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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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• (1740)

[English]

The Chair (Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.)): Welcome, everybody.

This is our second meeting with witnesses of our subcommittee on sport-related concussions.

In our inaugural meeting, we heard from the Honourable Ken Dryden, who wrote a book on concussions called *Game Change*. We also had the opportunity to hear from some very courageous witnesses who shared their stories about living with concussions and what that's meant to them and to their parents and families.

The members had excellent questions, and I'm sure we will have excellent questions today. Members come from all parts of Canada, from rural and urban ridings. I want to hear from the witnesses so that we can get a clear perspective of what it's like to live with concussion, through concussion, and how we can create more opportunities to have safer playing fields for our athletes.

At these committee hearings, we want to make sure that parents with minor children understand that these meetings are being televised, that this meeting can be broadcast in part or in its entirety, and that the names of the children will be published in the House of Commons publications. Do we have the consent of parents for that?

Thank you very much.

Without further delay, I'll start with those on video conference, just in case we lose the feed. We want to ensure that we can get their testimony in. We have Carter Phair and Anne Phair on video conference. They're coming from two different locations.

Ms. Phair, the floor is yours.

Ms. Anne Phair (As an Individual): Thanks.

I'm not 100% sure about when the very first one occurred, but I know that over the last three years, my son Carter has been diagnosed with a concussion no fewer than six times, all while playing junior hockey. His symptoms have been varied, some short-lived, some longer lasting, some mild and some severe. All of them worrisome for his father and me.

Perhaps the most worrisome are the ones that were not diagnosed by a doctor or a trainer. I have no idea how many that could be, but looking back I know there were signs. The word "concussion"

simply never came to mind. That is why I'm honoured to be a witness at your committee on concussions in sports. I hope to encourage our federal government to pass legislation similar to Rowan's Law, which was recently passed in Ontario.

In reading about Rowan's Law and how it came about, I learned that Rowan Stringer had suspected that she had sustained a concussion prior to the game that ended her life. She had in fact read about concussions online shortly before her death. My son is a goalie and moved away from home to play hockey during his 15th year. For much of the next two seasons, he complained about headaches, but to me, that was all they were: headaches.

We had always tried to buy him the best equipment, mask included. His was top of the line with an NHL-grade sticker on it and it cost a \$1,000. I believed he was protected. After all, it cost a \$1,000. But the complaints kept coming. He would take a shot off the mask in practice and get a headache. We were not aware enough to put two and two together. Other players on his team were diagnosed with concussions and would have to sit out a couple of days or weeks. Never Carter. He was the goalie and the best protected. How could he get hurt?

In the fall of 2015, as a 17-year-old, Carter was playing with the Edmonton Oil Kings in an exhibition game. He'd been given a mask painted in team colours to use that night. I sent a picture of it to you. He wasn't allowed to practise in it. He couldn't see so he had to flip it up. He's a quiet kid, so rather than say something to a team official, he simply pushed it up on his head a bit in order to see through the bars.

Soon after coming into the game, he was hit in the mask with a shot. He had a headache after the game, but thinking that if he reported his headache he'd be cut and sent back to his Junior A team, he didn't say anything to the trainer. Later in the week, he was using his own mask at practice and was hit in the mask again. The next thing he remembers was coming to on the bench. This would be his first diagnosed concussion.

For the rest of that season, he played without incident with the same model mask he had used since he was 14. In the fall, as an 18-year-old, he was practising with Kamloops Blazers on a road trip. A puck struck him in the head and he was diagnosed with his second concussion. He then had to endure three days of bus travel, which made his symptoms worse. This time, the trainer looked at his mask and told him he should not have been using it at a level higher than Bantam. I was sick. My job as a mother is to protect my children and I didn't know enough about goalie masks to make sure he was wearing one that would do the job. I believed that the \$1,000 price tag was evidence that this helmet would be adequate. Not true.

When Carter was cleared to play again, the word was out: Hit him in the head and he'll miss a couple of weeks. That happened three times before the end of the year, and opponents were suspended by the league for three, seven, and eight games in separate incidents. Keep in mind, you don't get suspended for hitting a goalie in the mask with a puck, but you do get suspended for body-checking his head into his posts, recklessly body-checking him after he deflects your shot to the corner, or for skating full speed from your own blue line and putting your knee into the side of his head after he's covered the puck.

After the last of those three, it was almost four months before he could work out again. He required reading glasses as he had lost some of his vision. He had headaches every day, poor concentration, sleeplessness, and he was unable to do many of the activities he loved, like golf.

Carter was stubborn and determined, though. He talked us into letting him play again. After a stellar start as a 19-year-old and winning goalie-of-the-month honours, he was playing in a game against the same team that had ended his previous season. Less than two months into the schedule, a second consecutive season ended with a knee to the head. This time, there were two suspensions, six games for the player and three for the coach, who, according to one of his former players, had a "hit list" of players upon whom he encouraged his team to take extra liberties.

Do not think for a second that we don't understand and accept that concussions are a part of contact sports such as hockey. They are going to happen. My biggest issue is that there are so many people who know so little about concussions and who in turn have at times seemed to encourage a lack respect for the health of the opposing athletes. These players—and sometimes their coaches—are willing to cause concussions intentionally in order to gain an advantage for their team.

Therefore, it is my opinion that anyone who coaches a sport where violent collisions occur should have as a minimum mandatory part of their coaching training an in-depth tutorial, taken repeatedly as new information becomes available. That tutorial needs to include recognition, prevention, treatment and possible future effects of concussions. This is a topic that must not be glossed over. Concussions need to be made as ugly as possible so that coaches will instill in their players respect for their opponents' health.

This brings me to my next point: respect for opponents. Too many times in an arena I hear bigger cheers for bodychecks than I hear for pretty goals or great saves. What message does a young player receive when highlight packages on TV show hits that cause

injuries? The message is that if you can't get noticed for your skill, you can still get noticed if you cause some damage. This makes it extremely important for coaches to put a tremendous emphasis on skills development and team play, while holding accountable players who look to take advantage of those who may be smaller or in a vulnerable position. The coach's message needs to override the big cheers and TV highlights.

Failing that, teams need to hold their coaches responsible for their players' actions. While leagues do hand out suspensions, they're not seen as a deterrent. They need to make stricter rules to hold those players and coaches accountable. I think they need to include suspensions or fines to the team, the coach and the player when these serious safety rules are violated. The penalties must be stiff enough to bring about an actual change. The Saskatchewan Junior Hockey League handed out suspensions, but it wasn't enough to change the behaviour, as Carter received four diagnosed concussions from illegal hits in five months of play despite the suspensions handed out.

Finally, there needs to be an equipment standard that is known to buyers and checked by team officials. As parents, we go to the store and get recommendations from salesmen. We have to trust their educated or uneducated advice. There needs to be a comprehensive list of safety requirements for helmets that's readily available at stores and with the team trainers at all levels, especially at levels where collisions become more violent due to size, strength and speed. Also, helmets should be inspected for safety before an athlete is allowed to play.

In Carter's situation, the Edmonton Oil Kings, who have a paid trainer and equipment manager, should have told us about his inadequate helmet when he was drafted at the age of 14. Not only did they fail to inspect his helmet, but they gave him an improperly fitting helmet to wear during games. Money—ahead of safety—seems to be a key factor in decision-making. We trusted that the clubs Carter played with knew better. Had we known that his helmet was unfit for the level at which he was playing, we would have gladly spent the money to keep him safe.

While it would be preferable that there were no concussions, the fact is that there are. Carter finally received some meaningful treatment of his symptoms by visiting a clinic almost 2,000 kilometres away in Burnaby, B.C. Dr. Sigalet was able to identify a spot in Carter's neck that was not healing despite his being cleared to play by concussion protocol. Following his treatment, Carter regained his eyesight, he no longer has headaches, his grades in university have increased by 10%, he sleeps better and he's been able to resume most activities.

