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HEARING
HOUSE JUDICIARY COMMITTEE FORUM
ON KEY ISSUES RELATED TO THE IDENTIFICATION AND
PREVENTION OF HEAD INJURIES IN FOOTBALL
CUSTOMS HOUSE AUDITORIUM
ONE BOWLING GREEN
NEW YORK, NEW YORK
MONDAY, MAY 24, 2010
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P R E S E N T :

PANEL :

REP. LINDA SANCHEZ, CHAIRWOMAN

REP. CAROLYN MALONEY

REP. ANTHONY WEINER

WITNESSES :

DANIEL ALKON, M.D.

HUNT BATJER, M.D.

CHARLOTTE BINGHAM

RICHARD ELLENBOGEN, M.D.

NOLAN HARRISON

WALTER KOROSHETZ, M.D.

COREY LOUCHIEY

THOM MAYER, M.D.

TAMMY PLEVRETES

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P R O C E E D I N G S

(Time noted: 11:00 a.m.)

CHAIRPERSON SANCHEZ: Take your seats. We'll try to get started. We have a full agenda for the morning, and so we want to get started. I'm Linda Sanchez, from the 39th District in Los Angeles. I'm very pleased to be here in New York, as the judiciary continues its examination into head injuries in football.

I want to recognize my colleagues. Carolyn Maloney joins us; and shortly another colleague, Mr. Weiner. And our apologies. Our chairman, Mr. Conyers, is delayed in Washington, D.C. There's trouble with flights due to weather. He may or may not join us later. We hope he'll be able to make at least part of the forum.

And I want to thank another colleague, Jerome Nadler, in whose district this venue is located. Thank you for hosting and finding this venue. We hope that if Los Angeles ever gets a professional football team again, we can hold a forum in my home town.

So let me start. In 2007, I called a hearing on the issue of professional football and

1 head injuries, to start a discussion that had for a
2 very long time been pushed under the rug. However,
3 because these injuries occur in professional
4 sports, we had remained unaware or unconcerned of
5 the significant impact of concussions on athletes
6 during and after their playing careers.

7 After all, football players, even if
8 they get injured, they all have millions of dollars
9 to spend on health care; right?

10 That's not exactly right.

11 For years the NFL and the NFLPA ignored
12 the problem as much as the general public did. The
13 NFL concussion committee didn't link concussions
14 and long term brain damage; much like the tobacco
15 industry did with the link between tobacco and ill
16 effects of smoking.

17 As for the supposed big bucks that
18 players make, well, that ain't necessarily so, as
19 they say. The average pre-1993 retiree made a
20 modest income and even more modest retirement.

21 So today's forum has three main
22 objectives. First, we want to know how the NFL
23 addressed head injuries in football since we first
24 initiated our investigation 7 months ago.

25 Second, there are the known

1 circumstances of the firing of the Texas football
2 coach, who allegedly retaliated against a player
3 for not practicing after that player had been
4 diagnosed with a concussion.

5 And third, where do we go from here to
6 better understand head injuries and protect not
7 just athletes, but the general public as well, and
8 our military who can suffer the same consequences?

9 Since the committee began to take
10 interest in this issue, we have seen awareness
11 increase and all parties involved have made
12 important strides. In my opinion, this probably
13 should have begun long before Congress ever became
14 involved. Hopefully, over the next seven months,
15 we'll see progress similar to what we have seen
16 since the last judiciary committee hearing on this
17 subject in October.

18 In a recent hearing that we had in
19 Detroit, we had Dr. Ira Kaplan, a former co-chair
20 of the NFL Mild Traumatic Brain Injury Committee,
21 which has been renamed. And it was particularly
22 frustrating because Dr. Kaplan's testimony wouldn't
23 credit the many independent studies that are out in
24 the general field, which have helped to call
25 attention to the heightened risks of cognitive

1 decline faced by retired NFL players.

2 Since then, the NFL has reconstituted
3 the MGBI committee and renamed it the Head, Neck
4 and Spine Medical Committee; and Dr. Kaplan and his
5 associate chair Dr. David Biondo [sic] are no
6 longer part of that committee.

7 Today we will be the first to hear
8 public remarks from the new co-chairmen, Dr. Hunt
9 Batjer and Dr. Richard Ellenbogen. I hope I
10 pronounced it correctly. And I hope that the NFL
11 will explain today what the league plans to do to
12 continue to study the impact of head injuries
13 involving the work of the greater scientific
14 community.

15 It was a source of great frustration to
16 hear former NFL representatives diminish the work
17 of other scholars in this very important field.
18 Rather than arguing about the scientific merits of
19 various studies, all reports we're hearing are
20 plans of how the NFL plans to work with researchers
21 to share the goal of improving player safety at all
22 levels of play.

23 Additionally, I look forward to hearing
24 more steps the league and the Players Association
25 will take to modify the return to play guidelines,

1 treatment guidelines and practice restrictions, to
2 again, insure greater player safety.

3 While our previous hearing made clear
4 that the NFL leadership has an important impact on
5 amateur athletics at all levels, it's important to
6 remember that there are other entities who are
7 confronting this same issue. That's why I'm
8 looking forward to the testimony of Ms. Bingham,
9 from Texas Tech, over the controversy surrounding
10 the former head coach's improper behavior to a
11 player diagnosed with a concussion.

12 But Texas Tech is not about players who
13 suffer from a concussion -- this case was just one
14 case which garnered national attention; and
15 unfortunately there are many, many others that
16 don't grab this kind of headline.

17 In looking at treating at the research
18 level, it is clear that college programs have wide
19 disparities in terms of treating concussions and
20 the care they get players who suffer. Although the
21 circumstances are unique in each case, I'll be
22 interested to hear what we can do on the amateur
23 level to provide consistent treatment guidelines
24 for young athletes.

25 The Center for Disease Control and

1 Prevention has found that more than 300,000
2 athletes lose consciousness from concussion every
3 year in the United States; and that total number of
4 concussions could be as high as 3.8 million.

5 As a mother, I would want my son to
6 eventually play sports as he grows up. And I
7 recognize that he might get hurt. But, just as I
8 want to make sure he has the best equipment for his
9 safety, I also want to insure that his coaches know
10 how to assess and treat any injuries, including
11 concussions.

12 The medical experts on our esteemed
13 panel, including representative from the National
14 Institute of Health, can help us explore ways to
15 advance our understanding of the impact of
16 concussions on the brain and how it can be treated.

17 I also hope that while we look to the
18 future, we do not ignore the responsibility of the
19 NFL and the NFLB to those who already live with the
20 effects of these injuries. The sport owes them for
21 the legacy they built, and I hope that our
22 discussion will address how best to insure these
23 players do not end up in the tragic circumstances
24 like those that happened to Andre Waters.

25 In conclusion, it is my hope that

1 today's forum will continue the progress this
2 committee has made previously on this issue. I
3 hope it will identify positive steps to increase
4 the public awareness of this injury, as well as the
5 path to increase understanding and treatment, so
6 that athletes, especially our youngest ones, will
7 not continue to trade brief athletic achievement
8 with prominent and mental injuries.

9 With that, I'm going to allow my
10 colleague, Carolyn Maloney, to give a brief
11 statement if she so chooses.

12 REP. MALONEY: Thank you. I'd like to
13 welcome you and the panelists to the City of New
14 York, which I have the honor of representing in
15 western Queens and portions of the East Side. And
16 I thank you for conducting this hearing.

17 This is the fourth in a series that the
18 committee has held to focus attention on the health
19 issue of concussions in sports; football, in
20 particular. I might add that many of our returning
21 men and women from Iraq and Afghanistan also have
22 cognitive disorders.

23 It is not news that football is a
24 violent sport. What is news is that head injuries
25 and concussions among high school, college and

1 professional football players and dementia and
2 cognitive decline among those players later on in
3 life, is, according to independent research,
4 increasingly likely to be linked.

5 It's not a small problem. Tens of
6 thousands of high school players suffer concussions
7 each year; an estimated 55,000 concussions in 2005
8 and 2006 alone, according to the Journal of
9 Athletic Training. Add to that the injuries
10 sustained during practice in the college and
11 professional level, and we are driven with a major
12 public health problem, one in which government must
13 play a role.

14 It has been reported last year in a
15 study commissioned by the National Football League;
16 and this study reported that Alzheimer's and
17 similar memory related diseases appear to have been
18 diagnosed in the league's former players vastly
19 more often than in the national population;
20 including a rate of 19 times the normal rate for
21 men at the ages between 30 and 49.

22 These facts are sobering; and I look
23 forward to hearing from the witnesses today about
24 what we can do to address these issues. So thank
25 you again, Linda, for being here. And I look

1 forward to the chairman, who I understand is on his
2 way.

3 CHAIRPERSON SANCHEZ: We received
4 resumes, biographies, on the majority of our
5 panelists, which is quite extensive. Instead of
6 going through the minutes of each resume, I'm going
7 to condense as much as I can before I introduce
8 each panelist to speak.

9 I'm going to start with Dr. Hunt Batjer.
10 He is chairman of the Department of Neurological
11 Surgery at Northwestern Memorial Hospital. He's
12 also the Michael J. Marchese Professor of
13 Neurosurgery and Chairman of the Department of
14 Neurological Surgery at Northwestern University
15 Feinberg School of Medicine. He's recently been
16 named Co-Chair of the NFL Head, Neck and Spine
17 Committee.

18 And Doctor, is there anything else you
19 want to add to that that you think should be
20 highlighted before you begin your testimony? I'll
21 invite you to do that.

22 I'll ask each of the witnesses to try to
23 limit their testimony or summarize their testimony
24 to the extent they can. There are many people to
25 hear from today. After each witness has spoken, we

1 will do question and answer.

2 So Doctor, you are recognized. Thank
3 you.

4 DR. BATJER: Thank you very much, Madam
5 Chairwoman.

6 I won't repeat a few of the things you
7 mentioned, but I'm very pleased to have the chance
8 to testify. I'll correct one pronunciation. I'm
9 the Michael Marchese Professor Chair of the
10 Department of Neurological Surgery at the
11 Northwestern Feinberg School of Medicine, and chair
12 of the Department of Neurosurgery at Memorial
13 Hospital in Chicago, which is a Level 1 trauma
14 center.

15 I'm past president of the Congress of
16 Neurological Surgeons, the Society of University
17 Neurosurgeons, and past chairman of the American
18 Board of Neurological Surgery. Recently I
19 completed my year of service as vice president of
20 the Neurosurgery Society of America.

21 I believe my CV has been submitted to
22 you and the committee.

23 CHAIRPERSON SANCHEZ: It has been made
24 part of the record.

25 DR. BATJER: Thank you.

1 On March 16, 2010, I also accepted the
2 position as co-chairman of the National Football
3 League Head, Neck and Spine Committee, along with
4 my esteemed colleague, Dr. Richard Ellenbogen. I
5 appreciate the opportunity to discuss with the
6 committee our plans with the Head, Neck and Spine
7 Committee under the leadership of Dr. Ellenbogen
8 and myself.

9 In the short time that we've been
10 elected to the committee, we've made a number of
11 appointments and established important priorities.
12 I expect Dr. Ellenbogen will review the key changes
13 for you in his remarks.

14 Before turning to that, however, we
15 understand your committee is interested in
16 reviewing the NFL's recent work on concussion.
17 While the leadership position of this committee is
18 relatively new, I will review the key developments
19 as I see them in this area.

20 As you already know about the dangers of
21 head injuries, NFL Commissioner Roger Goodell set
22 forth an effort to change the NFL's culture
23 surrounding concussions.

24 The first principle, which the
25 commissioner articulated, must be that medical

1 decisions of doctors override the playing decisions
2 of coaches and players. Let me briefly touch on a
3 few of the changes the league adopted.

4 In recent years, the NFL has become more
5 conservative in the management of concussions and
6 adopted stricter return to play guidelines. The
7 NFL's 2009 statement on return to play states that,
8 "A player who suffers concussion cannot return to
9 play or practice the same day if he shows any signs
10 or symptoms of a concussion. Once a player is
11 removed from the duration of practice or game, he
12 must be fully asymptomatic, both at rest and after
13 exertion, before returning to play in subsequent
14 days or weeks."

15 The commissioner took the further step
16 of requiring each club to add an independent
17 neurological consultant to the team's roster.
18 These experts also were approved by the NFLPA's
19 medical advisor. "Before we permit the return of a
20 player to practice, a player must be cleared for
21 return both by an esteemed physician and the team's
22 independent neurological consultant."

23 NFL players have been reminded that they
24 too share the responsibility to address
25 concussions. Players must be candid with the team

1 medical staffs and fully disclose any symptoms that
2 could be associated with concussion. They also
3 should disclose with medical personnel any symptoms
4 of concussions in their teammates.

