (August 2026) covering development and interoperability testing of accessible alerting tooling. IDE filed comments in the Commission's open alerting-modernization proceeding, PS Docket Nos. 15-91, 15-94, and 25-224, on August 31, 2026. IDE has read the comments filed in this round and replies to them here.

I. No commenter opposes DVC-to-911 on the merits; the disagreements concern sequencing, mandates, and jurisdiction, and the pilot is the answer all three objections permit.

No commenter in this round opposes Direct Video Calling to 911 on the merits. The Accessibility Organizations, led by TDIforAccess and joined by the National Association of the Deaf, the Hearing Loss Association of America, Deaf Equality, Deaf Seniors of America, the DHH-RERC at Gallaudet University, and accesSOS, ask the Commission to "[e]stablish a DVC-to-911 pilot program to identify best practices, surface roadblocks, and inform broader deployment" (Accessibility Organizations Comments at 2). Communication Service for the Deaf, filing separately, supplies the most detailed pilot design in the record, including site-selection criteria, an 18-to-24-month timeline, and a measurement plan (CSD Comments at 25-27).

Support is not limited to the accessibility community. Sorenson Communications, the largest VRS provider and an approved Direct Video entity, "strongly supports the accessibility

community's request for DVC-to-911 with call takers who are fluent in ASL and familiar with the local geography, landmarks, and emergency resources when possible" (Sorenson Comments at 1), and "supports recommendations that the Commission 'sponsor a pilot program to obtain data on the feasibility of DVC-to-911,' and would be willing to consider participating in such a pilot" (id. at 8). Intrado, a major 911 system vendor, devotes a full section to it: "Intrado strongly supports the Commission sponsoring a structured pilot program, limited to DVC," testing "the complete DVC call flow from initiation through dispatch," and describes two years of joint pilot development with CSD (Intrado Comments at 16, 13-14). The Joint Texas 9-1-1 Entities, 911 authorities serving the large majority of Texans, "strongly support the suggestion raised by several commenters that the Commission sponsor a pilot program to obtain real-world data on the feasibility of DVC-to-911," and specify its minimum design: at least twelve months; urban, suburban, and rural PSAPs; published results (Texas Comments at 3-4). FailSafe Communications adds that the Commission's efforts to expand emergency communications for "Americans who rely upon American Sign Language, Real-Time Text, and Direct Video Calling strengthen that promise and deserve broad support" (FailSafe Comments at 3).

The Texas commenters state the benefit plainly: "DVC-to-911 functionality would represent another critical tool in the toolbox for 911 Authorities, enabling American sign language ('ASL') users to engage in direct, unfiltered communication—including visual cues that are particularly important to persons with hearing and speech disabilities—without the delays or miscommunication risks inherent in interpreted calls" (Texas Comments at 2).

The cautionary filings do not disturb this consensus, because none of them is about whether Deaf callers should be able to reach 911 directly in their own language. NENA asks the Commission to wait for CSRIC X and questions the Commission's authority to impose operational requirements on 911 authorities, while stating in the same filing that "NENA supports the implementation of multimedia calling capabilities for 9-1-1, including video, in the near term" and that "the technology may be readily available" (NENA Comments at 11). iCERT and NASNA ask the Commission to "defer consideration of additional NG911 accessibility measures" pending CSRIC X (iCERT/NASNA Comments at 4-5), while acknowledging that NG911 Phase 2 already "provides the technical foundation necessary to exchange [NENA] i3-compliant location information, data, and media, such as video" (id. at 10). Section IV below answers the deferral and authority points directly; here it suffices to observe that a Commission-sponsored pilot with voluntary participants is precisely the instrument that respects every one of those cautions while producing the data the Second FNPRM asks for. The 988 Suicide & Crisis Lifeline's experience of roughly 30,000 DVC callers in the first ten months of availability, cited by the Commission itself (FCC 26-39 ¶ 191 & n.536), and the Commission's FOIA-released figure that nearly 55,000 VRS calls were placed to 911 in 2025 (CSD Comments at 12), show both that the demand is real

and that the population this proceeding serves is calling 911 today, through an intermediated channel, in numbers that put the demand beyond argument.

II. Improved VRS interpreter training is a complement, not an alternative (¶195), and the record's own participants, including the largest VRS provider, have already answered the question.

The Second FNPRM asks whether improved training for VRS communications assistants would be more cost-effective than DVC (FCC 26-39 ¶ 195). The Accessibility Organizations urge the Commission "to reject the either/or framing embedded in the first question" (Accessibility Organizations Comments at 12), and the record shows why the framing cannot survive contact with its own participants.

