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Chair

Mr. Peter Fonseca

Subcommittee on Sports-Related Concussions in Canada of the Standing Committee on Health

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• (1800)
[English]

The Chair (Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.)): Welcome, everybody. We're going to call this meeting to order.

Pursuant to Standing Order 108(2), the Subcommittee on Sports-Related Concussions in Canada is holding its second meeting today. With this meeting, the subcommittee is beginning its hearing of witnesses. The subcommittee should report to the Standing Committee on Health by June 2019 at the latest, at which time that standing committee will consider the report to present to the House.

We have some great members here from all parts of Canada and from urban, rural and suburban ridings. I can say that everybody who is here is committed to identifying ways that we can make sports safer for our communities, our athletes and our children.

On that, we have excellent panellists who will be presenting today. We have great witnesses.

Today's first witness is somebody who really needs no introduction, but I am going to introduce him.

I am pleased to welcome the Honourable Ken Wayne Dryden, a Canadian politician, lawyer, businessman, author and former National Hockey League goaltender. He's an officer of the Order of Canada and a member of the Hockey Hall of Fame. Dryden was a member of Parliament from 2004 to 2011 and served as a cabinet minister from 2004 to 2006. In 2017, the Honourable Ken Dryden was named one of the 100 greatest NHL players in history. His book *Game Change* is described by The Globe and Mail as "a deep piece of investigative journalism" in response to concussions.

We welcome you, Mr. Dryden. You are no stranger to this place. You've been here many times as a parliamentarian and a minister, and today you are here as a witness. We look forward to hearing your testimony giving us insight into concussions and what you've been able to learn.

The members then will have an opportunity to ask their questions. They will get seven minutes each to ask you questions in this first panel.

Thank you, Mr. Dryden.

[Translation]

Hon. Ken Dryden (Author, As an Individual): Thank you, Mr. Chair.

Respected committee members, I am happy to be here today.

[English]

Thank you for the opportunity to speak to you today.

I'd like to start by talking about sports. I love sports. I love playing and I love watching, and I have all my life. If I had never played even one second for the Montreal Canadiens, I would look back today and think I had gotten out of sports everything there is to get.

Adults always think they have to justify sports. Sports are to get kids outside, to get them moving, to keep them busy and out of trouble. A century ago in England, it was said that the Battle of Waterloo was won on the playing fields of Eton. Sports were thought of as a test of manhood. That's how things were looked at and expressed at the time.

Sport built a sense of collective purpose. It taught teamwork. It pushed young people to rise to an occasion and find in themselves what they and no one else knew was there, and to aspire to and achieve something bigger than they are.

The point is that sport always was and is our own creation. It's what we did naturally from the beginning of time. We saw a rock and decided to kick it or hit it with a stick. It was about boys and men, and now it's about girls and women too. It's what we want it to be. It belongs to us. And though it has changed immensely over time, to a great extent it still fulfills these purposes and hopes. Because we created sport, if we don't like something about it, we change it, a little or a lot, in one direction or another.

In Montreal in 1875, a bunch of rugby players wanted a winter game to play. So they found some ice, some sticks and a lacrosse ball, and started to play. Then they wanted to show off this game they had created, so they decided to play a public game, with spectators, in the Victoria Skating Rink. But they had a problem: the Victoria rink had glass windows, and a lacrosse ball bounces. Spectators could be hit and windows could be broken. So they created a flat, round, wooden disc that stayed on the ice and didn't hurt. People said they couldn't play this game without a ball, with a dumb wooden disc; it would be impossible. But that's what they did.

This was also a game that was played without substitutions. Years later—maybe because the pace of play had picked up and players got tired, or maybe because lots of others wanted to play too—whatever the reason, it was decided that players could come off and others go on. People said they couldn't do that; it would be impossible. They said sports are a test of fitness and resolve, of character. They asked what kind of test allows players to come off when they're tired. But that's what they did.

Then, 54 years after that first game at McGill, it was also decided that you could now pass the puck forward, not just backward. That's right: For the first 54 years of hockey history, you could not pass the puck forward. Everybody said they couldn't play hockey that way, passing the puck ahead; that would be impossible. They said you have to earn your way up the ice with the puck, not by passing it. They asked what kind of test that is. But that's what they did.

Every one of these changes was impossible. The game is the game. You can't change the game. Well, imagine today a hockey game with a lacrosse ball, no substitution and no forward passing. You'd have to imagine it, because nobody would want to play it or watch it.

All sports change, and they keep changing. Hockey is far better than it ever was, played by far more skilful players, just as our other sports are. But now hockey is also more dangerous, just as some of our other sports are. That's why we're here. How can we help our sports to change again, to matter as much as they always have, to make them better still and less dangerous?

• (1805)

All of us at times, as parliamentarians or as everyday citizens, have looked back at injustices in the past—slavery, the absence of women's rights—and wondered how things could have been that way. How could we have gotten it so wrong? How could they have been so stupid? All of us know, too, that 50 or 100 years from now people will look back at us about something and wonder how we could have been so stupid. But, about what?

We will always get lots of things wrong, but what are the big ones, the ones we can't get wrong? I think, in sports, it's brain injuries. I think people will look back on us and say, "What were they thinking? Did they think that with all these crashing collisions nothing would happen, that there would be no consequences?"

We have a problem. Later in these hearings I'm sure someone will tell you exactly the dimensions of this problem: how many athletes are injured each year, in which sports, and with what measurable effect. I suspect that all of us here, and virtually every Canadian, know somebody who has been affected by head injuries. Maybe you have a daughter, or a son, or a grandson, or a granddaughter, or a friend, or a neighbour, or the child of a friend or a neighbour, someone close enough to you that when you hear about their injury, you cringe a little because you know how a hit to the head makes you feel and how it affects you. It's not nice, even when it lasts only a day or two. And when it lasts a few weeks—or months sometimes—it affects a life, changes a life, changes them, and changes you. A knee that limps is one thing. A brain that limps is another.

To get at this problem, to really get at it, first it's crucial for you and for all Canadians to hear about these life effects from the athletes

themselves—not about how their performance has been affected, but their lives. It's not easy to listen to simple, everyday human accounts like this. They are tough. It's a lot easier to make the tough decisions without knowing the tough consequences—to make the tough decisions easy and wrong.

For you as parliamentarians and for other decision-makers, for all of us to do our jobs, we have to hear them, because it's only when we hear them that we know why we're here, that we know why these hearings matter, and that we know the stakes.

After hearing the athletes, we need to hear from the scientists, researchers and medical people about all the remarkable work they do: what they have learned, what we know, and also what we don't know, what we're working on, and what someday soon we will know or someday soon we won't.

We need to hear them talk about some of the other neurological conditions they also study that might be connected to head injuries—CTE, Parkinson's, ALS and others, and also some other conditions that are not life-ending but are life-diminishing and life-transforming, like memory loss, depression, anxiety, emotional disorders, and the loss of the ability to piece together even simple information to solve even basic problems—so we understand far better the true, full cost of these brain injuries.

We need to understand the possibilities of science, but we also need to understand its limits. We need to understand the role it plays and the role it doesn't and can't play.

First, we need to understand that science is not about knowing once and forever. Science is about knowing the best we can know at any particular moment. The world is flat until it isn't. Smoking is no big deal until it is.

Second, we need to understand that science comes after the fact—after an injury. Science isn't primarily about prevention. If, as scientists tell us, better diagnoses and better treatments rarely return an athlete to where they were before an injury, what does this mean, not for knee injuries, but for brain injuries?

• (1810)

Third, we need to understand that science takes time. That's how science works. However, games are played tomorrow.

Fourth, and this is crucial, we need to understand that in terms of brain injuries in sports, scientists don't make the decisions about what we do or don't do; sports decision-makers do that. Scientists are only able to make these decision-makers more aware, to inform them and guide them. Then it's up to these sports decision-makers to implement the information they provide, or not.

You, as parliamentarians, all the time have to make decisions based on the best of what you know at any moment, and then make better ones five years from now when you know better. That's all you can do, but you know that's what you must do. Why not sports decision-makers too?

We also need to hear from equipment manufacturers, from those who make helmets and mouthguards and those who test them, to see what effect they have and don't have. We need to understand their possibilities but also their limits. We need to examine every hope and every pet theory we have—there are a lot of them and they are everywhere—to know what is real and promising, and to know what is only a distraction, a waste of time, energy, attention, money and lives.

After we have heard from the athletes, the scientists, the equipment people, and everyone else who has a stake and a role to play in brain injuries in sports, after we know the best we can know, we need to hear from the sports decision-makers themselves. As Russian president Viktor Petrov said in an episode of this season's *House of Cards*, “Whoever decides is who you should to speak to.”

As I said at the beginning, these games are our own creation. They change all the time. They are played better all the time. We change them all the time.

We need to ask a question of these sports decision-makers. You've heard these athletes' stories. You've heard how their lives have been changed. You've heard these scientists and researchers, what they know and don't know, what they can do and can't do. You've heard from the equipment people. You, as decision-makers in your sport, have the authority over your game. You have the rules and regulations of your game, and the way it is played, in your hands. What are you doing about your game to make it just as exciting to play and to watch and to make it safer?

This is your job, your responsibility. “The game is the game, and you can't change the game.” Garbage. Impossibility isn't an answer; impossible was the decision taken decades ago that allowed substitutions or the forward pass, but they did it. Impossible is the status quo. Park impossibility at the door, and let's get at it. You, as sports decision-makers, are not only the custodians of your game, but, first and foremost, you are the custodians of the welfare of those who play your game.

You are incredibly creative and adaptable, because as former players and coaches—and most of you are—you've had to be. That's your life. It's your pride. You are great problem-solvers. Brain injuries in sports are another problem to solve. For our sports, we need a new game plan from you. That's why we're here.