5 The NFL's competition committee
6 constantly reviews playing rules in an effort to
7 remove unnecessary hits and dangerous activities
8 from the game. For example, the NFL over the years
9 has changed the playing rules to eliminate the head
10 slap, the number of hits on defense and defensive
11 receivers.

12 During the current off-season, the
13 league further altered the playing rules to
14 eliminate more of the danger techniques. Equipment
15 safety is another priority. The NFL continues to
16 finance research designed to learn more about helmet
17 performance. The result of the research, which is
18 conducted by independent reputable testing
19 facilities and reviewed by independent experts, is
20 then shared with all manufacturers.

21 We believe that this will lead to
22 improved helmet safety and assist NFL players in
23 making informed choices about the helmets they use.
24 Further, Hall of Fame coach and broadcaster John
25 Madden, in his role as special advisor to

1 Commissioner Goodell, is chairing a commission by a
2 committee of coaches that is exploring ways of
3 providing players with safer non-game day
4 practices.

5 They are considering reducing the
6 overall amount of off season work; limiting the use
7 of helmets and therefore contact in practice mini
8 camps, other off-season workouts and training
9 camps.

10 While the NFL is taking the lead on the
11 effort to protect our players, it is essential that
12 future players are protected, as well. So, last
13 December, the NFL, in conjunction with the Center
14 for Disease Control, the CDC, produced a public
15 service message directed primarily at young
16 athletes, as well as parents and coaches on the
17 importance of head injury awareness.

18 The theme is, "Take head injuries out of
19 play." This message aired throughout the NFL
20 player rooms, and repeatedly on the NFL network.
21 This television announcement also was sent to the
22 Conference Commission on College Sports so they
23 could adopt it for use with their athletes.

24 In addition, the NFL is working with USA
25 Football, the National Organization of Tackle

1 Football and other organizations, to disseminate
2 the CDC educational material for young athletes,
3 and youth and high school coaches.

4 USA Football has developed an overall
5 certification program for coaches at those levels,
6 addressing player health and safety, based on CDC
7 and other recognized experts.

8 Finally, the NFL recently donated \$1
9 million to the Boston University Center for the
10 Study of Traumatic Encephalopathy, in an effort to
11 support their work on CDE.

12 I understand that the panel is
13 interested in the consequences of concussions in
14 the military. The Department of Defense contacted
15 the NFL on this topic in an effort to further
16 understand the issue. The NFL and leading Defense
17 Department experts held a joint conference last
18 year in Washington.

19 Our new committee has representation
20 from the DOB, as well as other federal agencies, to
21 assure synergy, efficiency and effectiveness as we
22 work to maximize safety for our soldiers and
23 athletes at all levels.

24 This year, on June 2nd, Johns Hopkins is
25 sponsoring a concussion symposium with the NFL on

1 brain injuries, again, in Washington. All team
2 medical personnel are mandated to attend. A number
3 of military personnel are going to attend, as well.
4 As the work of our committee moves forward, we
5 welcome the opportunity to continue that
6 collaboration in the hope that will prevent harm to
7 our soldiers.

8 The NFL's goals are to make the game
9 safe for the individuals that play, address the
10 needs of retired players, and set the right example
11 for players and coaches at all levels of play, in
12 football and all other sports in which concussion
13 is a risk.

14 I was motivated to take the current NFL
15 position as co-chairman because I believe that
16 Commissioner Goodell and the NFL are serious about
17 safety, not just for their players, but for all
18 athletes at all levels. Dr. Ellenbogen and I are
19 also motivated by the major public health
20 implications of our work, as mentioned during
21 opening remarks.

22 There are nearly 4 million sports and
23 recreational related concussions annually in the
24 United States. Three million young people
25 currently participate in youth football, and over

1 one million in high school football. Their safety,
2 as well as that of our elite athletes, will remain
3 in high focus throughout committee activities.

4 Thank you again for this opportunity to
5 testify, and I'll be pleased to take any questions.

6 CHAIRPERSON SANCHEZ: At this time, I
7 would like to introduce, joining us, a colleague of
8 mine, Mr. Anthony Weiner.

9 Thank you, Mr. Weiner.

10 At this time I will introduce our second
11 witness, Dr. Richard Ellenbogen. He is a professor
12 and chairman of Neurological Surgery at the
13 Washington School of Medicine; Theodore S. Roberts
14 Endowed Chair in Pediatric Neurosurgery; and chief
15 of neurological surgery at Harborview Medical
16 Center; Professor of Radiology and Neurological
17 Surgery Residency Program Director.

18 He also recently has been named the
19 Co-Chair of the NFL Head, Neck and Spine Committee.
20 We're pleased to have you join us. Please feel
21 free to add anything to your resume you'd like
22 before you begin your testimony; and you are
23 recognized.

24 DR. ELLENBOGEN: Thank you,
25 distinguished panel. The only thing I'd like to

1 add is that I'm also chief of neurosurgery at the
2 Harborview Medical Center, which is the only Level
3 1 trauma center in the Northwest states, which is
4 Washington, Wyoming, Alaska, Montana and Idaho. So
5 I see a great deal of trauma.

6 On March 16, 2010 I accepted the
7 position as Co-Chairman of the National Football
8 League's Head, Neck and Spine Committee, along with
9 my friend and colleague, Dr. Hunt Batjer. I
10 appreciate the opportunity to discuss with this
11 committee our plans for this Head, Neck and Spine
12 Committee. I think Dr. Batjer and I reviewed much
13 of what the NFL's done in the past several months.
14 I want to take this opportunity to address the
15 issue about what are we going to do in the future
16 and give you a purview of that.

17 Madam Chairperson, I chose to accept the
18 position as NFL co-chair of this committee for
19 intensely personal reasons. Fellow Americans may
20 be aware of the name Zachary Lystedt. Zachary was
21 a 13-year old football player in Washington State
22 who suffered a concussion in the second quarter of
23 a game in 2006.

24 After half-time intermission Zack
25 returned to play. During the 4th quarter he chased

1 down a ball from behind in an effort to prevent a
2 touchdown. In completing this tackle, his
3 helmet... he immediately grabbed his head
4 screaming. He soon lapsed into a coma in his
5 father's arms and suffered a life threatening blood
6 clot to his brain.

7 I directed that team of nurses and
8 doctors that operated on Zack and saved his life at
9 Harborview Medical Center. When I took care of
10 Zachary, I witnessed his parents' anguish and
11 personally listened to their wishes that this never
12 happen again to another youth athlete. I plan to
13 honor that wish.

14 In Washington State, through the work of
15 a terrific coalition of doctors, advocates, sports
16 organizations, hospitals and locally elected
17 officials, the state eventually passed the Zachary
18 Lystedt Law. This law mandates three things.

19 Number 1: Every parent, athlete and
20 coach must be educated to the risk of concussion in
21 any sport, and sign a waiver if they desire to play
22 sports.

23 Number 2: Any athlete in any sport, not
24 just football, who appears to suffer a concussion,
25 must not be permitted to return to the game or

1 subsequent practice.

2 And 3: In order to return to practice,
3 that athlete must be cleared by a licensed medical
4 professional after they return to normal and
5 before practicing.

6 I'm proud to say that with full support
7 of Commissioner Goodell, one of the primary
8 missions of our committee was to support the
9 passage of the Zachary Lystedt law in every state
10 that currently does not have one.

11 You may have seen this --

12 (Indicating.)

13 The governor of California.

14 The commissioner has written a letter to
15 each state that doesn't have a law like this,
16 advocating for the passage of a similar Zack
17 Lystedt law throughout the nation.

18 As part of our committee, Hunt and I
19 will convene an education conference this year with
20 advocates from all over the country in support of
21 the NFL, for review of our experience in the state
22 of Washington, and offer assistance in any state
23 legislature that wants to pass a similar Zack
24 Lystedt law.

25 Let me tell you more about the committee

1 as a whole. It's made up of six subcommittees
2 which tell the entire story of what we plan to do.

3 Number 1: We've instructed a committee
4 to build a database to track every athlete who
5 suffers a concussion.

6 Number 2: We have a committee dedicated
7 to studying the effects of concussions on retired
8 players.

9 Number 3: We have a committee which
10 will study how to improve helmets and all equipment
11 related to the ball.

12 Number 4: We will educate and advocate
13 for all athletes, regardless of gender or their
14 level of play.

15 Number 5: We have committee comprised
16 of the best research scientists in the country,
17 whose goal is to advance our understanding of
18 concussions.

19 And the last committee is intended to
20 revise and continually improve the return to play
21 criteria for all athletes.

22 However, our primary mission is to work
23 for the health and safety of all the players.

24 We will be the preemptive advocates for
25 athletes; not just football players, but athletes

1 around the country, regardless of what level or
2 sports they play, or what gender. In my opinion,
3 we've assembled a world class team of experts on
4 the committees, including some who frankly, Madam
5 Chairperson, have been critical of the NFL in the
6 past.

7 We set an ambitious agenda for ourselves
8 and we intend to press forward at a very aggressive
9 pace. One of the first steps was to acknowledge
10 that there's a lot of the things we don't know
11 about the subject, and establish and insure
12 research is conducted in a way that is: Number 1,
13 independent; Number 2, scholarly; and Number 3,
14 doing the right thing for all athletes.

15 To that end, we've established a
16 research subcommittee that will help identify
17 branch directors... from the National Institutes of
18 Health, Dr. Russ... We've impaneled a senior
19 member of the CDC, a professor... from MIT; and a
20 medical expert on traumatic brain injuries from the
21 Department of Defense.

22 Attached is a full list of members who
23 agreed to serve on this committee, all volunteer,
24 no compensation.

25 In addition, as part of the scientific

1 subcommittee, we intend to help synthesize and
2 develop nationwide consensus on concussion
3 management in sports and non-sports injuries, and
4 those en route to professional sports. We'll host
5 a conference with the National Institutes of
6 Health, hopefully by 2011.

7 The NFL is intent on getting it right.
8 It is essential the NFL model is used on all levels
9 of football, as you said, and all levels of boys'
10 and girls' sports, as well. When the NFL issued a
11 revised statement for return to play last year, it
12 became very easy for the NCAA to change theirs.

13 Our Head, Neck and Spine Committee
14 intends to cover more ground, and be more proactive
15 than ever before. In addition to the work of
16 education and subcommittees in passing the Zach
17 Lystedt Law, we will work with two other
18 subcommittees.

19 The Return to Play Committee is run by
20 the head team physician from Princeton University,
21 Dr. Margot Putukian, who's a national recognized
22 expert in women's, as well as men's sports, and one
23 of the authors of the NCAA return to play
24 guidelines.

25 We plan to educate coaches at all levels

1 of play, and when it's appropriate to return an
2 athlete to play and when it is not. We will work
3 very closely with the CDC and other expert
4 independent bodies to produce and broadly
5 disseminate educational materials to athletes at
6 all levels of play.

7 We will frequently review the NFL policy
8 on return to play. We've learned that our goal
9 must be to roll out return to play guidelines that
10 will permit players to be diagnosed quickly and
11 treated well, so they can recover fully. I believe
12 this may lessen any long term effects athletes may
13 suffer with concussions.

14 We are mindful and share the concern
15 that you have addressed about the long term effects
16 of concussions and the condition of our retired
17 players who need help, and will pursue studies in
18 this area aggressively, through a subcommittee
19 headed by Dr. Mitchel Berger, who's chairman of
20 neurological surgery at the University of
21 California, San Francisco.

22 Madam Chairperson, this is a short
23 outline of some of the work we plan to do. Our
24 committee has great plans, tremendously talented
25 and experienced scientists and medical experts who

1 are eager to get started. Commissioner Goodell has
2 emphasized to us when we were being interviewed the
3 importance of our mission to the NFL, and thus to
4 all sports.

5 I can assure you the NFL will be a
6 leader in this area and intends to share the
7 benefit of our expertise for the health and
8 well-being of athletes, members of the Department
9 of Defense, and all of us, for the public good.

10 Thank you.

11 CHAIRPERSON SANCHEZ: Thank you, Doctor.

12 I'm pleased to introduce our next
13 panelist, Dr. Thomas Mayer, medical director of the
14 National Football League Players Association. He
15 graduated from Hanover College summa cum laude in
16 1973. He was one of the few students in that
17 college's history to graduate with three majors, in
18 biology, chemistry and biology; quite a mix there.

19 He later attended the Duke University
20 School of Medicine and got a medical degree in
21 1977. Today he is president and chief executive
22 officer of Best Practices, Incorporated; which is
23 the premier resource for emergency and medicine
24 management.

25 He's before us as an expert on health

1 care customer service and trauma emergency care and
2 medical leadership. We welcome you to our panel at
3 this time and invite you to testify.

