

Testimony of
Roger Goodell
Commissioner, National Football League
Before the
House Committee on the Judiciary
“Legal Issues Relating to Football Head Injuries”
October 28, 2009

Chairman Conyers, Ranking Member Smith, Members of the Committee:

My name is Roger Goodell. I am the Commissioner of the National Football League and have served in that capacity for just over three years. I am pleased to be here today to discuss an area of great importance to the league and to me personally – the health and welfare of all members of the NFL family, particularly our retired players.

Since becoming Commissioner, I can think of no single issue to which I have devoted as much time and attention. I believe we have an obligation to these men who have contributed so much to our game. I have personally travelled around the country to meet with groups of retired players and their families. I have met with many of them individually or in small groups, and have had discussions with advocates of retired players. I appointed one of our senior executives as my Special Advisor on retired player issues shortly after I became Commissioner. Twice this year, representatives of the NFL Alumni Association and other retired player groups have met in formal league meetings with team owners. These discussions helped us as a league better understand the challenges - including health issues-- facing our alumni and led to specific actions to assist them.

While this hearing is focused on a specific health issue related to retired players, it is important to discuss our overall commitment to the safety and welfare of the football's most valuable assets-- those individuals who play our sport. Lessons of teamwork, fairness, perseverance and self confidence are taught in football. Lives often are shaped by individuals who coach or play alongside young people on the field. Thousands of outstanding educators, businessmen, public officials, and even former United States Presidents give credit to football experiences during their youth for their professional success today.

We are fortunate to be the most popular spectator sport in America. In addition to our millions of fans, more than three million youngsters aged 6-14 play tackle football each year; more than one million high school players also do so and nearly seventy five thousand collegiate players as well. We must act in their best interests even if these young men never play professional football.

We know that the playing rules changes the NFL makes in the interest of safety will be copied at the lower levels of play. We realize that the millions of dollars we spend on prevention, treatment and research of injuries will pay off for current and future generations of players both in football and other sports. We have an Injury & Safety Panel which includes outstanding NFL team doctors as well as outside medical experts that reports directly to me on matters ranging from field turf to the latest information on knee and ankle injuries. We view this as an overall sports policy matter and this is why I personally have spent the time I have on this issue and why we as a league devote the resources we do to health and safety matters.

During my tenure as NFL Commissioner, I have made it a personal priority to assist retired players and help identify not only those in need but to determine what those needs are. To do this, the league has undertaken initiatives in several key areas:

First, pension benefits. In each successive Collective Bargaining Agreement since 1993, we have increased pension benefits and have done so retroactively. Since 1993 we have more than tripled the monthly pension benefit for the oldest of our eligible retirees, and the monthly benefit for a player who retired in 1993 has gone up by more than 75 percent. Normal NFL retirement age is 55; if the player were to take his pension at age 62 or 65, the benefit will be even greater—as much as double. We have reduced the time required for a player to vest. And as we negotiate for a successor CBA, we have again identified retired player pensions as a priority and look forward to discussing with the Players Association our specific proposals to improve those retiree pensions.

Second, disability benefits. In the past two years, we have made numerous improvements to the administration of our disability plan as well as to the actual benefits themselves. We have doubled the minimum benefit paid under the plan. We have retained a new, independent medical director to ensure that the standards for evaluating disability claims are clear, consistent and reflect current medical science. We have accepted determinations of disability made by the Social Security Administration without requiring independent medical review and have reached out to disabled former players and given a second opportunity to apply for benefits in prior cases. We have made many other administrative reforms to cut down on red tape, minimize the burdens on applicants and their families, and speed disability determinations. Based on these reforms, I believe our disability plan is much improved from three years ago. It is a subject of ongoing discussions with the NFLPA which I am confident will result in still further improvements. I am not so naïve as to believe that we will satisfy all of our critics, but I believe a fair-minded evaluation of our actions over the last two years will confirm my judgment.

Third, medical benefits. We have implemented a variety of additional programs to address medical needs of our retired players. The owners also made a \$10 million grant in 2007 to a new Player Care Foundation to fund research and help those needy retired players with critical medical needs. Those additional programs include screening retirees for cardiovascular risk and prostate cancer, and initiatives that provide joint replacement surgery and rehabilitation services, spinal care, and assisted living arrangements. In each case, we have identified nationally-recognized experts, partnered with leading medical and rehabilitative institutions, and made services available to retired players on a preferential basis. Large numbers of retired players have taken advantage of one or more of these programs. Hall of Famer Michael Haynes is one of several players who learned he had early prostate cancer through screening provided by the NFL. We have undertaken an aggressive outreach campaign to bring the services to as many retirees as possible. We have also offered all retired players – again, at no cost to them – a prescription drug card that allows them to obtain medication at substantial discounts. We have set up a special website (www.nflplayercare.com) for retired players and their families that lists information about these benefits and have conducted other forms of outreach as well.

