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*The following remarks have been prepared for the House Judiciary Committee hearing “Legal Issues Relating to Football Head Injuries” to be held Wednesday, October 28, 2009.*

My father Hugh Culverhouse was awarded a National Football League expansion team in 1974. From that point until his death in 1994, I was intimately involved in football. I served for ten years in an administrative role first as vice president for community relations and treasurer and then as the president. I was at that time the highest-ranking woman in the NFL.

From the beginning let there be no mistake, football consists of a series of games being played to determine the ultimate Super Bowl champion. Contrary to popular opinion, this is no longer a rich man’s hobby. In reality this is a cutthroat business. The goal is for the franchise to make money. The product is games on the field. The “win” is a positive financial bottom line.

From this vantage point, the most important insight I can give this committee concerns the medical care of the players. This care is entrusted to the team physician: a man who is hired by the coach and paid by the front office. This doctor has the ability to choose his assistants without interference from the administration.

This doctor reports to the coach. He attends the combine prior to draft day and gives his input as to the status of players’ previous college injuries. He is part of the physical examines and pours over the medical records of the NFL hopefuls. Clearly he is helping the coaches choose the incoming team.

The team doctor is invested in the performance of these players who make the team. He does not want to be seen as lacking in assisting the coach in his selection. The team doctor wants these players to succeed in helping the team win games. The team doctor gets to the point where he will do anything to enhance the performance of these rookies. With very few draft choices, the decisions on whom to draft are critical to a team's success. Hence, from the beginning, the team doctor is invested with the coach in the success of their choices.

This alignment is the crux of the problem for the players on the team. The doctor is not their medical advocate. He's not even conflicted. He knows who pays his salary; he plays golf with the coach and the owner not the players. He is management; he makes decisions for the management side of operations. He understands the bottom line is business. The team that wins, sells more luxury seats, skyboxes and fills the stadium. Therefore, more parking is sold on game day along with more beer, sodas, and cotton candy. That is the term of success.

If a player suffers an injury, the team doctor's role is to find a way to have that man on the field the following game, if not the same game. The player is shot with cortisone during the game to see if the pain can be numbed if it is a joint or other such problem. If it is a head injury, he is told to "shake it off". The players get to the point that they know better than to complain that they have suffered a concussion. They would rather throw up in the huddle away from the fans' lines of vision and keep themselves in the game. Other players will guide them through the next few plays until their double vision resolves itself.

The reasons for this behavior are easily understood. Most contracts are back-end loaded with bonuses. There is a set of criteria that must be met to attain the bonus money. You cannot reach those goals by sitting on the bench. Likewise, the player is very aware that there is a back-up player on the bench waiting his chance to replace the starter and hold onto the position. Therefore, an injured player cannot afford to leave the field of play.

The assistant doctors that the team doctor hires for the games understand their roles as well. If they disagree with the primary doctor, they are dismissed. This is literally bad for their medical practice. How many times have you heard an acquaintance say, “The doctor for the Miami Dolphins did my knee replacement”, or “ Yeah, I got an appointment with the Patriot’s doctor to look at my elbow”? There is status conferred on the doctors. Their business benefits from their association with an NFL franchise team.

At no time, however, do these medical personnel work for the benefit of the players. If they are foolish enough to care about the players they treat, they are fired. No coach wants to hear that his star quarterback cannot play on Sunday. The coach only wants that man on the field in his position; he rarely asks how that is going to be accomplished. At that point, the doctor becomes creative.

We have been reared in America to trust doctors. We loved Dr. Welby. We knew the doctor was on our side even when he told us things we did not wish to hear. He had our wellbeing as his primary mission. Young men in college and entering the NFL believe that the doctor is there for them as well. Why would the rules have changed? It takes the players a while to get the message that they are being asked to play in some situations that are not comfortable. After all, they are viewed as a business commodity not an employee. Then they are being shot to mask pain. At this point they realize the doctor is working for the management.

When a player goes outside the system for a consultation, he is immediately suspect. He is not a “team player”; he has shown that he does not trust the medical staff. He becomes a pariah because he has broken with the team system. Other players who may refuse to practice or play are called lazy or injury prone. If a player sets out to protect himself, he is probably on his way to another team or retirement.

The team doctor is hired in a variety of fashions. Our doctor happened to be a fine golfer. Our coach was enamored by golf although he was not particularly good. They met on a golf course, hit it off and we had ourselves a general surgeon as a team physician. We

were not unique as to how certain physicians became employed with teams. However, most teams had orthopaedists as their primary doctors.

Although I left the National Football League as an executive upon the death of my father, I continue to have season tickets for the University of Florida and until recently the Jacksonville Jaguars. I follow the sport with a mix of enthusiasm and curiosity. I, like most fans, want my teams to win. However, I look with a jaundiced eye when a player returns to the field after an injury or a particularly hard hit. I know that at half time, a good proportion of the players are getting intra venous therapy to replace the fluids they lost in the first half of the game. I know that arm cuffs will likely be used to speed the IV process. I know that this is against medical best practices. I know the chaos in the locker room as players are mended and injected to get back on the field.

I am supportive of the research on concussions and injuries and am concluding a book I have written: Violence: The Underbelly of the NFL. This book was prompted by my experiences with my former players. I am shocked at their deteriorating health and their inability to receive disability compensation from the National Football League Players Association. When these men played, there were no huge salaries. Their sons and daughters just out of college are making more money than these players did. They are no longer besieged for autographs. They walk through our lives looking like old men crippled by arthritis and, in some cases, dementia. My men have headaches that never stop. They cannot remember where they are going or what they want to say without writing it down. Some are on government welfare. Some are addicted to pain medications. Some are dead.

Much to my dismay, last year my eight-year old grandson joined a youth football team. In his first year, he made the All Star team and played in the Toy Bowl. At age nine, the coach is thrilled to have him return to the team. He is built like an offensive lineman but at this age plays both ways because he is bright and can remember the plays. His idol is Tim Tebow, the quarterback at the University of Florida who recently suffered a very public concussion. And since Tim went back in the game at his first opportunity, he set

the stage for my grandson to do the same. This game has to change. “Game” is a misnomer. This business has to change. My grandson means too much to me to sit on the sidelines and not mandate change. I have seen his future in the bodies and eyes of my former players. I know what is happening in the locker room. Please change football before my grandson is damaged.

Foremost is the fact that players need to be protected; the medical system harbored by the NFL must change. There should be doctors without vested interests and allegiances available to the players at no penalty. There should be medical advocates for the players. There should be an independent neurologist on every sideline. There should be salaries free of performance bonuses so that players are not pushed beyond what is reasonable. There should be mandatory guidelines for concussions specifying the number of weeks a player MUST sit out games. There needs to be a call for common sense to prevail in the National Football League.

Recently one of my former players referred to me as a “rebel with a cause”. By breaking ranks with the National Football League, I have become that rebel. My cause is the health and wellbeing of all football players whether they are eight year olds or twenty-two year olds. Safety must come first. Business must come second.

Thank you for inviting me to address this august committee. I sincerely appreciate the opportunity to express my knowledge and feelings on this subject.