4 DR. MAYER: Thank you very much for that
5 introduction. In addition to that, I'm a founding
6 medical director for the NFL Players Association.
7 I took that role in 2001, following the untimely
8 death of a Minnesota Viking player from a heat
9 related illness.

10 I congratulate the panel for the really
11 revolutionary work that you've done in terms of
12 targeting that the NFL and Players Association
13 become more aggressive and more actionable, if you
14 will, in terms of what happens with our players.

15 As the medical director of the Players
16 Association I represent around 1900 active players,
17 as well as tens of thousands of former players, and
18 have been increasingly asked to take on a role, to
19 look specifically at what can be done to eliminate
20 or mitigate to the best extent possible, the
21 scourge of memory related diseases and the whole
22 spectrum of those that we see as a result of
23 traumatic head injury in the NFL.

24 I'd like to say that I think we've made
25 a tremendous amount of progress, laid a very strong

1 foundation to help accelerate the pace of change,
2 so we see even more change over the course of the
3 next 7 months and 7 years, than we've seen since we
4 originally presented before the judiciary
5 committee.

6 Let me say at the outset that I've been
7 charged by DeMaurice Smith, our executive director,
8 by Kevin Mawae, our president, and by our entire
9 executive committee, as well as the former players,
10 that health and safety of players are
11 nonnegotiable. This is not a CDA issue. This is
12 not an issue that can be treated as anything other
13 than a mandate towards assuring we have the best
14 for our players that can possibly occur.

15 As you may know, we have formed our own
16 traumatic brain injury committee, comprised of 20
17 very distinguished scientists; as well as a key
18 piece of former and current players, about which
19 I'll say more in a few minutes.

20 It's also co-chaired by Sean Maury, a
21 pro ball receiver and special teams player formerly
22 of the Cardinals; and current with the Sea Hawks.
23 General Ferdinand Foch, the supreme commander of
24 the Allied forces in World War 1, said, "There's no
25 stronger force on earth than a human soul on fire."

1 And Sean is just that, a human soul on fire. He is
2 assuring not only that players in the NFL have the
3 best possible outcome, but also that the tens of
4 thousands of players as well as literally millions
5 of high school players are protected, as well.

6 The mission that was set out for this
7 committee by DeMaurice Smith was to make sure that
8 our players have right answers, and they have them
9 as soon as they possibly can. So he's charged me
10 to make sure we have very open impatience for
11 taking too much time to get to the right answers.

12 We looked at six areas: Research,
13 education and awareness; diagnosis and management,
14 including return to play decisions; preventive
15 rules changes; and then ongoing studies, which we
16 looked at.

17 Our inaugural meeting was in January in
18 Florida, and I charged each member of the committee
19 to answer three questions.

20 Number 1: What do you know about head
21 injuries that you wish everyone else knew when it
22 comes to sports concussions?

23 Number 2: What don't you know that you
24 wish you did know, in terms of the knowledge gap
25 between what we know and what we don't know?

1 Number 3: What studies need to be done
2 to close that knowledge gap?

3 I gave each member 7 minutes. Most of
4 them could spend hours talking on that. We would
5 appreciate it, Madam Chairwoman, Jack... formerly
6 of the Rams, as our timekeeper; so that we have no
7 issues with me running over time. I might suggest
8 in the future for some committee hearings that he's
9 very effective in that role.

10 What we did have in addition is eight
11 current and former players: Jack... Sean...
12 Jack... and Dan... which I think are the most
13 important, significant and unique aspect of our
14 committee; that is, the perspective of the players,
15 the people who play this game, the people who are
16 injured playing this game.

17 The injury rate in the NFL is
18 100 percent; not necessary that everybody has
19 concussions, but that's one of the issues that I
20 think we need to be able to get to. The results of
21 that committee are many; one of which -- two
22 distinctions.

23 One, that we insist on taking an
24 evidence based approach, then recommendations that
25 are made, whether they're return to play decisions

1 or research decisions, as well as a high level of
2 accountability for NFL team physicians around this
3 very important issue.

4 Some of the things that occurred in the
5 course of the time since representatives of the
6 Players Association had a chance to talk to you:
7 As you know, the changes in the NFL return to play
8 guidelines occurred when D. Smith, my boss, and
9 Kevin Mawae, instructed me to get with my
10 counterpart in the NLF to say, "It can't wait, it
11 must be done now, and it's supposed to be done
12 collaboratively."

13 So I'm very pleased to say that was an
14 initiative that began with the NFL Players
15 Association, to say, "Let's hone these down and
16 focus to a greater degree."

17 We have had extensive discussions on our
18 winter meetings with all the player
19 representatives. Sean and I presented half an hour
20 on concussions in a very rich dialog both in the
21 meetings themselves and after that. A video for
22 the training camps was put together by Sean and I
23 and D. Smith, so they're educated, every player,
24 before they go to training camps.

25 I must say that educating the coaches is

1 extremely important as well, and absolutely must be
2 addressed, so they're aware of the sequelae for
3 concussions, as well.

4 We also had a presentation for the
5 rookies in post games, the recently drafted players
6 when they come to Florida. Again, Sean and I take
7 responsibility for that.

8 One of our members, Dr. Jeffrey Lane,
9 from DARPA -- one of the brilliant mad
10 scientists -- and I say that affectionately --
11 talked about the battle... program that's used in
12 the military, near and dear to my heart, as my son
13 is a U.S. infantry officer; and the care Dr.
14 Williams' colleagues provide is superb.

15 The idea is very simple; and that is,
16 when you go into battle, there's someone else
17 watching out for you in your platoon. We think the
18 same thing should be done in the NFL, that players
19 should match up to be able to watch each other to
20 tell, Is there something odd? Are they missing the
21 signs? Do they have clear vision in the sense of
22 what's going on?

23 We had met with the competition
24 committee. We had recommended there be a 20 to
25 25 percent reduction in the instances of what we

1 call concussions from CPis. It primarily says,
2 "Let's cut down on the number of contact drills,
3 both in TA's and practice and training camps, and
4 during the course of the season, as well. Because
5 certainly amplitude is one issue, meaning... force;
6 but frequency is clearly an issue, as well.

7 We formed two subcommittees to look at
8 both short term and long term aspects -- I'd be
9 happy to provide further information on that, but I
10 won't take the committee's time at this time to
11 talk in more detail. We felt that participating in
12 helmet testing occurred.

13 We all are committee members who will
14 attend the June 2nd meeting, which as my colleagues
15 said, is an important meeting, a mandatory
16 committee meeting. Our committee members have been
17 invited to that, and our white committee will meet
18 the following day.

19 We have participated in a number of
20 educational and research meetings, looking at
21 treatment issues as diverse as fatty acids,
22 progesterone, choline, imaging studies, to help
23 identify what the issues are.

24 As you may recall, when Dr. McGee and...
25 talked about chronic... encephalopathy, we still...

1 very difficult issue. We can't diagnose that so
2 far...

3 And very importantly, we've undertaken a
4 transition study of all former NFL players, looking
5 at what constitutes accepted transition from an
6 active player to a former player; and concussion is
7 a very important part of that. It's not the sole
8 part, by any means. So it's very important for us
9 to be able to look at the broad aspects that are
10 there.

11 We've coordinated our information with
12 representatives from the National Institute of
13 Health; with the Department of Defense, obviously,
14 through both Dr. Lang and some of his colleagues;
15 and my close friend and colleague, Dr. Rich Hunt
16 from the CDC, and I discussed better ways to
17 coordinate that.

18 I will say that I was very pleased to
19 see that Dr. Batjer and Dr. Ellenbogen have joined
20 the field of play, if you will; I guess pun
21 intended. I had the privilege of participating in
22 that interview process, which I think is
23 unprecedented in terms of the level of cooperation
24 of the NFL and the Players Association in
25 determining who those folks would be.

1 Dr. Elliot... my friend and colleague at
2 the NFL, who currently is working on developing
3 qualifications; with NFL team physicians as well as
4 clear statements with regard to health and safety
5 issues. We can go on, I could go on. As you can
6 tell, we have a great deal of passion for this.

7 In the interest of the committee's time,
8 let me just say that the pedal is to the metal. We
9 appreciate your role and your comments as at
10 previous meetings in terms of helping us to get
11 there. As Frank... say, "Well done is better than
12 well said." Actions speak louder than words.

13 CHAIRPERSON SANCHEZ: Thank you very
14 much.

15 Next to speak is Corey Louchiey. Mr.
16 Louchiey played four years in the National Football
17 League with the Buffalo Bills; and collegiately
18 with the University of South Carolina. Mr.
19 Louchiey was a third round draft choice in 1994.

20 He currently serves as president of the
21 NFL New York/New Jersey Former Players Chapter; and
22 with the National Business Association for Sports;
23 and most importantly, I think, he is an active
24 supporter of the Autism Speaks/United Way/Make a
25 Wish/NBA Foundation.

1 MR. LOUCHIEY: Thank you very much.
2 First of all, I would like to say thank you for
3 having me here. I'm not a selfish person. I'm
4 6'8" and 340 pounds now; but back in 1987 I was in
5 the hospital, a country boy who grew up in
6 Greenwood, South Carolina. And there was a guy,
7 the great John Madden, who came to my hospital
8 room. And he told me something: "Son -- " I
9 looked at this guy, who is this guy? He said,
10 "Listen; I played for the Baltimore Colts. I was a
11 big kid just like you. But get up off your butt
12 and make something out of yourself."

13 I never ever, ever, forgot those words.
14 And I'll be the first one to tell you, I... grew up
15 dreaming about playing on Sunday night -- I knew
16 that football could probably lead my life to get to
17 college. And if anything else happened after that,
18 great. Unfortunately, I'm fortunate enough to be
19 sitting with you and tell you that I played
20 five years, four with the Bills, and I signed with
21 the Falcons. And I got hurt.

22 I took it upon myself in the year 2001,
23 perhaps 2003, to seek out and find him, so I could
24 tell him "Thank you." And when I called, his wife
25 answered the phone and I said, "Ma'am, you don't

1 even know me, but I want to personally tell you
2 your that your husband made an impact on my life in
3 1987 when I was a junior in high school in
4 Craneville, South Carolina. And I would just like
5 to tell him thank you."

6 And she said "Well, young man,
7 unfortunately, you can tell him but he probably
8 wouldn't hear you. I said, "He is still living,
9 right?" She said, "Yes, he is. But unfortunately
10 he's had a lot of brain trauma." And from that day
11 on, it changed my life totally. And that --
12 listen, I'm not here to say who is right or wrong.
13 I played the game, I get that; choices and
14 consequences right?

15 But what I will say is that, on a go
16 forward basis, people will continue to get injured,
17 okay? Anyone on this panel who thinks that we can
18 hold these hearings and that you still will not
19 have a guy get injured, is crazy. And how we let
20 the guys go back, I think that's the most important
21 part.

22 I will personally tell you, if you got
23 injured, you didn't want to sit on the sidelines
24 worried about getting cut. For instance, if you
25 are in training camp, you would literally worry

1 about well, If I don't get back in and play -- and
2 this is a fact -- no pun intended -- coaches would
3 basically tell you, a little sign, saying: "You
4 cannot make the club if you are in the tub."

5 So I know firsthand and foremost, I seen
6 people go back too soon. And now I sit here. I
7 used to think -- at the age 38 -- and I'm starting
8 to wonder, what my life will be like at 48, 58?

9 I have a 14-year-old son. I want him to
10 play the game. I hope that from this panel,
11 whether the PA, the league, whoever, that we can
12 all come together with what God wants; how to go
13 about trying to get the guys back on the field once
14 an injury has occurred.

15 Thank you.

16 CHAIRPERSON SANCHEZ: Thank you. We
17 appreciate your testimony this morning.

18 Our next panelist is Mr. Nolan Harrison.
19 During his tenure at the NFL, Mr. Harrison became
20 known as a very consistent defensive lineman. He
21 played for the LA Oakland Raiders and the
22 Washington Redskins. He played 128 games and
23 compiled 22 sacks before retiring in 2000. He was
24 a sixth round pick by the Raiders out of Indiana
25 University in 1991.

1 Mr. Harrison is currently working with
2 the NFLPA as a national steering committee member,
3 player, an executive business committee member and
4 the health committee chairman. Mr. Harrison is an
5 active supporter of the YMCA Strong Kids Campaign,
6 which supports families with kids dealing with
7 issues such as financial trouble, obesity,
8 educational support, team sport programs, and child
9 care.

10 So welcome to our panel, Mr. Harrison,
11 and the floor is yours.

12 MR. HARRISON: Thank you Madam Chair,
13 and thank you to this panel for the work that's
14 sorely needed to help the guys who are truly
15 struggling out there. And I really think that
16 before I talk any more about me, I want to focus on
17 the guys who aren't able to be here, the guys that
18 are shut up in their houses with the windows drawn,
19 who are in depression, who can't speak for
20 themselves.