The problem is no longer one of awareness; there's plenty of awareness. The problem is sports decision-makers who don't take this awareness and act. Brain injuries in sports, or any part of our

lives, will never disappear, but they can be reduced significantly. There are answers. The answers are doable.

•(1815)

As parliamentarians, when you hear from the scientists, the equipment people, the sports decision-makers, think back to the athletes. Think back to what they've told you about their lives and how they have changed. What happened to them is not right. It's not fair, but it's also not necessary. Lots of things aren't fair or right and we can't do anything about them. This, we can. This is not necessary, and when something is not necessary and we don't do what needs to be done, that is inexcusable.

For you as parliamentarians, this is a great opportunity to listen hard, to question hard, to think hard, and then to act hard and to ensure that others act hard.

I wish you and all Canadians a great, challenging and life-affecting journey.

Thank you.

The Chair: Mr. Dryden, thank you for that very compelling statement. I know the members have many questions.

Before the members get started, I just want them to be mindful that each member will have seven minutes in the first round of questioning.

We're going to kick things off with Mr. Fisher for the Liberals.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair.

Mr. Dryden—Ken—thank you so much. Those were incredible opening remarks.

I'll ask a bit about your hockey history. Of course, in Nova Scotia, we're still talking about Windsor, Nova Scotia versus Dartmouth, so we don't really get into the whole McGill thing.

Hon. Ken Dryden: I think even Amherst is up.

Mr. Darren Fisher: As long as it stays in Nova Scotia....

Hon. Ken Dryden: Yes.

Mr. Darren Fisher: The thicker the pads, the higher the boards, the rougher hockey gets and the more injuries players get. Players seem to feel almost a sense of false security with their gear and take more liberties with their own safety. It's not just hockey. We've talked about this before. Many sports seem to be affected by this false sense of security.

However, stepping away from the concerns about the inadequacies of the gear, how do we change sports culture to ensure that all players are a little more mindful about the dangers of concussions? How do we keep the game intense but safe?

Hon. Ken Dryden: That's a very good question. The answer starts with the last of what you said. Players are players and they get absorbed in what they're doing. They react intensely to what is going on, and they're not very likely to stop being that way when they play.

Players will play injured. They love to play injured. That's part of the challenge of playing. It's like another opponent, and you're trying to defeat that opponent as well. You can deliver some of these messages, but you have that as a problem.

You also have as a problem the fact that a lot of the players are between the ages of, say, 13 and 30 or 35, and when you're between 13 and 35, there are no consequences. You think that whatever injury you have is nothing and you won't feel it when you're 40 or 50, or afterwards, so it's hard to get that message across.

That's why it's always critical for another set of eyes to exist, for a coach's eyes to be there, a trainer's eyes, a doctor's eyes, a parent's eyes, to be able to watch that and say, "This doesn't look right"; to say that when that player comes off the ice, they don't look right; to say, "I've seen them when they look right, and I look at their face now and they don't look right"; and to have the confidence to say, "Joey—or Janey—tonight your night is done; you did great out there, but tonight the game is over for you, and let's see what the next couple of days are like."

To a huge extent, it's the non-players in those roles or in the administrative roles. Again, the sports administrators are there and they're the ones who set the rules; they're the ones who set the regulations.

It's easy to say, at every age, "Well, this is a player and they want to play," and let them have that free choice to play and all the rest of it. That's terrific, up to a certain point at which there might well be a problem; there might well be health consequences in it.

That's why it's so important that those sports decision-makers apply the right grid, because there are never going to be doctors around at every game and not everybody is going to be taking a course, and not every player is going to have the courage to say, "No, I don't think I should continue to play."

● (1820)

Mr. Darren Fisher: Do I still have time?

The Chair: You have two and a half minutes.

Mr. Darren Fisher: We often talk about the stigma around mental health, but there seems to be a bit of stigma around concussions as well. You already said, and we know full well, that players will play injured. Players will play when they suspect they have a concussion, and players will very likely play when they know they have a concussion.

Sticking with that whole change in the culture, how do we remove that stigma to make sure athletes know that they need to get off the ice or get off the field or get off the court and get the help they need? How do we get past that point where people almost see it as a badge of honour to play injured?

Hon. Ken Dryden: Part of it.... Again it's what I was trying to say in my opening remarks about the importance of the athletes telling their story. How many coaches have really spent time asking one of their concussion-injured players, what's it like? How do you feel?

What was it like a day later, a week later, the rest of it? What about in school?

How many have done that? How many general managers? How many owners of teams? How many administrators of leagues? How many of them have had that conversation?

There was a very telling moment in a deposition a couple of years ago when Gary Bettman was asked the question—these words are not exactly right, but something like that—"Have you ever talked to one of these injured players or their families?" The answer was "I don't believe so."

It's why I made the comment in my remarks that we all love to say, "These are tough decisions and I'm the person to make the tough decisions." Do you know how to make a tough decision an easy one? If you don't know the consequences, then it's an easy decision. What should be a tough decision would be a tough decision if you knew about the tough consequences, but if you decide to avoid what the consequences are then it's dead simple. It's easy to make any kind of decision that way.

The Chair: We're up with the Conservatives and Mr. Kitchen.

● (1825)

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Ken, thank you very much for coming. It's great to have you here and to hear your presentation. Officially, I guess I now have on record that I am a Toronto Maple Leafs fan, but with that said, I am a fan of the greatest goalie in Canadian history, and that is Ken Dryden. My wife might argue differently, as she is a Patrick Roy fan, and my son might argue even more so that he is a Carey Price fan, but the one thing in common is that all three of them played for the Montreal Canadiens, one of the greatest hockey machines out there.

Thank you for being here.

Hon. Ken Dryden: Thank you.

Mr. Robert Kitchen: I'm really glad that in your presentation you keyed on something that is of key importance to me, and that's talking about sports decision-makers. Sporting bodies are out there for all sports. Some may be regulated, some may not be, but the reality is that they are the ones who are making those decisions. They are the ones whom we need to impress upon to understand the very things you've been talking about, because they are the ones who will make the changes to the rules, as we've seen in various sports over time.

Today we see athletes coming out who are young children and who are sport-specific. They're younger, and they're stronger. We didn't see that many years ago, so those are big challenges. The sport needs to change with that, as you've indicated it does.

I'm wondering if you can comment a bit more on that. I was a regulator in the chiropractic profession. I understand the issue. Do you see that as an avenue for these sporting organizations, making sure that they regulate themselves?

Hon. Ken Dryden: Yes. All of that is really quite crucial. We've talked about that a bit. Eventually, you'll have the chance to talk to the people who are the heads of Rugby Canada, Football Canada and Hockey Canada, whomever you want to talk with about this and about the game they're involved in. The chances are that they played their game when they were younger. It's a game they love, a game that is in great competition with other sports for attention, so they want to make their game the best and the most attractive it can possibly be.

I think what becomes critical in what you're doing here is that in coming to know even better the story of the athlete and the story of science, you then have that wonderful basis to talk to those sports administrators and to say to them, "This is happening and this isn't great stuff. These are your games, so how would you address that and what plan would you have?"

One thing I've often suggested to people is this. In any sport, who are the most respected people in that sport? Take the most respected former coaches, former players, players, whoever they happen to be, the most respected people, and put them around a table and give them this problem to resolve and say, "Look, this is the way things are. This game that we love and will continue to love and have every reason to love is also bringing with it some of these injuries that are really not good, so what can we do?"

As I said a little earlier, for any coach or player there are 10 different ways of doing the same thing, because that's what happens in a game. You have a game plan, and the other team has its counter-plan. You can't do that, or you fall behind, or you get ahead; it's the third period, or it's the first period. You have to change. You have to adapt. You present this problem to them, but you present it to them on the basis of saying to park the idea of impossibility at the door.

Really, what is impossible is that you don't address this, because if you don't, these athletes are going to continue to be injured. We are going to know more through science, and it's almost certain that what we end up knowing more about through science is not going to be something that is going to make us go, "Oh, I guess it was no big deal." Usually, the more we learn in that way and the more we find out, it's "Hmm, this is actually a bigger problem than we thought."

Focus on it. I think you'll come up with some unbelievably interesting answers, because these are interesting people and they're creative people, but they have to get over this "The game is the game and you can't change the game" and so on. That's why I spend as much time as I do going into a sport that I know pretty well—hockey—and the changes in its history and all those impossibilities, but the same can happen in rugby and in soccer. It can be the same in any of these games where there may be a problem.

Yes, on those sports administrators, it will be a terrific conversation that you have with them.

• (1830)

Mr. Robert Kitchen: Thank you.

Respect for the game is obviously an important thing. As a rugby player I had that. It was ingrained in my head from the moment I learned it at eight years of age. We have different sports around the country. In particular, we're dealing with other aspects besides big centres; we're talking about rural Canada. We have a lot of great

hockey players coming from rural Saskatchewan and other rural parts of Canada. It's not only about hockey, but about other sports as well, such as soccer, squash, etc.

The reality is that there are challenges for rural Canada in making certain that we have people there who are able to deal with those injuries as they come in. In some communities, we see people in different professions who meet the requirements and can actually work in this area. These are areas that I think we need to identify to make sure we have that, because in some places there may not be a doctor.

The Chair: We're going to have to hold that question until the next round, Mr. Kitchen. That's seven minutes.

We're going to move to the NDP and Ms. Hardcastle.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Thank you very much, Mr. Chair.

Thank you very much, Mr. Dryden, for sharing your thoughts with us today to kick this off.

Like my colleagues who have spoken before me, I want to reiterate how important it is to have someone like you, who is a sports icon, to come and help us establish some benchmarks of where we can be going.

As you know, books that are written and are popular culture... When we have people who are championing a cause and breaking the silence, breaking a barrier, breaking a pattern of thinking, people who are held in high regard in our society, it is effective. Besides your book, because people are mentioning goalies, I want to mention that Curtis Joseph also has a very poignant book right now that is making us have larger discussions about other meaningful aspects. Why are people listening? It's because of the great weight of his own persona.

