



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

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

SCSC • NUMBER 011 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Wednesday, May 1, 2019

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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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• (1600)

[English]

The Chair (Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.)): I'd like to call this meeting to order.

On October 4, 2018, the House of Commons Standing Committee on Health adopted a motion to create a subcommittee to study sports-related concussions in Canada. Since November 21, 2018, the subcommittee has heard from a variety of witnesses from different perspectives, including amateur and professional athletes, parents, researchers, doctors, equipment manufacturers and sports organizations—the entire sports family—because we love sport and we want to grow sport.

Today the committee will hear from NHL commissioner Gary Bettman on the final day of testimony in this study.

I want to thank Commissioner Bettman and Deputy Commissioner Daly for appearing today. We know it's a busy time for the NHL with the second round of the Stanley Cup playoffs just getting started. We appreciate your taking the time out of your busy schedule to be with us today.

Congratulations on your tenure as NHL commissioner. As I understand it, you were named commissioner in 1993. It was the first time that the National Hockey League had a commissioner. Since then, the league has grown into new markets and has strengthened traditional markets in Canada and the U.S.

Our vision is not too dissimilar: We want to grow sport through more participation. The responsible way to do that is by making our sports safer.

Commissioner Bettman, the floor is yours.

Mr. Gary Bettman (Commissioner, National Hockey League): Thank you, Mr. Chair.

Thank you, honourable members. I appreciate your invitation to be here to discuss the important matter of concussion in sports. Recognizing that my time for remarks is limited, the NHL is also providing a written submission to the subcommittee today that contains further details with regard to the matters I'm about to discuss.

For over 26 years, I've had the privilege of serving as the commissioner of the National Hockey League. NHL hockey, as you

all know, is played in an enclosed environment at high speeds by players of different heights, weights and skills. By its very nature, professional hockey is a collision sport and contact is sometimes unavoidable. In some circumstances, injuries, including concussions, may inevitably occur. Consequently, during my tenure as commissioner, the health and safety of NHL players has been a top priority for the league, its member clubs and the players' association. In fact, the NHL has pioneered a number of player safety initiatives that have served as a model for other sports entities.

For example, since 1977 the NHL and the NHLPA have had mandatory league-wide neuropsychological baseline testing as part of its concussion program. This was the first program of its kind in professional sports. The NHL was also the first professional sports league, in any sport, to adopt league-wide electronic medical record systems for tracking player injuries, and the first to create a department of player safety, which, among other things, monitors games and assesses player compliance with NHL playing rules. Over the years, we have built on this work by remaining current with medical and scientific developments regarding concussions, and have fostered a culture in our sport in which players, teams and their respective medical staffs work co-operatively to manage these injuries.

Today I will describe for you the current landscape in the NHL related to concussion management. For additional specifics, please refer to our written submission. The NHL has already shared extensive information regarding this topic with representatives of all levels of hockey. We have organized collaborative summits. They were organized, sponsored and hosted by the NHL. We conducted them in 2018 and 2019. In addition, the NHL participated in conferences with other so-called collision sports leagues and governing bodies from all over the world in 2017 and 2018, which were organized as forums to share best practices regarding concussion management and to align on data collection and research to aid in that effort.

For obvious reasons, not all initiatives undertaken at the NHL level will be applicable or appropriate at other levels of hockey or for other sports. Nevertheless, I am pleased to share our practices and approach, and to provide you with information that I hope may help this subcommittee fulfill its mandate. The NHL's policies and procedures relating to head injuries are set forth in a comprehensive concussion protocol that was first codified in 2010 and has been updated regularly. The concussion protocol addresses the provisions of education to players, on-ice officials, athletic therapists and trainers, and club medical staff. It requires baseline testing for all players, sets forth the procedures surrounding the identification and evaluation of possible concussions, and establishes the process for diagnosis, management and return to play following a concussion. Our clubs are committed to compliance with the protocol and actively support and follow it.

The first step under the concussion protocol is ensuring that adequate efforts are being made to identify potential concussions. To that end, the protocol includes a list of, quote, "visible signs" of potential concussions, and authorizes and directs various parties to remove a player from play if one or more of these visible signs are detected. For example, there are two league-appointed individuals who watch each NHL game with the sole job of identifying players who exhibit visible signs of possible concussion—a central league spotter and an in-arena league spotter.

● (1605)

The protocol also tasks each club with the responsibility to identify and remove players who exhibit visible signs, for an acute evaluation for possible concussion. On-ice officials are also instructed to remove players for evaluation if they observe players who exhibit visible signs of possible concussion. The ultimate result of our protocol as designed and executed is a multi-layered system that is intended to ensure the removal of players from the game for evaluation as soon as possible.

Ultimately, all concussion diagnoses must be made through an individualized assessment drawing on the clinical expertise of club medical staff, following administration of a standardized concussion assessment tool that reflects the latest consensus in the international community of concussion experts.

While the NHL is fortunate to rely on highly qualified medical professionals and benefits from the use of a standardized concussion assessment tool, input from the player remains a critical factor in concussion evaluation and diagnosis. To this end, players are provided with extensive education by the NHL and the NHLPA on the identification of symptoms and the importance of promptly and accurately alerting club medical personnel if they are experiencing any symptoms of possible concussion.

Once a player has been diagnosed with a concussion, the protocol establishes specific criteria that must be met before a club physician can clear a player to return to play.

One, we require that there be a complete recovery of concussion-related symptoms at rest.