Canada has a lack of doctors trained in concussions. We were only able to locate five and had to travel to the Vancouver area or Toronto to get the treatment. With the research that is coming out daily on concussions, we need more specialized practitioners across the country. It is impossible for a general practitioner to keep up with the data, and Carter is proof that there is help if you know where to find it.

In closing, I'd like to thank you again for this opportunity. I truly believed that my son was going to accomplish big dreams in hockey, but now that he cannot continue for his own safety, I believe his story can make a difference in the lives of future hockey stars.

● (1745)

I'm so grateful that my son didn't have to die, like Rowan, to be able to tell his story and make a difference in the lives of others.

The Chair: Thank you, Ms. Phair, and thank you, Carter.

We're going to hear now from Matthew Chiarotto and Kathy Leeder, his mom.

● (1750)

Mr. Matthew Chiarotto (As an Individual): Thank you. Good evening and thank you for allowing me to share my story. My name is Matthew Chiarotto. I'm 13 years old and I live in Toronto.

I've loved hockey my whole life. I remember when I was five and my brother was four, we begged my mom to sign us up to play. We have been on the same team ever since, progressing from house league up to AA, in a non-contact competitive hockey league.

In October of 2015, I got my first concussion when I was 10. I was skating for the puck when someone hit me from behind and I flew into the boards and smashed my head on the ice. I started to feel nauseous and I saw stars. There was buzzing in my ears. I had a massive headache and my vision started to blur. The coaches helped me off the ice and escorted me to the dressing room. My words didn't make sense and I was very confused. I had never had anything happen to me like this before and I was very scared. My recovery was very long, frustrating and really boring. I felt like a caged animal. I couldn't do anything that I liked to do—no video games, school work or even playing with my friends. I couldn't even watch TV. It seemed to go on forever. The symptoms slowly went away, then everything was fine and I got my life back. I returned to playing hockey six weeks after sustaining the concussion.

Then I found out about an opportunity to do a video series on concussions with the GTHL, the Greater Toronto Hockey League. I auditioned and ended up being the spokesperson for the new concussion protocol that was being put in place by the GTHL and Holland Bloorview Kids Rehabilitation Hospital. I wanted to do it because I didn't want people to go through the same thing I did. I wanted to spread awareness, so that if kids got hurt, they could get the right information to recover properly. As the junior reporter, I interviewed kids, coaches, a few professional athletes and even Don Cherry, which was super fun!

In January of 2017, I was on the receiving end of someone's shoulder. It was during a rough game, where coaches were being thrown out and parents were banging on the glass and screaming. It was a dangerous game that should have been stopped. This time

when I got hit, I knew immediately that it was a concussion. I had the same symptoms as last time: headache, nausea, blurry vision, etc. It wasn't until a couple days later that we discovered that I couldn't read, which was very frightening. My recovery was very long, but I had more knowledge and insight into concussions, so I knew how to deal with it. This concussion lasted four weeks.

I had to make the tough decision. I decided to retire from hockey. The decision was difficult because hockey had been my passion and I was really good at it. The game was special for our family because my brother and I had always played on the same team. I really enjoyed the game, the competition and the social elements that it brought to my life. While it may have been a tough decision not to return to hockey, it was the right decision for me and my brain.

By relating my hockey experiences to this subcommittee, my hope is to prevent concussions in other young hockey players, so that they can continue to enjoy this great game.

That's my story so far.

Thank you.

The Chair: Thank you, Matthew.

Ms. Kathy Leeder (As an Individual): My name is Kathy Leeder, and Matthew is my son. He suffered two concussions playing hockey. I feel really lucky that Matthew and his brain have fully recovered and that he does not have residual concussion symptoms. I'm also sad that he no longer plays a sport that he loves. Today he is a well-rounded person, student and athlete participating in tennis, golf, basketball and swimming, but protecting his brain is always on our mind and his.

I was at the game when Matthew was first injured. I didn't see the hit, but the reaction of the crowd followed by silence made me aware that a player was hurt. Within a fraction of a second, I was able to determine that it was Matthew, because I did not see number 15 on the bench. The coaching staff helped Matthew off the ice, and I was desperate to scale the glass and claw my way through the mesh at the top.

I do not remember getting to dressing room. I do remember seeing Matthew holding his head and crying. He looked up and urgently tried to tell me something, but I couldn't understand because his words did not make sense. They were gibberish. The game kept going, but Matthew's would be paused for the next six weeks.

In any hockey arena, you will find physician parents always willing to lend a hand, as was the case that evening, and I heard, "Don't waste your time in the ER. Make sure you wake him up every hour. If he starts vomiting, and his pupils are shot, he might have a brain bleed. He'll be fine in the morning. He didn't lose consciousness, he just got clocked."

The next few days we spent seeking medical help and searching the Internet for information surrounding concussions. Up until that point, we didn't know much about concussions except that they happen to other people, not our son.

My husband is a physician, and a colleague with experience in concussions diagnosed Matthew. We were told to keep him in low light with little activity until his symptoms went away. The feeling of helplessness was overwhelming. You couldn't use a medication, and a band-aid certainly was not going to help. The buzzing and pain in his head as well as the sensitivity to light and sound were too much for him to handle. He would feel better and then he would feel worse. He would sleep and then he would not.

His team moved on, but he stayed paused. He couldn't play, read, watch TV, study, listen or play music, use the PS4 or go outside. His brother thought he was faking, and that made him really mad, but he couldn't even beat him up. Finally, Matthew felt better. He was cleared to return to his life and the ice.

The opportunity he had as a junior reporter had us all learn about concussions and how injury was viewed in hockey. There are some common symptoms with a concussion, but everyone is different. Matthew spent the summer learning, interviewing and educating the league about concussions and the new protocol, trying to make a difference.

During that hockey season in January of 2017, two days after he turned 12, I saw Matthew hit in the head by the shoulder of another player just seconds before the final buzzer. The game ended, and I screamed as my son fell to the ice. The referees helped him to the dressing room, and I knew it wasn't good. The next day, Matthew was diagnosed with a concussion, and his life was paused again. This time we knew more. This time we had the resources of Holland Bloorview and their concussion centre to help us.

This concussion was similar but different than the last. There was buzzing in his ears, headache, nausea and fogginess, but something different. Matthew had lost the ability to read. "That wasn't on the list of symptoms", I kept saying. He said he saw squiggly lines and dots, but that they didn't connect and they didn't make sense. I literally collapsed inside.

After speaking with the specialists, we found out that, while it was not on the list, Matthew's brain would probably heal if we just gave it time. Luckily a few days passed, and to our delight, he walked around reading everything in sight.

After four weeks, Matthew's symptoms abated and he felt better. He was cleared to return to his life, but this time with a twist. Matthew would not be returning to the ice. He had decided to retire. He tried to go to games to cheer his brother and his teammates on, but it was too emotionally painful.

Feeling sad but not defeated, I was proud to help Matthew make a video for parents and kids with helpful hints on how to recover from a concussion. Together, he and I have worked with different teams at Holland Bloorview to help parents, kids and health care providers understand this injury and its impacts on kids and families.

I had a suggestion or just a way of connecting what I would like to see happen.

● (1755)

In the workplace, we're required to provide safe work. We look at how work is done and design the job to ensure that the worker and the environment are safe. Personal protective equipment is to be considered the last line of defence or the last resort to ensure safety.

Hockey is a high-speed collision sport with lots of intensity, placing players at risk for injury. It's unnerving when parents and players are looking to helmets, mouthguards and special jerseys for protection from concussion. I think we should take a look at how we design the game, and how we play hockey. The culture needs to change.

When Matthew was a junior reporter, he developed a tag line for his videos. The tag line was, "Respect your sport, play smart, play safe". Parents are key stakeholders who need to be engaged to make this a reality. They should be educated to ensure that the safety of their players are maintained so they can play another day.

