

**STATE COURT OF FULTON COUNTY  
GEORGIA**

ROBERT L. EDWARDS; TRACY  
HENDERSON-EDWARDS;  
KENNETH B. CALLICUT; MARY E.  
CALLICUT; BYRON K. INGRAM;  
STACY INGRAM; TODD E. KELLY;  
and RENEE KELLY;

Plaintiffs,

v.

NATIONAL FOOTBALL LEAGUE,

Defendant.

Civil Action

File No. \_\_\_\_\_

**JURY TRIAL DEMANDED**

**COMPLAINT**

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## INTRODUCTION

1. The National Football League (“NFL”) is the most successful professional sports league in the United States. In growing the sport, the NFL has explicitly relied on violence. The recent controversy surrounding former New Orleans Saints defensive coordinator Gregg Williams speaks loudly about the culture of the NFL. In January 2012, before a playoff game against the San Francisco 49ers, Williams deliberately encouraged his players to injure the 49ers. One of his favorite slogans was “kill the head and the body will die.” As to Kyle Williams, who had recently suffered a concussion, Gregg Williams said, “[w]e need to find out in the first two series of the game, that little wide receiver, No. 10, about his concussion. We need to f\*\*\*ing put a lick on him right now.”

2. There is nothing new or unique about what Gregg Williams said. Although the NFL has now punished Williams and the Saints, for almost its entire history the NFL glorified violent hits. It encouraged its players to think of themselves as gladiators. But, along the way, the NFL failed to educate its players about the consequences of such a win-at-all costs mentality. Specifically, the NFL failed to educate its players about concussions. A concussion is characterized by an “immediate and transient alteration in brain function.” A player does not have to be knocked unconscious in order to have suffered a concussion. Getting your “bell rung,” suffering a “stinger,” and seeing “stars” are all signs of a concussion.

And there is no such thing as a mild concussion. A concussion is a serious injury to the brain that can result in permanent brain damage.

3. While the NFL generates around \$9 billion in revenue every year, its current and former players have been left to deal with the life-altering effects of brain damage they received while playing in the NFL. Instead of warning players about the long-term health problems of concussions, the NFL let these young men make decisions about whether to join the NFL and how to play the game without this critical information. What is worse is that the NFL actively suppressed the truth about concussions by supporting false and misleading research that denied the harmful effects of concussions. The NFL also failed to promulgate or enforce rules designed to reduce concussions and effectively treat them once they occur.

4. Only at the last possible moment, after Congress began scrutinizing the NFL's fraudulent practices, did the NFL finally admit the serious problems of concussions. But for the plaintiffs in this action and thousands of other current and former players, that was too late. They have suffered brain damage as a result of the NFL's failure to face the truth. This action seeks compensatory damages from the NFL to compensate Plaintiffs for their injuries; punitive damages to punish the NFL for its willful misconduct; and equitable relief for the detection and treatment of latent injuries.

## **PARTIES**

5. There are two groups of Plaintiffs. “The Plaintiff-Players” are individuals who played in the NFL, and “The Plaintiff-Spouses” are spouses of individuals who played in the NFL.

6. Plaintiff Robert L. Edwards is a citizen of Georgia. He resides in Atlanta, Georgia. Mr. Edwards played for the New England Patriots from 1998 to 2000 and the Miami Dolphins in 2002.

7. Plaintiff Tracy Henderson-Edwards is a citizen of Georgia. She resides in Atlanta, Georgia. Mrs. Henderson-Edwards is married to Robert L. Edwards.

8. Plaintiff Kenneth L. Callicut is a citizen of Michigan. He resides in White Lake, Michigan. Mr. Callicut played for the Detroit Lions from 1978 to 1982.

9. Plaintiff Mary E. Callicut is a citizen of Michigan. She resides in White Lake, Michigan. Mrs. Callicut is married to Kenneth L. Callicut.

10. Plaintiff Byron K. Ingram is a citizen of Kentucky. He resides in Lexington, Kentucky. Mr. Ingram played for the Kansas City Chiefs from 1987 to 1989 and for the Tampa Bay Buccaneers in 1990.

11. Plaintiff Stacy Ingram is a citizen of Kentucky. She resides in Lexington, Kentucky. Mrs. Ingram is married to Byron K. Ingram.

12. Plaintiff Todd E. Kelly is a citizen of Tennessee. He resides in Knoxville, Tennessee. Mr. Kelly played for the San Francisco 49ers in 1993 to 1994, the Cincinnati Bengals in 1995 to 1996, and the Atlanta Falcons in 1996.

13. Plaintiff Renee Kelly is a citizen of Tennessee. She resides in Knoxville, Tennessee. Mrs. Kelly is married to Todd E. Kelly.

14. Defendant NFL is an unincorporated business league organized for the improvement of the business conditions of its thirty-two constituent member teams. *See* 26 U.S.C. § 501(c)(6). The main offices of the NFL are located at 345 Park Avenue, New York, New York 10017.

### **JURISDICTION**

15. This Court has subject matter jurisdiction over this action. *See* O.C.G.A. § 15-7-4. This action is not an action within the exclusive jurisdiction of the superior courts.

16. This Court has personal jurisdiction over the NFL. *See* O.C.G.A. § 9-10-91. The NFL transacts business within this state; has committed tortious acts within this state; and has committed tortious injuries in this state caused by acts outside this state.

## VENUE

17. This Court is a proper venue for this action. *See* O.C.G.A. § 9-10-93. Fulton County is a county where a substantial part of the business was transacted and where tortious acts, omissions, or injuries occurred.

## FACTUAL ALLEGATIONS

### **Part One – The Growth of the NFL**

18. The NFL has grown dramatically since its inception.

19. In 1920, eleven teams formed the American Professional Football League. In 1922, the league changed its name to the National Football League. In 1936, the NFL held its first draft.

20. In 1959, six teams formed the American Football League (“AFL”). The AFL became a significant rival of the NFL. This rivalry helped increase the popularity of professional football in America. During this period, football became America’s favorite sport, surpassing baseball. In 1967, the leagues held a championship game between the NFL and AFL champions. This game later became known as Super Bowl I.

21. In 1970, the NFL and the AFL officially merged. Following the merger, the NFL entered a new age of growth and prosperity. Other than the short-lived United States Football League, the NFL has had no major competitor, and it has profited enormously from a monopoly on professional football in America.