Two, we require that there be no emergence of concussion-related symptoms at exertion levels that are required for competitive play and that a graded return to play progression be completed.

Three, we require that the player be judged to have returned to his neurological baseline by the club physician, and to a neurocognitive baseline following an evaluation by a club consulting neuropsychologist.

The protocol does not permit a player who has been diagnosed with a concussion to return to practice or a game on the same day that the event occurred, irrespective of how quickly his symptoms resolve. This reflects the current approach set forth in the "Consensus statement on concussion in sport" as promulgated at the most recent international conference on concussion in sport, which was held in Berlin in 2016.

The NHL's baseline testing program plays a critical role in the return-to-play decision and is worth highlighting here. Under the protocol, each player undergoes pre-season neuropsychological testing to establish a baseline score, which is compared to a player's score on an identical battery of tests administered during the player's recovery process. If a player has not returned to his cognitive baseline, he will not be cleared to return to play under the protocol.

Turning next to building awareness and providing education, which is a central component of our protocol, it is a required element of the protocol that education is provided to all relevant members of the NHL community on the identification, diagnosis and management of concussions, emphasizing the importance of taking this injury seriously.

As others have noted, hockey players are fiercely competitive and often instinctively want to return to play as soon as possible, regardless of whether they have fully recovered from injury. Accordingly, the NHL and the NHLPA have developed a number of educational initiatives to inform players about the common signs and symptoms of a possible concussion; the importance of reporting symptoms to medical experts; what to expect once a player is diagnosed with a concussion; what players can do to assist in their recovery from concussion; and the scientific debate regarding the possibility of long-term consequences of concussion.

Our education program to players is robust, and it starts on the first morning of training camp each season. Clubs are required to begin with a meeting where players and club medical personnel watch and discuss an educational video on concussions. The protocol's education program continues at multiple intervals throughout the season and is provided to players, and in some cases their families, using many mediums, such as posters, videos, direct presentations and brochures.

● (1610)

Our education efforts are not limited to the players. We provide common messaging on our protocol to all important stakeholders at each club and to the NHL's on-ice officials. Club management, coaches and on-ice officials all watch the same video that the players view at the beginning of training camp. In addition, NHL on-ice officials receive in-person education and training on the protocol prior to each season and the league provides regular concussion program updates and education to general managers, coaches and the NHL board of governors.

With regard to educating the broader hockey community outside of the NHL, our league has played a leadership role in organizing, sponsoring and hosting hockey safety summits in each of 2018 and 2019, with representation from and participation by decision-makers at all levels of amateur, collegiate and professional hockey. These summits have facilitated the important exchange of information regarding best practices and key learning from each group on safety-related initiatives, including concussion-related matters. As already noted, the NHL has also participated in international collision sports conferences in each of 2017 and 2018, and we will be the host of the 2019 conference. The 2017 conference focused on each league's implementation of the Berlin consensus statement.

In addition, the NHL and the NHLPA are currently producing a concussion education video that is being specifically crafted for the larger hockey community, which we anticipate distributing later this year. In past years, the NHL and the NHLPA have contributed to a number of other videos illustrating the potential dangers of concussions and recommending the best ways to play the game of hockey safely. In those efforts we have worked with two individuals who have already testified before this committee, Dr. Charles Tator and Eric Lindros.

The NHL has also contributed to the scientific literature addressing concussions through numerous articles published by expert members of the NHL and NHLPA concussion subcommittee.

I would also like to highlight several of the concrete steps the NHL and the NHLPA have adopted to make NHL hockey safer for our players. The NHL and the NHLPA have taken a collaborative and proactive approach to achieve this critical goal and will continue to do so moving forward.

With regard to our playing rules, the NHL and the NHLPA have worked diligently to adopt changes to the game that reduce the incidence of concussions while working to preserve the essential physical nature of our sport.

One such rule that the NHL and the NHLPA have adopted is rule 48, which prohibits all hits to an opponent's head where the head was the main point of contact and such contact was avoidable. Since implementing rule 48, there has been a demonstrable drop in the percentage of concussions resulting from body checks involving head contact.

There are some individuals who have called for a blanket rule prohibiting all hits that result in head contact, whether intentional or accidental, including some who have testified before this subcommittee. Such a rule is very easy to propose but is difficult, if not impossible, to implement and apply in practice. The prevailing view of stakeholders associated with rules development in the NHL, including the NHLPA with whom any such rule would need to be negotiated and agreed to, is that it would not be possible to consistently and fairly enforce a rule that prohibits head contact of any kind or nature if the NHL is to be maintained as a physical contact sport.

That view has informed our approach and while we will continue to monitor and evaluate this important issue, as we do with respect to all issues concerning player health and safety, we believe that the

current iteration of rule 48 strikes the correct balance for NHL hockey.

● (1615)

Enforcement of playing rules through supplemental discipline further promotes player safety and represents an important deterrent to player conduct that is inconsistent with the physical contact permitted in NHL hockey. The NHL department of player safety monitors every game and assesses every hit to ensure adherence with the league's standards for safety. When those standards are violated, the department issues supplemental discipline, which can include significant player suspensions and/or fines.

Before I wrap up, I would like to address the issue of fighting, which has been brought up before this subcommittee and has been a topic of public debate for decades, and well before I became commissioner.

Fights in the modern game are at an all-time low. Eighty-five per cent of regular season games are fight free, which is the highest percentage of fight-free games since the 1964-65 season.

