

Written evidence submitted by Dana Saul

□

□ **To Julian Knight, Chair, and Members of the DCMS Committee,**

Without prejudice

I write to inform the Inquiry into “Concussion in Sport” of the current circumstances regarding my father, **Peter Simpson**, a former professional footballer who played for **Arsenal FC** for eighteen years from 1960 to 1978.

The reason for my submission is to evidence the impact that the heading of footballs has had on yet another former professional footballer and his family, and to provide a further “real-life” account whereby the incidence of dementia and its link to repetitive brain trauma, caused by heading footballs, cannot be deemed to be merely coincidental.

My father was diagnosed with dementia, “suggestive of Alzheimer’s”, on 1st April 2014 and has been in a dementia specialist hospital since the 26th October 2020 having being sectioned due to the unpredictability of his condition and its manifestations.

As a family we have no doubt that my father’s condition was caused through his repeated heading of footballs, both in training and in match play; a practice intrinsic to his profession.

Indeed, my father used to refer to what “football has done to him” and would mention that when heading the ball in training he used to feel the impact right down to his feet and would often feel dizzy and suffer from headaches and pains in his neck for days afterwards.

The PFA and Arsenal FC were first notified of my father’s condition back in January 2017 and whilst no request was made for any direct support, we did want my father’s dementia to be acknowledged given its probable cause being linked to the repeated heading of a football during his playing days.

My mother also asked at this time to be kept informed of any medical research regarding links between dementia and football, together with any forthcoming trials in furtherance of such.

I contacted the PFA and Arsenal FC again following my father’s admission to hospital in October 2020 and was asked to keep them updated of his

situation and to contact them if there was any support they might be able to provide.

Sadly, my father's condition is such that his discharge from hospital, either back home or to a care home, has not been deemed possible by the doctors.

Dementia is a brutal disease and it is imperative that if any action can be taken to prevent or mitigate the number of future dementia/neurodegenerative cases in sport, then this action should be taken without further delay. The true horror of dementia is only known by those that have lived it but this should not preclude measures being taken to inform and prevent against more diagnoses being incurred.

For a sports person, who has been at the top of their game, the impact of and limitations that dementia brings are particularly hard to accept. Somebody who has been disciplined and committed in performing to the best of their ability is no longer able to function at the high-achieving level that they once could and for my father, not being "as he should be" has had a hugely detrimental effect on his psychological wellbeing over the years.

This commitment to a sport and its repercussions, as seen in the high volume of neurodegenerative disease cases which are becoming more widely recognised as attributable to head trauma, need to be acknowledged and action taken to prevent/mitigate the potential for further cases.

In addition, assistance, be it financial and/or otherwise, should be provided for the benefit of those former players who have been affected by, to all intents and purposes, an industrial disease.

Research into brain damage, as a result of repeated head injuries, began as early as the 1920's. Indeed, in 2001 the FA commenced a ten year study (subsequently reduced to five years) into the effects of heading a football and yet still, in 2021, no conclusions or accountability have been arrived at. What is increasingly clear however, is that the number of former footballers that have died, or are suffering from, dementia or neurodegenerative diseases, are hitting the headlines at an alarming rate and these are likely to be just a fraction of the actual numbers currently affected and continuing to be diagnosed.

The findings, in 2019, of the research conducted by Dr Willie Stewart under the FIELD study, together with the vast number of former professional footballers diagnosed, and continuing to be diagnosed, with neurodegenerative diseases such as dementia, cannot be deemed to be coincidental. That in 2020 there was a second coroner's ruling of

“industrial disease” attributed to the death of another former professional footballer, through repeated head trauma from heading a football, cannot be ignored. Whilst this ruling and acknowledgment is welcomed by the families of players who have long believed this to be the case and who are currently living with the awful reality of the disease, the ruling by itself means nothing and sadly comes far too late for those that have tragically already lost their lives through this disease.