Let me turn now to a specific area of interest, which is concussions and their effects. We know that concussions occur in football and other sports and that they can have serious effects if not properly treated. In the past 15 years, the NFL has made significant investments in medical and biomechanical research. All of that information has been made public, subjected to thorough and on-going peer review, published in leading journals, and distributed to the NFLPA and their medical consultants. We have been open and transparent, and have invited dialogue throughout

the medical community. We are committed to following what the science determines and what is right for our players.

One result of our work is that the Department of Defense contacted us and we had a joint conference here in Washington last year with leading DoD experts and our best medical researchers and doctors. The military wanted among other issues to discuss our medical protocol on head injuries and they referenced similar issues on the battlefield. We continue to work with them on these issues. For example, Colonel Michael Jaffe, the Director of the Defense and Veterans Brain Injury Center, attended one of our recent MTBI committee meetings in New York.

My approach to this concussion issue in football has been simple and direct – medical considerations must always take priority over competitive considerations. We have established a toll-free hot-line for players if they believe they—or their teammates—are being pressured to return to the field before they are fully recovered from a concussion or other head injury. Consistent with that approach, and with our overall commitment to player safety, we have addressed the issue of concussions in numerous ways.

The first is research. Our commitment to researching, understanding, and addressing the health needs of our retired players is unwavering. This includes taking a leading role on the science surrounding concussions. We have invested more than \$5 million in research on this one issue in the last 15 years. Our medical experts have met with most of the doctors here today, including Drs. McKee, Cantu and Bailes. I personally met with Dr. Cantu two weeks ago in Boston. We identified several areas where we could work together and I look forward to continuing those discussions. While Dr. Cantu and his colleagues can speak for themselves, and have not hesitated to criticize the NFL when they think appropriate, I believe there is also recognition by them that we are addressing the issue in a genuine way and that we are open to working with them and others to contribute to researching this important matter. A complete set of the published reports has been given to the committee. The research this decade has helped in the development of improved helmets. Our equipment managers meet with the various manufacturers each year to be trained in helpful pragmatic information right down to how to properly fit helmets. We require players to fully buckle their chinstraps to ensure that the helmet remains secure. And we look to NOCSAE, the independent testing organization, for the latest information on the protective qualities of helmets.

The second is playing rules. In recent years, we have modified our playing rules to sharply reduce contact to the head and neck, in addition to longstanding prohibitions against helmet to helmet contact. At our league meeting two weeks ago, we again reviewed with our clubs the way in which those rule changes have eliminated many unnecessary hits on quarterbacks, defenseless players, and linemen.

A third area is the treatment of concussions when they do occur. All return-to-play decisions are made by doctors and doctors only. The decision to return to the game is not made by coaches. Not by players. Not by teammates. If a player suffers a concussion and loses consciousness, he cannot return to the same game under any circumstances. That was not the rule as recently as 2006. Moreover, our doctors have developed guidelines that we believe are

consistent with best medical practice. A player may not return to a game or practice unless he is fully asymptomatic both at rest and after exertion.

We in the NFL have pioneered the use of neuropsychological testing for players, and our players who experience concussions undergo follow-up neuropsychological tests and must return to their baseline score before being cleared to play. A review of the past six seasons shows that our doctors are managing this injury in an increasingly conservative way. For example, the number of players who are removed from play has significantly increased. The amount of time between the injury and the player's return to practice or play also has steadily increased and the number of players held out from play for a prolonged period has doubled. As research continues, and science advances, we can and will expect our medical team staffs to continue to address this issue in a conservative way, and one that is consistent with the best medical information.

The fourth is education. Our team medical staffs obviously spend a great deal of time on concussions. As one example, in 2007, we held an open scientific conference to which doctors and scientists from across the country were invited. The speakers at the conference included some doctors who, quite frankly, have been critical of the NFL. But I felt it was essential that their views be heard, and we required all team medical personnel to attend and hear what those doctors said. We also had leaders from the NFLPA at the conference, so that they too would hear the same information as our clubs. The NFLPA needs to be a big part of this education process going forward. Coming out of that conference, our doctors developed new return-to-play guidelines, and we undertook a more comprehensive effort to educate players and their families on concussions, the symptoms, and the need to communicate fully and openly with their team medical staffs. We will hold a second conference devoted to concussions following this season to review the most recent learning in the field and continue this process of education.

When the late Gene Upshaw was the NFLPA Executive Director, I began a Player Advisory Council of active players to discuss NFL matters important to them. Players such as Takeo Spikes, Drew Brees, Tony Richardson and Jeff Saturday participated. We discussed concussions several times with this group. They were adamant that they wanted discipline for those players who were causing concussions via helmet-to-helmet hits or other non-sanctioned on-the-field plays. Also, they asked for more information regarding the nature of concussions. As a result, we sent updated material on the subject to all players and their wives.