Having said that, we have a social hierarchy, and we have within that a need to uplift sport and to "protect this game". That's how we get through to these sports decision-makers. They evolve over time as well. We have young people in this room today who are going to be sports decision-makers some day. How do we establish the ground work? When we're talking about decision-makers and people in politics, like us, you mentioned that we can't get everything right, but there are things we can do, and the big ones we can't get wrong.

I know I used a lot of my time in my preamble. Just take the rest of my time and expand on that for us a bit. Maybe you've already shared some of that in your book, but you can just paraphrase for us. I think it's really important that we get into that.

Hon. Ken Dryden: In terms of the last part of what you were talking about, the big things we can't get wrong, it has to do with hits to the head in many different aspects of our lives. At one time, in World War I, we thought that somebody who came home and couldn't function had shell shock, and then it moved on to a different phrase later. The assumption was that when those people came back and couldn't function, it was all their fault. They can't cope with the world and get on with life. What's the problem? They're drinking; they're an embarrassment to society and all the rest of it.

We never really quite thought that maybe there was physical damage that was done. They looked fine; they weren't injured. They didn't lose their arms or their legs. There were so many other people who seemed to have horrible injuries, and they didn't seem to, so they were just weak, obviously, and couldn't deal with it.

If we just imagine for a second, and we know it well, continuous blows to the knee. We know what our knees feel like after a while, or our shoulders. Why would a head be different in that way? Why have we gotten it the way we have for so long? That is the big one to avoid getting wrong in this particular instance and in terms of sports.

One last quick thing on what you were saying about Curtis Joseph and others who have a voice. The thing is that we have a voice because we're given a voice, because we've done something and a publisher thinks others may be interested in what we're saying. What we say isn't anything more interesting than what any other athletes might say who have experienced something. It's just that nobody's asked to hear their voice.

You have the wonderful opportunity here to listen to athletes who have just as powerful a voice if they are given a chance to express themselves. Then, I think, they will have as much power and as much influence, if not more, than those you cite.

• (1835)

Ms. Cheryl Hardcastle: You're absolutely right. I myself have submitted for the witness list young athletes and their parents—as I know all of my colleagues here have—so that we can actually have them articulate their experiences. I'm sure you know that it's not really the first time we've had these discussions. As you said, it's no real surprise what we're doing here, and what we're talking about today. Are you concerned at all, or are you anticipating that we're going to hear very different stories?

Hon. Ken Dryden: Whatever stories you hear are great. They're the stories. They're the reason you're here.

I've done a few community symposiums in Peterborough, Guelph, Calgary, Regina—lots of different places. I started with the local athletes. There are always local athletes. I even did one in Dryden, Ontario. It has 6,000 people. There are still local athletes, still local doctors, still local administrators—no matter how big the place happens to be. It's about listening to them and what they say. It's fascinating. All of us know the broad story of it, but when you get into the details, that's when it starts to hit home.

So whatever the athletes you invite say, whatever their stories are, they're terrific. They're part of the collective story.

The Chair: You have about 30 seconds.

Ms. Cheryl Hardcastle: I'm good.

The Chair: Okay.

We're going to move back to the Liberals, with Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you so much for coming, Mr. Dryden. It's an honour and a pleasure. Thank you for taking on this initiative; it's an important issue.

I practised emergency medicine. I was an ER doctor for 20 years before going into this line of work. We would see a lot of sports-related injuries, and we would read up on the science behind how to treat them, but also on how to prevent them. I'm sure you know there are certain medical guidelines. Of course, the big one we talk about a lot is around return to play. It's fairly well spelled out. If they don't remember the event but they weren't confused, they're off for an hour or so. The big one is that if there is a loss of consciousness, they're pulled for the season.

I'm glad you're talking about the decision-makers, because sometimes it would be a problem, first of all, getting the science to those who would make the decisions in policy, but the other challenge was enforcement. On more than one occasion, I'd be talking to a young athlete—and this would be someone who is under 18, so there's a parent there helping them make their decisions—and I'd say, "No, you are out for at least two weeks because of this." But they'd say, "Well, we're in the playoffs. Two weeks and the season's over." Then I'd say, "I'm very sorry, but you are pulled for the season", and there would be the same reaction. They'd look at each other, and the athlete would say, "Okay, okay, I'm off for the season", and I swear I'd see them wink. I know they're going to play, and I have no power to prevent it.

What are the challenges? Those of us who work with the science and know this is what needs to be done, how do we get this filtered in a meaningful way through the decision-makers, and how do we get it enforced?

• (1840)

Hon. Ken Dryden: It's very interesting. It's a part of lots of discussions about this subject. You talk about the players becoming more aware, and then it's "Yes, but the players want to play." Then you want the coaches to be more aware, and you get out the cheat sheet that tells them to ask this question, and it's "Well, yes, but it's hard to get those out to everybody because most games are fairly informal" and this and that.

It's the same in terms of the doctors. You get this awareness out to them, but then you're into these moments of, "Is he okay? Is she okay, or is she not? She's almost okay", and you get into all that. You can do a lot better in each of those areas, but you're always going to have a "yes, but" in it. You're never going to get 16-year-old, 18-year-old or 25-year-old players who are going to say, with any great frequency, "I'm done. I know I can't continue", and doctors and coaches and all the rest of it....

That's why prevention matters so much. All of those other things offer partial answers, but they have answers you can drive a freight train through. The key to it all is in terms of doing the best you can to avoid the circumstance where the player is put into that situation, where the coach, the doctor, the trainer, the parent, the on-ice official or on-field official is put into that position, because we're going to fall short. We're going to fall shorter than we need to fall.

That's why we need to acknowledge that. Always try to do better that way, but don't assume that it's going to end up being your best answer. The best answer is still going to be in how we play and in the sports decision-makers.

Mr. Doug Eyolfson: Absolutely, but again, the return-to-play guidelines are prevention in a way. They're not the prevention of the first injury, but as we know, the effects of concussions are additive. Someone can have one concussion, a minor one, and they might go on and do well. The second concussion on top of that is worse. The third concussion is worse.

You're right, although.... They come to the emergency department when they've had their concussion, but you have means of preventing another concussion. There are some simple ideas that we don't know how to filter through. I've never actually been shown a form—because I don't think there is a policy for one—that would have to be returned to the coach with my signature and my recommendations on it. That would be a simple administrative fix where I would have a very meaningful way to say that this player is not allowed to play without this note, and that note has my recommendations.

How do we get these kinds of recommendations that we know could be effective out to the decision-makers so that it gets enforced?

Hon. Ken Dryden: I think that's a question for you to ask the doctors and the sports administrators. I think what they will say, in part, is, "Oh my God, the number of players, the doctors, the ability to get appointments...." Whatever those answers are, at least in part they do represent answers and represent significant obstacles.

I think those are questions that you ask to find out the extent to which that represents a big part of the answer, a lesser part of the answer or even less than a part of an answer. I think that's part of the discovery that you're going through and that you have the chance to do, because you're going to be able to ask those questions of people who are attempting to apply this on the ground.

• (1845)

Mr. Doug Eyolfson: Thank you.

The Chair: Now we're going to be moving over to the Conservatives again. It will be Mr. Nuttall.

Mr. Alexander Nuttall (Barrie—Springwater—Oro-Medonte, CPC): Thank you, Mr. Chair.

There are a few things before I get going. I don't mean this as a partisan jab, Mr. Dryden, but I've heard that the greatest politicians do their best work after politics, and that's not because of your political stripes in the past, but you're taking on a serious issue.

It's interesting. I come from a hockey town, Barrie, Ontario. Don Cherry and Shayne Corson, I'm sure, would both have a major interest in this exact issue, but being born a Brit, I never could quite make it work on the ice. I literally was a fighter to play hockey at points.

I've seen it throughout all sports. I have played varsity basketball, varsity soccer. A gentleman who lived maybe 10 houses from me is a guy by the name of Gary Goodridge, who was a UFC champion and does a lot of talking on this. This has occurred to me, because I'm struggling so heavily on this subject: Where does the personal responsibility begin and the societal norms go actually against that?

If you look at the growth in sports over the past 15 years, where has it really been? I think the sports that have seen a humongous amount of growth are among the most aggressive and have the

highest number of concussions. As a society, we're endorsing this. I think you're right—this committee has the opportunity to act—but as a society we're endorsing this. I want to hear your comments on that as a whole.

Hon. Ken Dryden: I think that, if you looked at the growth of sports in the last number of years—10 years, 20 years—you would certainly see the advent of UFC, mixed martial arts, extreme sports, but if you were to look at the sports that have grown the most and get the greatest global attention, they're probably soccer and basketball. Neither of those games would be like the activities and the sports you're describing.

You watch the Olympic Games, where now it's the half-pipe and more dangerous games, but at the same time, by far the greatest number of participants in sports are not in those activities. They are in things like soccer and basketball. In hockey, the numbers are fairly stable in Canada, but they have remarkably increased in a lot of other places in the world, in particular in the U.S.

Mr. Alexander Nuttall: I hear you completely. What I have been looking at is what you were saying earlier in terms of coaches and managers and trainers being so intimately involved in this, in ensuring that the person who is coming off the ice or the field, or is on the ice or the field, is given the right advice at that point. I've coached soccer a lot. I've seen coaches. My staff coach hockey. It's interesting, because you get training on almost everything, even social issues, training on perhaps having a transgendered person on your team, but I've never had concussion training in my life.

To your point on the trainer specifically, when I hurt my quad, I can actually fight through it and I get off the field or whatever it is and I feel the pain two days later. Your brain is not any different, but we treat it so much differently. Can you comment on that?

