Remarks of Commissioner Mignon L. Clyburn
at the Launch of the Mapping Broadband Health in America Platform
Microsoft Innovation and Policy Center
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Thank you, Mr. Chairman. Good morning, everyone. I am extremely pleased to be here with you today, as we launch the FCC's newest consumer offering — the *Mapping Broadband Health in America Platform*.

Before I speak briefly about why I am so excited about this unique and groundbreaking effort, and why I believe that it is such a breakthrough for the broadband health ecosystem, allow me to thank the Partnership to Fight Chronic Disease, for graciously hosting us here in this phenomenal Innovation and Policy Center. Candace, please extend our appreciation to Dr. Ken Thorpe, the Partnership's Executive Director, who unfortunately could not be with us today.

I would also like to express my appreciation to our federal partners, and to all of you who have taken the time, on this steamy August day in Washington, D.C., to be here. To our special guests – Dr. Robert Carr, President-elect of the American College of Preventive Medicine, and Dr. Georges Benjamin, Executive Director of the American Public Health Association, we thank you, for your time and support. We look forward to continuing to work with you, to achieve the compelling vision of connecting *everyone* to the people, services and information they need, to get well, and stay healthy. And, I would be remiss if I did not recognize senior representatives from the Office of the National Coordinator, the Center for Medicaid and Medicare Services, the Department of Health and Human Services, and the Veterans Health Administration.

An author once said, that too often, we let capability, mislead priority. Because we *can* do something, we think we must, which may result in devising solutions, in search of a problem. Today, I am pleased to say, we are not falling into that trap.

The FCC's mapping effort is historic, because it directly addresses the serious and growing challenge, of ensuring that the transformative power of broadband in health, is available to everyone. To use public health parlance, broadband connectivity has become a social determinant of health, along with income, education and rurality. Indeed, we believe that broadband availability is increasingly becoming a *super*-determinant of health. With each passing day, more people are living a greater portion of their lives "online." Think about it: in education, we now have distance learning, MOOCs (Massive Open Online Courses), smartboards in classrooms and web-based instruction and tutorials. Job opportunities, applications and even interviews are increasingly accessed online. Even our healthcare status is linked to wearables, is becoming remotely delivered and "On Demand." In other words, broadband is driving health and opportunity, and as one local newspaper puts it: "if you don't get it, you don't get it" or paraphrased the way Mignon speaks: if you don't have it, you won't get it.

But the mapping tool we unveil today, promises to provide a new and powerful roadmap for stakeholders, to leverage high speed connectivity to improve the health of our Nation. It will help us identify both gaps and opportunities, and empower us to construct bridges at the intersection of broadband and health precisely where they are needed.

Albert Einstein is often quoted as saying, that if he had one hour to save the world, he would spend fifty-five minutes defining the problem and only five minutes finding the solution.

Today, I am pleased that we begin with that fundamental premise, by first defining the problem all the way down to the county level, as we throw our hats in the ring along with those communities across this country, to meet those critical needs in broadband and health. During the last Census, there were over 3000 counties in the U.S. – each with unique needs and strengths. What we have found in too many places, are skyrocketing rates of chronic disease, crippling access by way of care, and a lack of broadband-enabled health resources that could make a real difference. These are the so-called "double burden" counties: communities where high health needs and poor connectivity intersect.

The Priority 100 and Rural 100 lists we release today identify those counties by name, with the hope this will catalyze action and provide a roadmap for private investment and coordinated public support to follow.

Many of these priority counties are concentrated in the South and Midwest, where they average 8% fixed broadband access, have a 34% higher diabetes prevalence and 24% higher obesity prevalence than the national average. And no, these statistics are not typos. These are real figures and real places where awareness must be raised, issues must be characterized, collaborations must be forged, and data-driven efforts among stakeholders, must be facilitated.

Since 2014, I have been privileged to accompany the Connect2Health^{FCC} Task Force, on several "Beyond the Beltway" visits, to examine the impact of broadband on health at the local level, and to understand how local communities, policymakers, clinicians, and entrepreneurs, want to use broadband to address community priorities and needs.

We have seen how highly specialized stroke neurologists, at the University of Virginia, use broadband connections to consult with rural doctors, save stroke patients' lives and avoid years of disability and illness.

We have witnessed how a unique public/private partnership, created by the University of Mississippi Medical Center, spawned an extremely successful program to provide diabetes education and remote monitoring, to diabetic patients in the Mississippi Delta. Not only did this program bring broadband to an area where it was not previously available, it resulted in improved clinical outcomes, increased patient engagement and significant cost reductions due to fewer hospital admissions.

Most recently, we traveled to Houston to see how broadband-enabled health technologies, can improve access to mental health care for veterans, and we learned about the law, as well as the critical roles of telehealth, and broadband connectivity in meeting acute mental health provider shortages in Texas and nationwide. We observed a telehealth project that is dramatically reducing emergency department admissions for Houstonians with mental illness and increasing access to psychiatric care.

These are just a few examples of what is "possible" today. But as the Chairman noted, broadband and technology innovation, are turning even the improbable into a reality, and putting the impossible within reach. I know that the American Public Health Association and its 25,000 members, have a vision of solving our national health challenges in one generation. We applaud you and we are with you.

By working together, by leveraging connectivity and healthcare delivery, much can be accomplished for those communities that need it most.

I want to thank the Chairman for his vision and leadership in this area and the Connect2Health^{FCC} Task Force for their extraordinary and sustained effort, to bring us to this tangible point of possibility and progress.

Thank you.