21 That's the reason why in I'm here, the
22 reason why I serve on the board of directors, the
23 reason I serve on the NFL Players Association, to
24 help them guys to have a better life, and to reach
25 those goals. One of the main purposes also is to

1 make sure that the things people are talking about
2 putting in place actually get put in place; that we
3 have those independent voices out there that can
4 keep us from making horrible mistakes with our own
5 careers.

6 As current players we were, at least
7 from the time I played, from '91 to 2001, we were
8 trained in an environment where you don't get
9 injured, you don't get hurt. And if you do, it
10 better not be for long, or else you could lose your
11 job, as Corey Louchiey has already spoken about.

12 But the internal pressures of that is
13 one of the biggest components, and it's not
14 necessarily from your peers; it's from the team,
15 the coaching staff, the training staff, the
16 doctors. Those are the ones that push you,
17 subliminally, overtly, whichever way it happens.
18 From '91 to 2001, that's what I experienced and
19 that is what lots of others experienced.

20 So when we're talking about putting
21 together programs and forming committees to
22 research and to do implementation of planning, I
23 would hope that these things would have already
24 been in place, considering where we were last year
25 and where we are today.

1 We need to know who our neurologists are
2 in Chicago and Washington, and Arizona and Los
3 Angeles -- when they get a team together.

4 (Laughter.)

5 We need no know where they are, who they
6 are. Former players need to know those things, so
7 that we have a contact for our 34 chapters across
8 the country to contact. We need that information.
9 We don't have that yet. That's important.

10 I have been in financial services
11 centers for 10 years, working for the Bank of
12 Chicago. I'm 41 years old as of January. I'm
13 doing my MBA and will probably go to law school
14 afterwards. My biggest fear is everything that I'm
15 putting into my brain, everything I'm trying to do
16 to make myself better and make myself a better
17 example to guys I played with and the guys coming
18 up, will end, because of the concussions that I had
19 during my playing career.

20 That's a fear I live with every single
21 day. So I am impatient when I hear a committee is
22 being formed and something new is happening and
23 somebody else is stepping down, when I don't have
24 any actionable plans, not only for myself, but for
25 the current guys who are out there and the former

1 guys I have to get to help.

2 Thank you very much.

3 CHAIRPERSON SANCHEZ: Thank you, Mr.
4 Harrison. We appreciate your being here this
5 morning.

6 I'm pleased to introduce Charlotte
7 Bingham. She's the managing director of the Equal
8 Opportunity Office and Associate Vice Chancellor of
9 Administration for the Texas Tech University
10 System. And the Texas Tech University System
11 offered an opportunity to provide guidance...
12 third largest university system, in Texas,
13 approximately 18,000 plus employees, with regard to
14 employment law, criminal law and state...
15 compliance mandates. She has 20 years of legal
16 experience, and we're pleased to have her here.

17 The floor is yours.

18 MS. BINGHAM: Thank you very much. I'm
19 pleased to be here. We're happy to be here at the
20 request of the committee and share with you recent
21 events at Texas Tech University, directly related
22 to this committee's inquiries into the
23 identification and prevention of head injuries in
24 football.

25 There have been deaths of two college



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1 football players at other universities around the
2 country within the last two months from head
3 injuries. The inquiries about this are timely and
4 relevant and important to college football. And
5 so, I'm going to just give you some background on
6 the situation we're dealing with at Texas Tech in
7 the last couple of months.

8 On the evening of Saturday, December 19,
9 2009, the chairman of the Board of Regents at Texas
10 Tech University received a phone call from the
11 father of a player of a Texas Tech football team
12 member. And the father was reporting the abuse of
13 his son by the Texas Tech head football coach, Mike
14 Leach. Mike Leach was an extremely popular coach
15 at Texas Tech, and I believe the winningest
16 football at Texas Tech.

17 According to the father, his son
18 suffered a concussion during practice a couple of
19 days previously. The next day after the concussion
20 had been confirmed by the team physician, when the
21 player came on to the field, he used extremely
22 profane language. Coach Leach instructed an
23 athletic trainer to put the student in a place so
24 dark that he would not be able to see; and he was
25 instructed to stand for the entire practice.

1 Someone was posted outside the equipment
2 shed to make sure that the player did not leave.
3 Coach Leach issued the same instructions for the
4 next practice, and again, put him in a completely
5 darkened room for the entire practice, with
6 instructions to stand. Again, someone was placed
7 outside the room to make sure the player did not
8 leave.

9 Within 24 hours of receiving this
10 complaint, Texas Tech began an investigation.
11 Interviews were conducted with the student
12 athlete's father, with the student athlete, with
13 the two athletic trainers who dealt with the
14 student, with the student athletic trainer who was
15 posted outside of the darkened room, with the
16 physician who diagnosed the concussion, with an
17 athletic director and with Coach Leach.

18 And the following facts were confirmed
19 by sworn affidavit and testimony. During a
20 nighttime practice on December 19th, the student
21 athlete notified an athletic trainer that he had
22 been hit by a defensive player late in the game
23 during a scrimmage play, which is a routine play.
24 He stated that he was feeling dizzy and
25 disoriented and had blurred vision. The trainer

1 used his sports concussion assessment tool, known
2 as the SCAT 2, to evaluate his condition and
3 determine if further treatment was necessary.

4 His team reported that he had the
5 following symptoms: Headache, neck pain,
6 dizziness, blurred vision, balance problems,
7 feeling like he was in a fall, and that he just
8 didn't feel right. These symptoms, of course, were
9 consistent with an athlete who has had a
10 concussion.

11 The next morning the student athlete
12 reported to the training facility, where he was
13 seen by one of team physicians. He reported that
14 he had vomited during night, had headache and was
15 feeling dizzy and off balance. He was diagnosed
16 with concussion and instructed not to participate
17 in the physical activities of practice. In fact, I
18 believe he was instructed not to participate for up
19 to 7 days.

20 He was, however, required to attend
21 practice even though he did not participate in it.
22 When he appeared for practice, Coach Leach inquired
23 of both the athletic trainers why the student was
24 not practicing. When he was told this was because
25 the student had been diagnosed with a concussion,

1 he reacted hostilely and profanely, and stated he
2 did not believe that the athlete had a concussion.

3 He instructed one of the trainers to
4 place the student in a completely darkened space,
5 to stand for the entire practice, which was
6 anywhere from up to an hour and a half to 3 hours
7 long. The student was not allowed to sit down. In
8 fact, anything he could possibly sit on was removed
9 from the darkened shed that he was placed in.

10 A student trainer was placed outside the
11 shed to make sure that the athlete did not leave
12 the shed. And Coach Leach, subsequent to this,
13 acknowledged that these were in fact his
14 instructions and he approved of where the student
15 was placed.

16 During the evening following the
17 practice, Coach Leach contacted the trainer and
18 told him he watched the video from the practice on
19 the evening that the athlete said he was injured,
20 and that there was no way the student could have a
21 concussion from the hits he had taken.

22 Thereafter, at a meeting, Coach Leach
23 told the trainer to tell the team's doctors that
24 there weren't going to be any more concussions at
25 Texas Tech.

1 At the next practice, he again ordered
2 the student athlete to stand in a completely
3 darkened space for the entirety of practice. All
4 items the student could sit on were again removed,
5 and someone was posted at the door to make sure he
6 did not leave.

7 When interviewed, Coach Leach
8 acknowledged he was told the athlete had a
9 concussion and that he had instructed the athlete
10 be placed in a completely darkened space and told
11 to stand for the entirety of practice.

12 He stated that it was important for
13 athletes to sacrifice and to suffer just like their
14 teammates. He acknowledged the use of extreme
15 profanity in issuing instructions; and stated that
16 he though his actions were completely appropriate.
17 To this day, he contends he has done nothing wrong
18 in how he handled the athlete.

19 When the administrators of Texas Tech
20 talked to Coach Leach, he refused to even
21 acknowledge that his actions were inappropriate.
22 Coach Leach is no longer employed at Texas Tech.
23 Texas Tech's paramount interest is and always has
24 been the safety and well-being of our student
25 athletes. We recognize that attitudes toward the

1 issues, including athletic injuries, starts at the
2 top.

3 It is abundantly clear from all of the
4 information that is presented at this forum and
5 over the past year, that concussions are serious
6 injuries; and that the action or inaction of a
7 coach can not only be very dangerous to athletes
8 who have these injuries, but discourage other
9 athletes from reporting or seeking treatment for
10 injuries that are increasing their risk for more
11 serious consequences.

12 Texas Tech has always met or exceeded
13 the guidelines of the NCAA in the management of
14 concussions and head injuries, and will continue to
15 do so.

16 In connection with what the NFL has done
17 in the last year or so, Texas Tech has implemented
18 additional programs and provided our team
19 physicians with additional tools. We now do
20 baseline testing of all athletes involved in
21 contact sports, prior to them being injured. This
22 is so that if they do have some sort of head
23 injury, there will be a baseline for comparison
24 that helps a determination of the extent of the
25 injury, the improvement of the injury, and

1 decisions with regard to return to play.

2 I think you will agree that the scenario
3 I just presented to you is very similar to what Mr.
4 Harrison and Mr. Louchiey have reported here, that
5 athletes are discouraged from reporting injuries.
6 And while I'm very glad to say that the student
7 athlete we do not believe suffered any additional
8 injury from the punitive aspect of being told to
9 stand in the shed; nonetheless, there is a very,
10 very serious component to that, to stigmatize
11 someone who reports an injury.

12 In particular, the athlete did not get
13 to play in a ball game because of this situation.
14 Everything about this chills the other athletes
15 from reporting these kinds of injuries. And if we
16 don't do something -- I think that there is
17 education out there.

18 But the problem is, we still have people
19 at preeminent universities who think this is how it
20 is supposed to be. You play through the pain.
21 There's something the matter with you if you report
22 one of these injuries. And the only way we can
23 change that is by showing people that there are
24 consequences if you treat your players in this way;
25 and that these are serious conditions. And that's

1 what we are arguing at Texas Tech.

2 I appreciate your time.

3 CHAIR SANCHEZ: Thank you for your
4 testimony.

5 We are going a little out of order here.
6 We have a recent addition to the witness panel. We
7 have Ms. Tammy Plevretes. She is from New Jersey,
8 and the mother of a young man with a passion for
9 football. Her son Preston is with us today, as
10 well. He suffered a severe brain injury at LaSalle
11 University in 2005 and actually, if I'm not
12 mistaken, we have a clip of that play. If we could
13 roll the clip.

14 (Playback of video clip.)

15 We are pleased to welcome you to our
16 panel today. As a fairly new mom, I appreciate
17 your passion for this issue and willingness to talk
18 about it. The floor is yours.

19 MS. PLEVRETES: Thank you for your
20 attention. This is a very important issue. This
21 is not a broken arm or a broken bone. This is a
22 broken life. What is a life worth? To our family,
23 my son Preston was worth everything to us, just as
24 your child or grandchildren are to your family.

25 What was my son's life worth as an

1 athlete? Preston was a standout in high school.
2 He was awarded offensive player of the year in
3 football in his freshman, sophomore, junior and
4 senior years.

5 He was captain of his high school
6 football team, captain of the winning track team,
7 playing on the basketball and baseball teams. He
8 played in international basketball games in Puerto
9 Rico, numerous all star games, including being
10 invited to play in South Florida, all star in
11 Tampa, one of the top recruits from the state of
12 New Jersey.

13 On November 5, 2005, at the age of 19,
14 Preston took to the field of LaSalle University
15 three weeks after being diagnosed with a concussion
16 by the school staff. He collided head-on with an
17 opposing player on the punt return at Duquesne
18 University. He was briefly knocked unconscious,
19 awoke, and was back for a few minutes; then lapsed
20 into a coma.

21 Fortunately, Mercy Hospital in
22 Pittsburgh was only two blocks away from the
23 Duquesne field. He was seen within minutes of the
24 injury. That's probably why he survived. Most
25 don't make it and succumb to the injury.

1 He survived life saving surgery to
2 remove a hematoma, staunch the bleeding and remove
3 the near fatal pressure inside his skull. He
4 suffered multiple strokes, which left him with a
5 severe speech impairment and balance issues when he
6 walks. He has no peripheral vision. He has since
7 endured three brain surgeries, developed epilepsy
8 from the scar tissue, a trip to Germany for a stem
9 cell transplant, and years of grueling therapy.

10 Dr. Robert... a Boston neurosurgeon,
11 explained that Preston's erratic on-field behavior
12 combined with excessive bleeding points to second
13 impact syndrome. The doctor said he was
14 symptomatic of a concussion. That sets him up for
15 another injury possibly caused from the magnitude
16 of brain swelling.

