CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON EDUCATION

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January 23, 2015
Start: 11:10 a.m.
Recess: 02:40 p.m.

HELD AT: Council Chambers – City Hall

B E F O R E:
COREY D. JOHNSON
Chairperson

DANIEL DROMM
Chairperson

COUNCIL MEMBERS:
INEZ D. BARRON
JAMES G. VAN BRAMER
MARIA DEL CARMEN ARROYO
MATHIEU EUGENE
PETER A. KOO
RAFAEL L. ESPINAL, JR.
ROBERT E. CORNEGY, JR.
ROSIE MENDEZ
ALAN N. MAISEL
ANDY L. KING
ANTONIO REYNOSO
CHAIM M. DEUTSCH
DANIEL R. GARODNICK
DEBORAH L. ROSE

COUNCIL MEMBERS: (CONTINUED)

INEZ D. BARRON
JUMAANE D. WILLIAMS
MARGARET S. CHI
MARK LEVINE
MARK S. WEPRIN
MARK TREYGER
STEPHEN T. LEVIN
VINCENT GENTILE

2 [gavel]
3 CHAIRPERSON JOHNSON: Good morning
4 everyone. I'm Council Member Corey Johnson, Chair
5 of the Council's Committee on Health. I want to
6 thank Chair Dromm of the Education Committee for
7 joining me today to hold this important hearing.
8 And I would like to extend my gratitude to my
9 friend Council Member Steve Levin the sponsor of
10 this legislation before us for his leadership on
11 this really important issue that we are no pun
12 intended tackling today. Council Member Levin is
13 going to talk in more depth about his legislation
14 but I'd like to begin by saying these bills are
15 incredibly important. Introduction number 85 would
16 require every youth tackle football league that
17 uses a city park property to have a doctor at every
18 game and a doctor or athletic director at every
19 contact practice. It would institute return to play
20 rules that are designed to protect players from
21 getting injured again before they have the chance
22 to heal. The bill would also institute
23 comprehensive reporting by the Department of Health
24 and Mental Hygiene on youth football injuries, the
25 result of concussion assessment tests, and

2 information about athletes return to play.
3 Introduction number 86 would create a youth sports
4 health and safety task force that would study
5 sports injuries and issue a report in
6 recommendations regarding safety. Football is a
7 dangerous sport. According to the institute of
8 medicine football not only is the highest rate of
9 brain injuries of any high schools sport, [clears
10 throat] excuse me [clears throat], but these
11 injuries occur at a rate nearly twice that of
12 college football players. And just this past fall
13 news reports cited football injuries as the
14 potential cause of deaths for three separate high
15 school players. In the past few years we have
16 learned about the long term consequences of
17 concussions through research on chronic traumatic
18 encephalopathy, CTI, CTE. This progressive
19 degenerative brain disease has been found in former
20 NFL players and is caused by repeat head trauma.
21 The disease causes memory loss, confusion,
22 aggression, depression, and eventually progressive
23 dementia. The toll this disease has taken on these
24 players and their families is tragic. While the
25 research on CTE is emerging, especially as it

2 relates to youth, the one thing we know for certain
3 is that repeated concussions can cause lifelong
4 health issues especially when the brain doesn't
5 have the chance to recover between injuries. It's
6 too common for kids to be taught that getting your
7 bell rung is okay and that you can just shake it
8 off and play through it. Unfortunately that's part
9 of the culture of the sport. I want to be very
10 clear that we are not putting football on trial
11 today. I was captain of my high school football
12 team; played middle linebacker and right guard and
13 I loved it. Football was one of the most important
14 things for me in my adolescent and youth
15 experience. For me it was as I said one of the best
16 parts of high school. Youth sports, and not just
17 football, teach kids valuable lessons about
18 leadership, responsibility, and hard work. It gives
19 them structure and purpose and teaches you about
20 working together for something larger than
21 yourself. We have a great tradition of youth sports
22 in this city and country and we by, and by no means
23 are we trying to diminish that here today. The
24 country has been learning more and more about the
25 risks of contact sports, not just football. Every

2 state in the country has recognized this through
3 the enactment of return to play laws. The city for
4 its part has shown leadership to the public school
5 athletic league which requires doctors to be
6 present at every public high school football game
7 so they can conduct concession, concussion
8 assessment tests. And the city recently announced
9 it was receiving funding to have an athletic
10 trainer at every practice for the city's 53 varsity
11 and junior varsity teams. I applaud Mayor de Blasio
12 and Steve Tish, Chairman and Executive Vice
13 President of the Giants for their commitment to
14 this important cause. Public high school though is
15 not, is only one piece of the picture. The city has
16 approximately 150 football fields that are also
17 used by private schools and youth leagues. I join
18 Council Member Levin in his concern for the players
19 in these leagues. We are eager to learn what
20 measures are being taken by these teams to reduce
21 the risk of head injury in games and practices. Are
22 players adequately being assessed for head
23 injuries? Are they returning to play too quickly
24 putting them at risk for long term brain damage. I
25 have the sincerest belief that there is not a pop

2 warner or peewee football coach or parent out there
3 that doesn’t share this concern. And I know we’re
4 going to hear from some of these leagues today
5 about steps they have taken to improve concussion
6 assessment, coach education, and return to play
7 rules. We’re dealing with an emerging area of
8 medical research and I think we have a lot to
9 learn. I look forward to beginning this
10 conversation. Before I turn it over to council
11 member and chair of the Education Committee Danny
12 Dromm I would like to acknowledge my colleagues on
13 the Health Committee who have joined us today.
14 Currently we’re joined by Council Member Robert
15 Cornegy from Brooklyn who’s a member of the Health
16 Committee. I also want to thank my Legislative
17 Director Louis Cholden Brown, the Health Committee
18 Council Dan Hafitz, the Policy Analyst for the
19 Health Committee Crystal Pond, and Carillion
20 Francisco the finance Analyst for the Health
21 Committee. I would also like to acknowledge and
22 thank Council Member Levin’s staff Rommie Metal
23 and… for their work in preparing for today’s
24 hearing. And with that I want to turn it over to
25 the chair of the Education Committee. We’ve also

2 been joined by Council Member Peter Koo from Queens
3 who's a member of the Health Committee. And with
4 that I'd like to turn it over to Council Member
5 Dromm.
6 CHAIRPERSON CHAIRPEERSON DROMM: Thank
7 you. I'd like to thank my colleague Steve Levin for
8 sponsoring Intro 85 and Intro 86 and Corey Johnson,
9 Chair of the Health Committee for holding this
10 hearing on such important legislation. As noted by
11 Chair Johnson Football is a dangerous sport and
12 there has been considerable media attention to the
13 dangers of football recently thanks in large part
14 to litigation by national football league players
15 over repeated head injuries. In fact football is
16 the most common sport with concussion risks for
17 males. High school football players are nearly
18 twice as likely to get a concussion as high school
19 athletes playing other sports. Further high school
20 football players sustained brain injuries at nearly
21 twice the rate of college football players. The
22 dangers of such, such injuries cannot be
23 overemphasized. This past fall alone news reports
24 cited football injuries as the potential cause of
25 death of three separate high school players in

2 three different states. Clearly we have to do more
3 to protect our youth from football related injuries
4 and death. While the Public Schools Athletic
5 League, PSAL, already requires doctors on the field
6 at league games there is no requirement for medical
7 personnel at practices where they can still be at
8 risk of concussion or other injury. Intro 85 would
9 require a doctor to be present at any football game
10 with youth participants playing. It would also
11 require a doctor or an athletic trainer to be
12 present at any football practice with youth
13 participants playing. The bill would also require
14 that the doctor or athletic trainer complete a form
15 on each injured player and provides that the
16 Department of Health and Mental Hygiene would have
17 to submit an annual report to the city council and
18 the mayor compiling the data from those forms.
19 Intro 86 would create a youth sports health and
20 safety task force to study youth sports in New York
21 City. The task force will consist of seven members,
22 one member appointed by the mayor who must be a
23 medical professional, three members appointed by
24 the speaker of the council including at least one
25 member with a background in education and one

2 member with experience in sports management and the
3 Commissioner of DOHMH, the Commissioner of
4 Department of Parks and Recreation, and the
5 Chancellor of the Department of Education or their
6 designees. The task force would track injuries
7 sustained during youth sports activities and
8 analyze how such injuries affect the youth
9 participants' educational performance and behavior.
10 The task force would also make specific
11 recommendations to the mayor and council for the
12 prevention and alleviation of such impacts. The
13 bottom line is that we have to do all we can to
14 protect the health and wellbeing of New York City's
15 children and youth. And these bills would provide
16 added protection to those who play football. I
17 would like to remind everyone who wishes to testify
18 today that you must fill out a witness slip which
19 is located on the desk of the sergeant at arms near
20 the front of the room over here. Please indicate on
21 the witness slip whether you are here to testify in
22 favor or in opposition to Intro 85 and 86. I also
23 want to point out that we will not be voting on
24 these bills today as this is just the first
25 hearing. To allow as many people as possible to

2 testify testimony will be limited to three minutes
3 per person. Now I'd like to turn the floor over to
4 my colleague Steve Levin for his remarks regarding
5 Intro 85 and Intro 86. Thank you.
6 COUNCIL MEMBER LEVIN: Thank you very
7 much. Thank you very much and good morning
8 everybody. My name is Steve Levin and I am the
9 sponsor of introductions 85 and 86 bills that are
10 aimed at increasing safety in youth sports. I want
11 to begin by thinking chairs Corey Johnson and Danny
12 Dromm for holding today's hearing. Both chairs
13 Johnson and Dromm have been true leaders in
14 supporting our city's children. And I want to thank
15 them for their dedication and advocacy. I also want
16 to extend my thanks to the representatives from the
17 Department of Health and Mental Hygiene, Department
18 of Education, and the Department of Parks and
19 Recreation for testifying today as well as the
20 medical professionals advocates and everybody else
21 who has joined us this morning. In just over one
22 week the New England Patriots and the Seattle
23 Seahawks will face off in the super bowl,
24 football's biggest game. Millions of fans across
25 the country will tune in including children who

2 dream of one day making it to the NFL themselves.
3 While many of us are looking forward to watching
4 the big plays that will take place on super bowl
5 Sunday it is also important that we consider the
6 serious risks of playing such a physical game. It
7 has been well documented repeatedly in recent years
8 that concussions are a serious issue at all levels
9 of football from peewee to the pros. Repeated
10 trauma which include multiple concussions, can
11 trigger progressive degeneration of the brain
12 tissue. This makes the fact that football players
13 have a clear desire to play in spite of injury
14 alarming. Last year survey results show that 85
15 percent of NFL players would play in the super bowl
16 with a concussion despite understanding the serious
17 consequences of playing with a concussion. Without
18 the right people making decisions about when a
19 player should and should not be on the field
20 players will continue to put themselves at risk.
21 One statistic that jumped out at me in preparing
22 for today's hearing came from the Southwest
23 Athletic Trainer's Association noted that 50
24 percent of second impact syndrome incidents, those
25 are brain injuries caused by premature return to

2 activity after suffering an initial concussion, 50
3 percent of those, of those incidents, the second
4 impact syndrome incidents result in death. That is
5 a very alarming and serious statistic which
6 highlights the risk particularly with the type of
7 injury that can result from a premature return to,
8 to play. We are here today because we value the
9 health and safety of our children. Their wellbeing
10 comes before anything else. Football and other
11 sports teach teamwork and sportsmanship, build
12 character, and keep our children active but safety
13 has to be prioritized before winning games.
14 Professional athletes who will be playing in the
15 super bowl undergo extensive testing by medical
16 professionals to return to play after suffering a
17 concussion and yet we do not at the moment require
18 anything close to that for our children. The
19 legislation that I proposed today would create new
20 safety measures for youth athletes who play in New
21 York City. Introduction 85, the youth football
22 safety act would require a doctor on premises for
23 every single football game as well as an athletic
24 trainer or doctor on premises for all full contact
25 practices. Taking the decision of when to

2 administer standardized assessment of concussion
3 testing out of the hands of coaches and parents and
4 into those of medical experts with adequate
5 training. Additionally the legislation requires the
6 New York City Parks permitting applications only to
7 be provided if it is indicated that the necessary
8 medical professionals will be in attendance and
9 requires increased reporting on all injuries and
10 standardized assessment of concussions testing. The
11 legislation would affect all youth teams in New
12 York City including but not limited to the public
13 high school athletic league, PSAL, catholic high
14 school league, and pop warner and other youth
15 football leagues. Football is not, is not the only
16 sport where youth athletes experience serious
17 injuries. The other, the other piece of legislation
18 being heard today, Intro 86 would create a youth
19 sports health and safety taskforce. This taskforce
20 will study youth sports in New York City and track
21 injuries sustained during youth sports activities
22 and analyze how such injuries affect the youth
23 participant’s educational performance and behavior.
24 The task force would then make specific
25 recommendations to the mayor and the council for

2 the prevention and alleviation of such impacts. I
3 would also like to take this opportunity to
4 acknowledge the current efforts of the Department
5 of Education and the PSAL for the, the, the
6 standards that are currently in place which
7 particularly when it comes to high school games is
8 a very high standard. I also want to acknowledge
9 the de Blasio administration for announcing just in
10 recent weeks along with Steve Tish, the New York
11 Giant's Chair and Executive Vice President… the
12 donation from Mr. Tish of 1.2 million dollars so
13 that there could be medical professionals on site
14 during all high school full contact practices that
15 is elevating the standards of safety for our high
16 school and junior varsity athletes. However it's
17 still, is not covering our younger children. I
18 believe strongly that we must do everything we can
19 to ensure the safety of our children playing youth
20 sports in Intros 85 and 86 are important pieces of
21 legislation to help accomplish just that. One other
22 thing that I wanted to note and also preparing for
23 today's hearing I came across an article from the
24 Washington Post from about a year ago. And there is
25 a sports injury specialist name Dom, Dawn Comstock

from the University of Colorado who was interviewed for that article. And she said in summary that quote the positive of sports as physical activity still far outweigh the negatives she said. But we just need to make it as safe as possible. We want to encourage our young people to engage in sports. We are not singling out a particular sport here. We are not trying to go after football as an organized sport. But we, what we want to do is we want to make it as safe as possible. It is my belief that currently it is not as safe as it can possibly be and that's what our goal is to do today. So I want to thank you again Chairs Johnson and Dromm. Thank you to our representatives from the administration for your testimony. I look forward to hearing testimony today. Thank you.

CHAIRPERSON JOHNSON: Thank you Council Member Levin. I also want to acknowledge that we are joined by Council Member Mark Treyger from Brooklyn a member of the Education Committee, Council Member Alan Maisel from Brooklyn member of the Education Committee, and we were joined by Council Member Espinal, a member of the health committee. I think that this topic is timely given

2 that the super bowl is next weekend. I will come
3 out today as a New England Patriots fan though we
4 will not be discussing uninflated balls we will be
5 talking about the importance of protecting young
6 people and youth in the city so I, with that I want
7 to turn it over to folks from the administration
8 who are here to testify. Erich Goldstein from the
9 New York City Department of Education is with us,
10 Liam Cavanagh from the New York City Department of
11 Parks and Recreation and Doctor Cheryl Lawrence
12 Medical Director of the Office of School Health for
13 the Department of Health and Mental Hygiene. And
14 before you testify I would like to swear you in. If
15 you could please raise your right hand. Do you
16 affirm to tell the truth, the whole truth, and
17 nothing but the truth in your testimony before this
18 committee and to respond honestly to council member
19 questions? Thank you very much. You may proceed in
20 whatever order you'd like. If you could please just
21 identify yourself for the record and the mic is on
22 when the red light is on. Thank you. Oh, and we've
23 also been joined by Council Member Rosie Mendez
24 from Manhattan, a member of the Health Committee.
25

LIAM CAVANAGH: Good morning Chairs Dromm and Johnson and members of the Education and Health Committees. I am Liam Cavanagh, First Deputy Commissioner of the New York City Department of Parks and Recreation. And as Chair Johnson mentioned I'm joined on the panel by Erich Goldstein from the Department of Education and Doctor Cheryl Lawrence from the Department of Health and Mental Hygiene. Thank you for inviting me to testify today regarding Intro 85 which prescribes new permitting and reporting requirements for youth tackle football and Intro 86 regarding the creation of a youth sports health and safety task force. The New York City Parks oversees more than a thousand athletic fields and over 4,000 courts. We issue thousands of sports permits each year representing over 700 thousand hours of playing time. Football's a popular sport throughout New York City park, park system. We have 76 dedicated football fields and over 70 dual purpose fields where football is also played. The fields are located throughout the five boroughs and host New Yorkers of all ages. There are currently 65 youth tackle football leagues that receive permits

2 for our fields. In 2014 162 youth tackle football
3 permits were issued which represented over 17
4 thousand hours of playing time, roughly 85 hundred
5 either practices or actual games. The Parks
6 Department commends the council for its focus on
7 ensuring that health and safety of our youth
8 involved in sports as promoting a safe, active, and
9 healthy lifestyle for children is a primary goal of
10 our department. Regarding Intro 86 the Parks
11 Department fully supports the goal of promoting an
12 active and healthy lifestyle for children as
13 evidenced by our many youth oriented programs such
14 as kids in motion and leagues and sporting
15 opportunities we offer through our recreation
16 center throughout the year. Addressing the serious
17 concern of youth injuries in, in sports is vitally
18 important. And we believe both youth sports health
19 and safety taskforce will empower a varied group of
20 experts and interested parties to make
21 recommendations to help secure the health and
22 safety of New York City’s children going forward.
23 Participating in the proposed youth sports health
24 and safety task force would very much align with
25 the agency’s ongoing commitment to get kids off the

2 couch, out from in front of the screen, and into
3 their neighborhood parks in a safe manor. As such
4 we'd be delighted to join our fellow agencies and
5 other members participating in such an advisory
6 board. And while we applaud, again applaud the
7 council for their focus on, on youth safety,
8 something that we, we share and that is important
9 part of our administration of parks throughout the
10 city. We do have some concerns regarding Intro 85
11 as it's currently written. First of all safety is a
12 top priority regarding the use of our facilities.
13 We are also mindful of the burden this bill might
14 place on community based organizations. As I'm sure
15 you are aware most youth sports outside of the
16 school system are organized and developed by
17 community volunteers who do a tremendous job of
18 providing structured opportunities for kids to play
19 and organize sports all over the city. It's, it's a
20 really unsung part of what makes community life
21 and, and New York City such, such a vital and
22 vibrant thing. Many of our youth football teams are
23 based in, in poor communities. And we're concerned
24 that you know the impact of, of the bill as written
25 might have a, have a chilling economic impact on

those, on those organizations. Additionally we feel that some of Intro 85's provisions would be difficult for the Parks Department to adequately enforce. And it might create some potential liabilities for the city if there was an expectation that we were to enforce the requirements that a doctor an athletic director be present at every game or practice as I mentioned that represents perhaps 85 hundred individual games or practices that take place during a compressed time of the year. Most of the football permits are concentrated in the fall. And you know they, they happen simultaneously at many facilities around the city. It could encourage a disregard for other rules if, if it, if it's perceived that we're not enforcing a rule that we have created to the fullest possible extent. There are also some administrative burdens that on the Parks Department that the rule would impose. Typically we issue permits for large blocks of time over the course of the entire season. If we were required to identify the doctor or athletic director for each and every game or practice it would seriously affect the way that we process and issue those permits. It's not

a, a major issue but it is something that we would have to figure out how to solve. On field enforcement the legislation would also be a serious concern. As written it does not require that. But there is a concern that if there is a rule requiring a, a licensed professional to be on site at all times during games and practices there could be an expectation that we enforce that, and make sure that it occurs. And that would also provide, create rather an enforcement burden for the Parks Department that may not have been anticipated in the rule or the law as, as it was written. With close to 70 youth tackle football leagues operating concurrently as I said it would be difficult for the Parks Department to adequately enforce that requirement to have a doctor or athletic trainer. Intro 85 further requires that a doctor or athletic trainer must complete a post-game form affirming that they attended each game or practice evaluating the number, severity of injuries, and the results of any concussion test given. With over 17 thousand hours a year of permitted playing time for youth tackle football this would result in, in thousands of post games reports, perhaps as many as 85

2 hundred over the course of a season. And it would
3 be difficult for the agency to absorb that and,
4 and, and manage it in a meaningful way other than
5 simply collecting reports which probably would not
6 advance the, the goal of, of improving youth
7 safety, youth health and safety. Further there's no
8 way for the Parks Department to follow-up or ensure
9 that any of the participants who identify of having
10 been injured or undergoing a concussion test or
11 actually cleared to return to play. And that may
12 also create a false expectation that we're
13 overseeing the results of those reports and taking
14 action to prevent a, an athlete from returning to
15 play without being properly cleared by a medical
16 professional. Lastly and it is anticipated in the,
17 in the legislation there are some concerns about
18 the potential privacy rights that when it comes to
19 doctor patient privileges and we'd be concerned
20 about having information that was in violation of
21 those types of laws and regulations. Those issues,
22 some of those issues may best be addressed by
23 colleagues of the Department of Health and Mental
24 Hygiene. But we also have a concern about Section
25 18-142 Section B of the bill which is currently

2 written would effectively outlaw casual or pickup
3 tackle football games in city parks even for
4 adults. It’s not a widespread practice but people
5 still do play football outside of structured
6 leagues and essentially it would be outlawed under
7 the, under this bill as currently written and also
8 create a potential for enforcement issues within
9 the Parks Department that I don’t think was an
10 intended goal of the legislation. But I, I look
11 forward to working with all of you as we help build
12 a healthier and safer future for New York City’s
13 youth. I thank you for allowing me to testify
14 before you today and I’ll be happy to answer any
15 questions you may have.
16 CHAIRPERSON JOHNSON: Thank you
17 Commissioner. Whoever wants to go next may go.
18 COMMISSIONER GOLDSTEIN: Good morning
19 Chairs Dromm and Johnson and all the members of the
20 education and health committee here today. My name
21 is Erich Goldstein and I’m the Chief Executive
22 Officer for the Office of School Support Services
23 within the Division of Operations at the New York
24 City Department of Education. Thank you for the
25 opportunity to testify here today. As you’re aware

