

In Europe, Echoes of America as Concussions Spur Debate

By [JOHN F. BURNS](#) APRIL 5, 2014



Tottenham Hotspur goalkeeper Hugo Lloris, right, was allowed to return to a match in November after he was knocked unconscious in a collision; days later, he was out of the lineup. Credit Chris Brunskill/Getty Images

LONDON — The debate over how to respond to the growing research linking brain trauma to injuries sustained in sports has spread to Europe, with many of the same dynamics seen in recent years as the issue gained momentum in the United States.

Medical experts are calling for change, some leagues and athletes are resisting in the name of tradition and spectator appeal, and lawmakers are inquiring about how officials are handling the possibility that their sports could be tied to long-term cognitive impairment. That script is similar to the one that has played out in American sports, most notably football.

Looming over the dialogue in rugby and soccer are the reverberations of American legal cases like the proposed \$765 million judgment against the N.F.L. The potential health and financial implications of inaction, officials and politicians acknowledge, are forcing leagues and federations to consider changes that have been long resisted.

“We need a fundamental change of culture,” said Simon Kemp, the chief medical officer for the Rugby Football Union, the sport’s governing body in England.



Chris Bryant convened a forum in Parliament on sports concussions. Credit Luke Macgregor/Reuters

With push for change from lawmakers, players and doctors, and from discussions with the same experts who brought the issue to the fore in the United States, the debate is gaining momentum in Britain and elsewhere.

In rugby, change has been impeded by the fact that the game is in an unprecedented boom. After long laboring in the shadow of professional soccer, rugby has emerged into an era of unfamiliar prosperity, with stadiums filling with as many as 80,000 fans for international and domestic league games; buoyant television audiences; and a tidal wave of earnings that has produced the sport’s first generation of millionaire players.

Resistance has been just as strong in soccer, a sport with far fewer of the violent collisions inherent in rugby, but nonetheless a sport in which three top players in England’s Premier League were knocked unconscious in the first four months of the season.

Chris Bryant, a former Labour government cabinet minister who has pressed the issue of head injuries in Parliament in Britain, has called for pro and amateur leagues to pre-empt the risks of an N.F.L.-scale head injury crisis that could imperil the sports financially.

“Given what’s happened in the U.S.A., this has the potential for dramatic impact here,” said Bryant, an amateur rugby player.

At a forum on sports concussions that Bryant convened at the House of Commons in March, representatives of the governing bodies of rugby, boxing and soccer acknowledged the need for

change. But they also said the extent of the problem, and of the regulatory reforms required, should be dictated by further medical research into the scale of brain injuries in their sports, not by the N.F.L. lawsuit or the grim American medical studies that drove it.

“We acknowledge that there are some cases where C.T.E. has been found in rugby players, in the same way that it has been in the N.F.L.,” Kemp said, referring to chronic traumatic encephalopathy, the form of long-term brain injury found to have been common among former N.F.L. players.

Kemp said the confirmed C.T.E. cases among rugby players were few in number and involved only one known death. Rather than rush to adopt radical measures or accept the N.F.L. data unquestioningly as applicable to rugby, he said, rugby’s governing body favored independent research “so that we know what needs to be done to protect the risk to rugby players, and to present it accurately.”

His remarks prompted an exasperated response from Chris Nowinski, a former Harvard football lineman and pro wrestler whose book, “Head Games: Football’s Concussion Crisis,” was the basis of a 2012 documentary that raised the profile of the issue in the United States. Nowinski said listening to the arguments made by some rugby officials reminded him of attitudes among N.F.L. officials when evidence of widespread occurrence of long-term brain injury first became available.

“I’m surprised that some of the advances we’ve made haven’t trickled across the pond,” Nowinski said. “There’s still a dismissive attitude towards what we’re facing here.”

Wariness about the concussion issue’s momentum in America has lent a measure of caution to the campaign in Britain. Bryant has said that his campaign aims at “managing the risks” of concussion by voluntary reforms, rather than the coercive remedies that have taken hold in the United States, like lawsuits and a patchwork of state-by-state regulations. Lawsuits producing the kind of multimillion-dollar settlement that the N.F.L. negotiated with a group of about 4,500 former players, currently under review in federal court, are not on his agenda.

“They would kill rugby,” he said, expressing a view widely echoed at the Commons discussion.

