

Testimony of Kyle Turley

Disabled Retired NFL Player

and

Board Member of the Gridiron Greats Assistance Fund

Before the House Committee on the Judiciary:

**Field Hearing: Legal Issues Relating to Football Head
Injuries (Part II)**

Wayne State University School of Medicine

Margherio Family Conference Center, Room 1460

540 E. Canfield St., Detroit Michigan

January 4, 2010, 1:00 p.m.

Chairman Conyers and distinguished members of the Committee on the Judiciary, thank you for honoring me with your invitation to come before you and discuss a matter of great interest to the public—the issue of head injuries in professional football. As this Committee has begun to demonstrate, that issue extends to football at all levels, from youth leagues to the NFL, from football to other sports. I feel a double measure of honor and responsibility today, since I have been given the opportunity to speak for many who have no voice: for countless men, women and children who, though they never played a down in the NFL, nevertheless face the reality of life after traumatic brain injuries. I am here to further assist the great work that has been done by this Committee, by some of the distinguished medical experts on this panel, and by others, some of them ex-NFL players, to educate and find solutions for this epidemic.

Having personally suffered multiple concussions, I can speak first-hand of the terrifying symptoms I continue to experience as a result, not only immediately following brain injury, but years afterward, as my faculties continue degenerate and my life continues to change. For myself, I can actually take some solace from the fact that every one of my injuries is the direct result of living my dream of having a storied career in the NFL. Even through the tough times, I can say to myself that it was worth it all to have lived that dream and wear my scars like so many badges of honor. But there are others to think of--some of them ex-football players, some not. For their sake, for their pain, I cannot allow myself to be silenced by my own sense of consolation. Among those

others is my newborn son. As we celebrated his first Christmas, I brooded on the thought that he might have his own future of playing sports that, if he does and the current mentality on head trauma does not change, he will likely face the same problems I'm facing now. No amount of consolation will make me silent before that prospect. Like anyone, I want my child to live in a better world than I did. We're all obligated to try to do that, right? My presence before you today represents my commitment to that idea.

As I watched the hearing your Committee held recently in Washington, I could not help but notice that the comments of some Members of Congress and, in my view, all representatives of the NFL still seemed reactive rather than proactive in confronting the issue of traumatic brain injury in football, as if it had only recently discovered. The fact is that the Center for Disease Control characterized "Second Impact Syndrome" in 1984 in a report that presented recommendations developed by the American Academy of Neurology to prevent recurrent brain injuries in sports and their adverse consequences (See "Sports-Related Recurrent Brain Injuries—United States" in *MMWR Weekly*, March 14, 1997 / 46(10) pp. 224-27).

A subsequent version of that report includes the following case. I'm sorry, but it makes for tough reading:

During October 1991, a 17-year-old high school football player was tackled on the last play of the first half of a varsity game and struck his head on the ground. During halftime intermission, he told a teammate that he felt ill and had a headache; he did not tell his coach. He played again during the third quarter and received several routine blows to his helmet during blocks and tackles. He then collapsed on the field and was taken to a local hospital in a coma. A computed tomography (CT) brain scan revealed diffuse swelling of the brain and a small subdural hematoma. He was transferred to a regional trauma center, where attempts to reduce elevated intracranial pressure were unsuccessful, and he was pronounced brain dead 4 days later. Autopsy revealed diffuse brain swelling, focal areas of sub-cortical ischemia, and a small subdural hematoma.

This example is not common—but it is not nearly as rare as it should be, either. This problem does not need more review. It needs action—right now! As Merrill Hoge suggested in your last hearing, coaches at all levels of the game, but particularly in high school and youth league football, need to be systematically educated about concussions and the implications of “playing through the pain” of a head injury, so that examples like this one are not just rare, but non-existent in the future. That educational

effort must have the full public support of the NFL, the NFLPA and every player in the league, past and present. Like it or not, as professional football players, we *are* role models. Kids not only look up to us, they emulate us in the way we play the game. De-romanticizing the kind of play, even the kind of attitude, that needlessly, sometimes even cruelly, endangers other players' health or stupidly sacrifices one's own starts with this generation of players and owners because *we know better now*.

If the cost measured out in destroyed or disabled human beings is not enough to move us all to action, let us have a hard look at the financial toll TBI has inflicted on the United States alone. According to another CDC study, at least 5.3 million Americans currently have a long term or lifelong need for help to perform the tasks and engage in the activities of daily living as a result of TBI. In the year 2000 alone, the study confirmed that the direct and indirect cost of TBI in the United States totaled an estimated \$60 billion dollars.

As we sit and continue to discuss these matters, our country continues to suffer from what is, at the same time, one of the worst medical epidemics and one of the worst financial disasters it has ever known. Whether measured in blood or treasure, the cost should startle us. That much of the cost, certainly much that is associated with sports, is also avoidable should outrage us and spur us to action.

