

US OPEN

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Dr. Brian Hainline Surgeon General Vivek Murthy Michael Phelps Naomi Osaka

Press Conference

NARRATOR: Hello, and welcome to the 2023 US Open Forum Mental Health and Sport: Why It Matters.

Dr. Brian Hainline is chief medical officer of the National Collegiate Athletic Association. He was the co-chair of the inaugural IOC Summit on Elite Athletes. Also serves as the USTA chairman of the board and president.

Naomi Osaka has been ranked World No. 1 and is the first Asian player to hold the top ranking in singles. Osaka is a four-time Grand Slam singles champion. Her impact is felt well beyond the court in her role as a social justice activist, entrepreneur, and of course, a mother.

Michael Phelps is the most successful and most decorated Olympian of all time with a total of 28 medals. After winning 8 gold medals in 1998, he used his performance bonus to establish the Michael Phelps Foundation, which promotes both physical and mental health and well-being.

Dr. Vivek H. Murthy is the Surgeon General of the United States. As the nation's doctor, his mission is to lay the foundation for a healthier country. Dr. Murthy commands a uniform service of over 6,000 public health officers dedicated to serving the most underserved and vulnerable populations domestically and abroad.

DR. BRIAN HAINLINE: Good afternoon, everyone, and welcome. I really want to begin by thanking again Michael, Naomi, Dr. Vivek Murthy.

Dr. Murthy, for those of you who don't know, also is a mentor to me, a colleague, and a friend. On the stage he will be Vivek, with all of us. Thank you for joining us.



So this is the 2023 US Open. Importantly, the US Open and the USTA believe that sport is a public good, that sport can and should positively influence society. For any of you who have been on the ground, you have seen and heard that we are celebrating 50 years, 50 years ago the US Open was the first major sporting event in the world to offer equal prize money to men and women, setting an example for society.

Well, today we're setting another example for society. That mental health matters. I want to begin by talking about the stigma of mental health care seeking. In sport we're often told to just tough it out, to suck it up, don't let your weaknesses show.

We have two great leaders in sport onstage, Michael and Naomi. You have spoken out, you have been courageous and said, Well, wait a minute. This stigma is not right. We need to talk about mental health, we need to talk about mental health care seeking.

Naomi, if I can begin with you, what led you to that journey where you were really helping to shape the world, to change the stigma of mental health care seeking in sport.

NAOMI OSAKA: Honestly, for me it was a little selfish. I wasn't really thinking too much about everyone else, if we're being 100% honest. I was just thinking about how I feel and how I would like to express myself. At the time, I just felt like I needed to step back.

I do, like, remember in the back of my head I was thinking, like, growing up I was told kind of to tough it out. And I was in my head thinking athletes are supposed to, like, stick it out, and you're actually weak if you show your emotions and things like that.

It was like a very big internal battle.

DR. BRIAN HAINLINE: Michael, being the most decorated Olympian, it was perhaps even shocking when you started talking about the symptoms of maybe feeling detached or depressed or lonely.

MICHAEL PHELPS: Yeah.

DR. BRIAN HAINLINE: You've shaped the world with that. What was that journey like?



MICHAEL PHELPS: Well, I think for me my mental health journey started probably back in 2004. I think that's really when I experienced post-Olympic depression. I came off this high from the Olympic Games and kind of got to the edge. I was, like, What do you do? Where do we go from here? The Olympics are finished.

So the only thing I did was get back into the pool. Started training again. Stuffed all of those things down, compartmentalized those things. Over time they got bigger and bigger and bigger and bigger. They just kept showing their face.

I kept pushing, pushing, pushing. I got to the breaking point in 2014 where I didn't want to be alive. For me, I decided that something had to change.

So for me, I had to become vulnerable for the first time in my life. "Vulnerable" is a very scary word. Change is a scary thing. So for me to become vulnerable for the first time ever was a process, a learning process.

That process has given me the chance to now be able to talk about the things that I've gone through and hopefully save a life. That's my No. 1 mission right now is just trying to help people that are suffering like we have.

I'll just say to you, since we're sitting here, how you compose your words and posted them on social, to me, it sends chills up my body right now thinking about it. We don't know how many people we're saving by those messages but I guarantee you there are people out there that are reading that stuff that you're saving, that you saved.

Still to this day, it was so moving. So thank you for doing that. Thank you for sharing that.

(Applause.)

DR. BRIAN HAINLINE: Well, Michael, in the pool and in your training, yeah, you have your ups and downs, but you're kind of in control, and now you're talking about this moment of vulnerability and life is different.

And Vivek, as a physician, a treating physician, and now really the physician for our country, you see this in society. We aren't always in control.

How do we really take that and take a message that mental health care seeking is fine? That we maybe need to show our vulnerabilities and ask for help.

DR. VIVEK H. MURTHY: I'm so glad that we are just

having this conversation. To think even 10 years ago about having a discussion like this would have been perhaps improbable.

But one of the things we are coming to terms with is something that as a doctor I used to see in the hospital every day, which is that mental health really is health. It's no less important than your physical health.

I think of mental health as the fuel that allows you to do everything else in your life; to show up for your family, to show up at work, to show up in your sport, to show up for your community, to be there for yourself. When our mental health suffers, all those other dimensions suffer as well. It's like cutting off, again, this vital fuel.

If we're not able to talk about that, if we're not able to acknowledge the times that we struggle and talk about how we replenish and support our mental health and well-being, that's like going through life with one arm tied behind our back, without being able to embrace the fullness of who we are. But it also cuts us off from each other.

What has been happening for too long is that so many people are struggling but they are struggling in silence. They're not talking about their mental health issues. So they feel like, Hey, I'm the only one who's struggling here, something must be wrong with me. All those other people, based on what they're posting on social, the way they are talking at parties, the number of parties they are attending, they must be having great lives, and I'm the only one who is out here struggling. That's just not true.

