To our fellow residents of the state of Illinois, all members of the youth tackle football community and all of our elected officials:

Re: HB-4341

Our football community must continue to oppose HB-4341 with controlled passion and also must continue to work together towards a safer and better game. Football is not always perfect, however, our children and families learn the value of striving for perfection working together. We will continue to work together as a team for the betterment and safety of the great game of football.

I have asked my friend Carol Sente to reconsider her proposed bill in favor of continuing to work together on this important issue as we have done in the past, our shared knowledge and passion has resulted in achieving such goals.

Youth tackle football programs provide enormous benefits to all of its participants. The health and safety of our children has always been of the utmost importance to all of our administrators, coaches and families. ... And it always will be! The Chicagoland Youth Football League (TCYFL) has always been a national leader in overall program safety. The TCYFL began concussion protocol in the 2000's, unilaterally implemented limited practice contact within our league in 2012 and lobbied to support the same limited contact in practice at the high school level in 2014. We started base line testing in 2010 and made it mandatory in 2012 along with athletic trainers at our games. We were one of the very first to require all of our coaches to be trained not only on heads up blocking and tackling, but also on advanced concussion training along with attending Positive Coaching Alliance workshops. Our coaches are required to enroll in, and pass, certification testing. Such testing covers the teaching of safe technique, protocols on player removal after head to head contact, and enforcement of safety guidelines. The certification process includes the advanced concussion training video conducted by Chris Nowinski of the concussion legacy foundation. We have been using his video and training tools since 2012. TCYFL and Mr. Nowinski have been partners in this education process and have conducted joint training sessions to all of our members still to this day.

As presented, HB-4341 claims support from recent scientific studies. Proponents and supporters of the Bill mistakenly claim support from such studies. No scientific study of repetitive sub-concussive hits recommends banning youth tackle football. Additionally, no scientific study concludes that playing youth school. No scientific study has suggested that youth football players, who stop playing before high school, have any increased cognitive problems later in life. Yet, the proponents of HB 4341 would take away youth football entirely to address a concern that applies to 42% who may continue. The science does not conclude that beginning to play as a youth contributes to CTE or other problems. The science, in fact, concludes that it is the continuation of playing that could contribute to the risk of developing CTE or other problems. That continual playing is specifically at the highest energy levels found in college and professional football, most certainly not at the lowest energy levels of youth football. Less than one tenth of one percent of youth football players continue to pro football. The risk of developing problems from repetitive sub-concussive hits over time needs to be addressed where the real risk lies and that is in the continuation of play, in college and the pros. It is not logical to suggest that waiting to play until high school will prevent the effects of CTE. It is equally illogical in making a claim that waiting until high school to start smoking will prevent lung cancer. The increased risk is not in the beginning; it is in the continuation.

Eliminating the education and training in youth football will serve to increase the risk of injury to inexperienced high school players, not decrease it. Higher levels of the game have a higher energy level and thereby contribute to a greater risk of developing CTE or other problems. The training is of paramount importance here and is lost if that base knowledge is replaced by a model that starts at a higher energy level.

Based on their study. In 2017, Boston University studied 202 brains donated by football players. The brains were donated for study because the players had symptoms. The brains were studied to determine whether the players had developed Chronic Traumatic Encephalopathy (CTE), a condition caused by injury to the brain. The players were mostly from the pros (133), many were from college (53), some were from high school (14) and two were from youth. Pro players tested showed a rate of 99% CTE positive. College players showed a rate of 91% CTE positive. Only 3 high school players showed CTE positive. Zero of the youth players were CTE positive. The study concluded only that there is an association between CTE and participation in football and that "a high level of play" may be related. Cleary, youth football is not a high level of play, but is the lowest! While the study mentioned that the age at first exposure may influence the risk, the mean starting age of players with severe CTE was 13 years old. The most severe cases started later according to the chart. The focus should be on safety in high school, college and the pros.

(Remember, these brains are not a cross section of all pros. They are donated BECAUSE they had problems so we would expect them <u>all</u> to have pathological findings. So it incorrect to say that 99% of pros have CTE, or 45% of college players have CTE. You would have to have a statistically random and sufficient number of all players at each level to have a risk percentage, and the study recognizes that. The study admits its subjects were not a representative sample. People have attempted to use this study to say 87% of <u>all</u> the brains studied had CTE; again 133 out of 202 were pros brains that had a 91-99% positive. All the levels are dramatically different and it is heavily weighted at the top, so 87% of the whole is a useless and misleading number.) Other thoughts:

- In a study measuring any effect of sub-concussive hits on youth there were normal findings after 24 hours.
- In the study of pros that showed lower test scores for those starting before 12 years old and after 12 years old, the mean score for both groups were still in the normal range for the population. None had CTE diagnosis. (Age at First Exposure... by Stamm 1-1-25-18) This report also admits that it did not measure whether the most significant factor was the continuation of play after youth sports. THIS STUDY SPECIFICALLY SAID IT DID NOT RECOMMEND DISCONTINUING YOUTH SPORTS TO THE DETRIMENT OF ITS ENORMOUS BENEFITS. THIS PRE/POST 12 YR OLD ISSUE IS EXACTLY WHAT THEY QUOTE IN THE BILL'S PURPOSE.

"To increase safety in youth sports, and to allow youth athletes to take advantage of the enormous benefits of sports participation without the possibility of long-term consequences." Is exactly what author said should be the use of this study for further investigation, not to stop youth football. The very PURPOSE clause of their Bill is significantly impeached. /www.ncbi.nlm.nih.gov/pmc/articles/PMC4651044/

- No study supports that eliminating a few years of a 15-year career will change the risk of playing 12 years starting in HS. This is unscientific and unsupportable guesswork by the proponents to make their case. They are inferring their own conclusions to support emotional, dramatic and inflammatory arguments designed to attack the problem at the wrong place. The net effect will contribute to the problem, not solve it.
- Quoting Cynthia LaBella, Medical Director of the institute for sports medicine at Lurie Hospital Chicago:

"No evidence that eliminating tackling in youth football will reduce the risk...or prevent CTE" Lurie Hospital does not support HB 4341.

• The "erring on the side of science" statement in HB 4341 is not supported factually and misrepresents the science. It is erring only on the side of error. This Bill makes it appear like they are doing something when in fact it is causing everyone to miss the mark and focus energy away from where the problem is – safety at upper level and **continuation of play.** The Bill exacerbates the problem, takes attention away from the real issue and destroys the enormous benefit to all the children who participate and enjoy youth tackle football.

The basis of early findings in studies at Boston university are "hypothesis generating" research wherein the finding suggest an answer to confirm a theory rather than to empirically test it. This is the stage research is at now. The root cause will be better defined after "hypothesis confirming" research is carried out and such conclusions are truly tested.

In closing it is imperative that we continue to work together for the betterment of our youth through continued conversation and education. Eliminating youth tackle football is the opposite of what is needed. Youth tackle football needs to continue to strive to be healthier and safer, to provide proper instruction through training and learned fundamental motor skills within a controlled low energy environment so players can become more educated and skilled in order to play a safer game should they and their parents so choose to play at a higher level.

As we all know, all children are not created equal, however they are afforded equal opportunities to participate in the great game of football if they and their parents so choose. Football is merely the context in which we teach our children so much more about life and it is an opportunity to touch, enrich and improve children's lives without any prejudice as the game does not care about what race, religion, big, small, slow or fast you may be. It is a game that brings us all together from all different walks of life and every weekend instills unity within our communities. Football is America's passion and if anything, this country needs more football to unite us all!

Sincerely,

Geoff Meyer

President and Co-Founder