Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of

Implementation of the National Suicide Hotline Improvement Act of 2018

WC Docket No. 18-336

COMMENTS OF

THE NATIONAL DISABILITY RIGHTS NETWORK

Pursuant to Section 1.415 of the Commission’s rules, the National Disability Rights Network (“NDRN”) respectfully submits these Comments in response to the Further Notice of Proposed Rulemaking released by the Federal Communications Commission (“Commission” or “FCC”) in the above-captioned proceeding on April 23, 2021 (“FNPRM”).

NDRN is the non-profit membership association of Protection and Advocacy (P&A) agencies that are located in all 50 States, the District of Columbia, Puerto Rico, and the United States Territories. In addition, there is a P&A affiliated with the Native American Consortium which includes the Hopi, Navajo and San Juan Southern Paiute Nations in the Four Corners region of the Southwest. P&A agencies are authorized under various federal statutes to provide legal representation and related advocacy services, and to investigate abuse and neglect of individuals with disabilities in a variety of settings. The P&A Network comprises the nation’s largest provider of legally based advocacy services for persons with disabilities, including advocacy on communication-related services.

COMMENTS

NDRN writes today to provide comments on the new policies concerning the National Suicide Hotline Improvement Act of 2018 proposed by the FCC, published in the Federal Register on June 11, 2021. We appreciate this opportunity to comment on this critical issue surrounding the use of texting with the 988 Lifeline system.

NDRN would like to specifically highlight accommodations in addition to Text-to-988 functionality necessary to ensure full access to mental health services for all persons, including those who are Deaf and Hard of Hearing. We provide comments on four of the enumerated questions from the FCC, with the FCC’s questions reproduced in context:
1. **In this FNPRM, we tentatively conclude that text-to-988 functionality will greatly improve consumer access to the National Suicide Prevention Lifeline (Lifeline), particularly for at-risk populations, and thereby save lives.** We seek comment on this tentative conclusion, and on the benefits of text messaging as a means to facilitate access to the critical mental health resources offered by the Lifeline generally.

2. Although the Text-to-988 functionality will improve consumer access to the National Suicide Prevention Lifeline (Lifeline), it is unclear that it will “greatly” improve such consumer access. Statistics show that approximately ten million Americans are Hard of Hearing and approximately one million are profoundly Deaf. For persons who grow up using American Sign Language (ASL), English is often not the person’s first or primary language. This impacts the individual’s ability to write in English.

As a result, texting may be difficult to use for those who are not fluent in English as ASL does not have a written language component. Therefore, it should not be assumed that a text-to-988 function will accommodate all Deaf or Hard of Hearing persons. It will improve access, for instance, to people who lost their hearing later in life and are fluent in written English, but does not significantly improve access for the entire Deaf and hard of Hearing community. As a result, further steps need to be taken to make the service accessible to all.

3. **We tentatively conclude that ensuring that Americans in crisis can text 988 is likely to save lives.** In the 988 notice of proposed rulemaking, the Commission observed that “Americans, particularly younger Americans, increasingly rely on texting to communicate,” and sought comment on how to account for this fact in establishing 988 as a nationwide 3-digit code for the Lifeline. In response, numerous experts in mental health and other fields have submitted comments in this proceeding underscoring the importance of texting as a vital communications medium by which many individuals may wish to obtain crisis counseling. Further, many of these commenters noted that texting is particularly important for “members of vulnerable communities such as young people, low-income individuals, members of the LGBTQ community, and individuals who are deaf and hard of hearing.” We seek comment on our tentative conclusion and the assertions of these commenters regarding the importance of texting as a means to access the lifesaving resources offered by the Lifeline.

The FCC proposals will ease access to the 988 number for some persons with disabilities. However, when accommodating people with disabilities, the best way to accommodate all communities is to make available a variety of choices. When accommodating people with disabilities, it is imperative to remember that no one size fits all.
Although the texting option is a welcome improvement for 988 access, it cannot be the only alternative for the Deaf and Hard of Hearing community. For many people who are Deaf or Hard of Hearing, their first language is American Sign Language (ASL). English, or other languages, are not American Deaf individuals' first or primary language; ASL is their first and primary language. Experts have found that many Deaf individuals speak English at a third grade level. When texting via the 988 service, users will be required to text in English, or other languages, not ASL. As a result, such circumstances should be taken into account when providing services for Deaf or Hard of Hearing Lifeline users.

The texting option should certainly be made widely available. Not all Deaf or hard of hearing persons use ASL. In a mental health emergency, some Deaf or hard of hearing people may prefer to communicate via text rather than through ASL. However, it is imperative that there be an option where callers can communicate directly with an ASL interpreter through the 988 hotline. Because written English is not the primary language of many Deaf individuals, these individuals may be unable to fully convey their emotions and other complex thoughts through written text, absolutely essential context in a mental health crisis. Lifeline users should not be bogged down by an additional barrier of struggling to convey what they are feeling or experiencing through an unfamiliar language.

The response team via the 988 Lifeline service should include counselors who are fluent in ASL. In many situations, an ASL interpreter works as a third party to interpret what the ASL user is saying and verbalize it for the hearing individual, in this case a counselor. However, utilization of a third party interpreter in a crisis situation is not ideal. Important issues can often be lost in translation; critical ideas may not be adequately conveyed. Although miscommunications are always frustrating, they can be even more distressing when a caller is the midst of a mental health crisis. Therefore, 988 responders, when able, should include counselors who are fluent in ASL.

15. Should we ensure that any definition we adopt encompasses next-generation forms of text messaging, such as MMS, Rich Communications Services (RCS), and/or real-time text (RTT), and what modifications—if any—would we need to make to the definitions we are considering to ensure that such forms are within our proposed scope?

Yes, the definition should encompass real-time text (RTT). RTT enables participants to read the text in “real time.” This allows users to see the conversation as it is being typed, letter by letter. This real time transcription prevents any kind of lag in information. When an individual is in a mental health crisis, immediate communication may be imperative. If there is an ongoing lag in information, participants may become irritated or frustrated. Therefore, any form of transcription that can be utilized to provide on-demand communication is preferrable in an emergency situation.
Furthermore, and perhaps more simply, RTT is a growing focus of technological development and discussion. As a growing form of communication, the FCC should include it in the definition to remain current with evolving forms of communication. It would be discouraging to develop a new definition that fails to incorporate a form of communication that soon after becomes readily available and widely used.

18. We also seek comment on structuring the scope of covered text messages differently. For instance, should we simply adopt a definition of “text message” and require covered text providers to support all such formats, regardless of whether the Lifeline can support that format presently? Should we adopt a narrower definition of “text message” that conforms to what the Lifeline can support at present? While we appreciate the simplicity of either of these approaches compared to our proposal, how would commenters address our concern that the former is unnecessarily burdensome, and the latter is not adequately future-proofed?

The definition should not narrowly conform to what is presently possible. Technology is an ever-evolving industry. Assistive technology for people with disabilities is an ever-growing industry that has brought about all kinds of devices to accommodate people with disabilities. Within just a few decades, the way Deaf and Hard of Hearing people communicate over the telephone has changed rapidly. As technology grows in the twenty-first century, it would be inappropriate to assume that things like video-relay services, RTT, or texting will remain the same. In ten years, such services may look very different. As a result, the definition should remain flexible to better accommodate all users moving forward.

Thank you for the opportunity to lend input to the discussion surrounding the use of texting services through the 988 Lifeline service. If you have any questions, please reach out to Claire Stanley at Claire.Stanley@ndrn.org.

Respectfully submitted,

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