Members of the Committee, what follows is a description for the diagnosis and treatment of a Grade 3 concussion suggested by the American Academy of Neurology in a 1997 report:

Grade 3 Concussion

- Definition: Loss of consciousness, either brief (seconds) or prolonged (minutes or longer).
- Management: The athlete should be removed from sports activity¹ full week without symptoms if the loss of consciousness is brief or 2 full weeks without symptoms if the loss of consciousness is prolonged. If still unconscious or if abnormal neurologic signs are present at the time of initial evaluation, the athlete should be transported by ambulance to the nearest hospital emergency department. An athlete who suffers a second Grade 3 concussion should be removed from sports activity until asymptomatic for 1 month. Any athlete with an abnormality on computed tomography or magnetic resonance imaging brain scan consistent with brain swelling, contusion, or other intracranial pathology should be removed from sports activities for the season and discouraged from future return to participation in contact sports.

[Source: Quality Standards Subcommittee, American Academy of Neurology.]

Now I would like to explain to you my experience after having suffered a Grade 3 concussion in 2003 while playing for the St. Louis Rams. On the last play of the third quarter in a Sunday game versus the Green Bay Packers, I was struck in the back of the head by an opposing player's knee. I lay unconscious for close to a minute and was

revived by the team medical staff by the use of ammonia caps. I was then guided to the sideline and placed on the bench. While sitting on the bench, I was approached by players, coaches and medical staff, all of which I have very little recollection. Out of concern for my wife I remember trying to look for her so that I could wave and give her some peace of mind, but I was unable to remember that our seats, which we had all season, were located just over my left shoulder.

After what seemed like only a few minutes, I was approached by a member of the team medical staff and escorted to the locker room. While walking off the field I glanced up at the scoreboard to see that there was just over a minute left in the game. A quarter of football can take up to an hour, yet I sensed virtually no passage of time. After being taken to the locker room, I went through the usual motions of getting ready to go home. The team medical staff then led me to a small room where they had my wife wait for me. They released me into her care with the suggestion that she take me to the hospital.

As my wife guided me down the hallway towards the stadium exit, I was fortunate enough to run into an old teammate who assessed the state I was in and told my wife that she needed to get someone to help her take me to the hospital since she could hardly hold me upright. She found a police officer who kindly took us into his car and drove us directly to the emergency room. There I was given an immediate CT scan and was kept overnight for observation. After being released from the hospital, I was told by

the team to go home and rest and that I would be re-evaluated by the team medical staff on Wednesday.

After meeting with the Rams medical staff, I was not examined but merely asked how I felt. I was then told not to participate in practice that day and that they would re-evaluate me the next day (Thursday). After their evaluation on Thursday, I was cleared for practice and full-contact drills, though I still had a severe headache. I went on to practice that day. Frustrated with being injured and wanting to prove my toughness to my teammates and coaches, I used my head more aggressively than I normally would have in practice, not understanding the damage I was doing to my brain. Well, I understand now, but that knowledge was bought very dearly.

I would like to tell you that this was an isolated incident and that the situation was unique, but my experience, both as a player and as a board member of a charity focused on the needs of injured retired players, is that the egregious negligence of NFL team medical staff is fairly universal, that its effects are perpetuated and magnified by the NFL disability committees, comprised of the owners and the players union representatives, which continually deny retired players' disability claims wrongfully, and that active players continue to be put into the game after suffering concussions. Like my fellow Gridiron Greats Board Member, Mike Ditka, I hope that my fellow panelist today, De Smith, will forge a new path for the NFLPA, at least. But history has taught me to cast a very skeptical eye on that organization. As Mike has said, if Mr. Smith's

deeds match his words and retired players, who found little help at the hands of his predecessor, begin to experience solid benefits as a result, he will have my firm support. Like all of my retired brethren and their families, I will be watching.

As a child, I dreamed of playing in NFL and being part of an elite fraternity of brothers. The reality I have experienced, however, is quite the contrary. From the inside, I have watched the continued arrogance of NFL owners as they neglect the health of those whose careers and talents one would think they should protect, in that they represent investments measured in millions of dollars. Perhaps it is an index of the owners' enormous fortunes that they consider even talent like that, and human beings like that, to be no more than a fungible commodity. In my retirement, and in my work as an advocate for other retirees, I continue to see myself, my friends and the heroes of my youth dismissed and thrown away as if all the hard work and dedication they put into building the NFL into the huge financial success it is today meant absolutely nothing.

Mr. Chairman, Members of the Committee, I am here to say that we are not commodities. We are made of flesh and blood and we have families that need to be cared for as they care for us. It is my recommendation, among many others, that it be a legal obligation, backed by serious sanctions, for every athletic team, professional or otherwise, have the information of the CDC reports on concussions be prominently posted in every locker room, and that it be mandated that those materials be read and clearly explained to all players and coaches by a neurological medical professional.

Moreover, once a player presents with complaints or symptoms associated with head injury, that player should be immediately taken out of the game or practice in which he is participating for the rest of that day and be examined by a neurological professional immediately. I also propose that this Committee undertake an investigation of the history of benefit and disability denials by the NFL and NFLPA through a disability system that is hopelessly conflicted in the way it serves to align the interests of both the NFL and the NFLPA against those of the disabled players whose welfare both organizations are supposed to consider objectively. To date, they have not.

In closing, I would like to say that the key element that has brought us together here today is a general loss of focus on the most important purposes of playing sports—promoting health while having fun. Instead, the NFL has become a game literally about life and death. With the Committee's help, I hope we can all work together to change that and put health back into the game. It has been sidelined long enough.

Thank you for the opportunity to testify before you today.

Kyle Turley