What a shift, where parents would demand safety rather than more ice time, where there would be no badge of honour, to shake it off and take the next shift.

Thank you for listening.

The Chair: Ms. Leeder, Matthew, thank you.

Now we're going to have an opportunity to hear from Ash Kolstad.

● (1800)

Mr. Ash Kolstad (As an Individual): Hi, everyone. My name is Ash Kolstad. I'm currently an undergraduate student in the faculty of kinesiology at the University of Calgary. I want to thank you for this great honour of being invited to speak about my experiences with concussions from sport.

In 2009, I was 12 years old and received two concussions while playing ice hockey at the peeewee level. This was when body-checking was allowed. I recovered quickly from the first concussion, after following the return-to-play protocols, but three weeks later I received a second concussion from an illegal bodycheck from behind, an elbow to my neck. This resulted in severe whiplash and concussion symptoms.

This bodycheck ended my hockey playing career and has changed my life ever since. The player who bodychecked me only received a two-minute penalty for elbowing, while over nine years later I'm still affected by post-concussive symptoms. These included being extremely sensitive to light, which caused me to wear sunglasses every day for four months, along with sound sensitivity. I suffered from severe dizziness and lack of balance that caused me to fall when I walked every three steps, so I had to be guided everywhere I went.

Also, I had a throbbing headache, which hasn't stopped for the past nine years. This headache makes concentrating very difficult for me, and caused me to miss the full grade 8 year of school. I would go days without sleep due to the headache, and then would finally just crash due to exhaustion. Even then, that would be a few hours at a time.

The injury changed me as a person, and I'm still not back to who I was before the injury. I used to be a fun, super-athletic and overall happy person, but I became a very sad and irritable person who suffers from depression and anxiety daily. Giving up ice hockey and not being able to be at school further precipitated my depression. Ice hockey was such a large part of my life, and it's where I met most of my friends. I would spend hours each week practising and working on my skills. Also, missing school for a full year was hard for me. I was an honours student and I really enjoyed learning and just having that routine in my life. That was extremely difficult.

That year my days were either spent being at appointments, doing rehabilitation exercises or staying in a dark room, trying to rest. I never thought I was going to get better. I was taking medications that weren't helping, and it seemed like none of my doctors and the other health professionals I was seeing knew why my symptoms weren't going away. However, after almost a year, the majority of my symptoms did go away. Symptoms I still suffer from include a constant headache, difficulties concentrating, anxiety and depression.

My experiences with concussions are interesting because, back then, there was a lack of knowledge and awareness of what a concussion was. The injury was thought of as just a bump on the head rather than what it actually is, a type of brain injury.

I heard many negative comments from other parents and kids in my community, suggesting that I was faking or milking the injury to gain attention. One of my coaches told my mom, "The hit wasn't that bad. He shouldn't still be hurt." These resulted in our not wanting to be around the hockey community anymore, and these negative comments also led me to try to cope with my headaches by just trying to forget about it, not talking about it, just trying to move on.

A couple of years after the concussion I felt like I needed to be part of ice hockey again, and this was when I was fortunate to have opportunities to be an assistant coach on teams at various age levels. This broadened my perspective of the sport and how coaches and parents perceived and talked about injuries such as concussions. Looking back now, I think my concussions likely could have been prevented if stricter policies were in place to limit concussion risk.

Suffering this injury has led me to being part of concussion research that also broadens my knowledge about concussions and how they can be prevented and managed. I want to make a difference by advocating for more awareness and more knowledge about this injury so that no one has to go through what I have.

I would like to thank the sport injury prevention research centre and the integrated concussion research program at the University of Calgary, as well as my supervisors and mentors, Drs. Carolyn Emery, Keith Yeates, Kathryn Schneider, Tyler Cluff and Brent Hagel, for giving me opportunities to do concussion research and to advocate for improving the prevention and care of this potential life-

changing injury. I also want to thank Mr. Ken Dryden, Chairman Fonseca, Mr. Adam Larouche, Minister Duncan and the rest of this subcommittee for inviting me to speak here today and for taking an interest in reducing concussion in sport.

Thank you.

The Chair: Ash, thank you.

Thank you to all the witnesses for sharing your very personal and compelling stories. This takes us now to an opportunity for the members to ask you questions. We're going to be starting off with the Liberals. Dr. Doug Eyolfson, from the Winnipeg area, will be asking the first questions.

● (1805)

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

Thank you all for testifying and for coming here today. This is very helpful, and I know it takes a lot of courage to describe these experiences because they are obviously very traumatic events in your lives.

Ms. Leeder, I want to start with you. I just want to clarify. You said that, after one of the concussions, you were told, "Don't waste your time in the emergency department." Is that right?

Ms. Kathy Leeder: It was just outside of the locker room, and everybody was giving me all kinds of advice about whether or not to go to the emergency room. It's a common thing: What should you do? When is it serious enough?

Mr. Doug Eyolfson: Okay, was this advice from one of the coaches or...?

Ms. Kathy Leeder: No. When an injury happens, everybody has their commentary—

Mr. Doug Eyolfson: Oh, absolutely, yes.

Ms. Kathy Leeder: —but it is a very real thing. When you end up as a family with a concussion, you become a resource for other families when it happens and you get phone calls from parents asking if they should take their child to the emergency room, but it was just more of a conversation at the time.

Mr. Doug Eyolfson: Okay, thank you.

Carter, again, it sounds like there's a very troubling history in some of the things that were described here.

I just want to expand on something your mother was saying in her testimony, that there was a "hit list" from the other coach. Was that your understanding of what was going on?

Mr. Carter Phair (As an Individual): Yes. I was at the end of my 18-year-old year when I got taken out. The following year we had a guy on our team who was acquired from Kindersley, and he said that their head coach had a list of players he was okay with them taking extra liberties on.

Mr. Doug Eyolfson: All right. I am so sorry to hear that. It is a horrible thing to find out that this kind of thing goes on.

We talk a lot about violence in sports and how some cultures will tolerate it. In the league that you were in, did it seem to be tolerated when there was violence going on or when there were obvious dirty hits and that sort of thing?

Mr. Carter Phair: I don't know if it's tolerated. There are just some people who think it's okay.

Mr. Doug Eyolfson: All right.

This is question I want to open up, and I'll ask everyone in turn about this.

One of the controversies that comes up in the media—it's talked about on the sports networks, and sportscasters will talk about this—is the issue of fighting in hockey. It's technically against the rules, but we also know that it's tolerated by the leagues. A lot of sportscasters say that it brings in such ratings that the leagues are just never going to get rid of the fighting in professional hockey.

I'm going to start with you, Carter. Do you know if that attitude in professional hockey was in any way colouring the judgment of people in hockey? Were people who were aspiring to go into pro hockey thinking this would be a part of their careers?

Mr. Carter Phair: I don't think anyone really plays hockey to become a fighter. It's just how they make their living. Some guys aren't quite good enough skill-wise, so they learn to fight, and if they do that well, they can find a spot on teams at higher levels.

Mr. Doug Eyolfson: Okay, thank you.

Ash, what is your opinion on that same question?

Mr. Ash Kolstad: It's an interesting question, for sure. I think we need to remember that the NHL is a business for making money, and people enjoy watching fighting while they're at the games. The negative side of that is that it really makes an impression on the younger players, and so forth.

I think that when rules in younger leagues are allowed, such as all the bodychecking—just because that is what I know most—it sort of changes the mindset of the players. Rather than going for the puck, they're just going to make the hit, and then it turns into a competition between the friends of who can have the biggest hit and so forth.

Mr. Doug Eyolfson: Matthew, what are your thoughts on that? In your league, what was the attitude towards the fighting you were seeing in pro hockey?

