

Scott Lewis: I want to just start by saying we tried to build a panel with perspectives from different angles on this issue. But I gotta say that we didn't find anyone who represented the *pro*-concussion side of things [laughter]. So that perspective is going to be lost.

But really, this is not an attack. I want to just start by saying this is not an attack on anyone. This is not an attack on any particular school, this is not an attack on any particular league. This is not an attack on football. In fact we called this "The Future of Football" for a reason. It's because I want to see and I want to know what the future of football really is.

Because football is kind of special. It's kind of unique. Football has reinvented itself – a lot – over and over, since it began. When it began, football was just a group of guys and another group of guys and they hit and they saw how much they could push each other. And that was the game. And people died all the time. And [it took the president of the United States to intervene](#) at one particular point after the turn of the century in 1905 or 6, and say "hey! If we're going to save this game we're going to have to change it." And football throughout its entire history has reinvented itself. It's adapted technologies. It's brought new rules on. It's changed. And it's this adaptability, it's this innovation, it's this change that has made it the most popular sport by far, in this country.

And I think it's time – it's probably clear – that it's going to have to reinvent itself again. Because there's a big crisis going on. There's lawyers and lawsuits. [In Wisconsin a lawsuit](#) by parents of a young man who killed himself. They filed a lawsuit against Pop Warner, saying years of youth football, along with high school football, led to the brain injuries that led to his depression that led to his death.

There's a lawsuit right now in Illinois – against the Illinois high school association – arguing that that group did not do enough to protect its players.

And then of course there's the tragedies. [Dave Duerson](#), Junior Seau. When [Junior Seau killed himself](#) that was a siren call for me to even care about this more than I already had been for a couple of years. And I just, I couldn't get it out of my head.

And then of course, there was [the story that we just surfaced out of La Jolla High School](#). And a situation where a kid was playing and – according to both his father and the coach, the head coach of the football team at La Jolla High School – that he was compelled to go back into the game even though he had suffered a head injury. And now he has not been back to school since then for a full day. We haven't checked back with him in the last couple weeks but as of last month that's the situation. This isn't an attack on La Jolla High School though this is the kind of situation we're seeing everywhere.

And then you think, well maybe this is just the risk, right? Maybe this is such a compelling sport, such an interesting game, that maybe we just need accept a certain level of risk. And yet you should probably be aware that two athletes colliding, colliding all the time, might carry with it some risk. Just like smokers. You say, "Well inhaling smoke, there's a certain amount of risk to that you should probably be aware of."

But are we aware, really, of what that risk is? And what are we going to do to make sure that we reinvent this game in the future? And speaking of that – how are we aware of that risk – every single day we're seeing new headlines come up.

And yesterday's headline that really caught my eye was from [Tony Dorsett](#), legendary running back for the Dallas Cowboys. Ended his career at Denver, I believe. He's suffering from dementia, he's 60 years old. He was talking about it with a radio station in Dallas, he said: "I got diagnosed with CTE" – that's chronic traumatic encephalopathy – and he said, "It's very frustrating for me at times. I've got a good team of people around me, my wife, my kids who work with me. When you've been in this town for as long as I have, and you have to go to this place, this place that I've been going to for many, many, many many years then all of a sudden you forget how to get there – those things are frustrating. And when it comes to those things I understand I am combatting it, and trying to get better. But you know, some days are good, and some days are bad." And this was the part that got me. He said, "I signed up for this, I guess. I signed, when I started playing football so many years ago."

So did he sign up for this? Did he know what he was signing up for? And what are we going to do to make sure that it's clear what they're signing up for and how can we reinvent this game, or how can we adapt it so that it can survive?

Because one of the hardest parts about that La Jolla story wasn't that the coach forced him back in, it's that when you watch the video of the game, and there's a very nice, professional video of it. The moment where he's injured, wasn't this dramatic hit – one of those hits where you're just "oohh!" It was just a hit. You wouldn't even have noticed if you weren't looking at him. Because we *were* looking at him in that video. You wouldn't even have noticed that it was anything particular.

