“Brain Damage in Football”  
 By Dawn Manning

A person wearing a suit and tie

Description generated with high confidence

This is an Expository speech written by Dawn Manning. She was a finalist at the 2011 NCFCA National Championship, as well as wining local tournaments. She ranked 1st for Expos/Illustrated Oratory on Speech Ranks for the 2010-2011 season.

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Watch it on YouTube: <https://www.youtube.com/watch?v=9jCwpMRX62Q>

# Intro to Platform

I like to make lists. I am not an incredibly organized person, but I always have a lot of ideas and need a place to store them. I have one giant speech topic list that contains a variety of topic ideas. I have been collecting these ideas for a few years. Some of them are good, some of them are terrible. The point being, I do not write a speech on the first idea that comes into my head.

So, when my dad printed out an article on traumatic brain injuries in football for my brother to read, I nonchalantly added the topic to my list.

It was an interesting topic, of course; I just was not sure how much evidence there was for it. When I started researching, I was astounded by what I found: no one was denying that football collisions damage the brain––they were just unsure of what to do about it. After researching for a few months, I had compiled a long list of quotes and points to make in the speech. What drove me was my passion for the topic. Formerly a die-hard Packer fan, I was now convinced that the NFL was not concerned with anything other than profit, and, in almost every instance, the player suffered for it.

Initially, I did not think this topic would be interesting to other people. But after my first qualifier, I was proven wrong. Even though the speech was barely memorized, I placed first in finals. After that, I won another qualifier and then went on to win the Region VI invitational.

# The platform, as written for the 2011 competition season

Mike Webster was a legend. He played center for the Pittsburgh Steelers from 1974-1988. During that time, he won four super bowls and played in the pro-bowl nine times. Nicknamed “Iron Mike,” he is considered by some to be the best center in the history of the NFL.

Yet fast forward a few years after his retirement and he’s living in a pickup truck, with hardly any money to his name and, worst of all, rapidly declining mental health.

"He would have reminded you of a street person," said Fred Krieg a clinical psychologist who examined Webster in 1999. "When you talked to him, there were so many symptoms it was pretty obvious what was going on. That's how it is with traumatic brain injuries" ([www.espn.com](http://www.espn.com)).

Traumatic brain injury? Mike Webster had never been in a severe car accident or suffered major head damage. But according to ESPN, he was involved in approximately 25,000 violent collisions while playing football (www.espn.com).

Dr. Bennet Omalu from the University of West Virginia examined Mike’s brain after his death and made a startling discovery: Iron Mike had a unique brain disease that had been present in boxers for decades but had never been diagnosed in a football player ([www.espn.com](http://www.espn.com)).

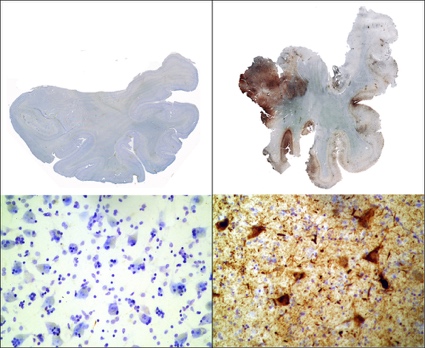
This disease is called chronic traumatic encephalopathy, or CTE.

Today, my mission is to inform you about a serious problem: widespread brain damage in football.  I’ll do this by answering three questions. First, what is CTE? Secondly, what is the link between brain damage and football? And finally, what are the solutions?

So, what exactly is CTE? Chronic traumatic encephalopathy is a progressive degenerative disease of the brain. Which means that the brain progressively deteriorates over time. CTE has been found in boxers since the 1920’s. Since 2002, however, doctors have been finding the disease in the brains of deceased football players. Football is a sport that subjects its players to continual head trauma and, as researchers at Boston University explain, “This trauma… triggers progressive degeneration of the brain tissue, including the build-up of an abnormal protein called tau.  These changes in the brain can begin months, years, or even decades after the last concussion or end of active athletic involvement.  The brain degeneration is associated with memory loss, confusion, impaired judgment, paranoia, impulse control problems, aggression, depression, and, eventually, progressive dementia” (www.bu.edu).

Although these symptoms do visibly present themselves in the living, CTE is currently unable to be diagnosed until the individual is dead and their brain is removed. When that happens, the brain tissue is placed on a slide and examined under a microscope. If the brain has CTE, it will be covered in flecks and tangles of tau protein. The flecks appear when the brain is hit and the tau protein breaks down, but disappear as the cells devour them and the brain heals. When the brain receives too many blows, the cells can’t keep up and eventually give up and die. All that is left is the specks of protein.

Since CTE can only be diagnosed in the deceased, discovering the link between the disease and football has been a bit difficult for researchers. However, there is a significant amount of evidence to suggest that CTE is a widespread problem in American football.

