

Remarks of FCC Commissioner Mignon L. Clyburn (as prepared for delivery)
Competitive Carriers Association
Seattle, WA
September 20, 2016

Thank you, Steve, for that gracious introduction. You continue to honor me with your invitations to address CCA's distinguished members. It is always a pleasure to take part in your annual convention. Good afternoon everyone.

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This mobile device touches on nearly every aspect of our day-to-day lives. It is not only a means of voice communication, but a source of news and information. It is a running buddy, a mobile wallet, a virtual teacher, and even a lifeline. And its importance will only increase as we come up with new and innovative ways it can improve lives, increase efficiency and promote opportunities.

But, without a broadband connection, with the exception of an occasional call or text, this is just a paperweight. For those who have followed me for any length of time, you know that I am steadfastly committed to promoting policies aimed at ensuring all Americans, no matter where they live, have access to robust and affordable fixed and mobile broadband services.

So with the few minutes I have this afternoon, I wish to talk about the ongoing work at the Commission when it comes to that goal, as well as the Connect2Health initiative, which examines the intersection of broadband connectivity, advanced technology and health.

The Commission's universal service programs serve as an important enabler of opportunities for many in our communities that would otherwise be left in digital darkness. My overarching principle when it comes to universal service is the most "bang for the buck." How can we get the best broadband to the most people while maximizing limited universal service fund dollars?

I think about the Mobility Fund, which I know you care deeply about, in the exact same way. Consumers in rural areas, urban areas, and everywhere in between, must have access to robust mobile voice and data services. Consumers expect an always-on, everywhere-available connection, and have for some time now. Reasonably comparable service across the nation is our goal. But while we have been working on this on the fixed side of the ledger for a long time, reasonably comparable mobile service is somewhat new. Phase II of the Mobility Fund is an issue that has languished at the Commission for far too long, and we need to move forward on it expeditiously.

It took almost a decade to get where we are today. My state colleagues on the Federal-State Joint Board on Universal Service in 2007, wisely called on the FCC to adopt a universal service support mechanism to bring mobile service to unserved areas. The FCC heard that call, and in 2010, we voted to kick off a proceeding to bring mobile service to areas that at that time did not have 3G service.

We brought the first part of that proceeding home in our landmark reforms of the universal service high-cost program in 2011. That action made a one-time \$300 million investment to immediately accelerate deployment of mobile service in unserved areas, and a separate one-time \$50 million of support targeted to Tribal areas. I saw the fruits of the latter during my #ConnectingCommunities tour in Torreon, New Mexico in the Navajo Nation, a place that would not have received mobile service without our Tribal Mobility Fund.

But Phase II still lingers. Our 2011 Reform Order expected “to adopt the distribution mechanism for Phase II [of the Mobility Fund] in 2012 with implementation in 2013.” At the same time, the Commission began a five-year phase down of existing wireless support. You may have been too busy to notice, but it is 2016, and still there is no Phase II. Which is precisely why in 2014, I supported pausing the phase down of existing support. Loss of support with no permanent fund in sight: that made no sense then and it does not make sense now.

Now I want to have a decent reception when I walk through the halls of the FCC, so let me go on the record as saying that I understand why it has taken such a long time. There certainly are challenges in evaluating coverage and service quality as we attempt to craft Phase II of the Mobility Fund. Some of this has to do with the very nature of mobile service. Mobility is a wonderful feature to be sure, but it raises additional difficulties in evaluating whether consumers are getting what they are promised in Mobility Fund Phase II. Signal strength may vary throughout a cell sector, and is weaker at the edge of a cell site. Even when a consumer can connect to a cell site, connection strength may limit the ability to maintain a voice call or have a robust data transfer. Sites may be impacted by users entering and exiting a cell site, and data speeds may not be constant throughout the entire sector, particularly if a consumer is in motion.

Because of this, getting good data on deployment can be difficult. The FCC collects self-reported mobile deployment data through our Form 477 process, but it seems like not a month goes by without someone complaining about how inaccurate Form 477 data is impacting them in one way or another. But, that is the best method we have now. I know some have come up with additional ideas. Drive testing is one, which can provide hard data about coverage on roads. It is tied to the road system while the usage of the network clearly goes beyond the roads, particularly in rural areas. But even drive testing can be susceptible to meteorological conditions, the number of users in a cell, and how fast the driver is driving. That said, I always want to base our decisions on the best data available, and am open to hearing ideas about how we can improve on the data we are using.

