

**STATEMENT OF
COMMISSIONER GEOFFREY STARKS**

Re: *Implementation of the National Suicide Hotline Improvement Act of 2018*, WC Docket No. 18-336.

When you look at children, whether they are your own or a toddler strolling alongside a parent at the grocery store, you can't help but notice a twinkle in their eyes. They feel as though the world is full of infinite possibilities, demonstrated by the imaginative games they play or their dream career choice of becoming the President, unicorn trainer, and a doctor...all at the same time. And that would be my daughter – a President unicorn trainer-doctor.

As adults, it is our duty to protect the hopes and dreams of our children, no matter their race, gender identity, or sexual orientation; however, the number of suicidal deaths and attempts show us that we aren't doing enough. I'll cite just two of the many grave statistics in this area: Research shows that from 1991-2017, self-reported suicide attempts for Black adolescents rose by 73 percent.¹ Research also shows that suicide is the second leading cause of death for African-American adolescents in this country.² That is nothing short of a crisis, and I thank my colleagues for agreeing to amend the draft to emphasize the distressing impact this issue continues to have on Black Americans.

Today's NPRM addresses a pressing need for expanded access to suicide prevention and mental health crisis services—for children, teens, and the millions of other Americans impacted by suicide. Establishing a simple three-digit number for the National Suicide Prevention Lifeline will better connect those in need with life-saving services. I recognize that there are some technical challenges that need to be addressed, and I look forward to reviewing a robust record on how we can meet this urgent, critical need as quickly as possible.

Beyond today's item, the Commission must do more to help connect Americans—particularly our most vulnerable citizens—with health care services. Quality healthcare depends on access to doctors and other providers. For many Americans, in-person visits just aren't possible because resources are too far away, health conditions make travel difficult, or there aren't enough providers to go around. According to the Health Resources & Services Administration, 112 million Americans live in areas with shortages of mental health providers. The situation is particularly acute for children and adolescents. Earlier this year, I visited Duke University's Integrated Pediatric Mental Health Group, which is working to address the severe shortage of child psychiatrists in North Carolina by providing telephone consultations to primary care providers who lack access to specialists. During my visit, Dr. Gary Maslow emphasized that North Carolina's experience reflects a nationwide crisis. Across the country, about 8,500 child psychiatrists are treating patients. Duke estimates that we need as many as 21,500 more.

As I have emphasized in our many discussions about telehealth programs, broadband can bring back the house call in a new way and expand the reach of doctors, mental health professionals, and other providers. That's a game changer—but not for the many communities that remain on the wrong side of the digital divide. Low-income people, people of color, and people in rural areas either can't get online or are making great sacrifices in order to get connected. While anchor institutions, hotspot lending programs, and many other community efforts do their best to fill the gap, fully realizing the benefits of online

¹ See Lisa Rapaport, *Suicide Attempts Rising Among Black Teens* (Oct. 16, 2019), <https://www.reuters.com/article/us-health-teens-suicide/suicide-attempts-rising-among-black-teens-idUSKBN1WV2CO> (citing statistics in Michael A. Lindsay et al., *Trends of Suicidal Behaviors Among High School Students in the United States: 1991-2017* 144 Pediatrics, Nov. 2019).

² James H. Price & Jagdish Khubchandani, *The Changing Characteristics of African-American Adolescent Suicides, 2001-2017*, 44 J. Community Health 756, 756 (2019).

healthcare requires the certainty and privacy of a high-quality broadband connection at home. Redoubling our efforts to end internet inequality should be a central focus in the FCC's efforts to support suicide prevention.

I thank the staff of the Wireline Competition Bureau for their work on this very important issue.