2 last month Mayor de Blasio announced a 1.2 million
3 dollar donation to the public school's athletic
4 league from New York Giant's Chairman and executive
5 Vice President Steve Tish. The donation will
6 provide 54 new certified trainers and EMTs to
7 oversee all contact, all contact football practices
8 at schools with varsity and junior varsity teams.
9 As a result nearly 35 hundred high school football
10 players will have trained professional, trained
11 personnel at their practices helping avoid injuries
12 and ensuring a swift response if a player is hurt
13 on the field. With that said it is important to
14 note that the PSAL places the highest priority on
15 ensuring the health and safety of its student
16 athletes and has always been an industry leader in
17 providing a safe environment for competitive high
18 school athletics. For example the PSAL is the first
19 athletic program that I'm aware of, of any major
20 American school district to a point a medical
21 director. We're lucky that Doctor Dennis Cardone a
22 Clinical Associate Professor at NYU Hospital for
23 Joint Diseases in the Department of Orthopedic
24 Surgery was appointed last year in June. Among his
25 first priorities is to ensure compliance with the

2 DOE’s concussion policy and to work with Doctor
3 Platta [sic] from School Health and Doctor Lawrence
4 who’s here today on our overall health and safety
5 initiatives. Further a PSAL football game can only
6 commence if an authorized doctor is present and if
7 a defibrillator, an AED is onsite. All student
8 athletes must have on file prior to the start of
9 the season a current medical certificate and a
10 parental consent form. All PSAL coaches are
11 licensed DOE teachers. Teachers other than physical
12 education teachers who become coaches must complete
13 three coaching certification courses prior to
14 conducting their first practice. Coaches must be
15 certified in first aid, CPR, AED, and then the
16 fourth one concussion management which consists of
17 both CDC training as well as PSAL approved course.
18 Thank you for the opportunity to testify and your
19 leadership on these issues and I welcome any
20 questions you may have.
21 CHAIRPERSON JOHNSON: Thank you Mr.
22 Goldstein. As I said we are joined by Doctor Cheryl
23 Lawrence. She does not have testimony but she’s
24 available to answer any questions for members of
25 the council as it relates to her position as

2 medical director for the Office of School Health at
3 the Department of Health and Mental Hygiene. We
4 have also been joined by Council Member Margaret
5 Chin from Manhattan. So I have a, start off with a,
6 a few questions and then I'm going to turn it over
7 to Chair Dromm. And then we'll hear from Council
8 Member Levin. So you raised concern about
9 enforcement and administrative problems related
10 data gathering bout injuries. Given the importance
11 of collecting more information about youth safety
12 and health what recommendations would you have for
13 making data gathering possible?
14 LIAM CAVANAGH: I, I would not claim to
15 be an expert on, on data gathering. I'm just
16 concerned that as written the reports may not be
17 submitted in a way that you know they, they are
18 likely to be submitted through the regular mail
19 systems may not show up for days or weeks after the
20 incidents or the, the games or practices have
21 occurred and would not, and would be perhaps
22 perceived as being a way for an agency like the
23 Park Department to provide oversight of the
24 enforcement or the application of the, you know of
25 the requirements of this law when in practical

2 terms we would not be able to do that. I, I
3 certainly share the idea that more data is better
4 and creating ways in which people can submit it in
5 a timely fashion and be aggregated electronically
6 to avoid you know the, the, the administrative
7 burden of trying to you know, to put you know huge
8 amounts of data together in a, in a, in an
9 effective way. But knowing the organizations that
10 typically you know provide the league structures in
11 my experience most of them don't have the sort of
12 sophisticated electronic capacity to, to gather and
13 produce and transmit reports in a, in a timely
14 manner. And that might be another difficulty for
15 them to comply effectively with, with the
16 legislation. But we have no objection to the, to
17 the, to the goal of capturing information and using
18 it to help inform policy rules or laws going
19 forward.
20 CHAIRPERSON JOHNSON: I, I am glad that
21 we share the same goal. And I know that the
22 Department of Parks and Recreation as well as many
23 other city agencies currently gather significant
24 amounts of data for reporting purposes whether it's
25 through 3-1-1 or the use of fields or you know

there are many things that are collected. I think that we could work together as a council and with your respective agency and advocates to come up with a way to gather data that would be able to inform us while at the same time not make it too much of a burden for you all. So I think we can work on that together. So I, I know that Mr. Goldstein you testified that because of the 1.2 million dollar donation to the public school's athletic league form Steve Tish from the New York Giants there will be an additional 54 new certified trainers and EMTs to oversee all contact football practices at schools with varsity and junior varsity teams. As a result you said 35 hundred high school ball players will have trained personnel at their practices. With that donation, with that new allocation to achieve 54 additional trainers and EMTs how many trainers and EMTs currently are employed by the Department of Education total?

COMMISSIONER GOLDSTEIN: The, the practice was at games we had doctors. In the past before this grant we had just a handful. It was up to the schools. Some schools could frankly afford to have a certified trainer there, others not.

2 Through this grant it really allowed us to turbo
3 charge and jumpstart that process which we started
4 this season rolling that out. And next season we
5 expected to have the, the full complement of
6 certified trainers covering all contact practices.
7 CHAIRPERSON JOHNSON: But you don't have
8 exact data and numbers on… before this what was the
9 number?
10 COMMISSIONER GOLDSTEIN: Before this we
11 can get that. I don't have that to hand but it was
12 just a, a, you know if it was approximately 10
13 percent of the programs it was a very very small
14 number.
15 CHAIRPERSON JOHNSON: I have a question
16 for, for Doctor Lawrence. So I know there was
17 concern potentially about doctors maybe not filing
18 the forms in an entirely accurate way. I mean I, I
19 don't share that concern because I would imagine
20 that doctors aren't going to put their licenses on
21 the line by filing false forms. You know you, I
22 know you wouldn't do that. Do you have any concern
23 about that, about getting actually accurate
24 information from doctors who are there at the games
25 or practices?

2 DOCTOR LAWRENCE: That is a difficult
3 question to ask. But I, I'm, there may be other
4 problems in terms of the, the protocol to capture
5 the data. But it's, it will be difficult to know
6 for, to speak to the practices of all our
7 physicians but in general I don't think physicians
8 would falsify any documentation but you know… So
9 it's hard to give a, a general answer.
10 CHAIRPERSON JOHNSON: I'm going to turn
11 it over to, to Chair Dromm. I, I just want to
12 mention I know that Commissioner Cavanagh you had
13 said at the end of your testimony that there was
14 concerns that potentially the bill currently
15 written as written could effectively outlaw casual
16 or pickup tackle football in city parks even for
17 adults. I think you know this bill is specifically
18 addressing youth football and youth sports. And we
19 of course can clarify the language because again
20 that is not our intent. I, I actually 11 years ago
21 started a football league in New York City, the New
22 York Gay Football League. We have 400 people that
23 play every single weekend, men and women, and I
24 think the point here is to try to protect young
25 people so I look forward to working with you all

2 and with Council Member Levin to ensure that we
3 don't hinder the ability of adults being able to
4 play and with that I want to turn it over to Chair
5 Dromm.
6 CHAIRPEERSON DROMM: Thank you Chair
7 Johnson. Just a few questions. Mr. Goldstein do
8 coaches qualify as the athletic trainer? Is that,
9 are those words interchangeable?
10 COMMISSIONER GOLDSTEIN: No. No it's,
11 they're different.
12 CHAIRPEERSON DROMM: Can you explain the
13 difference to me?
14 COMMISSIONER GOLDSTEIN: Yeah a, a
15 certified athletic trainer is a certified trainer,
16 they're a, the specialist. A coach is just a coach.
17 So theoretically one could have an athletic
18 certification and be a coach. But by the
19 designation of coach does not make you a certified
20 athletic trainer.
21 CHAIRPEERSON DROMM: So the training
22 that the coaches do get doesn't qualify them to be
23 the athletic trainer?
24 COMMISSIONER GOLDSTEIN: Well the
25 training they get is extremely important and it's

2 vital that they have this training but it does not
3 qualify them to be a certified athletic trainer no.
4 CHAIRPEERSON DROMM: Okay so then in…
5 I'm wondering if, I believe that it's the, the
6 PSAL's policy to leave it to coaches to make a
7 decision whether to pull student from a game or
8 not. Is that in consultation with a doctor or an
9 athletic trainer?
10 COMMISSIONER GOLDSTEIN: Well again I
11 would just… in the past… between practice and game
12 situations. At game situations we had doctors
13 there. During practice situations in the past we
14 gave the coaches training and if a school couldn't
15 afford an athletic trainer then the coach had that
16 authority to do the concussion testimony. But with
17 the grant we're able to start the process of
18 rolling out certified athletic trainers and EMTs
19 which is now the practice going forward.
20 CHAIRPEERSON DROMM: So at a practice it
21 would be the trainer and the coach who would
22 decide…
23 COMMISSIONER GOLDSTEIN: Yeah so this,
24 this coming fall for instance you know football in
25 the PSAL will start practice in august. It'll be

2 the certified athletic trainer who has that, that
3 mission during contact practices to make that
4 decision and conclusion and assessment.
5 CHAIRPEERSON DROMM: So at games doctors
6 are required?
7 COMMISSIONER GOLDSTEIN: At games
8 doctors are required.
9 CHAIRPEERSON DROMM: Who makes the
10 ultimate decision whether to pull a student from a
11 game the, the coach or a doctor?
12 COMMISSIONER GOLDSTEIN: Ultimately it
13 should be the doctor that would make that decision
14 at a game. Again this coming fall which will be new
15 for us will also have the athletic trainers there.
16 So it will be really their prerogative at the game
17 to make that decision. They'll be probably the
18 most, medically speaking the most hands on element
19 at both contact practices and games starting this
20 fall.
21 CHAIRPEERSON DROMM: And the 1.2 million
22 that you got. That covers the 54 trainers?
23 COMMISSIONER GOLDSTEIN: It should cover
24 them. Our estimate is that it should be good for
25 about another two years or so.

2 CHAIRPEERSON DROMM: And are there any
3 plans moving forward to look for other grants or
4 how would we fund that moving forward?
5 COMMISSIONER GOLDSTEIN: We're always
6 looking for other grants, that's for sure. And any
7 help we can get would be much appreciated.
8 CHAIRPEERSON DROMM: But at this point
9 there's no plan to continue that practice unless
10 there is newfound money?
11 COMMISSIONER GOLDSTEIN: It's our hope
12 and expectation that the practice would stay in
13 place.
14 CHAIRPEERSON DROMM: Okay thank you. I'm
15 going to turn it back over to Corey Johnson, our
16 Chair.
17 CHAIRPERSON JOHNSON: Thank you Chair
18 Dromm. I want to turn it over to Council Member
19 Levin who is the primary sponsor on this piece of
20 legislation.
21 COUNCIL MEMBER LEVIN: Thank you very
22 much Chairs Johnson and Dromm. Thank you for your
23 testimony. I have a number of questions here. The,
24 the first question I have you know going to… We'll
25 start off Mr. Goldstein with the questions around

the recent grant from Mr. Tish and kind of how that comports with current PSAL regulations. The grant from Mr. Tish allows for certified athletic trainers and EMTs as well to be on site to administer concussion tests and, and monitoring for full contact practices is that right?

COMMISSIONER GOLDSTEIN: Yeah I mean the, the grant was really focused on that health and safety aspect. I mean this past fall as we're ramping up we also had to tamp into using EMTs. Going forward it's our goal really to use certified athletic trainers and not EMTs. But you know as a large system there's a ramp up. So we're working right now with a variety of sources to make sure we have enough certified athletic trainers for the, for the full compliment. But that's our goal.

COUNCIL MEMBER LEVIN: How many certified athletic trainers, do we know how many certified athletic trainers are out there in New York City currently that are working with PSAL and maybe outside of PSAL as well?

COMMISSIONER GOLDSTEIN: The total number in New York City I don't know. I know there are a number. I know that it takes some tie to ramp

2 up. But working with various hospitals and various
3 organizations you know certainly in the fall
4 starting in, in, actually in august you know we'll
5 have certified athletic trainers, really not EMTs
6 but certified athletic trainers at all, at all
7 contact practices and games.
8 COUNCIL MEMBER LEVIN: Can you speak for
9 a second about the, how the qualifications of an
10 EMT line up to, to this, to this type of work?
11 COMMISSIONER GOLDSTEIN: I'm not an
12 expert in that but what I do know is that EMT will
13 have you know basic life support and advanced life
14 support training. Certified athletic trainer has
15 more I think it's degree almost, certainly it is a
16 certification.
17 COUNCIL MEMBER LEVIN: State
18 certification.
19 COMMISSIONER GOLDSTEIN: Yeah there's a
20 certification which is really more geared towards
21 the athletic, the athlete taking care of the
22 athlete. So you know we're really focused on the
23 certified athletic trainer.
24 COUNCIL MEMBER LEVIN: Okay. Currently
25 the, the PSA rules as you said require a physician

to be on site for games. Can you speak a little bit to… and Doctor Lawrence maybe you could speak to this as well, the qualifications of a certified athletic trainer versus a physician. Why if, if athletic trainers are, are good enough for full contact practices why are they not good enough for games?

COMMISSIONER GOLDSTEIN: Oh I think they are. And the intention is to have the certified athletic trainer at a game so if… [cross-talk]

COUNCIL MEMBER LEVIN: Oh but… [cross-talk]

COMMISSIONER GOLDSTEIN: …you use the example of… [cross-talk]

COUNCIL MEMBER LEVIN: But the requirement is to have a physician.

COMMISSIONER GOLDSTEIN: Yeah but we're not going to, we're going to have a, at the games a physician and a certified athletic trainer.

COUNCIL MEMBER LEVIN: Okay, both?

COMMISSIONER GOLDSTEIN: That's, that's the plan yeah. So if I wasn't clear on that my apologies. But you know generally speaking the first response to an injury will be the certified

athletic trainer. If there needs to be some sort of escalation the doctor is there to handle that escalation. But that's… for instance that's what happens you know in the pros. So in a professional football game if a player's down the first one on the scene is the athletic trainer. And then if they need some help then they, they call in the doctor.

COUNCIL MEMBER LEVIN: But in terms of administering them the, the standardized assessment of concussion test that is, that, that is able to be handled by a certified athletic trainer, is that right?

COMMISSIONER GOLDSTEIN: That's my understanding yes.

COUNCIL MEMBER LEVIN: Now in, in, so at a game itself then who, who then administers that or who would be administering that moving forward? Is it the doctor or the athletic trainer?

COMMISSIONER GOLDSTEIN: It could be either. Certainly it could be either. They're both trained to do that. But it's anticipated that it'll probably be the certified athletic trainer but it could also be the physician.

COUNCIL MEMBER LEVIN: So currently… I want to speak to decision making process in terms of… So currently if a student is suspected of sustaining a concussion in a PSAL game, who makes the decision whether to administer the test? Because you have the physician at these games now right? So who, who's currently making the decision of whether to administer the test?

COMMISSIONER GOLDSTEIN: Well historically it was either the coach or the physician. Moving forward it's going to be the certified athletic trainer or the physician… [cross-talk]

COUNCIL MEMBER LEVIN: So if the coach, if the coach currently if a coach objects to it… Say the coach, say… disagreement… the coach says nah they're fine, doesn't need the test. The physician says mm, you know err on the side of caution here. Who, who, who trumps who in that, who trumps whom in that… [cross-talk]

COMMISSIONER GOLDSTEIN: The, the medical professionals, the certified athletic trainer or the, or the physician would trump the coach.

COUNCIL MEMBER LEVIN: Okay.

COMMISSIONER GOLDSTEIN: Yeah.

COUNCIL MEMBER LEVIN: In, in full contact practices though currently without the medical professional on site it's, it's just the coach that makes that determination?

COMMISSIONER GOLDSTEIN: Historically that was the case yes.

COUNCIL MEMBER LEVIN: Okay. I might jump around a little bit if that's okay on my questions. With regard to the youth leagues, I want to go over to the youth leagues for a second, Commissioner Cavanaugh you said that there are 65 leagues in the city, 172 permits, is that right.

COMMISSIONER CAVANAUGH: I think it was 170 permits, yes.

COUNCIL MEMBER LEVIN: 170 permits and then, and that, and those 170 permits encompass 85 hundred practices or games?

COMMISSIONER CAVANAUGH: Approximately, yes.

COUNCIL MEMBER LEVIN: There's not a permit issued for every single practice?

2 COMMISSIONER CAVANAUGH: No we typically
3 issue permit… for, for large leagues we issue
4 blocks of time covering their entire season.
5 COUNCIL MEMBER LEVIN: Okay. Do we have
6 a sense of how much that would, how much it would
7 cost to have a physician at each of the games and
8 a, and a, and a physician and/or athletic trainer
9 at, at practices, like do we have a, do we have a
10 sense, and maybe Mr. Goldstein you can answer this,
11 how much, how much does it cost to have the doctor
12 at every game? So if, for the, for the, for the
13 games currently, the PSAL games how, you know I'm
14 assuming that the, the schools have to write a
15 check to the doctors to show up. How much, how much
16 is it per game to have the doctor there?
17 COMMISSIONER GOLDSTEIN: The PSAL pays
18 for that, not… [cross-talk] the schools and it's a
19 hundred dollars per doctor per game.
20 COUNCIL MEMBER LEVIN: Hundred dollars
21 per doctor per game. Is the, is it, would that, is
22 that going to be the cost per, for an athletic
23 trainer as well or is that, do we not know?
24 COMMISSIONER GOLDSTEIN: No athletic
25 trainer is less than that.

2 COUNCIL MEMBER LEVIN: Athletic trainer
3 would be less?
4 COMMISSIONER GOLDSTEIN: Yes.
5 COUNCIL MEMBER LEVIN: Do we know how
6 much that would be?
7 COMMISSIONER GOLDSTEIN: it’s probably
8 going to be in the range of probably 35 to 45
9 dollars per hour.
10 COUNCIL MEMBER LEVIN: 35 to 45 dollars
11 per hour. So a two hour… how long is the block of
12 time for, that would be required from you know
13 before the game to, to after the game? It’s two or
14 three hours maybe.
15 COMMISSIONER GOLDSTEIN: Looking at that
16 range, that range.
17 COUNCIL MEMBER LEVIN: Okay so, so we’re
18 talking about maybe 75 80 dollars to 100 dollars
19 per, per practice or game? In terms of games now
20 because we’re having both there would be obviously
21 twice that amount. But for purposes of this bill
22 it’s you know we, we would be requiring either or.
23 So that would that then also be the, what would be,
24 I mean because we’re trying to drill down on how
25 much this would, would cost. We don’t want to put

youth sports leagues out of business. We don't put the type of burden on them so that they couldn't continue to operate. Because as we said you know in our opening statements we want to make sure that these opportunities remain there for our young people so that they can participate in organized athletics. Is that, is that what we would be looking at in terms of cost per, per game or per practice, about a hundred bucks?

COMMISSIONER CAVANAUGH: I would use that as a, as a benchmark. I don't know if that would apply to the, to the youth leagues. Presumably the Department of Education consumes a lot more of those services than a youth league would and they get a better rate on a per hour basis. That's just a speculation on my part.

COUNCIL MEMBER LEVIN: Mm-hmm.

COMMISSIONER CAVANAUGH: But using that, that number, a hundred dollars you know you're looking at a cost probably in the neighborhood of 750 thousand dollars to a million dollars a year in additional costs I would say.

COUNCIL MEMBER LEVIN: For…

COMMISSIONER CAVANAUGH: For the youth leagues.

COUNCIL MEMBER LEVIN: For the youth leagues in aggregate?

COMMISSIONER CAVANAUGH: Yes.

COUNCIL MEMBER LEVIN: Okay. Do we have a, has there been discussions with our partners at HHC for example or… I know that there's an athletic training program I think at Queens College as part of the CUNY system on whether they can be… we could tap into those resources. If, physicians obviously we have you know probably thousands of physicians through…

COMMISSIONER CAVANAUGH: Mm-hmm.

COUNCIL MEMBER LEVIN: …throughout the HHC system whether there's a, a type of partnership that we can establish with our city doctors?

COMMISSIONER CAVANAUGH: We have not had those kind of conversations yet but it's an excellent suggestion. That may be a very fruitful avenue for people to volunteer using their expertise to help you with sports in different ways than traditionally do.

2 COUNCIL MEMBER LEVIN: Mr. Goldstein has
3 there been a conversation with PSAL and HHC?
4 COMMISSIONER GOLDSTEIN: Yeah we've had
5 all sorts of conversations, certainly Doctor
6 Cardone and others have been participants in that
7 and they're very much a part of the, our agenda
8 yes.
9 COUNCIL MEMBER LEVIN: Do you know
10 Doctor Lawrence whether there's been any
11 conversations that, that DOHMH has been involved
12 with there?
13 DOCTOR LAWRENCE: No we haven't had any
14 of those conversations.
15 COUNCIL MEMBER LEVIN: Okay. In terms
16 of, of full contact practices… so we also want to
17 get a sense of how many, and if we're going to be
18 requiring… some type of medical professional at all
19 the full contact practices how many full contact
20 practices are actually being played currently? Do
21 we have a, an accurate sense of how many within the
22 PSA, PSAL system?
23 COMMISSIONER GOLDSTEIN: We do. I, I
24 just don't have it here but I know we did a survey
25

of you know contact practices and we, we do have that information we can send over.

COUNCIL MEMBER LEVIN: Okay is it, you know is it, I mean are we looking at four times a week, two times a week?

COMMISSIONER GOLDSTEIN: About two to three times a week…

COUNCIL MEMBER LEVIN: Two to three.

COMMISSIONER GOLDSTEIN: …on average.

COUNCIL MEMBER LEVIN: On average okay. And then with, with youth leagues is that, do we have a, an accurate sense there or we've been able to engage with, with the youth leagues to find out exactly what their practice is now?

