

**STATEMENT OF  
COMMISSIONER MICHAEL J. COPPS**

*Re: In the Matter of Rural Health Care Support Mechanism, WC Docket No. 02-60*

Since I came to the Commission, I have been pushing for more proactive programs to put our rural health care dollars to work bringing advanced telecommunications to health care facilities in towns and villages across America. I have visited numerous such facilities, and I quickly came to understand both their plight and their potential. Their plight is lack of dollars to develop and deploy rural health communications, lack of partners, lack of sufficient personnel, and lack of a real helping hand from the federal government. Their potential is to improve health care in often less-than-affluent communities and to enhance public safety by connecting health care providers, first responders and rural citizens everywhere.

The Commission is finally tapping into the long underutilized Universal Service system's rural health care support mechanism to tackle these challenges. We today approve the disbursement of more than \$400 million over the next three years to approved health care providers who plan to build a broadband infrastructure that will connect over 6,000 facilities in 42 states and 3 U.S. territories. I am enormously pleased to support this Order, and I want to commend Chairman Martin and all my colleagues for their leadership in developing and bringing this important pilot program to reality.

It is sad but true that rural America lags the rest of the country in access to first-rate health care. That's bad news for so prosperous a nation as ours. This pilot program creatively pushes the envelope in an effort to spur the development of tele-medicine programs to better serve rural America. Having seen first-hand the difference that tele-medicine and tele-health can have on the well-being of our citizens who live hundreds of miles from the nearest hospital and are injured or just need to cure a child's ear infection, tele-medicine can be life-altering, and sometimes even life-saving. We also know that if a health catastrophe visited many of our rural areas today, our rural health care system would not generally be equipped to deal with it. Anyone who believes that terrorists, for example, are only going to focus on urban America is engaged in wrong and potentially fatal reasoning.

So I welcome and enthusiastically support this important initiative, believing it has the very real potential to kick-start badly needed rural-health infrastructure building. Once these pilot programs are under-way, monitoring them becomes critical. I will be doing everything I can to work with the Bureau and my colleagues to make sure we learn the lessons we need to learn and then develop permanent programs to bring these capabilities and services to the many rural communities that are not part of this pilot program. Today we make a good and noble start – but it is a beginning only, and much remains to be done to integrate our rural health care facilities and providers into our nationwide health care system.