As an aspiring psychiatrist and volunteer of our nation’s oldest volunteer-answered suicide hotline, I am voicing my **opposition** to the FCC’s recommendation that 211 be utilized as the three digit number dedicated to suicide hotlines. When callers reach out to us, they are looking specifically for crisis or suicide intervention; when they access 211, they are looking specifically for information or referrals. Those are two very different things. This could create barriers to quickly and effectively provide people access crisis services, as well as fundamentally change how we, as an organization, serve callers. Using 211 goes against SAMHSA’s recommendations. Many, like myself, sacrifice much of their time in order to provide care for those that need it. It would be a disserve to the community to undermine this service by guiding those in need to a number which does not have the infrastructure to serve them. I encourage considering 988 as a viable alternative.