17 He testified at this year's
18 Congressional hearings on concussions, telling
19 lawmakers that once a person is vulnerable,
20 additional brain trauma is not only doubly severe,
21 causing deceptive damage.

22 The second blow may be remarkably minor,
23 perhaps only involving a blow to the chest that
24 jerks the athlete's head, indirectly imparting
25 accelerated forces to the brain. This is a

1 condition that can occur within minutes. When the
2 brain ruptures, the brain stem, Preston did suffer
3 cardiac arrest. He went through respiratory
4 failure three times, and with God's help he was
5 resuscitated.

6 What can possibly make any of this worse
7 is that it didn't have to happen. A couple of
8 years prior to Preston attending LaSalle
9 University, another LaSalle football player was
10 injured on the field and suffered a hematoma, and
11 had an emergency craniotomy. If the appropriate
12 procedures and education had been put in place
13 after his injury, my son would have been properly
14 tested and the catastrophic injury may not have
15 happened.

16 When we asked why a program like this
17 was not implemented, we were told there was not
18 enough room on the server and they didn't have the
19 funds to acquire the program.

20 What is a life worth?

21 LaSalle had orthopedists on call for
22 broken bones, but the team had no neurosurgeons
23 lined up to consult about head injuries. Staff
24 referred players to the student health center when
25 trips to the emergency room seemed in order;

1 because they stated it would take up to two months
2 for an office visit with a neurologist.

3 On October 8th at a game at Maris
4 University, Preston complained of a headache and
5 pulled himself out of the game, and informed
6 LaSalle staff for the first time he had head butted
7 someone at practice four days earlier, and he was
8 referred to the health care center.

9 Preston called home to tell us he was
10 diagnosed with a concussion by school staff. Out
11 of concern, I made him come home the next day, and
12 my husband took Preston to a local emergency room
13 for an eye exam and CT scan, because Preston
14 complained about his vision and headaches.

15 The CT scan proved a post-concussive
16 headache, and Preston returned to the student
17 clinic with the hospital instructions to follow-up
18 on October 12. He was cleared to play four days
19 later by the student health care center and not the
20 school doctor.

21 To our astonishing belief, after
22 Preston's catastrophic injury, we were informed
23 that the doctor had never even seen or never even
24 been briefed on Preston's concussion. I think it's
25 important to note that Preston didn't live at home.

1 He was away at college. I believe if he was living
2 at home, we would have noticed the symptoms and
3 would have been diligent in having more testing
4 done.

5 His roommates knew something was wrong,
6 because light and sound bothered him. He had
7 ringing in his ears and did not go to a party
8 because he was not feeling well. And he consumed a
9 bottle of Advil because of the severe headaches.

10 Unfortunately, because of their lack of
11 education regarding symptoms of concussions, the
12 boys did and said nothing.

13 Yes, there are labels inside their
14 helmets. But the boys are not going to read them.
15 How many of you read the labels on the inside of
16 your shirts?

17 Education and legislation is important
18 to both players and school staff. Implementing an
19 effective sports concussion management program is
20 essential to safeguard young participants in short
21 and long term risks.

22 The time has come to educate on what we
23 did not know yesterday and prepare schools for what
24 no one knows yet. It is important to understand
25 what you are dealing with and figure out how to

1 correct it, and figure out how to raise money to
2 implement it.

3 It must be said that even though parents
4 sign school liability release forms, there can be
5 no exceptions if an injury results because of
6 negligence, including a coach's punishing athletes
7 too much; improper gear, such as a defective
8 football helmet; insufficient supervision, poor
9 training, inadequate risk management and medical
10 care, with our son; or unsafe premises, such as
11 playing on the field...

12 To LaSalle's credit, they have now
13 implemented programs above and beyond to insure the
14 safety of their student body; unfortunately, it was
15 too late for my son.

16 I miss my son, and I miss his voice, and
17 I miss his energy. We as a family do not grieve
18 for the person he no longer is, but celebrate the
19 person is he now. There is no sadness in our home.
20 We make laughter outweigh the tears. We are
21 grateful every day that I can put my arms around my
22 son. We love him.

23 There are weak moments when I question,
24 as a mother: Will anyone ever love him? Will he
25 ever have the things we take for granted; a wife,

1 become a dad, to drive, or even have a job? It
2 breaks my heart to think of the answers. Preston
3 is not finished. Only plan A of it. Triumph will
4 comfort him to excel in plan B.

5 I see Preston fighting incredibly for
6 his life back. He moves slowly, but he is not
7 standing still. I am so pleased to note that the
8 one person who in my eyes is the most courageous
9 person I ever met is my own son. I'm so proud.

10 I thank you so much.

11 CHAIRPERSON SANCHEZ: Thank you so much.
12 We very much appreciate your perspective and
13 courage. We note your son Preston is here with you
14 and appreciate his attention, as well.

15 It's now my pleasure to introduce our
16 next panelist, Dr. Alkon, the scientific director
17 of the Blanchette Rockefeller Institute. He earned
18 his BA from the University of Pennsylvania; his MD
19 from Cornell University Medical College and from
20 Mount Sinai Hospital in New York.

21 Dr. Alkon, you're welcome to add to that
22 very brief resume, if you choose, before
23 testifying. The floor is yours.

24 DR. ALKON: Thank you, Madam Chair.
25 Thank you to the members of the committee for the

1 opportunity to participate this morning. I
2 certainly applaud the objectives and the attention
3 of the committee to raise awareness and to this
4 difficult and complex issue of how we diagnosis,
5 prevent, treat and care for symptoms of traumatic
6 brain injuries.

7 In this atmosphere of some very
8 considerable concern and anxiety and sorrow, I
9 would like to bring a sound message of hope. This
10 message of hope of the research we are doing at the
11 Rockefeller Neurosciences Institute.

12 I would like to briefly describe a new
13 therapeutic possibility to actually restore brain
14 tissue that is lost; to prevent the loss and
15 restore the wiring and the connections that have
16 been lost and unfortunately compromise so much of
17 the function of athletes, of war fighters, and our
18 civilians who suffer from these terrible events.

19 Before I talk about this therapeutic
20 opportunity -- and we feel a breakthrough -- I'd
21 like to talk a little about we know and what we
22 don't know.

23 We know that people who have repeated
24 traumatic brain injuries -- be they from
25 experiences on the battlefield or experiences on

1 the playing field or experiences in civilian
2 life -- will increase their risk of neural
3 degeneration. We know this; it's well established.
4 It will increase the risk of subsequently coming
5 down with Alzheimer's disease or Parkinson's
6 disease or epilepsy. We know this.

7 And we know that common to all these
8 entities is the loss of connections between the
9 brain cells. The connections are called synapses,
10 and we can think of these connections as wiring;
11 just as a computer has wiring, our brain has
12 wiring. And part of the reason why our folks
13 suffer so much following traumatic brain injury and
14 in subsequent nerve generation, is that the wires
15 are gone. Much of the wiring has been lost.

16 This is true, however it comes about;
17 whether it is from traumatic brain injury directly,
18 from stroke, from subsequent neural degeneration.

19 In our research at the Rockefeller
20 Institute, we study memory mechanisms, which I
21 started as director of a program on synaptic wiring
22 at the NIH for many years -- for 30 years actually,
23 before the Rockefeller family invited me to be the
24 founding scientific director of this institute.

25 We've been studying the wiring for many,

1 many years, and we came upon signaling factors,
2 basically like a map that we must follow to figure
3 out how we can estimate certain particular points
4 on that map, to get the wiring to start growing
5 again. This is not in your nerves. It is not stem
6 cells. It's synapsis genesis. It means it takes
7 existing neurons that are already there, that are
8 already dying, that are already compromised, and
9 stimulate them to come back to life and grow new
10 connections.

11 We saw this first with normal memory;
12 and then we developed a variety of animal models
13 for Alzheimer's disease, for traumatic brain
14 injury, for stroke, for aging itself, for mental
15 retardation. And in one model after another, we
16 were able to actually recall to life the synaptic
17 connections and actually grow new ones, actually
18 restore the cognitive capacity.

19 What we don't know is, are there other
20 types of neural degenerative syndromes such as the
21 ones I just mentioned, that are specific or
22 peculiar or different from Alzheimer's disease or
23 Parkinson's disease, et cetera? It's not clear
24 yet. To really establish new kinds of chronic
25 encephalopathy... syndrome will require rigorous,

1 prolonged respective studies that are well
2 controlled. So far, these have not been done yet.

3 So therefore, the evidence so far for
4 the syndromes are anecdotal. But what we do know
5 is that common to all of these processes such as
6 stroke, traumatic brain injury and Alzheimer's
7 disease, is the loss of wiring and the loss of
8 these connections.

9 We are starting to do trials with the
10 first Alzheimer's Disease patients in Phase 2, FDA
11 approved, in a few months. We also engaged in 15
12 university hospital studies with a molecular
13 biomarker that taps into the same signaling system,
14 the same map, if you will. And it shows we can
15 actually monitor and diagnose this degeneration,
16 even without going into the brain and even without
17 imaging, looking at systemic manifestations that
18 reflect what's going on in the brain.

19 So our belief is that there is a good
20 possibility that these new therapeutic strategies
21 will help prevent early events in an athlete's
22 life, some of the subsequent neural degeneration.
23 And it's very extensive, what people don't know. A
24 lot of the nerve degeneration and a lot of the loss
25 of the wiring and a lot of the loss of brain cells

1 happens after the traumatic brain episode.

2 And then with repeated episodes, of
3 course, it happens much more frequently and much
4 more extensively.

5 If we can get in there with an early
6 diagnosis and with early treatment, we have a much
7 better opportunity to treat these diseases and to
8 prevent the neural degeneration before it happens.

9 But we're encouraged that even after it
10 happens, even after you have a chronic patient,
11 that we can come back and regrow some of these lost
12 connections. And it's in this effort that I really
13 invite all you here today who are concerned and
14 stakeholders in this process, to join in a common
15 purpose to accelerate these types of therapies, to
16 make them available for patients.

17 CHAIRPERSON SANCHEZ: Thank you, Doctor.
18 That's hopeful testimony about the future, whatever
19 that might be.

20 Our final witness is Dr. Koroshetz, the
21 Deputy Director of the National Institute of
22 Neurological Disorders and Stroke, at the National
23 Institute of Health.

24 He graduated magna cum laude from the
25 University of Chicago School of Medicine, obtained

1 his MD and completed two years of medical
2 residency. After residency, he entered the
3 laboratory with Dr. David Corey, trained in
4 cellular physiology and neurobiology, at the
5 Disease Center Without Walls.

6 His laboratory focused on the cause of
7 cell death, disease states. He was... project in
8 MGH, project in stroke and Alzheimer's Disease
9 research; and together with... Jenkins, of the MRI
10 Center used... stethoscopes to discover patients
11 with Huntington's disease had elevated brain lactic
12 acid levels, and could be partially normalized by
13 treatment with co-enzyme Q10.

14 COQ 10 is currently studied in large
15 clinical trials for Parkinson's Disease; and
16 fortunately, Dr. Koroshetz is here in person to
17 explain in plain English that which I just read.

18 Welcome to our panel. The floor is
19 yours.

20 DR. KOROSHETZ: Thanks very much. I
21 appreciate the opportunity to talk to you today
22 about what I think is clearly a global health
23 problem, traumatic brain injury. The NIH, the
24 National Institute of Health, is 27 institutes and
25 centers. And there are multiple centers and

1 Institutes that have been involved in traumatic
2 brain injury research. My institute, the National
3 Neurological of Disorders and Strokes, is
4 considered the lead institute for rehabilitation,
5 medicine, a research center; and the National
6 Institute of Child Health and Development is also
7 incredibly important in research and recovery after
8 brain injury.... the outcome network studies acute
9 health injury, which is... the Nurses' Institute is
10 also a very active program in trauma.

11 The general Medical Services Institute
12 is the lead institute for trauma; and the National
13 Institute for Aging is very interested in the issue
14 of risk of developing dementia tied to previous
15 head injury.

16 What I'd like to do is basically
17 simplify the scientific problem that we are facing
18 today, and try to link some of the particular
19 patient issues that have been brought up. When the
20 brain receives a mechanical insult, we have a
21 clinical syndrome post-concussion, and it's really
22 the brain shutting down.

23 In most cases the brain will wake up and
24 start to function again fairly quickly. And that
25 is the good side and also the bad side of things;

1 because it's very difficult to know when something
2 more sinister is going on; because the majority of
3 people will actually have full recovery in a short
4 period of time after head injury.

5 However, not all people do this. There
6 is a syndrome that is well-known for a long period
7 of time, called post-concussive syndrome; people
8 have trouble with attention, sleep, mood disorders,
9 that may go on for months after the injury.

10 And if you've read the papers, there
11 is also a relationship of this with posttraumatic
12 stress disorder, as seen in the soldiers who were
13 exposed to injuries in Iraq and Afghanistan.

