

US: Experts warn of dementia risks from football injuries

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A recent survey of former professional football players indicated worrisome rates of dementia, Alzheimer's disease, and other memory-related disease. More than 6 percent of the former players over 50 years old who were surveyed reported a memory-related disease, in contrast to a rate of about 1 percent for all men in the US. Younger ex-players also showed elevated levels, exceeding their counterparts in the general population by a factor of 19.

University of Michigan researchers conducted the study by phoning more than a thousand retired National Football League (NFL) players. They called their results "particularly high" and suggested further research.

The study did not examine the rates of dementia and Alzheimer's in amateur football players. It did, however, add to the growing body of evidence that links football to long-term brain damage. Two University of North Carolina studies previously correlated football concussions to increased incidence of depression, Alzheimer's and other cognitive impairment.

These results of the study were referred to last month in a House Judiciary Committee hearing on the NFL's handling of retired players with head injuries. The Judiciary Committee oversees the NFL's antitrust exemption.

Dr. Robert Cantu, a neurosurgeon and expert in sports-related concussions, testified before the Committee, "I believe we have a serious public health problem and a massive under-appreciation of what head trauma, especially multiple traumas, can lead to."

Dr. Amy McKee of Boston University in her testimony added that the brains of football players consistently reveal signs of a Chronic Traumatic Encephalopathy (CTE), a condition with symptoms similar to Alzheimer's. CTE is unique to individuals with repetitive head trauma, including notably boxers and football players.

One of the more tragic cases of CTE was former Pittsburgh Steeler center Mike Webster. Known on the field as "Iron Mike," Webster in retirement lost all semblance of the powerful figure that earned him Hall of Fame honors and four Super Bowl rings.

After retirement, he was diagnosed with a litany of mental health problems: depression, agitation, suicidal ideas, obsessive-compulsive disorder, attention and concentration difficulties, brain trauma, pre-Parkinson's, and post-concussion syndrome. These mental problems took an increasingly destructive toll on him and his family. Webster would sometimes forget to eat for days and was often found sleeping curled up in his pick-up truck. His pain was so intense that he would stun himself unconscious with a taser gun. In 1999, he was arrested for forging prescriptions and received probation. Webster's distressing behavior worsened until his death in 2002 at age 50.

NFL Commissioner Roger Goodell defended the current handling of head injuries in the game, but did not acknowledge a connection between football injuries and CTE or any other long-term brain injuries. "We are changing the culture of our game for the better," he said, and went on to stress the progress the NFL has made in preventing and treating concussions. As progress, he cited strict rules against helmet-to-helmet tackling, improved treatment of concussions when they do occur, and increased educational outreach.

In addition, helmet technology has advanced recently as manufacturers have introduced products that offer increased protection against concussions. Dr. Cantu, in an interview with ESPN.com, called these new products "perhaps the greatest new head protection system to emerge in the last 30 years."

Nonetheless, the helmets do not offer anywhere near complete prevention, especially for concussions caused by rotational forces. They also can cost more than double

conventional helmets, which will likely slow their penetration among amateur players.

Even as technology improves, other factors tend to increase the risk of head injury. Players today are bigger, stronger and faster than ever before. Consequently, the hits are more forceful. Brian Russell, a Safety with the Jacksonville Jaguars, elaborated in an interview with *Sports Illustrated*: “Guys are in the weight room every day and doing sprint training at the same time. They’re doing everything they can to make the collisions more violent than they already are. As a defender, you’re trying to be as strong and as fast as possible, so you can hit a guy as hard as you can. Because he’s trying to beat you, and then you lose your job.”

In recent years, there has been an enormous emphasis on and even celebration of violence in the game. It has taken various forms, from bloodthirsty commentators to television segments devoted to the biggest, most brutal hits of the week. Strength, toughness and ability to inflict pain are honored; weakness is not tolerated. As a result, many play through injuries, frequently severe ones, or turn to drugs to enhance their performance.

This is all in service of a multibillion-dollar industry. NFL media contracts have an average annual value of around \$4 billion. *Forbes* estimates the Dallas Cowboys franchise alone is worth \$1.65 billion. Some NFL team owners have realized fabulous returns on their investments. For example, Jerry Jones, the owner of the Cowboys, purchased the team in 1989 for \$150 million—netting a return on investment of 865 percent after accounting for debt. At the college level, too, the business stakes are enormous. *Forbes* estimates that Division 1A football is a \$2 billion-per-year enterprise.

These figures underscore the extent to which football has over a prolonged period transitioned from simply a game to a full-scale entertainment industry. As such, it is more concerned with profits than with the health and well-being of its participants, whose violent actions are in many ways encouraged to help sell the game. It is noteworthy that the appeal to brutality has found fertile ground in a country conditioned by two ongoing wars. In fact, military glorification is ever-present in professional and college football coverage.

The profit motive underlying contemporary pro football has found its reflection in the lower ranks as well. As the *New York Times* reported, “High school football players are participating in a sport that is becoming increasingly businesslike and pressure-filled, even though only 6

percent of seniors go on to play in college. Weight-training programs are essentially conducted year-round. Linemen face pressure to keep up with counterparts who are getting bigger.”

As competition has intensified among the 1.1 million high school football players, the incidence of brain injury has remained troubling, despite the technology advancements and rule changes. According to the US Centers for Disease Control and Prevention, between 1.6 and 3.8 million sports or recreation-related concussions occur each year in the US. Football accounts for 60 percent of those occurring in organized sport. Approximately 10 high school football players per year die or suffer serious head injuries during play.

In contrast to the NFL, where players today generally receive expert care while on the field, amateur football programs commonly lack even the most basic health supervision. The National Athletic Trainers’ Association estimates that only 42 percent of high schools have access to an athletic trainer. With budget crises unfolding in school districts throughout the country, this figure will surely drop.

In their testimony before the House panel last month, both Dr. McKee and Dr. Cantu expressed concern that the brain injuries seen in former professionals extend to amateur players as well. They both reported evidence of CTE appearing in athletes as early as high school. This potential for long-term effects, even for football players who never make it to the college level, presents concerns for a much broader layer of the population. Meanwhile, the health care system in the US is inadequate to provide those affected with quality care, at least those without unlimited financial resources.



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