The NFL also exerts nearly total control and influence over the way football is played and understood at all levels, from youth football leagues through college. As current NFL Commissioner Roger Goodell has explained, “[the NFL is] fortunate to be the most popular spectator sport in America. In addition to our millions of fans, more than three million youngsters aged 6-14 play tackle football every year; more than one million high school players also do so and nearly seventy five thousand collegiate players as well. We must act in their best interests even if these young men never play professional football.”

22. The NFL now generates around \$9 billion in revenue every year, and that amount should grow in future years. A substantial part of the NFL’s revenue comes from broadcasting deals. The NFL currently has a \$1.1 billion deal with ESPN, a \$1 billion deal with DirecTV, a \$650 million deal with NBC, a \$712.5 million deal with Fox, and a \$622.5 million deal with CBS. The NFL also generates substantial revenue from advertising. The NFL currently has a \$2.3 billion deal with Pepsi, a \$1.2 billion deal with Anheuser-Busch, \$1.1 billion deal with Nike, a \$720 million deal with Verizon, and a \$45 million per year deal with Gatorade.

23. The NFL distributes some of its revenues, around \$4 billion annually, to its member teams. 19 NFL teams are each valued at around \$1 billion each.

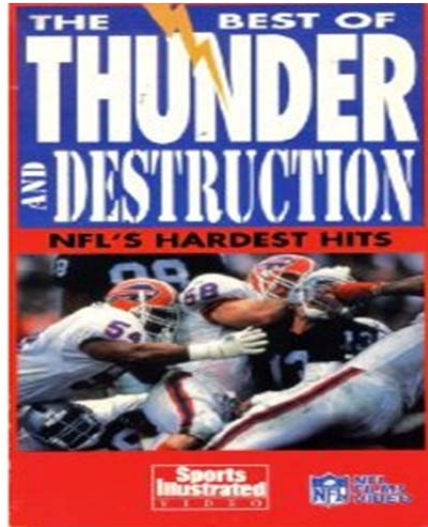


Even the least-valued team is valued at around \$800 million. Since 1994, the average value of NFL teams has increased by 500%.

24. In growing the sport, the NFL has explicitly relied on violence. The recent controversy surrounding former New Orleans Saints defensive coordinator Gregg Williams speaks loudly about the culture of the NFL. For many years and for several different teams, Williams ran a bounty program that paid players for purposefully injuring opponents. In fact, in January 2012, before a playoff game against the San Francisco 49ers, Williams deliberately encouraged his players to injure the 49ers. One of his favorite slogans was “kill the head and the body will die.” Williams went after specific players as well. “We’ve got to do everything in the world to make sure we kill Frank Gore’s head. We want him running sideways. We want his head sideways.” As to Kyle Williams, who had recently suffered a concussion, Greg Williams said, “[w]e need to find out in the first two series of the game, that little wide receiver, No. 10, about his concussion. We need to f\*\*\*king put a lick on him right now.”

25. There is nothing new or unique about what Gregg Williams said. Although the NFL has now punished Gregg Williams and the Saints, for almost its entire history the NFL has glorified violent hits. For example, the NFL and its partners have produced and sold a number of films that glorify the most violent hits in the NFL, the vast majority of which involve hits to the head. One such film,

released in 1992, is titled “The Best of Thunder and Destruction – NFL’s Hardest Hits.” The front cover of the VHS tape, which is reproduced on the next page, shows one player striking the back of an opponent’s head and another player pulling the facemask of the same opponent.



26. The NFL has deliberately promoted violent hits, and it has encouraged its players to think of themselves as gladiators. As described on the back cover of the same VHS tape, the NFL invites fans to “[d]iscover the areas of the playing field where thunder and destruction never let up – places like ‘The Pit’ where lineman lock horns like ancient gladiators. There’s also the pass pocket – the target of the king-sized quarterback crushers seeking to ‘KO the quarterback.’” The NFL has encouraged its players to get bigger, stronger, and faster. It has encouraged them to do whatever it takes to win, including “knocking out a quarterback” and bringing “thunder and destruction” with every hit. This gladiator

mentality may have allowed the NFL to generate enormous profits, but it has left its players with serious life-altering injuries, including various degrees of brain damage.

### **Part Two – The Concussion Problem**

27. The NFL has a concussion problem.

28. The American Association of Neurological Surgeons has defined a concussion as “a clinical syndrome characterized by an immediate and transient alteration in brain function, including an alteration of mental status and level of consciousness, resulting from mechanical force or trauma.” “The injury generally occurs when the head either accelerates rapidly and then is stopped, or is spun rapidly. The results frequently include confusion, blurred vision, memory loss, nausea, and, sometimes, unconsciousness.”

29. Others have used more illustrative ways of describing a concussion. “Picture your brain as a hunk of Jell-O floating in a bowl your cranium. When you get hit in the head, the bowl suddenly shifts and the Jell-O bangs against the side, and then rebounds and then bangs against the other side. At the same time, the Jell-O is twisted and wrenched. This smashing, jiggling and torquing of the brain causes strains and tears, snapping blood vessels, killing brain cells (neurons) and shearing the delicate connections (axons) that link this incredibly complex cerebral telephone system.”

30. However you describe it, the effects of concussions are serious. A player does not have to be knocked unconscious in order to have suffered a concussion. Getting your “bell rung,” suffering a “stinger,” and seeing “stars” are all signs of a concussion. And there is no such thing as a mild concussion. A concussion is a brain injury that can result in permanent brain damage, especially when a person suffers more than one concussion, which is often the case because a person that suffers one concussion is more likely to suffer additional concussions. Each subsequent concussion causes more severe injuries. In fact, if a person suffers one concussion and a second concussion occurs before the brain has healed from the first, the consequences can be fatal. This is known as second-impact syndrome. Enough damage to the brain and a person can develop chronic traumatic encephalopathy (“CTE”), which is a progressive degenerative disease of the brain. The effects of this disease include depression, substantial memory loss, and early on-set of dementia.

31. Concussions are rampant in the NFL. As Kyle Turley, a former player, has described:

I remember, every season, multiple occasions where I’d hit someone so hard that my eyes went cross-eyed, and they wouldn’t come uncrossed for a full series of plays. You are just out there, trying to hit the guy in the middle, because there are three of them. You don’t remember much. There are the cases where you hit a guy and you’d get into a collision where everything goes *off*. . . . Every play: collision, collision, collision. By the time you get to the other end of the field, you’re seeing spots. You feel like you are going to black

out. Literally, these white explosions—*boom, boom, boom*—lights getting dimmer and brighter, dimmer and brighter.