I had the privilege and opportunity to see that as I talked to patients over the years and realized that, wow, a lot of them are really struggling with their mental health and well-being.

I think the pandemic, in particular, really pulled the curtain back on a lot of the mental health struggles people were going through. A lot of people came face to face with the depression and anxiety, with the loneliness and isolation they were dealing with in their lives. I think this is their opportunity to have a more honest, a more open conversation, about mental health so that hopefully all of our kids can grow up in a world where they realize if you struggle with your mental health, it doesn't mean you're fundamentally flawed, where they also know that if they struggle that there is help available to them.

MICHAEL PHELPS: I just wanted to say one thing. I love saying that now, like, mental and physical health, if we take care of both of them, we can become our own superhero. My kids call me Aquaman. I guess now I'm trying to be a better Aquaman to work on both sides of that.

 . . . when all is said, we're done.®

Another point you brought up was asking for help. That was something I didn't know how to do. I was afraid to do for a long time because I was afraid of the answer.

So for me, when I finally asked for help, it was incredible. Like, there were people that were willing to help. There were people that were close to me that were willing to help.

Again, it changed and saved my life.

DR. VIVEK H. MURTHY: One quick reflection. There is this notion sometimes I think we have around strength, and we sort of define strength in a particular way in society as the person who is not reliant on anyone else, who never expresses any weakness, who never has a bad day, and who never has a moment of doubt.

That is just not real. That's just not what people are like, right? Strength, in my mind strength is really about the courage to be real and authentic. It's about the courage to be kind, it's about the courage to reach out to someone else and extend help and support when you see them struggling, even though they might feel a little awkward or you might not know if you're welcome. That's what real strength is about.

I think as we think about not just a current generation but we think about kids who are growing up today, they are learning from our example, from how we are leading our lives. The three of us have small children at home. Mine are five and seven. Someone once told me when I became a dad, they said, You know, your kids will sometimes listen to what you say, sometimes, but they'll more often listen to what you do.

So it's how we lead our lives, the example we set around issues like mental health that I think is going to be really powerful in guiding our kids to approach mental health in a healthy way.

DR. BRIAN HAINLINE: I heard a theme here about mental and physical health, mental and physical well-being, and if I'm hearing it correctly, we can't separate them.

If you're training, Naomi, and your knee is really bothering you, and you're limping, you're going to seek out help right away. You're going to say, Hey, my knee needs to be fixed. Or if you have severe chest pain and you're having trouble breathing, you go to the emergency room. It's embedded in us that we seek care for our physical ailments but not our mental ones.

I heard something else I believe about loneliness, and what

does that really mean? So, Vivek, you wrote a Surgeon General Advisory on loneliness, and if you haven't read it, I encourage everyone to read it. It's out there in the public domain. But you talk about loneliness as something that's physical, like hunger, like being thirsty.

I'll use another example. Let's say that we're all just walking in a park, and then all of a sudden something happens (clapping hands) unexpectedly. (Laughter.)

So what happened, I guarantee you, in 3/1000 of a second, for those of you who weren't asleep and you were all of a sudden caught unawares, in 3/1000 of a second your pupils dilated, your muscles contracted, your heart started beating more rapidly, and only after all of that did you become consciously aware of the fact that you were afraid.

So we have certain core feelings that are so deeply embedded in us for our survival: fear, hunger, thirst. We like to think as rational human beings that we control that, but we become aware of it. If we don't address it, if let's say fear isn't addressed because of trauma, that physiological expression stays embedded in us, leads to posttraumatic stress disorder with physical and mental consequences.

If hunger is not addressed, it can lead to physical and mental consequences. Loneliness, which we don't think of in that way, but I think in a brilliant manner, Vivek, you capture that as something so essential to the human being. We are meant to be social, to be connected with one another, to express our love to one another.

If you wouldn't mind explaining a little bit, elaborating more on that concept of loneliness, which is a physical and a mental construct, it kind of ties in with what we have been talking about already.

DR. VIVEK MURTHY: Sure. Well, thanks, Brian. This is not an issue I ever thought I would work on in public health, to be honest with you. I was really educated by people across our country and across the world as I traveled and I started to realize that a lot of people were actually struggling with the sense of loneliness and isolation.

The more I dug into it, I realized two things. One is that loneliness is exceedingly common. In the U.S., one in two adults report measurable levels of loneliness, and the numbers are actually much higher among young people. But the other thing I realized is just how consequential loneliness was. It was far more than a bad feeling.

When we struggle with loneliness and isolation, we are actually at increased risk for depression, anxiety, and suicide.

But we're also at increased risk for physical illness, our risk of heart disease goes up, our risk of dementia goes up by 50% among older adults. Our risk of premature death goes up as well.

There are biological reasons for this, and it comes back down to the fact that human connection is necessary for survival. That we evolved over thousands of years in interdependent relationships, to need one another. Which is why it's so ironic now that we have somehow made it seem like a source of weakness if you need other people in your life, if you're not completely self-sufficient. It's just not how we developed over time.

The reason this is so important right now is because we have been dealing with a silent epidemic of loneliness not just in America but in many countries around the world. Countries like the UK, Australia, Japan, and others have taken notice of this, have actually set about to think about national efforts that can be directed at addressing loneliness. When we issued our advisory recently, we laid out a framework for a national strategy, as well, to address loneliness and isolation in America.

But the truth is if we do not address this, we'll hurt more than our health. But we'll also hurt the fundamental underpinnings of society. When societies are more connected, they have lower rates of violence, they're more economically prosperous, they're more resilient in the face of adversity. When they are not, when they are disconnected, then they are more easily divided. Then when there's an adverse event, let's say a pandemic or another threat that comes along, it's harder for people to pull together and support one another. It's easier for them to become polarized.

