

# Brain damage found in 99 percent of deceased NFL players

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A study published Tuesday in the *Journal of the American Medical Association* found that 110 out of 111 deceased National Football League (NFL) players suffered from chronic traumatic encephalopathy (CTE).

CTE is the result of repeated head trauma, and it's most commonly diagnosed in veterans and people who have played contact sports, particularly American football. The symptoms vary from person to person and can be mistaken for other conditions. This makes it more difficult to accurately diagnose. A person suffering from CTE could experience any combination of symptoms like confusion, memory loss, depression, impaired judgment, anxiety, anger issues, aggression, difficulty controlling impulses, and suicidal tendencies.

The only way to confirm the existence of CTE is to examine the brain after death.

This latest study involved 202 brains from men who played football at the high school, college, or professional level. Of the 202 total players, 87 percent were found to have some degree of CTE. Aside from 110 of 111 NFL players, 48 of 53 college players and three of 14 high school players had CTE.

The study acknowledges that these results may be skewed to a degree because former players or their family members who donated brains for research likely means they noticed symptoms while their loved ones were still alive, but even if these percentages might be lower among a much larger sampling, the result would still represent a very high percentage of players with CTE.

Dr. Ann McKee, the director of Boston University's CTE Center and the coauthor of this study said, "There's no question that there's a problem in football. That people who play football are at risk for this disease."

In response to this latest study the NFL released a statement saying it is committed to supporting research into CTE and finding ways to prevent head injuries and effectively treat them. It was not until early 2016,

however, that the NFL admitted there was a link between football and degenerative brain disorders like CTE.

For decades the multi-billion-dollar NFL, like "Big Tobacco" denying the pernicious effects of smoking, utilized its well-paid "experts" to promote the claim that football-related concussions had only minimal short-term effects and were otherwise harmless. The same well-paid shills would also work to discredit and intimidate anyone who stated otherwise.

This strategy was epitomized in the NFL's attacks on Dr. Bennet Omalu, a neuropathologist employed by the Pittsburgh Coroner's Office who had made the initial finding connecting football with CTE.

Dr. Omalu had performed the autopsy on Pittsburgh Steeler Hall of Fame center Mike Webster, who died in 2002 at age 50 after experiencing prolonged emotional and cognitive decline. Dr. Omalu concluded that Webster had died of CTE and found that "this case highlights potential long-term neurodegenerative outcomes in retired professional NFL players subjected to repeated mild traumatic brain injury." Dr. Omalu's findings were subsequently published in the journal *Neurosurgery*.

The NFL's concussion committee responded to these findings by writing to the journal claiming that Dr. Omalu's paper had "serious flaws" and demanded its retraction—a request that was denied. The committee similarly attempted to discredit two subsequent reports of CTE that Dr. Omalu had diagnosed in other deceased former players. The NFL also attempted to have Dr. Omalu fired by the coroner's office, and engaged in further acts of threats and intimidation against him. These events were depicted in the 2015 film *Concussion*.

In 2011, in response to these findings and to the decades-long denial by the NFL of any connection between repeated concussions sustained by players and the high incidence of brain disorders sustained by former players, a class action was filed by several hundred former players

against the NFL.

By then it had become common knowledge that many former players were suffering from early onset of dementia. Many others were committing suicide at alarming rates. Among those were: Terry Long in 2005; Andre Waters in 2006; and Junior Seau, Dave Duerson and Ray Easterling in 2012. The families of these players insisted that the brains of these players be autopsied for brain damage and all were subsequently diagnosed with CTE.

With so many former players suffering from dementia and the repeated findings of CTE in deceased players, the NFL owners determined it was to their financial benefit to limit the financial damages. Consequently, in 2013 the league reached a tentative \$765 million settlement over concussion-related brain injuries among its 18,000 retired players. One of the principal terms of the settlement was that the agreement “cannot be considered an admission by the NFL of liability, or an admission that plaintiffs’ injuries were caused by football.”

The NFL’s subsequent admission in 2016 of the link between football and brain damage, however, had nothing to do with accepting responsibility, but instead had everything to do with protecting its immense wealth from future lawsuits. The official admission that football-related concussions cause CTE will now make it harder in the future for players to accuse the league of concealing the dangers of the sport.

“Strategically, the NFL’s admission makes a world of sense,” said Jeffrey A. Standen, the dean of the Chase College of Law at Northern Kentucky University. “The league has paid a settlement to close all the claims previous to 2015. For future sufferers, the NFL has now effectively put them on notice that their decision to play professional football comes with the acknowledged risk of degenerative brain disease.”

The NFL has also in recent years enacted rule changes limiting hits to the head and has instituted a “concussion protocol” as its approach to CTE prevention. Under this protocol, if a player is believed to have sustained a concussion, he is deemed ineligible to continue playing in that game or any subsequent game until he passes a series of neurological tests. This procedure, however, is flawed for a variety of reasons.

Concussions affect everyone differently, and symptoms can show up days after the injury. Moreover, the tests used to screen concussions are inexact and need to be interpreted by a qualified medical professional who themselves differ in their assessments. Moreover, players

have a financial incentive to “fake” these tests. Last October, Doug Baldwin of the Seattle Seahawks went on Bill Simmons’ “Any Given Wednesday” program and claimed that NFL players fake the concussion protocol. He had taken a big hit the weekend before and was screened for a concussion on the sideline. Baldwin said that he didn’t try to cheat the protocol but that he could have if he had wanted to, and that the ability to cheat is “relatively known around the league.”

Lastly, this protocol is premised on concussions being the only cause of CTE. The research of Dr. McKee and others has proven, however, that it is also the repeated hits—tens of thousands during a typical NFL player’s career—that also lead to CTE.

Dr. McKee emphasized that what is needed is a “very well-constructed longitudinal study,” looking at young individuals playing these sports. “We need to follow them for decades. We need to take measurements throughout their lives and playing careers so we can begin to detect when things start to go wrong. If we can detect early changes, that’s when we could really make a difference.”

“We need a lot of funding,” she says, noting that the researchers are working with a grant from the National Institute of Neurological Disorders and Stroke that ends in December. “It’s always tricky for us to get funding.”

She has submitted applications for funding into next year, she says, but she is not sure they will be granted. “There’s so much discussion of this disease not existing that funding agencies are reluctant to consider this a real neuro-degenerative disease. But I think we’ve proven beyond a doubt this is.”



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