Bryant’s favored remedies for Britain include intensive education programs about the dangers of concussions, an increase in government-financed research, and tough new return-to-play protocols about treating head injuries that would move rugby and soccer, in particular, toward the tighter standards embraced by American leagues. Both sports have empaneled study groups to prepare such protocols.

In the N.F.L., any player knocked unconscious is now barred from returning to play in the same game. In rugby, recent seasons have been played under an experimental protocol that gives team doctors five minutes to make an assessment and determine whether a blow to the head amounts to a concussion or is slight enough to allow a return to the field.

Soccer's governing body in Britain, the Football Association, allows team doctors to return a player who has sustained a blow to the head to play immediately unless there is evidence that indicates a concussive injury: a lack of responsiveness to verbal questions and commands, for example.

But several recent events have prompted concern, including the death in 2011 of a 14-year-old rugby player in Northern Ireland, Ben Robinson, whose case provided a daunting insight into the lack of medically informed supervision in the youth game.

As a former college soccer and rugby player and coach, kudos to John Burns for addressing this issue. Readers may be interested to watch...

I think Mr Burns is British so this reporting doesn't put him at risk of deportation. There are billions involved so reporting the scary...

I remember watching that Spurs game live. I couldn't believe what I was seeing after Lloris got knocked out. It was like watching somebody...

Robinson sustained harsh blows to his head three times in a school match, yet was allowed to return to play after only perfunctory checks by his coach. He later collapsed unconscious on the field after telling his mother, watching from the sideline, that he felt unwell. He died two days later.

"Our boy was 'assessed' three times," Ben's father, Peter, said in an interview after the Commons gathering. "But asking a kid, 'Are you O.K.?', is ridiculous, because of course the boy wants to return to the field. It's like asking a drunk driver if he's fit to drive."

Then, in November, the French goalkeeper for the London soccer club Tottenham Hotspur, Hugo Lloris, was allowed to return to play after he was knocked unconscious in a match, the third such occurrence in the Premier League this season. Lloris played on, groggy, for nearly 15 minutes until the final whistle. The Tottenham coach at the time, André Villas-Boas, said he had taken advice from the team doctor, but a week later, Lloris was dropped from the Tottenham lineup after failing the team's medical tests.

The Commons forum led by Bryant represented a watershed in his campaign for government action, but as tougher rules for next season are debated, opinion remains divided. Willie Stewart, a Glasgow-based neuropathologist, created a stir last year when he revealed research linking concussions sustained by a rugby player who died in his 50s to early-onset dementia, the first known case of its kind. Stewart has said that in the months since he revealed his findings, he has been the victim of name calling in private meetings with leading rugby officials.

Lewis Moody, a former captain of England's rugby team, and a current member of that team, Alex Corbisiero, acknowledged that tough-it-out attitudes among were part of the problem. Corbisiero, 25, has argued that the potential for long-term brain injury is higher in rugby, citing the fact that its teams play a schedule nearly twice as long as that of N.F.L. teams, in addition to a year-round regimen of heavy-hitting training sessions. Moody, 35, who retired from the game

in 2012 after more than 15 years, said in an interview that most professional players hid head injuries if they could.

“Intrinsically, as a player, you’re always going to stay on the pitch,” he said, adding, “So when they said, ‘Are you O.K.?’ you’d say ‘Yes, I am,’ and that would be it, you’d be back on the pitch.”

One of the most compelling voices in the rugby debate has been that of Barry O’Driscoll, a former Irish international player who resigned in 2012 from his post as chief medical adviser to the International Rugby Board when the board adopted a less stringent rule on concussions that stunned many of those who have pushed for tougher regulations.

For years, the rule in international rugby was that any player sustaining concussion was excluded from competition for three weeks. This was later reduced to seven days, if a player showed no further symptoms. But in 2012, under pressure from teams and coaches, the board declared a new rule cutting the exclusion from play to five minutes, if a team doctor finds no evidence of concussion.

Describing his dispute with rugby board officials over the five-minute rule, O’Driscoll said that he had been told to forget the lessons to be taken from the N.F.L. lawsuit.

“They said, ‘You can’t compare rugby with the N.F.L.,’ ” he said. “But I told them the forces involved are exactly the same.

“If you get signs of concussion and they say you’re O.K. after five minutes, that’s a terrible, terrible, terrible message.”