For all of these reasons, addressing loneliness, rebuilding social connection in our lives, and stitching together the social fabric of society remains in my mind one of the most pressing public health and societal challenges that we are dealing with today.

DR. BRIAN HAINLINE: I want to thank you, Vivek, for bringing that to our country's and the world's attention, because these are profound words.

Naomi and Michael, you have been on the world stage and we can look at you and we could potentially do something harmful to you. We could objectify you, that you're this god or goddess and you're not human, you don't need this human connection.

What do these words mean? This concept that we can be on the world stage and feel lonely. We can be in a state of

loneliness. Does that resonate with you? How do we come to terms with that?

NAOMI OSAKA: You're a better talker (smiling).

MICHAEL PHELPS: When I think of loneliness, I just think of a feeling, right? When I think of feelings, I think that we all have those feelings and we all go through these feelings and emotions, right?

So if we're going through something it's just something normal. For me, my loneliness looks like a dark room and it's closing. I feel alone. I felt alone a lot during the pandemic.

But through the tools that I have gained through my own mental health journey I was able to get through. Look, some of my tools are just talking to people, right? Whether it's texting a friend, checking in on them, whether it's calling my therapist, reaching out to a best friend. I have a bunch of groups we just check in on one another.

Because we have to, right? They're my friends, they're my homeys. These are the people I love the most. I just want to make sure we're all doing this together, right? It's like one in four people struggle with some kind of mental health. How come one in every four people aren't talking about it?

That's the one thing I want to change. That's the main reason why I opened up and talked about it. I just said, Why not? I don't remember what the question was, I just said, All right, let's go. I remember a reporter asked me a question. I just... Unloaded it all. It felt amazing. I didn't feel lonely anymore (smiling).

NAOMI OSAKA: Oh, no, it's my turn.

Well, when I think of loneliness, to be honest, I think of, like, periods of time, so I think of, like, when I last felt it. For me, I actually felt lonely during my pregnancy. Just because I felt like I wasn't able to do a lot of things that I was normally able to do. I think it kind of goes back into, like, asking for help, too, for me.

I learned a lot. Like, normally I'm thinking, like, I'm going to be an independent woman, and I'm not going to ask anyone for help and stuff like that. Just whenever something happens, just take it on the chin.

But then I got to a place where I needed to ask for help, and I wanted to, like, reach out and talk to people. I think, like, most of the time for me, like, I have a really good group of people around me, and they want to help, but I just never asked.

So I think it was just the process of asking and the process of, like, I don't know what it was, I don't know if it was pride or something, that made me not ask for help and made me feel like I was isolated.

I'm really happy the people around me just wanted me to ask for help.

DR. BRIAN HAINLINE: So you talk about wanting to be an independent woman, and I think we all would like to say, Well, yeah, I'm independent. What's the difference between being an independent woman, being a leader for women in our society, while also being interdependent?

I think that's what you were speaking about, Vivek. The essence of who we are as human beings, we are interdependent. We are social.

Can we do both and that actually maybe allows us to be even more independent?

NAOMI OSAKA: Oh, that was for me? Sorry.

DR. BRIAN HAINLINE: For anyone.

NAOMI OSAKA: I started thinking about it as, like, a team. Like, for me, you see me as the athlete that plays the sport, but actually, there's a whole team behind me.

I started thinking about it like that. Like, I think as humans we all care for each other. If anyone asks me for help, I would automatically help them. There wouldn't be anything in my mind. I just kind of thought about it like that, like independence is great, but if I'm able to get to the same goal in, like, a quicker time, in a better way that doesn't affect my mental health as much, I think I'm also fine with that.

DR. BRIAN HAINLINE: Well, Michael, you in many ways, I imagine, I don't want to put words in your mouth, but you always had a team, but when you're in that pool, it's you, with your physical and mental discipline, your independence.

But how do you take this concept of independence? Now you're talking about seeking help but also being a world leader and encouraging others. You're saving lives. What does that mean to you, this independence/interdependence?

MICHAEL PHELPS: I echo exactly a lot of what Naomi said. It wasn't just me going through everything every single day. I had a team around me all the time that was supporting me. That was the reason why I was able to do

what I did. You know, I think I learned that I couldn't do it all by myself. As much as I wanted to take on absolutely everything in my power that I could possibly think that I could handle, okay, I can't do it. I found out the hard way I couldn't do it.

Again, me just asking for help was just a big eye-opening experience for me. Being able to have somebody say yes, they wanted to help me. Again, like, I felt like I was all alone for so long. When somebody said that to me, I mean, you just, like, it sends you back. I was so surprised.

I guess since then, it's like I typically don't shove anything down anymore. I just say whatever it is, and I get it all out in the open. Never compartmentalize, never carry that stuff along, because, again, I don't want to do stuff by myself. It gets lonely by yourself. We are all working towards the same exact goal together.

DR. BRIAN HAINLINE: Vivek, I have heard you speak before and just now your experience with patients as a great clinician, and I have had experience with patients, as well, patients not necessarily being patient but taking care of patients, no. (Smiling.)

How do we help society, our patients at large in society, understand that it's okay to ask for help? There are different ways of asking for help, including the buddy system that you two have talked about so well. But maybe even at another level. There is professional health care seeking. But how do you see that? What's the message for all of us here in terms of it's okay to ask for help and sometimes it's okay to ask for professional help?

DR. VIVEK MURTHY: One good thing is, certainly in the United States, in the last couple of years there have been more and more efforts to make help available. There is now a crisis line, 988, there's three digits, and anyone can call or text if they're having a mental health crisis and they can be connected to a trained counselor.