The discovery of CTE in football players started with Mike Webster. Since then, Dr. Omalu has studied numerous brains. Chris Nowinski and his colleagues at the Center for the Study of Traumatic Encephalopathy have been examining brains of deceased players as well.  Let’s take a look at what they found.

John Grimsley was a lineman for the Houston Oilers and Miami Dolphins. He died from an accidental gunshot wound at age 45. On the left is the brain of a 65-year old control subject and on the right is John Grimsley’s brain.

After a successful career playing for the Philadelphia Eagles, Andre Waters became devastated. “I need help, somebody help me,” (www.newyorker.com) he pleaded before shooting himself in the head. According to ESPN, “CTE had reduced the 44-year-old's mental acuity to that of an 85-year-old with early Alzheimer's disease” (www.espn.com).

Thomas McHale enjoyed success as an offensive guard until 13 years after his retirement when his life spun out of control and he died of a drug overdose. When his brain was analyzed by researchers they found the telltale flecks and tangles of tau protein that indicate CTE.

Chris Henry was only 26 when he fell out of a pickup truck during a domestic dispute. Last summer, it was announced that he too, was a victim of CTE. An interesting thing to note in this case is that Henry had only played for five seasons and had never sustained a concussion during play. This illustrates the fact that it’s not just big hits that lead to CTE, but an accumulation of small collisions.

In all, CTE has been found in 22 out of 23 cases. Clearly, the hits in football are enough to cause significant brain trauma which eventually leads to the deterioration of the brain.

But the impact of this stretches farther than professional leagues. National football games are highly viewed throughout the country and many young children strive to emulate the athletes they see on television.

In fact, concussions are highly prevalent within youth football. This is extremely dangerous for two reasons: first, younger players’ brains are still developing and are easily damaged; secondly, coaches and trainers aren’t usually well-informed on how to deal with concussions at this level.

An upsetting example of this can be seen in the case of Zackary Lystedt. Zack was only 13 when he got hit hard in a school football game in 2006. After sitting out for about fifteen minutes, he went back in. With only minutes to go, he forced a fumble at the goal line and became the game’s hero. 60 seconds later he collapsed, clutching his head. His dad ran to his side to hear his son screaming, “Dad, I can't see” (www.cbssports.com). These were the last words his dad would hear him speak for nine months.

After suffering from severe bleeding in the brain, Zack can no longer walk. He’s had to relearn simple tasks such as swallowing, speaking and using his left hand.

There is no doubt that hits received in a game of football can have disastrous effects on young lives.

And Zack isn’t the only one. John Doe was an 18-year-old who sustained multiple concussions while playing football. After his death, his parents sent his brain to the research team at Boston University. After examination it was announced that Doe’s brain contained the earliest instance of CTE ever recorded. Had he lived, his future very well would’ve been scarred by memory loss, confusion and depression like the professionals who came before him.

"This should be a wakeup call, especially to parents, coaches and league administrators," says Chris Nowinski. "We're exposing more than 1 million kids to early-onset brain damage and we don't know yet how to prevent it" (www.boston.com).

It’s true. Researchers have made a lot of progress on CTE in the past 9 years, but they still don’t know how to prevent it. This leads us to the final question: what are some possible solutions?

Many people have proposed solutions which make football safer without actually taking away the spirit of the game, like making better helmets or doing away with helmets altogether so the players won’t use their heads as weapons.

The NFL has become stricter with their rules regarding concussions, which is great, but some (like Malcom Gladwell of the New Yorker) say that in the end, brain damage is an inherent part of football (www.newyorker.com).

It might be said that trying to take the repetitive head trauma out of football is like trying to make sugar-free cotton candy-- it’s basically impossible.

So, the most obvious solution would be to do away with football. But let’s face it, America loves the sport. It’s a multi-billion dollar entertainment business that won’t stop as long as there are still fans.

Perhaps what we really need is a shift in values. As Kurt Warner, a retired quarterback himself said, “It’s going to take a whole culture change from top to bottom to say our No. 1 priority is the player, it’s not money and it’s not how far you go in the playoffs” ([www.cnn.com](http://www.cnn.com)).

Chronic traumatic encephalopathy is a dangerous disease. It’s one that has and will affect many players in the NFL and youth leagues. Although many have proposed solutions it may be that the brain trauma currently seen in football is inherent in the sport.

Iron Mike Webster was a victim. Not only of a disease, but of a culture that puts entertainment in a higher place than the safety of those involved. As Pam Webster, Mike’s former wife, said, “Mike’s story needs to be told, I don’t want this man to die in vain. They’re gladiators. When the game is over, these guys have to go home. And when it’s over, a lot of them don’t have a home to go to” ([www.espn.com](http://www.espn.com)).