Sorenson, whose interpreters would receive the improved training the question contemplates, rebuts the premise that VRS training is deficient as to itself, while conceding in a section heading that "ASL-FLUENT 911 CALL TAKERS FAMILIAR WITH THE LOCAL LANDMARKS, GEOGRAPHY, AND EMERGENCY SERVICES ARE THE BEST SOLUTION" (Sorenson Comments at 5). A better-trained intermediary is still an intermediary. As CSD puts it, training "in and of itself—cannot substitute for the direct dialogue that needs to take place between callers and 911 call-takers in a language common to both parties" (CSD Comments at 16). CSD also supplies what the cost-effectiveness question actually needs: numbers. Direct voice 911 calls average roughly 1.5 minutes; the Commission's own FOIA-released data show VRS 911 calls averaging 4.2 minutes (CSD Comments at 12). Research CSD cites found that when sign language interpreters must work without preparation (the permanent condition of an emergency call) "almost 20% of the main points to be interpreted were lost" (id. at 13). And the VRS providers' own terms of service disclaim liability for misinterpretations, delays, and errors on 911 calls (id. at 16-17): the industry that would deliver the "trained VRS" alternative does not itself warrant the outcome the alternative assumes.

Intrado's answer is the correct disposition of ¶ 195: "it is premature to reach a conclusion on that question until pilot data ... [is] available. Both paths, and any hybrid of the two, should be evaluated on the same empirical footing" (Intrado Comments at 17). IDE agrees, and adds the point of principle: direct communication with an ASL-fluent call taker is not a premium version of relay; it is the same thing hearing callers have always had: one conversation, no intermediary. The Commission asked whether any shortcoming in 911 access is "overcome only by ASL users reaching a trained 911 telecommunicator who also knows ASL" (FCC 26-39 ¶ 195). For the core failure, delay and error introduced by intermediation itself, the answer is yes: no amount of training removes the intermediary. VRS training should still improve, because VRS remains the fallback path (Section III); it cannot substitute for the direct path.

III. The unstaffed-hour problem (§197) is a fallback-design question; the record has converged on the answer, and the Commission should reject the one proposal that would make readiness impossible.

The Commission asks how DVC-to-911 calls are answered when no ASL-fluent telecommunicator is available (FCC 26-39 § 197). Across the accessibility community, the 911 authorities, and the vendors, the record converges on the same architecture:

The call must always reach a live answer. The Accessibility Organizations state the governing principle: a DVC-to-911 call must be "never dropped, never left ringing, and never abandoned to the caller's own troubleshooting" (Accessibility Organizations Comments at 13).

Automatic fallback to VRS, with no action by the caller. CSD describes the mechanics: when a DVC session initializes and no ASL-fluent telecommunicator is available, "the call flow can automatically route the session back to the VRS infrastructure," with the availability check and fallback executing "instantly within the initial call-flow execution" and no re-dial required (CSD Comments at 35, 23). The Texas 911 authorities reach the same design from the operational side: "a three-way video call via a Video Relay Service (VRS) operator represents a much more feasible and immediately deployable option," allowing "a PSAP to participate in DVC-to-911 call handling through VRS interpretation even without a local ASL-fluent telecommunicator, while the long-term goal of expanding the ASL-fluent telecommunicator workforce is pursued in parallel" (Texas Comments at 3). Sorenson asks that the i3 and SIP-profile transfer standards this requires be "in place and thoroughly tested" (Sorenson Comments at 7): a build item for the pilot, not a reason to defer it.

Fallback is a floor, not the goal. The Accessibility Organizations are precise: three-way VRS "is sufficient as a fallback and must be available as one," but "the existence of a fallback mechanism should not be treated as a substitute for DVC capability" (Accessibility Organizations Comments at 13). And accessibility must survive transfers: "A caller who reaches an ASL-fluent telecommunicator and is then transferred into an inaccessible leg has not received accessible service; they have received an accessible introduction to an inaccessible call" (id. at 13).

IDE adds one element the record has not yet specified: where video cannot be sustained at all, the session should step down to real-time text on the same call rather than drop. What matters is that the degraded modes are designed, tested, and disclosed, not improvised during an emergency. The same discipline is standard in alerting: a system that cannot promise its best channel must still promise a channel. Three further requirements should be explicit in any framework: a modality change must never be silent, but announced to the caller in a visual, textual, or braille-compatible form; dispatchable location, callback information, and everything already

communicated must survive the transfer, so that no caller repeats an emergency from the beginning; and the caller should be able to choose real-time text over an interpreted leg where feasible, and to step back up to video when connectivity recovers.