32. In addition to repetitive concussive trauma, players also deal with “repetitive *subconcussive* trauma. It’s not just the handful of big hits that matter. It’s lots of little hits, too.” A NFL player “could well have been hit in the head eighteen thousand times: that’s thousands of jarring blows that shake the brain from front to back and side to side, stretching and weakening and tearing the connections among nerve cells, and making the brain increasingly vulnerable to long-term damage.” During these hits, the brain is slammed into the bony protrusions of the skull. The cumulative effect of these hits is often permanent brain damage.

33. From as early as the 1920s, medical research in the world’s most preeminent medical journals discussed the serious problem of concussions.

34. In October 1928, Dr. Harrison Martland published an article in *The Journal of the American Medical Association*, in which he coined the term “punch drunk.” His findings were based on autopsies of more than 300 people who had died of head injuries. He issued an unequivocal warning regarding concussions: “There is a very definite brain injury due to single or repeated blows on the head or jaw which cause multiple concussion hemorrhages. . . . The condition can no longer be ignored by the medical profession or the public.”

35. In 1937, at the 17th Annual Meeting of the American Football Coaches Association, the Association has been quoted as concluding that, “[d]uring the past 7 years the practice has been too prevalent of allowing players to continue playing after a concussion.”

36. In October 1952, Dr. Augustus Thorndike published an article in the *New England Journal of Medicine*. The title of the article is “Serious Recurrent Injuries of Athletes,” and it recommended a three strike rule for concussions: three concussions and a player should retire from football. A number of other articles around this time period discussed the serious concerns associated with head injuries in boxing, including discussion of dementia pugilistica.

37. In November 1975, Dr. Dorothy Gronwall and Dr. Philip Wrightson published an article in *The Lancet*. The title of the article is “Cumulative Effect of Concussion,” and, based on a study of young adults following second concussions, the authors conclude that “[t]he effects of concussion seem to be cumulative, and this has important implications for sports where concussion injury is common.” In recognition of the serious problem of concussions, the National Collegiate Athletic Association (“NCAA”) and National High School Football Federations (“NHSFF”) adopted rules in the late 1970s requiring that all helmets comply with certain national standards. The NCAA and NHSFF also prohibited initial contact of the head in blocking and tackling.

38. In 1997, the American Academy of Neurology published a special article in *Neurology*. The title of the article is “Practice Parameter: The Management of Concussion in Sports.” In the article, the American Academy of Neurology concluded that “[r]epeated concussions can cause cumulative brain injury in an individual injured over months or years.” This conclusion was not based on any new research, but instead was based on a review of seventy-one articles published from 1966 to 1996.

39. In May 2000, Dr. Barry Jordan, who is now the Chief Medical Officer for the New York State Athletic Commission, presented findings from a survey of over 1,000 former NFL players to the American Academy of Neurology. The title of the presentation is “Concussions Come Back to Haunt Football Players.” The findings of the survey included the following: (a) more than 61% had suffered at least one concussion, with 30% having three or more and 15% having five or more; (b) 51% had been knocked unconscious more than once; (c) 73% were not required to sit out any plays after the head trauma; (d) 49% experience current numbness or tingling; (e) 28% had neck or cervical spine arthritis; (f) 31% had difficulty with memory; (g) 16% were unable to dress themselves; and (h) 11% were unable to feed themselves. Dr. Jordan concluded that there was a “[a] statistically significant association . . . between a self-reported history of concussion and complaint of memory changes, confusion, speech difficulties, problems remembering short lists,

and difficulty recalling recent events.” Over the next few years, a number of other studies supported the link between concussions and cognitive problems such as memory loss, depression, and early on-set of dementia.

40. In 2007, Dr. Kevin Guskiewicz and others published an article in *Medicine & Science in Sports & Exercise*. The title of the article is “Recurrent Concussion and Risk of Depression in Retired Professional Football Players.” The article described the results of a study of over 2,500 former NFL players. The conclusion drawn from the study was that “[t]here was an association between recurrent concussion and diagnosis of lifetime depression.” “Compared with retired players with no history of concussion, retired players reporting three or more previous concussions were three times more likely to be diagnosed with depression; those with a history of one or two more previous concussions were 1.5 times more likely to be diagnosed with depression.”

41. In 2008, Dr. David Weir of the Institute for Social Research at the University of Michigan conducted a study of over 1,000 former NFL players. The study was commissioned and funded by the NFL. The study, which was released in 2009, reported that “Alzheimer’s disease or similar memory-related diseases appear to have been diagnosed in the league’s former players vastly more often than in the national population – including a rate of 19 times the normal rate for men ages 30 through 49.”



42. In addition to medical studies, several high profile deaths demonstrate the potentially fatal consequences of playing in the NFL.

43. In September 2002, Dr. Bennet Omalu performed an autopsy on Michael “Iron Mike” Webster, who was a Hall of Fame offensive lineman for the Pittsburgh Steelers. Mike Webster died at age 50, after a long struggle with depression. He had previously requested disability benefits from the NFL, stating that he suffered “traumatic or punch drunk encephalopathy” sustained from playing football. Dr. Omalu’s autopsy found clear evidence of CTE. Dr. Omalu found the same evidence of CTE in the autopsies of eight other former players, all of whom showed brain damage that previously had been seen only in people with Alzheimer’s disease or dementia.

44. In May 2011, Dr. Ann McKee and other members of Boston University performed a postmortem examination of David Duerson, a former safety for the Chicago Bears. Dave Duerson died at age 51, after shooting himself in the chest. His last text message to his family was “PLEASE, SEE THAT MY BRAIN IS GIVEN TO THE NFL’S BRAIN BANK.” Dr. McKee found clear evidence of CTE. “The pathology was severe in areas of the brain that influence impulse control, inhibition, emotion and memory.” Dr. McKee has done autopsies on thirteen former professional football players. Of those thirteen, twelve showed clear evidence of CTE.

45. The true cost of the NFL's gladiator mentality is revealed by this long history of medical research demonstrating the long-term health problems of concussions. Donned with armor that consists of plastic helmets and padding, the NFL encourages its players to believe that they are invincible. But the truth is that an NFL player is not a gladiator, and he is certainly not invincible. Just like anyone else, an NFL player is human, and the human brain is nothing more than soft jelly-like tissue easily susceptible to permanent damage.

### **Part Three – The NFL's Response to Concussions**

46. In response to the overwhelming medical research demonstrating the serious risks of concussions, the NFL's response to the concussion problem has been alarming. Although it has been aware of the serious problem of concussions for some time, the NFL did not adequately educate its players about those risks until the last possible moment, after Congress began scrutinizing the NFL's fraudulent practices. What is worse is that the NFL actively suppressed the truth about concussions by supporting false and misleading research that denied the harmful effects of concussions. The NFL also failed to promulgate or enforce rules designed to reduce concussions or effectively treat them once they occurred.