That said, many involved in our game, including numerous players and the NHLPA, continue to adhere to the belief that fighting, while penalized—or, more specifically, the threat of fighting—actually deters and reduces the incidence of other types of dangerous and potentially injurious play. Moreover, many current and former NHL players have stated that the threat of fights helps protect the most highly skilled players from being inappropriately targeted.

With respect to concerns about fighting, and concussions specifically, it is worth noting that relatively few concussions result from fighting. For example, based on video analysis of our games, there have been an average of 2.6 diagnosed concussions per season over the last five seasons that were arguably caused by a player's participation in a fight with an opponent.

Mr. Chair, I know that your subcommittee has focused on concussions among younger athletes in youth hockey. Through our research, educational videos and hockey summits, the NHL is committed to sharing best practices with all hockey organizations, but I understand and agree that not everything done at the NHL level should apply to younger non-professional players.

Our players like the way the NHL game is played and understand the implications of playing a physical contact sport at the highest professional level in the world. Hockey organizations at each level of the sport must make appropriate rule-making decisions for themselves and their constituents and, as I mentioned, we firmly believe our rules are appropriate at the NHL level.

In conclusion, the NHL and the NHLPA have worked collaboratively to change the culture of the game in a positive way. On a nightly basis, we see examples of players making the extra effort to avoid dangerous plays and unnecessary contact. This cultural shift in the game has resulted from an increased awareness of the seriousness of concussions, appropriate diagnosis and management of concussions and greater player willingness to report symptoms and seek out medical care.

The NHL and its member clubs, together with the NHLPA, will continue to work together to address all aspects of game safety while remaining committed to preserving the core elements of our sport. At the same time, we will continue our work with hockey organizations at all levels to assist with their best practices and awareness campaigns.

Mr. Chair, I want to thank you and the honourable members for your time, and I look forward to answering your questions.

• (1620)

The Chair: Thank you for your testimony, Commissioner Bettman.

We will now move to members' questions. We will be starting with the Liberals.

Mr. Fisher, I believe you're first, for seven minutes.

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

Thank you, folks. I appreciate your being here, Commissioner Bettman and Deputy Commissioner Daly. Thank you very much. You are our last witnesses.

Mr. Bettman, you probably recall that U.S. senator Richard Blumenthal wrote a letter to you regarding the link between concussions and CTE. He cited the deaths of NHL players Boogaard, Fleming, Probert, Martin and Montador, whose brains all contained strong evidence of CTE.

When you responded, your letter said that the science regarding CTE and the link to the concussions suffered by the players, which Senator Blumenthal referenced—and I'll quote—"remains nascent, particularly with respect to what causes C.T.E. and whether it can be diagnosed by specific clinical symptoms".

It appears the evidence now is overwhelming in showing a link between concussions in hockey and other sports. What is your belief now and what is the league's position these days on whether there is a link between CTE and concussions?

Mr. Gary Bettman: I'm glad you asked me that question, but I'm not sure that the premise that the link is clear now is one that the scientific and medical communities have embraced. I am not a physician. I am not a scientist. My views are informed by experts in the field. In fact, if you referred to the Berlin consensus statement, the systematic review of the literature published in support of it, it explained:

The causes of mental health and cognitive problems in former athletes, like the general population, are broad and diverse including genetics, life stress, general medical problems (eg, hypertension, diabetes and heart disease), chronic bodily pain, substance abuse, neurological conditions and disease (eg, cerebrovascular disease) and neurodegenerative diseases (eg, Alzheimer's disease, Parkinson's disease and ALS).

Accordingly, the systematic review concludes that the extent to which repetitive neuro-trauma contributes to these issues "is poorly understood and requires further study".

In addition, the consensus statement, which was subscribed to by 36 practitioners in the field, again has continued to say that there has yet to be the ability to draw the conclusion that one will lead to the other.

In fact, Dr. Cantu I believe stated under oath—he is the co-founder of the Concussion Legacy Foundation with Mr. Nowinski, who I believe was here—that we don't know the incidence or prevalence of CTE currently; we don't know the incidence or prevalence of CTE within NHL hockey, and we don't know what the exposure levels of head impacts are for hockey, and that he doesn't have any knowledge to say that three concussions puts you at substantial risk over the course of a career, and that he doesn't have the knowledge to know what the risks are for 15 years of hockey.

In short, based on everything I've been told—and if anybody has information to the contrary, we'd be happy to hear it—other than some anecdotal evidence, I don't believe there has been that conclusive link.

Mr. Darren Fisher: Thank you for that.

The NFL feels there's a link. I know you've said that NFL football is not the same as NHL hockey, and I get that, but they're both very fast, high-energy sports.

Mr. Gary Bettman: There are two aspects to that. One, I'm not sure what the NFL's position is. A vice-president who is neither a doctor nor a scientist made that comment, and I believe a week or so later at least one or two NFL owners disputed that statement, so I don't know what the NFL's position is.

Dr. Ann McKee, who also works with the Boston University group, told me in my office that hockey and football are not the same. We don't have the repetitive head contact and impact that some of the other sports do. While we understand that this is an issue that needs to be constantly followed and focused on, there have not been conclusive determinations.

• (1625)

Mr. Darren Fisher: Going to your concussion protocol for a second, you talked about visible signs of distress. I'm not sure if this is up to date, but the concussion protocol doesn't require the removal of a player who is slow to get up from a hit to the head from a goalpost, the boards, the glass, or even another player's elbow. Has that been changed?