Speaking of “data,” I would be remiss if I neglected to mention, how the Commission’s work on business data services could help with your operating expenditures. Backhaul is a significant part of wireless providers’ bottom line, and I have heard numbers as high as 30% of operating expenditures devoted to backhaul by mobile providers. In too many areas, the incumbent LEC is the only provider offering backhaul. That can mean gross market power, inflated prices, and bad deal terms. We are working to fix that, so stay tuned. The Chairman has promised reform by the end of this year, and this issue is one that I will continue to engage on.

Another important issue that I remain fixated on is the Lifeline program. I know you have heard the stories time and time again, from those in your community, who share with you

what it means to have voice or broadband services, and why they are so grateful for the connection provided by your companies. But, there are no doubt others there who do not have service, not because you have not deployed in their neighborhoods, but because they cannot afford it.

When we were considering our Lifeline Modernization Order earlier this year, I heard the concerns of small providers when it came to the ETC process, and fought to streamline that process, to make it less burdensome for providers like you to participate in Lifeline.

So I am hopeful that this and other reforms, address the bulk of the concerns you may have previously had with the program, and that your company will soon participate in Lifeline. We continue to see the benefits that connecting communities bring in the form of enhanced economic development, civic engagement, and improvement by way of access to vital services like healthcare and education. Your participation here would help many for whom a broadband dream, has been a dream deferred.

This is a good segue to our final topic: the FCC's newest Task Force. The Commission is on the cutting edge when it comes to examining the intersection of broadband connectivity, advanced technology and health. Launched in 2014, the FCC's Connect2Health Task Force has been busily studying how the power of broadband can be used to accelerate the adoption of health care technologies.

As wireless providers, many of which serve rural communities, you know the significance of broadband-enabled health care. The connectivity you provide is more than just a gateway to devices, services or apps; it is also about the individual, the consumer, the patient. It is about how technology can meet the needs and improve the lives of people in all communities. It is about how universal access to health care – access to the same care and well-being as your well-heeled neighbor – strengthens the bonds within our local communities. I saw this first hand during a visit earlier this year to the UMMC Center for Telehealth in Jackson, Mississippi – a shining example of how bringing broadband connectivity to an economically challenged, underserved area can make a real difference in terms of improving health outcomes and lowering costs.

Then in May, I traveled to Houston, Texas for a conference on how broadband can help tackle our nation's challenges around mental health. According to the CDC, mental illness is pervasive in this nation: last year, one in five Americans – or over 40 million people – had some form of mental illness. That is more than the population of Texas, Alabama, Arkansas, and Louisiana...combined. What I learned here is that connectivity can be more than just a passive vehicle. It can offer support and care where and when a person needs it – personalizing clinical approaches. It can be a force multiplier addressing serious mental health professional shortages in rural and underserved areas.

Later in Houston, I had the opportunity to see a first-hand demonstration of how wireless technology is improving patient care. Project Ethan, an initiative of the Houston Fire Department, is connecting the city's first responders to a call center staffed by physicians. Thanks to the power of mobile broadband and a tablet, EMT's dispatched to a 9-1-1 call can

connect their patient with one of these physicians through video chat and in just over 80 percent of the cases, eliminate the need for a costly hospital visit.

And most recently, Connect2Health launched a new broadband health mapping tool, which allows federal, state and local agencies as well as the private sector to examine the relationship between connectivity and health at a local level, as well as identify current issues and develop future solutions to address connectivity gaps and promote positive health outcomes.

What we have learned from this initiative, is that rural counties are ten times as likely as urban areas to have low broadband access and high diabetes. Similarly, the neediest counties when it comes to the intersection of broadband and health are concentrated in the South and Midwest. Knowing this information, will help both the public and private sectors target limited resources to improve infrastructure and deploy connected health technologies.

I want to be invited back, so let me, at this juncture, thank you for your attention this afternoon. I have said this before and I will say it again: my door is always open to each of you. As someone who was the general manager of a small, local newspaper for 15 years, I understand that running a small business is difficult. You perform a function that is integral, and many of you provide services, where there may not be any other option. You often do so, without the scale that makes it easier for those much larger providers, the ones that we hear from, on a regular basis.

And the invaluable roles that you play...that is why I am vigilant and mindful, of the impact regulations may have on businesses of your size. This is why I listen to your concerns. Your advocacy will never be ignored by me, and your voices continue to make a difference, in how I view the world.

Next month on October 19th, I will host my #Solutions2020 Policy Forum in Washington, DC to explore solutions to bringing affordable and competitive services to consumers and small businesses. The forum is the culmination of my #ConnectingCommunities tour, which I embarked on less than six months ago. I hope to see you there so that we may continue our dialogue on how best to meet the growing and diverse needs of our communities. Thank you, once again, and have a great conference.