• (1850)

Hon. Ken Dryden: Yes, and I think that a concussion or a brain injury is often described as a sort of invisible injury. In a lot of ways, it is. In the normal way in which things are visible, we look at somebody who has suffered a concussion or a brain injury, and the standard line is that he or she looks fine. You do something to your quad, and you're limping around. The other person can see that in fact you've done something, and you know you've done something.

When you are experiencing these other symptoms of depression, anxiety, memory loss and all the rest of it, your first response is to say you're just sort of down. You've been down before and no big deal. For any of these things, you have a first explanation. Then your second explanation is to ask, "What's wrong with me?" And others are kind of doing the same thing, and then things don't happen.

The Chair: Thank you.

We're moving to the Liberals again.

Madame Fortier, go ahead.

[Translation]

Mrs. Mona Fortier (Ottawa—Vanier, Lib.): Thank you, Mr. Chair.

Mr. Dryden, thank you very much for your testimony.

I will ask my questions in French because it is important to be able to communicate in both official languages.

I have three children who participate in amateur sports. One daughter plays soccer, and two other older children play volleyball. When you watch kids play, you see that concussions occur. Trainers are concerned at the time, and they check whether everything is okay afterwards. Parents know that it can happen.

In the report we will produce at the end of this study, what measures could we recommend as legislators or parliamentarians? If you could propose one or two measures, what would they be?

[English]

Hon. Ken Dryden: I think the first thing I would say is that I wouldn't say it now, because you're at the start of your own journey in this. As you've described, you've had some experiences with your own children and with others you've seen. But you're going to have an immersive experience in the next couple of months, and you need to find out for yourselves. You're going to find some surprises along the way. You'll feel something that you didn't think you'd feel, and you'll think something that you didn't think you'd think, and all that.

The only thing that I would say to you is what I was trying to say at the end of my comments, in terms of listening hard, thinking hard, and then acting hard. As you move along from the athletes to the scientists and then to the decision-makers, I think you're going to have the background and the feeling where you can ask the right questions of those sports decision-makers and essentially be able to say, "You've heard about those athletes. Tell me what you are doing in your game. Your game has changed. Your game is always changing. Your game can change again."

As I said in my comments, you are not just the custodian of your game. First and foremost, you're the custodian of those who play your game. How can you make your game a game that is so exciting and pleasurable to play, but is also safer? We need to hear an answer to that. If you say there's no answer to it, I'm sorry, but look at this sport over here and what it's trying. Look at what the other one is trying. Why aren't you trying that? It's your obligation to do that.

I don't even know enough about this to say much about it, but I've talked to some people in rugby. They have a really interesting challenge. They have a game that isn't a particularly popular game in Canada in terms of participants. They have an experience with lots of head injuries, and they can't put a helmet on it to pretend that it goes away. What do they do? The only thing they can do is look at how the game is played. They have an absolute necessity to park impossibility and to focus on possibility. What are they doing? All these things that don't fit with rugby, show me how they fit.

• (1855)

[Translation]

Mrs. Mona Fortier: Another question came to me during your presentation.

You talked about scientists, health professionals and sports decision-makers. But sponsors have a great deal of influence over the sports world and are part of that environment. Businesses that sponsor sports want to see more. How do you view their participation in this discussions?

[English]

The Chair: We're going to have to hold that until the next questioning. Maybe you can have some time shared.

We're going to move over to the Conservatives with Mr. Kitchen again.

Mr. Robert Kitchen: Thank you, again, Mr. Chair.

Just to follow up, I'll go back to what I was getting at with the rural athletes. We see the challenges we have with rural Canadians in sporting events. Ultimately, what we as a committee here are being tasked to do is to identify ways in which we can make sports safer, in particular when dealing with concussions. In my opinion, it comes down to talking with those governing bodies and finding ways to interact with them.

With that said, I'd like to hear your comments on the challenges that you might see or you might have thoughts on. We will hear from doctors and specialists and so on regarding how we deal with these injured athletes, but I'd like your thoughts on whether you've looked at this from a rural or an urban perspective.

Hon. Ken Dryden: That's a very good question.

Actually, I think it is the best of times for that now. As you know, in rural areas there's access to a whole lot more things than once was the case. Virtually everybody in the country, even in small rural areas, has access to TSN or Sportsnet. They're watching the same things. They're watching the same teams with the same frequency. They're hearing the same commentary, so a lot of those messages are getting there as they are getting to the big cities, and that's really helpful. If, in fact, in the kind of work you're doing the message goes out more and more about how to focus on making this game less dangerous, that message will resonate with those instruments, and those instruments will find their way into those communities.

The other part of it, and it goes back to what I was saying before, is about doing symposiums in small places. I knew they would work in big cities because there are always athletes and former athletes. There are coaches and former coaches. There are doctors, administrators, and these respected people within a community. What if you get into a place of 6,000, like Dryden, Ontario? How do you make that work? Actually, it was easy. Again, there are still local athletes. There are still some local doctors. Beyond there, Kenora isn't that far away, and even Thunder Bay isn't that far away. As you know, in smaller places, especially when you get into sports, they travel, so they make connections to certain larger places as well.

I think there's a very available way now to have that kind of reach. If the NHL administrators and the NHL coaches deliver a certain message, then what right will the coach in a town of 1,200 have to feel like, "Well, I don't care what anybody else says. We're going to do it the way we've always done it in our town of 1,200." The voices that penetrate into that town from those very respected people carry a lot of weight.

• (1900)

The Chair: Thank you.

We're going to move back over to the Liberals, who will be splitting their time between Madam Fortier and Mr. Fisher.

You have four minutes.

Mrs. Mona Fortier: I get a chance to have an answer.

My former question was about funding for the culture of sports. I don't know if you have a comment on that.

Hon. Ken Dryden: When you look at the sponsorship of sports now—hockey is an example, but it could be other sports—what are the messages out there? The messages out there are usually homespun messages: the driveway, the street, the kids yelling, “Car!”. It's affectionate; it's warm. That's what is being appealed to. When you're watching the kids playing ball hockey, there isn't somebody out there who's giving somebody a shot. That isn't part of that game and it's not part of the commercial sponsors' message that they're looking to deliver.

There are some other interesting ones and they are some of the best commercials now. Instead of trying to replicate what these athletes will do on the field or on the ice, they show them in training. Everybody is used to seeing the image of them being on the ice or on the field and they look amazing. If you watch them in a gym, they are doing stuff that is impossible to do and that nobody at home could even imagine doing. That's what the commercial sponsors are attracted to.

All of these things are completely consistent with the way the game is moving, with the way you want it to move, and in a way that makes it far better, far more exciting to play, far more skilled and less dangerous.

[Translation]

Mrs. Mona Fortier: Thank you.

[English]

Mr. Darren Fisher: Thank you to Mrs. Fortier for sharing her time with me.

You brought up rugby and the fact that rugby players don't wear helmets. Mr. Kitchen and I had this conversation about a week ago. We talked about what appears to be a level of respect for the players in the game because they don't have gear.

I went to a friendly rugby match in Halifax at Wanderers Grounds, between U.S.A. and Canada, and I was saying that I was amazed at the fact that they are out there competing in a game that is so absolutely physical but I didn't see an injury on the field. Now, for the most part, they have to look out for themselves.

In other sports, where there is gear, how much of an impact is that loss of respect, or perceived loss of respect, for a potential head injury because of the gear?

Hon. Ken Dryden: It may have some role; I'm sure it does have some role. The question is, as a solution, whether it is possible to roll that back. My suspicion is that it isn't. If you come out of here and you recommend to the Canadian public that the way of resolving the worst of these injuries is to cut back on the equipment that people are wearing, I don't think you're going to get very far. To whatever extent it is true, I'm just not sure that it is the essential point.

One of the things that are problematic in this is that equipment manufacturers have been responsive and successful in a lot of ways, in terms of protecting shoulders, elbows, hips and even knees

probably to some extent, but with heads they haven't. The helmet doesn't protect the head the way the shoulder pad protects the shoulder, and there is no foreseeable answer in that direction.

● (1905)

The Chair: Thank you, Mr. Dryden.

To conclude with the members' questions for the witness, we'll have Ms. Hardcastle from the NDP for three minutes.

Ms. Cheryl Hardcastle: Thank you, Mr. Chair.

Earlier, you posed a voice—I guess it would be “we” or some other voice—saying, “Tell me what you're doing in your game.” I guess it's a matter of asking or insisting. Why do you think we're so hesitant to talk about a regulatory approach?

Hon. Ken Dryden: I don't even know whether it's... It's regulatory if you have the authority over regulation. The power that you have, more than anything, is the power of visibility. What happens—and it goes back to that quote from *House of Cards*—is that whoever decides, that's the person you want to listen to; that's the person you want to ask. You want to know their why in it. You may have heard a little bit of a why up until now. You may not have heard more than a little bit of a why, but you have anticipated that there must be more of it that you haven't heard yet. Now you have a chance to actually ask. Oftentimes what happens—you've experienced it and I've experienced it—is that the answer is that there wasn't more of a why. Things are as they are just because they are. There isn't anything deeper than that.

You have the chance to ask those questions of those decision-makers. That's when it starts to get pretty interesting. Otherwise, as you know, you're always, as members of Parliament, criticized for dodging the question. At times it's a skill that everybody needs to have because sometimes the question is unfair. But sometimes the question is fair. If somebody tries to dodge a fair question, then you want to have the chance to say, excuse me, you're dodging a very fair question, and if you continue to dodge, what's going to happen is that people are going to see that you're dodging a fair question and that's going to say as much as any answer you would give.

You have that chance in this.

The Chair: Thank you.

That concludes our hearings with Mr. Dryden.

We want to thank you for being our first witness. Thank you for your testimony and your answers. On behalf of all the members, we want to thank you for your advocacy, as this committee works to make our playing fields that much safer.

We will be listening to athletes, many in our next hour. We will be hearing from some of those storytellers, some of those amateur athletes who are going to share with us their stories, what it was like, and what it's meant to them in terms of their lives and living with concussion.