14 And there are the cases talked about
15 today, which are more severe, where the person has
16 a real confusion state or maybe a coma. Those
17 people are at risk for serious brain injury that
18 causes early disability, even death, due to
19 increased intercranial pressure, swelling and
20 bleeding to the head.

21 If someone can survive, the brain will
22 try to recover its function. How it does that is a
23 mystery, but there are certain clues and signs
24 ongoing on how this happens in animals and also in
25 humans. You've heard about the idea or rewiring.

1 That's a good analogy, that certain brain injuries
2 begin to take over function for damaged areas. And
3 there is a time during which the brain can try to
4 recover some of the functions in damaged regions
5 where the process occurs.

6 Recovery after brain injury is
7 interesting, and the stroke recovery process
8 generally plateaus after about 3 to 6 months.
9 Again, recovery is the rule. Brain injury recovery
10 seems to take longer. I was director of the... at
11 Harvard, and frequently took care of injured
12 patients. And we were unfortunately left with the
13 statement to the family that we really don't know
14 what happened, we have to wait a year and see.

15 It's a sad state of affairs, but we
16 really don't have good way of actually looking into
17 the brain, seeing how recovery occurs. What we do
18 know is time is very important. The process can go
19 on for long periods of time. The hope, as Dr.
20 Alkon mentioned, is that there may be ways in which
21 we can learn how to encourage this process along,
22 in persons who do not have the same type of
23 potential to recover, particularly those who are
24 aged.

25 And also, I would say that there's

1 another syndrome, the shaking baby syndrome, which
2 is now coming to attention, where injuries to the
3 young brain is also not the same recovery potential
4 in younger older children, young adults, and in the
5 elderly.

6 So, these are our major problems. The
7 last one, which is what I think Ms. Plevretes
8 brought up, is the fact that not only we have this
9 immediate area of concern about how the brain is
10 going to recover over a short or medium time
11 period; but there is now evidence that there are
12 things that could be put in process that lead to
13 worsening of brain function over time, which
14 becomes quite serious.

15 The one that's been clearly defined is
16 called chronic... encephalopathy, which was first
17 described in 1928 in boxers. Most of the cases of
18 dementia had earlier been diagnosed after someone
19 died. They died in a very impaired state, with
20 severe cognitive trouble and syndrome that looks
21 like Parkinson's disease, although it really
22 doesn't respond to medications. It's Parkinsonism,
23 and not Parkinson's disease.

24 This is a quite severe illness. The
25 pathology is unique and it has been seen mostly in



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1 boxers, but also in NFL players, also in soccer
2 players, people who have banged their heads,
3 especially epileptics who have fallen and hit their
4 heads.

5 It's clear it's not relegated to any
6 given sport or condition. It's really something
7 related somehow to repetitive concussions. And
8 it's a mystery why some people develop them and
9 others don't. We do know certainly that with
10 genetics, there are certain things that are
11 different about individuals compared to the group
12 average.

13 These are the kinds of things we really
14 need to understand to go at this: How can we work
15 backwards, looking at the brain, someone who has
16 this condition, after they die; and then say, for
17 instance, go through the MRI scan in the time they
18 are very disabled, describe that, and then try to
19 look backwards in time to see the earliest time...
20 on MRI scans.

21 That would offer the potential to try to
22 detect the early signs, so that we can basically
23 put a stop to any other risks of injury or
24 concussion, and try to prevent this thing from
25 happening.

1 Also, we need better animal model
2 studies. We really don't have a good one now. If
3 we can get this delayed generation... that is seen
4 after multiple concussions.

5 The last is probably even a more scary
6 idea, that Dr. Alkon mentioned, is that there is
7 some evidence that patients who had previous
8 concussions are at high risk for Alzheimer's
9 disease. This is not nailed down in stone. There
10 are multiple studies. Some of them show
11 association, others have failed. But clearly there
12 is not enough there to concern us and investigate
13 further, how that would happen, what we can do to
14 prevent it.

15 What we need in the short term, as
16 people have mentioned, is a way of gauging what the
17 insult is in an individual person. So, for
18 instance, a doctor who does radiology, they have to
19 wear bags which shows how much radiation exposure
20 they level. They can't really go into work and
21 have exposure any longer.

22 That's the kind of thing we need for
23 head injury. We need some kind of sensor for an
24 individual being monitored, to know exactly how
25 much of an insult they had; and have some kind of

1 threshold that may be arbitrary in the beginning,
2 based on safety, which allows us to basically
3 inform them that they're really getting above
4 safety levels, and need to step back from this risk
5 they're putting themselves into.

6 That is in fact what traumatic brain
7 injury is. In almost all instances it's a
8 preventable condition. The problem can never be
9 prevented, but it's always related to putting
10 oneself at risk, whether in the field at war, on
11 the field of football or a hockey field. These are
12 things that we have the ability to prevent and we
13 can probably make major steps forward by putting in
14 simple common sense protocols.

15 And I think seat belts are an instance
16 of that. They've been a major advance in trying to
17 decrease the risk of traumatic brain injuries.

18 So the NIH, I will close by saying, has
19 an interest in this for a long time. The NIBS and
20 the Rehab Institute Fund, sports research and
21 traumatic brain injury grants to SBIRs, small
22 businesses, to develop helmet sensors, fund
23 multiple investigations at universities who study
24 college football players, to try get at what is
25 their vulnerability, how to actually assess when

1 they're entering a danger zone, and therefore how
2 to prevent it.

3 And finally, the NIH in concert with the
4 Department of Defense, the Uniformed Services
5 University, has started a center for brain injury,
6 called the Center for Neuroscience Preventive
7 Medicine; and the NIH and Uniformed Services, the
8 Walter Reed Medical Center, study traumatic brain
9 injury, multiple concussion syndromes. And that is
10 focused primarily on soldiers but also civilians,
11 where we are embarking on intensive investigations
12 to try to develop the kinds of technology and
13 therapies we need.

14 So I applaud your efforts. I think that
15 the NIH has done much for the movement on the
16 external community, on really smart and bright
17 people who come up with good ideas, to come in to
18 compete for grants. And I think the emphasis your
19 committee has put on this issue will bring people
20 to the forefront, and I applaud you.

21 Thanks very much.

22 CHAIRPERSON SANCHEZ: Thank you, Doctor.
23 We appreciate your testimony.

24 Speaking of smart and bright people, I
25 recognize Mr. Weiner to my left, for a round of

1 questions.

2 REP. WEINER: Thank you, Madam Chair. I
3 want to thank you for chairing this hearing. I
4 thank the whole panel for adding to the body of
5 knowledge about this. I think it would be fair to
6 say, others have said it about you, Congresswoman
7 Sanchez, that if had not been the pressure you
8 brought to bear for this committee starting years
9 ago, that it would not have made this progress.

10 It's also probably true for a couple of
11 other people in the public sphere: Alan Schwartz
12 of the New York Times, who has followed this very
13 carefully and has broken many of the pieces of
14 information that made this happen.

15 And it's hard to not think that if it
16 was not for someone like Craig James, maybe this
17 case would have been handled entirely differently.
18 I think that ESPN has drawn a lot of attention to
19 that particular case, and obviously Preston and his
20 mom have helped put a human face on it.

21 I think the NFL has gone through
22 something of its version of the four stages of
23 grief about this problem. It started with denial
24 and was followed by more denial; and then some
25 level of acceptance, and now we're in a period of

1 research. And there is some reasonable skepticism
2 in the NFL that's already there, and I think that
3 having this hearing helps us push in the direction
4 that they finally embrace this fully.

5 They offered a million bucks, I think,
6 for research; and it took the BU School of Medicine
7 to decide whether the offer was on the level. I
8 think the NFL deserves credit for taking the
9 strides it has. But if you look at what the next
10 stage of development has to be, I think there needs
11 to be a change of culture in the NFL.

12 Both of the players reps have spoken
13 about it. If you would read a Wikipedia entry or
14 article today about the career of Wayne Chrebet,
15 he'd probably be gutsy, played through pain, and
16 what a fighter he was, and how he played a big
17 man's position in a small man's body, and all this
18 laudatory commendation for a guy who basically
19 banged his head every other week and came back from
20 the field, most people would say, excessively.

21 It's not just in the NFL. We saw,
22 when... returned to the Bruins after his head
23 injury, there was all this commentary about how
24 tough he was. And we hope that he, like so many
25 players who come back from concussions, are

1 healthy; we don't know.

2 We also need a couple of other changes,
3 it seems. The NFL gave the committee a list of
4 similar rules over the course of time to protect
5 players. If you take a good look at that list,
6 you'll see how few of them have to do with head
7 injuries. I still think the NFL took a very long
8 time not to see players as essentially commodities
9 to keep on the field.

10 A couple of them have to do with head
11 injuries, to extend the rule changes. More rules
12 changes have to be examined.

13 I want to focus my questions on
14 equipment today.

15 Is anyone on this panel qualified to
16 talk about the construction, testing and approval
17 of helmets in the NFL?

18 It seems kind of odd, that with five
19 doctors, such an obvious thing would not be perhaps
20 subject of a future hearing. Right now, there is
21 an exclusive agreement, a licensing agreement,
22 rather, with Riddell helmets. If equipment
23 managers are incentivized to use a certain number
24 of Riddell helmets, they get a discount on the cost
25 of the equipment, obviously there's a great deal of

1 advantage to Riddell of having --

2 They have their logo in bold. Think
3 about every single shot on TV teaches their name,
4 obviously. They have access to the NFL equipment
5 managers conference.

6 Shouldn't the question be, What is best
7 for the players? What is the protection for the
8 noggin that is of the highest technical capability?
9 Shouldn't that be the incentive built into the
10 system, Let's see if we can find helmets that work
11 better than past helmets?

12 If we were sitting at a hearing of the
13 Armed Services Committee and someone said that
14 someone had incentives to offer a certain type of
15 helmet of protective visors for our fighting men
16 and women, we'd be outraged by that notion, that it
17 was not the best, not the safest ones that would
18 protect their lives.

19 Does anyone here -- I guess there's no
20 one here qualified to talk about it. I guess,
21 perhaps Madam Chair, in the future we can perhaps
22 drill into this. It is my understanding -- and if
23 Mr. Harrison wants to answer me -- it's my
24 understanding that the independent testing that has
25 already gone on in the NFL until March was not

1 terribly independent.

2 I think that if there are other products
3 that out there available, we should have a
4 wide-ranging conversation about what is best; and
5 we have to make sure the NFL takes that into
6 consideration.

7 You wanted to add something, Madam
8 Chair?

9 CHAIRPERSON SANCHEZ: One of the
10 questions that I had written down... somebody who
11 works with NFL with respect to the helmet tests --
12 who provides the protocol for that? Is it the
13 splayers who have input into that? Or is it just
14 the league?

15 REP. WEINER: Before you answer that;
16 there is clearly a medical neurological element to
17 this. This is not just what looks good. I'm a
18 little bit surprised that -- we were looking for
19 answer. But if you had not been brought into these
20 conversations about how you protect -- and my
21 understanding of concussion is that the brain
22 smashes against the hard part of your skull, and
23 that's what causes it -- just the same way you put
24 a bicycle helmet on someone to lessen that impact,
25 I'm surprised to learn that neither one of you --

1 or perhaps you can answer this: To what degree
2 were you involved with the testing, with the
3 protocols, with the approval of what the helmet
4 should look like?

5 DR. MAYER: Excellent question. Until a
6 year and a half ago, I was not a member of any NFL
7 health and safety committee; which sort of begs the
8 imagination, if you could say that.

9 DeMaurice Smith was very clear that I
10 needed to be a member of every NFL safety
11 committee, including any that looked into
12 subcommittee issues like this. So I have been
13 involved in terms of an ad hoc committee member,
14 all committees included.

15 REP. WEINER: To interrupt you. We'll
16 ask a question, maybe, to Dr. Ellenbogen.

17 You are the co-chair of the Head, Neck
18 and Spine Medical Committee. Are you involved with
19 the standards, testing and approval of the primary
20 protective equipment for players, which is the
21 helmet?

22 DR. BATJER: Congressman, if I can
23 answer that question. Dr. Ellenbogen and I have
24 divided our subcommittee half and half. This would
25 fall under my review. And we have -- the actual

1 title is the Committee on Equipment Standards,
2 Design and NFL Rules.

3 We have recruited a couple of important
4 people to this committee in leadership roles. The
5 chairman is going to be Professor Raoul Ravinsky
6 from MIT. He is an incredible scientist --

7 REP. WEINER: How is it now? What has
8 it been up to now? How has this process worked up
9 to now?

10 DR. BATJER: I will get back to that, if
11 I could. I just want to explain where we are
12 trying to take this. The idea is to use people.
13 This professor is actually involved in blast
14 injuries in the military, advanced nanoscience, to
15 try to figure out ways from a materials interface,
16 so we can lessen some of the effects of impacts of
17 various types. He is very enthusiastic about doing
18 it.