47. The NFL's recognition of the problem of concussions began at least as early as the 1970s when other sports leagues were implementing rules to limit helmet contact and to protect against brain injury. Although the NFL eventually

implemented rules aimed at reducing head injuries, such as prohibiting the use of a helmet in tackling an opponent, the NFL did so years after other sports leagues had adopted similar rules. The NFL was also aware that these rules were not enforced, and that teams were encouraging players to ignore the rules. The NFL turned a blind eye to these dangerous practices until well into the 2000s, and the NFL did not adequately educate its players about the risks associated with those practices.

48. In 1994, concern over concussions began rising. A number of high-profile players were forced to retire at an early age because of multiple concussions. Merrill Hoge, a former running back for the Pittsburgh Steelers and Chicago Bears, was one of those players. During the 1994 season, he received a concussion and, five days later, the team doctor approved him to resume play based on a telephone call examination. He then suffered another concussion a few weeks later, and while in the hospital recovering from this concussion, he “didn’t know his wife or his brother or that he had a 14-month-old daughter.” Even as he announced his retirement, he said that “[m]y whole body is completely numb right now. I don’t feel good. My entire body is affected.”

49. To quell this rising concern over concussions, in 1994, the NFL formed a Committee on Mild Traumatic Brain Injury (“MTBI”). The stated purpose of the MTBI Committee was to study the effects of concussions on NFL players. However, it soon became clear that the true purpose of the MTBI

Committee was to hide the truth about concussions. In fact, even the name of the Committee itself is misleading. There is no such thing as a “mild” brain injury.

50. The NFL appointed Dr. Elliot Pellman to chair the MTBI Committee. Dr. Pellman chaired the MTBI Committee from 1994 to 2007. Dr. Pellman was not qualified to render opinions about brain injuries. He was not a neurologist, neurosurgeon, or neuropsychologist. Instead, he was a rheumatologist with training in the treatment of joints and muscles. The brain is unique. It cannot be understood by analogy to any other part of the body. As a neurosurgeon described it, “I would hear [Dr. Pellman] say things in speeches like, ‘I don’t know much about concussions, I learn from my players,’ and ‘[w]e as a field don’t know much about concussions,’ and it used to bother me.” “We knew what to do about concussions, but he was acting like it was new ground.”

51. Dr. Pellman has also been accused of fraudulently exaggerating his credentials. Dr. Pellman has identified himself as an Associate Clinical Professor at Albert Einstein College of Medicine. But he was actually an Assistant Clinical Professor, which is a lower-ranking and honorary position that involves no teaching duties. Six years after he lost his title of Fellow of the American College of Physicians, Dr. Pellman continued to list that title on his resume. Dr. Pellman has also stated that he has a medical degree from the State University of New York at Stony Brook. But he actually attended medical school in Guadalajara, Mexico,

and he only completed a one-year residency at SUNY-Stony Brook. Although Dr. Pellman has described these as minor discrepancies, others disagree. As Dr. Dan Brock, director of Harvard Medical School's Division of Medical Ethics, has explained, "[i]f I told you I graduated from medical school in the United States, and I went to Guadalajara, then I think I would have deliberately misled you, so I would say that was unethical."

52. During the same time period that he served on the MTBI Committee, Dr. Pellman was also a team doctor for the New York Jets. One incident from his tenure as a Jets team doctor illustrates Dr. Pellman's views on concussions. On November 2, 2003, Jets wide receiver Wayne Chrebet suffered a concussion after receiving a knee to the back of his head. He was knocked unconscious by the hit. Only one quarter later, Dr. Pellman cleared him to return to play. It was reported that Dr. Pellman told Chrebet that "this is very important for you, this is very important for your career."

53. Two years later, Wayne Chrebet was forced to retire because of brain damage. The effects of brain damage have changed Chrebet's life. As Chrebet has explained, "I have good days and bad days. A bad day is when you can't get out of bed and there's this dark cloud hanging over your head. A good day is anything else." Chrebet would "like to meditate or read, but he can't concentrate enough." "He can't make the drive from his home in Colts Neck, N.J., to Hempstead [where

he owns a restaurant] or anywhere, without a navigational system. He remembers the time, after one of his final games, when he drove from the stadium to a house where he no longer lived. His wife directed him home.”

54. Even though medical consensus had already established that concussions present serious long-term health problems, the MTBI Committee and its members regularly denied or downplayed those risks. These statements had no reasonable basis in research or science.

55. On November 30, 1994, Steve Jacobson published a column in *Newsday* titled “Concussion Issue Must Be Tackled.” In that article, which discussed the growing concern over concussions, Dr. Pellman was quoted as saying “[p]ost-concussion syndrome in football is the rare exception.”

56. On April 22, 2001, Jonathan Rand of Knight Ridder Newspapers published an article titled “No Brainers After Several Concussions,” which discussed the retirement of Hall of Fame quarterback Troy Aikman due to concussions. Dr. Pellman downplayed the significance of Troy Aikman’s retirement. He was quoted as saying “[t]he vast majority of athletes quickly recover from concussions.” He suggested that Troy Aikman’s case was an anomaly that did not affect the rest of the league: “You say to yourself: ‘Hey, other guys are getting that all the time and they’re OK.’ Why are these individuals more susceptible to post-concussion syndrome?” Dr. Pellman indicated that other

players did not need to worry about the long-term problems of concussions. “You can look at them and there is no long-term damage. There’s no scientific evidence that can tell you they shouldn’t go back and play.” He referred to concerns about concussions as relying on “intuit[ion]” as opposed to “scientific evidence.”

57. In October 2004, members of the MTBI Committee published an article in *Neurosurgery* that concluded that there was no risk of repeat concussions in players with previous concussions and that there was no “7- to 10-day window of increased susceptibility to sustaining another concussion.”

58. In response to that paper, one doctor wrote that the MTBI Committee’s “article sends a message that it is acceptable to return players while still symptomatic, which contradicts literature published over the past twenty years suggesting that athletes be returned to play only after they are asymptomatic.”

59. As another example, in January 2005, members of the MTBI Committee published another article in *Neurosurgery* that concluded that returning to play after a concussion “does not involve significant risk of a second injury either in the same game or during the season.” The article also concluded that there was “no evidence of worsening injury or chronic cumulative effects of multiple MTBIs in NFL players.”

