



NATIONAL FOOTBALL LEAGUE

Roger Goodell
Commissioner

November 2, 2007

Honorable John Conyers, Jr.
Chairman
Committee on The Judiciary
2138 Rayburn House Office Building
Washington, DC 20515

Honorable Lamar S. Smith
Ranking Member
Committee on The Judiciary
2138 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Conyers and Congressman Smith:

Enclosed please find responses to the questions submitted by the Committee on October 12, 2007. These responses are accompanied by substantial additional material that is responsive to the Committee's requests. We hope this information is helpful to the Committee and appreciate the opportunity to assist you and your colleagues in your review of this matter.

Sincerely,

A handwritten signature in black ink that reads 'Roger Goodell'.

ROGER GOODELL

Enclosures

cc: Honorable Linda T. Sanchez
Honorable Christopher B. Cannon

**RESPONSES OF NFL COMMISSIONER ROGER GOODELL
TO QUESTIONS FROM THE HOUSE JUDICIARY COMMITTEE**

Question 1: How many players received pensions under the Pete Rozelle NFL Player Retirement Plan from 1989 through the merger of the plan with the Bert Bell Plan in 1993? What was the average amount of pension that was paid to players in each year?

Answer:

No players received pensions under the Pete Rozelle NFL Player Retirement Plan from 1989 through the merger of the plan with the Bert Bell Plan in 1993. The Pete Rozelle Plan was established to provide benefits equal to those which would have been provided under the Bert Bell Plan had the NFL and the NFLPA continued the Collective Bargaining Agreement past its expiration in 1988. Active players continued to accrue Credited Seasons under the Pete Rozelle Plan for the 1989 Season through the 1992 Season. None of these players retired and the benefits they accrued are payable from the merged NFL Bert Bell/Pete Rozelle NFL Player Retirement Plan.

Question 2: What are the types of injuries and health problems (e.g., obesity) that players suffer while playing football? What are the implications of these injuries and problems while these individuals are still playing? How might these injuries affect players after they retire?

Answer:

Injuries are a recognized part of football, and indeed, of all competitive athletics. While they occur at all levels of competition, the management of injuries in the NFL is more comprehensive and effective than at other levels of play. NFL players experience a variety of injuries, both in kind and severity. These include injuries to joints and bones, soft tissue injuries, and injuries to the head and neck. During their playing careers, players receive almost continuous medical attention from team medical staffs, which include an orthopaedic physician, an internist, and a number of other specialists, as well as a highly-skilled professional athletic training staff. Players receive this medical care at no cost, and have the right to a second medical opinion, as well as to select their own surgeon in the event surgery is required.

Injuries can affect a player's career in a number of respects. Players whose career ends because of injury are eligible for certain compensation as provided for in the Collective Bargaining Agreement. Those players also have available the full range of NFL funded state workers' compensation benefits, which includes medical care and other forms of compensation, as well as partially NFL funded Social Security disability benefits.

Following their retirement, current players have up to five years of post-career medical care provided by the clubs in addition to their COBRA rights, workers' compensation, or disability benefits. Under the NFL Health Reimbursement Account, current players accumulate an account of up to \$300,000 which may be spent on

uninsured medical expenses, including premiums, COBRA premiums, deductibles, co-insurance and direct benefits.

Question 3: Please provide copies of all of the studies and surveys that the league has conducted, been involved in, or has hired someone else to conduct, involving players' injuries, disabilities, and health problems (e.g., obesity). In addition, please provide a list of ongoing and planned studies, if any, including, for each study, the names of the authors, their organizational affiliations, the purpose of the study, and the expected date of completion. For example, please provide information about the study mentioned in the league's August 14, 2007, press release titled "NFL Outlines for Players Steps Taken to Address Concussions," and the agreement to fund research on dementia, which was mentioned in the NFL Players Association July 25, 2007, media release. The press release states: "Research is currently underway to determine if there are any long-term effects of concussion in NFL athletes." How has the league used the data and studies?