Whilst there is no desire for the much loved game of football, or any other sport, to be intrinsically altered, there needs to be proper recognition and mitigation of the risks inherent in the game. The effects on players and their families who as a result suffer from the repercussions of repeated head trauma, sometimes paying the ultimate price of an untimely death, are just too devastating to keep sweeping the issue under the carpet without any responsibility being taken by the governing bodies. This is an issue that has been talked about for the past century and still no conclusions or accountability have been drawn. How many more players’ lives need to be given up as proof?

In earlier years, players were unlikely to be aware of the risks of heading footballs or concussion in sport and were consequently not equipped to make the choice as to whether or not they accepted the risks inherent in the game. With the benefit of research, publicity and the increasing prevalence of former sportspersons suffering with neurodegenerative diseases, current players are in a better position to assess the risks for themselves and make a more informed decision regarding their continued participation in a sport.

Improvements in heading and coaching techniques, together with well-advised substitution rules, may make head impacts less damaging in the future but this should not be assumed and requires proper investigation. Sports governing bodies should ensure that safeguarding measures and regular reviews focused on the players welfare are adopted and adhered to throughout their playing careers and this duty of care and provision should also be extended beyond their playing days.

The aims of the PFA are to “protect, improve and negotiate the conditions, rights and status of all professional players”, past and present, and for a players union, accepting of players subscriptions over the course their careers, this duty of care is integral to its very purpose and there is, therefore, an onus on them to take responsibility for the welfare of the players suffering from the devastating side effects brought about by their profession.

The NFL has already made significant steps forward with regards to American Football and its associated concussion/brain injuries, having put a number of measures in place aimed at the prevention of brain trauma and which have apparently seen marked results. A concussion settlement fund has also been set up by way of compensation for those American footballers (and their families) affected by neurodegenerative diseases caused through repeated brain trauma from their sport

Within other industries, if there is a potential risk or cause of injury identified, that risk is removed until proper investigation has been carried out. With football, the practices continue and along with them the potential for more cases of brain trauma and neurodegenerative disease. Findings of the FIELD research, evidence that ex-football players are three and a half times more likely to die from neurodegenerative diseases than the general public, thereby providing a strong indication that there is a problem within the sport and with the practice of heading of footballs, which must surely be indicative of a causal link.

Given the research and evidence obtained to date which is already highly suggestive of there being a link between repeated brain trauma and neurodegenerative disease, there are several reasons why, in my opinion, governing bodies need to bite the bullet and take a stance now rather than await the outcomes of yet further research. These reasons are as follows:

- A definitive diagnosis of Chronic Traumatic Encephalopathy (CTE), a classification of a neurodegenerative brain disease which evidences areas of trauma or impact to the brain can only be established post-mortem. Too late to wait.
- The onset of dementia/neurodegenerative disease can occur many years after the brain trauma(s) have been incurred making it extremely difficult to definitively prove a causal link.
- Where evidence of repeated trauma and CTE has been found post-mortem in sportspersons, consideration needs to be given as to the likelihood that **repeated** traumas would also be seen in the brains of the general public. In most cases of the general public, I would have thought that the incidence of repeated traumas would be highly unlikely.

Taking the above factors into consideration and the difficulty in proving, beyond doubt, a causal link between repeated brain trauma and neurodegenerative disease, I believe that now is the time to take a stance given the highly weighted evidence that research to date has

found and the number of victims and their families that are continuing to come forward. The evidence to date, which has taken very many years to compile, is adding up significantly and is highly indicative of their being a link between heading of balls/concussion in sport/repeated brain trauma and dementia/neurodegenerative disease.

Action and accountability needs to be taken now to provide those former footballers and sportspersons suffering with neurodegenerative disease, caused by their occupation, with the care and support they require and without the added worry for families of losing their lifetime savings in order to provide this.

Action and accountability also needs to be taken to ensure that the risks inherent in heading a football, or resulting from concussion in sport, and their association/links with these neurodegenerative diseases, are not allowed to continue and do not become a self-perpetuating legacy of the sport.

My submission is obviously slanted towards the link between brain trauma and dementia in football, given my personal experience with my father, but my comments also apply to “concussion in sport” as a whole.

Your acknowledgement of this submission would be much appreciated.

Regards,

Dana Saul (**née** Simpson)