There also has been more of an investment in telemedicine, using technology to provide care at a distance, investing in bringing more counselors into schools, more money into training programs for psychiatrists and psychologists. There needs to be even more done because there has been a big gap in providing care.

But all of these steps to provide more options for care won't be enough if people don't feel comfortable asking for help, and that's where culture change comes in. You can't, you know, legislate or pass some law that says that people should feel comfortable asking for help. That's about our attitudes and beliefs.

I think that changes, one, when people lead by example, and that's one of the reasons I'm so deeply appreciative of what Naomi and Michael have done in using their own stories and sharing of their own experiences. That has, I know, reached millions of people.

It's not also just about community leaders like Naomi and Michael. It's also about people in communities themselves, moms and dads, who might choose to talk about mental health or get help themselves, that sends a message to their kids. When teachers or when a boss at work or a coworker decides that they are going to seek out help, that sends a message to people around them that, hey, this is okay to do.

Reaching out for help, leading by example is powerful. But we also need to have more conversations in our schools, in our workplaces about mental health the way we do about any other health topic. We might talk about, Hey, if you get injured here at work, call someone in this department. They can help you get first aid, et cetera. We should be thinking about mental health in a similar context, again, treating it just like physical health.

Finally I think from a cultural perspective I think one thing we can also do is broaden our notion of who can help with mental health, that it's not just psychologists and therapists and psychiatrists, but it turns out that each of us has the power to help other people when it comes to our mental health and well-being.

Regardless of our age, regardless of our training, and we provide that help by showing up for other people, by checking on them, by listening to how they're doing.

So many times you'll ask someone, Hey, how are you, and we just keep going. If we actually pause and listen to how someone is doing, here's what you do, when you listen to someone honestly, openly, with your full attention, you're telling them that they matter, you're telling them that they're valued and that they're seen.

I always have believed that there are three things we all need regardless of what country or what culture we come from: As human beings we all want to be seen and understood for who we are; we all want to know that we matter; and we all want to be loved.

You can convey all three things to someone else simply by checking on them and by listening to them, by being there for them during a time of need.

I know sometimes we worry, Hey, am I intruding on someone's life? If I'm asking about how they are doing, am

I invading their privacy? But this is a moment I think where we need to respectfully take the initiative to check on others.

Because too many people are out there struggling of their own wishing that somebody would just ask them how they're doing or give them a space to be open, and instead what society too often tells them is to put on a brave face. In their social media posts, in their public conversation, in how they present their public image, to just make it seem like everything is going great, even though they are struggling inside.

MICHAEL PHELPS: I just want to say, I'll put one thing at the end of that: It's okay not to be okay. Remember that.

DR. BRIAN HAINLINE: We talked about this a little bit this morning, you're almost talking about we're all here for each other. It's a group system. There is a formal term for that, it's called bystander intervention. So the bystander effect is let's say you're walking in Manhattan and you see something horrible happening on the street, you just keep walking. Bystander intervention is we learn to be buddies to one another.

If I were involved in that, I would learn, and we all should learn, that let's say Michael is more withdrawn or that he's not showing up to practice, or Naomi says something and it concerns me, or Vivek is all of a sudden eating differently in a way that I know is not right. So I think what you're inviting us to do is to use the bystander effect in terms of intervening and say, Hey, how is it going, Vivek? Or, Naomi, want to practice today? Everything all right?

But when I ask you, I'm being present. I'm truly waiting for the answer, and you understand that I'm waiting for the answer, because you matter. I'm validating you. Michael, where have you been lately?

Do you have a buddy system? Can you elaborate on that and its importance? I will say at the NCAA level, it may be the most important thing we're doing with our 500,000 student-athletes. The buddy system, bystander intervention, know how to care for one another because we're here in this as a group activity, as a human activity together.

MICHAEL PHELPS: I'll bring one person up. Chuck Barkley. Him and I go back and forth randomly at the most awkward hours. We just check in on one another. He's just always checking in on me.

I have a few friends like that. In moments, I will be going through some kind of spell, spill, spiral, whatever you want to call it. Bing, one of those phone, my phone lights up, a

text comes through. I'm able to relax because you don't feel alone in that moment.

I just think like those things for me are life-changing. You know, just being able to have some kind of open communication. For me, that was a challenge for a long time. I was really good at compartmentalizing and probably could have won a few more gold medals. That's not something to be proud of by that. I'm saying with compartmentalization, I could have won more medals there.

But, you know, it's just getting things out, right? For me it's always trying to get things out in the open. The more you're carrying it, the heavier that backpack gets on your pack.

Just open communication. I make the joke I learned to communicate at the age of 30, but at least we got there (smiling). I'm just trying to do that every single day, because if I'm getting it out, somebody's listening, whether it's my wife, whether it's my therapist, whether it's my friend, whether it's a coach, doesn't matter. Somebody is there, and somebody is always caring.

So honestly, like, the two things that I always try to remember is: Be you, and it's okay to not be okay. Be your authentic self. That's what I try to do every single day.

DR. BRIAN HAINLINE: What about the buddy system? Is that a concept that works for you? How do you employ it?

NAOMI OSAKA: Yeah, I mean, I agree with everything that you said. (Laughter.)

I'm sorry, I was laughing a little because as an example you said, Hey, Naomi, if you said something concerning, but everything I say is a bit concerning (smiling). I'm not sure if that would work.

Yeah, I think, like, for me definitely, like, reaching out to my friends, whenever I'm feeling sad, like, back when I was traveling for tennis, whenever, like, I have to go overseas and stuff and I'm feeling a bit lonely, I found out that reaching out to my friends no matter what hour, they'll pick up because they care for me. I think that that's something that is really important, and through that, I kind of learned to care for myself a lot too.