Answer:

We have enclosed all publications relating to studies performed under the auspices of the Committee with respect to Mild Traumatic Brain Injury (concussions). Those publications identify the authors and their affiliations. Studies planned or underway include an analysis of the protective effects of mouth guards, which is being conducted by Biokinetics, a research firm in Canada; additional biomechanical studies being performed at Wayne State University and the University of Göteborg (Sweden); and the study on long term effects of concussions, which focuses on retired players.

With respect specifically to this last study, the initial data collection phase has begun and will likely continue for some time. Different phases of the study are being managed by different researchers. The goal of the study is to assess the extent to which concussions suffered by professional football players are associated with long-term health risks. We do not know when the study will be completed, although it is likely that a comprehensive study will require at least several years of research and analysis.

Our cardiovascular health committee is in the process of conducting studies on active players concerning a wide range of accepted measures of cardiovascular health, as well as more specialized measures such as echocardiograms and research into sleep apnea. A pilot research project was conducted in 2006; a broader data collection took place during the 2007 preseason and the results are currently being analyzed. An abstract based on results of a pilot project of four clubs was presented last May at the Annual Meeting of the American College of Sports Medicine, and we anticipate that as many as eight scientific papers will be published in peer-reviewed medical journals beginning next year. The committee is led by Dr. Andrew Tucker, Medical Director of the Union Memorial Hospital Sports Medicine Program and head team physician of the Baltimore Ravens, and by Dr. Robert Vogel, Professor of Medicine/Cardiology, former Head of Cardiology, and Director of Clinical Vascular Biology at the University of Maryland.

Through the Injury and Safety Panel, the NFL and NFL Charities have funded considerable medical research on a variety of subjects. Copies of all publications in our

possession are being provided to the Committee; those publications identify the authors and their affiliations.

Question 4: When was the Mild Traumatic Brain Injury (MTBI) Committee established? What is the composition of the committee, and who selects the members? What is the purpose or role of the committee? Please provide copies of the committee's studies, reports, articles, and any other publications produced, or commissioned, by the committee. Other than publications and studies, what has the committee accomplished since its inception?

The Committee on MTBI was established in 1994. A list of its members and their *curricula vitae* are attached. Certain members were selected by the NFL Commissioner, and others were invited to join by the existing Committee members. The Committee is charged with conducting basic biomechanical and medical research into MTBI in football. It has also supported applied research. Apart from the publication of 14 peer-reviewed studies, the accomplishments of the Committee include:

-- The development of a clearer understanding of the nature of concussions in football, how they are caused, and the types of impacts that are more likely to result in concussions.

-- The Committee's research has been used by the National Operating Committee on Standards for Athletic Equipment (NOCSAE), the independent agency that addresses

testing of helmets, which has revised and improved the standards and testing methodology it uses.

-- The Committee's research has been disseminated to helmet manufacturers, which have used that research to develop and manufacture more protective helmets.

-- The Committee sponsored a scientific conference last June in Chicago on the subject of concussions. A wide range of issues were discussed by physicians and scientists from both within and outside the NFL. The symposium was attended by approximately 150 people, representing all team medical staffs.

We have attached the papers published to date, and also have enclosed a copy of material distributed this summer to teams and players relating to concussion and return-to-play criteria.

Question 5: When was the Cardiovascular Health Committee established? What is the composition of the committee, and who selects the members? What is the purpose or role of the committee? Please provide copies of the committee's studies, reports, articles, and any other publications produced, or commissioned, by the committee. Other than publications and studies, what has the committee accomplished since its inception?

Answer:

The Cardiovascular Health Committee was founded in July, 2004. A list of members and their *curricula vitae* are attached, and includes team physicians and athletic

trainers, and nationally-recognized experts in cardiology and cardiovascular medicine, endocrinology and obesity, sleep medicine and cardiovascular disease epidemiology. Commissioner Paul Tagliabue named the co-chairmen of the Committee, who in turn selected the other members.