Hon. Ken Dryden: I think you have a really interesting and important route ahead. It's hard to know now how important a road it is, but I think you'll discover that along the way, and it is.

Thank you very much.

The Chair: Thank you, Mr. Dryden.

Members, you would have seen that we have a couple of motions that we wanted you to take a look at. There's one on the budget and one on our communications plan. We'll be able to discuss this at the conclusion of our hearings today. If you could just take a look at it, we'll be able to go over that at the end of our hearings if you have any questions.

We'll suspend right now.

- (1905) _____ (Pause) _____
- (1910)

The Chair: We're going to reconvene the meeting.

I think some people are just getting some autographs and some pictures still with Mr. Dryden. Just having heard Mr. Dryden, now is an opportunity for us to hear from those athletes who have gone through concussion about what their experiences have been.

We want to thank you for being witnesses, and your parents for being able to come forward to this committee. It will make a big difference in terms of our understanding of how we can make things better. Thank you so much.

We have Sharra Hodgins and Carly Hodgins, and we also have Rachel Lord and Chris Lord.

Rachel, would you like to start?

Ms. Rachel Lord (As an Individual): My name is Rachel Lord. I'm 20 years old. I'm from Mississauga, Ontario. Should I start with the story? Okay.

I play soccer. I got my concussion in 2015, when I was 16 years old. I got my concussion at a soccer practice. We were just doing a scrimmage at the end of the practice and I took a header off a goalie kick from about three feet in front of me or so. The ball knocked me back and I fell to the ground. I didn't lose consciousness or anything like that. My coach told me to get up and keep playing, so I did.

I went on, and went to school the next day. I continued to go to practice. I had practice six days a week. I continued to do that and completely ignored the symptoms I had: dizziness, headaches, throwing up and everything like that.

I ignored it for about a week, until one day when I was at school I went to the bathroom and realized I couldn't function anymore. I called my dad. He came and picked me up. I went home and never went back to school for the next four months or so.

After about the first week of ignoring the symptoms, I went to my family doctor. My family doctor asked about the incident. She asked if I lost consciousness, which I didn't. She said, "You'll be fine. Take Tylenol. Take Advil. Take some rest and go back to school when you're ready. You'll be fine." I went home, and then things got worse and worse. Eventually, we went to the hospital. At the hospital, they said, "It's a concussion. You'll be fine." They gave me some pain medication and sent me home.

They put me on Tylenol 3, which I did not react well to. A couple of days later, I went back to the hospital and talked to a different doctor, who said that I didn't have a concussion because I didn't lose consciousness. He just said, "Go to school; you'll be fine. You can keep playing and everything. You'll get over it." That didn't work so

well. I continued to have really bad symptoms. I couldn't read. Holding a conversation was hard. I essentially just lay in bed for weeks.

A teammate of mine had also experienced a concussion. She was my goalie. She went to a concussion clinic at the University of Toronto. Her mom recommended that we go there, so I did. That helped a lot. There was a concussion therapist who worked with massages and pressures points and stuff like that. She was ultimately the one who declared that I had a really serious concussion, along with whiplash and all of that.

I continued to go to that concussion clinic for the next five or six months. I saw her twice a week, and she did massage therapy for the rest of...while I had symptoms.

My concussion happened early in March 2015. When I went back to school, they had a really good protocol where my teachers didn't expect me to do any homework or anything like that, obviously, because I couldn't. I was exempt from all my school. I didn't write final exams in my grade 11 year. I just got my midterm marks as my final marks in the classes I was taking.

Moving forward with that, I still experience a lot of symptoms related to the concussion. I'm in my third year of university now, and I get enlarged font on my exams because I still have a lot of trouble reading. I get my own private, separate room so I can turn the light down and focus, without the distractions of the professor walking up and down or the people beside me. I just get a lot of accommodations at school now.

- (1915)

The Chair: Thank you very much, Ms. Lord. Thank you for your courage, for being here and for that testimony.

We're going to move over now to Ms. Carly Hodgins.

Ms. Carly Hodgins (As an Individual): I'm 17 years old, in grade 12 now. I had a concussion in grade 10, when I was 15. It was early on in the basketball season, so it was in September. It was the second week of school. It was just the high school basketball team. I've played sports all my life, and I've been on travel soccer teams since I was seven years old.

It happened during a basketball game. It was a loose ball, and a girl and I were fighting over the ball, and she was much stronger than me. We both fell to the floor, and my head went first. I hit the floor first, on my head, and instantly I felt the impact. All of a sudden I had a severe headache. I didn't pass out or anything, and I didn't throw up, but I could barely feel the whole right side of my face.

Moving forward, my coach ran onto the court. She herself had experience with concussions, so she knew how it felt, and she said that she'd never seen someone hit their head so hard in her life. She immediately took me out of the gym. We were at a different high school, so she put me in a classroom and waited for someone to come and get me so I could go to the hospital.

My aunt was at the game. She brought me to the hospital, and it was the same thing. They said, "Take a few days, a few weeks off until you have no symptoms and you'll be fine." The doctor recommended two weeks off and then I should be good to go back to school and stuff. Most of the time I just lay in bed. I had severe headache symptoms. I was dizzy a lot. I couldn't remember a lot. Bright lights and music bothered me.

I lay in bed for two weeks and after that nothing was getting better. We went back and they suggested that we go to our local physio place. They had a concussion protocol, a treatment plan. We went there and they did an impact test, which was online, so I had to answer questions online about how I felt, what I was doing most of the day to make time pass, and stuff like that. I actually completed that. I passed that, and I got cleared to play sports after that.

That was probably about a month after I got my concussion, but I knew something still wasn't right. I didn't feel right. I always felt down, so we went back to the doctor. He scheduled an MRI just to make sure. Obviously with an MRI you can't tell if you've had a concussion or not, but it was just to make sure that everything was structurally okay. Obviously nothing came back, and then he suggested that I go see Dr. Lemmo, who is a functional neurologist in Windsor. No one had really heard of him before. He didn't know himself, really, who Dr. Lemmo was. He said that a few of his patients had a good experience with him.

We went to see Dr. Lemmo. At the original appointment he made me do something like a brain scan, almost. He would put these glasses on my head and I'd have to follow a red target on the wall. This was about two or three months after my concussion, when I went to see him, and my eyes would almost flicker up and down. You couldn't see it when you looked at me, but during the scans, mom was sitting behind the computer, and she could see my eyes flicker. I got really dizzy really quickly, and that's why. My eyes would flicker and I wouldn't notice it. I couldn't control myself, but I knew I was doing it.

He made up a treatment plan for me. I was out of school at that point for about four months. We got this app on the iPad and I would just do these exercises every single day, three times a day, to try to get my function back. After about the six-month mark, I started having mental health issues. I went through depression, anxiety. I lost 10 pounds. We didn't know what to do. Mom actually brought me to the hospital at one point because we didn't know what to do after a while. It's not that I didn't know why, but I couldn't help myself. I would try everything and I wasn't getting better. It was six months at this point.

Closer to the end, we actually spoke to Dr. Lemmo about my mental health issues, and he said that he does see these issues and severe depression a lot in athletes with concussion. I wasn't going to school. I wasn't hanging out with my friends—I didn't want to. Most of the things I wanted to do would involve getting a headache if I did that. He said that he saw that in a lot of patients, so I went to see a psychiatrist to try to uplift me, to help me get through that.

After about seven months, I was out of school, so I missed the entire first semester of my grade 10 year. I'm still working today to get those credits back, but my school has been really helpful with that. We have a student assistance centre in my school, where they

deal with all kinds of students, whether it's for mental health issues, concussions, injuries, learning disabilities. They've just been really helpful. I'm finishing the last grade that I need this semester, so I have all my credits to graduate this year.

● (1920)

Without the help of Dr. Lemmo, I don't think I would be okay.

The Chair: Thank you, Carly.

Thank you, Rachel and Carly, for your courage, for being here with us today and being witnesses and sharing your stories, and thank you to your parents who are here accompanying you. They've also gone through this journey with you.

I know the members will have questions for you now. They may also ask the parents some questions, if they are open to that, in terms of what it was like and what it's like today going through this with their kids who have gone through concussion.

We're going to start with Madam Fortier, for the Liberals.

[*Translation*]

Mrs. Mona Fortier: Thank you very much, Mr. Chair.

Thank you very much for your testimony and, as the chair said, for having the courage to appear here. This helps us better understand those who are living with a concussion. Hearing people talk about it will enable us to see what we can do.

You live with that concussion, but before you got it, did you know that it could happen as you played your sport? Did you know anyone who had had a concussion?

Ms. Lord, could you begin?

● (1925)

[*English*]

Ms. Rachel Lord: It was back in 2015 when I had my concussion. I just played soccer. I loved it. It was my whole life. I played it six times a week. My life revolved around soccer, so I didn't really think about the consequences it could have.

I tore my MCL, but that healed itself. It was fine. I never really thought about how if I took a ball to the head too hard, here I'd be, four years later, really struggling to read a piece of paper in school. I never really thought about that. If you hurt your knee, you're going to have some trouble running, but I never really thought about how if I hurt my head I wouldn't be able to function outside of soccer.

It's very different. The injury is different. If you hurt your knee, you can still go to school. It's completely separate. When I hurt my head, I couldn't go to school. I couldn't see my friends. I couldn't do anything. I couldn't leave my house, essentially. I couldn't even talk to my family members without having this headache where I would have to walk away and go and lie down in a dark room. I never really thought about the consequences of a head injury. It was more like "I don't want to hurt my knee because then I can't run and I'll be out of soccer for a couple of weeks." I never really thought about my head.

As I mentioned before, my goalie had a concussion, but to me it was, yes, she's a goalie, and she kind of dives right into the ground. It made sense to me that a goalie would get a concussion. I was a centre midfielder. If I was going to get an injury, I thought it would be to my ankle or my foot. That's kind of what I thought about it. I wasn't worried about concussion until it happened.