COMMISSIONER CAVANAUGH: We don't have a good sense of the difference between actual competitive games and practices and which, which practices may or may not involve contact. That's something that I think we'd like to develop with the leagues as we you know further discuss this legislation.

COUNCIL MEMBER LEVIN: I mean there are, there are, obviously there are national associations that are looking at this question as

well and it would I think be helpful to consult with national best practices about what is the appropriate amount of full contact practices for a, for a youth league moving forward. I imagine that, that's, that's out there… and, and it would be helpful to kind of get a sense of what, you know what they're saying nationally. I imagine that it's not four times a week for example. I imagine that it's probably closer to two or three at, at most. That's my guess. Mr. Goldstein just looking at the question of what's the area of practice for physicians, is it any physician that could be at a, a PSAL game?

COMMISSIONER GOLDSTEIN: Yes.

COUNCIL MEMBER LEVIN: Currently?

COMMISSIONER GOLDSTEIN: Yes.

COUNCIL MEMBER LEVIN: So it could be a cardiologist or a dermatologist or an endocrinologist, it could be any, any medical professional?

COMMISSIONER GOLDSTEIN: Yes.

COUNCIL MEMBER LEVIN: Okay. Is there a question as to whether a certain area of expertise is better than others? I mean obviously you know a

neurologist or a neuroscientist probably is more equipped but beyond that is there…

COMMISSIONER GOLDSTEIN: You know we, we were just looking for competency that an MD will bring for the basic health and safety. So that was their requirement.

COUNCIL MEMBER LEVIN: Does, does PSAL currently track the number of concussions and the standardized assessment of concussion tests, like how many are administered, what the results are you know across the season? Does PSAL keep track of that currently?

COMMISSIONER GOLDSTEIN: Yeah we are, we started that. This past year we had, in terms of football, about 75 suspected head injury and concussions.

COUNCIL MEMBER LEVIN: Okay. How many, how many tests were, were given?

COMMISSIONER GOLDSTEIN: I, I don't have that to hand. I just have the, the 75 that we suspected.

COUNCIL MEMBER LEVIN: Okay. I'm assuming more than 75 were, were administered?

COMMISSIONER GOLDSTEIN: That would be my assumption as well. I just don't have that information.

COUNCIL MEMBER LEVIN: Currently P, the PSAL rule is… I just want to make, just clarify the PSA rule is that if the test is given regardless of the result a, an athlete must remain out of play for 24 hours without exhibiting any symptoms is that correct?

COMMISSIONER GOLDSTEIN: That's, that's our current bias yes.

COUNCIL MEMBER LEVIN: So obviously I, I think that that's a good thing. I think, I'm wondering whether it may, that, that hard and fast rule… does, do you, do you think that that may have a chilling affect just out of curiosity about whether, make, factoring into a decision… Say a, a coach is, is in the position of making that decision whether they may be less inclined to administer the test because once they administer the test the player's out regardless of the result?

COMMISSIONER GOLDSTEIN: You know that's certainly possible. But you know we try to err on the side of safety and caution. And ultimately we

2 need to look after our student athletes. And you
3 know our philosophy in the PSAL is really the you
4 know benefit that sport can bring certainly
5 outweigh in health and safety, certainly outweigh
6 anyone's team's win or loss on any given day. So
7 you know we try to err on the side of safety and
8 caution.
9 COUNCIL MEMBER LEVIN: Let's see… Mr.
10 Cavanaugh just going back to the, the question that
11 Council Member Johnson asked about, and he asked
12 Doctor Lawrence this question about… it addresses
13 the issue that you raised in your testimony around
14 keeping track and, and enforcing and, and
15 potentially creating an issue of liability for the
16 Parks Department. I think, if I'm, just let me know
17 if I'm characterizing this correctly. The Parks
18 Department is concerned that because you can't
19 necessarily go out and make sure that there's a
20 physician at each full contact practice or game and
21 you're charged with issuing the permit that the
22 Parks Department is, is, is concerned that there
23 may be some liability created if there's an injury
24 that is sustained and there were not to be a
25 physician on site and yet the Parks Department had

2 issued the permit that, that then there would be,
3 that would create some liability for the Parks
4 Department, is that correct?
5 COMMISSIONER CAVANAUGH: Yes.
6 COUNCIL MEMBER LEVIN: Do you… I, the,
7 the question that, that I think Council Member
8 Johnson asked was is it, would it be reasonable to
9 believe that a doctor having affirmed to the
10 Department of Health, Mental Health and the Parks
11 Department that they will be and were on site
12 whether that would relieve that liability. It's
13 the, the, you know the Parks Department going on
14 the word of a, of a licensed physician at you know
15 obviously could risk their license if, if, if they
16 were to lie on that form whether that would be
17 sufficient to, to relieve the department of, the
18 Parks Department of that liability? I think that
19 that may be a question that is above my pay grade
20 because I'm not a lawyer. But that's something that
21 we should certainly be asking corporation council
22 because you know it's, it would be reasonable I
23 think for the Parks Department I think to accept
24 the affirmation or the, an affidavit by you know a
25 licensed physician.

2 COMMISSIONER CAVANAUGH: I, I don’t
3 think we would object to accepting an affidavit by
4 a, a licensed or certified practitioner. The
5 concern is that you know a practice could occur
6 without someone present and there would be an
7 expectation that we had issued a permit on the
8 basis that there was someone present. And if an
9 injury occurred the city could be construed as
10 being liable in that situation.
11 COUNCIL MEMBER LEVIN: Right but that’s
12 why our, our legislation calls for the Parks
13 Department to have that affirmation when it issues
14 the permit. I suppose there’s a question of since a
15 single permit goes for a stretch of time and covers
16 more than one practice…
17 COMMISSIONER CAVANAUGH: Yes.
18 COUNCIL MEMBER LEVIN: …whether there’s
19 a logistical challenge in, in you know affirming
20 that there’s going to be a medical professional at
21 each of those practices in advance…
22 COMMISSIONER CAVANAUGH: Yes.
23 COUNCIL MEMBER LEVIN: …of, you know
24 when the first, when the permit is itself issued
25 so…

COMMISSIONER CAVANAUGH: Yes that is our concern.

COUNCIL MEMBER LEVIN: Okay. I'm going to turn it over to some of my colleagues and then I'll ask a second round of questions. Thank you.

CHAIRPERSON JOHNSON: Thank you Council Member Levin. We'll come back to you for more questions. I want to acknowledge the other members of the council in these committees who have joined us. We're joined by Council Member Mark Levine who is the chair of the Parks and Recreation Committee in the council. We're joined by Council Member Chaim Deutsch from Brooklyn. We're joined by Council Member Inez Barron from Brooklyn and Council Member Mark Weprin from Queens. We have a few council members lined up for questions. We're going to start with Council Member Treyger, followed by Council Member Levine, followed by Council Member Barron. So Council Member Treyger you're up.

COUNCIL MEMBER TREYGER: Thank you to the both chairs of this hearing. Alright and this question I guess anyone could answer. Who's responsible to collect information about

2 preexisting conditions of, of our players playing
3 PSAL games?
4 COMMISSIONER GOLDSTEIN: We have a
5 medical clearance form that goes out that asks
6 these type of questions.
7 COUNCIL MEMBER TREYGER: And, and where
8 do, where are these forms stored? Who reviews them?
9 And how, and what time… you know let's start from
10 there.
11 COMMISSIONER GOLDSTEIN: Yeah they're
12 stored at the school. PSAL team, we send auditors
13 out to review these forms. They're collected by the
14 coaches and athletic directors and they're store at
15 the schools and have to be signed by the, the
16 child's physician.
17 COUNCIL MEMBER TREYGER: And is, if, if
18 there's something that pops up at red flag you know
19 who, who will talk with the child and the family
20 about concerns about possibly playing that might
21 endanger their health.
22 COMMISSIONER GOLDSTEIN: That will be
23 down at the school level.
24 COUNCIL MEMBER TREYGER: At the school
25 level?

2 COMMISSIONER GOLDSTEIN: Yes… [cross-
3 talk]
4 COUNCIL MEMBER TREYGER: By… [cross-
5 talk]
6 COMMISSIONER GOLDSTEIN: …coach or the
7 athletic director.
8 COUNCIL MEMBER TREYGER: So a medical
9 professional will not be having that conversation
10 with, with that child?
11 COMMISSIONER GOLDSTEIN: Right. I mean
12 they'll need to, you know they could, if there's an
13 issue that comes up, that's raised the child will
14 need to discuss that with their, their physician or
15 their medical provider. But the school's not
16 equipped to have a, that sort of detailed
17 discussion.
18 COUNCIL MEMBER TREYGER: Right, only
19 because I guess the concern is, is that if, if
20 there's a, a child that has a preexisting condition
21 that can be exacerbated by the game how do we… you
22 know for, for the health of the child how do we
23 prevent a, an accident from happening. And I'd like
24 to hear maybe from the doctor if you could shed
25 some light on that as well about what type of

2 information is collected prior to approval of a
3 child being involved in a game?
4 DOCTOR LAWRENCE: So the, the, the, the
5 form that's completed has their past medical
6 history and any pertinent information that would
7 pertain to their ability to participate in the
8 sport. So, and that depends on who completes the
9 form. But as, as he mentioned it would be handled
10 by the school level. If it's outside of PSAL then
11 one of the physicians for the Office of School
12 Health would review that case. But usually if it's
13 within PSAL it would be handled the way Eric
14 Goldstein mentioned.
15 COUNCIL MEMBER TREYGER: I mean for
16 example I'm, I'm not a doctor but I, I do know that
17 if, if there are people who have conditions where
18 they have constant low blood sugar they have to be
19 around things that will help deal with that.
20 DOCTOR LAWRENCE: Absolutely.
21 COUNCIL MEMBER TREYGER: Especially if
22 they expend energy in, in a game and if they're not
23 properly hydrated or need certain things. So there
24 are concerns about that. I, I, I just, I, I think
25 that we need to kind of look at this very clearly

2 about… I know that there are children who want to
3 play desperately and, and, and want to be… and
4 that’s a great thing. I, I think that’s, we, we
5 should be, we should be encouraging and helping
6 promote wonderful activities. And I thank all of
7 the organizations and the parents and the coaches
8 for giving them, giving so much time beyond what
9 they even probably get peanuts paid for but they
10 put so much time into this. But certainly I think
11 all of us would agree, all stakeholders here would
12 agree that we want you know children to get
13 clearance from medical professionals that they
14 could play and if there’s any condition prior to a
15 game that we should be made aware of for the sake
16 of that child… So if you could speak to that.
17 DOCTOR LAWRENCE: So the American
18 Academy of Pediatrics does actually have standards
19 as for children with special needs, as you
20 mentioned maybe diabetes, maybe asthma that have to
21 be in place prior to any sports activity. So those
22 are standard. And then the person, the physician
23 who’s completing the form would provide the
24 necessary information. So for example if a student
25 has asthma I may need to take their inhaler prior

2 to that sport, that would also be noted on that
3 form. So they would notify the school that that
4 needs to be done.
5 COUNCIL MEMBER TREYGER: Alright so that
6 form is stored at the school. So is there a
7 conversation that whoever takes the form in from
8 the… say a secretary takes the form, is this then
9 passed on to the coach, is the coach made aware of
10 the form or is it just a compliance checklist that
11 they submitted forms? Who actually goes over the
12 forms and are the forms updated if conditions
13 change?
14 COMMISSIONER GOLDSTEIN: It would be
15 from the, from the coach to the athletic director
16 and the athletic director of the school's
17 responsible for reviewing that form.
18 COUNCIL MEMBER TREYGER: And are they
19 required to update the form if, should their
20 conditions change if, if a child develops let's say
21 diabetes… are they required to notify and, and, and
22 tell coaches or tell the school that their
23 conditions have changed?
24 COMMISSIONER GOLDSTEIN: The form's
25 submitted annually so if it changes mid-season then

the child should definitely make the, the coach aware and, and perhaps even the, the school nurse and the athletic director. But the forms are submitted annually.

COUNCIL MEMBER TREYGER: Right and so… and is there a trigger that automatically requires notification of coaches and health professionals if a child's condition, it changes? Because again I just, when I say someone collects the form they put it into a folder or does someone actually look and say listen coach you should be made aware of this?

COMMISSIONER GOLDSTEIN: Yeah it's, it's a clearance form. I mean the child should certainly be communicating with their coach and the coach could bring that to the attention of the athletic director. So if the situation's going to change you know mid-season it's really not going to be reflected I don't think in a form as much as going to be reflected in the parent or the child talking directly to the coach, and then the coach, the athletic director, an then consulting anyone else like the school nurse who needs to be consulted on that.

COUNCIL MEMBER TREYGER: And so a nurse, a coach, a child, a parent possibly… is there a license physician saying this concerns me, I'm not sure if this, I'm not sure if this child should be playing? Is there, is there anyone with a license, medical license saying I'm concerned about the health of this child?

DOCTOR LAWRENCE: No, no… as of right now we don't but it is something that Eric Goldstein and I, we can look at because we do have school physicians available through school health. So that is something that we can look at to see how we can implement something like that.

COUNCIL MEMBER TREYGER: Okay. Thank you. Thanks Chairs.

CHAIRPERSON JOHNSON: Thank you Council Member Treyger. We're going to go to again the chair of the Parks and Recreation Committee in the Council, Council Member Mark Levine.

COUNCIL MEMBER LEVINE: Thank you Chair Johnson and Chair Dromm. Thanks to the administration for being here. Commissioner Cavanaugh I wanted to ask you a few questions about the concerns you raised really to permitting and

enforcement and reporting after the fact for Intro 85. Of course there are currently a myriad number of sports taking place, team sports in the park system from cricket to baseball to soccer volleyball and, and probably many others. Can you give us a sense in general what kind of safety certifications or equipment certifications or staffing certifications generally are asked on permitting forms across other sports?

COMMISSIONER CAVANAUGH: Our permitting process does not encompass safety measures or internal administration of the league by the, the league authority. So for example as, as Council member Treyger was, was asking questions about having medical clearance to participate in the sport our permitting process does not require the leagues to provide evidence of that for every one of their participants.

COUNCIL MEMBER LEVINE: Nor are there… requirements related to equipment or staffing for non-medical purposes you're, you're simply reserving the space and not going beyond that to determine…

COMMISSIONER CAVANAUGH: Yes…

2 COUNCIL MEMBER LEVINE: …how the, how
3 the event takes place? But at least in the case of
4 football, youth football you do currently ask for a
5 certification that a doctor will be present if it’s
6 a PSAL event correct?
7 COMMISSIONER CAVANAUGH: Well the PSAL
8 requires that. The PSAL doesn’t play at our fields
9 except for one instance. But they don’t use our
10 fields for either play or practice.
11 COUNCIL MEMBER LEVINE: Right I mean
12 there, there, there may be future hearings where we
13 can talk about safety and concerns and other
14 sports. Getting to the question of enforcement.
15 Would it be the pep officers then who would be
16 charged for enforcement.
17 COMMISSIONER CAVANAUGH: Pep officers
18 could be used for that purpose but there are other
19 staff who are capable of verifying that a permit
20 is, is in place or the requirements of the permit
21 are being met.
22 COUNCIL MEMBER LEVINE: So other park
23 rules in fact can be enforced by staff other than
24 the pep officers is that correct?
25 COMMISSIONER CAVANAUGH: Yes.

2 COUNCIL MEMBER LEVINE: Okay and do you
3 generally have even non-pep officer staff allocated
4 to the sites of youth sporting events?
5 COMMISSIONER CAVANAUGH: Typically no.
6 COUNCIL MEMBER LEVINE: Do you have, can
7 you give us an account of the total number of pep
8 officers currently in the department?
9 COMMISSIONER CAVANAUGH: At the moment
10 we have approximately 175 pep officers in the
11 department exclusive of those who are assigned to
12 contract organization…
13 COUNCIL MEMBER LEVINE: Well that's,
14 that's a, a… number of course. So we want to
15 increase that. Can you give us a sense of how many
16 additional pep officers would be needed to
17 adequately enforce something like Intro 85?
18 COMMISSIONER CAVANAUGH: That, that's,
19 it's hard to say without looking at the, you know
20 the, the, the spread of the practices both in terms
21 of time and space. It would take a little bit of
22 analysis to come up with a number through which we
23 could effectively supervise enforcement for this
24 particular…
25 COUNCIL MEMBER LEVINE: Right.

COMMISSIONER CAVANAUGH: …proposal.

COUNCIL MEMBER LEVINE: In, in the case of someone using a field without having submitted a proper registration who enforces that?

COMMISSIONER CAVANAUGH: It can be enforced either by PEP or by other park employees who are notified of an infraction. And typically it occurs when a permitted organization finds someone playing on the field who doesn't have a permit.

COUNCIL MEMBER LEVINE: Right.

COMMISSIONER CAVANAUGH: And they reach out to the Parks Department through a variety of means to help resolve the incident.

COUNCIL MEMBER LEVINE: So that's often it's reported by other park users, it's not necessary park staff who initiative… [cross-talk]

COMMISSIONER CAVANAUGH: Typically not it's… [cross-talk]

COUNCIL MEMBER LEVINE: …enforcement.

COMMISSIONER CAVANAUGH: …it's, it's the permit holder who contacts either directly the, the supervisor or through 3-1-1 notifies us that there's a conflict on the field for which they hold a permit.

2 COUNCIL MEMBER LEVINE: Right. You
3 expressed concerns about post-game reporting. Are
4 you requiring after event reporting for any of the
5 events, sporting and otherwise in the park system
6 currently?
7 COMMISSIONER CAVANAUGH: For large
8 special events we require the permitee to
9 demonstrate that they've complied with the terms.
10 It usually entails restoring the site to its… prior
11 to the event. But that's for large scale events.
12 COUNCIL MEMBER LEVINE: It seems like in
13 the case of, of this intro a report that's simply
14 named the doctor, other relevant license
15 information that could be compared to perhaps a
16 pre-event registration form would be sufficient.
17 Would, would that, does that sound to you like an
18 undue burden on the department?
19 COMMISSIONER CAVANAUGH: That wouldn't
20 put burden, you know present an undue burden but
21 you wouldn't capture the, the type of information
22 that I think the, the legislation is intended to
23 assemble. Information that allows people like
24 yourself and others to understand you know the, the
25 quantity, the severity, the trends, and perhaps

2 provide a basis for you know further policy actions
3 with regard to youth safety.
4 COUNCIL MEMBER LEVINE: Alright thank
5 you very much.
6 CHAIRPERSON JOHNSON: Thank you Council
7 Member Levine. Before I go to Council Member Barron
8 I just want to say… I mean sitting here thinking
9 about what you said Mr. Goldstein that in response
10 to Council Member Levin's question about could it
11 be a, a cardiologist, a, a dermatologist, a
12 whatever type of MD checking someone out, that
13 really concerns me that someone who may not have
14 the best experience or training in actually
15 assessing concussions or brain damage after an
16 injury could be making that assessment. And so I
17 have concerns. I know that there's probably a
18 limited pool of people that may have the exact
19 exact expertise I think we're going to hear from
20 after you all are done from medical professionals
21 who do have that expertise so I'll go into it with
22 them a bit. But it does concern me that any type of
23 licensed medical doctor could be making these
24 assessments even though they may not have the right
25 experience in making that assessment.

2 COMMISSIONER GOLDSTEIN: Well two things
3 I would say. One you know going forward we're going
4 to have the certified athletic trainers which we're
5 very excited about. Second, in the past it wasn't
6 always so easy to get for 100 dollars doctors to
7 come out to football games and we were very happy
8 and grateful that we had people with medical
9 degrees at our football games. And we have to I
10 think also be mindful about that.
11 CHAIRPERSON JOHNSON: And then the
12 other, the other quick thing is in the past you
13 mentioned that coaches had some input on whether or
14 not the player returned to the game. Is that
15 correct?
16 COMMISSIONER GOLDSTEIN: Yes.
17 CHAIRPERSON JOHNSON: So… but you said
18 in the future it's going to be the determination
19 will be made by either the doctor or the certified
20 athletic trainer, is that correct?
21 COMMISSIONER GOLDSTEIN: That's correct.
22 CHAIRPERSON JOHNSON: So what is being
23 done, what are the plans to actually reeducate
24 coaches and folks that are involved in these games,
25 referees that, that the line of authority and the

2 protocol has changed so that a coach isn't, you
3 know coaches get heated, coaches want to win,
4 coaches say no they're going back in, they're fine
5 they're going back in. How is it being put out
6 there that in fact no the coach will have no input.
7 I mean I remember. I would get my, I would clean
8 someone's clock and I would get my clock cleaned
9 playing football. And in either situation I would
10 just kind of see stars, get back up and the coach
11 would say it's football shake it off get back in
12 there. How do we reeducate what's the process to
13 ensure that that's not the decision making chain
14 anymore?
15 COMMISSIONER GOLDSTEIN: My experience
16 has been that football coaches are exceptionally
17 passionate about football.
18 CHAIRPERSON JOHNSON: You're a diplomat.
19 COMMISSIONER GOLDSTEIN: And… But, but
20 look this is a very serious issue. We're talking
21 about the health and safety of our children. And
22 we're talking about sports in high school as part
23 of the learning environment. We're not a
24 professional league. We're part of the Department
25 of Education. And sports play a very important role

2 in the social, social and emotional development of
3 a, of the child and their character and all those
4 very very important things. And at the PSAL we have
5 certainly not lost sight of that. And it's always
6 great to win. But we represent all the kids and all
7 the teams and fortunately at any given game or
8 match there's a winner and a loser. And our goal is
9 not to really focus on that although that's very
10 important and we have championships and we
11 certainly, certainly celebrate with the teams that
12 win. But we care about all the teams, about all the
13 kids and we're really focused on the health and
14 safety of our kids and we'll have to train our
15 coaches and have an ongoing continuing dialogue
16 which at times probably will be passionate.
17 CHAIRPERSON JOHNSON: Thank you. I want
18 to be clear I was not… attacking the integrity of
19 coaches. My, my football coaches were like my
20 favorite favorite people and they taught me… no
21 they did, they were my role models, they instilled
22 important values in me, and I believe they actually
23 had our wellbeing in mind at all times. But in the
24 middle of a game when it's heated people get
25 passionate. And so that happens to anyone so I'm

2 not in any way diminishing the importance of
3 coaches or their effectiveness in being there and
4 being mentors, and being leaders and role models
5 for young people. I just know that I would want to
6 go back in the game actually because I, I wanted to
7 play and I wanted to win. So I'm in no way trying
8 to in any way besmirch coaches. That's not the
9 point of my question. I want to turn it over to
10 Council Member Barron. She has some questions.
11 COUNCIL MEMBER BARRON: Thank you to
12 both of the chairs who are conducting this hearing
13 today an thank you for the panel to come and
14 present your testimony. I missed much of it but I
15 do have it before me and I've had a chance to
16 review it. In, in the testimony from the DOE it
17 says that for PSAL football games it cannot
18 commence unless there's an authorized doctor
19 present. And in light of some of the questions that
20 have been asked what are the qualifications of the
21 doctor? Is it a doctor who's… what are the training
22 background for the doctors that are present at the
23 start of these games?
24 COMMISSIONER GOLDSTEIN: You know we're
25 looking for someone with a medical degree.