The Committee's objectives include investigating the prevalence of cardiovascular risk factors in NFL players, including hypertension, diabetes, sleep apnea and obesity; assessing how those risk factors relate to different body types and positions on the field; and evaluating the effect on cardiovascular risks of various aspects of an NFL player's life, such as aerobic training, nutrition, family history and demographics. In addition, the Committee will oversee the cardiovascular health screening and education program for retired NFL players. While the Committee expects to begin publishing reports next year, a 2006 report published in a journal entitled Research in Sports Medicine studied more than 1,000 former players and found that "professional football players live longer than non-players and that the longer the career length, the greater the longevity." E. Abel and M. Kruger, "The Healthy Worker Effect in Professional Football," Research in Sports Medicine, 14:239-243, 2006. More recently, a study of the 1969 Super Bowl Champion New York Jets found that retired players from that team are in no worse health than the general population and experienced no apparent long-term detrimental effects on physical and mental health except a higher prevalence of arthritis. American Journal of Sports Medicine, 35:1674-1679 (October 2007).

These recent studies are consistent with research conducted in 1994 by the National Institute for Occupational Safety and Health, which found that “overall, football players die at a rate 46% less than that of the general population.” The study also found that offensive and defensive linemen appear to have a higher risk of dying from heart disease than normal sized individuals in the general population. Their overall health status, including their risk of heart disease, is comparable to that of similarly-sized men in the general population.

Question 6: Other than the MBTI and Cardiovascular Health Committees, does the NFL have any committees or entities that examine health issues involving active players, former players, or both?

Answer:

The League also has an Injury and Safety Panel and a Subcommittee on Foot and Ankle Injuries. Lists of the members of the two committees and their curricula vitae are attached. The Injury and Safety Panel was founded in 1993. It developed and manages an injury surveillance system that reports the types and severity of injuries that players experience each year. These reports are used by team medical staffs to assist in injury prevention and treatment, and by the Competition Committee to assist in the development of playing rules that promote safety. Rules and enforcement are reviewed annually. Finally, the Panel evaluates research proposals and makes recommendations regarding grants to support research. A list of grants made over the last five years is attached.

The Foot and Ankle Subcommittee was founded in 2005. It collects and analyzes injury data on foot and ankle injuries, works with shoe manufacturers to encourage the development of more protective equipment, and educates team equipment managers and medical staffs on these matters. The Subcommittee has commissioned studies by Boise State University and Michigan State University analyzing how shoe and turf factors relate to these injuries.

Question 7: How many players have retired because of an injury or injuries?

What types of injuries did these players sustain? Indicate the number of players who sustained each type of injury?

Answer:

We do not know how many players end their careers because of injury. Players retire for many reasons: because they do not make the team, because they wish to start their second career, because they lose the desire to play, or because they wish to spend more time with their families. No records are kept regarding the reasons that players retire.

An estimate of the number of players who may have retired because of injury is the number of NFL players who received additional compensation because they did not pass their pre-season physical due to an injury sustained during the prior season and thus were unable to play. 4,362 players who earned a Credited Season during the 1993 through 2004 Seasons appear to have retired. 181 players have received the additional

compensation, most of whom have not returned, and can also be considered “retired.”

Four (4) players qualified to receive the maximum \$224,000 annual payment for total and permanent disability since the 1993 Season.

Question 8: Describe the process used for funding the Retirement Plan and other benefits and programs. Who contributes funds, and how are the funds allocated among the Retirement Plan, other benefits and programs, and all other expenses (for example, players’ salaries)?

Answer:

The salary cap for all player pay and benefits is estimated each year before the season based upon projected League revenues. An estimate of player benefit costs is also made. The amount for player benefit costs is set aside to fund the negotiated benefits and the remaining amount of the estimated salary cap is available to pay player compensation.

The Bert Bell/Pete Rozelle NFL Player Retirement Plan is a defined benefit plan. The funding for the plan is determined pursuant to federal rules based on actuarial assumptions determined by collective bargaining and acceptable to the plan’s Enrolled Actuary. The principal cost elements are the current service cost, estimated expenses, and amortization payments. The pension cost is charged pro rata to the 32 Clubs and is paid by the NFL on behalf of the Clubs by the last business day each March.