● (1810)

Mr. Matthew Chiarotto: A lot of people would say, "Oh, wow! Did you see that fight last night?" It's not really a part of the game that I would say is enjoyable to watch. A lot of people enjoy it, but personally, my attitude towards fighting is that there are a lot of ways to get back at someone other than fighting them. You can strip the puck off of them or do a nice dangle and score. It's not really one of those things where you have to just shove the other person. There are a lot of other ways.

Mr. Doug Eyolfson: Okay.

You said you interviewed Don Cherry. Did you ask him about fighting in hockey?

Mr. Matthew Chiarotto: Definitely. He said there are a lot of really big hits that he remembers and he said that was one of the

most enjoyable parts of the game, just seeing two guys go at it is one of the things that's really fun.

Mr. Doug Eyolfson: He told you that in an interview.

Mr. Matthew Chiarotto: Yes.

Mr. Doug Eyolfson: Interesting.

Ash, you said as well that you were accused of malingering, that you were faking it. Is that right? Again, as a physician, I find that disturbing.

Was there a culture in your league, when someone was injured, to walk it off, to be tough?

Mr. Ash Kolstad: Yes, for sure. I think that is the culture in a lot of sports, and especially in hockey, that you try to play through it. I wanted to play through it. After I got hit, I went off to the bench and I started to feel a bit dizzy, but I wanted to try to go out for another shift so I went out for about 10 seconds and then I said, no, I can't do this, and went off to the bench and told my coach.

There is that mentality of, this game's fun, I want to play, I want to play through it.

Mr. Doug Eyolfson: Congratulations on the good judgment of saying, no, I can't do this, and getting off. I wish more players would. I wish they would.

That's my time. Thank you very much.

The Chair: We're going to be moving over to the Conservatives now and Mr. Robert Kitchen from Saskatchewan.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, all, for being here. I appreciate your taking the time and telling us your stories. I understand from the story with the picture...and I hoped you would actually share with my colleagues Carter's picture with the Weyburn Red Wings jersey on instead, but I understand the rationale.

Carter, I have a question for you. Oftentimes in hockey we hear the term "run the goalie". I've never had a chance to actually ask a goalie, and having known you for many years and watched you progress, I'd ask, what does that mean to you?

Mr. Carter Phair: I guess it's just going after the goaltender unnecessarily. If the puck is gone, you don't need to make contact. I understand if the puck is in my equipment or there's a scramble in front of the net, some contact, but going out of your way to make that contact would be the best way for me to describe it.

Mr. Robert Kitchen: How many times would you say you've been run?

Mr. Carter Phair: I'm not sure.

Mr. Robert Kitchen: Would you say it happens every game?

Mr. Carter Phair: Since word got out of my concussions, it was, a lot of the time, more than once a game.

Mr. Robert Kitchen: Right. I know some of my coaches would say, we're telling our players to drive to the net, but oftentimes there's that fine line between running a goalie and going to the net.

From your experience—and I don't know whether you've ever even thought about it—is there something that could be said to maybe stop that, to defer that?

Mr. Carter Phair: I don't think so, because at the end of the day, the players have to make their own choice. If they're going to plow through the goalie, they're going to do it.

Mr. Robert Kitchen: Anne, I see your hand up. Do you have a comment?

Ms. Anne Phair: I would really like to see the league start implementing the rule that there is zero contact with the goalie and see penalties, suspensions, whatever, handed down as soon as there is. Just this last weekend, I watched our Weyburn Red Wings goalie be bowled over three times and there wasn't a single call on that. They went under him. They were in the net behind him and there was no call. They had no reason to be in that crease whatsoever. To me, the crease should be sacred and they have to stay out.

Mr. Robert Kitchen: Thank you. I appreciate that.

Kathy, I appreciate your comments. One of the things that we've heard a lot from people is on the issue of dealing with doctors. You mentioned the challenges, when people say do this, do that, don't do that. It's a big challenge.

Within professions there are recognized people who have sports-specific skills, whether it's a chiropractor, whether it's a medical doctor, whether it's a physical therapist, etc., who have those.

Would you think it would be of value that it be published a lot more readily to those sporting groups?

• (1815)

Ms. Kathy Leeder: Interestingly, I worked with the—I think it was—the Ontario Neurotrauma Foundation on an educational brochure to help parents and families go out and try to find resources, because a lot of people claim to have concussion services. They can help you get better and they list that.

My personal preference is research-based care, because there are a whole host of different things you can say you can provide, but I've just found in working with the staff at Holland Bloorview and their research team that the studies they do are real. They are working to improve every day on the information that gets out to parents and kids on how to get them back faster.

To summarize, research-based care has more value than just having a lot of clinics.

Mr. Robert Kitchen: Thank you.

Ash, I wish you well in your studies. I'm a kinesiology graduate, so I'm wishing you well in that.

Can you describe some of your study for us, and the research you're doing in this area?

Mr. Ash Kolstad: I'm looking at whether, if bodychecking is disallowed, there are any changes in offensive performance.

I'm also looking at the effects of concussion more from the sensory motor side of things, so movement and whatnot.

Those are the projects I've been working on.

Mr. Robert Kitchen: Do you find that you can relate to some of those aspects from your own personal experiences?

Mr. Ash Kolstad: Yes, for sure.

Another project I've done is called patient engagement research. It's trying to understand the experiences of adolescents who have gone through the concussion rehabilitation.

I've had a concussion, so I conduct qualitative research through interviews and focus groups, and try to gain the perspective of other individuals' experiences. It's really relevant to me, and that's why I'm so interested in it.

Mr. Robert Kitchen: Matthew, very quickly, because I think I'm running out of time, you've done a video and did a lot of work on the protocol.

Can you explain some of that, very briefly, in terms of how you did that? What sorts of things did you talk about?

Mr. Matthew Chiarotto: A lot of people are confused about the symptoms of a concussion. A lot of people think you have to black out to have one.

My mom and I basically clarified all of the symptoms and everything you're not allowed to do, everything you're supposed to do, and some things you should look out for. We also worked with Holland Bloorview. They did a return-to-sport protocol. We tried to follow that and outlined some good things for kids to do to keep occupied and make it through their concussion.

The Chair: Thank you.

We'll be moving to the NDP and MP Cheryl Hardcastle from the Windsor area, for seven minutes.

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

My first question is for Carter.

For you to return to the game now, can you describe to this committee, if you have any uncertain terms, what the terms would be? What would this game look like if you were to return?

Mr. Carter Phair: I'm not really sure. I guess I wouldn't want to get run all the time.

The crease rule.... I think in the IIHF the whistle is blown any time someone on the opposing team enters the crease. I think that would have gone a long way in enabling me to play.

• (1820)

Ms. Cheryl Hardcastle: Anne, do you want to elaborate on what Carter has said? What do you think that should look like, just knowing what a goalie has gone through and the kind of culture we have in the sport?

Ms. Anne Phair: As I said in my speech, it just seemed like it was part of the culture, that they wanted to get the goalie. I really think that crease rule needs to come in.

As I said before, coaches need to be held accountable. Ultimately, in the end, they are the ones who are telling their players what to do on the ice and what they expect of them. In the case of that one coach who had the hit list, it was clear the team ran him twice. That team ended his season two times. I think coaches need to be held accountable, and they need more training in what these concussions are.

This isn't like a broken bone. It isn't as though it heals and then you're done with it. This is lifelong. We don't know what the symptoms are 20, 30 or 40 years down the road. It's being brushed over. I think coaches need to be trained.

The other important thing I haven't mentioned is how these leagues ignore you once you're done. Ever since Carter finished playing and announced his retirement, we have had no contact from anyone, emotionally or financially.

We were given a very small amount of time to submit some invoices for concussion treatment by Hockey Canada, but there was a time limit on those. We have spent thousands—and I mean thousands—of dollars in treatments for him. We've been given less than \$500.

Ms. Cheryl Hardcastle: Wow.

Ms. Anne Phair: Everybody just basically washed their hands of us and said that they were done with us.