2 COUNCIL MEMBER BARRON: Yes.

3 COMMISSIONER GOLDSTEIN: And you know I
4 am… hand it over to Doctor Lawrence. I'm not an
5 expert in this but my understanding is that with
6 that medical degree comes a huge amount of training
7 and, and basic you know ALS and, and BLS and ALS
8 and they're certainly capable to handle the
9 situation. But should anything arise you know even
10 with the doctor present that's serious, phone calls
11 made to 9-1-1 and they, they, you know it's really
12 not designed, system's not designed to provide
13 treatment on the field for a serious injury, a
14 broken leg or anything like that. It's really meant
15 to get the child then at that point to a hospital.

16 COUNCIL MEMBER BARRON: So there's no
17 specialty designated that this doctor have training
18 in to be a part of the on, onsite… [cross-talk]

19 COMMISSIONER GOLDSTEIN: You know
20 historically we've looked for a medical degree,
21 that's what we look for.

22 COUNCIL MEMBER BARRON: Okay. So these
23 doctors are present at games but are they also
24 present at practices? And if not why not?

25

2 COMMISSIONER GOLDSTEIN: Historically
3 they weren't. Historically you had some schools who
4 could afford athletic trainers, brought in athletic
5 trainers. But with the very generous and timely
6 grant from Steve Tish we have started rolling out
7 the process of having athletic trainers at all
8 contact practices which going into the fall season
9 which for us starts in August is something that we
10 are you know collectively very excited about.
11 COUNCIL MEMBER BARRON: And my colleague
12 had asked a question about the medical history
13 that's collected as a participant is coming into
14 the leagues. Who reviews those medical, medical
15 history? Who is the person who reviews it? Who has
16 the authority to review them to make sure that
17 there isn't something listed that would be a red
18 flag?
19 COMMISSIONER GOLDSTEIN: The athletic
20 director. It's their responsibility to make sure
21 all forms are, are in and reviewed.
22 COUNCIL MEMBER BARRON: And the medical…
23 the medical director I was going to ask you about
24 that. What, what are the qualifications of being a
25 medical director?

2 COMMISSIONER GOLDSTEIN: Athletic
3 Director.
4 COUNCIL MEMBER BARRON: Athletic
5 director.
6 COMMISSIONER GOLDSTEIN: So but again
7 they, the form, the child has to have it signed off
8 by a physician to be cleared to play. So one would
9 expect that if there is an issue with the child and
10 they're not cleared to play football that the
11 decision wouldn't clear them.
12 COUNCIL MEMBER BARRON: So you're
13 relying on the, the submission of the document from
14 the student that the doctor, their doctor or
15 primary care physician whoever has certified that
16 they're cleared to play? And you're just having
17 this on record, you're not…
18 COMMISSIONER GOLDSTEIN: Yes.
19 COUNCIL MEMBER BARRON: Okay. But what
20 are the qualifications of the athletic director? Or
21 what is their… I see you have training. If it's…
22 all coaches are licensed DOE teachers, teachers
23 other than PE teachers who become coaches complete
24 three coaching certification courses. And it says
25 that they're certified in first aid, CPR, AED,

concussion management, concussion management. Is the athletic director also have to meet those certifications?

COMMISSIONER GOLDSTEIN: We have great athletic directors in the DOE. We're very proud of them. Their job is really to manage the overall athletic program in the schools and working with both the principal or principals and the PSAL. It's really the coaches who are going to have the, really these four areas of training; the First-Aid, the CPR, the AED, and the concussion management.

COUNCIL MEMBER BARRON: Okay. And one other question. There then for the Parks Department you don't have these kinds of requirements for the teams that are coming to play in the parks, the PSAL does require these, what are your requirements for teams that get permits to come and play in the parks?

COMMISSIONER CAVANAUGH: We don't have medical requirements such as the PSAL has for permitees using our fields.

COUNCIL MEMBER BARRON: So you're not aware of any conditions that participants might

2 have because you don't collect that information, is
3 that correct?
4 COMMISSIONER CAVANAUGH: Yes.
5 COUNCIL MEMBER BARRON: Okay, thank you.
6 CHAIRPERSON JOHNSON: Thank you Council
7 Member Barron. We have also been joined by Council
8 Member Arroyo from the Bronx and Council Member
9 Garodnick from Manhattan. I would like to turn it
10 back over for some more questions to Council Member
11 Steve Levin.
12 COUNCIL MEMBER LEVIN: Thank you very
13 much Mr. Chairman. Mr. Goldstein I just wanted to
14 kind of drill down a little bit more on current
15 PSAL rules and regulations guidelines and, and how
16 that's going to be kind of changing with the, the
17 new allocation of resources. So currently it says
18 in the, in the PSAL concussion management steps,
19 this is on the PSAL website, that if a student
20 athlete has a suspected head injury slash
21 concussion follow these steps. And the very first
22 one is the coach will identify the student athlete
23 suspected of sustaining a concussion and escort
24 that person off the field. Is, is that… and then it
25 says the, the student will not be allowed to return

2 to athletic activity, we spoke about that, the SAC
3 must be completed immediately after the injury to
4 help assess the severity of the head injury and
5 note that even if a student athlete gets a perfect
6 score he or she will not be allowed to return to
7 athletic activity unless written medical clearance
8 is received from a license physician. With the
9 first step is that going to change officially as
10 part of the rules with the PSAL concussion
11 management steps? That, that, it says the coach
12 will identify the student athlete. Is that going to
13 be changed officially to the medical professional
14 or the doctor or the athletic trainer?
15 COMMISSIONER GOLDSTEIN: Well the
16 athletic trainer as I, as I said is going to play a
17 much larger role in this. You know the coaches
18 still play a very very pivotal role. Athletic
19 trainers will be there for contact practices. It is
20 possible in a noncontact practice that a child can
21 trip and fall. A coach still has to be trained.
22 There are other sports in the PSAL besides
23 football…
24 COUNCIL MEMBER LEVIN: Mm-hmm.
25

2 COMMISSIONER GOLDSTEIN: …that don't
3 have athletic trainers present at practices or
4 games. And the coaches there play very important
5 roles.
6 COUNCIL MEMBER LEVIN: Okay so, so this,
7 this would then also be covering other sports but
8 there's… so…
9 COMMISSIONER GOLDSTEIN: Right it's
10 possible to get a, a concussion in any port or at
11 any time really.
12 COUNCIL MEMBER LEVIN: So then, so then
13 that, that language won't be changing as part of
14 the official guidelines or management steps?
15 COMMISSIONER GOLDSTEIN: It'll be
16 modified to recognize the new and important role of
17 the athletic trainers. But again we have to look at
18 all, all different sports.
19 COUNCIL MEMBER LEVIN: With regard to
20 the athletic trainers they will be attached, each
21 athletic trainer will be attached to a school or
22 they're going to be covering multiple schools.
23 COMMISSIONER GOLDSTEIN: Ideally they'll
24 be attached to a school but you know in a, in a
25 system as large as ours there's an opportunity for

substitutions and, and on any given day. So that's also probably going to happen.

COUNCIL MEMBER LEVIN: Will they also be covering other sports with high rates of concussions other than football?

COMMISSIONER GOLDSTEIN: No this is just going to be for football.

COUNCIL MEMBER LEVIN: Just football?

COMMISSIONER GOLDSTEIN: Yes.

COUNCIL MEMBER LEVIN: What other… we seen some statistics that are fairly alarming about other sports as well. Is, is PSAL looking at those sports as well in trying to determine what we could do about lacrosse, wrestling, I mean are there PSAL hockey leagues?

COMMISSIONER GOLDSTEIN: No, not, no, not yet.

COUNCIL MEMBER LEVIN: But lacrosse and, and wrestling for sure right?

COMMISSIONER GOLDSTEIN: Yeah lacrosse, wrestling, soccer all have concussions. We monitor that and we're looking very closely at that. Working with Doctor Cardone but certainly I mean when you see concussions and you look at the

numbers it's really about football. Football is a sport designed for contact whereas in the other sports contact usually is incidental and not the main purpose whereas in football it's, it's kind of the whole point.

COUNCIL MEMBER LEVIN: And just, lastly it just with regard to the EMTs that are currently, so the EMTs are currently on site for the full contact practices and those would be kind of phased out as the athletic trainers come in, is that right?

COMMISSIONER GOLDSTEIN: Well the season's over so we're looking now at next season. And next season yeah we're looking to phase out the EMTs and having the athletic trainers there.

COUNCIL MEMBER LEVIN: The, how, how much was, were the EMTs per, per session?

COMMISSIONER GOLDSTEIN: About the same rate.

COUNCIL MEMBER LEVIN: Same rate as the, as the doctors?

COMMISSIONER GOLDSTEIN: No as the athletic trainer yeah.

2 COUNCIL MEMBER LEVIN: So about 35 to 45
3 dollars an hour.
4 COMMISSIONER GOLDSTEIN: In that, in
5 that range yeah.
6 COUNCIL MEMBER LEVIN: Okay. And then
7 just, just to clarify before you said doctors are a
8 hundred dollars per game or per hour?
9 COMMISSIONER GOLDSTEIN: Game.
10 COUNCIL MEMBER LEVIN: Per game okay.
11 Okay, thank you very much. I appreciate your
12 testimony, thank you.
13 CHAIRPERSON JOHNSON: Thank you Council
14 Member Levin. I want to thank you all for your
15 helpful testimony today; Doctor Lawrence from
16 DOHMH, Mr. Goldstein from the Department of
17 Education, and Commissioner Cavanaugh from the
18 Department of Parks and Recreation. I think that
19 even though some issues came up today on how to
20 best do this, this, and it sounds like we're all on
21 the same page as this is a worthy thing that we
22 should try to achieve together. So I look forward
23 to working with Council Member Levin and Council
24 Member Dromm in trying to figure out the best way
25 to be able to move forward before next football

2 season for the fall so that we can start to
3 implement these things and make it safer for our
4 young people in the city who are playing football.
5 So thank you very much for testifying.
6 COMMISSIONER CAVANAUGH: You're welcome.
7 And I would just suggest and you're probably
8 already thinking about this to include the leagues
9 in those discussions.
10 CHAIRPERSON JOHNSON: Oh absolutely.
11 We're not going to do anything without the leagues.
12 They are important. They're going to testify today.
13 I look forward to hearing their testimony and we
14 have to partner with them because they're the ones
15 that are going to be affected by this and I'm sure
16 they have expertise that we haven't even heard
17 about yet today and I look forward to learning more
18 from them so thank you.
19 DOCTOR LAWRENCE: Hello, I'd like to
20 just make one comment.
21 CHAIRPERSON JOHNSON: Yes.
22 DOCTOR LAWRENCE: I… just to also think
23 about concussions that happen in all age groups
24 because though concussions in sports are definitely
25 across, for all ages are important but I just think

that we're just ignoring concussions I all age groups and the return to play and the return to learn component is being missed. So we just want to make sure that we are, are focusing on that as well.

CHAIRPERSON JOHNSON: I am more than happy to, to have that conversation and to do that and to make this as broad and comprehensive as possible. I think one of the issues that Council Member Levin really tried to drill down on today that maybe touches on that is you know there are concerns around cost here. And we want to again not put leagues out of business while at the same time trying to achieve some measure of safety, accountability, and data gathering to understand this. So I look forward to having that conversation and I think that we as a council and you as the appropriate city agencies can have hopefully creative conversations about how we can best achieve that across all age groups. But there are going to be resources that are going to have to be spent to do this. I know that Council Member Levin wants to weigh in on that as well.

2 COUNCIL MEMBER LEVIN: Sorry Doctor
3 Lawrence can, can you clarify when you said all age
4 groups do, do you mean that we're, we're not
5 looking at adults or we're not looking at the
6 youngest children?
7 DOCTOR LAWRENCE: No I'm talking about
8 the school age child, so from five to 19.
9 COUNCIL MEMBER LEVIN: Right.
10 DOCTOR LAWRENCE: …really recognizing
11 that the number of, the, the data around that age
12 group is quite high beyond sports. And also
13 acknowledging that there are other areas within a
14 child's life that they do sustain concussions and
15 that just… and so that's just something that we've
16 been looking at from the office of school health
17 perspective of really addressing a comprehensive
18 concussion management plan to really look at all,
19 all of their possible areas of injury.
20 COUNCIL MEMBER LEVIN: Right, right. One
21 thing that want to point out with the legislation
22 is that there's, the reporting requirement includes
23 the, the schools being informed of these issues as
24 well. And I, and, and researching the issue you
25 know there's, there's guidelines around the type of

activities outside of just physical or sport activities that should be restricted after suffering a concussion and you know there's things like staying out of direct sunlight or you know with, with, with, as, as it, you know with your eyes exposed to direct sunlight. And actually limiting the type of, of mental activity that a young person should be exposed to directly after a concussion because that could be disorienting and, and cause additional stresses. So we want to make sure that the Department of Education is, and each school is aware of when, when these instances are taking place and when the concussion happens. Thank you.

CHAIRPERSON JOHNSON: Thank you all very much. So next up we are going to have and we're going to get to everyone. I appreciate you all being patient. I think it was important to lay that groundwork to inform the rest of our discussion but everyone's going to have the opportunity to speak and testify that wants to. And I appreciate that everyone is here today. So we're going to be joined by Max Zeiger who is going to be testifying on behalf of Doctor Chris Giza, Doctor Marianne Engle

2 from the NYU Sports and Society Program, and Doctor
3 William Barr from the NYU School of Medicine. And
4 then the next panel is going to be the youth sports
5 leagues that are going to follow us. And so you all
6 who are here to testify on behalf of them will be
7 up next. Are we missing, is Doctor Engle here?
8 You're up to testify. If you're here to testify you
9 can testify. You can talk about whatever you want.
10 Okay you may go in whatever order you'd like.
11 Sergeant if you could put three minutes on the
12 clock and if you could please just identify
13 yourself for the record. And thank you very much.
14 MAX ZEIGER: My name is Max Zeiger. I'm
15 the Clinic and Research Coordinator for the Steve
16 Tish Brin Sport Program at UCLA. And I'm reading
17 statement on behalf of Doctor Christopher Giza who
18 is Professor of Pediatric Neurology and
19 Neurosurgery and Director of the UCLA Steve Tish
20 Brain Sport Program at Mattel Children's Hospital
21 at UCLA. Dear ladies and gentleman of the New York
22 City Council. Thank you for inviting my testimony
23 and I applaud your efforts to improve safety in
24 youth sports in your city. In these times of
25 increased childhood obesity and sedentary

2 lifestyles it is important to provide healthy
3 physical activities for our youth. My intent is to
4 provide a summary of the current best evidence for
5 youth concussion management. A concussion is a
6 brain movement injury. The good news is that is
7 mostly a recoverable injury. Current concussion
8 guidelines recommend that when a concussion is
9 suspected the athlete should sit it out and not
10 return to play the same day. Persons with suspected
11 concussion should be removed the game to prevent
12 additional injuries. No single test can be used to
13 diagnose concussion as each injury may, may have
14 different symptoms and impairments which is why
15 persons with suspected concussions need to be
16 evaluated by a licensed clinician with expertise in
17 concussion management and traumatic brain injury
18 care. There's no set time line for return to
19 activity or return to play. Individuals who have
20 recently experienced a concussion are known to have
21 problems that increase their risk for injury if
22 they return on the same day and problems that
23 interfere with their main job which is learning.
24 Return to school and return to play should be
25 individualized and are not cookie cutter protocols.

2 There is no one size fits all for either concussion
3 assessment or concussion recovery. The proposed
4 legislation prioritizes brain health and safety for
5 our children. This is exceedingly important. The
6 establishment of a youth sports health and safety
7 task force is a strong step in this direction. The
8 multi-disciplinary composition of the task force is
9 also highly recommended. The effectiveness of the
10 taskforce will be maximized by providing sufficient
11 resources for them to complete their charge. The
12 youth football safety law is well intentioned but
13 deserves further consideration. It is a reasonable
14 requirement that schools with a program of contact
15 or collision sports have at a minimum a certified
16 athletic trainer. It is also proper that a youth
17 suspected of having a concussion be removed from
18 play and not be permitted to return to contact risk
19 until evaluated by a licensed experienced
20 healthcare provider. The challenges in this law are
21 also evident. Despite the fact that concussions
22 occur in many sports this draft pertains only to
23 football. Students in other equally risky sports
24 and female student athletes in general are no less
25 worthy of protection than football players. The

2 requirement of a standardized assessment of
3 concussion test implies that such a tool exists for
4 all ages and is capable of identifying all
5 concussions. Tools may assist in the experienced
6 healthcare provider in making a diagnosis. But
7 ultimately the diagnosis of a concussion is a
8 clinical synthesis of multiple types of information
9 just like any other medical condition. In closing
10 the New York City Council should be commended for
11 taking on such a significant task as youth sports
12 safety and brain health. This is a major public
13 health problem that affects society's most precious
14 resource, our children. I strongly urge that you
15 take the time to carefully review the existing
16 information and then move forward with a modified
17 plan that takes into consideration the important
18 points provided by me and other experts. I regret
19 for being unable to attend the meeting in person
20 and encourage your feedback and questions and
21 readily offer my skills in any way to assist in the
22 development of this program.
23 CHAIRPERSON JOHNSON: Thank you very
24 much.
25

DOCTOR BARR: Hello. My name is Doctor William Barr. I'm a Clinical Neuropsychologist at the NYU School of Medicine. I represent the, the field of clinical neuropsychology which is a study of brain behavior relations. These are PHD level psychologists with specialty training in assessment of brain conditions. I have performed a, I've been involved in sport concussion research in seeing individuals with sports concussion for over 20 years at the, at the youth high school, collegiate, and professional levels. So I'm here testifying today on, on behalf of… from the perspective of both a clinician and a researcher on the, on the topic. And I thank Council for the opportunity to testify here today. So I want to cover three main points. One is that the presence of the doctor or athletic trainer required. I strongly support that in the sense that concussion symptoms are difficult to identify and in fact the players themselves are not forthcoming all the time about that as, as we might well know. And it takes a trained individual to, to identify these, these symptoms and to know what to do when, when encountering these symptoms. So I believe that having somebody like a certified

2 athletic trainer or, or a physician at the sideline
3 is, is extremely important. And I support that.
4 One, one thing though is, it is essential that this
5 person be able to make these decisions independent
6 of the coaching staff and independent of any
7 conflict of interest that might be associated with
8 team performance that these need to be independent
9 assessments. In terms of the standardized
10 assessment of concussion I performed a number of
11 studies using that instrument and some of the
12 validation and, and reliability work on that
13 instrument. I believe it's important to have an
14 instrument as such in the, in the evaluation of
15 these, of the youth athletes. However I believe
16 that it doesn't go far enough and that it's, our
17 research has shown that using a more extended
18 assessment battery called the sideline concussion
19 assessment or the standardized concussion
20 assessment test has additional measures of symptom
21 reporting and balance that are, capture more, are
22 shown to be more sensitive than using the SAC
23 alone, the standardized assessment of concussion
24 alone. So I would advocate that if, if teams are
25 tracking these symptoms that they use this more

2 expanded instrument. And the third part in terms of
3 the reporting I, I believe it's essential as a
4 researcher and as a public health issue to be able
5 to monitor the effects of concussion in our, in our
6 youth. Most of what is known about this topic is,
7 has been based on relatively homogeneous groups of
8 athletes from affluent suburban areas. I believe
9 it's essential that in an urban area such as New
10 York with more ethnically and economically diverse
11 students that it's a, we have a valuable
12 opportunity to be able to track this disease and
13 learn about it. In the end I support this. Thank
14 you.
15 CHAIRPERSON JOHNSON: Thank you Doctor
16 Barr.
17 DOCTOR ENGLE: Thank you. My name is
18 Doctor Marianne Engle. I'm at, a professor at NYU
19 in the Child Study Center, the Department of Child…
20 and Psychiatry. And I have a private practice where
21 I specialize in children and also in sports. And I
22 have been a sports psychologist probably 30 years.
23 I've worked with the NBA, the NFL, tennis, golf,
24 every, any sport you can think of I probably seen
25 them at the professional level and I've also

2 written a program for high school and middle school
3 coaches and students that’s based on the Olympic
4 training model. The NYU… So I’m here today
5 representing the NYU child, sorry NYU sport and
6 society program. This is a program that has been in
7 existence now I think for three years. I joined it
8 last year. We’re very… we’re, we’re a mixed group.
9 We have the former head of CBS sports and we have a
10 faculty from the sport management program from the
11 medical school and from the law schools, the
12 ethics. And we’ve have done a lot of conferences
13 etcetera. We’re very, very interested in your
14 creation of a youth sports health and safety task
15 force. We would like to offer our services or our
16 expertise if you would like it. Our point of view
17 is that we want to make sports safe, useful, and a
18 place where children can learn habits that will be,
19 will benefit them for a lifetime. You all know that
20 these things can happen. We want that, it to be
21 done in a safe way. It’s very important to us.
22 We’re working now with, with schools in Connecticut
23 that have had a lot of these big bullying
24 incidents. We think that leadership development,
25 coaches training, helping athletic directors know

how to do the right thing, and administer their departments in ethical and useful ways for children and, and the sports experience itself. The other thing is, and nobody ever talks much about this is a 75 percent of our children nationwide drop out of organized sports by the time they're 13. It is vital I believe that we make youth sports fun, exciting, and that we also provide opportunities for the older kids that are not just varsity sports. But we have other sports experiences available so they can continue. I think our obesity epidemic and the fact that parents are so frightened to put their kids out on the street make it incredibly important that this be a priority. Children need to play. It's, we know it's good for their minds. We know it's good for their bodies. We know it's good for teamwork. We know they have a lot of energy. They should be getting out that way. So whatever you can do as a group to help with that we would be very supportive. So basically I'm just here to offer our help. Thank you.