Mrs. Mona Fortier: Thank you.

Carly, go ahead.

Ms. Carly Hodgins: I did know what you can get from a concussion. When I was 11 years old, I had a minor concussion. I got hit in the head and sat out for two weeks. I had a headache for a couple of days and then I went back to playing sports. I didn't know about the severity that it could lead to. I didn't know anything about mental health issues, losing out on school, and not having the social aspect that a teenager should. I knew some of the consequences but not to any extent.

Mrs. Mona Fortier: Knowing that you are now in a position where you have a story, is there something you would change or suggest or want to share with us that we might want to look at? In the course of our study, we'll look at a lot of things, but would you have something that you want us to really remember from your story? Also, maybe, what kinds of changes could we bring about? What would that be?

Ms. Rachel Lord: For me personally, most of the problem was that when I fell to the ground, my coach was like, "Get up. Keep going." It was like, "You're fine. Keep playing. We have a game going on." I think a lot of the issues stemmed from the fact that I got a hit to the head, fell to the ground, and got up and continued to play that night as if it was nothing.

Then, moving forward, I was back at soccer the next day, even though I'm sure that if anybody had looked at my eyes they would have been able to see that something was wrong. It's not to say that my coach was a horrible person, because he wasn't, but I feel like more should have been done in my coach's eyes to say, "She's not okay and she needs to rest so that this isn't going to be an ongoing problem."

If I had done the concussion protocol right away or gone to the hospital that night, I'm not sure that I'd have the same symptoms moving forward. Because I kept pushing myself, kept going, and didn't take the rest I needed initially, that could have had an effect.

Mrs. Mona Fortier: Carly, do you want to answer?

Ms. Carly Hodgins: I agree with Rachel on that one, too. Everyone knows what a concussion is, but no one knows what it could lead to, and I feel like getting what it could lead to out there and telling people stories and showing what could happen.

Even if you think it's not going to happen to you, you could always get hit in the head. I would have thought that, out of all the sports I play, soccer would have been the one, and I got hurt in basketball. Anything can happen in all the sports and you never know if it will be to you or someone you know and it can really affect them.

• (1930)

[Translation]

Mrs. Mona Fortier: Thank you.

[English]

The Chair: Thank you.

We're going to move over to the Conservatives now with Mr. Kitchen.

Mr. Robert Kitchen: Thank you, ladies, for being here today.

I really appreciate your telling your story because it must be pretty scary in so many ways to be in front of us, not knowing what you'll experience.

I will quickly tell you that I was a victim of a hit and run by a drunk driver and was left in a coma. I had a fairly significant head injury and issues that related to concussion. Often I found that it's easier to talk to someone who knows because concussions are invisible; people don't see that. People you think are your friends ask why you're so depressed, why you're looking so down, and that has a big impact on how you work.

I'm wondering if you experienced a lot of that from your friends as you recovered. The recovery process takes a long time. Should that be put out there to educate your fellow students so they can understand that?

Ms. Rachel Lord: Definitely. A concussion protocol went on at my school. It started in June, and I would try to go back for my first class of the day and see how I would react to that kind of stimulation. I was out of school for five months, and I didn't see the people I would see every day. People thought I had transferred schools and were surprised I still went there.

At home all I could think about was how badly I wanted to go back to school, and that's not a normal thought for a grade 11 student. I don't think you want to go to school. Then when you go back to school people are surprised you still go there. They have no idea what you've been going through. I think that definitely has an effect.

A lot of people, especially people who don't play sports, wouldn't know what a concussion is like, and even people who do play sports who haven't had a concussion wouldn't know what the symptoms are like. I feel it's one of the things you don't know how to relate to, or what someone is going through unless you've experienced it yourself.

Mr. Robert Kitchen: Carly, go ahead.

Ms. Carly Hodgins: I had similar experiences. I'd go back to school and people would question why I was gone, or they would think that I just didn't want to go to school, or I was lazy and didn't want to come. Since my concussion, if other students got hit in the head they would ask me whom I went to see or if I had any advice on how to get better or what they should do or whether the school was helpful.

I've had both sides of it. Students made comments about my not coming to school, and then when I came back they'd say, "Oh, you're still here" or that I was magically better after a while. Then I've had the other side, where it's like, "I just got hit in the head. I know you've been there. Can you help me get through it?" I've had both sides of the spectrum.

Mr. Robert Kitchen: That stigma is very challenging.

I went on in school and became a chiropractor and was involved quite significantly as a coach and trainer. I've also treated a lot of patients with concussions.

I know there's a lot of searching out there. I'm wondering if the parents could comment on the challenges they had because they're seeing their daughter going through this and caring so deeply for her and feeling so helpless because they don't know where to go.

Ms. Sharra Hodgins (As an Individual): I would have to say that, for myself, it wasn't an easy task trying to figure out whom to go see, what doctor. As Carly said, when we went to emergency that day, it was very obvious when I saw her in the emergency department. She couldn't walk. She couldn't focus. She was disoriented. It was obvious she had a concussion. It was, "Well, give her a week or two. If she doesn't get better, then go to your family doctor. Just keep all her stimuli down."

When she's not getting better and you go to the family doctor, and the family doctor is saying, "Well, you know, just give it time. Over time, it should get better. I'm not sure what else to do", that type of thing, it's so frustrating.

Then we had to deal with the whole mental health issue on top of it. That piece alone was a huge factor. To watch your child suffer is the most awful thing you could ever imagine, and not being able to help and do anything for them. It's very hard to manoeuvre through the system, especially for kids with any mental health issues.

We have a teen health centre. We ended up going to see a physician there. She guided us with some of our options. We did take Carly to see a psychiatrist, as well as a psychologist. It was more or less us trying to guide our own way. It wasn't like being told, "Here's the road map; this is what you follow." We were really trying to find the information on our own. Nobody really knows what to do for these kids, truly.

•(1935)

Mr. Robert Kitchen: I have very little time.

The Chair: You have 45 seconds.

Mr. Robert Kitchen: Chris, do you have any comments?

Mr. Chris Lord (As an Individual): Thank you to the committee for inviting us here, because this is obviously a very important topic.

Specific to your question, I would encourage the committee in aggregate to try to find what all those great things are that do work, that are easy to find and that are replicable. In Rachel's case, there were many things that worked very well that brought a tremendous amount of relief to the parents.

On the downside of that, early in the process, you're at the pressure point of standing in an emergency room multiple times when, as the other mother just pointed out, you know what the problem is but the doctor tells you that if you didn't pass out, if you didn't black out, you don't have a concussion and you should go home, after a month of throwing up and being in bed. As a parent, you know what the problem is, but you don't know what to do about it.

That's the biggest opportunity for all of us to reflect on: How do you encourage that it's okay to say there's a problem? As Mr. Fisher pointed out earlier, it's okay to use the "Let's talk" situation and say there's a problem.

The Chair: Thank you, Mr. Lord.

We're moving now to the NDP and Ms. Hardcastle.

Ms. Cheryl Hardcastle: Thank you very much, everyone, for your testimony today. I hope I'll be able to give you all an opportunity to say some of the things you haven't said or to go a little deeper.

I'm going to ask a broad question for all of you. You can take up the rest of my time. We'll just be nice Canadians and take our turns.

I'm sure you had a moment where you cried out of frustration. Tell me a bit about why. If you didn't cry about any of this, then just skip the question and let somebody else have more time, but I suspect we can all learn from your answer here.

Ms. Rachel Lord: It's 100% frustrating when you just can't function. You can't walk. You can't talk. You can't do anything without having this headache that's telling you to stop, and all you want to do is lie down because you can't function. That's very frustrating.

It's also very scary when you're in that moment, when you're two months into the situation and nothing is getting better. If anything, it's getting worse.

It was very scary, because school has always been very important to me. I want to go to law school. I've known that ever since I was in high school, so it was very frustrating to think, what if I can never read again? What if I can never go to school and sit under a light and listen to my teacher talk? That was something that 100% I couldn't do at the time, for the first five or six months.

It was very frustrating to think, what if this never changes and this is just my life for the rest of my life? That's very frustrating to think about when you're 16 years old. It's frustrating because you don't feel yourself getting better. It's not like a cold where the next day you wake up and you're fine. If anything, you would wake up and feel worse, so it was frustrating not to see any progress.

Ms. Cheryl Hardcastle: Carly, go ahead.

Ms. Carly Hodgins: Finally, when it got deeper and deeper, months in, when things got worse, it got more frustrating because I could feel my mental health going down. I wasn't hanging out with my friends. I would not text my friends, not only because I couldn't be on my phone but just because I wasn't up for it.

I wasn't getting better. I couldn't go to school. I wasn't hanging out with my friends. I couldn't help myself. I felt as though no one could help me, in a way, because we had tried so many things before.

I wasn't getting better. My mental health wasn't getting better. I wasn't hanging out with my friends. I couldn't go to school. There was just the overall frustration of not being able to fix myself and it being so long.

Ms. Cheryl Hardcastle: Sharra, go ahead.

Ms. Sharra Hodgins: When Carly was really starting to deteriorate—she was starting to get a little bit better with her concussion, but mentally she was deteriorating—I actually had a teacher questioning why she can't go to school. I think the teacher just didn't understand the whole process of the concussion and the mental health impact.

I think some of the education needs to go to the teachers and the schools and getting that out there to them. That was one of the most frustrating parts for me: watching her go through it and her coming home and telling me what teachers are saying. For the most part, they were great, but then you get a couple of them who just don't know. They're not educated on it. That's where some of that education needs to go as well.

• (1940)

Ms. Cheryl Hardcastle: Chris, go ahead.