Mr. Gary Bettman: I believe that is non-mandatory, but it is something that may cause you to say, if you're looking for other visible signs, then you do it. It doesn't mean you automatically get to stay in. The trainer and medical staff may yet conclude that it's appropriate to have a player come in and be evaluated.

Our goal is to get players who may be at risk from concussion off the ice as quickly as possible and evaluated.

Mr. Darren Fisher: I appreciate that clarification.

Mr. Bill Daly (Deputy Commissioner, National Hockey League): It actually has been changed as well. It's been updated. Contact with the end boards or glass and slow to get up is a mandatory removal.

Mr. Darren Fisher: I got you. Thank you.

We think about the trickle-down effect. We think about NHL up here. A lot of young kids would emulate the things they see in the NHL. Do you think the NHL has a responsibility to boys and girls playing the game?

Mr. Gary Bettman: I believe we can use our visibility and platforms to make sure that young people are taking the right messages from our game. What is done and is appropriate at the NHL level may not be appropriate at the youth level, but there are things that go on in our game that send the right message, for example, with respect to dangerous hits, making sure that people at all levels of the game avoid them, if at all possible.

With respect to acknowledging that you're not feeling well... If you think you have an injury, particularly a concussion, not trying to play through it to be tough, but understanding... Our culture for our players has changed over the years, with education and the concussion protocol. We've had buy-in from the players and the players' association, to make sure the culture of the game is one where if you're not feeling right, you're willing to acknowledge it and get help. That is something that permeates it.

You see it in our games on a regular basis. There will be coaches who tell players to leave the bench and go to be evaluated. You will see players telling trainers that other players should be looked at. That's now all part of acknowledging that in our game, if you're injured, it's okay to acknowledge it and get help. It's not only okay, it's important.

The Chair: Thank you, Commissioner.

That moves us over to the Conservatives now.

Dr. Kitchen, you're on for seven minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, gentlemen, for being here. It's much appreciated.

As you've indicated, a lot of what we're talking about here is not only for professional hockey, but also for sport in general, and not just hockey. I appreciate your comments and some of the information that you've provided for us.

One of the things that we've heard a lot about is education. It's great to see that you've got that base there on education. It's great to see that you put in baseline scores, and then test as appropriate. The problem with some of these testing procedures is that if you continue to do the same test, you actually learn from repeating that same test.

Do you look at that, and do you discuss that with your medical personnel?

Mr. Gary Bettman: With respect to the message we send to young people, which is responsive to both questions, in the concussion video we are currently making, which will have widespread distribution, star NHL players will be talking to young players about the importance of being truthful when they are talking to trainers and physicians about their current medical state.

The testing we use has been updated. It gets changed periodically. I think we're in what's called the SCAT5.

Mr. Robert Kitchen: We're aware of the SCAT5.

One of the things you mentioned in your presentation was data collection. We've heard from a lot of organizations at this committee about the lack of data collection. It's great to hear that you have that data. I'm wondering if you are in a position to share that data you've collected on the types of hits, and any information that you have,

without names, obviously. Could you share that with the committee, as we go forward?

• (1630)

Mr. Gary Bettman: To the extent that we are legally permitted to do it, we're happy to do it. There is a variety of rules, including HIPAA in the United States. Having said that, I think the data collection point is particularly important on medical conditions for young people. If there were more data collection at lower levels—grassroots hockey, and the other levels of hockey being played in leagues—we would be able to collectively make sure, as we bring everybody together periodically, that we are gathering as much information as possible, to learn about what actually happens in the sport that may or may not cause injuries. We are working to build a platform that will allow access for all levels of hockey to put in that information. We will make that available once it's built.

Mr. Robert Kitchen: Thank you.

On the education issue, you talked about feedback. Do you get feedback from your players? You provide them with the education. You teach them at the beginning of the season. You educate them, and go through your protocol to do that. What's the feedback you've received from your players on how valuable they see it to be? Do they see it as useful to what they're learning, or do they just say, "Okay, thanks," and move on?

Mr. Gary Bettman: We interact with players on a regular basis. Anecdotally, based on conversations we have with players, they understand the value and importance of it. In a particular case, you'll have a player who just doesn't want to get pulled from a game, but in the final analysis they recognize the importance. They all buy into it. The players' association has bought into it, and as I said before, there is a change in the culture with respect to the need to be candid, accurate and willing to be evaluated when you have a visible sign of concussion and you need to be treated appropriately. You can see it now across the league in terms of the compliance with the program.

Mr. Robert Kitchen: I've been involved with minor hockey since my kids were little and since I was in university, and I've watched the progression that has happened over the years in coaching, not only for that four-year-old who, at four, is saying to himself that he wants to be an NHL superstar and he wants to be Tuukka Rask in goal, or whoever it may be. You watch that progress throughout peewee, midget and junior, and everybody is going to the NHL and everyone is going to be that superstar.

A lot of things have changed, not only for them but we've seen that in the game, which has become faster and quicker.

As you've said, you've been involved with the league for 26 years. What changes have you seen specifically when we're dealing with head injuries, and what do you see for the next 26 years?

Mr. Gary Bettman: That's a terrific question.

I've seen a variety of changes. First, the medicine and knowledge about injuries, particularly concussions, is vastly different now from when I first took over. People didn't have the same knowledge. Concussions didn't get the same level of attention.