And I just don't understand how we're going to be able to change the game so that that doesn't happen, but we can still play football. But I want to because I care about this game. My dad's in audience here, and he and I have watched football hundreds and hundreds of times together. Some of our fondest memories of events and games. And I want to watch it with my conscience clear. And I can't do that right now. So what are we going to do about football? What's the future of football? So that's the purpose here. We're not attacking anybody, we're not attacking La Jolla, we're not attacking football. We're just having a discussion.

And I'm really pleased to have a very special panel, so let's introduce them.

On my right, is Laz, Jim [Laslavic](#). Welcome. He's from our partners at NBC San Diego. We do a lot of work with NBC. Laz is a sports anchor. Thanks for joining.

David Casey, Jr. David Casey is the attorney at [CaseyGerry](#). David Casey represented Junior Seau's family and a couple of others. And so we're going to hear from him as well.

[Dr. Howard Taras](#). Dr. Taras, thanks for joining us. Dr. Taras is a professor and pediatrician at the University of California San Diego and he's also an advisor to San Diego Unified and other school districts.

And then, last but not least, [Roger Blake](#), the executive director of the California Interscholastic Federation, of course a very important entity trying to figure out the future of football as well.

So, let's begin.

I'm going to run this very conversationally, I'll leave enough time so that you guys can ask some questions. Mary's going to handle that with a microphone in the audience. But let's just start.

Let's go from you, Laz. Just talk about your experience with the game. And what you've been thinking about as this dilemma has progressed.

Jim Laslavic (Laz): I'll answer Tony Dorsett's question. No, I didn't sign up for this. I'm 63, Tony's 60. So we didn't quite overlap in football, I never played against Tony. But for most of us, when I put a helmet on I thought it protected my head. Completely. I found out two years ago – after I'd been retired for 30 years or so – that it protected against fractures. It didn't protect against having my brains possibly scrambled.

So is there a concern? Yeah, I'm part of a couple of surveys. And I think about it a lot, especially when I hear stories about that, when I hear stories about former teammates of mine. I played 10 years in the league, 5 in Detroit, and there are former Detroit Lion teammates who were struggling and having some trouble. So yeah, you think about it a lot.

Lewis: Laz, where did you play?

Laz: I played at Penn State, I was drafted by the Lions. I was in Detroit for five years. Then with the Chargers.

Lewis: What position?

Laz: Middle Linebacker. Traded to the Chargers for four years, and then I spent a year in Green Bay.

Lewis: And now you're a sports anchor at NBC.

Laz: I am.

Lewis: OK, we'll get back to you but I appreciate that. But you didn't sign up for this.

Laz: No. And maybe I should have researched it better. But it was part of the culture back then. It was an important part of growing up in western Pennsylvania. You know, it was a small steel town, and that's how you proved yourself. You went and played football. You were the toughest guy on the block.

Lewis: Dr. Taras, what's your relationship to the school district and your job?

Howard Taras: OK. So I'm trained as a general pediatrician, I am not a neurologist so, I'm not a specialist in exactly what goes on in the brain during these conditions, but my specialty is school health. And for all the different kinds of issues that occur to children in school, that are related to their health – you know, today we're talking about concussions but it could be life-threatening allergies. It could be children with all kinds of special tubes and chronic diseases. I assist the schools on what their policies should be on a policy-wide school level, and what they should be doing on an individual student level, when the schools decide to consult with me about that.

And so I am involved in concussions right now in after the concussion has occurred, how do we bridge the gap between the medical community and what they're working with as their patient and the educational community and what they're doing with the student. And when that child returns to learn, how do we make sure that these two communities – the educational and the medical – are really pulling together for this one child.

Lewis: So you're drafting guidelines about that, correct?

Taras: Right now I'm doing that, exactly.

Lewis: For San Diego Unified, or for more?

Taras: I'm doing it for San Diego Unified and Rady Children's Hospital is having big conference for nothing but the discussion around concussions, and so I'm trying to get my guidelines prepared for that conference because there will be both school professionals there as well as health professionals.

Lewis: So to be clear, this isn't how you should treat or deal with a brain injury on the field? This is how you get that kid back into school?