DR. BRIAN HAINLINE: Sometimes we learn that a strength is if we find out how to surround ourselves with people who listen, who care for us, and love for us.

Michael, you mentioned something that's going to take this as segue, you get a text message in the middle of the night

or sometime, and it can help you. There is this concept out there of social media. It's a little more than a concept now, right? Social media is ever present. Naomi and Michael, you have really big social media presences. I think you're positively influencing a lot of people with your social media.

But it's possible, maybe probable, that you've gotten some negative social media posts where someone says something hurtful or even worse.

Vivek, in your last Surgeon General Advisory -- again, I encourage everyone to read this -- it's on Social Media and Youth Mental Health. You approach this again from the public health perspective. Yes, social media can be of good, but there is a lot we don't know about it.

Is it possible, especially in our youth, that they are fundamentally being shaped by social media which is on the one hand they think they are connected to this vast universe. On the other hand they are not actually developing human connections.

So can you share with us, Vivek, this last advisory, the most recent advisory on social media, some of your concerns. Then I would like to hear from Naomi and Michael if these concerns make sense to you, as well.

DR. VIVEK MURTHY: Sure, Brian.

I'm a believer in technology. I spent a number of years building a technology company before I was in government. I use technology a fair amount. My belief is that whether -- technology is a tool at the end of the day, whether it helps or hurts us depends on how it's designed and ultimately on how it's used.

My worry with social media is that what has happened over the last 20 years is that we have put this technology out there. It has been dramatically adopted. While there have been some positive benefits to some people, I do worry that many people are actually being harmed by it, and that it has become an important contributor to the youth mental health crisis we are seeing in the United States and possibly in other countries as well.

Here's what we are seeing in the data. This is what led me to actually issue this advisory. Actually, I will tell you the most important thing that led me to issue this advisory were conversations with parents. Everywhere I went in America, the most common question I got from parents was about social media. And they asked me, Is this safe for my kids, is it hurting my kids? That was the No. 1 question by far.

The data we found that was concerning was that people

who are using three hours or more of social media a day, and this is adolescents, face double the risk of anxiety and depression symptoms. It was concerning because the average amount of use in the U.S. is three-and-a-half hours a day by adolescents, so it's in excess of that.

But what was also concerning is nearly half of adolescents were saying that using social media made them feel worse about their body image. Many were also saying, about a third of adolescents, that they were staying up until midnight or later on weeknights using their screens, and a lot of that was social media time, which was taking away from their sleep. We know that particularly during adolescents, which is a critical time of brain development, that when you're deprived of sleep, that actually increases your risk for poor mental health outcomes.

You put all of this together, and what came out to me were two things. One is we do not actually have enough evidence to say from a scientific perspective that social media is safe for your kids, to the question that parents were asking me. But a second thing is that there was growing evidence that social media use can be harmful to many adolescents. So this has been my point of concern around it.

I think that, you know, look, there is clearly some good that can happen with social media. Good messages, positive messages can get out to the public. It can be used in ways that can sometimes give people a forum for expression and for creativity.

But what we have to do is in some ways what we did with automobiles 20, 30 years ago. When I was growing up, the rate of motor vehicle fatalities was very high in the United States. Now, we didn't say, You know what? Let's just scrap cars and go back to horses and buggies. We didn't say that. We also didn't say, You know what? There is nothing we can do. This is just a feature of modern life. Let's just put up with all of these deaths.

We said, You know what? We need to find a way to make this new technology, in this case, cars, safer. We put in place safety standards that gave us seat belts and airbags and other features that helped reduce motor vehicle deaths over time.

Here too I think we actually need a similar approach. This technology should be designed in an age-appropriate way. It should be designed with the kind of safeguards on it that reduce the likelihood people will be exposed to harmful content, that they will be harassed or bullied or abused online, which is happening to too many people, or that they will be subject to features that prey on the minds of people and that are addictive in nature and that ultimately lead

them to excessive use, which then takes away from sleep, in-person time, time for exercise.

So this is a journey that we're on now, and it's an urgent journey because these platforms are widely used, they're widely available. I worry about the amount of harm that's accruing to people. Look, at the end of the day, in-person time is really valuable. We have been designed over thousands of years to interact with each other in person.

A lot of what happens online isn't always a reflection of real life. We see people's best days posted online. We see their curated versions of the world.

There is no substitute for actually being in person with people. I think it's important for us to recognize that, to require companies actually share data that they have on the mental health impacts of their platforms, because right now researchers say they can't get full access to that data, which to me, as a parent, is very concerning that information is being hidden from me. But we need these safety measures, these safety standards in place as well and we need them to be enforced.

Ultimately in my mind that is how we take a technology and ensure it's ultimately helping us and not harming us.

DR. BRIAN HAINLINE: Your message was loud and clear. Another advisory we should all be reading.

Naomi, Michael, just so you know, here at the US Open along with the rest of the tennis world, we are taking steps to find a way to monitor social media, to put in those safeguards. But you're active users, and does that resonate with you that it can be potentially harmful?

NAOMI OSAKA: You were starting.

MICHAEL PHELPS: Well, for me, my social media is who I am. You'll see me post quotes that sometimes I just needed to see, and it means I was having a bad day. And that's okay.

There are times where I post happy faces and that's because I'm actually happy. You get the authentic me whenever you're on my site, whenever you're on my platforms.

I have been harassed, I have had people wish things on my kids, on my family. It's wrong. It's ridiculous. To your point, with three young kids coming up, it scares me. I want them to have the best experiences they can, and then also, be able to be who they are and not be ashamed of who they are.

