

3-17-2008 Student-Athlete Health

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2 JOSH CENTOR: Welcome to "Mondays With Myles".

3 Dr. Brand, an important conversation today. We are
4 going to discuss student-athlete health. The University of
5 Tennessee started a program providing echocardiograms to all
6 student-athletes. Preemptively, they actually found two
7 student-athletes with heart conditions because they offered
8 these exams. Those student-athletes are now being monitored
9 and, you know, will not have any fatal occurrences because of
10 what has been discovered.

11 What do you think of that program and other health
12 initiatives going on around the intercollegiate athletics?

13 DR. MYLES BRAND: Well, the health of our
14 student-athletes is absolutely critical. In fact it's one of
15 the main reasons why the NCAA was started over a hundred years
16 ago to look after the well being and health of our
17 student-athletes.

18 We have many tests now -- for example,
19 echocardiograms, AED, defibrillators. These kinds of tests, I
20 think, need to be used judiciously by our schools and by our
21 conferences.

22 It goes back to the old question in health care about
23 the allocation of scarce resources. How much money do you
24 spend for testing, particularly if the tests produce some
25 false negatives? And how does that weigh against other scarce

1 resources that you have?

2 So, I think, you can't put a price on a life of a
3 young student-athlete. There's no question about that. But
4 you always have the question in health care about how to
5 allocate scarce resources, whether it is personnel costs or
6 dollars and cents.

7 JOSH CENTOR: The Division III student-athlete
8 advisory committee has been very passionate that all practices
9 and competitions on campus should have trained personnel in
10 the use of AED. That legislation hasn't passed in two times
11 in front of the Division III membership.

12 I think one of the large things that's there is it is
13 a budgetary issue. And when you talking about a University of
14 Tennessee being able to provide echocardiograms, we are
15 talking about a large major institution.

16 You're talking about scarce resources. But how do you
17 go to a program that just doesn't have a lot of money and tell
18 them that they have to invest in these sort of things that
19 they might not be able to afford? What can they do?

20 DR. MYLES BRAND: The use of scarce resources for
21 health care is not just a student-athlete issue. It is a
22 university-wide issue for all students.

23 How much money does the university spend, for example,
24 for libraries, for personnel such faculty, and in providing
25 health care for the students, including the student-athletes?

1 Student-athletes clearly have a need for additional health
2 care than regular students, in that they are participating at
3 a high level and run some additional risks.

4 Those are very difficult questions, not just for
5 universities, but for society at large. I don't think we can
6 have a single answer that fits all.

7 I do think we have to, with good understanding and
8 goodwill, take into account the medical ethics of the
9 situation; the quality of the healthcare opportunities,
10 including the reliability of the tests, and make some hard
11 decisions of where we are going to put our resources.

12 For my own part -- and I always come down on this
13 side, not just for student-athletes, but students as a
14 whole -- to provide the best possible health care we can
15 within the means that we have.

16 JOSH CENTOR: Is there NCAA funding that can help,
17 that is being put towards student-athlete health issues?

18 DR. MYLES BRAND: The answer is that we provide
19 funding for all institutions through the NCAA, that includes
20 Division III, as well as I and II. And we ask the
21 institutions to best use those funds for the benefit of the
22 student-athletes.

23 Some of the monies are obviously used for competitive
24 environments -- for travel for championships and so on. Some
25 of it is being used for healthcare issues. In some

1 legislation -- we have permissive administration now in
2 Division I about what can be undertaken in terms of healthcare
3 policies. So there is a whole range of issues that individual
4 institutions must decide.

5 I think we'd be overstepping our bounds if we tried to
6 make the decisions for those institutions, but they are very
7 difficult decisions whenever you're trying to weigh the health
8 and well being of a young person against dollars and cents.
9 In principle, you always come down on the side of the health
10 and well being of the young person. But there are many other
11 things you want to accomplish at the university or in society
12 as a whole. And those are tough, tough decisions.

13 JOSH CENTOR: Well, let me ask you about the inherent
14 risk in athletics and how that relates to budgetary concerns
15 and monitoring student-athlete health.

16 DR. MYLES BRAND: Well, when students play in
17 intercollegiate athletes, there are certain risks they
18 incur -- sometimes just being hurt in the sport and sometimes
19 it's the disclosure of genetic diseases that they didn't know
20 they had, which can actually affect their lives, and indeed in
21 some extreme cases be life-threatening.

22 When do you stop taking these risks? When do you want
23 to undertake so many tests that you can't afford to do
24 anything else but take the tests? There are risks involved in
25 athletics. There are risks involved in almost anything in

1 life. What's the right function of where you're going to put
2 the monies for mitigating those risks and when you're trying
3 to do other things?

4 Again, I think that's a situation that each individual
5 institution must decide. I would want to come down more
6 strongly on the favor of protecting the health of
7 student-athletes and students in general, but not to the
8 detriment of that's the only thing that you do, is all you do
9 is administer medical tests, and you don't even have money to
10 compete. So where is the right line to draw?

11 Again, I know you want me to give you a very specific
12 answer. It's just too tough a problem to have a specific
13 answer to.

14 JOSH CENTOR: Well, just to finish up. We have
15 discussed Tennessee, and certainly there are other
16 institutions doing good things for student-athlete health. If
17 a university can go out there and raise millions of dollars in
18 capital campaigns for facilities and other sorts of components
19 of the athletics department, do you think that they might be
20 able to go out and raise specific monies for echocardiograms
21 and other exams of that sort?

22 DR. MYLES BRAND: You would think so if those are
23 reliable tests. I'm not a physician, so I don't know how
24 reliable these tests are -- how many false negatives you get,
25 for example. But assuming that they are reliable, for the

1 sake of argument, you would think that they would be able to
2 raise money for it, if not directly, then through fungible
3 access through monies that they have, that they have raised
4 for other reasons. So you want them to provide the best tests
5 available and best health care available for the
6 student-athletes, as you want them to do it for the entire
7 student body.

8 JOSH CENTOR: Dr. Brand, an interesting conversation.
9 Thank you.

10 DR. MYLES BRAND: My pleasure.

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