Taras: Exactly.

Lewis: Mr. Casey, tell us about your experience with this issue and whatever you're willing to share about some of the clients that you're dealing with.

David Casey, Jr.: I sit on the national steering committee against the NFL and the whole litigation. And I can tell you his comments mirror virtually every individual client we've talked to who played in the NFL. They signed up for knee injuries. They signed up for shoulder injuries, but they never signed up for concussions.

And in fact, until about six years ago, there was a group called the mild head injury committee for the NFL. It was headed up by a rheumatologist. And [they specifically put out information that concussions would not cause problems](#). So the players were told, even retired players, "you don't get any problems from playing football with concussions." So that was then. Now is now. There's been a full cultural change. I think it is very clear today. And it's certainly out there, that the sub-concussions, the mini-concussions can have a dramatic impact. But for those who started playing earlier, they had no knowledge.

Lewis: So, I mentioned a couple of cases, you mentioned the giant case against the NFL, is the Seau family part of that, or it's separate?

Casey: The Seau case is part of that right now. But we may [opt out] on that case.

Lewis: And it's my understanding that's not a class action, that's just a bunch of people?

Casey: It is a class action. And what's happening right now is that [it's before Judge Brody in Pennsylvania](#), and there's an overall proposed settlement to take care of all the NFL players for \$765 million. But individual players who decide they want to opt out, or families can, and about 200 opted out. The rest, it's going to a final hearing, it's going to go up on appeal, it's about two years from being resolved. That will resolve all the claims except those who've opted out.

Laz: And that money only goes to former players who have symptoms...

Casey: That's right. You have to show symptoms, you have to have medical proof. They estimate about 16 to 17 percent of the 19,000 retired players will have problems.

Lewis: That's a very macabre kind of situation, right? To be deciding what one player's brain was worth, or how much he was hurt?

Casey: I agree. It is.

Lewis: But you were actually part of something similar with regard to the 9/11 compensation.

Casey: Yeah, you do your best to do the right thing. I think there's been a good faith effort by both the NFL and our collective group. It doesn't fit any single case perfectly, but it's been the effort.

Lewis: Is there other litigation that I didn't mention that is really sticking out these days about the future of football?

Casey: I think that's the main litigation. There are occasionally individual cases brought against schools, but it has to be very egregious conduct. Almost reprehensible. When you play football in California, you're assuming the risk of injuries that you have. And most schools you sign waivers, or parents sign waivers. Those are upheld. And so unless there's really terrible conduct – I'm talking about reckless, gross negligence, something that would offend the public or a jury – there is no basis for bringing any cases.

Lewis: Mr. Blake, describe first of all what your job is, what the role your organization plays.

Blake: Well I'm the executive director for the state CIF. Which a highfalutin title that means I oversee 1,554 high schools in California, their policies for athletic programs. In concussions, you know Laz said it, nobody signed up for it. And here's my worry, and it's been on the forefront of high school things in the CIF since the early 2000s, because we've had some great doctors, some here in the San Diego area saying, "this needs be on the spotlight, this needs to be at the front." There's 2000 athletes playing in the NFL. There's about 125,000 young boys and girls playing high school football in California.

Only about 1.5 percent of those are going to go on to college and play. I mean, they're playing because they love the game and it's fun. Our job as educators is we got to try to help parents, kids, understand. [That's a great video of the young man](#) recognizing he had signs and symptoms. Ten years ago those weren't signs and symptoms. We didn't know what they were. That was the scary part. I look back at my son, who's now in his 30s, and go "oh, my. We didn't know those things." I think that's my role. My organization's role, has to be the future. We have to continue to step up. We have to be at the forefront of educating players, parents and coaches.

When I was playing, you never say you were hurt because you want to play. You didn't want to come out of the game. We've got to remind kids and moms and dads it's a traumatic brain injury, and there's life-long ramifications if it's not treated appropriately. And that's what's changing. And that's really the goal I have is, we have to keep educating moms, dads, coaches, because we need to know what the signs and symptoms are.