CHAIRPERSON JOHNSON: Thank you Doctor Engle for being here today. I appreciate it. I want

to turn it back over to Council Member Levin who has some questions.

COUNCIL MEMBER LEVIN: Thank you. Thank you very much to this panel. Look forward to working with you over the coming months to make sure that the legislation is responsible and most effective and most inclusive of your research that you've been able to do. A question just… because we're, we're wrestling with the issue of the practicality of the bill and we… just highlighting on, on that last point that you made we don't want to, we don't want to put you know small sports leagues, youth sport leagues out of, out of business. To be totally candid I'm, you know I'm, I think the city can absorb additional cost, Department of Education, PSAL can absorb additional costs. I believe that independent school leagues ca absorb additional costs. I'm less certain that you know your local neighborhood football league can absorb the cost and so we want to kind of look at what, you know what we can do to address that issue. With… do, in your opinion is, is a certified athletic trainer as well equipped as a physician to be making these assessments? Anyone can answer…

2 DOCTOR BARR: Well…
3 CHAIRPERSON JOHNSON: If you could just
4 identify yourself for the record.
5 DOCTOR BARR: William Barr. Is, as
6 qualified… well you brought up a… I heard some of
7 the previous testimony that dermatologists and
8 OBGYNs might be…
9 COUNCIL MEMBER LEVIN: I can rephrase
10 that as well… as, as capable, qualified or as
11 capable… [cross-talk]
12 DOCTOR BARR: As capable for, for
13 assessing this injury and making a quick assessment
14 of, of the medical necessity I believe the athletic
15 trainers are, are qualified for that, for that
16 purpose. The issue is, is, is coverage. And it's,
17 their, easier for them to be at practices then,
18 then for physicians certainly.
19 COUNCIL MEMBER LEVIN: You do believe
20 that that, it's, it's easier for an athletic, a
21 certified athletic trainer to be at, at practices
22 and/or games than a physician?
23 DOCTOR BARR: Yes that's their job to be
24 there with sports so…
25 COUNCIL MEMBER LEVIN: Right.

DOCTOR BARR: …I think it's more feasible to have the athletic trainers. But at the games it's essential that physicians be there.

COUNCIL MEMBER LEVIN: Okay so games you believe the PSA, the current PSAL regs that require physicians you think that should, that, that shouldn't be touched?

DOCTOR BARR: I don't think that should be touched at all.

COUNCIL MEMBER LEVIN: How about EMTs, how do EMTs in your professional opinion factor into that?

DOCTOR BARR: Again for that, for the initial assessment of, of dangerousness and, and life threatening condition I believe EMTs would, would be okay. But I think there's more continuity when you involve a certified athletic trainer. That they know the, the players that they've got some history with them and I believe that the, the certified athletic trainers are better suited for that.

COUNCIL MEMBER LEVIN: Okay thanks.

DOCTOR ENGLE: I just want to make an offhanded comment here.

2 COUNCIL MEMBER LEVIN: Sure.

3 DOCTOR ENGLE: And that is that with a
4 professional teams where I've gone into locker
5 rooms, I've gone to work with them and I've gone to
6 watch practices I don't think I've ever seen a
7 physician there. They always have trainers. So I'm
8 not sure… And, and also there are not that many
9 doctors. I don't know why you're not looking at
10 nurses at other… You know if you're worried about
11 medical professionals why don't, you know why don't
12 you look at the, at it more generally.

13 COUNCIL MEMBER LEVIN: Okay.

14 DOCTOR ENGLE: But I do, but I do think
15 athletic trainers have a long history of working
16 with all kinds of athletes.

17 COUNCIL MEMBER LEVIN: So a registered
18 nurse might be able to make the same type of…

19 DOCTOR ENGLE: I don't know but I would
20 think that…

21 COUNCIL MEMBER LEVIN: …nurse
22 practitioner sorry.

23 DOCTOR ENGLE: You know really on the
24 field there's going to be a general look. And then
25

2 if, if there's worry it, they're going to be sent
3 on. So…
4 COUNCIL MEMBER LEVIN: Well right so
5 there's, there's the rules requiring that you know
6 as soon as a standardized concussion test is
7 administered player is out for 24 hours. I mean
8 just looking at the risks of the secondary impact
9 and, and having you know the… I was astonished at,
10 at the how dangerous that is. And so I, I think you
11 know obviously ensuring that you know even if
12 there's a chance that there's a concussion they're
13 out, they can't come back until there is, you know
14 they're cleared a physician. I think that that's… I
15 think the question is what… and, and what I'm
16 wrestling with is what is the standard that we
17 ought to have on the field so that we're, you know
18 so, so that we're meeting the safety needs and the
19 goals of this legislation and the goals that we
20 clearly all share while also making it practical to
21 implement. So, so I would love to have that follow-
22 up conversation because if it's, if it's nurses
23 and, and nurse practitioners as well as physicians,
24 as well as ATs you know creating that you know kind
25 of a breadth of, of, of qualified individuals I

2 think would, would probably help just in terms of
3 the basic economics of it. If, if you increase the
4 supply you know the price goes down. Thank you.
5 CHAIRPERSON JOHNSON: Thank you Council
6 Member Levin. I have a, a few quick questions. So
7 Doctor Barr do you think that younger children are
8 more or less susceptible to concussions compared to
9 high school young people playing football?
10 DOCTOR BARR: The, the emerging results
11 are that they might be a little bit more
12 susceptible. And then you'll want to consider the
13 long term impact that the earlier in, in
14 development, you're disturbing at, at a more
15 critical period of, of life than an older athlete.
16 CHAIRPERSON JOHNSON: And should a child
17 be barred from reentering a game after a concussion
18 test is given even if the physician or trainer who
19 is giving the test deems that there's a negative
20 result? Should the child still be barred from
21 entering the game?
22 DOCTOR BARR: My belief is, is no if the
23 physician or athletic trainer has cleared them
24 because there are, are plenty of times when some,
25 where a spectator might think that the person was

2 hit harder than they really were. That’s why you
3 have the person on the sideline to assess what
4 actually happened as a result of the, of that blow.
5 CHAIRPERSON JOHNSON: And what is the
6 minimum amount of time a child should be barred
7 from either contact practice or a game after having
8 been suspected of having, having a concussion? Is
9 there a consensus in the medical community on a
10 time frame? Is 24 hours the consensus? Or is it
11 individualized decision depending on what is
12 assessed or witnessed at the time?
13 DOCTOR BARR: It’s, it’s, there’s,
14 believe me there’s no consensus on anything. But in
15 terms of the, the recommended guidelines for return
16 to play or that the person is symptom free and
17 there’s a graded recovery, there’s a graded period
18 of return to play that’s, that’s employed.
19 Basically the, the, once the athlete is, is symptom
20 free at rest you go through a gradual return to
21 physical activity until the point where if they
22 remain symptom free at each point of activity that
23 is starting doing cardiovascular contact and the
24 weight training then perhaps sports specific types
25 of activities if they remain symptom free through

2 all that then they can go through and, and return
3 to pay. This, this period of time typically takes
4 around a week or so to get back and in fact our
5 research shows that after a bonafide concussion
6 that waiting at least seven to 10 days after, after
7 the injury is the, the safest way to go.
8 CHAIRPERSON JOHNSON: So when you, what
9 you seem to have just described is both some type
10 of consensus or guidelines on the seven to 10 days
11 while at the same time having an individualized
12 approach at that time depending on what had
13 happened. It's sort of not either or. It's, it's a
14 middle ground depending on what happened.
15 DOCTOR BARR: Well the, the return to
16 play, the, the graded return to play is a, is a
17 fairly standard thing that's employed. What I'm
18 telling you is that the average of time for that
19 to, for the person to go through that sequence is
20 the seven to 10 day period.
21 CHAIRPERSON JOHNSON: Got it. Well I, I
22 want to thank you all for, for being here today. We
23 appreciate your testimony. We look forward to
24 working together and calling upon your expertise
25 after this hearing is over so that we can get a

2 good piece of legislation passed that's going to
3 protect young people. Thank you very much.
4 DOCTOR BARR: Thank you for having…
5 CHAIRPERSON JOHNSON: So next up we are
6 going to… Sergeant if you could pull five chairs up
7 to the table. We're going to be joined by Jon
8 Butler from Pop Warner Little Scholars, William
9 Solomon from the New York City Youth Football
10 Council Brooklyn Titans, Courtney Pollins from
11 Youth Football Big Apple Football, from Lloyd
12 Rodriguez from the Brooklyn Pitbulls Youth Sports
13 Pop Warner. Okay. Actually four chairs is okay. So
14 if you all have testimony it would be great if you
15 could give it to the Sergeants. And then coming up
16 next is Joe Maroon, Merril Hoge, Robert Golden, and
17 Peter Salgo. So you all may begin. If you could
18 just please identify yourself for the record and
19 you could, may go in whatever order you'd like. The
20 mic's on when the light's on. And if you could
21 speak directly and clearly into the microphone.
22 Thank you.
23 WILLIAM SOLOMON: My name is Bill
24 Solomon. I'm with the, the New York City Youth
25 Football Council as well as representing a large

2 league, Empire State Youth Football and a, an
3 organization of, youth football organization in
4 Bed-Stuy called the Brooklyn Titans. I'm a former
5 youth, high school, and college football player and
6 the father of a football player. I'm a youth
7 football coach. I'm the founder of a football and
8 cheer program here in Brooklyn serving
9 approximately 200 kids. I'm a founding
10 administrator for a city wide youth football
11 organization serving approximately 3,000 youth
12 throughout New York City. Also a state
13 representative for American youth football and been
14 involved in economic development of all things in,
15 in the borough of Brooklyn. I've been involved with
16 youth football for 15 years and I can site numerous
17 instances and examples of how its helped people and
18 obviously the, the council is a part of that. I
19 grew up in a football hot bed in western
20 Pennsylvania, played football from the time I was
21 eight years old, and football helped both my
22 brother and myself have, take the opportunity to
23 have an ivy league education, myself at Harvard, my
24 brother at Councilman Levin's alma mater Brown. I
25 have a son who chose to play football at the age of

seven who is now playing football at the, the University of Pennsylvania. I know firsthand the benefits and the risks involved in youth football. If the legislation being proposed here is an attempt at, and I, I, and I hate to put it this way but if it's an attempted grandstanding the… taking advantage of the nationwide hysteria around concussion what I have to say here is likely to fall on deaf ears. But in the event that this is an honest discussion…

CHAIRPERSON JOHNSON: It's not.

WILLIAM SOLOMON: Good. …I'm more than, I'm more than confident what I have to say here is going to resonate. From what I've been able to gather Councilman Levin and his supporters as well as the rest of the council have canvased the body of research that exists regarding concussion and side input from a variety of national bodies. However it's somewhat disturbing to me that none of the men and women who volunteer hundreds of hours a, hundreds of hours a year as well as the coaches and the parents of the children who are actually involved in these activities has yet been, has yet been contacted regarding this legislation. I find

it unfortunate that we're here… frankly we didn't know anything about it… at the last minute we, we heard about it and we you know found it, found a way to get here. That's, that, that I think is a problem. And further I find it a little disturbing that you know I run a youth football program within spitting distance of Councilman Levin's area of representation and I've not been contacted nor seen any representative from Councilman Levin's or any of the other council members at our practices or at any of our games. Concussions are obviously not unique to youth football. In fact according to a recent study produced by the National Institutes of Health the incidents of concussion…

CHAIRPERSON JOHNSON: You, you may finish your testimony.

WILLIAM SOLOMON: Thank you. The incidents of concussion with female soccer players in college has a higher incidents than their football counterparts. That's a fact. I find it difficult to understand why the, the legislation is labeled youth football safety and not labeled youth sport safety when in fact the fastest growing sport just about anywhere in particularly in the city is

soccer where there is a significant occurrence of concussion. If we're going to talk about safety in youth sports then we need to broaden this to all sports and include soccer and wrestling and lacrosse. Because if any of you are familiar with how the permitting process works in the city it is a blood sport where different organizations and different sports battle for the very limited park space that we have available. The very sad fact of the matter is that the children in many of the neighborhoods served by youth football programs are more likely to have their lives negatively impacted by gun violence, childhood obesity, diabetes, and school dropout then concussions in football. As regards violence football provides an outlet for the aggressiveness that is natural in a lot of these young men and that other, that otherwise might find its way out in less productive manners. Rituals imitate violence in order to keep violence at bay. That is clear. The only thing we really know for certain is that regarding concussions is that their effects we really aren't certain of. And there certainly is not a lot of data regarding youth. And to extrapolate data from the

2 professional ranks or the college ranks or even the
3 high school ranks back to youth sports is
4 inappropriate and inaccurate. If you have any
5 question regarding that just look at the, just look
6 at the insurance rates from college to high school
7 to youth. Our rates are significantly lower. And if
8 one thing you can be certain of the insurance
9 companies understand the risk. In my view rather
10 than spending a lot of time pursuing an unfunded
11 mandate that unnecessarily burdens already
12 financially strapped organizations our time would
13 be better spent providing training for the
14 volunteers who are providing the program so
15 desperately needed by the youth in our communities.
16 And if there's a problem with concussion what is
17 being proposed here only addresses the symptoms not
18 the root cause which is the lack of proper training
19 for the youth on the field. We can be safer if
20 we're practicing safer practices while we're on the
21 field. We can only do that if the coaches know
22 better. The term power of the permit has been
23 thrown around as regards to city's ability to use
24 permitting as a means of influencing behavior. It
25 would be tragic to see the youth of New York City

crushed at the intersection of the power of the permit and the law of unintended consequences. At a time when physical inactivity among our youth is at an epidemic status and for, and foreshadowing a potential crisis coming forward as far as the health of our community it's not in the best interest of anyone to take the kids off the field.

CHAIRPERSON JOHNSON: Thank you Mr. Solomon. I, I really do appreciate your passion. And clearly from your introduction you have lived and breathed and know football inside and out. I respect that, I appreciate that. Congratulations on your son playing in college. I think that's great. And you know I can't speak for Council Member Levin, I'm sure he'll address it, I just want to say to you before we go onto your colleagues who are going to testify, I said this in my opening and I meant it, this is not putting football on trial. This is not trying to put leagues or teams out of business. That is not the point of this hearing. That is not the point of this legislation. I know that Council Member Levin reiterated that. But I want you to know this is not about playing gotcha and blaming one individual, it is about trying to

take a comprehensive look at protecting young people. And as you mentioned there are many ways we can do that. There's gun violence, there's diabetes, the council looks at all those things. That's not what this hearing's about but we look at all those things. And so as I said to the previous panel this needs to be done in collaboration with you all. And we look forward to hearing your expertise, input, and working on this together to achieve a piece of legislation that works for everyone. Whoever's next may testify.

JON BUTLER: Good afternoon. My name's Jon Butler. I'm the Executive Director of Pop Warner Little Scholars, also known as Pop Warner Football. And I also serve as Vice President of the National Council of Youth Sports. First of all thank you, all of you for this opportunity. This is a very important issue. We certainly share your goal of making youth football as safe as we can. That's been the, the number one priority for Pop Warner since the organization was founded in 1929. We believe that an awful lot can be done on the preventative end. And before we get to the expensive end of things on the, on the treatment

2 and the, and the cure… First of all please
3 understand that youth sports is relatively safe.
4 One of the pages of my handout shows a chart, a
5 recent study by the University of Alabama,
6 Birmingham over 200, 2.5 million children. And if
7 you consider our age range which is overall five to
8 15, core group of seven to 12 and you look at that
9 chart football injuries really don't start to
10 increase drastically until ages 11 12. Much more
11 significant are playground injuries and bicycling
12 injuries. And that's true of, of both overall
13 injuries as well as concussion rates. In youth, at
14 youth levels concussion rates and injury rates are
15 about half or less at youth levels what they are at
16 high school levels. The… pardon me. There's, you
17 know I've heard the, the opinion offered that youth
18 brains may be more susceptible to injury or long
19 term ill effects. We have a medical advisory
20 committee of very learned professionals who have
21 researched this extensively. They can find no
22 research that backs up that, that hypothesis at
23 all. We hope there will be something done. We are
24 curious to learn more. But we think an awful lot
25 can be done to make the game safer through rules

2 implementation. We require all of our coaches, both
3 head coaches and assistants to take the heads-up
4 football training course every year. Second of all
5 in 2010 we were the first national youth sports
6 organization to institute our own concussion rule,
7 return to play rule which states very simply it,
8 any head or neck injury the participant is removed
9 from participation, can't resume participation
10 until signed off on in writing by a medical
11 professional trained in concussion recognition. So
12 it's a very simple rule. It was modeled after the
13 life stead law in Washington State. In 2012 we
14 became the first football organization at any level
15 to institute rules limiting the amount and types of
16 contact allowed in practice. In 2013 based on that
17 rule change Doctor Stefan Duma from Virginia Tech
18 University did a study and he found that Pop Warner
19 players over the course of a full season and
20 practice had almost 50 percent fewer hits to the
21 head versus non-Pop Warner players. And part of the
22 irony there is that… [beeping]
23 CHAIRPERSON JOHNSON: You may continue.
24 JON BUTLER: Thank you. Part of the
25 irony there is that the non-Pop Warner football

teams that he tracked had recently dropped out of Pop Warner because we have quote too many rules. So it kind of goes around. We require also that in the absence of a trained medical professional on the field both practices and games at least one coach has passed the Red Cross Community Training and CPR course or the Prepare course from the National Center for Sport Safety. Our only concern with this bill and has been brought up before is funding. I costed out what, what we pay in the school district where I live for our certified athletic trainer, took it time the hours of practice and games allowed and figure it will cost every Pop Warner program eight to nine thousand dollars a year which is a pretty serious burden when they're raising all their own funds. So again we certainly support your, your goal. If there's anything we can do we're happy to do it. We will continue to implement rules to make the game as safe as we possibly can. Thank you.

CHAIRPERSON JOHNSON: Thank you Mr. Butler.

COURTNEY POLLINS: Hi my name is Courtney Pollins. I'm the President of the Big

2 Apple Youth Football League. I like to… I wrote
3 something but I'd like to piggyback on what these
4 guys have said. We have the largest league in New
5 York City. I have about 5,000 kids playing football
6 currently in the city of New York. There are, to
7 set the record straight there are about 81
8 organizations in the city of New York. There's five
9 leagues in the city of New York. There's currently
10 approximately 14 thousand kids playing citywide
11 football. When you talk about basically 250 games a
12 weekend and to be able to keep up with what's going
13 on and the ins and outs of not only just playing
14 football and having it tracked you're talking about
15 a major undertaking because of the fact of the
16 matter is what the Parks Department, what he just
17 said, the numbers bear out. The problem is is that
18 in this, in this, with these 14 thousand teams, 14
19 thousand kids that are playing little league
20 football in the city of New York the problem is
21 there's another 6,000 kids that play football
22 independently. Those organizations have in-house
23 football leagues; Staten Island Boys, Staten Island
24 Peewee, and also they have Parkville. The problem
25 is they have private property. So then would they

2 have to have trainers at their facility or Kings
3 Bay, they have a private facility they would not
4 maybe because they would not be underneath the city
5 ordinance of a park. That creates the next problem.
6 The problem now would be the kids of minority
7 ethnicity would be the persons losing. They would
8 not be able to pay football and he just said 9,000
9 dollars, you might as well just say out of 500
10 teams in New York, 200 now because there's no way
11 they can pay for this. And that would create a
12 major problem. There's also three to five gangs in
13 the city of New York which would now increase
14 because when kids have nothing to do they'll find
15 something. Our responsibility to the children is to
16 make them as safe as possible as the council member
17 said. But my major problem is we talk about safety
18 but we don't have enough action in terms of council
19 member stepping in, providing grants for some of
20 these programs that's hurting, proper equipment, to
21 clean up the fields, these are all issues also. You
22 know the kids playing football on fields that have
23 hypodermic needles on it. And that's not in front
24 of our thinking. We clean the fields, it's not our
25 job but we want the kids to be in a safe

2 environment. We have to come up with a legislation
3 that makes sense. And I think that the biggest
4 problem is we're not talking to leagues. If you
5 didn't contact myself, Bill Solomon, you didn't
6 contact some of these leagues then how could you
7 get it done. They don't even, the Parks Department,
8 he don't have the data, I do because I know exactly
9 how many teams in the city. Have to talk to the
10 leagues and, before you can present a bill because
11 it's not doable and it's only going to create down
12 the road an open pocket for these children. And
13 once that happens by trying to return the
14 generation back to becoming viable citizens it
15 might take ten years. So let us, you know again
16 thinking about what we're doing. Let's communicate
17 one with another. We've created the New York City
18 Youth Football Council because of this. I myself,
19 Bill Solomon, the New York City Youth Football
20 which is the oldest league in the city, it's about
21 45 years old, we've created a council and we, we
22 will be working together as a collective body, not
23 Big Apple, not Empire over here all the leagues
24 together and we will be talking to you guys as a
25 collective body. No longer will we talk to you guys

in fragments because it's not, it's not benefitting us. It's not making things better for the kids. It's hurting them in, in the bigger picture of things.