It's one of the reasons I decided in 1997 that we would be the first sports league to create a working study group of players of the league, trainers and doctors, to try to get everybody focused together to make sure that what we were doing on a unified basis would maximize the amount of knowledge that we could have and share within the NHL, and to make sure there was uniformity of treatment. Therefore, our ability to understand concussions and treat them is much better. That has been transferred to the players, as we've discussed, with education. What has also happened, for a variety of other reasons, is that there is more emphasis now in the game on skill, so you see far fewer teams that have hardly any players who are really not skilled hockey players and have other skills that were separate and apart from the game: fighters.

At the end of the day, what we're seeing is a healthier game, players more focused on player safety, and a game that is more entertaining and more competitive because the players are more skillful.

The Chair: Thank you, Dr. Kitchen.

We're moving over to the NDP now, to Ms. Hardcastle, for seven minutes.

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

Thank you very much, Mr. Bettman.

I want to continue on this theme. You've been there for 26 years and you've seen some changes in the game. We heard you comment that you're still waiting for more evidence, obviously, more decisive evidence about the link between concussions and some of the other symptoms that are experienced in CTE. That's evolving.

However, you mentioned the implementation of rule 48, so I know that somewhere there was the interest and the engagement in current information to say that we want to do something to reduce the percentage of concussions, and this has proven successful, right?

• (1635)

Mr. Gary Bettman: Yes.

Ms. Cheryl Hardcastle: Maybe you can tell me a little about how you evolved to that point and where you see this being a progressive reality in reducing concussion. There is obviously more that's going to have to be done.

Let me front-load my question and then I'll give you the rest of my time.

With that, let's talk a bit about concussions and we understand now, obviously with rule 48, dangerous plays. What's the role of officiating in all of this when we change the game and keep core elements? I found it intriguing when you talked about keeping the core elements in the game, but we have seen the game change. We've veered away from fighters to skill.

Because it's part of what this subcommittee does moving forward, what do you see? Should we have rules that just have automatic

maximum penalties for certain types of plays? How do you see us moving forward?

Mr. Gary Bettman: That's a great question with a lot of pieces, so

Ms. Cheryl Hardcastle: Yes, and you have the rest of my time until the chair cuts you off.

You go for it.

The Chair: For five minutes.

Mr. Gary Bettman: Five minutes? Okay, you'll give me a little bit of a warning before we get to the end.

On your question about the officials, as I indicated in my statement, we educate the officials to, among other things, look for visible signs of concussion. An official can cause the removal of a player from the game if he doesn't like what he sees. I think that's an important buy-in in terms of what takes place. They're on the ice and they may conceivably have the best view of what happened.

The officials are charged with enforcing the rules. They are regularly instructed on rule compliance. They are given coaching videos on a regular basis in terms of how the game should be called, what's legal and what isn't legal.

When we talk about the essential elements of the game, bodychecking—physical contact—is something that's part of the game and has been forever. It's something that makes the game exciting, appealing and entertaining. It's something that our players think is an important element of the game as well.

What we have learned is that whether or not it's ultimately concluded that a concussion leads to something else down the road—whether it's one concussion or 20 concussions—we can all agree that it's better if players are not concussed. There's no question about that.

Rule 48 has reduced, I believe, the incidence of concussions from head hits from 61% to 40%, so there has been a dramatic decline in the percentage of concussions caused by contact with the head. There are rules against hitting from behind. There are rules against elbowing. There are rules against cross-checking and high-sticking.

It's all part of a pattern of trying to keep the game as safe as possible. We've also changed equipment, reduced the size of shoulder pads and elbow pads. We've softened the environment to get rid of tempered glass and replace it with Plexiglas. We've required players—with the agreement of the players' association on all rule changes—to put on visors. We do a video analysis of injuries, including concussions, every year to see what's causing injuries and what adjustments have to be made. It's too easy to make blanket statements about changing a rule when in fact the rule that you're changing may not be addressing where the injuries are being caused.

We have the educational videos, and as importantly, we have the department of player safety, which is evaluating every hit. When there's a hit that is not appropriate, that transcends the rule, players get suspended for sometimes long periods of time, costing them potentially hundreds of thousands of dollars. All of this is part of a mosaic, if you will, that gets everybody—the constituents—to buy in and creates a framework and a culture that encourage safer play in a game that is inherently physical.

How am I doing on time, Mr. Chairman?

• (1640)

The Chair: You have a minute and a half.

Ms. Cheryl Hardcastle: You've mentioned something about blanket statements before.

Do you mean blanket statements about hits to the head?

Mr. Gary Bettman: Yes.

There has always been a discussion, for example, that there should be no head contact. There are other leagues at a lower level that have such a rule, which is inconsistently enforced, and there are still head hits.

What we're trying to do at the NHL level is to strike a balance, which we do with the players. This is something that the players feel strongly about, that we strike a balance to maintain the physicality of the game and reduce, to the extent possible, head contact. For example—and I'll give you an absurd example—players, as I indicated, are different heights, weights, skills. If you eliminate all head contact, every time a taller player—which most players would be—would check me, there would have to be head contact. If that would result in a penalty every time, there would be no more bodychecking.

The Chair: We are going to be moving over to the Liberals again.

Madam Fortier, for seven minutes.

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

Thank you for being here today. I appreciate our having this conversation.

Mr. Bettman, I really appreciate what you're saying, and that you are taking it seriously and you're committed to setting a good example to our children. As a mother of three kids who are in sports, I appreciate that it is something you're looking at.