Lewis: Let me follow up on this point. Is your focus on changing the game or the rules, or is your focus on recognizing and dealing with the injuries from the game?

Blake: Wouldn't you rather deal with it beforehand? You said it, and the president said it 100 years ago, we're at a crisis, we have to change the culture of the game. I'm two or three years younger than [Laz] and I certainly didn't play it to the levels – I barely played on my high school team as a freshman...

Lewis: It's OK, a lot of us didn't play.

Blake: Yeah my coach said, "Maybe you should try other sports, Roger." But the point of it is, we have to do more. So the game is evolving. And if we don't change the game, we don't change the culture. I mean, when I was playing it was, "oh, c'mon, suck it up. You can do more. It's a bell-ringer, it's this and that." And that's the culture that so many of us in my era grew up with. That isn't the culture today. It can't be the culture today. Because that's the type of attitude that leads to these unfortunate injuries and catastrophic things I see at my level. And accumulative effect that goes on in the practices and everything else, that's what unfortunately the NFL guys that have played for 25 of full contact sports, are now suffering the repercussions of.

Lewis: Laz, let me ask you a question. One of the things that bothers me most about this issue, and that really heightened my perception about it was [the case of Jahvid Best](#), the Detroit Lions running back. So this amazing running back did amazing things on the field. But he kept getting concussions and they said you can't play anymore. And what bothered me about that is that, OK, that could be kind of seen as a success, right? We recognized this was going on, we got him out of the game. On the other hand, it feels like just kind of a churn, right?

Like you get him out but then somebody else can go in and take the same beating, and then we'll just increase the frequency of the changeover....

Laz: Which is not a bad idea, quite frankly. Some players who played 15 to 20 years, I always worry about those guys. Maybe the norm should be play 4,5,6 years. Or play two to three years depending on what your medical history is. Again, it goes back to educate.

And it goes back to the whole mythology of it, too. You have to prove your toughness to play football. There are ways you weed people out along the way. And those of us who get further down the road, you realize that if you do things a certain way you will not get weeded out. And you'll continue to play the game you love. And in the case of these players nowadays, who make the kind of money they're making. So, it's really difficult. It has to change from the bottom up, it has to be completely changed.

But I don't think contact is necessary until kids get into high school. I really don't. I never played Pop Warner or Pee Wee football. We didn't have it. And so my first contact was on the freshman team. We didn't have a varsity team back then. I think that's an important thing, too. Eliminate the contact. Play flag football until you're 13 or 14. And even then, be really aware of how much contact is going on.

Lewis: Can you picture the game with fewer bell-ringers?

Laz: Yeah, I can. I was coached initially to tackle with my shoulder and lock with your head. And then midway through my professional career, we had a coach named Jerry Glanville who was, you know, kind of a wild man. And he wanted you to lead with your head. He used to say, "Give him a Riddell enema." [laughter] "Give him a Riddell enema, you gotta be tougher."

I felt that changed in the mid- to late 70s. And you started to see the collisions more on TV. Then all of a sudden they were showing the big hits in the introduction to NFL games. And so that became the way to play. And that's kind of what it feels like.

Casey: I was just agreeing with his comments. [There's a study that came out](#) in the last two weeks on younger players and there's a higher probability of getting long term damage when you play at a younger age and have contact. When you're older, after about 25 your brain is kind of fully formed. And it is more stable at that point. So, what we may be evolving towards here is a two-tier system, where you have less contact with younger people playing in collegiate or high school sports, by the time they get to professional football, they're now making career decisions. They're now making decisions knowing that they may have head problems if they play, but at least they can make that decision.

Blake: And you're right. That video of the little kid, if you ever want to just hate the game of football, watch that show [Friday Night Tykes](#) that's on one of the channels. With little kids like that and they're celebrating somebody getting knocked down, and they're five years old and they're crying and you're going, "that is not going to teach my five year old to love the game. And the appreciation."

I think that's going to be a big part of the evolution that's going to take place. In the NFL in 2013, there were three concussions that took place in practice. Three. Why? Because they don't hit all the time. They got a million dollar entity that they want to protect, they want to be able to play on Sunday so you gotta protect them during the week.