Mr. Chris Lord: I'll point out a couple of things that I referred to a minute ago. There are many great things that are working, and because they are working, that's when the chronic crying stops sometimes. I'll come back to a comment that was made earlier about the doctors. Where does the decision take place? Where that decision should take place is a question I'd encourage us to look at.

We had a great situation when the athlete started going back to perform whatever sport it may be and the protocols that were in place were very helpful and a huge relief to us as parents. It took the decision to say, "Rachel, you can't go back on that soccer field" out of our hands. That is a very difficult place to be put in as a parent. You know the risks of that child going back out there. When you're talking to a 16- or 17-year-old who doesn't listen to their parents too often, and you have to manage and navigate through that at a very important time in their life when they're emotionally distressed, having a protocol in place where a doctor has to allow that individual to get back on that field took the decision out of my hands, thankfully.

Ms. Cheryl Hardcastle: Understood.

Sharra, can you share with us really quickly some of the functional neurology treatment that Carly had? Was that covered?

Ms. Sharra Hodgins: Fortunately, part of it was covered under her dad's and my health care plan. The cost was \$540 just for the initial visit. Then she went for, I believe, 10 visits, and portions of it were covered. Again, we're still taking time off work to go to these appointments. At that point, I would have done anything anyway. I

just think about kids who don't have that coverage. If they didn't have this type of treatment, I don't know where they would be.

The long-term effects.... From what I saw with Carly, from where she started and where she is now, she would definitely not be where she is now, 100%. She was headed down a very bad path. Between the concussion and then the depression and anxiety on top of it, I don't know where she would have ended up had she not gotten that treatment plan. It worked. It saved her life. It really did.

The Chair: We're moving over to the Liberals and Dr. Eyolfson.

Mr. Doug Eyolfson: Thank you, Mr. Chair.

Thank you, everyone, for sharing your stories. I know it is very difficult to talk to basically strangers in a setting like this about some very personal things. I know it takes courage. This is very helpful, not just to us, but for the people we want to see helped from this. You're actually doing a service to a lot of people by coming here today.

Rachel, I want to get some clarification about the experience you had. When you were playing soccer, was the league you were in through school, or was this an after-school league through a community club? What was the venue or who was organizing this league?

Ms. Rachel Lord: At the time of my concussion, I was playing rep soccer with the North Mississauga Soccer Club. Along with that, I was training with a high-performance soccer academy. I moved out of the rep/competitive league and focused more on the training. It was kind of like a step forward and a lot more intense. It was an academy training boys and girls.

Mr. Doug Eyolfson: Okay, so you're saying this was a reasonably more advanced program that you were in. I don't know if "elite" would be the word.

In a little more detail, and I know this is difficult.... When the actual collision happened, did they find you were confused at the scene? Did anyone ask you questions like "How many fingers?" or "Do you know the date today?" Were you asked any of that at the time of the injury?

Ms. Rachel Lord: I was not asked, initially. I was just kind of like, "Ouch, that hurt", and I got up and continued. After the practice, I was dizzy and disoriented, and my coach asked me those kinds of questions, like "What's the date today?", "Where are you?", "What are you doing right now?" and that kind of thing. I was able to answer the questions, so we just moved forward and I went home that night.

Mr. Doug Eyolfson: How long after the injury had this happened?

Ms. Rachel Lord: It was 30 minutes or so.

Mr. Doug Eyolfson: But it was not at the time it happened?

Ms. Rachel Lord: It was not at the time it happened.

Mr. Doug Eyolfson: Would you say this was a very highly trained coach at the time?

Ms. Rachel Lord: Yes, definitely.

Mr. Doug Eyolfson: All right.

Looking back, do you know whether the club you were playing with had field protocols in place?

Chris, do you know if a protocol existed for what they were supposed to do on the field when an injury took place?

• (1945)

Mr. Chris Lord: No. I did not see that through any of the academy's or any performance.

To build on your comment a minute ago, as Rachel was explaining, in her situation—and every situation is unique—most of her symptoms didn't present until three, four, five, almost seven or eight days after the immediate time, which is not uncharacteristic.

Mr. Doug Eyolfson: That's good to know.

I guess the main thing is that it's good to see whether or not a protocol...because, again, I don't know what protocols they would have been instructed in. We were always trained that there were supposed to be field protocols at the time. It's hard to say whether those were followed or whether the club had been trained in those.

Were you, at that time, advised to seek medical attention? I don't mean at the moment but during that game or that practice?

Ms. Rachel Lord: They were a little bit concerned about it.

As far as I know, I was the only person training at that academy at the time who ever had a concussion. They just kind of sent me on my way. It wasn't that it was normal, but it was "normal-ish" to be in pain after practice. That just kind of came along with the sport, I'd say. Nobody was overly concerned until about a week later, when I couldn't function.

At the time, there wasn't a lot of concern. Nobody said I should go to the hospital. There was nothing like that. Nobody said on the field that I wasn't okay and that I needed to go to the hospital or go home. Nobody had that concern until a week later, when my symptoms made me non-functional.

Mr. Doug Eyolfson: During that practice, or during that game, did you have any other, less severe blows to the head? Did you take another header or anything like that during that game?

Ms. Rachel Lord: No. I didn't after that.

After I got up, I knew that I wasn't right, but I thought it would go away. I thought it would just disappear. I didn't use my head. I kind of backed off and shied away from the ball because I knew there was something wrong with me. I continued to play, but I didn't use my head in that practice again.

Mr. Doug Eyolfson: I know you said this, but could you please refresh my memory? How long after this happened did you first seek medical attention?

Ms. Rachel Lord: It was about a week after, I'd say. I went to my family doctor.

Mr. Doug Eyolfson: Thank you.

Carly, regarding your experience, did they assess you at the time it happened? Did someone do any tests like this on you? I'm going to ask many of the same questions. Did they ask you, "How many fingers?" or "What's the date today?" or any of those things?

Ms. Carly Hodgins: Yes, I was assessed at the game.

My coach has had her own experience with severe concussions. She's now 40 years old and she still can't read a newspaper because of the grey on the black. She's had severe concussions herself, so she knows what to do. She's been trained to ask those questions.

She brought me outside of the gym into a quiet room. She sat with me and got me water until someone came to bring me to the hospital, because she knew it wasn't good.

Mr. Doug Eyolfson: Thank you.

The Chair: We are about 15 minutes from concluding. Some of the members may be open to staying a bit longer, but I believe some of the witnesses may have to leave because they have a flight to catch. If it's necessary for you to leave, you can.

We are going to move over now to Mr. Nuttall for five minutes.

Mr. Alexander Nuttall: Thank you.

First of all, thank you so much, everybody, for coming today.

Rachel, I hope you don't mind my asking this question, because I spent time in elite soccer academies in the GTA. When your coach was yelling at you to get up, do you remember thinking at that point, "I should stay down"?

That's a tough question and I apologize for asking it.

Ms. Rachel Lord: That's okay.

I was definitely thinking, "Wow, there's something wrong here." I've never felt that kind of blow to my head before.

But, at the same time, you don't want to disappoint your coach. You don't want to disappoint the teammates around you, and you don't want to look like a weak little player. If somebody is screaming right in your face and it's your coach saying, "Get up", most athletes are going to get up.

Mr. Alexander Nuttall: My question is for both you and Carly. Do you still play sports?

• (1950)

Ms. Rachel Lord: You can go ahead.

Ms. Carly Hodgins: Well, I tore my ACL last year, so I'm currently going through rehab for that. Soon I'll be back to sports, yes.

Mr. Alexander Nuttall: I just had surgery for my ACL.

Rachel, go ahead.

Ms. Rachel Lord: I'm at U of T right now, studying. After grade 11, I did not go anywhere near soccer for two or three years. I was absolutely terrified. Even though I was cleared to run and stuff, I was terrified to go back to soccer.

In my second year of university, a couple of my teammates from high school convinced me to come out and play house league soccer. I did that in the summer, just for fun, and I fell back in love with the game. I was kind of like, why did I stop? It's clear that I was scared. I went to U of T and I was offered a scholarship to join the varsity team. My parents didn't like that idea, so I didn't accept that scholarship. However, at U of T, I'm playing on a developmental soccer team.

So, yes, I'm still playing, but for fun, not competitively.

Mr. Alexander Nuttall: That's great to hear.

I have a final question.

I'm hearing a lot about mental health from you specifically. We still know so little about the development of the mind, as a science. How difficult was it to move from just the concussion side of the trauma that you were going through at that point to the mental health sphere of our medical system? It varies across the country, I will admit. Can you give me three or four words to describe that process?

Maybe the point should be from the parents on this, if that's okay, because they probably would have been trying to manoeuvre their young people in that direction.

Mr. Chris Lord: Going back to the comments earlier, for me it was the opportunity to say that there is a problem. You know your child best. How do you say, "It's okay to stay away from school", "It's okay to stay in bed", or "It's okay; you don't have to do this"? That discussion point is really difficult to have.

I think the friends, the colleagues, watching Rachel lose connection through all of her network and not being in school for three months.... As a parent, you know something is seriously wrong when they're not texting, chatting or watching TV because they can't. All of a sudden, that distance takes place at a grade 11 age, in this case, and that creates a huge gap. That creates depression and a lack of connection, and that brings on more and more pressure.

To me, that is the moment of truth. How do you navigate through that? It's very, very difficult putting your hand up and saying, "It's depression" or something else. We as parents don't know what it is. We just know they're not well.

Ms. Sharra Hodgins: It's truly changed who Carly is, even to this day. She still suffers from depression. It is a lot better. She was one of those big athletes all through grade school. Starting in grade 9, she was in all the sports. Her passion was soccer. Her passion was basketball. She did high-level soccer as well. When you lose all of that, you lose a piece of yourself, 100%. You have to recreate your whole identity when you're no longer that athlete. That has probably been her biggest struggle.