CHAIRPERSON JOHNSON: So thank you for your testimony. I just want to be really clear about something so you all know. So the, this hearing is, is the first step. So that's why we have people testify. And then after the hearing is over we collect all the testimony and information and that informs the legislative process and how we move forward. So you know Council Member Levin is a great council member and is a good friend of mine and I know how he handles the legislative process. So no one's ruling by fiat here. We are, we are attempting to listen to you and work with you and that is why we're having this hearing today and we look forward to doing that. So I don't want anyone to take it personally that we were you know not reaching out. This is a process. This unfolds. We get more information. We learn things. We adapt. And I'll say it again because Council Member Levin said it. We're not trying to put anyone out of business. Council Member Levin said before that he

believes it's the city's responsibility to come up with funds to cover these things. So, so we're going to try to achieve that together. You may go.

LLOYD RODRIGUEZ: Yes thank you for having me here. And good afternoon. My name is Lloyd Rodriguez, former president of New York City Pop Warner. So Jon Butler said pretty much everything I would need to say there. I'm also Director of the Brooklyn Pitbulls and I'm going from football to sports. I played football since I was five years old. I'm a proud father and is my wife we, we have a house full of athletes playing division 1 division 2 both football and soccer. I was a lot concerned when I hear, when I saw the articles in the Daily Eagle and ESPN. I thought this was the eviction notice. Basically once I seen doctor, trainers… there was no way, there was no way for practice and for games that this would even be doable. One, one reason is because unlike high school where they play one game or day at a location I may play three games, he may have four games going on, so I may have five games in one day. I spoke to my doctor who I just spoke, went to get my yearly check-up 150 dollars is the

approximate fee for a doctor per hour. So if I do four games a weekend I'm, I'm talking 12 hundred dollars in a day which is undoable, I'm out of business. The doctor Marianne when she mentioned nurse and EMTs I think that's a great… that's, that's a great resource. I know I had, I'm, I'm down here in Brooklyn, down in Commodore Barry Park and I'm close to the 9-1-1 building. I spoke to… at one year I, I've, what I had the ambulance I spoke to the fire department where they gave me an EMT where what they did for me, they took my home schedule, they took my schedule for my home games. And what they did for me was send an ambulance sitting in the park with two MT, two EMTs and he told me said I can't promise that they would stay but what they would do is they would stay at the game. If they had a call they would leave go to the call and then when they were done with their call they would come back to the field. And for the ten years and like Jon Butler for the 10 years that I've run my program since 2003 I've had one concussion out of ten years in youth level dealing with from the seven years olds to the 15 year olds, 14 15 year olds which is the most, which is chance…

2 most likely, most likely there would be
3 concussions. I just had one concussion and it was a
4 cheap shot. So what I'm saying is that I feel
5 football's being attacked and my daughter plays
6 soccer, she tore a ACL, had a ruptured Achilles.
7 One thing I never heard about soccer other than
8 concussions is that no one's talking about the
9 Achilles and the, the leg injuries and, and what's
10 happening. These kids in soccer are having ACL
11 tears at 10 11 12. I have not had one ACL tear in
12 the ten years of, of my coaching. And this is
13 arthritis, this is a problem for arthritis. So I
14 think although I hear continuously that this is not
15 an attack on football… [cross-talk]
16 CHAIRPERSON JOHNSON: It's not.
17 LLOYD RODRIGUEZ: …I can't take it any
18 other way if it's not youth sports attached to it.
19 I couldn't take it any way. And I, I don't feel it
20 is. I know there's not one person on that panel
21 would, would feel they want to attack football but
22 just from the articles, from the, the debates
23 online where it says college football should be
24 banned or… you know and then the concussion. And to
25 show Friday Night Tikes. I'm a coach, I was

appalled. I was appalled to see the way those coaches were treating those kids, that was child abuse, it was child abuse and it was on national TV which is, which was unbelievable that that even aired. So again if we really want to help the, the organizations I think what we should not do is use the power of the permit, what we should use, what we should do is continue to allow teams to stay on the field and work with them to correct anything that needs to be corrected, not to take them off the field. Because again it is very, very hard and competitive to get a permit today and if you lose your permit there's 10 11 organizations waiting to take your spot. And once you lose that spot you're out.

CHAIRPERSON JOHNSON: Thank you. I can, I'll just repeat it. This is not an attack on football. You can believe it or not believe it but that's the truth. I'm going to go to Council Member Levin and then Council Member Barron.

COUNCIL MEMBER LEVIN: So I want to thank this, this panel for your testimony. We, we reached out to, to a number of leagues over the last year. We, we drafted this legislation about a

year ago. So over the last year we have reached out. It's been difficult sometimes to make the connection. This is obviously a serious concern. It's something that I've been interested in, in hearing directly from the youth leagues as I said throughout today's hearing that, that this is a concern about, about the, how, how a youth league would be able to absorb any cost associated with any potential legislation. So the, that's you know moving forward we obviously need to close that loop and make sure that we're in pretty consistent communication. I wanted to ask a couple of questions at the outset here. In terms of full contact practices how often are your leagues doing that? And has that changed over the last couple of years. Has it been the same as it was 10 or 15 years ago? I've, I played youth football when I was in fifth and sixth grade and we had full contact practices five days a week. And that was in 1991-2. So has that changed since then and what is it now in your leagues?

COURTNEY POLLINS: I think it's changed. Most youth football practices about two to three days a week. Two days a week you… practice and

maybe one day you'll have a film study. Some leagues, a lot of people are more educated now. They… [cross-talk]

COUNCIL MEMBER LEVIN: I'm sorry… [cross-talk]

COURTNEY POLLINS: …they don't… There's not a, there's not a lot of hitting practice. You know…

COUNCIL MEMBER LEVIN: That's why I'm asking. So, so that's why I'm asking… [cross-talk] Contact, full contact versus non-full contact practices.

COURTNEY POLLINS: Well you'd have probably one day a week of full contact practice.

COUNCIL MEMBER LEVIN: Okay.

COURTNEY POLLINS: But I mean organizations… and this is why we talked about being more together. Organizations vary but generally are like for me we will do one day a week of full contact because the reality of it is we're going to play on Saturday. We don't, we don't allow like for instance the running backs to get it. They don't go, they don't go to the ground in practice on purpose. I don't want my running back beat up.

2 He's going to get beat up on Saturday 23 times
3 carrying the ball so he's not going to get hit in
4 the week.
5 COUNCIL MEMBER LEVIN: Right right, no I
6 hear you. I'm trying to, I'm trying to… because
7 this directly effects… [cross-talk]
8 COURTNEY POLLINS: Two days a week
9 practice. You have full contact one day definitely…
10 COUNCIL MEMBER LEVIN: Okay because…
11 [cross-talk]
12 COURTNEY POLLINS: …one day.
13 COUNCIL MEMBER LEVIN: …because, just to
14 be clear the, the requirement in our legislation
15 that would mandate a, an athletic trainer or a
16 physician to be on site only pertains to full
17 contact practices…
18 COURTNEY POLLINS: Okay.
19 COUNCIL MEMBER LEVIN: …not to, not to
20 non-full contact practices. If they're not wearing
21 all their pads and they're not, and they're not
22 full, doing full contact drills then, then that
23 requirement won't, won't be covered.
24 COURTNEY POLLINS: Well I would say, I
25 would say the average would be, for the average

2 team probably, they probably hit two times at least
3 full… [cross-talk]
4 COUNCIL MEMBER LEVIN: Okay two times.
5 LLOYD RODRIGUEZ: I, I would just want
6 to ask a question because…
7 CHAIRPERSON JOHNSON: If you all could
8 just identify yourself for the record when you
9 speak.
10 LLOYD RODRIGUEZ: Okay Lloyd, Lloyd
11 Rodriguez, director of the Brooklyn Pitbulls. I, I
12 tend to do something different sometimes. We, we,
13 you know I may have two weeks of, of full contact.
14 Now my question to you will full contact be also
15 considered half speed? Because at half speed it's
16 almost like we're walking with contact but there's
17 no collisions. And I, I tend to do a lot of half
18 speed contact. And would I need a doctor at, at a,
19 a practice like that?
20 COUNCIL MEMBER LEVIN: So just, just so
21 you know that the bill doesn't require a doctor, it
22 requires a doctor or athletic trainer. So there's a
23 definition of, of a full contact, full, football
24 practice would mean a practice for the game of
25 football which involves tackling. So, so that's the

definition of, of, of football practice. So when you do the half speeds do you involve tackling?

LLOYD RODRIGUEZ: No.

COUNCIL MEMBER LEVIN: No? Okay so then that would not, a half speed practice that doesn't involve tackling would not be covered under the legislation.

COURTNEY POLLINS: Did you say also… I'm sorry, Courtney Pollins Big Apple Football, you, you said full equipment though not, not, not, full equipment though am I right?

COUNCIL MEMBER LEVIN: Well just just…

COURTNEY POLLINS: …make sure we…

COUNCIL MEMBER LEVIN: …so just just the language of the legislation now, I'm reading directly from it, quote football practice shall mean a practice for the game of football which involves tackling.

COURTNEY POLLINS: Okay because a lot of times full equipment, guys I put full equipment on to protect the kids actually. Because if you, sometimes I little league if you just have helmets only I've seen where a kid was running and he'll hit the guy's collarbone, he'll break his

2 collarbone by, by mistake. So therefore full
3 equipment but like you said half speed so that way
4 nobody's actually…
5 COUNCIL MEMBER LEVIN: It's an, it's an
6 area in the legislation that we're going to have to
7 clarify a little bit more. Go ahead.
8 JON BUTLER: If I may…
9 COUNCIL MEMBER LEVIN: Yep.
10 JON BUTLER: I'm Jon Butler from Pop
11 Warner. As I mentioned briefly in my presentation
12 in 2012 we initiated two new rules. One says you
13 can't spend more than one-third of practice time in
14 full speed contact, drills, or scrimmages. So
15 that's limited to 40 minutes a day or one day a
16 week. And as I mentioned that you know after
17 initiating that rule Doctor Duma study showing
18 almost 50 percent fewer hits to the head in
19 practice over the course of the season.
20 COUNCIL MEMBER LEVIN: So… in looking at
21 the issue of cost here. So it's interesting that
22 you're hearing 150 an hour for a doctor versus what
23 the DOE is saying as 100 dollars flat rate per
24 game. Because obviously that means you know there's
25 a, there's a big difference there. If it's, if it's

2 150 an hour and you have three games then you're
3 paying 12 hundred dollars for every, for your
4 league it's coming, it has to come up with 12
5 hundred dollars per Saturday game day right, versus
6 300 dollars. So I, if you're, if you're in the
7 situation where you have three game say because
8 that's the example you brought up before. There are
9 three games being played in a Saturday game day.
10 How many, how many, how many kids is that? How many
11 kids participate in, in a, in three games, if there
12 were three games kids, kids would be… [cross-talk]
13 16.
14 LLOYD RODRIGUEZ: So Lloyd Rodriguez. So
15 my, I would be responsible for my organization.
16 Your organization comes down. I have three levels
17 you have three levels. The minimum for Pop Warmer
18 16 the max is 35 players per team.
19 COUNCIL MEMBER LEVIN: Per team?
20 LLOYD RODRIGUEZ: Per team. If I we to
21 have an athletic trainer that would be 150 dollars
22 just on the… is that what you're asking me?
23 COUNCIL MEMBER LEVIN: No, no what I'm
24 asking is… So if, if we're talking about. So if
25 there's… I'm, I'm trying to do the math here. If

there's say so between 16 and 35 so let's say an average then of 25 because that, that you know right in the middle…

LLOYD RODRIGUEZ: Okay.

COUNCIL MEMBER LEVIN: So 25.

LLOYD RODRIGUEZ: Let's say 20, say 20.

COUNCIL MEMBER LEVIN: Say 20. Okay 20 times two that's 40 kids playing in a game times… [cross-talk] three is 100 because there's, if there's three games being played…

LLOYD RODRIGUEZ: Three games, 20 60 120.

COUNCIL MEMBER LEVIN: 120. And, and if the cost then of, is 300… if it, if, if it is in fact 300 dollars because it's a hundred, say a hundred dollars per game right.

LLOYD RODRIGUEZ: No no no, 150 dollars per hour.

COUNCIL MEMBER LEVIN: According to what you heard from your doctor…

LLOYD RODRIGUEZ: For two, and a game is two hours.

2 COUNCIL MEMBER LEVIN: However what we
3 heard from DOE testifying before was 100 and so,
4 this, we're going to get… [cross-talk]
5 LLOYD RODRIGUEZ: And and and…
6 COUNCIL MEMBER LEVIN: …we're going to
7 get to the bottom of this.
8 LLOYD RODRIGUEZ: And let me, and let me
9 just say this, they're an entity, I'm an individual
10 organization in a league…
11 COUNCIL MEMBER LEVIN: I understand.
12 LLOYD RODRIGUEZ: …so that's different.
13 COUNCIL MEMBER LEVIN: I understand. I,
14 I, I get that.
15 LLOYD RODRIGUEZ: Okay but I'm… [cross-
16 talk]
17 COUNCIL MEMBER LEVIN: …I'm just, I'm
18 just trying to go through the numbers here. So
19 we're talking of a range of 300 divided by 120 so
20 that's, you know it's like… I'm just talking about
21 how much it's going to cost each individual family
22 to cover this cost you know if that's… and, and so
23 I'm wondering over the course of a season… Like if,
24 from my perspective if, if the, if the cost per
25 family is somewhere in the range of 50 dollars or

2 something like that per family per season I think
3 it’s probably worth it. I mean that’s my opinion.
4 You know if it’s 500 dollars that’s another
5 question. So, so that’s why… and I, and we, we want
6 to be able to work with you, get some standards
7 across the board. Get some, some accurate kind of
8 sense of what the cost is and then, and then look
9 at you know whether I mean as they said athletic
10 trainers that are there to be hired are charging a
11 rate of between 35 and 45 dollars, that seems
12 pretty specific per hour. If it’s a, if it’s two
13 hours that they’re required to be there then that’s
14 you know 75 85 90 bucks per, per game. I’m just,
15 I’m just trying to get a, an accurate sense here of
16 what the costs are to you and to your leagues
17 because again we don’t want to put you out of
18 business we want, we want to… but we also want to
19 keep the kids safe. I, I appreciate what you’re
20 saying about the preventive efforts that your
21 organizations are making both in terms of the rules
22 that you’re doing instituting about return to play,
23 heads up… The, the issue that… [cross-talk]
24 LLOYD RODRIGUEZ: But… I just have to
25 say this before you go on because… please

2 understand that although we have those those kids,
3 those families are all not giving that money. We're
4 coming, we're tying and being creative ways. So if
5 I have a city council woman and I say… councilman
6 I'm, I'm putting in for some money and I can't get
7 the money and help from those who are there to help
8 me and we have some families who are strapped
9 financially then it, it's not that easy. So again
10 when I saw the articles it almost looked like an
11 eviction notice.
12 COUNCIL MEMBER LEVIN: Understood.
13 LLOYD RODRIGUEZ: Right.
14 COUNCIL MEMBER LEVIN: Lastly just one
15 last question here. I just want to, do you see any
16 issues around conflict of interest with coaches
17 making the decision over whether a child is
18 potentially concussed or not? Because that came up
19 with the previous testimony and I'm just wondering
20 whether that's a concern that you guys have.
21 WILLIAM SOLOMON: I mean there, there is
22 a conflict of interest. You have some coaches who
23 are obviously in the heat of the moment, very
24 competitive they, they want to win. But I think you
25 know when you look at the, the people who are

2 sitting here… we, you know Courtney runs, Mr.
3 Pollins runs… I'm, I'm sorry Bill Solomon. Mr.
4 Pollins runs an organization, I run an
5 organization. We both make sure that we put in
6 place you know checks and balances, myself for
7 instance. You know I'm responsible for the
8 organization. I don't care what the coach says, I
9 have the final word. And we have, we have other, we
10 have other staff, team moms etcetera who also have
11 an ability to tell the coach hey stop we're not,
12 you're not going to do this. So we, we, we have
13 checks and balances within our organizations but I
14 mean I don't think you're ever going to get away
15 from in any sport where the coaches… they, they
16 want the kid on the field.
17 COUNCIL MEMBER LEVIN: Yeah.
18 WILLIAM SOLOMON: So there's always
19 going to be a conflict.
20 JON BUTLER: Jon Butler, Pop Warner. We
21 make it clear that there is certainly liability,
22 especially with our rule reading the way it does.
23 Any head or neck injury the child is out. So we
24 make it clear that there is a liability issue if
25 they keep that child in. And the other thing that

that rule does help is the, I love the phrase and a psychologist friend of mine used the emotionally overinvested parent who comes down to the sideline said he's fine put him back in. So it immediately removes that responsibility from the coach.

COUNCIL MEMBER LEVIN: Thank you… [cross-talk]

LLOYD RODRGIUEZ: I think the other thing, I'm sorry, that you have to do if you want to get away from what Jon was speaking of you have to train the referees like in Big Apple. A lot of our referees are taught and told if you see something, injury, referees will remove you from the game that way the referee's not involved, he's not emotionally involved in this decision making. And the referees also have insurance. You got to understand if a referee sees a kid that's woozy after getting hit and he goes back in the insurance might not pay out. If the kid is hurt you might be liable. So referees understand that. So I think investment on education and referees that, that to me in terms of game time that's a better person to make a decision.

2 COUNCIL MEMBER LEVIN: Thank you very
3 much for, to this panel. I appreciate and look
4 forward to working with you all moving forward
5 honestly. Thanks.
6 CHAIRPERSON JOHNSON: I, no no we have
7 one more question for you all from Council Member
8 Barron and then we're going to get very quickly to
9 the next panel. I apologize. Council Member Barron
10 if you could keep it within the time that would be
11 great for us because we have to get, there's some
12 folks here that have to leave actually.
13 COUNCIL MEMBER BARRON: Great. Thank you
14 Mr. Chair, to both the chairs for convening this
15 hearing. And thank you to this panel for coming and
16 participating and giving us the, the view from the
17 football field, not from an office or other kinds
18 of area. First want to say that the work that you
19 do is so important. Gershwin Field which the city
20 calls Linden Field is at the corner of my house.
21 And we understand that arts and the athletics are a
22 major part of education. So that field was totally
23 renovated and it's a beautiful field. All the turf
24 and the whatever whatever. And it's an attraction.
25 And it's a center for that cultural and physical

activity that goes on. That field is well maintained because they appreciate it and they understand that it's a part of the community. We do have the ability through some of our funding to give discretionary funds to different groups and communities in the organization. And that's something both my predecessor Council Member Charles Barron and I have done. Of course we can't do as much as we want but we do want to support that to whatever degree possible. We want to also acknowledge the football moms that you talk about. They are a major part of what goes on on that field. And the efforts that they make to support the financial needs by the little ventures that they have to bring in finances. And I just want to say that for me I, I'm not supporting additional costs added to these football programs. For a community such as mine 50 dollars is not a nominal amount. 50 dollars can be a real challenge. For many of us in the room 50 dollars, oh it's 50 dollars, it's over the whole year… it's a real challenge for many in my community. And I don't students who are attracted to football and realize that this could be a way to get to college and it's

2 often that avenue because many of these football
3 teams take children on trips to these historical
4 black colleges and students see beyond what their
5 immediate environment is and they're inspired to do
6 well, not just on the football field but in the
7 classroom so that they can get a scholarship. So I
8 just want to say I appreciate that. And I just want
9 to ask you what are the major types of injuries
10 that your players do sustain on the field.
11 COURTNEY POLLINS: Most of the time you,
12 you get, more injuries occur in practice. You see
13 stingers in the shoulders, arm injuries, you'll see
14 a leg injury every now and then but most of the
15 time it's trauma to the lower part of a player's
16 body and he's sitting out and he's trying to gather
17 himself. As, as Jon Butler said from Pop Warner you
18 don't, from 11 and down it's not… I've been doing
19 this for 27 years. I might have known three guys
20 that had a concussion in my program the Brooklyn
21 Renegades and I've been doing it for 20… I have
22 guys that's playing college football and the whole
23 bit. And just in the little league part I've not
24 seen maybe about three guys that had a concussion.
25 And I'm talking about, it was usually the 13 14

year old division, not 11 and 12 year old kids. Even there was a council member who said before they should get rid of football in the little league and let them play at high school. That's absolutely false. You're going to get injured, probably in high school, I play high school and college football. You let them get hurt in high school and college. The chances of 11 you know it's not going to happen. So the injury we're talking about is either stingers, elbow, usually you see a lot of kids rubbing their elbows…

WILLIAM SOLOMON: Ankles.

COURTNEY POLLINS: …bumps and bruises and the ankles…

WILLIAM SOLOMON: Ankles.

COURTNEY POLLINS: …ankles you see ankles a lot too.

WILLIAM SOLOMON: And then with the babies, with the younger kids, the, the biggest, the biggest injury you see somebody stepped on my hand that's…

COURTNEY POLLINS: That's right.

WILLIAM SOLOMON: …stepped, ah that's, they stepped on my hand.

COURTNEY POLLINS: Yes.

JON BUTLER: I, I can tell you that the most common type of serious injury at the younger levels is a broken wrist. Kids fall and they don't know how to fall and they stick their hand out.

COUNCIL MEMBER BARRON: Mm-hmm. Okay thank you very much. Thank you Mr. Chair.

CHAIRPERSON JOHNSON: So Council Member Treyger has a question. Council Member Treyger we, someone has to get back to Pittsburgh to perform a brain surgery and he came all the way to New York so we really have to get to him so if you could be brief that's very important.

COUNCIL MEMBER TREYGER: Yes, thank you. Just very briefly I want to echo the comments of just thanking you for certainly, from both a recreational health and public standpoint to keep our children engaged and I certainly appreciate that. I, just very briefly and feel fee… any person can answer is just, it's not just concussions that I think that I, I raised before in my questioning of the agencies. It's preexisting conditions. We had a tragedy in Staten Island last year where a Curtis High School football player died during

practice because there was an undetected heart condition. How do we, what can we do as a city to help detect these things and, and reach, and reach these individuals, these young people and, and to prevent these types of tragedies from occurring. And I, I appreciate your, your answer.