19 Another member of the committee --

20 REP. WEINER: Can I interrupt you? I
21 appreciate the roll call, but do you remember my
22 question?

23 DR. BATJER: You were going on about --

24 REP. WEINER: Is it your job, do they
25 report to you, as the co-chair of the Neck, Head

1 and Spine Medical Committee, are you someone to
2 whom they have to get approval for their helmets?

3 DR. BATJER: The approval is -- the
4 committee for standards --

5 REP. WEINER: That's a no. Are you
6 involved, do you have a vote on that committee?

7 DR. BATJER: I do not.

8 MR. WEINBERG: It strikes me sir -- I'm
9 far from a medical doctor. If you are going to
10 look at this issue, it is not just whether you put
11 them back on the field, or how long it takes to get
12 them back on the field, or if they get back on the
13 field.

14 Isn't the ideal to prevent injuries to
15 begin with? And if that's the case, it seems to me
16 that it's a blind spot to the league if you're
17 sitting here and you don't raise your hand when
18 someone says, "Are you involved with helmets?"
19 There seems to be a lapse.

20 DR. BATJER: We are involved. And since
21 Dr. Ellenbogen and I took these positions, we have
22 had reports back on the current helmet study that
23 has been done. The data is now finished in
24 acquisition. The data has been reviewed by two
25 independent engineers, one from Penn and one from

1 Duke. Very distinguished engineers, completely
2 objective and independent.

3 Their opinion of the data and the
4 methodology used in two different independent
5 centers is that the methodology is sound, the
6 results are valid, and the data are now being
7 evaluated by the group that did the study, and it
8 will come back to our committee before it is
9 distributed.

10 CHAIRPERSON SANCHEZ: The testing that
11 was done, I'm interested in knowing: Was that
12 testing that Elliot Helmets had a role in devising
13 for helmet testing? He was one of the folks that
14 oversaw the prior concussion research, which the
15 NFL kept denying that there was a link between
16 concussions and brain damage.

17 DR. BATJER: I don't specifically know
18 the involvement in design or selection of the
19 centers. I truly don't know that. But I have
20 discussed with those engineers the fact that that
21 data appears to be very valid, well done; and will
22 add to the information that we can give to the
23 Players' Association through the commission.

24 REP. WEINER: Another name in the
25 hopper; David Biondo is involved in the research

1 you are now describing, that you say is credible
2 and something that should be the basis of your --
3 does that name ring a bell to you?

4 DR. BATJER: Yes, it does.

5 REP. WEINER: So you're telling the
6 committee that both David Biondo and Elliot Kelman
7 were involved with producing the research and data
8 on which you are going to base your decisions on
9 helmet guidelines for the league, going forward?

10 DR. BATJER: It is my understanding that
11 they were involved in the selection of the sites
12 that were doing the studies.

13 REP. WEINER: So that's a yes. They
14 were involved; and the reasons those names have
15 come up, you understand this, and the Chair
16 referred to it -- they had significant credibility
17 problems on all things related to concussions, the
18 NFL and everything else. So much so that I don't
19 believe they're any longer involved in any NFL
20 testing. Is that right?

21 DR. BATJER: Yes.

22 REP. WEINER: Are you comfortable in
23 what you represent, you and Dr. Ellenbogen
24 represent, the NFL's ability to start fresh, and to
25 try to come at this with a new level and openness

1 about the dangers of head injuries and how to deal
2 with them? Do you feel you're sufficiently
3 involved with the selection of equipment, of head
4 gear, of helmets? Are you comfortable? I have to
5 tell you, your answer doesn't leave me very
6 comforted, that you are at the tail end of
7 information and you are an information gatherer and
8 you're one voice on a committee.

9 You are in charge of the brains of these
10 players. Are you satisfied with your level of
11 involvement on such a rudimentary thing as the
12 equipment? Are you satisfied, or would you like a
13 larger role?

14 DR. BATJER: If I could add to your
15 comments. We were not involved in the project
16 itself. We have been subcommittee co-chairs for
17 two months. We have heard from very distinguished
18 scientists and engineers who have looked at the
19 data, looked at the centers, looked at the
20 methodology. They have reflected to us
21 unequivocally that it is good and sound data.

22 REP. WEINER: I'm sorry to interrupt,
23 because I have little more time and have to yield
24 to the chair of the committee.

25 I think you want to be a success at

1 this. I would, if I were you and Dr. Ellenbogen,
2 unpack every fact, every study, everything that's
3 been touched up to now in this area. Because
4 there's a credibility issue that has gotten
5 compounded over time that it's your job to unravel.
6 And when you see that two people who were so
7 discredited that now the NFL doesn't want anything
8 to do with those guys, who were part of the
9 information tree that leads you -- I would not be
10 satisfied with that.

11 I would walk into the room where the
12 testing is going on and say, "Show me what's
13 happening." I would look to the base data. I
14 would look to the people who got it. I would look
15 at the influence of helmet manufacturers.

16 I would not be satisfied. I know you've
17 only been on the job for two months. You've got a
18 lot of burden that you're carrying, and I respect
19 the fact you're taking it on. I want you to
20 succeed. I'm sure you do, too.

21 My advice for you is, do not rely upon a
22 memo that someone else wrote in this process. You
23 have years of an infected system here, that your
24 job is to some degree mop up. And that's a tough
25 job.

1 The first thing I would do is, do not
2 rely on the data that trickled its way to you.
3 Don't rely upon third and fourth generation people
4 vouching for it. "I like this place, it seems
5 okay, that guy seems all right." Before you know
6 it, you're getting back to the very same data and
7 influence that led the NFL into a state of denial
8 for the better part of a generation about the
9 injuries.

10 And so I think that, and Chair Sanchez
11 knows, this is not going to be the last we're here.
12 I think that the next time we have this
13 conversation, you say, "No, I'm in there with both
14 groups. I know exactly what's going on. I have
15 decided that there's too much influence and I'm
16 going back to the drawing board with some things
17 and treating it..."

18 Mr. Harrison, you wanted to add
19 something about helmets or the process. Have
20 helmets gotten better?

21 MR. HARRISON: They have. That's one of
22 the things -- as a player rep and on the executive
23 committee of the Players Association, in the late
24 90's, we were concerned about concussions, also.
25 And we took it upon ourselves to do a study.

1 This is strictly from memory. We did a
2 study. We were wondering why we were getting
3 concussions, we were getting whipsawed, getting
4 blindsided; but a Nascar or any car person can hit
5 a wall at 150 miles an hour, and walk away without
6 a concussion.

7 So, we wanted to look at redesigning the
8 helmet. And the current helmet used today, whether
9 directly or indirectly, we voted upon design
10 change. We got Bell to do a study, if I'm not
11 mistaken. And it was the players who really pushed
12 to get that change. We had to get our own guys to
13 wear the helmet, but it's lighter, there's more
14 air, it's closer to the current that you see today.
15 But that was pushed by us.

16 Now we are doing the same thing, and
17 with the help you guys are giving us, we are able
18 to go further. But those are the things we've been
19 concerned with for a long time.

20 REP. WEINER: I appreciate it. Thank
21 you. It's true that in most sports there's been an
22 evolution. In hockey 25 years ago, they were not
23 wearing helmets at all. And now visors are a
24 stage, as well as helmets.

25 DR. MAYER: Both of your questions, the

1 study that was done asked the simple question: How
2 do current helmets perform compared to old helmets,
3 the standard VSR 4? I think it's the wrong
4 question. The right question is, What is the
5 helmet of the future? What should this look like?

6 I've had a number of conversations with
7 Dr. Jeffrey... about Nascar. Couldn't we use
8 micro-sensitive technology to be able to,
9 essentially, inflate air bags on the site of the
10 collision and the opposite side, so rattling around
11 doesn't occur?

12 The technology is there. The question
13 you're getting to is, What should the helmet of the
14 future look like? Not just, what do current
15 helmets do in performance, compared to older ones?

16 REP. WEINER: I would say one final
17 thing. I think the league has to be careful about
18 the incentives built into this. If there is going
19 to be a broad incentive -- I understand that...
20 helmets recently had access to the equipment
21 managers.

22 If there's a big incentive for equipment
23 managers to do anything but protect the head, the
24 incentives are in the wrong place. And I believe...
25 this absolutely has to be part of the full

1 continuum of the study on how we proceed.

2 I thank you, Madam Chair.

3 CHAIRPERSON SANCHEZ: Excellent
4 questions.

5 To follow-up on that, I have other
6 questions. I'm still curious to know: Do the
7 players have any say in how testing is done or how
8 the criteria for the tests is conducted with
9 equipment?

10 DR. MAYER: Two years ago we formed a
11 player health and safety committee. It was a
12 convenient time to do that. And manufacturers,
13 including all the helmet manufacturers, were
14 brought into the room.

15 So there is a voice in terms of a
16 consumer voice. I couldn't care less about the
17 helmet manufacturers. I have 1900 active players,
18 and thousands of others who become former players
19 over time. My concern is about players as
20 patients, not as property or -- I don't represent
21 teams or the owners or anybody else. I represent
22 my guys.

23 So there's a voice in terms of what it
24 looks like, what it feels like; certainly cosmetics
25 can be an issue. But when it comes to the actual

1 design of the helmet, it's not my understanding
2 that we've got to the level saying, "You're the one
3 whose head is going into this."

4 CHAIRPERSON SANCHEZ: That would be my
5 point. If you are the people that live with the
6 ultimate consequences of whether your equipment is
7 safe or not, I would think that you would want an
8 active role in terms of the design, the protocols,
9 and the conditions under which helmets are tested,
10 and what they're being tested for, and what safety
11 features are of optimal benefit to the ultimate
12 user.

13 DR. MAYER: My dad used to say, "To want
14 it and get it are two different things." We
15 certainly want it.

16 CHAIRPERSON SANCHEZ: I would push the
17 league for more input.

18 Mr. Weiner, anything further?

19 REP. WEINER: No.

20 CHAIRPERSON SANCHEZ: Thank you, Mr.
21 Weiner.

22 I'm not sure who can answer this.

23 Mr. Weiner alluded to something that has
24 been a problem. For many years they were studying
25 the issue, for more than a decade. To be honest,

1 there's continued outside research studies, and
2 this growing body of evidence linking head trauma
3 to brain damage.

4 My question is: Does the league plan to
5 continue that research? If so, one of the problems
6 is further studies were suspended, I think for good
7 cause -- one of the problems we're very concerned
8 about was the outreach to those who would
9 participate in the studies; the retired players who
10 would participate, to see if there is much greater
11 correlation between having played and having
12 symptoms like dementia or Alzheimer's, et cetera.

13 People with brain injuries have
14 problems, sometimes in isolation or seclusion.
15 Sometimes they're institutionalized. In many cases
16 there's the sad fact that retired players are
17 actually homeless. So the ability to actually
18 reach those who are probably damaged the most and
19 have them participate in studies is of concern to
20 me.

21 Because very little emphasis was given
22 previously by the NFL to try to do that type of
23 intensive outreach, to folks to participate in
24 studies, to participate in future studies, make
25 comments or understanding of that going forward,

1 and how those players would be reached.

2 DR. BATJER: The Chair is right on the
3 point about the difficulty of doing this kind of
4 work, particularly retrospectively and by survey
5 contact with individuals. It's very difficult to
6 do. And the response rate in this study was not
7 optimum, as you know.

8 What we are trying to do, and one of the
9 key projects that we have is a prospective
10 database. Every NFL player on arrival to the
11 league will be enrolled in this database. It will
12 include a lot of information. It will have neuro
13 psych testing that will deal with the frequency,
14 amplitude and intervals between any concussions
15 that might occur; and interventions that are there;
16 lifestyle issues. We're talking about distinctive
17 people, about various genetic predispositions. Not
18 everyone who has a concussion ends up damaged. Of
19 course, two of them are sitting right in front of
20 you, hoping they're not too damaged.

21 But the idea is of including in this
22 prospective database information that could be
23 mined later, not by the league, but by independent
24 NIH-driven RFAs, institutions, put together
25 proposals and get access to information that can

1 really go about an idea of solving the questions
2 that are so germane to this discussion today.

3 CHAIRPERSON SANCHEZ: I appreciate the
4 proactive looking ahead. There is an issue that's
5 still on the table, and the issue is this: The NIH
6 says there's a growing body of evidence that there
7 may be a link between concussions or repeated head
8 trauma and heightened incidence for Alzheimer's,
9 dementia, other cognitive disorders.

10 Whereas the league in the past seemed to
11 study it and not come up with any conclusions, now
12 it seems we don't want to look at that because if
13 we look we may find something, quite frankly,
14 something we're not prepared to accept.