60. In response to those conclusions, Dr. Kevin Guskiewicz stated that “[w]e found th[at] at the high school level, the college level and the professional

level, that once you had a concussion or two you are at increased risk of future concussions,” but the MTBI Committee “continued to say on the record that’s not what they find and there’s no truth to it.”

61. In October 2006, members of the MTBI Committee published an article in *Neurosurgical Focus* that reported over 12 years of data collection by the NFL. The article concluded that “mild TBIs in professional football are not serious injuries.”

62. In response to that conclusion, one scientist denied that it had any basis. “They’re basically trying to prepare a defense for when one of these players sues. They are trying to say what’s done in the NFL is okay because in their studies, it doesn’t look like bad things are happening from concussions. But the studies are flawed beyond belief.”

63. Not only were the MTBI Committee’s findings in conflict with medical consensus, they were also based on incomplete and selective data. An October 2006 *ESPN The Magazine* article published by Peter Keating, described how the MTBI Committee “didn’t include at least 850 baseline test results in their research—more than the 655 that ultimately made it into [their published articles]. At best their numbers were incomplete. At worst, they were biased.” Dr. Robert Cantu, Director of Sports Medicine at Emerson Hospital, explained that “[t]he extremely small sample size and voluntary participation suggest there was bias in



choosing the sample. The findings are extremely preliminary at best, and no conclusions should be drawn from them at this time.”

64. On top of publishing research that was not supported by the medical literature and that was not based on adequate data, the MTBI Committee went after anyone who disagreed with them.

65. In November 2003, Dr. Kevin Guskiewicz, who later received the 2011 Genius Grant from the MacArthur Foundation, was scheduled to appear on HBO’s “Inside the NFL” to discuss his research. Dr. Pellman called Dr. Guskiewicz in advance and questioned whether it was in his best interest to appear on the program. After Dr. Guskiewicz refused to cancel his appearance, Dr. Pellman appeared on the show himself and stated that he did not believe the results of Dr. Guskiewicz’s research. Members of the MTBI Committee later criticized Dr. Guskiewicz’s work for lacking scientific rigor.

66. In 2005, Dr. Bennet Omalu published an article in *Neurosurgery* discussing his findings of CTE in the autopsies of Mike Webster and other NFL players. In response to this article, members of the MTBI Committee wrote a letter to the editor of *Neurosurgery* asking that Dr. Omalu’s article be retracted.

67. In 2006, Dr. William Barr gave a lecture at a Brain Injury Association of New York conference. Dr. Barr was a neuropsychologist who was doing some work for the New York Jets. At the conference, Dr. Barr discussed the risks

associated with concussions and how the best time to test players with concussions was after their symptoms had completely cleared, which was contrary to the MTBI Committee's policy. Dr. Barr says that a week or so later, Dr. Pellman called Dr. Barr and said "I understand you're badmouthing the league." "In the future, if you have anything to present or publish about sports concussions, you will have to put it through me." When Dr. Barr protested, Dr. Pellman said "your time with the Jets is over."

68. In June 2007, Dr. Pellman resigned as chair of the MTBI Committee amid reports questioning his qualifications. Dr. Pellman was replaced by co-chairs Dr. Ira Casson and Dr. David Viano. Both continued Dr. Pellman's denial of the risks associated with concussions and suppression of the truth. Dr. Pellman also continued to remain a member of the MTBI Committee.

69. Shortly after Dr. Pellman resigned, in the summer of 2007, the NFL invited Dr. Julian Bailes to speak at an NFL meeting convened by the new NFL Commissioner Roger Goodell. Dr. Bailes is a founding member of the Sports Legacy Institute, which was founded to study CTE. The meeting was closed to the media, but Dr. Bailes has been quoted as saying that, after he presented findings linking concussions with long-term health problems, the NFL and members of the MTBI Committee were hostile and dismissive of the work of the Sports Legacy Institute. "They didn't say, 'Thanks, Doc, that's great.' They got mad at me. We

got into it.” At the press briefing after the meeting, Dr. Casson stated that “[t]he only scientifically valid evidence of chronic encephalopathy in athletes is in boxers and in some steeplechase jockeys. It’s never been scientifically, validly documented in any other athletes.”

70. Sometime in 2007, Dr. Casson appeared on HBO’s “Real Sports” and denied the link between concussions and long-term injuries:

**Interviewer:** Is there any evidence, as far as you’re concerned, that links multiple head injuries among pro football players with depression?

**Casson:** No.

**Interviewer:** With dementia?

**Casson:** No.

**Interviewer:** With early onset of Alzheimer’s?

**Casson:** No.

**Interviewer:** Is there any evidence as of today that links multiple head injuries with any long-term problem like that?

**Casson:** In NFL players?

**Interviewer:** Yeah.

**Casson:** No.

71. In August 2007, the NFL issued a concussion pamphlet to players that reiterated Dr. Casson’s comments. The pamphlet stated that “current research with professional athletes has not shown that having more than one or two concussions leads to permanent problems if each injury is managed properly. It is important to understand that there is no magic number for how many concussions is too many.”

72. In 2009, members of the MTBI Committee criticized the findings of Dr. David Weir’s study, even though the NFL had itself commissioned and paid

for the study. Several experts found the NFL's reaction "bizarre," noting that "they paid for the study, yet they tried to distance themselves from it." DeMaurice Smith, Executive Director of the National Football League Players Association ("NFLPA"), explained that "there have been studies over the last decade highlighting [the risks associated with concussions]. Unfortunately, the NFL has diminished those studies, urged the suppression of the findings and for years, moved slowly in an area where speed should have been the impetus."

73. In late 2009, public scrutiny of the NFL reached a watershed. In October 2009, the Judiciary Committee for the United States House of Representatives held a hearing on the NFL's policy on concussions. At the hearing, Roger Goodell, Commission of the NFL, refused to acknowledge a link between concussions and long term health problems and instead deferred to the NFL's medical experts. But, of course, none of the primary members of the MTBI Committee – Drs. Casson, Viano, or Pellman – were at the hearing. Representative Linda Sanchez stated that the NFL's "actions smacked of them knowing it was a very serious problem." "And them trying to deny it and cover it up with very vague-sounding and un-alarming information, because, let's face it, there's a heck of a lot of money at stake. If they could deny and delay anybody putting this together, then they could avoid being held liable for these former players suffering these very severe aftereffects." In fact, it reminded Representative Sanchez "of the

tobacco industry, who knew for years and years that smoking wasn't good for you but kept denying it.”