LLOYD RODRIGUEZ: Lloyd Rodriguez. And glad you brought this up because I almost forgot. So I have my children when they're born they get the blood tests and everything. So we found out that my children have a sickle cell trait. Now your told with the sickle cell trait you're fine. So my daughter one day playing soccer of the turf field, extremely hot, she almost went down, she actually went down, and I know that field was hot so I said there's no way she's on that field. So her coach ran out and carried off. So early detection in blood or history and I am pushing and I hope you guys… and I'm glad you brought this up, I'm pushing the sickle cell trait awareness. Because since 1974 up until present day children dropped dead. They're healthy, my son has to be monitored every, during workouts every summer because he can pass out and die. The sickle cell trait… so that young man, it's

a possibility, they said heart condition you know the heat… Because and what, what happens is that sometimes with the, Ryan, Ryan Clark was probably a famous case up in Mile High Stadium against the Broncos where he almost died because of the Sickle Cell trait. I've been pushing, I'm proud to say that Pop Warner is the only league that I know, no offence to the, the gentleman next to me, Pop Warner and USA Football are the only leagues, and that's excluding the PSAL too, they don't have it and I've been pushing with them to have one of their medical to do, does the child have sickle cell trait.

CHAIRPERSON JOHNSON: Mr. Rodriguez I don't mean to cut you off…

LLOYD RODRIGUEZ: Yes sir.

CHAIRPERSON JOHNSON: …but I just want to be respectful of someone that has to go do something extremely important. So I, I really appreciate your testimony…

WILLIAM SOLOMON: Let me just say one last thing.

CHAIRPERSON JOHNSON: Council Member Treyger if you have anything else.

2 WILLIAM SOLOMON: Just one last thing to
3 the, to the council.
4 CHAIRPERSON JOHNSON: Please.
5 WILLIAM SOLOMON: Basic, real quick I'm
6 out. What you can do to help you can, you can
7 provide maybe some city resources to help us with
8 maybe EKGs for the kids. All the responsible
9 leagues require the kids to have medicals but some
10 you know insurances won't cover say an EKG. You
11 know if you could provide some of those resources
12 some, from some of the clinics that would be great
13 for us.
14 CHAIRPERSON JOHNSON: We're totally
15 happy to have those conversations and work together
16 with you on those issues. Thank you very much.
17 Thank you all. So next up is Doctor Joe Maroon,
18 Merril Hoge, Robert Golden, and Doctor Peter Salgo.
19 And then on deck is John Pizzi and Mark Lauria. And
20 then our final panel after that will be Aimee
21 Brunelle, Charlie Wund, and Doctor James Pierre-
22 Glaude. Am I missing someone? Did we lose someone?
23 Okay Doctor Joseph Maroon you're reading for Doctor
24 Julian Bales? Okay. You're reading for who? You're
25 reading for Merril Hoge and Robert Golden? So

you're testifying on your own and you're reading testimony? You're just testifying? And Doctor Peter Salgo. So you're going, you're doing two? Okay, you may begin. Please identify yourself for the record. Light, the light has to be on. Press the light. There you go.

DOCTOR SALGO: First of all thank you all for inviting us, Chairman Johnson, Chairman Dromm, Councilman Levin. We're delighted to be here. Listening to all of this testimony has been really enlightening and terrific. It's nice that everybody's grappling with this. I'm Doctor Peter Salgo as some of you may recognize me. I've been, was the Health and Science correspondent for Channel 2 News here in New York for about two decades. I've anchored on CNBC constantly, currently the host of Second Opinion on PBS. And I am invested in our city. I was born here, I live here, I love it here. And I'm here now as part of a consortium of concerned professionals. We call ourselves the Head Health Network. We've gathered together leading sports health experts and companies with the mission of making kids sports including football as safe as possible. What my

time in the media has given me is an extraordinarily complete look at the value of sports to kids. And by the way I'm a dad. I've got four year old twins at home and a 10 year old girl and they've given me permission to leave for a while and, and come here and be with you. It's abundantly clear medically and socially that sports are critical. It's really important. Kids need to learn the values of teamwork. They need sportsmanship. They need to know that effort is rewarded. They need exercise. This is all good. And I think it's fair to say all sports have risk. Football is no exception. But the vast majority of young football players do well. They get terrific benefits from the game. We are however, that being said all charged with making sports accessible and as safe as possible. And in order to do this we need to recognize that simply advancing equipment such as better helmets which has been proposed in the past. It's not the answer. It's not going to work. They can't work. Rather we need to find a more global approach which is I think what this committee is, is looking at and we, we applaud that. We need to implement the most effective ways

2 to change behaviors and more effective ways to
3 provide access to expert care. Now the bill we're
4 considering today is an excellent effort to do just
5 that. We support the bill and we support its
6 objectives. In fact we believe that our Head Health
7 Network or its equivalent because there are people
8 out there equally dedicated to doing this can
9 complement the bill and greatly expand on its
10 effectiveness. My biggest concern about the bill is
11 currently drafted is that a person on the sidelines
12 watching the game such as the nurse, the trainer,
13 the doctor cannot possibly identify players in
14 trouble all the time. they're going to miss stuff.
15 It is simply physically impossible to watch 11
16 players simultaneously and to ascertain how hard
17 each has been hit on each play. We're not just
18 talking about concussions. And I think it's very
19 important to make that clear. Concussions are the
20 very end of a very wide spectrum of injury. And if
21 you got a concussion most people can find that.
22 It's the sub concussive injuries, the hard hits
23 that we need to detect and we can do that better
24 than we're doing it now. What we need is a solution
25 that can effectively monitor all participants at

2 the same time, provide experts, access to experts
3 all while being cost effective. And we believe a
4 network such as ours can help deliver this. But as
5 it's written the bill before us prevents such a
6 solution because it clearly delineates between on-
7 site caregivers and telemedicine doctors or
8 telemedicine caregivers. We suggest that you amend
9 the proposal to include a telemedicine component.
10 It's much cheaper and in fact it's better.
11 Telemedicine you know has been approved by Albany
12 as, as an effective option. Many hospitals
13 including mine are, are using telemedicine. An
14 additional benefit of an option such as the Head
15 Health Network is that our telemedicine doctors are
16 experts trained in the field of concussion care.
17 Sideline caregivers may or may not be. We can
18 effectively substitute for on, on-site care. And we
19 can effectively compliment the on, on site doctors
20 and on-site presents in all, and our technology can
21 monitor every player on every play in every game
22 continuously. We will know who's been hit, we will
23 know how hard. We will know how many times. And
24 we'll keep a complete health history on every
25 player on the field. So in closing we believe this

bill is a big step toward making youth football as safe as it can be. We believe that with some minor changes it can be made even more effective. And I'm going to read into the record if you'll permit me a statement by Merril Hoge, a professional player who retired because of concussive injuries. He says outside of my family nothing has shaped or been more central to my life than football. From the time I was a kid and first dreamed of playing professionally to my eight years in the NFL to my 10 years coaching youth football and to my current role as a football analyst on ESPN nearly all of my days have been built around the game that I and so many others love. I know my experiences can offer a unique and helpful perspective on the state of youth football as it exists today. It's well documented that my NFL career was ended prematurely as a result of concussions. Nobody's more aware of the serious nature of brain injuries than I am or than me. However, and this is critical, my injuries were the result of and an indictment on the manner in which head injuries were cared for and the culture that used to encourage and glorify head to head impacts. Though through improved efforts to

2 educate players, coaches, and parents an caregivers
3 about brain injuries and a changing culture within
4 the sport youth football has never been safer.
5 However as a former player coach and parent I
6 understand that's not enough. We must continue to
7 work toward a higher standard of concussion care
8 for players at all levels and we need to continue
9 encouraging behavioral changes that will make
10 football safer. I, I know these are the goal of the
11 Head Health Network and for these reasons I support
12 their efforts. In my regular interactions with
13 parents who are concerned about the wellbeing of
14 their children I tell them the same thing that I am
15 telling you today. One of the keys to safe
16 participation is being educated about head
17 injuries, how to care for them, how to play the
18 game in a way that reduced their likelihood. It's
19 important to understand that we won't ever be able
20 to prevent concussions. But we can learn to better
21 detect and care for them. That burden falls on
22 everyone, not just the medical staff who save for
23 the very highest levels of play is unequipped and
24 understaffed to effectively monitoring care for
25 every player at the same time. What's needed is a

better way to monitor players and provide expert care. I encourage the city council to consider the implications of this bill holistically. I am in strong support of providing the safest environment as possible for our children. But please understand that simply placing doctors on the sidelines doesn't solve the problem at hand because it does not fully address the injury of, the, the issues of injury detection or of expert care. With recent technological advances I believe solutions exist that can address all these issues. It's in our best interest to implement them. Thank you for the opportunity to contribute to the forum today. This is a topic which I am passionate about. I'm eager to support any work that helps create the safest possible environment so that our kids can enjoy all sports and learn all the valuable life lessons provided through sports. And that was Merril Hoge.

CHAIRPERSON JOHNSON: Thank you very much.

DOCTOR SALGO: Doctor Maroon.

DOCTOR MAROON: [off mic] Thank you very much. I, I… [cross-talk]

CHAIRPERSON JOHNSON: Please speak into the mic.

DOCTOR MAROON: Doctor Joe Maroon. I applaud the council for your efforts to pursue further safety and youth football which has consumed a major part of my own professional life for the last 25 30 years. I personally began playing football at age six on the cobblestone streets… of Wheeling, West Virginia, subsequently obtained a football scholarship to Indiana University where I was voted a scholastic all American. And subsequently upon finishing my residency training at Indiana became the team neurosurgeon for the University of Pittsburgh and for the last 25 years the Pittsburgh Steelers. Over 20 years ago I told Chuck Noll, four time super bowl winner that his starting quarterback couldn't play against the Dallas Cowboys the following week because he had a concussion. He said well what does that mean? He looks good to me. I think he can, he can run, he can throw, he knows his plays. He said Maroon if you want me to keep an athlete I want objective data, not some specious guidelines drawn up by a, by a panel of doctors. Some… should grin

2 by this. I considered his words and subsequently
3 realized he was correct. I contacted Mark Lovell
4 and subsequently Micky Collins brilliant
5 neuropsychologists and put together a
6 neurocognitive test called impact which is now been
7 the standard of care for over 12 thousand high
8 schools and colleges in the United States. And
9 we've now base lined over 8 million kids in various
10 levels of sports with this neurocognitive test. And
11 there's over 200 peer reviewed scientific papers
12 that attest to its validity and reliability. Never
13 the less concussions rightly remain a major concern
14 as this council is correctly addressing. And it's
15 our duty to take a more aggressive approach to
16 ensuring the safety of our youth. I believe it can
17 be obtained without implementing rules or
18 regulations that risk making participation
19 prohibitively expensive or impractical. The key to
20 achieving this will require changing behaviors and
21 raising the standards for concussion care in all
22 sports, not just football ladies and gentleman.
23 There's a growing body of data that supports rules
24 modification and how we teach and instruct coaching
25 blocking and tackling. We can further minimize the

2 incidents and effects of concussion by implementing
3 three technological advances. We need to use the
4 tools that technology provides us now; number one
5 is neurocognitive testing, number two impact
6 monitoring, number three access to medical experts.
7 Those three technological advances we need to apply
8 here in New York. The, the impact sensors, it's a
9 new technology that measures the location of each
10 impact, g-forces, and then stores it in the cloud
11 for a hit dissymmetry for the lifetime of the
12 individual. Sensors do not and will not determine
13 whether a concussion occurs but it gives us
14 objective data about the forces and we can use
15 that. Finally providing access…
16 CHAIRPERSON JOHNSON: You can finish
17 your testimony.
18 DOCTOR MAROON: Thank you sir. Providing
19 access to experts trained in detecting and caring
20 for concussion injuries as you said not, no, no
21 deprecation of dermatologists or radiologists. But
22 there are people who need to be trained in
23 concussion management as you rightly corrected and
24 suggested. So neurocognitive testing impact
25 detection with sensors and then injury assessment

2 with professionals. And that's what the Head Health
3 Network integrated. They used these technological
4 advances and innovative approaches to assuring what
5 you are looking for on the sidelines with medical
6 care. So in closing I would like to… we speak,
7 we're focused on the one black dot on the white
8 sheet of paper. There's tremendous benefits to
9 sports that we completely overlook in these
10 discussions. And you Councilman you, you brought
11 that up yourself in your own personal experiences.
12 I'd like to close with a quote from General
13 MacArthur. He said, when he was coming down at
14 WestPoint on the fields of friendly strife are sown
15 the seeds that on other days and on other fields
16 will need the victory. What are those seeds. It's
17 the teamwork, it's the loyalty. It's the playing
18 through pain and hurt and knowing how far you can
19 go and stretching yourself. These are the, the
20 character traits that lead to success in athletics
21 that also in life and in our job. So I encourage
22 you to be open about the incredible benefits
23 learned on the fields of friendly strife and to
24 support programs and services that will help make
25

2 youth football even safer than it is today. Thank
3 you.
4 CHAIRPERSON JOHNSON: Thank you very
5 much doctor.
6 DOCTOR MAROON: I am going to read into
7 the record if you will a statement from Doctor
8 Julianne Bales?
9 CHAIRPERSON JOHNSON: Yes.
10 DOCTOR MAROON: Doctor Bales is a
11 neurosurgeon and professor who has been in practice
12 for 25 years. And he's had the opportunity to care
13 for athletes of all ages and has been a sidelined
14 team position in the NFL and NC double A levels
15 during that time. He is a father, former football
16 player, and also serves as Chairman of the medical
17 advisory committee for Pop Warner. And this is the
18 nation's largest and oldest youth football
19 organization as we've heard. And I'm going to read
20 from his letter now. For the last 15 years I have
21 directed a brain injury research lavatory where
22 scientific investigations are carried out
23 concerning the effects of both major and minor
24 brain injury also called concussions. While we and
25 many researchers have uncovered important clues

2 into the reaction of the brain to both concussive
3 and sub concussive impacts there is still progress
4 to be made. I've been, I have seen firsthand that
5 there is no medical or scientific consensus that
6 the youth brain is more susceptible to injury than
7 in older persons in answer to one of the earlier
8 questions. However I can appreciate that this is a
9 highly sensitive topic and it is our responsibility
10 to be conservative in nature in working to preserve
11 the safety and brains of our youth. To this point I
12 am pleased that as a result of recent efforts to
13 educate athletes, coaches, parents, and implement
14 rule changes to eliminate egregious hits to the
15 head and to reduce or eliminate head contact in
16 practice as Jon Butler stated youth football has
17 never been safer. To site a specific example four
18 years ago at Pop Warner we were the first football
19 league to legislate against head to head contact in
20 practice. This has resulted in Pop Warner football
21 players sustaining only 60 or fewer head contacts
22 every season and the majority of those head
23 contacts and g-forces is the equivalent to being
24 hit with a pillow in a pillow fight. Unfortunately
25 the incidents of head contacts increases in high

2 school as do the severity of the impacts thus we
3 need to continue our reaffirmation of football and
4 all sports by encouraging the appropriate
5 behavioral change and providing sufficient impact
6 monitoring, injury assessment, and care which is
7 what you gentleman are all about today. I believe
8 we can help drive behavioral train change and
9 address in large part the concussion crisis through
10 the adoption of best practices at all levels of
11 participation. These best practices include
12 effective monitoring of head impacts, immediate
13 head injury assessments, and immediate access to
14 expert care. While these steps may seem intuitive
15 historically it has been a challenge to implement
16 them anywhere other than at the highest level of
17 sports participation. However given recent advances
18 as I discussed in science and technology I believe
19 we can now implement such a service across all
20 levels of play including soccer, football,
21 basketball, and other sports. In closing it is
22 important that we work to find a solution which
23 would allow youth and high school football players
24 to continue to enjoy the innumerable benefits of
25 America’s greatest game which include physical

2 activity, teamwork, leadership, sacrifice,
3 achievement, and the reduction of the obesity
4 epidemic. We have the opportunity, capability, and
5 responsibility, to continue to evolve football in
6 terms of style of play, safety rules, and to raise
7 the standard of care for head injuries. I believe
8 if we can follow this road map that we can begin to
9 effectively manage the concussion crisis and that
10 our children continue to play the game they love
11 and they benefit enormously from. Thank you very
12 much ladies and gentlemen.
13 CHAIRPERSON JOHNSON: Thank you very
14 much.
15 ROBERT GOLDEN: Good afternoon. I'm
16 Robert Golden and I'm the founder of the Head
17 Health Network. And we created it to solve this
18 problem. Because the passions that you saw in the
19 room here today are enormous. They are dividing the
20 people who love the game and want to have their
21 children participate in a game and the people who
22 want to protect those children from harm. In order
23 to do this we're going to have to come up with
24 something more intelligent, more clever, and more
25 effective than we have in the past. Doctor Bales

2 calls this a crisis and it is a crisis. We are
3 seeing more kids injured. We are seeing kids dying.
4 And we're seeing concussions at a level we did not
5 see historically. This is because the game and the
6 equipment is allowing more aggressive play. And
7 frankly what you allow will happen. What we have
8 done is brought together the leading people in the
9 field. People like Doctor Maroon, Doctor Bales,
10 Merril Hoge, leading companies like Impact that
11 develop the software that the NFL uses to test
12 their players, leading insurance companies who want
13 to make sure that people are cared for and that
14 their costs and the cost of their policy holders do
15 not get out of control. All of these people have
16 gotten together under the umbrella of the Head
17 Health network. Our goal is to close the gap
18 between the care and safety that professional
19 players enjoy and that our kids enjoy. That gap is
20 too large. That's why we support this law. We
21 believe medical care at game side and practice side
22 and medical supervision is a good and necessary
23 thing. We also believe and agree with the testimony
24 of those who came before us who said certain
25 communities and certain organizations just will not

2 be able to support the cost of a physician or a
3 train, trainer at every single practice and game.
4 For that reason we are proposing what the New York
5 legislature has already endorsed. New York has
6 approved and passed a law governing telemedicine
7 and endorsing telemedicine in the state of New
8 York. The Head Health Network uses telemedicine,
9 uses the power of our cell phones and our tablets
10 and other devices to bring truly qualified and
11 expert care to the site of every game and every
12 practice. We beseech you to add this to your
13 legislation. If you add the concept of telemedicine
14 to this legislation it will be possible for even
15 disadvantaged teams and areas to afford to have
16 this care at every game. And not only will they be
17 able to afford it, the care in many ways will be
18 better. Telemedicine allows us to draw on every
19 concussion expert in the state of New York and in
20 North America and bring it to bear on these games
21 and practices. That's what we're about. That's what
22 we're proposing and we hope that you will integrate
23 it into your thinking as you consider and refine
24 this bill. Cost is so important but so is the
25 safety of our kids and we think we can do both. We

can afford to do the right thing. And that's why we came to talk to you today. Thanks very much.

CHAIRPERSON JOHNSON: Thank you very much. Council Member Levin do you have some questions.

COUNCIL MEMBER LEVIN: I want to just ask this panel about the, the rate of instances of concussions among younger players. So we, we kind of have a lot of… it seems like we have a lot of data out there, a lot of research around high school players and college players… Just, it's interesting to see that the rate of concussion amongst college players is, is half of, of what it is for high school players. But do we have any, any data or is there any kind of guiding principles medically that, that you see for kids you know Pop Warner age.

DOCTOR MAROON: Yeah that's, that's an excellent question sir. Pop warner has looked into this. And as you noted the incidents of concussions at the high school level is in th3e 15 to 20 percent range, one out of five kids, close. At the Pop Warner level it's with the recent introduction of no hits in practice this reduced to two percent

or less range. So there's a mark reduction. And, and that's, you know what we're talking about… The, the… in a recent New England Journal of Medicine Article within the last month or so they looked at traumatic brain injury in the age group we're talking about, those under 12. The most common, the most common injury for pediatrics in that age group is falls and it's mostly from bicycles and also scooters. So that, when we're talking… I, I like your question because it puts in perspective what we need to do. Thank you.

COUNCIL MEMBER LEVIN: One thing that kind of concerned me a little bit about the, the previous panel's testimony… I was just wondering if you could… on it is they said that there was… in, in each of their cases they had seen a very low number of concussions over the years in their respective leagues. Do you, does that sound right or does it seem as if maybe they were, they just weren't, they were missing concussions or concussions… occurring that they…

DOCTOR MAROON: Well you know I mean another…

2 COUNCIL MEMBER LEVIN: …that happened
3 that there would be concussions that you would
4 miss…
5 DOCTOR MAROON: Yes.
6 COUNCIL MEMBER LEVIN: …if you didn't
7 have…
8 DOCTOR MAROON: Yes.
9 COUNCIL MEMBER LEVIN: …properly…[cross-
10 talk]
11 DOCTOR MAROON: Yeah I, I mean
12 obviously, we see this at the professional level
13 and also you still even at the kids age they may
14 not depending on the age range, if they're 11 12 13
15 years old they may, they may not recognize that
16 they've had a concussion or they may deny that
17 they've had a concussion. We don't, we see this not
18 infrequently at the high school and college level.
19 So that, and that is why this new sensor technology
20 is within the last two years there's been a
21 burgeoning of new companies introducing sensor
22 technology that will record the hit, the location,
23 and the impact, the g-forces of impact. And we know
24 that the g-forces are related, we don't know direct
25 there's not a number, but we know that if you get

2 over 90 g-forces which is very very rare in the Pop
3 Warner league and they've measured this. There's a
4 likelihood that you may have had a concussive blow.
5 And if you can, you know it's, if you can be on the
6 sideline and you see the kids playing and you can
7 measure the g-force on every play you see what's
8 there, you don't have to depend on the reliability
9 of the, of the player themselves necessarily. You
10 pull them out and you examine them. There's a
11 threshold.
12 COUNCIL MEMBER LEVIN: Does that, is it
13 possible that you have a concussion though with,
14 with a, a lower…
15 DOCTOR MAROON: Yeah.
16 COUNCIL MEMBER LEVIN: …level g-force.
17 DOCTOR MAROON: Yes, excellent
18 questions. The, you can, you can have… and that's
19 one of the problems with sensors. You can have, at
20 the University of, in, in Virginia you can have as
21 low as 60 g-forces and is, you may have a
22 concussion…
23 COUNCIL MEMBER LEVIN: Mm-hmm.
24 DOCTOR MAROON: At a g-force of a 110
25 you may not have a concussion. But there's it, it's

a warning that you should examine the kid, you should examine the player. So there's, there's no one number that says because of the linier rotation and the pathophysiology of what happens in the head… it's a warning sign and it, it enhances our detection.