One proposal in the record should be expressly rejected. NENA would require that, to show operational readiness, "PSAPs and 9-1-1 authorities must demonstrate their ability to translate ASL 24/7/365" (NENA Comments at 12-13). The Texas 911 authorities have already answered this class of requirement: conditioning participation on ASL fluency "would be unrealistic and operationally infeasible in many areas of the country," and "[s]uch a mandate could paradoxically delay DVC-to-911 adoption by setting an impossibly high bar for participation" (Texas Comments at 3). NENA's own filing concedes the alternative: "Employing interpreter or AI translation services will likely be the most economically feasible option" (NENA Comments at 11). Readiness should mean around-the-clock accessible answering capability, demonstrated through a defined, tested fallback order; it should never be read as a local-staffing precondition that keeps the direct path switched off everywhere ASL-fluent telecommunicators cannot yet be scheduled around the clock. And if "interpreter or AI translation services" are to satisfy that capability, one condition the record does not yet state must attach: automated sign-language translation must not be the sole path on a live emergency call unless it has been independently validated for emergency accuracy, dialect variation, latency, and failure disclosure, with an immediate human fallback.

IV. Deferral to CSRIC X and the jurisdictional objection are answered by the same fact: a Commission-sponsored pilot with voluntary participants imposes no obligation on anyone who does not volunteer.

NENA argues the Commission "lacks authority to adopt rules that would explicitly or implicitly impose operational requirements on 9-1-1 authorities" (NENA Comments at 9), and iCERT/NASNA ask the Commission to defer DVC work to CSRIC X (iCERT/NASNA Comments at 4-5). Whatever the merits of the authority question as applied to future rules, it has no purchase on the action this record actually supports. A Commission-sponsored pilot is voluntary by construction: Intrado "does not support requiring participation by any stakeholder group at this stage" and would have "PSAPs, and other participants ... free to join a pilot voluntarily, with broader requirements considered only once pilot data warrants" (Intrado Comments at 17); the Texas authorities ask for "flexibility—not unfunded mandates" in the same sentence in which they ask the Commission to "support a pilot program" (Texas Comments at 4). A pilot no 911 authority is required to join imposes no operational requirement on any 911 authority.

Nor is CSRIC X a reason to wait. Intrado sits on CSRIC X Working Group 5 and still urges the Commission "to move forward now with a structured pilot program limited to DVC" (Intrado Comments at 19), because "[w]e do not believe that industry can answer these questions reliably in the abstract" (id. at 14). The Accessibility Organizations ask the Commission to state at the outset how pilot results will be used "so that a pilot does not become an indefinite deferral" (Accessibility Organizations Comments at 12). CSRIC X and a pilot are complements: one produces recommendations, the other produces the operating data the recommendations need.

Finally, iCERT/NASNA suggest that accessibility-specific requirements before Phase 2 is complete "could exacerbate, rather than reduce, disparities in access to advanced 911 services" (iCERT/NASNA Comments at 5). The Accessibility Organizations have already answered the inversion: "a 911 network can be reliable and interoperable and still fail to provide ASL users with reliable and equal access to 911" (Accessibility Organizations Comments at 17). DVC "adds an option that does not currently exist. It takes nothing away" (id. at 9). Sequencing every accessibility capability behind full national Phase 2 completion is not equity; it is the status quo with a schedule.

V. Four gaps in the record the Commission should close before framing rules.

IDE reviewed every attachment-bearing comment responsive to the Second FNPRM filed in this round, and every reply filed in the docket to date, and states the following as a verified fact about that record, not a characterization: none of those filings addresses DeafBlind access to DVC, the tactile channel, degraded-network call behavior, or how accessibility applications should consume PSAP readiness data. (Of the two filings styled as replies in the docket to date, one, from the Massachusetts State 911 Department of July 31, addresses a carrier waiver dispute unrelated to the Second FNPRM; the other, Certisyn's of August 26, addresses record-integrity and timestamping, not accessibility.) These claims were checked by term against the full text of FCC 26-39 and against each attached filing, and re-checked against the docket on September 3, 2026.