Laz: They've passed rules about contact in professional sports. And the coaches will tell you know that practice is just, it's a cake walk. Which is fine. When I was in the league, we still scrimmaged one day a week. We'd have a goal line scrimmage on Wednesday. And then we'd hit on Sunday and hit again on Wednesday. I tell you what, I never worked harder than I did in college, at any job, than I did playing football for Penn State. Because they had us we were a captive audience and they were trying to weed us out. And that's not a knock against them, that's just the way it was. That's how you determined who was willing to run that blitz and give up his body. Or be that star running back.

Taras: Well you know I've heard a few things about maybe we should have players playing for fewer years, so that they don't have so many years of injuries. Maybe we shouldn't have young children play. These are all good hypotheses. And maybe some of them will prove to be true, but we don't know. Medicine is not there yet. When I looked into the medical internet search engines, you'd see that 80 percent of the articles on concussions have come out in the last two to three years. Which is good, because we're beginning to gain a knowledge base on this. But we're still very early. And so the questions as to whether playing for fewer years, or starting when you're older make intrinsic sense, but until we have better evidence. We don't even know that that's the strategy we take.

Lewis: Well, referring just a sec to the study you talked about, there was actually two stories in The New York Times on Jan. 29, right next to each other. They were fascinating.

One was this study. And [the study published in the medical journal Neurology](#) by researchers at Boston University School of Medicine was based on tests given to 42 former NFL players, ages 41 to 65, who had experienced cognitive problems for at least six months. Half the players started playing tackle football before age 12, the other half began at 12 or older. Here was the kicker: Those former NFL players who started playing before 12 years old, performed significantly worse on every test measure

after accounting for the number of years played and the age of players when they took the test. The players recalled fewer words from a list they had learned 15 minutes earlier, their mental flexibility was diminished when compared to the players who had played tackle football at 12 or older.

The other article that ran next that one in The New York Times, was this bizarre [piece about the NFL reaching out to mothers](#), to train mothers about how to tackle and how make sure that they'd assuage their fears, because I think the NFL is recognizing that if mothers, followed by lawyers, really start to grab onto this issue, the future of the game is in trouble.

Casey: I do informal anecdotal polls around my office and I'll tell you all the mothers don't want their kids playing football. They don't want them to be injured. I mean, the brain is a very precious organ and we depend on it for so many different things. And I've seen traumatized young people, and it's terrible, it's horrible. It's horrible what they go through, it's horrible what their families go through. It's for the rest of their life.

I represented a young man who was going to be a doctor. And he's nearly vegetative the rest of his life because of a football injury. It's very, very, very very sad. As the doctor said, a lot of this is new. I mean, you [cannot really diagnose CTE](#) on a living person. You have to wait til they're dead and then cut the brain. So we're at a very early stage.

My general comment would be that five years ago, we had coaches, and I can say we had coaches, telling players who had been concussed to get back in the game. That was part of the culture. I don't think that's happening today. That would be really reckless. That's big shift. You don't put players back.

Laz: Players are still talking their way back onto the field, though. And that's at every level. In the one concussion I had I was able to talk myself back onto the field.

Casey: In the NFL, in the players we talked to in the NFL, if they were concussed, they went back and played. You've got the game going on you have a chance to play the game. You take drugs – I'm not saying you did (indicating to Laz) but there are NFL players who would take drugs before they would play. And I will tell you honestly there are high school kids who take drugs before they play to kill pain. That kind of stuff needs to stop.

Lewis: Let's shift. So we've got a lot of "Ahh" stuff. "This is really scary. Maybe we should reconsider the game and culture, that sort of thing. But let's shift to how the game might change. I mean, in 1906, they couldn't have pictured the kind of formations and the kind of rules and the instant replays that we have now. The helmets that we have now. What kinds of things could shift? And I want to start with you, Dr. Taras.

You're developing guidelines for how to get children who suffer injuries back into the classroom. What does that mean? What kinds of things should parents know, who obviously value academics more than athletics more often? But sometimes maybe not. But how do you tell them they should handle this sort of thing and get their kids back into the classroom?