However, I watched last night's game, and there was a player who punched another player in the head. I understand today that no discipline will be given to that player. I'm also trying to understand the balance between when it's a good hit and when it's a bad hit. I am wondering if you could explain that to me.

Mr. Gary Bettman: That play should have been penalized. Sometimes things are missed on the ice, which is unfortunate. Our officials have a very difficult job. They must have the most difficult job in all of sports.

When a penalty is missed, it doesn't necessarily rise to the level of a suspension, but the player is warned by the department of player

safety that this conduct is unacceptable and if it is repeated he should look forward to a suspension.

Mrs. Mona Fortier: As well, just to try to understand all of those sanctions or suspensions, are you going to work on making it clear that this is unacceptable? If so, what could be done to encourage the fact that this should be done?

Mr. Gary Bettman: I should have mentioned before when I was talking about the department of player safety that one thing the department of player safety has been charged with is that every time they make a decision on supplemental discipline, they make a video that is posted on the NHL's website so that you can see exactly what the act was, why it was punished and the reason that a particular punishment was administered. This is particularly in the case of a repeat offender, where the suspension or the punishment gets longer.

We think those videos are very instructional. Occasionally, when we don't suspend on a controversial play, they make a video explaining why they didn't suspend. That's something that we think is very important to educate everybody.

Mrs. Mona Fortier: Again, trying to understand how we can change that culture or encourage especially the youth who want get to get to be able to be an NHL player—girls or boys, of course—how do we continue moving forward to make it safer?

Mr. Gary Bettman: What we need to do is continue to educate and continue to show how the game should be played and how it is played at each age. As we look at youth hockey, the age at which hitting or checking is allowed has been moved up. Getting players to play the right way, to not hit from behind, to make sure they keep their elbows down, to make sure there isn't stickwork that's not acceptable—these are the things we do with videos. The medical aspects are equally important. Coaches at all levels of hockey need to have appropriate training. Parents need to have appropriate training on what to look for in their children, and to an extent our videos and our messaging can help with that.

Going back to your other question, one thing that tends to get overlooked is that in the course of the season, there are probably 50,000 man games played. The number of instances where a player does something inappropriate is really a tiny fraction. That doesn't make it okay or acceptable, but that doesn't define the game, because overwhelmingly our game is played by the rules, and appropriately. It's unfortunate that the few inappropriate instances get the most attention. But in the final analysis—

• (1645)

Mrs. Mona Fortier: I have another question, so if you could—

Mr. Gary Bettman: Yes. Let me finish this, and then I'll be happy to take it.

We work with Hockey Canada. We work with USA Hockey. We work with the International Ice Hockey Federation. Our goal is to continue to educate players at all levels, because as with most things, education is the key.

Mrs. Mona Fortier: Do you continue, by any chance, to have a relationship with former players or current ones who are injured? How do you support the families? Not just the players are affected; the families are also affected, and the communities.

Mr. Gary Bettman: First of all, the concussion protocol education is available, and is made available, to families when a player has a concussion so that the whole family structure can understand what's going on. We have counselling programs that are available. Our substance abuse and behavioural health programs are available to former players who are in need. We also have a post-career training program that we do with the alumni association, which we help pay for, to make sure that the transition to a different life is made easier. We use our resources to do all of those things. The players' association works with us. We have an emergency assistance fund for former players who run into financial difficulties. As I said, we work with the alumni association. We have increased voluntarily, with the players' association, the pension for retired players, particularly the early pension, which was less generous than the one we now provide.

Mrs. Mona Fortier: So those supports are in place and you continue.

Mr. Gary Bettman: Absolutely.

Mrs. Mona Fortier: Are there any challenges or any asks coming from those families, or former players or current ones that are not addressed that we should know about?

Mr. Gary Bettman: We try to address them all. Sometimes we get requests for help, and the player in question isn't interested in our help.

We view ourselves as a family. While we will put aside the litigations that we've been involved in, and nobody has gotten to them yet—

The Chair: You have about 30 seconds.

Mr. Gary Bettman:—at the end of the day we view ourselves as a family, and our resources are available to the members of our family.

Mrs. Mona Fortier: Thank you very much.

The Chair: Thank you, Commissioner.

We are going to be moving to our second round.

We only have about 15 minutes left so the members are going to have about three minutes for questions in this round.

We're going to the Conservatives, and Mr. Len Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, gentlemen, for being here today.

I have to say, Mr. Bettman, that your predecessor, Mr. John Ziegler, was a great man. He allowed the Atlanta Flames to come to Calgary, and I have since been a big fan of the Calgary Flames, so I thank him for that.

Mr. Gary Bettman: We appreciate the ownership of the Calgary Flames. We miss Harley Hotchkiss and the other owners who have passed away.

Mr. Len Webber: Absolutely.

Mr. Gary Bettman: Your franchise is in good hands with Murray Edwards and his partners.

Mr. Len Webber: Great. We just need a new arena, so help us with that.

Mr. Gary Bettman: Yes, you do, but I assume that's for a different committee.

Mr. Len Webber: Also, our fan favourite, Mr. Johnny Gaudreau, is probably one of the smallest players in the league, and I think you need to put a rule in place where if anyone touches him, they should be suspended for many days.

Mr. Gary Bettman: Can I get back to you on that?

• (1650)

Mr. Len Webber: Sure. Thank you.

You mentioned Dr. Charles Tator whom you work with and also Eric Lindros. Dr. Tator was here on February 20 to testify, and he gave us a number of recommendations. I looked at one here.