Ms. Cheryl Hardcastle: That goes to my next question. I'll give you a little bit of a chance to think about it because I'm going to touch base with Kathy, Matthew and Ash on this question.

How are mental health needs addressed as compared to physical needs?

I'll give you a minute to think about that while they quickly respond. I have a time limit, but I'm interested in hearing your thoughts. What would the game look like?

Go ahead, Ash, if you want to start.

Mr. Ash Kolstad: For me, it was just trial and error with a bunch of different things. It really started with medications, and then when that wasn't helping, it turned more to biofeedback, like controlling breathing. Also, social support, for me, was a key factor in trying to keep my mental health positive.

Ms. Cheryl Hardcastle: Matthew, do you want to talk to me about mental health needs, or do you want to talk to me about what you think the changes to the game should look like? I just want to point out what I mean by changes to the game. I mean changes not just at the amateur level because no matter what happens, if they don't happen at the higher levels, like the NHL level that we all aspire to—like in your conversation with Don Cherry—they won't matter. A change has to happen clear across the board, so if you're going to talk about that, keep that in mind too.

Go ahead.

Mr. Matthew Chiarotto: I wrote down some stuff about this, too. I also have a couple of points. I wrote down that also at the top of the league, there's....

For amateurs, you should stop games that have too many penalties or that have become too difficult for officials to safely manage. I, personally, have had experience with those games. Tempers flare, and it's not a safe environment. There should also be fewer games, allowing for more skill practices and more skating work. It makes for better skaters, and better skaters are safer skaters. Players should also have safety-specific training to keep them out of harm's way and make them aware of risky situations.

At the top level, I think that the NHL influences how a lot of kids play, like a couple of people mentioned earlier. We all want to live that dream of playing in the NHL. Ken Dryden, who was here a couple of days ago, wrote a book and has many ideas on how to slow the game down and still make it exciting to watch and play. I also think that NHL players should keep in mind that there are a lot of kids out there who look up to them as role models, and they should watch how they play.

Ms. Cheryl Hardcastle: Thank you.

I'll go back to the Phairs now. Carter, I don't know if you want to speak, or if you want to let Anne go first.

● (1825)

Mr. Carter Phair: My mom can go.

Ms. Cheryl Hardcastle: Okay. That's always a good answer.

Go ahead, Anne.

Ms. Anne Phair: As far as the mental health end goes, it was never addressed with Carter. We had trouble finding any doctor or anybody who could help him with anything. Being in Saskatchewan, I was on the Internet trying to find things out. I finally saw a video of a doctor down in California who spent all of his time focused on concussions and the mental health end of them. He actually treated bomb blast victims and war vets. That is how I heard about this doctor in Vancouver. Once we saw that, we immediately contacted him. He was able to alleviate almost all of Carter's symptoms.

The Chair: Thank you.

I should let the witnesses know that we do have interpretation services available in English and French.

We'll move to the Liberals now for several minutes.

Madame Fortier.

[*Translation*]

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

Thank you again, ladies and gentlemen, for your testimony. We really need to understand what you have gone through and how concussions make you experience all kinds of realities, not only at home, but also in the sports world.

Ms. Hardcastle has already asked questions that I wanted to ask, but I would like to continue to explore the subject further. Mr. Dryden mentioned the need to change the culture of sport, which you all agree with. I would like you to confirm if I've understood correctly.

In your experience, what would it take to change the rules of the game? You have offered a few ideas, but I would like us to go deeper. First, do you agree that the culture of sport needs to change? What rules or environment would need to be changed to achieve this?

Mr. Chiarotto, you may start.

[English]

Mr. Matthew Chiarotto: I agree that there should be some changes to the rules. I mean, there are a lot.... I think that a lot of hockey rules should be changed, because a lot of kids are getting hurt.

I think someone can even talk more about that.

Mom, can you elaborate on some rules?

Ms. Kathy Leeder: There's the culture, and then there's the way games can be played. I go back to the workplace analogy. People come to work just like kids come to games. Kids need to grow up into adults and be healthy, and I'm not sure that the culture is 100% focused on the health and safety of the kids. It's how to get faster and how to get more ice time. Parents like action and goals.

Ash mentioned that it becomes a very big part of your social life. You're almost on vacation with these people when you travel to tournaments, so it ties in to so many elements of an individual and a kid growing up. They're your friends, it's your family, you spend so much time with them, and there's so much money spent.

If we spent more money, time and energy on how to play the game safely, redesigning it.... My son would have benefited from parents and coaches spending more time learning respect for the game and players as individuals, so that he wouldn't have been hit. Some of the things said—

Mrs. Mona Fortier: It's not just a Saturday morning event. That's what you're saying.

Ms. Kathy Leeder: No, and some of the things said.... There are some dark sides, and there are some egos. I love the game. I think it's great. My sons have enjoyed it and really benefited from participation. I think that slowing it down and making it about plays, not about hits, and making it about learning the skills and maybe less about the speed and intensity might help.

[Translation]

Mrs. Mona Fortier: Thank you.

[English]

Ash.

Mr. Ash Kolstad: That's a really complex question, and I like it.

Mrs. Mona Fortier: I know.

● (1830)

Mr. Ash Kolstad: Just from the sport level around policy changes, I think we really need the research to tell us what the effect is of policy changes. I know there's research out there for disallowing bodychecking, and that reduces injury and concussion, but I think there needs to be a large focus also placed on what happens when a concussion occurs, or a suspected concussion. Are the coaches watching? What are the coaches doing? Are they following that “when in doubt, sit them out” policy? Are they making sure that the player has been medically cleared to return back before participating again?

I think a really large focus needs to be placed on what happens when a suspected concussion occurs.

[Translation]

Mrs. Mona Fortier: Mr. Phair, would you like to add anything?

[English]

Mr. Carter Phair: For me, I think, the rules maybe just need to be upheld a little bit more stiffly, and players need to be taught how to protect themselves at a younger age to be able to avoid some of those hits.

Mrs. Mona Fortier: Anne, do you want to add something as a parent?

Ms. Anne Phair: Yes. I agree 100% that the culture needs to change, but I believe Carter's first three concussions wouldn't have happened if he'd been wearing the correct helmet for his level. There were many opportunities for somebody to have figured that out. All it would take is a list and a trainer on every team, even for the little guys, to tell them what kind of approved helmet they need to be safe.

When Carter received the correct helmet, he never again received a concussion from a puck to the head.

[Translation]

Mrs. Mona Fortier: I'll put the question another way.

When you started playing, was the reality of concussions addressed on your teams? Did you talk to friends, your parents, the trainers? Did you have that conversation, or did you start to talk about it when it happened to players on your teams?

Mr. Phair, you can go first. Since I don't have much time left, could you please be brief?

[English]

Mr. Carter Phair: There wasn't one when I was younger. I knew they existed, but that was about it. It wasn't until, I guess, midget that I saw guys getting them. When I made it to junior, there's baseline testing, but other than that.... You don't hear anything about it until it actually happens.

Mrs. Mona Fortier: Thank you.

Ash.

Mr. Ash Kolstad: I agree with that fully. I didn't even know what a concussion was when I had my first one. I had never heard that term before. Even after a few years of my second one, I was explaining to people what happened and what it was. No, I don't ever remember talking to anyone.

The Chair: We are moving into our second round of questions. These will be for five minutes.

Ms. Kusie, welcome to our committee.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Thank you, Chair.

The Chair: Ms. Kusie is from the Calgary area.

You're here on sports-related concussions and you'll be sharing your time with Mr. Kitchen.

Mrs. Stephanie Kusie: Yes. Thank you very much.

Previously I was the deputy shadow minister for health. I've moved on in the portfolio.

More important to me today is that I am the mother of a seven-year-old boy who plays hockey. These stories are really terrifying for me to hear, and I feel very grateful that I got to sub in today on this occasion. I want to thank you all so much for being here to share your stories and for being so brave as to confront this and to share your stories with us and of course with Canadians.