74. The October 2009 hearing forced the NFL to confront reality. Shortly after the October 2009 hearing, Dr. Casson and Dr. Viano resigned as chairs of the MTBI Committee. In December 2009, Greg Aiello, a spokesperson for the NFL, stated that it is “quite obvious from the medical research that’s been done that concussions can lead to long-term problems.”

75. In 2010, the NFL renamed the MTBI Committee to the “Head, Neck, and Spine Medical Committee.” Under new leadership, the Committee admitted that the data collected by the previous leadership was “infected.” As one member of the Committee explained, “[w]e all had issues with some of the methodologies described, the inherent conflict of interest that was there in many areas, that was not acceptable by any modern standards or not acceptable to us.” In fact, the research of the previous Committee was so flawed that one new member stated that “[t]here was no science in [it].” “We’re really moving on from that data. There’s really nothing we can do with that data in terms of how it was collected and assessed.”

76. Around the same time, the NFL announced new rules designed to reduce concussions and effectively treat them once they occur. These new rules included requiring teams to remove any player exhibiting signs of a concussion

from a game or practice and barring them from returning the same day and giving independent experts control over who is able to return to play after a concussion. The NFL also began enforcing rules designed to limit helmet contact that had been previously ignored.

77. For example, on October 20, 2010, the NFL levied fines totaling over \$175,000 on NFL players James Harrison, Brandon Meriweather, and Dunta Robinson for flagrant hits to an opponent's head. In discussing Brandon Meriweather's hit on Todd Heap, an NFL spokesperson stated that "in our view, the hit was flagrant and egregious. Effective immediately, that's going to be looked at at a very aggressive level, which would include suspension without pay. . . . What I would tell you is that if there are flagrant and egregious violations of our current rules, we will be enforcing, effective immediately, discipline at a higher level." These were precisely the same types of hits that the NFL had glorified for decades. In fact, even as they were fining those players, the NFL's first instinct was to sell photos of the hits. The NFL quickly pulled those photos and apologized, saying that it "regret[ted] the mistake in which photos of illegal and dangerous hits in Sunday's games were put up for sale online."

78. The NFL's changes were dramatic. As Alan Schwartz of the *New York Times* explained, "the NFL not only announced . . . that it would support research by its most vocal critics but also conceded publicly for the first time that

concussions can have lasting consequences.” “The recent changes by the NFL had amounted to tacit acknowledgements that it was no longer able to defend a position that conflicted with nearly all scientific understanding of head trauma.”

79. The changes produced a dramatic difference in the way that the game is played. Indeed, Carl Johnson, who is the NFL Officiating Chief, was quoted as saying that he had “seen a change in players’ behavior [with]in one week” of many of the new rules. In other words, the NFL has always had the ability and power to change the nature of the game, but it simply never chose to do so.

80. Only at the last possible moment, after Congress began scrutinizing the NFL’s fraudulent practices, did the NFL finally acknowledge the serious problem of concussions. But for the plaintiffs in this action and thousands of other current and former players, that was too late. They needed to understand the risks of concussions much earlier.

#### **Part Four – How Athletes Become NFL Players**

81. Most players decide whether to join the NFL when they are just finishing college and when they are no more than 21 or 22 years old. In other words, they are just entering adulthood. They also lack both medical sophistication and financial stability. As a result, they depend on the NFL for full and fair disclosure of the facts, and they are particularly vulnerable to false and misleading statements by the NFL. At this critical time in their lives, players and

their families need all the information they can get in order to make an informed decision about whether to join the NFL and how they will play the game.

82. The NFL communicates to potential players in a variety of ways. The moment a player sets foot on a college practice field, NFL teams began evaluating the player to see whether he can play in the NFL. For draft-eligible players, the evaluation process continues with on-campus scouting, pro-days, and other evaluations. Potential players undergo a battery of tests, both physical and mental, in which NFL teams extract as much information as possible from potential players. During this time, the NFL is also exchanging information with potential players about the league and how it operates. In addition to verbal communication, the NFL often distributes written materials that instruct potential players about what to expect in the NFL.

83. The NFL Scouting Combine is a good example of how thorough the evaluation process is. Every February, over 300 of the best college football players are invited to demonstrate their skills in advance of the NFL College Draft. The Combine is several days of tests, with owners and executives from each NFL team watching to see how players perform. There are a number of physical tests, including the 40-yard dash, bench press, vertical jump, broad jump, 20- and 60-yard shuttle, 3 cone drill, and position-specific drills. There are a number of mental tests, including 15-minute interviews with teams and the Wonderlic Test,



which is a popular test designed to evaluate a player's intelligence and mental capacity. And there are physical evaluations, where doctors for the NFL and its teams measure every part of a player's body, test a player's reflexes and joint movements, and get a full evaluation of the player's existing injuries, if any. Because the NFL and its teams literally strip players down to their underwear during the Combine, it has become popularly referred to as the "Underwear Olympics."

84. After a thorough evaluation of nearly all draft-eligible players, the next step is the NFL College Draft, which takes place every April. In its current format, just over 250 players are chosen by NFL teams through the Draft. Of course, being chosen in the Draft does not mean that a player has become part of an NFL team. The Draft represents only the beginning of negotiations with a team. And, if a player is not chosen through the Draft, he may still join the NFL as an undrafted free agent by negotiating directly with a NFL team.

85. In the weeks following the Draft, rookies begin their transition from college to the NFL. The NFL requires all drafted rookies to attend its annual Rookie Symposium. The symposium is designed to educate rookies about all aspects of life in the NFL and ease the transition from college.

86. NFL teams also conduct off-season training, which begins with minicamp practices. Although NFL teams require rookie players to participate in

these practices, the majority of drafted rookies will not have signed a contract with an NFL team yet. It is during this time that drafted rookies will negotiate with NFL teams for their official contract, which among other things entitles them to all of the protections of the collectively-bargained NFL Player Contract. But until that point – until a rookie signs a contract with an NFL team – he does not have those protections, and he is not officially part of the NFL.

87. The decision to sign a NFL Player Contract and join an NFL team is a life-changing decision. Prior to making this decision, these young men need all the information they can get. After all, that is precisely why the NFL and its teams hold the Combine and other evaluations. They want to know exactly what they are getting into by drafting a player. But the exchange of information has not been reciprocal. Instead of having all of the material facts, potential players have made their decisions about whether to join the NFL and how to play the game without critical information. Although the NFL knew about the long-term health problems of concussions, it never educated these young men about those risks, and it actively tried to suppress that information from coming out.