His recommendation to us as a committee, or as a government, is to ensure that there's adequate compensation for injured athletes employed by teams who do not recover from concussions. We talked a bit about this. Ms. Fortier talked about the supports post-career.

His recommendation is basically that there should be some compensation for concussion injuries, which may be lifelong, and that we as a government should legislate that teams in these leagues should cover lifetime costs of care for post-concussion brain damage.

You have mentioned some other supports that you have for retired hockey players, but what about the compensation for people who are suffering from this?

Mr. Gary Bettman: Certainly in the United States if you're suffering a work-related injury there's workers' compensation and other insurance programs like that. Actually, under the settlement we just did resolving the concussion litigation, players who want to get tested can be tested to see if they have any sort of cognitive impairment.

Mr. Len Webber: Okay. Thank you.

The Chair: Thank you, Mr. Webber.

We're going to be moving over to—

Mr. Gary Bettman: Excuse me. I have one other thing.

There is also career-ending disability insurance, and our players have, for the most part, guaranteed contracts.

Mr. Len Webber: Excellent. Thank you.

The Chair: We go to the Liberals, and Dr. Eyolfson.

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

Thank you, Mr. Bettman, for coming.

I'm an emergency physician. I practised for 20 years. I'm familiar with head injuries in sporting and non-sporting events. I've seen injuries in football, rugby, soccer and hockey, but hockey is the only sport I've seen where, getting back to this issue, fighting is at the very least tolerated. It's against the rules, but it's still tolerated.

Mr. Fisher made a very good point that younger players do like to emulate older players. We had testimony from some younger players. Some of them aspire to be pro hockey players, and it's against the rules, but some of them have been victims of this violence.

You say we're at an all-time low for fighting, that it's 85% fight-free. Myself, I would say that 15% have fighting, and that's 15% too much.

This is an act that is a criminal act in any other setting with perhaps the exception of the fighting sports like boxing. This could be removed from NHL hockey with the stroke of a pen.

Mr. Gary Bettman: Well, actually, with all due respect, it couldn't be removed with the stroke of a pen because it would have to be agreed to by the players, through the players—

Mr. Doug Eymolson: No, sir. The players, sir, don't make the rules. I have played a number of sports. I have never played a sport where, as a player, I had any say in the rules.

In other forms of hockey, like Olympic hockey, you don't see fighting. The NHL could make these rules that completely remove fighting from hockey, completely—

Mr. Gary Bettman: Actually—

Mr. Doug Eymolson: —so why don't you?

Mr. Gary Bettman: With all due respect, under the federal labour laws, particularly in the United States, the rules of our game are mandatory subjects of collective bargaining.

Mr. Doug Eymolson: Yes.

Mr. Gary Bettman: With respect to the elimination.... It's interesting to say that we tolerate it, but it's a penalty. The answer is that it is penalized.

The question you would have to ask is: What would be the consequence of that act? With the—

Mr. Doug Eymolson: I'm going to have to cut you off because I have very little time here.

Mr. Gary Bettman: Well—

Mr. Doug Eymolson: You said that the threat of fighting deters other kinds of injuries.

Mr. Gary Bettman: Yes.

Mr. Doug Eymolson: What is that based on? Is there empirical evidence that—

Mr. Gary Bettman: It's what the players tell us, and in fact—

Mr. Doug Eymolson: That's what they tell you—

Mr. Gary Bettman: —and in fact—

Mr. Doug Eymolson: —but is there any empirical evidence?

Mr. Gary Bettman: Yes, well, I'm going to tell you in a second.

Well, I'm not sure how you would study that, but in a poll that they did about four or five years ago with the players, 98% of the players who were polled, which was I think roughly half of the players who play in the NHL said that they did not want to see a change in the fighting rules.

Mr. Doug Eymolson: Well, I understand that.

What I am saying is, whether or not.... Again, we're going on assumption that what they're saying is true, that this deters it.

I could bring you probably several thousand people who don't believe in vaccination because they will all tell you that vaccination gives their children autism, when science tells us that's not true. So the fact that players are saying that doesn't make it true.

The Chair: Dr. Eymolson, thank you.

Commissioner Bettman, thank you.

Commissioner Bettman, I do have a request. As you know, hockey is near and dear to all Canadians' hearts, and from coast to coast to coast, as I understand right now, this is being captured live on CBC, so would you indulge the committee for a number of more minutes of questions, 10 or 15 extra minutes?

Mr. Gary Bettman: I'm at your disposal.

The Chair: Excellent. Thank you, Commissioner.

That moves us over to Dr. Kitchen once again.

• (1655)

Mr. Gary Bettman: Can I just answer that question, now that we've agreed to go a little bit longer?

The Chair: Yes, Commissioner. We have time now.

Mr. Gary Bettman: Okay.

You're asking, honourable member, that we prove a negative, and the fact of the matter is that we have 700-plus players a year who earn their livelihood playing in the NHL, and they have a great deal to say about how the game should be played.

It's not something that we can do unilaterally, but the threat of other types of contact, without the threat of fighting, has people believe it's an important thermostat in the game. Would you rather see, in an emotional moment, a cross-check to the head or an elbow to the head or a hit from behind? The threat of fighting makes it clear that a level of conduct that is expected should be complied with.

There is only so much that we can do with supplemental discipline and penalties because, as I said, overwhelmingly you have roughly 50,000 man games played in the course of a season, not including the playoffs. The incidence of fighting and the incidence of inappropriate conduct are really a tiny, tiny part of the game.