I will say that I'm a mother who would have far preferred that my son do robotics or debate club, even though my community does have a very proud tradition in minor hockey. My son really wanted to do this, and my husband really wanted to do this with him as a family activity. He enjoys it, but he's also in the process of deciding now whether or not he wants to be a goalie, which is really scary for me. They alternate right now and he played that role recently, so I watch in trepidation as he makes the decision.

My comment is that I think every parent who has their child in hockey should have the fear that was instilled in me today. When everyone sees this picture of Carter, they should be thinking of their son or daughter who plays hockey as well.

My only question, because I wasn't certain, is about how parents are required to take a significant conduct overview prior to their child stepping onto the ice. I was just curious as to whether or not this conduct tutorial included a segment on concussions. If so, I am happy to hear that. If not, I certainly feel that it should be included. If any of our witnesses here today have that information, I would appreciate it.

No...? Well, then, perhaps that's something that as critics we could check into.

With that, thank you so much again for being here and for your messages to us.

I'll pass the time on to my colleague Mr. Kitchen.

•(1835)

Mr. Robert Kitchen: Thank you.

I want to touch on a point that Anne brought up and touched on a bit, recognizing that this is a study of sport concussions, not just hockey concussions, and that they do happen in other sports. My statistics say that 48% happen in hockey, but they happen in all other sports, including soccer, football, basketball, rugby and volleyball, etc. We need to be cognizant of that. This question might have a little to do with that because it deals with equipment, and, Anne, you brought that up.

I spent many years as a coach, a parent, a trainer, a team doctor and a manager. It was the whole nine yards. As you said, Kathy, it was my life during the wintertime. It's what got us through winters in Saskatchewan, right, Anne? It's how it works. You went from September until April and you were family. That was your livelihood. When it's taken from you, it's very hard.

On the point of equipment, I found that as I coached that it's oftentimes a challenge to a coach too. Granted, we want to look at this and to say that the coaches need that training. I think we need to ask that, but when they go into a sports store, they're relying on the person there being knowledgeable and providing them with the right equipment, providing the right-fitting shoulder pads.

People don't understand that when you put on those shoulder pads and mom or dad says they want the big ones because they make their boy look big, the reality is that those are probably worse for him than the smaller ones. They also want skates that are two sizes too big. Why? Because he's going to grow this year and therefore they want him to get through the winter on one pair of skates for \$200 rather than two pairs. Those are big challenges. Helmets are another aspect. We look at things, we see the CSA standard stamped on that helmet, and we say, okay, this is approved. That's a challenge.

I would like to hear your general comments on that. Is that enough? Do we need more than just "CSA approved"? Do we need more training for the trainers, the doctors and the equipment manufacturers?

Go ahead, Anne.

Ms. Anne Phair: Yes, we totally need all of that. We went to a store that sold the high-end pro equipment. They knew what level of hockey Carter was playing. They gave us recommendations. The sticker on it said it was NHL-approved, so I didn't think there was any way that helmet wasn't good enough, yet as soon as the trainer in Kamloops had a look at it, he said this helmet is terrible. He should never have been wearing it since bantam hockey, since he was 14 years old. I could only rely on what the store was telling me. I knew nothing better, and I knew at \$1,000, it darn well should protect his head.

Yes, there needs to be some kind of standard out there and somebody who can check kids' equipment so we know it's proper. Obviously the stamp....

The Chair: Thanks, Anne.

We're moving over to the Liberals and Darren Fisher from Dartmouth—Cole Harbour, Nova Scotia.

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

Thank you so much to all of you, parents and athletes, for being here.

You all identify as athletes. That's how you saw yourselves when you played the game. That was your identity. You were also students. You were also peoples' friends, but you've all lost so much. The three of you are no longer playing the sport you love, that you grew up loving and that you grew up working so hard to get good at.

Matthew, Ash, Carter: Carter is the strong, silent type, he may not want to chime in on this too much. He reminds me of my 17-year-old son. They won tonight, 5-2.

Ash, nine years later you're still feeling the impacts of a concussion. Besides the obvious things and the things you've said in your testimony tonight—and thank you very much for this—what else have you lost? I think about losing your whole grade 8 at school. You've all lost school time. You may all now have different groups of friends who are no longer the groups of friends you were with when you played sport.

I'll start with Ash, but anyone who wants to chime in, feel free.

• (1840)

Mr. Ash Kolstad: Hockey was extremely important to me. I played that sport for eight years, and to have it taken away from me in an instant, as you said, was super hard. After the concussion when I went back to school I was still hanging out with my friends and they were all still playing hockey, most of them on the same team, and they were talking about what happened in last night's game, in the weekend tournament, and I couldn't feel part of that conversation anymore. It really was hard. It made me feel like I had to isolate myself from talking to people because I couldn't fit in anymore. I was "the concussion guy", in a way.

Mr. Darren Fisher: Are you still friends with that same group you grew up with through the system?

Mr. Ash Kolstad: Some of them, yes, but not all of them.

Mr. Darren Fisher: Matthew, what else besides the obvious do you feel you have lost?

Mr. Matthew Chiarotto: Definitely hockey, as Ash said. It was a really big sport in my life, especially since my brother played on the same team. After I left hockey I was really sad. I didn't really feel that happy when I was watching my brother play the game when I couldn't play because it was too dangerous for me, and I didn't want to get hurt again.

I lost time in school that I couldn't gain back. I lost some of my friends, but definitely hockey was most important because it was such a big part of my life. I'm really sad that I can't play anymore, but it was the right decision for me.

Mr. Darren Fisher: Carter, do you want to chime in on that?

Mr. Carter Phair: Sure. For me, it's the social aspect. As you said I was pretty quiet to begin with and hockey pulled me out of my shell every day and I enjoyed it a lot. Now I have to make new friends. That's just how it is.

Mr. Darren Fisher: Matthew, we were chatting outside earlier, and I think it was you or your mom who said you wanted to turn a bad situation into a good one. You're a junior sportscaster, and I hope someday maybe you'll hire me when you are working at Sportsnet or TSN as a sportscaster.

I think it was you who said something about refs losing control of the game. I've been to many games where refs have been perceived as losing control. I know that Anne made a lot of recommendations as well, but were you recommending that referees have the ability to shut the game down? They have that ability but I don't think they exercise it very often because the crowd would probably go crazy.

Mr. Matthew Chiarotto: I think definitely they have the ability to do that, and they should, because a lot of games, especially games that I've participated in, get really out of hand, where there are kids getting suspended, people throwing wild hits, to the point where you can't really classify it as hockey anymore. In the league that I played in, it's non-contact and there are still penalties. You have an extra game sheet that you have to fill up. Definitely I think that some games should be shut down because they're just out of control.

Mr. Darren Fisher: Kathy, you started to say something when I moved off to Carter. Did you want to make a point?

Ms. Kathy Leeder: I just wanted to say that there's a great sense of self that gets lost for a kid who identifies with one sport. That was

really hard, transitioning to something else where you're not going to end up with a concussion. I think our family suffers from post-concussion bubble-wrap syndrome, where we just literally want to take both the kids and wrap them up. We sent Matthew to a basketball camp and a kid lost his temper and shoved him against the wall and he came back with a bump on his head. It just builds.

But it is very difficult when you identify with a sport with all those things. When you lose it, trying to regain that sense back is tough.

The Chair: Thank you.

We're going to be moving over to the Conservatives, then the Liberals, and then the NDP. We're going to have some extra time, so if the members can start thinking about one question they would want to ask the witnesses, as we conclude today at the end of our second session here, that would be great.

We're going to be moving over again to Mr. Kitchen.

• (1845)

Mr. Robert Kitchen: Thank you, Chair.

Thank you, again.

Kathy touched on it a bit just a second ago, on someone who puts their life into one sport. Matthew, did you ever play other sports besides hockey?