Other benefits are paid by the NFL on behalf of the NFL Clubs as follows:

<u>Plan</u>	<u>Payment Arrangement (for Eligible Players)</u>
NFL Player Supplemental Disability Plan	Quarterly estimated advance payments
NFL Player Second Career Savings Plan (401(k) Plan)	Employee contributions from payroll between November to March; matching employer contributions up to \$20,000
NFL Player Annuity Program	Club contribution of \$65,000 for each player for the fourth and subsequent credited season
NFL Player Group Insurance Plan (includes life insurance, accidental death & dismemberment, medical, dental and five-year post-career medical/dental continuation)	Trust account funded in advance each March for the following season
NFL Player Health Reimbursement Account Plan (post five-year medical/dental continuation plan spending account)	Present value of \$25,000 account accrual per season paid each March
88 Plan (Dementia Benefits)	Quarterly estimated advance payments
Severance Plan	Paid by the Club from which the player retires
Tuition Reimbursement	Paid by the player's current Club, or by his last Club in the case of a retired player who uses the Tuition Reimbursement plan.

Question 9: Provide a list of contributions the NFL has made to organizations and funds that provide assistance to players and former players. Include the amount of money contributed, the name of the recipient, and the year the donation was made.

Answer:

In 2006, NFL clubs contributed approximately \$388 million to fund the benefit programs listed above in the answer to Question 8, and we estimate that the cost in 2007 will be \$350 million. For the ten years 1998-2007, the amount contributed to fund these benefits will be \$2.2 billion. Apart from the contributions to fund the Bert Bell Plan, the disability plans, and the other benefits identified above, the NFL regularly contributes to the NFLPA's Player Assistance Trust (PAT). Recent contributions have been in the following amounts:

1997	350,000
1998	350,000
1999	350,000
2000	700,000
2001	700,000
2002	700,000
2003	700,000
2004	1,000,000
2005	1,250,000
2006	1,250,000

In addition to these contributions, the League distributed \$2,814,692 to the PAT from player fines collected for on-field incidents and contributed \$1,400,000 to the NFL Alumni Association's Dire Need Fund since 2000. The League has also agreed to make an additional \$10 million contribution to fund certain medical initiatives of the "Alliance"

– an umbrella group of organizations that includes the NFL, NFL Players Association, NFL Alumni Association, and Pro Football Hall of Fame – which will benefit retired players and their families. This is in addition to amounts that the League agreed to contribute to the Alliance earlier this year.

Apart from these amounts, individual NFL clubs also fund a wide range of efforts for former players, generally players who were on that club. Because these contributions are not coordinated or reported centrally we do not have the amounts available to us.

Question 10: If the NFL conducts an education program for players on injuries and the short-term, as well as long-term, benefits and risks of common treatments for injuries and pain associated with injuries, provide information about this program, including copies of the materials, if any, that are provided to players.

Answer:

Education regarding injuries and related matters is principally done by team medical staffs. The League recently distributed material to players, coaches and others regarding concussions; that material accompanies these responses. In other contexts, for example, heat and hydration, the materials are developed by the NFL Physicians Society and shared with team medical staffs. The NFL and the NFLPA have agreed to policies and programs relating to substances of abuse (drugs and alcohol) and anabolic steroids and related substances (performance enhancing substances). Copies of those policy statements are enclosed.

Question 11: Please provide information about the NFL Alumni Association's Dire Need Fund, the Hall of Fame Enshrinee Assistance Fund, and any other funds or organizations of which you are aware that provide financial or medical assistance to former players. Indicate which funds or organizations, if any, are affiliated with the league.

Answer:

The NFL Alumni Association Dire Need Fund was established in 1999 to provide relief and financial support for retired players to meet medical, prescription, housing, food or other needs. Assistance is limited to \$10,000 for any request, and current eligibility is limited to former players with income under \$75,000 each of the prior two years. The NFL has contributed \$1,400,000 to the Dire Need Fund since 2000. The Pro Football Hall of Fame Enshrinees Assistance Fund was established in 2002 primarily for the benefit of Hall of Fame players in financial need. The NFL has contributed \$103,000 to that fund since 2003. Beyond financial contributions the NFL has no direct affiliation with and does not administer the Hall of Fame Fund.