88. That information would have changed the lives of many players. As Lem Barney, a Hall of Fame cornerback for the Detroit Lions who suffered at least seven or eight concussions, has explained, “[i]f I look at the game now and I look back on it retrospectively, if I had another choice I’d never played the game, at all,

in my life. Never. Never. . . . I'm in eight Hall of Fames. . . . I'm serious. Very serious." Harry Carson, another Hall of Famer who played for the New York Giants, has expressed the same sentiment. After suffering fifteen or so concussions during his career, "I don't think as clearly as I used to. Nor is my speech, diction, selection of vocabulary as good as it used to be, and I don't know why." "Knowing what I know now, I wouldn't do it again."

### **Part Five – Plaintiffs' Injuries**

89. The Plaintiff-Players played in the NFL. None received any information from the NFL about the long-term health problems of concussions before they joined the league. Nor did they receive such information while they were playing or after they retired.

90. Each of the Plaintiff-Players has suffered brain damage that resulted from concussions and other brain injuries that occurred while they played in the NFL. That brain damage has caused Plaintiff-Players to suffer physically and mentally, including severe headaches, dizziness, memory loss, emotional lability, depression, loss of executive functioning, and economic harm. Plaintiff-Players will continue to suffer as the brain damage is likely to worsen as they age. Because of the NFL's misconduct, the Plaintiff-Players did not learn about the cause of their injuries or the full extent of the injuries until well after they had occurred.

91. The Plaintiff-Spouses have also suffered injuries. Each has been deprived of the full benefit of their marriages, had to pay out-of-pocket for the medical and household care of their husbands, and has been deprived of the full earning potential of their husbands. Plaintiff-Spouses will continue to suffer as their husbands' injuries will worsen as they age.

### **CLAIMS FOR RELIEF**

#### **First Claim – Fraudulent Misrepresentations**

92. The NFL has made false and misleading statements about the nature of concussions and the long-term health problems associated with concussions.

93. The NFL's false statements of material facts include the following:

- A. Dr. Pellman's statement in a November 30, 1994 article in *Newsday* that "[p]ost-concussion syndrome in football is the rare exception";
- B. Dr. Pellman's statements in a April 22, 2001 article in Knight Ridder Newspapers that "[t]he vast majority of athletes quickly recover from concussions," "[y]ou can look at [most players] and there is no long-term damage," and "[t]here's no scientific evidence that can tell you they shouldn't go back and play";
- C. the October 2004 article published by members of the MTBI Committee in *Neurosurgery* that concluded there was no risk of

repeat concussions in players with previous concussions and that there was no “7- to 10-day window of increased susceptibility to sustaining another concussion.”;

- D. the January 2005 article published by members of the MTBI Committee in *Neurosurgery* that concluded returning to play after a concussion “does not involve significant risk of a second injury either in the same game or during the season” and there was “no evidence of worsening injury or chronic cumulative effects of multiple MTBIs in NFL players”;
- E. the October 2006 article published by members of the MTBI Committee in *Neurosurgery* that reported over 12 years of data collection by the NFL and concluded that “mild TBIs in professional football are not serious injuries”;
- F. the summer 2007 statement by Dr. Casson at press briefing after an NFL meeting that “[t]he only scientifically valid evidence of chronic encephalopathy in athletes is in boxers and in some steeplechase jockeys. It’s never been scientifically, validly documented in any other athletes.”; and
- G. the 2007 interview of Dr. Casson on HBO’s “Real Sports” where he denied any link between multiple head injuries in

NFL players and depression, dementia, early onset of Alzheimer's, or similar long-term problems.

94. Beginning as early as the 1970s, the NFL also made a number of statements that are misleading because of the NFL's failure to disclose material facts. The NFL's omissions include the following:

- A. failing to disclose that medical research had identified that concussions present serious long-term health problems and that there are serious risks to returning to practice or competition before fully recovering from a concussion;
- B. failing to disclose the nature of long-term health problems presented by concussions, including that concussions can cause early on-set of dementia, Alzheimer's disease, CTE, and second-impact syndrome, all of which can result in death;
- C. failing to disclose that the NFL's rules regarding helmet contact, return to play, and treatment of concussions were in conflict with the rules of other sports league and the recommendations of the medical community;
- D. failing to disclose that statements and conclusions of the MTBI Committee and its members were in conflict with medical research on the subject;

- E. failing to disclose that members of the MTBI Committee had material conflicts of interest that precluded an objective analysis of concussions; and
- F. failing to disclose that the members of the MTBI Committee had excluded a large number of test results from its research.

95. The NFL made the false and misleading statements with scienter. At the time that it made the statements, the NFL knew that they were false and misleading. Or, at the very least, the NFL made the statements with a reckless disregard as to their truth.

96. The NFL also made the false and misleading statements with the intent to induce the Plaintiff-Players to act or to refrain from acting. By inducing individuals like the Plaintiff-Players to join the NFL and play the game a certain way, the NFL has been able to create a multi-billion dollar enterprise.

97. The Plaintiff-Players justifiably relied on the NFL's false and misleading statements. The NFL is the preeminent authority in the sport of football, and it controls how all players understand and play the game.

98. As a result of the NFL's false and misleading statements, the Plaintiff-Players suffer from physical and mental injuries, including severe headaches, dizziness, memory loss, emotional lability, depression, loss of executive functioning, and economic harm.

99. Because of their injuries, the Plaintiff-Players are entitled to compensatory damages in an amount to be proven at trial.

100. Because of the NFL's willful misconduct or conscious indifference to the consequences of its actions, the Plaintiff-Players are also entitled to punitive damages in an amount to be proven at trial. *See* O.C.G.A. § 51-12-5.1. And, because the NFL has acted with the specific intent to cause harm, there is no limitation regarding the amount that may be awarded as punitive damages.

### **Second Claim – Negligent Misrepresentations**

101. As set forth in the first claim for relief, the NFL fraudulently made false and misleading statements about the nature of concussions and the long-term health problems associated with concussions. In the alternative, the NFL negligently made the false and misleading statements. The NFL failed to use reasonable care to assess the truth of their statements and the consequences of making the statements.

102. The NFL should have reasonably foreseen that the Plaintiff-Players would receive and rely on the false and misleading statements. In fact, the Plaintiff-Players were among the NFL's intended recipients.

103. The Plaintiff-Players justifiably relied on the NFL's false and misleading statements. The NFL is the preeminent authority in the sport of football, and it controls how all players understand and play the game.



104. As a result of the NFL's false and misleading statements, the Plaintiff-Players suffer from physical and mental injuries, including severe headaches, dizziness, memory loss, emotional lability, depression, loss of executive functioning, and economic harm.