Mr. Matthew Chiarotto: Not really. I was really invested in hockey because I always had the dream of playing in the NHL and being this big superstar, but in the end it's not really realistic.

But I discovered a lot of other sports after I played hockey, which was my downfall, because hockey wasn't the sport that I really was meant to play. I found a lot of other sports, like basketball and tennis, which are really good for me, but I wish I had discovered them earlier because getting taken out of hockey was a really big blow. I would have loved to have something that would have cushioned my fall.

Mr. Robert Kitchen: Okay.

Ash.

Mr. Ash Kolstad: I played multiple sports. In summer and spring I'd play lacrosse and whatnot, and golf, which was fun. I was still able to play golf, but it was really in the winters that I wasn't able to play any sport because I wasn't cleared to play any type of contact sport. That's really when I wanted to take up coaching.

Mr. Robert Kitchen: Had your doctors cleared you for lacrosse?

Mr. Ash Kolstad: No, I didn't play lacrosse. I had to quit lacrosse, too. I wasn't as devastated because I still had golf.

Mr. Robert Kitchen: Did you play any other sports when you were playing hockey at that time, before your concussions?

Mr. Ash Kolstad: No, not in the winters.

Mr. Robert Kitchen: Hockey was basically all you focused on. Did you play soccer or baseball during the summertime or...?

Mr. Ash Kolstad: No.

Mr. Robert Kitchen: Carter.

Mr. Carter Phair: Yes, I played baseball until I was 11 or 12, and then stopped to play summer hockey.

Mr. Robert Kitchen: You just went to summer hockey, and then the hockey season melted into itself, day after day.

Mr. Carter Phair: Yes.

Mr. Robert Kitchen: Okay.

Do you play any other sports now, Carter, intramurals or...?

Mr. Carter Phair: I just play golf, really.

Mr. Robert Kitchen: The reason that I'm going with that is that there are some risks with other sports that are out there, and I was just wondering if you guys had any experience along those lines. Do you have any friends that maybe played volleyball and basically took a ball in the head? Can you comment on that?

Mr. Ash Kolstad: From my research lab that I'm part of.... There used to be a rule where in practice they would hit the ball over the net, and then run underneath the net to go get their ball, meanwhile the person behind them in line would also spike the ball down. That resulted in concussions, being hit in the back of the head with the ball, so there was a policy change last year, I believe, where now they're no longer allowed to run under the net. They have to stop and run around the net to go get their ball to try to reduce concussions.

One of my friends, who's the main researcher on that, has said that he's been hit in the head trying to get his ball.

Mr. Robert Kitchen: Thank you very much for that.

Kathy.

Ms. Kathy Leeder: We very much like meeting people and talking about concussions. We've met dancers, gymnasts, my nephew skiing, my niece skiing in a collision, falling off playground equipment. Even Matthew, in swimming, was kicked in the head by a kid doing laps. That has been our experience as far as meeting others.

Mr. Robert Kitchen: I remember, when I first took skiing we didn't wear helmets. Mind you, we were wearing wooden skis and strap bindings in those days, as well as lace-up boots. That was a few years ago, in the Maritimes.

As Ash pointed out, it's the sporting body that has made changes, for example in volleyball, to make sure we're seeing fewer injuries. How much pressure should we be placing on those sporting bodies to actually step up in this avenue and make those changes?

Ms. Kathy Leeder: You have to place a lot of responsibility on them. They're the ones who run the game. They're the ones who charge the fees. They're the ones who have the expertise. They're the ones who can engage the parents, find coaches or hire trainers, and provide the expertise so that people are wearing the proper equipment. They know the game. They're the experts.

• (1850)

Mr. Ash Kolstad: Yes, it's important. My impression is that the sporting organizations are trying to follow what the research shows. It's crucial that they partner with research institutes to test out whether the changes they want to make are actually effective.

The Chair: We're going to be moving over to the Liberals again, and Mr. Darren Fisher.

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

You're all such excellent advocates, and this is going to increase awareness. Just talking about this and having things like this televised is going to increase awareness for concussions.

I keep thinking about the comments about the smaller towns and the minor hockey associations, and how there's nobody really around when something like that happens. Someone will just say to wake him up every hour. I think it might have been Anne who said that.

I think about the level of support, knowledge and technology at the higher levels. As I said last week when Mr. Dryden was here, we have to find a way to filter that down, either through training or....

Anne, you were talking about equipment and the \$1,000 helmet. You said, "I would gladly spend the money to keep him safe." What a great lesson. My son plays competitive hockey, so I try to buy the best helmet. I assume that the highest price tag is the best helmet. I will say that I really hadn't considered that it wasn't until you said that. It's astonishing.

However, I will say we can't have the sports stores held to having that ability to.... We expect someone who's fitting our kids with shoulder pads to know what size, but we really can't put the onus on them for that.

Somebody said something about CSA. Maybe we need to get to a higher standard. I come from the era of the old Jofa helmet, which looked like a cardboard box. It's much, much better than it was, but the players are bigger, stronger and faster, and they're hurling themselves at each other because, as Matthew said, kids look up to the NHL players and play the game the way those players play it. That seems to be the way it is.

Maybe we need to get to a higher standard. You made a lot of recommendations and I didn't get them all jotted down, but if you are able and you want to submit them to us in a list form, I know it's very important that we hear your suggestions. I know I'm mixing up everybody's testimony because it's all coming at us, but I like the idea of maybe a higher test than being CSA-approved.

I looked at my helmet the other day, since being named to this committee, and it said 2009. That's gentlemen's hockey, and I'm more likely to do damage to myself by falling into the boards than being pushed, but my 2009 helmet is no longer good by 2012 standards.

There's a lot we can learn here. If you have recommendations and you want to throw them out there, that would be great.

I'm sorry, that wasn't really a question, Anne. I was just commenting on some of the things you said. You also implied that when Carter was first diagnosed with a concussion, you realized that he may have had several more before then, but you just thought they were headaches.

Ms. Anne Phair: Yes.

He started playing midget AAA away from home when he was actually only 14 years old, which broke my heart to see him leave home at that age. That year he was wearing that helmet that shouldn't have been used past bantam. He complained of headaches all the time. No one on the team clued in that he had a concussion. His dad and I didn't even clue in. We actually chalked it up to homesickness and being away from home.

Now looking back we wonder if he didn't have a concussion for most of that year. He was frequently taking shots to the head in practice. We did actually go to the team about that and say, look, this has to stop, look at the marks on his helmet. Even on the back of his helmet there were puck marks where there isn't enough protection for sure. They didn't do anything about it.

Mr. Darren Fisher: You talk about the competition running and crashing into the net and things like that with Carter. You said there were suspensions, but the suspensions were never enough to change behaviour. Were they three games, six games, two games, or does it matter? Does it matter if there's a head hunter out there?

Did we lose you, Anne? We lost her.

•(1855)

Ms. Anne Phair: I'm still here. Carter is speaking. I couldn't hear him.

Mr. Darren Fisher: Sorry.

Was Carter talking?

Ms. Anne Phair: Yes.

As far the suspensions went they started off with the three-game suspension. The next one I believe went to six. The next one went to eight games. The one that finally did him in for good was I believe six games for the player and three for the coach.

These were one month apart. Our league was also notorious for not putting these suspensions out there for everybody to see. The teams knew what happened but the general public didn't really know anything about it.

The Chair: Thank you.

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

Ms. Cheryl Hardcastle: Thank you.

My understanding just a minute ago is that, Carter, you were making some comments. They're not on the record. We didn't hear you. If you said something just a minute ago, could you repeat it?

Before your mom spoke, we thought it was a moment of silence. If you did say something, there was a misunderstanding and we need to hear you repeat it please.

Mr. Carter Phair: I don't think the suspensions were enough. In one of them, as is the case with most of them, it was an attempt to either win the game or keep their season alive. At the end of the day, everyone just wants to win and keep playing.

