

**Hearing on Legal Issues Relating to Football Head Injuries,
Part II**

**Before the Committee on the Judiciary
Monday, January 4, 2010, at 1:00 PM
Wayne State School of Medicine
Room 1460 Gordon H. Scott Hall
540 E. Canfield St., Detroit, Michigan**

Chairman John Conyers, Jr.' s Statement

I want to welcome everyone to today's hearing at the Wayne State Medical School, which has been a focal point in the research on brain injuries since 1939. It is fitting that we meet today, at the end of the regular season for professional football, and the end of the bowl season for college football, and after so much attention has been drawn to the issue of head injuries.

The American people, and especially those here in Detroit, face a litany of challenges: at the top of the list is finding stable employment and affordable health care. While I have been fighting for universal

health care and full employment for all, I have also sought to highlight serious public health issues so that parents and children fully understand the ramifications of their decisions.

According to the Centers for Disease Control and Prevention (CDC), more than 300,000 athletes lose consciousness from concussions every year in the United States, and the total number of concussions could be as high as 3.8 million.

However, the CDC statistics do not include sub-concussions and other blows to the head, which may not have the same symptoms and signs of a concussion, but also have dangerous consequences.

According to Dr. Bennet Omalu, for every one documented concussion, there may be tens to hundreds of sub-concussions. Many of these head

injuries occur in contact sports such as football, America's most popular sport.

At the Committee's first hearing on football head injuries in October, we heard testimony from many of the premier experts in the field that head injuries sustained while playing football lead to cognitive problems later in life.

Given this evidence, I am particularly concerned about young football players who are at risk. Those in attendance today should be mindful that what's at stake is not just the health of professional players, but the health of millions of children playing football at the high school and youth levels, more than half of which have not access to certified trainers or other medical specialists on site.

Today's hearing presents us with three key

questions to be answered:

- Can we state as fact that a connection exists between football head injuries and cognitive problems?
- Are the recent announcements by the NFL and NCAA adequate to address football head injuries in players?
- Where do we go from here, what further steps can be taken to protect our young people from brain injuries?

First, we must settle any remaining questions as to whether concussions or sub-concussions sustained in football are linked to cognitive impairment later in life.

Until recently, the NFL had minimized and disputed evidence linking head injuries to mental impairment in the future.

When I asked NFL Commissioner Goodell at our hearing in October whether there was a linkage between football and cognitive decline among NFL players, he refused to acknowledge a connection.

While not explicitly recognizing the connection between football head injuries and cognitive problems later in life, the NFL recently conceded for the first time that concussions can have lasting consequences, with NFL spokesman Greg Aiello conceding, “it’s quite obvious from the medical research that’s been done that concussions can lead to long-term problems.”

However, Dr. Ira Casson, the former co-chairman of the NFL Mild Traumatic Brain Injury Committee (MTBI), who is here today, still refuses to credit independent and league-sponsored studies linking NFL careers with heightened risk for dementia and cognitive decline. To quote from his written testimony, “My position is that there is not enough valid, reliable, or objective scientific evidence at present to determine whether or not repeat head impacts in professional football result in long term brain damage.” Hopefully, we can get some clarity on this threshold question today.

Second, we must probe whether the recently announced steps by the NFL and NCAA are sufficient to protect players at all levels from head injuries.

Since our last hearing, the NFL has made a series of important announcements, including:

- enhancing the protocol for concussions by players;
- helping ensure that independent brain-injury experts clear players before they can return to play;
- encouraging current and former players to agree to donate their brains for medical study;
- shaking up the membership of their concussion committee; and
- suspending the concussion committee's work while proposing to support independent research into the study of brain injuries.

In addition, last month, an NCAA panel recommended a new rule that would prohibit players

from returning to a game or practice in which they have shown any significant sign of concussion. This rule will apply for athletes in all college sports.

Notwithstanding these changes, I continue to be concerned about the continuation of a culture endemic to football where players are encouraged to ignore serious head injuries.

How else can we explain the recent events at Texas Tech, where the head coach forced a player with a concussion to be locked in a dark room as a punishment. Or the situation in Pittsburgh where after their quarterback Ben Rothlessberger suffered a concussion, their star receiver Hines Ward questioned his toughness, saying, “it’s just a concussion. I’ve played with a concussion before..... I’ve been out there dinged up.”

Once we have an understanding of the efficacy of the steps taken so far to educate and protect players, we must discuss whether further changes are needed to protect players.

At the Committee's hearing in October, I asked both the NFL and NFL Players Association to open their health records for an independent review. While much more needs to be done in this regard, I am pleased to see that as an initial step, both the NFL and the NFLPA are committed to supporting independent research. Whether this occurs through the Boston University Center for Study of Traumatic Encephalopathy, or in conjunction with another independent entity such as the National Institute of Health, this is something I hope can be finalized in the coming weeks and months.