

TITLE: Deadly Ambition

Are your kids safe to play school sports?

By Lisa Baker

In the minutes before the Grant High School Generals hit the court the night of Feb. 23, 2005 for the last game of the season, it was their diminutive guard, Eddie Barnett—the smallest on the team—admonishing his fellow starters to play as if it were the last game they'd ever play.

And then he did as he said. He poured everything he had onto the court, scoring six points against Madison before he was relieved in a routine substitution about five minutes before the end of the half.

Then he walked to the end of the team bench and collapsed...

In the months since Eddie Barnett Jr. died on the court during a Grant High School basketball game, a semblance of a safety net for those involved in the high-stakes, high-wire act of school athletics is appearing.

Several Portland-area schools now own an automatic defibrillator, a piece of equipment that some believe might have saved 16-year-old Barnett, who suffered from hypertrophic cardiomyopathy, a thickening of the ventricle that disrupts the flow of blood in the heart. It is the same condition that killed Loyola Marymount basketball player Hank Gathers in a game 15 years ago and that sidelined new Trail Blazers assistant coach Monty Williams for two years during his Notre Dame college career.

Sports medicine experts are thrilled that the machines are arriving at sports venues. But they are quick to say they only help in a narrow range of circumstances. What they can't compensate for is the one underlying pre-existing condition that outflanks the best medical advice: ambition.

They say an increasing number of kids will do anything to get back in the game, even if they are banned from their sport for serious, even potentially fatal medical problems. Stoking the fire: the success of locals who made it to the NBA—Damon Stoudamire, Salim Stoudamire, Terrell Brandon, A.C. Green.

Barnett, who slumped to the floor during the Feb. 23 game, was by all accounts a passionate player whose life centered around basketball. At only 5 feet 8 inches, he was nevertheless an accomplished guard and set to lead his team this fall, which would have been his senior year.

It didn't start out that way. He was banned from play most of his freshman year at Jefferson High School as a result of the diagnosis.

Barnett's coaches and teachers told reporters that more than one doctor refused to sign a release for Barnett to play and that one had told Barnett that basketball could kill him.

This year, however, coaches said, the player received a medical clearance. District officials said the release was signed by a physician but would not say whether the doctor knew the athlete had been turned away by other doctors.

Teena Johnson, Barnett's mother, declined to talk about her son's medical history, except to say that the release was signed by a cardiologist who had diagnosed Barnett with hypertension (which could allow him to play again as long as he was being monitored), rather than the original diagnosis of cardiomyopathy. Johnson has since launched a campaign to place defibrillators in schools and has created the Eddie Barnett Junior Foundation, which seeks to raise awareness of cardiomyopathy and raise cash to purchase portable defibrillators.

Dr. Sumeet Chugh, a cardiologist who directs Oregon Health & Science University's Heart Rhythm Research Laboratory, says that generally, a patient can have both conditions—hypertension and cardiomyopathy—at the same time, but each is diagnosed differently. Hypertension is revealed through blood pressure readings; cardiomyopathy through ultrasound pictures. The difference, Chugh says, is in response to the diagnosis: "Hypertension can be controlled with medicine—you get the blood pressure better and then you exercise. You can't do that with cardiomyopathy. There is no medicine that can control it and even medical procedures won't take the risk away." Even a diagnosis of hypertension is not a blanket endorsement to exercise. "It depends on the severity. Those with severe hypertension do not do sports either," Chugh says.

Johnson says she was nervous about her son's return to the court but was swayed by his doctor's opinion, the strict monitoring program, and her son's insistent passion for the game.

Even while banned from play, Barnett would sneak out at 4 a.m. to play basketball in the park. Johnson says she did what she could to keep him off the court, even calling on friends in the community to report on him when he was seen playing. "I told the cardiologist that I didn't care whether he ever played again; I just wanted him to live. And once they released him, I went to every game gritting my teeth," she says. "And then, the last game, the one game I decided not to go to because I was tired and I knew they were going to crush Madison..."

His coach, Tony Broadous, says he knew that Eddie had told others it didn't make sense to be banned from structured games where there were supervisors, timeouts and water available when he played pickup games without those safety measures all the time. "He felt he was dying if he wasn't playing," Broadous says.

Johnson believes her son might have made it to the NBA—that his work ethic and commitment might have earned him a place there but that Eddie would have been obsessed with the game even if there had been no chance at all of making it. At the same time, she says, the NBA "was his goal...He would say, 'Mom, if I make it to the NBA, I'm buying you a house.' When he'd get mad at me, he'd say he wasn't going to buy me a house," she recalls.

Johnson wonders whether Eddie “felt something” during the game but ignored it. “I’m sure if he did, he felt it would pass. I don’t think he understood how serious it was. A teenager never does. Teenagers need counseling to understand.”

Cari L. Wood, president of the Oregon Athletic Trainers Society, says sports are so crucial to some athletes that they don’t care what they have to do to keep competing. “We just recently had a cardiologist offer to do free heart screenings on our athletes,” she says. “A lot of the kids didn’t want to do it...They were afraid [the doctor] would find something and then they wouldn’t be able to play.”