Ms. Cheryl Hardcastle: Okay. Thank you.

I guess you all know that this is a subcommittee of the health committee. We have heard a little bit about, yes, you can get

concussions from a variety of different sports. As a matter of fact, we probably know that a brain injury like this can come from a variety of different activities and accidents.

That being said, think about our role here and the federal government's role in what you would see as helping to address the effects of concussions. What we've heard so far from witnesses previously is that there is a gap in understanding between the physical and mental in the brain injury.

Maybe you could just share a little bit about your experiences, and say what different paths we should be going down and exploring in terms of your experience.

I don't know who wants to go first. Anne...?

Ms. Anne Phair: I don't think I have anything new to add other than I think that leagues need to put it out there that there's proper equipment and have someone who is trained to identify the proper equipment. On the suspensions, I think the league rules need to change in order to protect these kids. I think the aftercare needs to come into it as well.

It should be, yes, you quit, but we're not done with you.

Ms. Cheryl Hardcastle: Exactly.

I think you were telling us that you went—a lot of the onus was on you—to find this doctor. I think you said he was in Victoria.

Ms. Anne Phair: In Burnaby....

Ms. Cheryl Hardcastle: You went to find this doctor. I'm just assuming you were surprised that these kinds of doctors are so few and far between.

Ms. Anne Phair: I was absolutely shocked.

Ms. Cheryl Hardcastle: You took this initiative. Did your family doctor recommend that you find this doctor, or did you go on the Internet yourself?

Ms. Anne Phair: We were strictly on our own. There wasn't a single person involved in hockey who could give us any advice.

With his last concussion, he was ambulated to Saskatoon hospital for a CT scan to make sure he didn't have a brain bleed because of some recent symptoms. No one gave us anything in the medical community or in the hockey community. We were on our own 100%.

The Chair: That concludes our second round.

We do have some time. If members have one question they would like to ask of the witnesses, this is an opportunity to do so. I'll just go around the table.

Ms. Hardcastle.

Ms. Cheryl Hardcastle: Matthew or Kathy or Ash, I'm wondering if you want to expand on those comments about how you had to go and find your treatment for the brain injury aspect.

● (1900)

Mr. Matthew Chiarotto: With my concussion, as soon as I went to the bench there was a lot of conflicting opinions. The immediate reaction wasn't, "Oh, you have a concussion." It was, "Can you go back out? Are you okay?"

I think my mom can explain from the parental view some of the conflicting information she received.

Ms. Kathy Leeder: With Matthew's first concussion, we had very few resources. It was the Internet and that's not a good source of information.

When Matthew had his second concussion, the Greater Toronto Hockey League had partnered with Holland Bloorview, so we had resources to go to. We weren't grabbing everything off the Internet, trying to find what made sense to us, and placing it on our kid. We were informed. We knew symptoms. We knew that it was going to be different, that things can come and go, and that symptoms don't even show up right away. They can show up a couple of days later. For us, the big difference was having the care. I mean, it really isn't acceptable for anybody to have to deal with this on their own, using the Internet as their source of information.

I like what Ash had to say about research. There are a lot of great research studies going on right now for youth in sports, trying to pull it together, and I think that's something that should continue. There's that whole component of mental health that even on Matthew's second concussion we didn't get into. There's a whole element where the person does feel trapped. They lose all their support network. The mental health component of it is very key as well.

The Chair: Thank you, Ms. Leeder.

I believe Mr. Kitchen has a question.

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

Matthew, I'm impressed as heck by you, a 13-year-old boy who's this confident and open. I thank you very much for being here. You impress me tremendously.

We talked a bit about the respect for sport. My thought is that, okay, we've done a lot of things in hockey. We've put in trainers, which we never used to have. Before the season starts, we now have a meeting with all the parents, teaching them about respect for the sport and that aspect.

What about the kids? What about the players? Let's say I as an adult went to a team of 10-year-old or 13-year-old boys—or girls, for that matter—and said, "This what you have to do: Respect the sport and respect your opponent." I would walk out of that room knowing that they would forget it the moment I left.

What about having it be someone like you? Would it be beneficial to have an ambassador, someone similar to you, who went around the country speaking to these young hockey players so that they could understand the need for that respect for the game?

Mr. Matthew Chiarotto: I think it does help when it's one of your peers who pushes the message. I think someone their own age talking about how it's important to respect your sport would be beneficial for them. They'd understand more, because they'd see someone their own age talking about that.

I think it would be a really great idea to have someone like that go in and talk to people.

Mr. Robert Kitchen: I'd be happy to tag team with you and do that.

Mr. Matthew Chiarotto: Thank you.

The Chair: Thank you, Matthew.

To conclude, our last question will be from Dr. Eyolfson.

Mr. Doug Eyolfson: Thank you.

Ash, I believe it was you that mentioned that there was a concussion protocol when you were injured. Was that right? Could you describe what they did and what their protocol was at the time of that injury? What did they look for and what was their decision, based on that?

Mr. Ash Kolstad: With the first concussion, we followed the protocol. It was strict rest until the symptoms went away and then you start a gradual return to sports activity. I believe that the first step was walking for half an hour. The second step was walking for two minutes, running for one minute. Step three was wind sprints for 15 minutes, which was fun. Step four was the return to sport, without physical contact, and then step five was the full return to sport. If you have a symptom provoked at any of the steps, then you have to stop, wait 24 hours and then start at step one again.

● (1905)

Mr. Doug Eyolfson: Okay. Thank you. That's very useful. We know they're out there and we've heard reports that there are various levels of compliance with that.

Matthew or Kathy, at the time you were playing, do you know whether there was an organized protocol that the teams followed in case of concussion?

Ms. Kathy Leeder: Yes. That's the thing that the partnership with Holland Bloorview and the GTHL had worked through. It was certainly educating parents, kids and coaches about what to look for. If you had even one symptom, then it was, "When in doubt, sit it out".

Then you work with your family physician to have a referral to Holland Bloorview. They work with you on understanding what your symptoms may or may not be and then what you can do to improve upon that.

From there, you would get baseline tested, once you were feeling much better, and you could get signed back to return. If not, they have a residual concussion symptom program. You could get stuff from the Internet—not the Internet, but online is what I meant—so that you didn't have to go, because a lot of kids would feel.... I know Matthew did. He couldn't ride in a car and going for appointments was very difficult, so they were very accommodating that way. Then working with a coach and the resources at the hospital, they would get the person to return to all the things they liked to do, whether it was school, sport or just their daily living activities.

Mr. Doug Eyolfson: Carter and Anne, could you add to that? At the time of the injuries, did the team have an organized concussion protocol and was it followed?

Ms. Anne Phair: Yes. In both leagues they did, but Carter will be able to speak a lot better on what the protocol was.

Mr. Carter Phair: Yes. In the WHL, they would keep me away from everything until I started to feel better. Then they'd slowly reintroduce me to different things. As far as when the concussion was sustained, a lot of the time it was just never in doubt that I was done for the game or for however long after.

Mr. Doug Eyolfson: All right. Thank you very much.

The Chair: Thank you to all of our witnesses.

On behalf of the subcommittee on sport-related concussions, we want to thank you. You have been excellent witnesses. Your testimony and your answers have all been put on the record. I know there's been overwhelming interest and support for this committee and what we are able to do here, in terms of being able to make our playing fields that much safer.

On that, I know that many of you have talked about the network, the journey that you've gone through, and many of the stakeholders you've been able to work with. Many of them may be watching now, and those who are viewing our hearings can go to www.ourcommons.ca/Committees/en/SCSC and make a submission of up to 2,500 words. That is an opportunity for many of those who will not have the opportunity to be here in front of us as witnesses to provide their submissions and their recommendations to this committee.

Again, on behalf of the committee, thank you to all the witnesses for sharing your very personal and compelling stories.

That concludes our hearing. The meeting is adjourned.

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