105. Because of their injuries, the Plaintiff-Players are entitled to compensatory damages in an amount to be proven at trial.

### **Third Claim – Negligence**

106. The NFL owes the Plaintiff-Players a duty of reasonable care.

107. Among other things, the NFL breached its duty in the following ways:

- A. failing to use reasonable care in assessing the nature of concussions and the long-term health problems associated with concussions, including the MTBI Committee's failure to use reasonable care in its research of concussions;
- B. failing to use reasonable care in the promulgation and enforcement of rules designed to reduce concussions, including rules regarding helmet contact;
- C. failing to use reasonable care in the promulgation and enforcement of rules governing treatment of concussions, including rules regarding return to play after a concussion; and

D. failing to use reasonable care in educating players about how to play the game in a way that would reduce concussions and how to treat concussions once they occurred.

108. As a result of the NFL's failure to use reasonable care, the Plaintiff-Players suffer from physical and mental injuries, including severe headaches, dizziness, memory loss, emotional lability, depression, loss of executive functioning, and economic harm.

109. Because of their injuries, the Plaintiff-Players are entitled to compensatory damages in an amount to be proven at trial.

110. Because of the NFL's willful misconduct or conscious indifference to the consequences of its actions, the Plaintiff-Players are also entitled to punitive damages in an amount to be proven at trial. *See* O.C.G.A. § 51-12-5.1. And, because the NFL has acted with the specific intent to cause harm, there is no limitation regarding the amount that may be awarded as punitive damages.

#### **Fourth Claim – Negligent Hiring, Retention, and Supervision**

111. The NFL negligently hired, retained, and supervised members of the MTBI Committee from 1994 to 2010.

112. The NFL had a duty to exercise reasonable care in hiring, retaining, and supervising members of the MTBI Committee.

113. As set forth in the first three claims for relief, members of the MTBI Committee engaged in tortious conduct towards the Plaintiff-Players.

114. The NFL knew or should have known that Drs. Pellman, Casson, Viano, and other members of the MTBI Committee were not suited to serve on the MTBI Committee or otherwise influence the NFL's concussion policy. Many members of the MTBI Committee were not medically qualified to evaluate the risks of concussions, publish articles discussing risks of concussions, and make recommendations to the NFL and its players regarding treatment of concussions. The NFL also permitted members of the MTBI Committee to serve even though doing so presented material conflicts of interest. Therefore, the NFL breached its duty of reasonable care in hiring, retaining, and supervising members of the MTBI Committee.

115. The NFL knew or should have known of the tendency of members of the MTBI Committee to make fraudulent or negligent misrepresentations about the nature of concussions and the long-term health problems associated with concussions. The NFL also knew or should have known of the failure of members of the MTBI Committee to use reasonable care in their research of concussions and recommendations to the NFL.

116. As a result of the NFL's failure to use reasonable care in hiring, retaining, and supervising members of the MTBI Committee and the tortious

conduct of those members, the Plaintiff-Players suffer from physical and mental injuries, including severe headaches, dizziness, memory loss, emotional lability, depression, loss of executive functioning, and economic harm.

117. Because of their injuries, the Plaintiff-Players are entitled to compensatory damages in an amount to be proven at trial.

118. Because of the NFL's willful misconduct or conscious indifference to the consequences of its actions, the Plaintiff-Players are also entitled to punitive damages in an amount to be proven at trial. *See* O.C.G.A. § 51-12-5.1. And, because the NFL has acted with the specific intent to cause harm, there is no limitation regarding the amount that may be awarded as punitive damages.

#### **Fifth Claim – Medical Monitoring**

119. The NFL's tortious conduct has increased the risk that the Plaintiff-Players will develop neurodegenerative disorders and diseases later in life, if they have not done so already.

120. As a result of the NFL's tortious conduct, the Plaintiff-Players suffered traumatic brain injuries while playing in the NFL. The Plaintiff-Players continue to suffer harm from those injuries, including severe headaches, dizziness, memory loss, emotional lability, depression, loss of executive functioning, and economic harm.

121. Because they suffered traumatic brain injuries, the Plaintiff-Players have an increased risk of developing neurodegenerative disorders and diseases, including CTE, Alzheimer's disease, dementia, or similar conditions affecting executive functioning.

122. There are monitoring procedures that (a) are supported by contemporary scientific principles, (b) are not routinely used by the general public, and (c) make early detection of cognitive impairment possible. These monitoring procedures will help detect, prevent, or mitigate the symptoms of neurodegenerative diseases and disorders.

123. Therefore, the Plaintiff-Players ask the Court to order and supervise an NFL-funded medical monitoring regime for the Plaintiff-Players. The objectives of the medical monitoring regime include the following:

- A. monitoring, detection, and diagnosis of brain damage or other related conditions that have arisen from the traumatic brain injuries suffered by the Plaintiff-Players while playing in the NFL; and
- B. provision of adequate treatment in the event a neurodegenerative disorder or disease is diagnosed.

124. The Plaintiff-Players ask the Court to create a regime that will allow for the detection of currently latent injuries and the treatment of such injuries. The

Plaintiff-Players do not seek compensation for the increased risk of harm or for the increased apprehension of such harm.

125. The Plaintiff-Players do not have an adequate remedy at law for their increased risk of developing additional neurodegenerative disorders and diseases. Without a medical monitoring regime, the Plaintiff-Players will continue to face an unreasonable risk of suffering further injury and disability caused by the NFL's tortious conduct.

### **Sixth Claim – Loss of Consortium**

126. The NFL's tortious conduct has also injured the Plaintiff-Spouses.

127. As a result of the NFL's tortious conduct, the Plaintiff-Spouses suffer from injuries that include the following:

- A. they have been and will continue to be deprived of the society, companionship, love, affection, aid, services, cooperation, sexual relations, and comfort of their husbands;
- B. they have been and will continue to be required to spend money and time for the care of their husbands; and
- C. they have been and will continue to be deprived of the full earning potential of their husbands.

128. Because of their injuries, the Plaintiff-Spouses are entitled to compensatory damages in an amount to be proven at trial.

**RELIEF SOUGHT**

129. Plaintiffs ask the Court for the following relief:
- A. a jury trial on all issues so triable;
  - B. compensatory damages in an amount to be proven at trial together with interest and costs;
  - C. punitive damages in an amount to be proven at trial;
  - D. the establishment of a medical monitoring regime; and
  - E. any other relief the Court deems is appropriate.

This Complaint is submitted on May 16, 2012.

**/s/ Von A. DuBose**  
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