Wood says doctor shopping—going from doctor to doctor until they get a release to play—is not uncommon among high school athletes. Sometimes, she says, kids fudge their symptoms to get the release; sometimes they will lie to get it.

“We send them to the doctor with concussion symptoms and the first doctor doesn’t clear them,” Wood says. “Then they go to another doctor and come back with a clearance. Turns out they changed their story when they went to the second physician...They say, ‘No, I’m not having a headache.’”

Dave Sherden, chairman of the Oregon Board of Athletic Trainers who occasionally provides medical care for athletes at Franklin High School, says he’s seen athletes “change their story” about an injury when faced with a possible ban. “Occasionally athletes hear something they don’t like, and they omit information.”

Often, athletic trainers and doctors say, parents will side with their children and argue with the medical professionals who have barred the athlete from play. Sometimes, they say, it’s because they don’t understand the seriousness of their child’s injury; other times, parents are simply unwilling to get in the way of the sport that their children love.

Sometimes, it’s ambition.

Broadous says Barnett’s parents were not among those but says some parents and a growing number of players are unrealistic about how far most athletes can go in basketball. “Everyone thinks they’re going to the NBA,” he says. Fueling the belief is the fact that so many “regular guys” from the Portland area have made it. “People here don’t think it’s unrealistic.”

Dr. Ed Kayser Jr., an orthopedist who served for 25 years as a volunteer team doctor for Beaverton schools, says he frequently sees parents “who are hoping for bigger and better things for Johnny...a scholarship, a career in a major sport.”

Kayser says he would “err on the safe side...If I found out that a youngster had a history of heart trouble and that one cardiologist had said no and another had said he was okay to play, I would be leery about accepting that second opinion. I’d want to talk to the second cardiologist.”

Several athletic trainers say they also would investigate a doctor's signed clearance if their own experience told them it might be a mistake. Wood says if she knew the athlete's symptoms were serious enough to prevent play, she'd call the physician to confer before allowing the player back onto the court.

Mike Wallmark, of the Oregon School Activities Association, agrees that hoop dreams often get in the way of sound decisions. "It motivates a lot of this; it's the dark side of high school athletics. But the fact is, very few high school athletes go on to play at the collegiate level and far fewer than that participate as pros," he says. "High school athletics is supposed to be educational... When you start thinking of them as a road to the pros, that's the path to wrong decisions made for the wrong reasons."

Wallmark says it's becoming more common for parents to "push their kids too hard," leading to injuries that in the past weren't generally seen in young players.

"You get a kid who's knocked unconscious and the rule is he cannot return to play unless he's approved by a doctor. The kid doesn't want to do that and the parent wants to support their kid. Kids think they're immortal, and parents are often supporting their kids."

Wallmark says it's especially galling when the odds are considered. "It's just so extremely uncommon to get college scholarships... The lower level colleges don't even give athletic scholarships. Some might give merit scholarships where athletics might be a small part of it. But that's it."

The OSAA is already addressing some more common areas where passion to compete can trump safety, such as in wrestling, where athletes have been known to dehydrate themselves to make their weight class. Now, he says, athletes must be tested for dehydration before competitions. "Now we have sophisticated equipment that can detect (hydration level). So, the decision about whether they wrestle or not is mathematical, scientific rather than subjective."

Sherden says he's had parents come in "wanting an explanation" for their child being held out of play. "They argue using their own athletic history that 'One time I was hurt and I pushed through it' and 'Why can't my kid do that?'" he says.

Sherden believes trained medical help during athletics should no longer be considered a luxury, but a no-brainer. "I'm not saying it would have altered the outcome (in the Barnett case) but there should have been somebody there on hand with emergency management training."

But Portland schools no longer employ athletic trainers—with the exception of short stints—and none of the district schools has a volunteer team doctor to observe during game days, says Brenda Gustafson, senior communications officer for the district.

Karrin Garrison, spokeswoman for the district athletic office, says the district was once recognized as a leader in sports safety. It was one of the first in the nation to track sports injuries and routinely staffed its schools with medical professionals such as athletic trainers. But a state law passed in 1999 that required schools and other employers to hire only certified trainers—those with master’s or bachelor’s degrees—made athletic trainers more expensive at a time when the budget was shrinking.

She says coaches do have some first-aid training.

Broadous and Johnson say they plan to push Portland schools on the issue of having athletic trainers on staff.

For Barnett’s mother, this and the defibrillators are only pieces of her broader campaign to make school sports safer for athletes. She also pushed a bill through the state legislature in July that calls for the state Department of Education to seek private grants to provide two defibrillators for each school district in Oregon.

“It’s not enough,” she says. “But it’s a start.”

Meanwhile, another high school athlete died minutes after a basketball tournament game on July 29. Miguel Respress, 17, of New York state, collapsed a few feet from the athletic training office at Loyola Marymount University, in the same gym where Hank Gathers collapsed and died in 1990. Athletic trainers began CPR immediately, but Respress could not be revived. The cause of death was unavailable at press time.

Eddie Barnett Junior Foundation: Created to raise awareness of Hypertrophic Cardiomyopathy and to raise money to place automatic electronic defibrillators in schools. To donate, call Teena Johnson at 503-281-3167.