15 And it circles back to this one point.
16 Both of you in your testimony talked about the old
17 committee; and one of the goals I heard you
18 articulate was to address the needs of retired
19 players.

20 It seems to me if the NFL doesn't want
21 to look for the link but they continue to say the
22 link couldn't exist -- I'll allow you to respond --
23 but the other problem is, many of the disorders are
24 taking more than 5 to 10 years to manifest in
25 retired players.

1 And the problem with the NFL's
2 disability system is that you are barred after a
3 particular point in time from filing claims for
4 football related injuries. So if it takes beyond
5 that window of time for symptoms to manifest, these
6 players will never be eligible for the higher
7 disability payments that probably they are entitled
8 to and should be getting; based again on the NFL's
9 quirky system of not wanting to find that link
10 exists.

11 DR. BATJER: As Dr. Ellenbogen and Dr.
12 Berger and I referred to earlier, we are very
13 sensitive to that matter. We are doing three
14 things. First of all, the data is available, is in
15 Dr. Berger's hands. We have all seen it. He and
16 this committee are studying it. They are mining
17 it. They are talking to the participants in the
18 data acquisition to see what's in there that would
19 be helpful.

20 Secondly, Dr. Berger has proposed that
21 we do a select look at 250 retired players that
22 will be also prospectives that will take a little
23 time to do; but it will really be scientifically
24 grounded.

25 CHAIRPERSON SANCHEZ: Who chooses the

1 250 players?

2 DR. BATJER: We're going to deal with
3 that. This is just a proposal we heard about
4 10 days ago, and we're trying to organization
5 funding for that. That would be a way to follow
6 these folks with neuro psych testing,
7 prospectively, document people that are getting
8 into trouble, and get them the proper care and
9 resources.

10 Thirdly, to go a step beyond, is to
11 start at the beginning and follow players into
12 retirement and stay with them; and continue with
13 them as part of this prospective database, where
14 they're going in there every five years, doing
15 neuro psych testing, et cetera. So that those that
16 do develop trouble will have immediate re-access
17 into the proper medical care.

18 CHAIRPERSON SANCHEZ: A question for
19 you. If studies and research conducted
20 prospectively continue to show a link between
21 concussions or head injury and brain damage, do you
22 think that the committee will recommend to the NFL
23 that they should revise the disability payment
24 system to reflect that growing body of evidence?

25 DR. BATJER: That actually is beyond the

1 purview of our committee's responsibility. What we
2 are charged with doing is determining what are the
3 factors, whether they're environmental and related
4 to the type of rules that are in place; whether
5 they're genetic predispositions that put people at
6 risk later on for neurological decline.

7 CHAIRPERSON SANCHEZ: One comment, and
8 we'll move forward. It seems to me that you are
9 almost sounding like the same old NFL committee,
10 which was that there are environmental factors,
11 there are genetic factors. And that's certainly
12 the case, every person, every individual is
13 different. Just like the tobacco companies, there
14 are environmental issues we need to look at and
15 genetic predispositions. The fact is, smoking is
16 harmful to your health. And for a long time
17 tobacco companies realized that.

18 My simple, humble mission here is the
19 same. If the studies show a continued link,
20 regardless of environmental factors, genetic
21 background, this link between football players who
22 play a very rough sport and sustain blows to the
23 head, and dementia, Alzheimer's, cognitive decline;
24 it seems to me to be a moral imperative to revise
25 disability benefits so that they are not designed

1 to stop disability claims for football-related
2 injuries like they've been for so many decades.

3 It's a very simple thing. Dr. Mayer,
4 Mr. Harrison, am I crazy for thinking that if that
5 link is established, there should be this change in
6 policy?

7 MR. HARRISON: In my opinion, we have
8 studies and surveys done on us from '91 and 2001,
9 like I said. The data the Player Association had
10 to fight to get from the league. And they had a
11 culture of not giving the Players Association
12 information on concussion studies. We were
13 prompted to do our own studies and develop our own
14 helmet at the time. That was the thought process
15 of why we did that.

16 So, in my opinion, and strictly looking
17 at it as a former player from outside; how can you
18 not have the disability system revamped if you know
19 that there is data of guys hitting that 45, 46,
20 47-years old and starting to have that impairment?

21 How can you not open that gate and allow
22 these guys to receive benefits for? They have
23 earned it, they've earned it and suffered for it.

24 DR. ALKON: Madam Chair, to add to the
25 last speakers: It's terribly important to be

1 proactive in developing therapies and treatments to
2 reduce the suffering of these people early on.

3 There are lots of promising directions we should be
4 going in. It's in everybody's interest to invest
5 in those directions.

6 CHAIRPERSON SANCHEZ: I couldn't agree
7 with you more, Dr. Alkon. It seems like there is
8 this lack of will, perhaps. We will continue to
9 have these hearings to follow-up and push a little
10 further, to see how far we can get with this.

11 Ms. Bingham, with respect to the
12 incident at Texas Tech, the fact that players
13 appear to have been isolated and demeaned for
14 reporting injuries; that came to you, the reports
15 of injuries that came to the school's attention,
16 how?

17 MS. BINGHAM: The father of the player
18 made the complaint.

19 CHAIRPERSON SANCHEZ: Had it not been
20 made, would you have been aware this was going on?

21 MS. BINGHAM: We hope we would have.

22 CHAIRPERSON SANCHEZ: But there's no
23 guarantee?

24 MS. BINGHAM: There is no guarantee.

25 CHAIRPERSON SANCHEZ: The issue of

1 retaliation against players who report injuries; it
2 wasn't even the player itself, correct, who made
3 the report?

4 MS. BINGHAM: That's part of the
5 problem. The players do have access to someone
6 other than the coach to make a complaint to. The
7 players do have access to their athletic trainers,
8 they have access to the physicians. Texas Tech has
9 not only a team physician, they have their own --
10 there are other avenues. But we do have to rely on
11 the player to actually make a complaint.

12 CHAIRPERSON SANCHEZ: Make a complaint
13 or perhaps a teammate?

14 MS. BINGHAM: Absolutely.

15 CHAIRPERSON SANCHEZ: So Mr. Harrison,
16 there is that fear that if I complain or talk about
17 I'm injured, I don't get playing time, I get cut
18 from the squad, my career is over. Is that not
19 correct?

20 MR. HARRISON: That's correct. It's a
21 warranted fear. It's a fear proven by evidence.
22 Guys have been cut. There have been lawsuits filed
23 by players and won in court, because they were
24 released or cut because of injuries that either
25 they weren't made aware of or denied information

1 about.

2 So that environment completely exists.
3 Guys have lost their jobs. It's in the environment
4 that you can lose your job if you get injured.
5 Before there used to be a moral standard that if a
6 vet got hurt, at least he was able to stay on, get
7 back into playing shape, get healthy, get back his
8 job. That no longer exists. Everybody thinks
9 that's okay. That adds to that fear. So I have to
10 get back on the field. I don't care. If I'm... or
11 Nolan Harrison, I'm a line starter. If I don't get
12 back on the field, they'll get somebody younger and
13 cheaper.

14 CHAIRPERSON SANCHEZ: It's a matter of
15 economics.

16 MR. LOUCHIEY: To add, in my team of
17 '98, I was injured, ripped my groin off the bone.
18 I had trainers, coaches and so forth, saying, "Come
19 on, come on, get back out there." "What do you
20 mean? I can't, physically. I can't get back out
21 there."

22 They told me a rookie... undrafted,
23 probably making \$135,000, versus paying me about
24 \$1.3 million; and said, "Well, since you are not
25 going back on the field, we will cut you and put

1 this guy in. And that's that."

2 CHAIRPERSON SANCHEZ: If that's an
3 example of professional sports for college level
4 athletics and high school or even lower levels, is
5 it any wonder we continue to see this problem and
6 not much progress is made?

7 Absent lawsuits or real start cases, it
8 seems to me the education from what is going, in
9 the last 7 months, still has not integrated itself
10 into the culture of football, the fear that players
11 experience, that intimidation that coaches and
12 trainers have over those players for playing time.

13 DR. BATJER: I think it's also
14 important, Madam Chair, to recognize that the
15 medical staff, whether NCAA level or Texas Tech,
16 everyone knows they're legitimate, the top 10 teams
17 when it comes to football -- have a substantial
18 role in this. When I say medical staff, I mean
19 both certified athletic trainers and team
20 physicians who are involved.

21 I think we've got to look long and hard
22 at qualifications and what are the medical staff's
23 purpose in terms of players as patients, whether at
24 the NFL or NCAA level, the high school level of
25 football.

1 CHAIRPERSON SANCHEZ: Thank you.

2 Dr. Ellenbogen wants to speak to that
3 issue. I will allow you to then follow-up.

4 DR. ELLENBOGEN: Years ago when I
5 started in medicine, interestingly, a concussion
6 meant you had to get knocked out. The players used
7 to call it a "bing." Soldiers said, "I got a
8 ding." We're trying to get rid of the word "ding"
9 but it takes a long time. In only 10 percent of
10 concussions do you ever get knocked out. All of a
11 sudden this has reached the level of an epidemic,
12 simply because we're now realizing that any brain
13 injury, any sort of confusion, headache, nausea,
14 vomiting, after any kind of sport.

15 And the rates seem to be soaring;
16 hockey, girl's soccer, football. My own son got a
17 concussion and he told me, he said "When you have a
18 concussion, you're confused and you don't know what
19 you're talking about."

20 We've got to change the culture. And
21 one way of doing this education is the education of
22 the doctors, the education of players, and yes, as
23 Mr. Harrison said, they've got to be permitted some
24 leeway, I suspect, in being able to report it
25 easily to their coaches; and more importantly, to



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1 the team doctors who are there for the players and
2 are supposed to protect them. That's what we need
3 to see happen.

4 CHAIRPERSON SANCHEZ: Last question,
5 then I'll invite anybody who may want to comment.

6 I have this question, but I don't have
7 the answer. The NFL rules have changed. Do they
8 now have independent neurological consultants that
9 determine when a player is fit to return to play?
10 Who pays for that? Who provides the person?

11 DR. MAYER: I was part of that process.
12 The impetus for the changes in return to play came
13 from me reaching out to my colleague at the NFL,
14 Number 1. Number 2, insisting there be an
15 independent neurological expert -- it could be a
16 neurosurgeon, it could be a neurologist, in some
17 cases an emergency room physician, who sees
18 concussions all the time.

19 And the way those people were chosen
20 was, they were determined by the teams; and both me
21 and my counterpart with the NFL, through their CVs,
22 I did personally call the towns in which they
23 practiced and spoke to emergency room physicians
24 and other people to see about these guys, what they
25 are doing. That's how they were selected.

1 CHAIRPERSON SANCHEZ: Is it complicated?

2 THE SPEAKER: I don't get season
3 tickets. Basically, the players come to me after
4 these head injuries... I have no idea how they're
5 paid; I suspect through Blue Cross, whatever it is.
6 And I report back to the teams what my neurological
7 finding is, independent of what the team doctor has
8 found. So we are pretty independent. We are not
9 bound by the universities.

10 CHAIRPERSON SANCHEZ: It's been a
11 change. Before it was team doctors making the
12 assessments. I think there was a conflict of
13 interest between returning players to play or
14 looking out for their health. It is an
15 improvement.

16 Panelists, I want to really thank you.
17 I know some of you traveled long distances to be
18 with us today. Your testimony was very helpful in
19 terms of what we do moving forward with
20 concussions; not just in the NFL, but at all levels
21 of play, in all different sports.

22 I think the more attention we bring to
23 the issue and more information we can provide to
24 parents and coaches and volunteers, medical
25 personnel included, I think the better we are in

1 terms of looking out for those symptoms of
2 concussion, making sure that people of all ages who
3 suffer from concussions understand the
4 repercussions of what they do post-concussion.

5 And so I want to thank each and every
6 one of you who came here and testified. We may
7 have more questions submitted in writing, and if
8 you return responses as soon as you may, we can
9 include it as part of the record here today.

10 Again, thank you all for your time and
11 dedication to this issue; and we will excuse the
12 panel.

13 Thank you.

14 (Time noted: 1:27 p.m.)

15 (Matter concluded.)
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C E R T I F I C A T I O N

I, Jeffrey Shapiro, a
Shorthand Reporter and Notary Public, within and
for the State of New York, do hereby certify that I
reported the proceedings in the within-entitled
matter, on Monday, May 24, 2010, at the CUSTOMS
HOUSE AUDITORIUM, One Bowling Green, New York, New
York, and that this is an accurate transcription of
these proceedings.

IN WITNESS WHEREOF, I have
hereunto set my hand this 8th day of
June, 2010.

Jeffrey Shapiro
JEFFREY SHAPIRO 