COUNCIL MEMBER LEVIN: And we, have you been measuring like what the g-force could be on the… Because I imagine that the younger the, the child, the less they weigh the more right force is behind the, an impact. Those g-forces are, are, are they, do they go above 60 or 90? Is that… [cross-talk]

DOCTOR MAROON: Unusually. This has been done. There's studies that have done this. At Virginia Tech they've put sensors into helmets and in fact one particular study they did this in seven athletes and they found the great majority of g-forces are 15 Gs and that's a pillow fight.

COUNCIL MEMBER LEVIN: Right.

DOCTOR MAROON: There have been some that is 60, 70, or 80. But in none of these athletes even with a higher g-force was there a

2 concussion. So it's, again it's clinical judgment.
3 None of these tools are, are failsafe.
4 COUNCIL MEMBER LEVIN: Right. Okay. Very
5 much appreciate your…
6 DOCTOR MAROON: Thank you Sir.
7 COUNCIL MEMBER LEVIN: …testimony. Thank
8 you.
9 CHAIRPERSON JOHNSON: Thank you all very
10 much for taking the time to be here. Thank you.
11 Next up we are going to have John Pizzi and Mark
12 Lauria. If you have testimony if you could please
13 give it to the Sergeant and he'll give it to us.
14 And then our last panel next is going to be Aimee
15 Brunelle, Doctor James Pierre-Glaude, and Charlie
16 Wund. So you may begin, whatever order you'd like.
17 If you please ensure that the mic is on. You have
18 to press the red light. And if you could please
19 give your name for the record.
20 DOCTOR LAURIA: Sure. My name is Doctor
21 Mark Lauria. I'm the Executive Director for the New
22 York State Association of Independence Schools.
23 First of all I want, I just want to thank you for
24 putting together this hearing. This, this work that
25 you're doing is very important. And we really

2 appreciate the earnestness with, with which you're
3 going forth with this understanding of this, this
4 issue of concussions. The New York State
5 Association of Independent Schools is a statewide
6 association. We have 195 independent schools
7 enrolling approximately 79 thousand students
8 throughout the state of New York. In New York City
9 alone we have 109 members ranging in size from 200
10 to over 18 hundred students. Through our athletic
11 association we organize and support a variety of
12 team competitions for thousands of students. I'd
13 like to note that in this area particularly we have
14 only seven schools that engage in football. It is
15 our belief that each school's athletic program
16 should be in a central part of the education of
17 students fostering the development of character,
18 life skills, sportsmanship, and team work. For us
19 of paramount importance it is the safety of all
20 students as they participate in individual and team
21 sports. Accordingly we are in support of the
22 proposal to create a youth sports health and safety
23 task force. And we believe that the goal of
24 tracking students and analyzing injuries sustained
25 during youth sports can lead to a stronger

2 collective understanding of the way which injuries
3 occur. We do have a concern with the companion
4 proposal. And even though we think it's well
5 intentioned it raises concerns, we have concerns
6 about the implementation of the unintended
7 consequences that might occur as a result of this
8 bill. We feel that the narrow requirement that a
9 doctor be required at every game and that a doctor
10 or a trainer be present every practice places a
11 logistical and unfunded financial burden on New
12 York City independent schools. Currently many of
13 our schools, especially schools that serve a
14 smaller student population do have a doctor or an
15 athletic trainer present at all games. But
16 depending on the school instead of a doctor or an
17 athletic trainer they might be a, a school nurse
18 perhaps or an EMT. Under the proposed modifications
19 this longstanding practice on our schools would not
20 be allowed. In many cases the addition of this
21 unfunded financial burden could make the difference
22 between a school fielding or not fielding a
23 football team. Given our deep commitment as an
24 association to the physical exercise, teamwork,
25 sportsmanship, and character the potential

2 elimination of this important team sport especially
3 for what we feel are middle school students would
4 not serve the best interest of our students. In
5 addition to our concern about the logistical and
6 unfunded nature of this proposal there are areas in
7 which the language is unclear which could lead to
8 confusion and inconsistent practices between
9 schools. In particular language for the proposal
10 that requires a doctor or a trainer present at any
11 practice could imply that a football team that is
12 strictly participating in say lifting practice
13 would require a doctor or trainer to be present.
14 Given the number of potential football training
15 sessions and regrouping of students within these
16 sessions the ambiguity of the proposed language
17 would leave, would leave athletic directors and
18 coaches without a clear understanding of ways in
19 which they could fill this requirement. I think
20 John will talk about this a little further. Our
21 association, New York State Association of
22 Independence Schools is deeply committed to the
23 safe practice of sports by all of our students. And
24 ur association also would be more than willing to
25 work with members of this committee or the city

2 council and staff as they attempt to create a more
3 safe sports environment. Thank you.
4 CHAIRPERSON JOHNSON: Thank you.
5 JOHN PIZZI: Good Afternoon. My name is
6 John Pizzi. I am the Executive Secretary for the
7 New York State Association of Independent Schools
8 Athletic Association. And I'm also the Director of
9 Athletics at Riverdale Country School in the Bronx.
10 Sorry that I don't have a copy of my testimony for
11 you guys. Thank you for having representatives from
12 NYSAISAA here today. And I, I want to commend you
13 all on your work in trying to take the lead on the
14 concussion epidemic. As an athletic director who
15 works on the ground with the football team and
16 concussion protocols I want to just give you some
17 quick reactions to Intro number 85. As stated
18 before adding the definition for the word doctor to
19 encompass a medical doctor with expertise in youth
20 sport injury would be important. Defining the word
21 tackling would also be something we'd like to see
22 added. A definition… so there are six types of
23 tackling; full contact tackling which is a football
24 drill or live game situation where live action
25 occurs, there's also live action tackling which is

2 contact at game speed where players execute full
3 tackles at a competitive pace taking players to the
4 ground, there are also types of tackling that
5 involve limited or no contact at all which includes
6 air, bags, wraps, and thuds. Many times air, bags,
7 wraps, and thuds are completed without the use of
8 helmets or shoulder pads. In these cases the, the
9 risk for a concussion has, has decreased
10 tremendously. And a possible pitfall without a
11 change of definition would be the ability for
12 schools to find a doctor or athletic trainer to be
13 present at every practice. Changes in the
14 definition may potentially allow for more
15 flexibility for athletic trainer or doctor coverage
16 when contact does not occur between players. In
17 addition finding a doctor to be present at all of
18 our games for our association can prove difficult.
19 In most cases, and I would say 99 percent of our
20 games, take place on Saturdays, finding a doctor is
21 not a problem. However many of the middle school
22 programs without our association junior varsity
23 games take place midweek typically between the
24 hours of 3:00 and 4:00. Finding doctors that will
25 be able to cover these games will prove difficult

2 and may limit the opportunity for schools to play
3 games if they cannot find coverage. In addition to
4 the financial burden placed on schools to procure a
5 doctor we'd also like to see the word present as it
6 pertains to athletic trainers be more defined. This
7 can take many variations. Many of our schools have
8 athletic trainers on their campus or on call often
9 times covering several sport practices or games at
10 the same time. If present means on the sideline at
11 a football practice a potential fear is that our,
12 that there is not enough athletic trainers or
13 doctors to cover all of the practices. Or, and, and
14 there is again the, the financial burden to secure
15 trainers. Changing the definition of tackling may
16 also help to mitigate this issue of being present
17 on the sideline. And, and I guess the last piece is
18 that the wording in the section about return to
19 play is somewhat troubling when students know that
20 they will not be allowed back into a contest or
21 practice after reporting a head injury. As worded
22 our fear is that students will hide injuries, hide
23 their head injuries to be able to remain in games
24 and continue to practice. Holding students out on
25 an assessment is, is when assessment takes place

2 leads to a positive… we'd like to see the language
3 change sorry to holding students out when an
4 assessment leads to a positive or unclear result
5 that we feel that that would make more, more sense.
6 We would also like to encourage the committee to
7 consider a weekly limitation on contacts as well as
8 a protocol for return to play and return to school.
9 Thank you again for, for hearing our testimony.
10 CHAIRPERSON JOHNSON: Thank you Mr.
11 Lauria and tank you Mr. Pizzi for being here today.
12 I think your feedback and comments are helpful in
13 understanding how this could affect all different
14 types of schools and leagues. So we look forward to
15 collaborating with you and working with you all to
16 ensure that as the legislative process progresses
17 we take into consideration the issues that you
18 raised today so thank you very much. Thank you. And
19 our last panel Aimee Brunelle from the New York
20 State Athletic Trainers Association, Doctor James
21 Pierre-Glaude from the New York State Athletic
22 Trainers Association, Stony brook University
23 Training Program, Stony Brook University Athletic
24 Training Education Program, and Charlie Wund from
25 the Agency for Student Health Research. So again

2 thank you all for being so patient, for sitting
3 through a lot of testimony and a lot of questions.
4 Really appreciate that you've stuck around. If you
5 could ensure that the mic is on, the red light has
6 to be on. You can press the button and announce
7 yourself for the record. Thank you very much.
8 AIMEE BRUNELLE: Thank you. Good
9 afternoon. My name is Aimee Brunelle, President of
10 the New York State Athletic Trainer's Association.
11 With me today is James Pierre-Glaude, Region 1 Long
12 Island Representative of the New York State
13 Athletic Trainers Association. We want to express
14 support for this hearing and thank the Council
15 Members for identifying the… of youth sport safety.
16 NYSATA was established in 1976 with a mission to
17 advance, encourage, and improve the profession of
18 athletic training by developing common interest of
19 its memberships for the purpose of enhancing the
20 quality of health care for the physically active in
21 New York state. Athletic trainers are certified
22 based on completion of an accredited college
23 professional program at the Bachelor's or Master's
24 level which are offered at 11 colleges in New York
25 state. New York state law requires that schools may

2 employ only athletic trainers that are certified.
3 There are currently 1,861 individuals certified in
4 New York state with 201 of them residing in New
5 York City. Athletic trainers are qualified to work
6 with the physically active population in secondary
7 schools, colleges and universities, professional
8 and youth sports, clinics, physician offices, and
9 other settings. Today we'd like to focus on the
10 high school and youth sport setting. You should
11 recognize that athletic trainers have a unique
12 relationship with the athlete at these levels
13 because athletic trainers see them nearly every day
14 and as such they are often the most knowledgeable
15 healthcare professional in the lives of these young
16 athletes. It is important to recognize that
17 athletic trainer's primary role is to ensure this
18 athlete's safety, not to win the game. It is
19 important to have an athletic trainer in such a
20 role on the sidelines of a practice or game. NYSATA
21 is pleased to see the interest demonstrated in
22 Introduction number 86 to create a safety task
23 force to collect information and then make
24 recommendations. We commend your positive and
25 proactive approach in remedying this issue.

2 Introduction 9, number 85 is very optimistic but
3 NYSATA has some concerns with certain provisions of
4 this proposal. NYSATA is pleased to see that the
5 council recognizes the importance of using evidence
6 based tools to assess concussion. The council
7 should understand however there is no single
8 appropriate standardized assessment of concussion
9 test that will provide the definitive answer
10 everyone seeks. And Section 10-904B we have a
11 concern. A participant who has been assessed and
12 determined to not have a head injury should be able
13 to return to play. It may be inappropriate to limit
14 a player from participation if the, if tested but
15 deemed qualified to continue. We are pleased… that
16 the parents and guardians of the injured or
17 assessed athlete will be informed. In closing I
18 would like to indicate this is a very important
19 issue and one that athletic trainers take very
20 seriously. NYSATA appreciates the opportunity to
21 participate in the dialogue since we are experts in
22 the matter and we have indicated in our written
23 testimony there are many athletic trainers
24 performing top level research. We would like to
25 have athletic trainers at all collision games and

practices and we hope that decision makers like you will become aware of a serious threat confronting our young athletes. Those school boards will finally promote school budgets that include funding for more athletic trainers. Thank you for your time this afternoon and if you have any questions we will be happy to respond.

CHAIRPERSON JOHNSON: Ms. Brunelle I want to thank you for your extensive written testimony and for being able to condense it into three minutes.

AIMEE BRUNELLE: Yep.

CHAIRPERSON JOHNSON: It's very helpful. There's a lot of very smart, good, important stuff in here. So we will of course put this into the record and use this as we move forward in the legislative process. So don't worry we're not losing it. I appreciate that you… [cross-talk]

AIMEE BRUNELLE: Oh thank you.

CHAIRPERSON JOHNSON: …took so much time working on it. And we look forward to working with you as this process moves forward.

AIMEE BRUNELLE: Thank you.

2 JAMES PIERRE-GLAUDE: Good afternoon. My
3 name is James Pierre-Glaude. I'm a doctor of
4 physical therapy, a certified athletic trainer, and
5 a certified strength and conditioning specialist.
6 And as Ms. Brunelle stated I'm a represented for
7 the New York State Athletic Training Association,
8 Athletic Trainers Association. I'm also a clinical
9 professor and a clinical coordinator at Stony
10 Brooke University's School of Health Technology and
11 Management Athletic Training Education Program
12 which is housed in the School of Medicine. I have
13 experience covering middle school, high school, and
14 division 1 college football. I've evaluated
15 hundreds of athletes with concussions and
16 concussion like symptoms. And I've also
17 administered a baseline neurocognitive testing for
18 these, for these athletes as well as return to play
19 progressions. I apologize that I don't have a
20 written testimony for you guys. I'm, I was here in
21 support of New York City Athletic Training
22 Association. But I'm here to offer or answer any
23 questions regarding evaluation, assessment of head
24 and neck injuries, as well as the educational
25 background and competencies of, of athletic

trainers. I would like to publically support Introduction 85 and 86 with a, a few, a few modifications that Ms. Brunelle has mentioned. This issue is very close to my heart because I am born and raised in Brooklyn, New York. I'm Alum of Brooklyn Technical High School. And I've been around the PSAL for many years. And I never got an opportunity to see a certified athletic trainer on the side lines. Thank you.

CHAIRPERSON JOHNSON: Thank you very much for being here. Mr. Wund.

CHARLIE WUND: Good afternoon. I am Charlie Wund, President of the Agency for Student Health Research. Thank you Chairperson Johnson and committee members for the invitation to testify on such progressive legislation. It is an honor to support the legislation requiring the presence of an athletic trainer, a physician at all practices and games for the sport of contact football. We truly want to thank Councilman Levin for his leadership on the critical issue facing the youth of New York City. We are extremely appreciative of your willingness and the other co-sponsors to be in, at the forefront of this issue. The state

2 admission of the agency for Student Health Research
3 is achieving the safest possible environment for
4 all children by integrating technology and data
5 analysis to improve injury, understanding and
6 injury management. Since 2010 we have been advising
7 school districts, youth sport governing bodies,
8 insurance companies, and governmental agencies on
9 the establishment of medical oversight at youth
10 sporting events, increased communication among all
11 caregivers, and the importance of aggregated injury
12 in base line medical data. In my experiences I have
13 witnessed the positive impact data driven decisions
14 and medical oversight has on youth populations.
15 Certainly New York City's aware of this impact with
16 the use of Compstat and the New York City Public,
17 Police Department. As many have testified today the
18 injury evaluation and recovery process a
19 comprehensive coordination of resources requiring
20 multiple data points. Concussions and their long
21 term consequences are so compelling that injury
22 management legislation is wisely being debated,
23 composed, and set into law in all 50 states. I hope
24 to provide statistical information, case study
25 results, and personal experiences to inform the

2 committee's decision regarding this proposed
3 legislation. As a former collegiate football,
4 lacrosse, and rugby player, high school football
5 coach, athletic director at both the YMCA and high
6 school levels I can attest to the extraordinary
7 values athletic, athletics provide their
8 participants. And certainly everyone here has
9 testified to that same account today. An estimated
10 20 to 30 million children each year participated in
11 youth sports programs. Roughly 50 to 75 percent of
12 children ages six to 17 in the US and therefore it
13 is a communal responsibility that safe and
14 affordable athletic experience is provided for
15 these children. Proposed legislation Intro number
16 86 includes the creation of a youth sports health
17 and safety task force with members represented in
18 medical, educational, health, and public facility
19 sectors. This is the exact type of organizational
20 presence necessary to develop effective injury
21 policy and more importantly to establish continual
22 oversight focused on the long term effects of these
23 policies. We applaud the efforts to bring all
24 stakeholders and caregivers together to discuss the
25 safety of New York City's youth. At the same time

2 increased administrative financial burden on the
3 youth sports organizations cannot be overlooked.
4 We've heard from many of the organizations here on
5 these points. Providing an athletic trainer and/or
6 doctor at every practice and game has been proven
7 to be the most effective solution for establishing
8 a reduction of injuries. The Agency for Student
9 Health Research, the New York State Athletic
10 Trainer Association are committed to offering the
11 support for schools, youth clubs, and public
12 agencies as the established compliance under this
13 legislative mandate. This includes the
14 establishment of a mobile HIPAA and FERPA compliant
15 injury reporting system. The centralization of
16 injury report data will be accessible by committee
17 members and the proposed task force, organizational
18 injury education, and of course availability of
19 athletic trainers at football games and practices.
20 I've included some case studies from our research
21 in my written testimony. The one I'd like to speak
22 to is one that highlighted eight concussions within
23 the first three weeks of high school football
24 practice. During this time we knew that that would,
25 that rate of injury was high. But at the same time

2 we uncovered that it was the use of a specific type
3 of helmet that was causing these, these injuries.
4 This helmet was a five star rated helmet as opposed
5 to the school issued four star rated helmet. And
6 what we determined was that the parents had bought
7 these helmets, this right after junior… and so
8 there was a response by the caregivers to go out
9 provide a higher level of equipment care for their
10 children. At that time whenever they purchased
11 those helmets at a sporting goods store there was
12 not a properly fitted, or the, the process of
13 actually properly fitting the helmet for those
14 individuals. And that was the cause of these
15 concussions. So using, using data to understand
16 what the cause was allowed us to identify an
17 intervention. We sent an email out to the parents
18 of that, that high school on that football team
19 saying if you're using, not using a school issued
20 helmet to go see your athletic trainer and have
21 that helmet properly fitted. And as a result only
22 two concussions for the rest of the year were
23 reported. I'd also like to highlight some of the
24 statistics that we recently conducted in a research
25 project in coordination with youth football with

2 George Mason University where we had a total of 69
3 injury reports that were submitted by an athletic
4 trainer. Of those 69 injury reports 26 were
5 reported to be concussions. And that is at the
6 youth, at the Pop Warner level ages seven to 15. In
7 closing I would like reiterate our support for the
8 proposed legislation and commend its supporters for
9 their leadership. If enacted New York City will be
10 cast into national spotlight as a community
11 dedicated to the safety of its children. Likewise
12 I'd like to offer my ability to help facilitate the
13 coordination of best practices based on what I've
14 heard here today as well as the available resources
15 of the Agency for Student Health Research to ensure
16 a timely and effectual implementation of these,
17 this important law. Protecting future generations
18 of New York City student athletes. Thank you.
19 CHAIRPERSON JOHNSON: thank you Mr.
20 Wund. You gave me a bit of a flashback. You know
21 I'm not a native New Yorker. I grew up about 30
22 miles north of Boston in a little small town. And I
23 remember you know I played football, middle school
24 and high school, as I said I was captain of the
25 team. And I remember that every year when we had to

2 go get our equipment, our new equipment depending
3 on the year that it actually wasn't an athletic
4 trainer or a coach or a doctor that fitted us for
5 equipment it was one of the physics teachers in
6 high school who I guess maybe made some extra money
7 by being in charge of uniforms and equipment. And
8 he would put the helmet sort of on our head and
9 just kind of wiggle it around a little bit and tap
10 us on the head and say it fits, how does it feel,
11 does it fit, does it fit, okay go ahead. And, and I
12 remember that during the course of the season some
13 people would come back and say this helmet's not
14 working right for me. You know it, it's too loose
15 or it's too tight or the padding isn't right or the
16 padding fell out or whatever it was and he would
17 sort of do the same thing put it on your head, grab
18 your face mask, jiggle it around a little bit, and
19 just ask you how it felt. I'm not sure that's the
20 most scientific or best methodology to use when it
21 comes to ensuring that the most important part of
22 our body, our brain, and our head, and our neck are
23 protected in the best way possible. And I think we
24 have to as we discussed earlier and as many folks
25 have testified, as you testified all of you that

2 are up there we have to really look at this issue
3 holistically across the board to ensure that we're
4 looking at all parts. There really is no way to
5 make this perfect. But it is about decreasing the
6 likelihood of injuries and of long term damage to
7 young people as they play contact sports. So I want
8 to thank you all for your testimony. I appreciate
9 you being here. I appreciate how thoughtful and how
10 well documented your testimony is. And we look
11 forward to collaborating with you throughout the
12 rest of the legislative process. Thank you all very
13 much. Do you have, do you have some questions.
14 Sure.
15 COUNCIL MEMBER LEVIN: I, I want to
16 thank this panel. I apologize for having to run out
17 for a moment. I will be reviewing all of your
18 testimony. I look forward to working with you as
19 you move, as we move forward on this. It's a very,
20 your voice is very important in this discussion.
21 And I think that there's a workable solution out
22 there for all interested parties. And I think that
23 if we you know collectively put our heads together
24 we can get there. And, and I think that there's
25 this great opportunity. So I want to thank you very

2 much for your patience, for coming in today for
3 your testimony and, and for all the good work that
4 you do. Thank you.
5 CHAIRPERSON JOHNSON: And with that I
6 hope the Patriots win the super bowl next weekend.
7 This hearing is adjourned. Thank you.
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10 [gavel]
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<u>C E R T I F I C A T E</u>

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date ________January 28, 2015________