A. DeafBlind callers still appear nowhere in the DVC framework. The Second FNPRM's accessibility discussion assumes a caller who can see the screen and be seen signing, and the comment round did not correct it: DeafBlind users are named as a constituency (Accessibility Organizations Comments at 9; CSD Comments at 10; Sorenson Comments at 10) but no filing articulates a DeafBlind path to 911 through DVC. IDE asks the Commission to seek comment specifically on DeafBlind access to NG911: support for braille-display-mediated text sessions (real-time text is today the most braille-compatible 911 medium), the role of ProTactile interpreting in any video framework, and tactile confirmation signals so a DeafBlind caller knows the call is connected, queued, or transferred. DeafBlind people are not a single population:

some use tactile or ProTactile interpretation, others rely on braille displays, large text, or plain real-time text, and the framework should support each mode without assuming any one of them. A DVC framework specified without DeafBlind requirements will be inaccessible to them by construction, exactly as audio-only 911 was to Deaf callers.

B. The tactile channel is absent from the item and from the record. The words "tactile," "haptic," and "vibration" appear in none of the attachment-bearing comments filed in this round. Yet on virtually every modern handset the vibration motor is the one hardware output channel that depends on neither sight nor hearing. Haptic signals must be redundant with on-screen text and braille-compatible output, and configurable, because not every caller perceives vibration or distinguishes the same patterns. Call-state changes (connected, on hold, transferred, disconnected) should have defined haptic signatures in any DVC-to-911 specification; the Accessibility Organizations' transfer-continuity principle (at 13) is not implementable for a DeafBlind caller without them. IDE's engineering experience building such patterns is that a small vocabulary of distinct vibration signatures is implementable on unmodified consumer devices; structured testing with Deaf and DeafBlind participants is being organized. IDE offers this experience to the record and to any pilot or technical working group.

C. Degraded networks remain unexamined. No commenter addresses what happens to a DVC call on a weak rural uplink where sustained two-way video is impossible. Video that freezes mid-sign is not partial service; it is miscommunication with confidence. The framework should require graceful degradation: a defined, tested step-down from video to real-time text on the same session, so that bandwidth failure never becomes call failure. FailSafe's parity observation belongs here: for a Deaf caller, failure "may appear as an unsuccessful video session, a failed text or TDD session, or other indication that the requested emergency communication could not be completed. The technology differs. The outcome does not" (FailSafe Comments at 4).

D. Readiness data should be machine-readable, and accessibility applications are an existing on-ramp the framework should serve. CSD asks that the DVC readiness registry "be centralized and machine readable so routing software can query it directly" (CSD Comments at 22). IDE supports that request and asks the Commission to generalize it: whatever readiness-signaling framework emerges should be published and machine-readable so that the accessibility tools people already carry can direct their users correctly. Readiness data should have an authoritative owner and carry timestamps and validity periods, and one fail-safe rule should be absolute: missing, stale, or uncertain readiness data must never delay or prevent a conventional 911 connection. Application data informs the caller and selects a supported modality; it never overrides emergency routing. The handset ecosystem is already moving: Android's emergency live video, Motorola Solutions' video-to-911 integrations, and RapidSOS's integration with Apple's Emergency SOS Live Video are all in the record (FailSafe Comments at 3 nn.7-9). And

specialized accessibility applications maintain exactly the assets a DVC rollout needs: registered users who communicate in ASL, interfaces hardened for emergencies, and device-level knowledge of each user's modality preferences. Native DVC origination should remain as simple as dialing 911 (CSD Comments at 19); readiness data tells every complementary application, before the emergency, whether the user's jurisdiction can take a DVC call, and where it cannot, what the fallback is. Two protections should be stated now. First, native 911 access must never require enrollment in any third-party application, including IDE's own: applications like Deaflare are an on-ramp for their users, never a gate for anyone else. Second, a caller must be able to proceed without transmitting video whenever video would expose them to danger, and the pilot should define video retention, access, and evidentiary treatment before the first call is placed.

VI. Conclusion.

The Commission should adopt the DVC-to-911 pilot the record converges on: sponsored by the Commission, voluntary for participants, at least twelve months long, spanning urban, suburban, and rural PSAPs, with published parameters and public results, measuring at minimum answer times, fallback and transfer success without loss of context or location, rural and low-bandwidth performance, and caller comprehension; treat VRS improvements as complementary; specify fallback behavior, DeafBlind access, haptic call-state signaling, and graceful degradation as requirements of the framework rather than afterthoughts; reject any 24/7/365 staffing precondition for readiness; and make PSAP DVC-readiness data public and machine-readable. IDE, as a Deaf-led builder of accessible emergency technology, volunteers Deaf and DeafBlind community review and its own implementation experience to the pilot and to any technical working group.

Respectfully submitted,

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