Yeah, I agree. It's good and bad. But again, I always try to use it for good. I always try to use it to get my messages across, and then I get off. I don't read comments. I try not to. When I started getting death threats I just basically turned off my phone. Just because I don't want to be around it, right? It makes me feel blah, and then my thoughts start running. I separate myself.

DR. BRIAN HAINLINE: Naomi?

NAOMI OSAKA: Oh, I don't want to, like, sound the exact same, but exactly the same. (Laughter.)

I don't know. I feel like somewhere along the line I definitely got very scared of social media, like, I don't know. I felt like there was too much I didn't know about it. It was I think fear of the unknown, which I still am a little worried, you know. But then I think of the times that I do use social media. It's like to cheer people up or to, like, show people what I'm up to and still get Beyonce's outfits or something. (Laughter.)

MICHAEL PHELPS: If you don't want to post, you just don't post, right?

NAOMI OSAKA: Right. And then I also try not to look at comments. It makes me sad, because before people knew who I was, like, there was people giving me like positive messages, you know. So it's like a little sad, I feel, to miss out on that. I think for my mental health, like potentially seeing something really bad, it's not worth it, but yeah.

DR. BRIAN HAINLINE: So we have three minutes left. So I want to use part of the three minutes for the four of us onstage. We're going to make a pledge together, and that is I really believe taking what you wrote in the last advisory on social media, working together, working with everyone in this room, to get the message out that we need to understand its impact, and we need to understand we are in an age where we don't know what's happening to our youth. We don't have the science or the medical evidence to understand the negative impact.

So we can start working on that just to help get the word out just as we are getting the word out about mental health. Good pledge, right?

MICHAEL PHELPS: I love it.

DR. BRIAN HAINLINE: Maybe we just have a final moment to say, well, how do we wrap this up? I don't even know if we have enough time for all of us to give a final moment, but this morning, Michael, you gave a moment about parenting. Something about the lion's breath. If you could share that with all of us.

MICHAEL PHELPS: As a dad, I have three boys, seven, five, three. You know, when they kind of get at each and there is a lot of this, a lot of yelling and screaming, they kind of sit down and they take this big deep breath and then they get to roar as loud as they can possibly roar like a lion. Typically when they do that, their shoulders drop and they're able to say, Well, Beckett did this, or Boomer did this, or I felt this or I was angry.

For me, as a dad, for so long, I didn't know how to express those things. Now as a seven-, five-, three-year-old, they are sitting there doing it right in front of my face. It's just an incredible thing to watch. And for any new parents, give it a try. Might be really loud though. Just give it a whirl.

DR. BRIAN HAINLINE: Going back, Vivek, to what you said as a parent, don't do what I say, but you lead by example, and I think you're leading by example.

DR. VIVEK MURTHY: That's one of I think the hardest things, just to be clear about it. I think a lot of times as parents we know what we want to do but we may fall short in doing it. I think part of this broader conversation around mental health is about a culture shift to give ourselves and others more grace and forgiveness and just recognize that we are all trying our best. We're all imperfect at times, we are all going to fall short. Sometimes we are going to say the wrong thing, use the wrong word, but just to recognize we are all on a journey here and that we need each other's support and help.

I have struggled many times in my own life with my mental health as a kid, many times later on as an adult as well. As a kid I never talked about it because I was ashamed. I thought, hey, I'm the only one on this journey, and something's wrong with me.

There are so many people out there who are feeling that. I think if we can approach our lives and other people with a little bit more grace and forgiveness, extend the kind of support that they need, recognize that a lot of people are suffering in silence, I think we can make big steps forward in terms of improving mental health and well-being and shifting the culture to be more open about it as well.

DR. BRIAN HAINLINE: On those words of grace and forgiveness, I really want to thank everyone for being here with us today. I really want to especially thank Vivek, Naomi, Michael, you're just incredible leaders, and I look forward to continuing this journey with you and with everyone here in this room. So thank you, everyone.

(Applause.)

CHRIS WIDMAIER: Thank you everybody for joining us. We're going to open this up for questions.

Q. (Question about mental health, mental strength, mental toughness.)

NAOMI OSAKA: For me, I feel like mental strength is something that I kind of grew up with. It's like discipline. Like, you know, in some ways being able to tough out, like, if my leg is hurting and I'm able to play the match and stuff like that.

Then mental health is, like, more awareness for me. I don't know if this is a correct answer for everyone, but just being aware of how you're feeling and, like, knowing how to cope, not cope but reaching out to people and stuff like that... Can you save me, please.

MICHAEL PHELPS: I would say kind of what you're trying to say, maybe your emotions and your feelings, that's your mental health. Those are the things that you can control.

Then physical, something happens, something happens. You're able to push through something in certain ways physically and mentally, too.

But I think when you're pushing through mentally and it's relating to mental health, the only thing it's going to do is spiral. For me, that's what I have noticed, right? I can talk about compartmentalization for hours because I did it for 10 years. Literally didn't talk about anything that I was going through with my own family for 10 years. Then it just, I was a volcano and erupted. Instead of talking about it I just let it build. I think that's the difference for me.

Physical toughness, you can push through anything. I can literally, like, if my hand hurts or my shoulder hurts, I can find a way to kind of cheat the stroke a little bit and push through it if I have to. Does that make sense? Did we just spin? Is that a spin question? (Laughter.)

Q. I wanted to direct this at you, Surgeon General, and also, Naomi, I'd like you to join in. You both talked about peer pressure and social media. So much of that is tied into the identify of our young people. How do you utilize what's on social media, get your messages out to young people, to bolster them, especially in this kind of bullying atmosphere that happens if any of them reveal any kind of weakness?

DR. VIVEK MURTHY: You want to start?

NAOMI OSAKA: You saw what happened when I started.