We also recognize that education does not stop with our athletes. The NFL Youth Football Fund has distributed more than \$150 million to the development of our sport on the youth and high school level since it was started by our office and the NFLPA in 1998. Player safety and educational programs have received a large number of those grants. So, again, we have taken the lead in sharing what we know about safety with colleges, high schools and wherever youth football is played. We also understand that the risks may differ for younger athletes. We have worked with the Centers for Disease Control to prepare and distribute CDC educational materials about the treatment of head injuries for coaches, parents and athletes. These materials are -- and can be -- used in all sports where young people are at risk for concussions.

We educate youth coaches about concussions through our endowment of USA Football, the leading, non-profit youth football organization in the country. That group's website—

www.USAFootball.com—contains a wealth of health and safety guidelines as well as advice for coaches, parents and children. USA Football in affiliation with the National Federation of High Schools has developed a certification program for high school and youth coaches to make the game as safe as possible. I would recommend the certification program to all those involved with our sport at that level. This is one of the topics I discussed with Dr. Cantu earlier this month. In addition, we distribute at our annual NFL-USA Football high school coaches summit in Ohio each summer a wide range of coaching material to promote safe play.

Recently, a number of media stories have been published about a condition known as CTE – chronic traumatic encephalopathy. As you may hear from other witnesses today, this condition has been seen in the brains of several former NFL players, in athletes in other sports, and even in an athlete who was only 18 years old. How susceptible athletes and others are to this condition, and the precise causes and contributing factors, are issues for scientists and doctors to study and decide. It is fair to assume that head trauma may play a role. We therefore need to do all we can to protect the brain; hence, the increasingly conservative way in which this injury has been addressed by team medical staffs and players. Whatever its incidence, CTE is not limited to football players, but is instead a broader public health issue that needs to be recognized as such. For our part, we want to encourage and contribute to that research and I expect in the next several weeks to be able to announce new partnerships between the NFL and organizations researching CTE.

Beyond CTE, we want to support research addressing other long-term health issues dealing with concussions. All of that research will continue to be published and fully disseminated within the medical and scientific communities. In the meantime, we have not waited for the results of research to take action to assist retired players (and their families) who are in need due to memory loss and related illness. The most well-known example of that outreach to our players is the 88 Plan (named after Baltimore Colts Hall of Famer John Mackey) to help our players struggling with dementia, Alzheimer's, and Parkinson's, regardless of the cause of the disease. The 88 Plan contributes up to \$88,000 annually for the extraordinary care these men need. The payment requires no proof of football-related injury. Instead, if one of our players tragically joins the millions of Americans in receiving a diagnosis of dementia or Alzheimer's he will receive the assistance – regardless of family history or other possible non-football links to these diseases. While we are saddened that more than 100 members of the NFL family have needed this assistance, we are pleased to help them in their time of need. We are prepared to help any of those individuals—and their families—who need medical assistance.

Indeed, I understand it is one of the NFL's own commissioned surveys that served as an impetus for today's hearing and so I would like to discuss that survey and put it into context from my perspective. The survey—initiated by our office and paid for by the NFL Player Care Foundation-- was completed by researchers at the University of Michigan and grew from a desire on our part to better understand the condition and needs of our retirees. We have had more than 21,000 players participate in an NFL game over the years. This phone survey of 1,070 alumni conducted in late 2008 provided us with essential data to aid in our future efforts.

We discovered much good news. For example, our former players are better insured, have higher incomes, are more attached to their communities and have longer marriages than the

population at large. We also learned that they have lower rates of diabetes, cardiovascular disease and obesity than their contemporaries. We added important data to what we already knew about increased reports of arthritis and joint pain. And, we saw 56 cases of self-reported dementia, Alzheimer's and other memory-related issues.

While this was a telephone survey and not a true medical diagnosis, we share the views of the Michigan researchers that the number of retired players reporting memory related problems is a concern that needed further research. I understand that Dr. David Weir, the lead researcher at the University of Michigan, will testify later today and can address what he and his colleagues found and what they did not find. Nonetheless, and consistent with obligations of confidentiality, we have directed Dr. Weir to contact in a confidential manner those 56 former players and their families who reported memory problems to see if they are receiving 88 Plan funding and offer them the opportunity to have follow up medical work done at our expense. That process has already begun.

More can be done for the retired players. As you know, we are currently negotiating with the Players Association an extension to our collective bargaining agreement, which expires in 2011. If we enter the 2010 season without a salary cap, the NFL is not required under the CBA to fund certain benefits for retirees. Nonetheless, I gave my commitment in writing last August to our retired players that there will be no change in the funding of pensions or disability benefits, including the 88 Plan. We also will continue to accept new applications for assistance regardless of the direction that CBA negotiations take us.

In conclusion, Mr. Chairman, we are proud of the affirmative steps we have taken in helping our retired players in need and we know, in turn, that many of them appreciate what has been done for them or a needy ex-teammate. We have not waited on medical science or political prodding to improve the care our alumni receive. You and our NFL retirees have my assurance that we will continue to do all that we can to make certain that they are treated with the care and respect they deserve.

Thank you and I look forward to taking your questions.

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