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# Interesting Things to Know

What I loved about this speech:

It may sound odd to you that I actually enjoyed giving a speech on traumatic brain injuries. But the reason I enjoyed it was because I knew it was meaningful to my audience.

A few years ago, I gave a persuasive speech on being optimistic. Although it was well written and well delivered, by the time Regionals rolled around I was not even sure if I agreed with what I was saying. Giving the speech felt like a waste of time to me and I did not enjoy presenting it.

Conversely, what I really loved about this speech was how worthwhile it was. The information I was sharing was unknown to virtually everyone I encountered. So I received many comments stating how “educational” it was. Judges often thanked me for bringing this issue to light and the response from spectators was really amazing.

*“Very meaningful, thank you for sharing this message.”*

*“Thank you for bringing our attention to this problem.”*

*“Excellent examples. Astonishing statistics! Really grabbed my interest and educated me today—thank you!”*

# Why it worked well

Although many factors contribute to an effective speech, this speech worked well primarily because the topic is very compelling. Everyone knows someone who is a football fan or player yet very few are aware of the risks associated with the sport; so it is both relevant and new information.

I cannot emphasize enough how important topic selection is for a speaker, not only for placing well, but also for personal enjoyment and the impact it can have on the audience.

Beyond topic selection, I think category selection was just as important in bringing this speech to the top. My speech would have made a good Original Oratory or even a Persuasive, but it really excelled as an Illustrated Oratory. I originally chose IO because I wanted to be able to show pictures of the disease as well as visualize the lengthy medical terms. What I did not realize was that many IOs are written on trivial topics like “apples” or “Captain America.” Since these were the types of speeches I was competing against (with some exceptions), I was able to place really well.

*“Your topic [was] substantive, grown-up, [and] valuable. Way to go.”*

# What I did to make it a solid speech

A good topic is absolutely essential, but it will not automatically make an excellent speech. I have seen quite a few speeches where the topic had lots of potential, but the presentation left me feeling ambivalent.

I have also sat through a number of speaking classes in which the instructors all emphasized one point: you have to make your audience care.

There are a few ways to do this, but one of the most effective is through storytelling.

If you have been to a tournament, you have probably noticed that the interpretive categories draw more spectators than the platforms. This is because people love stories.

The stories of the lives affected by brain trauma were a central theme in my speech. I mentioned 7 different people who were affected by traumatic brain injuries.

When discussing the link between brain damage and football, I could have cited statistics and read quotes by people who agree with me. But that would have been a bit boring, right? Instead, I chose to focus on the stories of a few players to illustrate my point. This method of engendering concern was very effective and judges regularly commented on it.

*“Powerful true-life examples.”*

*“You have a way of drawing the listener in to your speech and the people’s lives that are affected by these football injuries. You provoked emotions and empathy, persuading the listener that this really is an important issue. Well done!”*

*“This is a very interesting topic … I like how you made it come alive with personal stories. I am so glad you are getting the word out.”*

# Influential Ideas

There are a few things you can do to really excel in platform speaking. First, make sure you **choose a topic you are really interested in**. If you are passionate and sincere about what you are saying, the judges will be all the more interested in sharing your excitement.

Do not add anything to your speech unless you really mean it. Sincerity is key. It is terrible, but I have given impromptu speeches before where I was thinking, “is this really true?” It showed in my performance, and the judges mentioned how disconnected I seemed.

Although passion is important, if you are saying things that everyone has already heard your speech will be worthless. This is why my second tip is to **be unique**.

Presenting new information and raising awareness for new issues is a really valuable strategy. Although “abortion” and “gun control” may be good topics that interest you, they are a bit overdone. If you really want to excel, try to stay away from overdone topics unless you can provide a new and fresh perspective on them.

Additionally, do not be afraid to step outside of the boundaries of speech categories. A persuasive speech is not required to be serious, and an expository/illustrated oratory does not have to be lighthearted.

Have you ever listened to someone presenting new information that they were obviously very passionate about, but on a topic that failed to interest you?

When I think about a speech that has passion and uniqueness––but lacks relevancy to the audience––I picture a salesman. This salesman really wants you to be excited about his product, but you have no use for it. As competitive speakers, we are, essentially, salesmen who have to sell our topic. In order to do this, you must **make your speech relevant.**

There are two parts to this: first, choose a topic that is relevant to your audience. Health-related topics are especially great since they have a sense of immediacy to the listeners.

Secondly, make it relevant. As you may recall, I did this in my speech by telling stories. Other ways to do this would be by citing shocking statistics, using personal examples, etc. Think about who your audience will be (in NCFCA or Stoa, the majority of your judges will be homeschool parents, Christians from the community, and former competitors), and use examples they can relate to.

An effective salesman will be able to make any product relevant to the consumer, but it is best to start with a good product.