Taras: Well, I'll talk about before the concussion and then after the concussion, of what I think can change. And I think before the concussion occurs I think the game can change by tightening up the rules, by changing the protective gear, by changing the number of practices. By just allowing flag football

instead of tackle football. Education. The idea of respecting players on the opposite team. I mean there's a lot of stuff that can be done. How much of those things will actually change it to make it safe enough is yet to be discovered.

But those are the things. And it's not limited to football. Hockey is a major problem. Cheerleading can be a problem. Lacrosse, etcetera. There's many other things that cause concussions. And we have kids that have concussions in school just because they knock their heads against the locker, when they're not playing any sport.

Lewis: I promised not to get into the neurology, but I'm going to ask you just a basic question. Why is the word concussion used so much when often it's just a bash and that cumulative bash over time is what we're seeing a lot of problems with? When you see a patient and say, "oh, you've got a concussion." What are you describing?

Taras: You know, years ago, people would think that if you didn't lose consciousness for a few seconds then it wasn't a concussion. And now we know that's only one of many possible manifestations of a concussion. A concussion is when the brain is jolted around in a fixed skull.

And you can do an MRI scan that very day or a week later and never find any problems and yet have some really serious damage. And that's because the cells of your brain have a lot of very complex metabolic reactions and by having that jolt you've set off a cascade of problems. Where one little thing isn't happening and so you cascade it all the way through. And so those chemical reactions in those cells are causing all those symptoms, of confusion, of feeling stunned, of having noise bother you, of having headaches, etc. And for a long time those cells are much more susceptible to any further trauma. So we call that a concussion.

A traumatic brain injury is more encompassing. Concussion is usually without the internal bleeding, without the visible problems that you would see in an MRI. Traumatic brain injury is concussion plus all of those other things that would occur for even more severe injuries.

Lewis: And Laz, you described this earlier, the helmet traditionally is there to protect your skull from being fractured. But what we're talking about is this kind of inertia thing that happens where if you're, say for instance, you fall on your back and you whiplash against the ground. Your head hits the ground and your brain hits the skull. And that's something nobody ever talked to you about?

Laz: Yeah. Just running into people on a regular basis can't be all that good for you. I assumed the helmet was providing the protection I needed, but I think they've discovered that that constant pounding has an effect, too. And I think genetics might have something to do with whether or not you're affected by that type of activity or not.

Or again, maybe the age at which you start getting those kinds of concussions or those kinds of injuries might play into it, too. So I think there's a lot of factors that go into why Tony Dorsett is really struggling and I know people who aren't.

Lewis: You, I think represent an important part of this, Mr. Casey.

[We covered a lawsuit that happened in North County.](#) A terrible incident. Somebody who had a concussion was asked to play again and then was hit recovering a punt, and the coach said, "Well I told him to fair catch it." And I think the lawsuit that came out was an ugly situation. They settled the lawsuit. But it seems hard for me to picture districts being able to handle that sort of thing with this sort of new reality going into the future. But do you think the waivers are going to take care of that?

Casey: On the waiver issue, parents should know if they sign a waiver, that the probability is that those waivers will be upheld. So if you put a child out on the football field, and you sign a waiver, they are upheld by the courts. There are some exceptions to that. And basically that means if there's negligent conduct by the coach, or there's negligent conduct by any assistants and they put you out there again, you have no legal remedies.

Lewis: So the line is that you're accepting risk that this might happen but you're assuming that that they're going to take care of them?

Casey: And what happens often when you have a catastrophic injury, people in the community will come around, and then after a few weeks they kind of dissipate, and the family's left with a catastrophically injured child and they're not equipped to deal with it, they're not equipped for the 24 care. It really is pretty devastating. So if you're going to have your child play, you gotta really think about it. And if you're going to have your child play, you got to educate your child on what a concussion is, what the risks are, so their communicating with you, and at the school level, the coaches have to be very attentive.