DR. VIVEK MURTHY: I thought you did fine.

Well, I would say, look, for young people growing up with social media today, one thing that they don't have, which frankly none of us have had, is digital literacy training; how to understand what the pros and cons are of using social media, when it's concerning, how to monitor how you're feeling about social media, how to know when certain things are worrisome and when to pull back.

That's part of I think what our education needs to include. But I also think, look, sometimes we have to disconnect from technology to reconnect with people. We have to also build that in to how we manage our lives. So for young people growing up today, I think it's important for them to also have spaces and opportunities to be in person with one another, to have them modeled and supported by parents but also in their schools.

Finally, people certainly like Naomi and Michael have modeled this well, whenever we have influencers in society who can demonstrate how to use social media in a positive way to share positive messages, to lift other people up, I think that is always welcome and that's always very useful.

But right now, I worry that there are a lot of young people out there who are looking at the world of social media around them, and are seeing folks who are not necessarily leading with the kind of values we heard Naomi and Michael speak about, but who are chasing fame and who are chasing power and who are chasing money. While there is nothing wrong with those three things in and of themselves, I do worry that we have made young people feel like that's what success is. It's about your ability to acquire money, power, and fame.

You know, I know plenty of people who are rich, powerful, and famous and who are profoundly unhappy. Those are not the keys to happiness. I think we've got to make that clear to young people not just through words but how we lead by example, you know, as adults, as parents, as community leaders.

NAOMI OSAKA: Shoot. (Laughter.)

MICHAEL PHELPS: You were so close.

NAOMI OSAKA: I know.

I think for me, like, I don't have all the answers. Like, even sitting here I'm learning so much, but I just want to say, like, I think if anything, on my social media, I want to push everyone to, like, love themselves. I think that's the core of everything. If you love yourself, then other people will most likely love you, and you'll, like, radiate a really good energy.

I just think, like, every person is unique in this world, and that's something that, you know, no one can take away and you just -- I don't want to be corny -- but you just got to appreciate that and know that you're special. I don't think people say that enough.

Your difference is what makes you unique and you need to love yourself no matter what. I don't know what kind of social media will create something that's like that, but I'll definitely join it then.

Q. This is to Naomi.

NAOMI OSAKA: Long time. (Laughter.)

Q. Tennis is such a grueling sport. Some players, you're traveling a lot, you're lonely. Some players when they take time away, sometimes they come back and say they feel refreshed, that they were able to live, like, a normal life and things like that. I'm wondering what it's been like for you after kind of working towards this your entire life to have that time away from tennis.

NAOMI OSAKA: Yeah, I mean, it's definitely been really interesting. I don't know. The whole process, it felt long and short at the same time.

Like, when I stepped away kind of, it was Tokyo, that was the last tournament I played. I just remember watching the Australian Open and being very devastated, because I've never missed an Australian Open. I was just thinking, okay, like, when I was watching, like, Serena and Venus, I was thinking, ah, I probably no way will ever play at their age, but sitting here, I'm like, you know what? I might do that actually.

(Applause.)

NAOMI OSAKA: Oh, my God.

But yeah, for me personally, it really raised my love for the sport. It made me realize, like, I'm not going to play forever. I have to embrace the times. I've been playing tennis since I was three.

I don't know. I don't think I can predict what I'll do. I never am able to do that, but it definitely made me appreciate a lot of things that I took for granted.

Q. This is for Naomi and Michael. My question for you, and so much of this panel was about a loneliness epidemic, a lot of the emphasis in your sports are individualistic. I'm curious if you personally struggled with loneliness in dealing with that spotlight so

focused on you, and how you came out of it and what advice you'd give to up-and-coming athletes dealing with the same thing.

MICHAEL PHELPS: I don't know, maybe I did feel loneliness in the sport. I mean, I would just sing. I would sing to the black line. I mean, that's what I would do every day when I was training. I was never really lonely. I was always just happy and going along with it.

I think for me loneliness really struck up in COVID, during COVID. Just because it's, like, we literally couldn't control anything. Everything else is out of whack. So for me, I just, yeah, I felt like I was alone in that little dark bubble.

I mean, the only thing I know how to do again is communicate. So I just started talking about it. Whether it's talking about it, whether it's writing it down, doesn't matter, just getting it out of my system. That's something that's so important.

I think I learned more about my own mental health through COVID, and I'm thankful for it. I did have COVID and it stunk but we got through it. Again, I was very happy to learn what I did at some of the darkest times of my life.

NAOMI OSAKA: I mean, I would say for me I think I'm learning a lot just listening to his answer, but I have a very, very long answer which we don't have time for so I'll just give you my short answer.

I feel like throughout my life I've kind of felt, like, every year I learned something different and something new. When I think about loneliness, like, I don't necessarily have, like, an answer for that, like, how I would handle the situation, because I feel like every time it's very different.

But, I have two friends, which may be a lot or a little, I'm not sure, but I know I can reach out to them at any time. I think it's really important, like, going back to our conversation, like, having a buddy system, just knowing that you're not alone in anything. Yeah, just having really good people around you.

Q. Brian, this is for you. I was wondering what it means to have the US Open at the forefront of, like, advocating for mental health and the importance of mental health in sports, particularly hosting this event at this tournament.

DR. BRIAN HAINLINE: It means the world to me, but more importantly it goes back to the US Open and sport taking an ethical responsibility that sport is such an important forum.

I'll go back to what a hero of mine, Nelson Mandela, and he said you can judge a society by how it treats sports, but we can also say you can judge a sport by how it treats society.

The US Open and the USTA, I'm just proudly part of the organization. So we're trying to make a platform about what really is important, how sport can be a positive agent of change.