Even to this day, she no longer has the same circle of friends. She probably would have spent her whole high school career with those friends. It's a different group now. She still has her close friends, but she doesn't go out like a lot of the other kids do. On the weekends, I'm telling her, "Go out with your friends. Do stuff." It's changed the dynamics of who she probably would have been as a person.

The Chair: Okay.

We're going to move over to the Liberals. Mr. Fisher, go ahead.

Mr. Darren Fisher: Thank you, Mr. Chair.

This is incredible. Thank you so much for being here. I think it was Mr. Dryden who said at one point that it's important to hear from pro sports on this, but it's so absolutely important to hear from you.

I made a comment this morning in a CBC interview about the fact that pro sports have the best knowledge, the best techniques. They know, while your coaches—well, certainly Rachel's coach—maybe didn't have that background, that knowledge.

I have two teenage athletes at home, one who just got off the ice. We have not had the misfortune you've had.

You were told, "You'll be fine" by a doctor. It shocks me, and that goes back to wanting the grassroots organizations to have some of the knowledge they have in pro sports. Maybe one of our jobs is to find a way to transfer some of that knowledge, to find the people who know the stuff about concussions at the pro level and transfer it to those grassroots levels, because it's happening at young ages.

Rachel, you said you completely ignored your symptoms for the first week. Did you know something was wrong? Did you ever think it was a concussion and you just didn't want to admit it, or were you thinking, "I'm fine, because they told me I'm fine"?

• (1955)

Ms. Rachel Lord: I think I was definitely leaning towards what you said—thinking I must be fine because everyone said I was fine. For the first week, I completely ignored it. I had a headache, but I just thought it was a headache. I just moved forward, tried to ignore it and did what I could to distract myself by doing school work, running, or whatever it was at the time.

I think a lot of that came from my coach saying I was fine. Then, even when I initially went to my family doctor, she said, "Oh, it might just be growing pains. It's just a migraine. You'll be fine. Just take Tylenol, and it will be fine," so that kind of got into my head. My family doctor initially didn't even think it was a concussion.

At one point, my mom said she thought I had a concussion. That's when we went forward, and we went to the hospital. At the hospital, in the ER, the doctor said, "You didn't lose consciousness, so you don't have a concussion." Then you get in your head and think, "If I don't have a concussion, then what's wrong with me? Why am I experiencing all of this?"

Mr. Darren Fisher: Carly, you said you passed all the tests.

Ms. Carly Hodgins: Yes.

Mr. Darren Fisher: They gave you the initial tests, and you passed them all. You both were able to answer routine questions that might have been seen, at the time, only a few years ago, as being the protocol when it is thought that someone might have a concussion, questions such as "Do you know the day of the week?", "Do you know the year?" and things like that. You both were able to pass those, yet you both had major concussions.

Carly, you said the doctor in Windsor was able to help.

Ms. Carly Hodgins: Yes.

Mr. Darren Fisher: You also said you had exercises to do each day. I'm curious as to what kind of exercises you had to do every day. What things worked? Obviously you weren't able to do physical things, so this wasn't physical exercise.

Ms. Carly Hodgins: He made me download an app to my iPad that would.... I'm not sure what the app was called.

Ms. Sharra Hodgins: I don't remember, but it was more for the functional part of the brain. When she went to our physiotherapist who did this impact training—and that was initially the one she had passed—it wasn't specifically looking at the functional part of the brain, whereas the functional neurologist kind of zones in on certain areas of the brain. What he described was that when they tell you, “You have a concussion. Go home and rest”, it's actually shutting down areas of the brain. He said that if it's a mild concussion, that's fine, but if your concussion is not getting better after a couple of weeks, that's when you know things are bad.

His point was that getting the treatment early on at that point and getting those areas of the brain to wake up and get stimulated is truly what needs to happen. It was a good four months into it before we even saw him, so a lot of those areas of the brain, the functional parts, needed to be woken up. That's kind of how he put it. He was trained in Atlanta, Georgia, with the same doctor who did all of Sidney Crosby's concussion work. That's whom he trained with. He even says that he's constantly learning. The brain is so abstract. He is constantly learning about it, every time he goes down for more training. A lot of the things he had to say were very interesting.

That initial one, however, didn't really key in to the functional part her brain. Even though they said, “Yes, you passed,” it wasn't specifically what she needed.

The Chair: We'll be moving over to the Conservatives and Mr. Kitchen.

Mr. Robert Kitchen: Thank you. I didn't think we were going to do that, but that's okay.

Again, thank you for your comments. I just want to touch on something.

Rachel, did you have any diagnostic imaging done?

Ms. Rachel Lord: Yes. I actually completely forgot to mention that during my introduction speech.

A couple of months into it, when I wasn't getting better, my family doctor said that maybe we should get a CAT scan and an MRI done.

The CAT scan found nothing. I got the MRI done a couple of days later. It actually found bruising to the frontal lobe of my brain. That's when they said, “Okay, now we have a problem.” That was like the highlight. That's when we realized we had a problem and when the doctors realized that. That bruising was the major problem. That's where the headache and all the symptoms were coming from.

Then, I guess about a year later, when I was still having all this trouble reading and seeing, and still getting headaches, I went back. My family doctor sent me for another MRI to see if there was still a problem going on there. The MRI found that I had permanent bruising to my brain, which I still have today.

● (2000)

Mr. Robert Kitchen: Carly, you did mention that you had an MRI. Did you have any other diagnostic imaging?

Ms. Carly Hodgins: I had an X-ray when I went to the ER because I hit the side of my face. They were worried about my cheekbone because I hit it really hard. I did get an X-ray, and nothing showed in the X-ray.

Mr. Robert Kitchen: When we're dealing with patients, clinically it's often a big challenge for a doctor, a physical therapist, a chiropractor, or whoever it may be to go through correlating everything and getting those answers. For them to turn around and say to the parent or the child what diagnosis they want, or to give them a diagnosis that the practitioner thinks, is a challenge to try to educate the parent and the child as to the actual issue.

Did you find in any of your discussions with any of the health care practitioners that there was an educational component put in there to educate you on what a concussion really means?

Ms. Rachel Lord: Not really. I guess everyone experiences concussions differently. In my own personal experience, I know people who have had a hit to the head and a concussion, and two weeks later there was no problem at all. What I learned was through my own experience and that of the people around me who had experienced concussions, maybe not as severe. Nobody really said, “You have a concussion, so this is what's going to happen, and this is when you'll be better.” Nobody can set it out, because everybody's different. No doctor or anyone really explained that to me, other than just the commonalities they see.

Ms. Carly Hodgins: From all the doctors I saw before Dr. Lemmo, I only got, “This is what it is”, but not “This is the next step.” There was no next step with anyone until I met Dr. Lemmo. He showed me the next step, and he made a set plan for what I was going to do, and the exercises I was going to do to get better.

The Chair: We'll be moving on to the NDP for our last questions.

Ms. Hardcastle, go ahead.

Ms. Cheryl Hardcastle: Thank you very much, Mr. Chair.

I'd like to hear a bit more about your support system and the information sharing in the medical community, the people you spoke to. It strikes me that each of you.... There's a saying that I see is true, that when you've seen one concussion, you've seen one concussion.

I know there are gaps in our understanding. Physical health.... A doctor is comfortable to help you with physical symptoms, and then for mental symptoms, it's another doctor. You have to go somewhere else. Did you compare notes with other families to see how you would find the doctor you ended up finding? What was your path to find that doctor?

You have to pay a little bit out of pocket for this doctor. This isn't something where the family doctor says, “Get some bedrest, and then go see this guy in a week.” How did you find him? I'm assuming there were other people with concussions in your life that you crossed paths with.

Ms. Sharra Hodgins: It was our pediatrician, our family doctor, who brought up Dr. Lemmo. It was, "I've had some patients go to him. I'm not sure about what he does. I'm not sure if it works, but you can try him." We were at the point of "What else can we do?" We had already tried going to the physiotherapist and the concussion therapy they had at that clinic, and that did not work.

After we had started to see Dr. Lemmo, we did talk to another girl whom Carly had known from grade school and who had actually seen him when she had a concussion, and we heard that it had worked. Once you start talking to people.... We spoke to a few people who had actually gone to him and had some good treatments with him as well.

Outside of Dr. Lemmo and his care, it was about trying to deal with the whole mental health problem separately as well. His focus was just dealing with the concussion part.

• (2005)

Ms. Cheryl Hardcastle: How hard was it to have the mental health taken seriously?

Maybe I'm assuming what I shouldn't, but I know that with a young female concussion patient it could be "Oh, you're having mental health issues. It's the wrong time of the month" or "Teenage girls are moody." Was that a problem? Once people knew there was a concussion or a head injury, was the mental health thing taken seriously? Did you feel people thought they were linked from the beginning, or did you have to convince them?

Ms. Sharra Hodgins: I had to convince them. Part of it went back to the schooling, because even after she was back at school after her

concussion, she still missed quite a bit of school. If she was having days when she was just feeling depressed and didn't want to go to school, I wasn't going to force her.

I would then go back to talk to the teachers. They were very good. The guidance counsellors were great. She had full access to the resource centre if she needed to. She was put on a plan at school, so when she was feeling stressed, she could just go there and she could do her testing there. They were accommodating. As I said earlier, there were a couple of teachers who just couldn't wrap their head around that piece of it.

The Chair: Thank you. That concludes our hearings.

We want to thank Carly and Sharra, and, in absentia, Rachel and Chris, who had to leave to catch a flight, as well as Mr. Dryden.

We're very proud of you. You were great witnesses. We as members get a chance to hear from many professional witnesses, and being able to come here.... We talked about your courage just for sharing your story. That will help so much with the work of this committee and the report that we'll put together.

Committee members, if you could just hold tight, we have a couple of motions to go through. I think everybody has gone through and looked at the budget.... Are you okay with it? There was also a motion for the communications plan. Is everybody okay with that? I'm seeing all heads nodding in the right direction. Excellent.

The meeting is adjourned.

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