If they see someone kind of wavering a little bit, you're out of the game until you're evaluated by a neurologist. That I think is where we're headed now, and will save a lot of problems by doing that. That's not where we were five years ago. Five years ago, the saying was, getting your bell rung was part of the game, get your helmet back on and start playing again. That's a very big cultural shift, so I think education of the parents, of the staff involved, and of the students. Because as Laz was saying, pro ball players will get out and play. Well, when you're in high school, you want to win, too. And you may be dazed. [They might think] I can help win this game if I get back in, and so that has to be dealt with.

Lewis: I just want to specify even clearer though, if a parent comes to you and says, "This happened to my child. They were hurt, there was a head injury." Or they come to you and say "my child played 10 years ago, they just committed suicide." What are you asking to determine whether you have a case?

Casey: Well, if they've signed a waiver, then you would have to show gross negligence or recklessness.

Lewis: There would have to be a decision at some point to put that child in more danger?

Casey: It would have to be the kind of conduct where we sit here and say, "My, god. You did *that*?" It would have to be very offensive. It would have to be almost a coach saying, "I don't care if you have a concussion you're getting out in there and playing. You're going to do it no matter what." It would have to be something extremely egregious. Because negligence is locked out by the release.

Lewis: So that seems rather reassuring actually for people who want to protect high school sports and such, that as long as they get the waivers, the risks can be dealt with.

Casey: Yeah. I don't see this as an epidemic of lawsuits being brought against our school districts. I see this as a need for education. A need for the coaches to be educated. The kids to be educated. The parents to be educated.

Question from the audience: Do students across different high schools have equal access to resources that keep them safe in sports?

Lewis: I'd like to reward somebody who just tweeted at me, because I think this is a really good point and this is part of the discussion of the future of football. I worry in some ways that people of less fortunate means will end up playing more and the people of more elite means are able to plan and maybe withdraw from the sport in different ways.

And I think that's reflected in David Lizerbram's question where he says: "If kids whose parents work at a law firm don't play football, who's looking out for the kids with less fortunate circumstances?"

And I think that's a great point. If maybe a parent is not as involved or if maybe they don't think of access to lawyers all the time, and they be facing pressures that are different, how do we know that we have protections going on?

I would ask you (Blake) are the protections equal? That the same response of concern that might happen at La Jolla High School will happen at others?

Blake: Well, let's talk the reality of it. 1500-plus high schools. They aren't equal. They aren't the same. And that's the sad part. There's the haves and the have-nots. If I would advocate and you take one thing away from this as a parent, when you're looking at your high school campus, does my campus, does my school have a certified athletic trainer there available for kids' treatment?

In California, only 19 percent of our high schools have access to an athletic trainer every day after school. 19 percent. That's a terrible figure. Because that means that 81 percent of our kids when they get out of class there's not a medical professional there to help them.

So I'd like to tell you the magic, 'oh, it's all equal and it's all the same.' It's not, though. I mean that is the reality of California, and it's not just California it's everywhere across the United States. It's not equal.

Question for Blake: What efforts is CIF making to improve the data for tracking concussions?

Lewis: One of the things we found when we investigated the story about La Jolla High school, was that the lack of data is really conspicuous. And what's interesting is that they'll say, "We have the right procedures in place, we have the right policies, and we know what to do when this happens." But then they also admit that they have literally have very little if any data about this. So how do they even know that they're dealing with it correctly?

What efforts on the data front are you making to know that you're actually making a difference?

Blake: That's absolutely a great question. To have good data, and we all know this, the data's only as good as the person marking it down, taking the data in. And that's where at the high school level, whether it's in California or anywhere in the US, it is a snapshot. Because the only time you get accurate

data is if you have a full time athletic trainer there. So that when the student comes into the training room, it's being monitored, it's logged. They're keeping track of it. But like I said earlier, that's only 19 percent of our schools in the state of California.

So when people talk about concussions at the high school level, they're pulling out data from a small snapshot and saying, 'well, if we played it out, this is what we think it would be.' That's why at the high school level, I truly do believe this, the data on concussions is so underreported, because we just don't know. So until we can get athletic trainers, we're not going to get there.