It's not just mental health, it's physical health, but I'll put a plug in for tennis, if I may, that we know that sport improves physical literacy, that sport is really good for our society. It's a recreation of who we are as human beings.

But tennis perhaps is the healthiest sport on the planet. It increases longevity more than any other type of exercise. The data demonstrate that.

It's not just to shout about that but to say, Okay, well, if that's true, how are we really helping our society with such data?

Yeah, short answer: It means a lot.

Q. Naomi, I wanted to ask you what it's like being back here at the US Open that's been the site of some of your greatest heights and some difficult moments for you.

NAOMI OSAKA: What difficult moments? (Laughter.)

Q. Perhaps I'm wrong. Also just wanted to ask about if there are new tools or ways you have thought about how when you do resume competition, how you might try to deal with some of these issues we have been talking about today differently than you did before you took this recent break.

NAOMI OSAKA: Yeah, I mean, for me coming back here it means a lot. This room in particular. There were some tears shed, a lot (smiling).

But yeah, I don't know, I feel a lot of joy coming back here. It's kind of like seeing an old friend you haven't seen in a long time. So definitely really happy to be back.

I think as your question in terms of, like, new tools, I think for me unfortunately I'm a very wing-it type of person, which you've seen over the years maybe (smiling).

But I think before we came out here, we were all talking. I actually, like, learned some cool things from Michael, Mr. Phelps.

MICHAEL PHELPS: Man, now you make me feel old.

NAOMI OSAKA: He was saying like affirmations and things like that, which I hear them but I don't really say them to myself. I think I'm going to try that.

But all in all, I don't know, I just feel really grateful to be here. I hope I can just roll with that feeling.

I'll let you know later if it doesn't work. (Laughter.)

Q. Obviously there has been really significant strides in the last 10 years in terms of professional athletes talking about mental health and even leagues doing more to address it. Where would you like to see that go? What do you think athletes and leagues can do to foster more growth in this area?

MICHAEL PHELPS: Want me to go again?

NAOMI OSAKA: I can actually do this one.

MICHAEL PHELPS: Go for it.

NAOMI OSAKA: I think for me I have seen tennis grow so much in the mental health aspect, something that I'm really proud of, and the US Open has been always super innovative in that way too. For me, I just want it to be less of a taboo subject. I still feel like there's a really big stigma against mental health. And, like, I know Iga, she travels with her mental -- is she -- psychologist? Obviously she's No. 1? No. 2? Sabalenka? No. 2 now but she was No. 1 for a very long time. Obviously it's helping her a lot.

I think that more people should know that, like, you know, there is so many benefits to just, like, talking about what you're going through and, like, learning different skills.

So as far as, like, the WTA and the tournaments and stuff go, I think they are doing an amazing job. I haven't been on tour this year, so I don't know, like, what's new, but yeah.

Your turn.

MICHAEL PHELPS: For me, honestly, I think it's just continuing the conversation. I think we have come a long way in the last 10 years, but I also think people, everybody, human beings, need to get the help and care they need.

That's something that I don't think everybody has that opportunity. So we see the suicide rate continue to fly up. I want that to stop. That's my No. 1 mission is try to lower that thing. Saving a life for me is way more important than ever winning a Olympic gold medal.

So just being able to push people, to encourage people to talk about this stuff. Yeah, it's difficult. We did this documentary called "The Weight of Gold." We were very fortunate to have about a dozen athletes, 20 athletes come up and share the stories and the emotions that they go through. If you guys haven't watched it, please, it's kind of raw, right in your face, but it's real.

These are some of the things that my Olympic teammates are going through. So again, we need to push just opening up. I think you'll see, the more you do that, the lower your shoulders become, the more you love yourself.

Q. What's the name of the documentary again?

MICHAEL PHELPS: "The Weight of Gold."

I will say for me, for a long time when I would look in a mirror, I would see a swimmer. I would see somebody that has a pair of goggles, a swim cap, and a suit on, not a person, not an individual. I'll say for the first time over the last five years, seven years, I see a person. It's powerful, and it's incredible.

So I encourage every one of you who hasn't opened up or struggling, open up, just communicate. Let's get this stuff out.

Q. This is for the Surgeon General, perhaps you, Michael. We're in a sports event and it's a difficult topic to bring up, but in talking about mental health in our culture, in our country over the years, there's a little bit of an elephant in the room in that we have the prime voice in our culture for many, many years has made very demeaning comments, has spoken about people as being losers, has made comments about women and people of color that are divisive. Day in, day out we get this torrent. Is there anything that our government can do to focus on grace and forgiveness? And what should individuals do when we have this storm of derogatory comments?

DR. VIVEK MURTHY: Thanks for that question. There's a lot in there. I will say that from government's perspective, I think it's the role of every leader to lead by example in demonstrating the kind of values we want to see in our culture.

We have to remember that our children are listening to us, and so when I think about the values I want in the country and the society that my children grow up in, I want people to be kind to one another. I want friendship to be valued. I want service to be something that we aspire to and pursue.

I want generosity to be something that is lauded and

something that is pursued. These are the things, the core values that I think make a society strong, and we need our leaders to lead by example in demonstrating those values.

But to me, like, values are shaped fundamentally by what each of us do in our lives as well, by the choices we make about how we treat each other, by the choices we make about what issues we advocate for but who we advocate for. We may not have kids ourselves, but if schools are struggling in our community then other children's kids should matter to us too.

Wherever we go, whether it's decisions in a community town hall or at the ballot box, our values should be leading us. Because again, this is about creating the kind of society that our children will inherit. There is nothing that could be more important than that.

CHRIS WIDMAIER. Thank you very much, Doctor.

Unfortunately that's all the time we have for questioning. Thank you, everybody.

(Applause.)

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