

Football deaths question preparedness of schools

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On the morning of Will Benson's last game, he sat quietly with his dad over a big breakfast. Dick Benson did the cooking. "Eggs and waffles," the father said, recalling the details of the day and savoring their final moments together.

The 17-year-old quarterback at St. Stephen's Episcopal School in Austin, Texas, had been bothered by a sinus infection and headaches but felt fine that Friday morning, except for strained back muscles. It was nothing that would keep him from going to classes and playing. Certainly nothing that hinted of the tragedy to come.

That night, Sept. 13, Will suffered a cerebral hemorrhage that led to his death six days later -- one of a cluster of seven football deaths in two weeks that left grieving families, teammates and school officials wondering what went wrong and what could have been done to prevent them.

Five deaths were in high schools -- three in Texas, one in Michigan, one in New Jersey. A college freshman in Michigan and a 10-year-old girl playing football with boys in Illinois also died in the same period. Last year, there were 23 deaths among the 1.8-million football players in the country -- 1.5-million on high school, junior high and non-federation school teams. Eight were from direct causes such as head and neck injuries and 15 from indirect causes, such as heart attacks, heat stroke and asthma.

This year, there have been 14 deaths among football players at all levels, half from direct causes. Frederick Mueller keeps track of those numbers at the National Center for Catastrophic Sport Injury Research at the University of North Carolina at Chapel Hill. Despite the recent spate of deaths, he said, the chance of a player dying in a game or practice is small. More teens die riding bikes and far more driving cars.

"I hate to think of it that way, though," Mueller said. "If it's your kid or someone you know who died in a game it's a terrible tragedy, especially if it could have been prevented. That's what is so frustrating. Many of the deaths we see in football could have been prevented."

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Will Benson was the kind of kid who pushed himself and wasn't deterred by illness, injuries or rejection. He tried to take up football in sixth grade in the Pop Warner league but sat out the season with mononucleosis. He didn't make his seventh-grade team and was the last guy out of 100 selected to be on a team in the eighth grade. Will didn't let that stop him. He came from a family of weightlifters and kept pumping iron while working on his skills. He was disciplined and determined, his mind set on playing football in college.

Will played junior varsity as a freshman, quarterbacked part time on the varsity as a sophomore, and started as a junior. A 6-foot, 200-pound senior and team captain with good grades, he was hoping to play for an Ivy League school.

"He set out on his own path in life," Dick Benson said. "Football was something he decided to do and he was very dedicated to it. This is not a football family, and I'm not a football dad."

In Will's final game, against the Texas School for the Deaf, he ran for a touchdown in the first quarter, was in on some tackles as a free safety, and led his team to two more TDs by the opening minute of the second quarter. He didn't appear to get hit hard in the head on any play, Dick Benson and coach Brian Moreland said, but on the sideline after the third TD he told the coach he felt "weird" and his vision was blurry.

He sat for a moment on the bench before lying down on the ground. "The next thing I saw he was on an electric cart and was being driven back to the locker," his father said. "I could tell he was crying, and he put a towel over his head. He was probably feeling really bad. He wanted to

play under almost any circumstances, unless he just wasn't able to. It was very unusual for him to be crying as a result of an injury. He certainly had the capacity to play through pain."

His parents were divorced but both were at the game this day. Judith Ryser and Benson had lost the oldest of their three sons, Nick, the summer before. At 24, Nick died in his sleep, the cause never disclosed by his family. Now, seeing Will, the youngest, suffering, they rushed down to the locker room.

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I heard Will yelling at the top of his lungs," Benson said. "I walked into the back and he was lying on a training table. He was having left-side seizures. His left arm was rock hard and his head was turned all the way to the left."

The team trainer and doctor for St. Stephen's, an orthopedic surgeon, had examined the teen briefly on the field but there were no ambulances or emergency medical technicians standing by. When he went into seizures in the locker room, his father said, a biology teacher training to be an emergency room nurse called for an ambulance.

"It took 10 minutes for the ambulance to get to the campus and 13 more to find my son," Benson said. "There was no cleared lane for them and they had difficulty getting there."

The medical crew decided against taking his son to the hospital by ambulance and called in a helicopter. Almost an hour and a half passed, Benson said, from the time his son came off the field until he was taken into surgery at Brackenridge Hospital.

Minutes after Will arrived, a CAT scan of his brain showed a large blood clot. A neurosurgeon operated quickly to remove the clot, but the brain swelled and the teen remained in a coma. Two days later, the neurosurgeon told Benson and Ryser that their son had suffered too much damage and had no chance of recovery. Later that night, he was declared brain dead.

Benson wept as he spoke softly and haltingly of his son, but his voice firmed and bitterness seeped through as he described the circumstances. He and Ryser believe their son might have been saved if an ambulance had been at the field and he had been rushed to a hospital.

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Doctors agree speedy medical treatment is crucial in brain and spinal cord injuries, as well as in heart attack cases and injuries to internal organs. Yet, most high schools cannot afford to have an ambulance or doctor at games. Fewer than one in three schools has full-time or part-time certified athletic trainers, who practice under a doctor's guidance, according to the National Athletic Trainers Association. Fewer still have a heart defibrillator to treat cardiac arrest.

The National Federation of State High School Associations publishes a sports medicine handbook that contains guidelines for emergency planning and the prevention of injuries. But the federation cannot enforce the guidelines, leaving each school to set up its own procedures.

"A lot of schools, especially in rural areas, they're lucky if they have a nurse, let alone (emergency medical technicians) or a doctor," said Jerry Diehl, the federation's assistant director. "It's tough to tell schools that they have to follow all the guidelines and they have to have trainers and doctors. Do you not play a contest if you don't have them? Then you'd be canceling a lot of games."

-- Dallas-based writer Joel Anderson contributed to this report.

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