

**Submitted Testimony of
Congressman Bill Pascrell, Jr. (NJ-08)
Co-Chair, Congressional Brain Injury Task Force**

October 28, 2009

**Legal Issues Relating to Football Head Injuries
Hearing of the House Committee on the Judiciary**

**Submitted Testimony of
Congressman Bill Pascrell, Jr. (NJ-08)
Co-Chair, Congressional Brain Injury Task Force**

Thank you, Chairman Conyers, Ranking Member Smith, and members of the Committee for having me here to speak about this important topic. Mr. Chairman, you've done a great job in bringing together a wide array of experts to discuss what can be a difficult and controversial topic. These wounds may be invisible, but the consequences are very real. You have taken a stand to ensure that these consequences are addressed.

I am the co-founder and co-chair of the Congressional Brain Injury Task Force, which is comprised of over 130 Congressional members. Since its founding in 2001, it has been the Task Force's mission to expand the understanding and public awareness of brain injury.

In recent years, the Task Force has taken a greater focus on brain injuries that have become the "signature injury" of the conflicts in Iraq and Afghanistan. It is estimated that as many as 20 percent of soldiers returning from Iraq and Afghanistan have sustained a brain injury. The brain injuries of our soldiers have spurred Congress to make unprecedented investments in brain injury research—research that will benefit soldiers and civilians alike for years to come. The same way that we have gained greater understanding and research from the brain injuries of our soldiers, we should also take this opportunity to learn from the injuries of professional athletes.

In recent months, the Task Force has placed considerable attention on the issue of so-called "mild" brain injuries—specifically on concussions, which affect everyone from our soldiers on the battlefield to our children who play on the sports fields. In fact, the Task Force held a panel discussion on this very issue just this March as part of our annual Brain Injury Awareness Day.

These discussions and the growing number of studies like the one commissioned by the National Football League open our eyes to the implications of head injuries. Unfortunately, these consequences hit close to home.

On October 16, 2008, Ryne Dougherty, a 16-year-old from Montclair, New Jersey, tragically died from a brain hemorrhage after returning to play football without fully recovering from a

concussion sustained earlier in the season. I know in the later panel, you will hear the story of the untimely death of another young athlete Will Benson.

These stories are not unique to these young men. According to the Centers for Disease Control and Prevention (CDC), as many as 3.8 million concussions related to sports and recreation are estimated to occur each year. I also want to point out that recent studies show that girls may be at higher risk for concussions and face longer recovery times. Clearly this is a problem that can impact all our children.

After sustaining one concussion, an athlete becomes as much as four to six times more likely to sustain a second concussion, and if an athlete is allowed to return to play without fully recovering from a concussion, they may face tragic consequences. A recent study from the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio also found that as many as 41 percent of concussed high school athletes may be returning to play too soon.

Repeat concussions can result in cumulative neurological damage and have been shown to significantly worsen long-term outcomes including depression and other psychological problems. In rare cases, a repeat concussion can trigger 'second impact syndrome' which can be marked by the swelling of the brain, permanent brain damage, or even death.

Fortunately, repeat concussions and 'second impact syndrome' are highly preventable if sensible guidelines and procedures are adopted. Many college and professional athletic associations—including the National Collegiate Athlete Association, the National Football League, and the National Hockey League—and other national provider organizations—including the American Academy of Neurology, the American Academy of Family Physicians, the National Athletic Trainers' Association, and the Brain Injury Association of American—have all adopted guidelines for the management of concussions. Despite education efforts by CDC, however, much of this information has not made its way to our local middle schools and high schools.

In response to this growing problem, last November, I introduced the Concussion Treatment and Care Tools Act—or the ConTACT Act. The ConTACT Act is designed to provide our schools

and coaches with the tools needed to ensure that student athletes receive the proper care for concussions—regardless of the sport they play.

Because varied and conflicting concussion management guidelines have caused confusion, the ConTACT Act provides for the establishment of a consensus set of guidelines that work for schools by bringing together a wide range of experts. The ConTACT Act also incentivizes the adoption of these guidelines by schools to ensure that student athletes receive the proper care and are given adequate time to recuperate before returning to play.

The use of baseline and post-concussion testing technologies are common-place in professional and college sports. In 2006, I worked with the Brain Injury Association of New Jersey to provide grants to New Jersey schools for the purchase of these technologies. The ConTACT Act provides funds for the adoption of these technologies in our nation's middle and high schools. By providing coaches, athletes, and parents with the tools and information needed to identify and understand the signs, symptoms, and implications of concussions, we can help to prevent needless deaths and countless injuries.

Mr. Chairman, if we're seeing the kinds of tangible, long-term consequences of brain injuries as revealed by recent studies of NFL players—who have state-of-the-art equipment and access to the best care available—then we have to consider what this means for our young athletes. Because damage to a maturing brain can be catastrophic, it is even more important to ensure that we understand these consequences and that the proper care is provided to young athletes.

If we are to encourage young people to be healthy athletes who embrace ideas like teamwork and doing their best, then this Congress must do everything it can to protect them as they participate in sports. That is what we call “fair play.” It is my hope that hearings like this one will generate a national conversation, spur innovation in equipment, and lead to action regarding brain injury and the implications that these findings have for athletes of all ages—male and female—in all sports.

Thank you again, Mr. Chairman, for holding this important hearing.