Mr. Doug Eymolson: Well, it's 50% as per your [*Inaudible—Editor*].

The Chair: Thank you, Dr. Eymolson. You'll get another chance.

Now we're just moving over to Dr. Kitchen from the Conservatives.

Mr. Robert Kitchen: Thank you, Chair.

You mentioned, and I agree with you, that for your referees it's a thankless job and it's the toughest job they'll ever have. In my years of coaching—and I coached up to midget AA—ultimately when my son became a referee, my respect for referees changed immensely and my attitude on the bench changed immensely as I came to understand how it was.

Mr. Gary Bettman: They got right a lot more often.

Mr. Robert Kitchen: Very much so, in understanding how it was.

Voices: Oh, oh!

Mr. Robert Kitchen: We heard earlier from Mr. Stringer. I'm not sure if you're aware of Mr. Stringer, but his daughter Rowan died, unfortunately, from a concussion after playing rugby—and in Ontario we now have Rowan's Law.

One of the things Mr. Stringer mentioned when he was here was that during that rugby game, when a certain individual was actually injured with a high tackle, the referee let it go and did not suspend the person and throw her out of the game, which the rules call for. That same individual did the same type of high tackle to his daughter.

That's a big, challenging thing for a referee to do during a game, and it's a momentary thing that does happen. In the NHL we see referees, again, who will make calls or miss calls. What steps are you taking to ensure that when those rules are missed, the referees are accountable for those actions and the NHL follows through with that? For example, if there is a hit to the head, is the referee admonished, fined or whatever it may be, such that there is protection for those players?

Mr. Gary Bettman: All of our games are monitored out of a centralized facility in Toronto and every call and non-call an official makes is being logged. They are being constantly reviewed and critiqued by supervisors, including the head of officiating. Those who don't perform well don't get to work long. Those who don't perform well early on in the playoffs don't get to continue working in the playoffs.

We have a true merit system on officiating. We hold the officials accountable by their job performance and how much they get to work. How much they get to work affects their compensation. They are constantly scrutinized. They are constantly being sent videos of their and other officials' performance so that they can study exactly what they should be doing and what they're missing or getting wrong.

Mr. Robert Kitchen: When you—

The Chair: Thank you, Dr. Kitchen.

We're moving over to Mr. Maloney from the Liberals.

Mr. James Maloney (Etobicoke—Lakeshore, Lib.): Thank you, Mr. Chair.

I'd like to thank Ms. Fortier for sharing her time with me.

Commissioner and Deputy Commissioner, thank you for being here. I enjoyed your presentation. I only have a few minutes so I'm going to get right to the point.

I'm old enough to be in that period between old school and new school. I've lived through the fighting era. I'm watching the current era. It's a polarized debate. I've always thought that maybe the best solution would be to lock Don Cherry and Ken Dryden in a room and don't let them out until they have a decision on what the rules are going to be.

• (1700)

Mr. Gary Bettman: I would pay to watch that.

Mr. James Maloney: I think a lot of people would.

There's no question that you don't need to be a doctor to know that repeated blows to the head, be it from fists or other things, are more likely than not to cause long-term brain damage. Without getting into the fighting issue, one of the evolutions we've seen is in the game's equipment. When I was a kid, we wore hockey equipment as a defensive item. Now, and we've heard this discussed many times too, with elbow pads and shoulder pads, they're suits of armour. I know it's been discussed but has—

Mr. Gary Bettman: Yes.

Mr. James Maloney: —there been any serious consideration given to changing that and going back?

Mr. Gary Bettman: We actually have reduced them. They got much larger, particularly the shoulder and elbow pads. We have worked with the players' association, as we must on these things, to reduce them and they have been reduced dramatically.

Going back to your point on hits to the head, I don't know if you were here when I mentioned it but the number over the last five years of concussions from fighting based on our video review has been about 2.6 a season. Any is too many, but in terms of that being a major cause of concussions, it's not.

We've mandated foam on elbow and shoulder pads as well. We shrank the shoulder pads, and for those who like more scoring, we've also been trying to shrink goalie equipment, which has been less player safety oriented and more in terms of—

Mr. James Maloney: I wasn't going to get into that because I didn't think that's what we were here to talk about, but I'm happy about that.

The other thing is the director of player safety, which is a position as titled. The first person to hold that position, I think, was Brendan Shanahan—

Mr. Gary Bettman: Correct.

Mr. James Maloney: —who I have to say is from my riding of Etobicoke—Lakeshore.

Him, Stéphane Quintal, and now the current one—

Mr. Gary Bettman: —George Parros—

Mr. James Maloney: —George Parros are all people who were not averse to getting into physical situations. Was that a factor in the decision of appointing these positions?

Mr. Gary Bettman: No. Actually, they were particularly well suited to understand what goes on in the game and what is and isn't appropriate. They all knew how to play physically, but they also understood the ins and outs of the game in a way that their filters were quite good when a player was trying to explain something away.

Mr. James Maloney: That's precisely why I thought they might have been chosen.

Thank you.

That's all the time I have.

Mr. Gary Bettman: Thank you.

The Chair: It's over to the NDP and Ms. Hardcastle.

Ms. Cheryl Hardcastle: Thank you.

I just want to go back and clarify the issue of the concussion protocol. Did I understand correctly that with all hits to the head the concussion protocol kicks in, or are there still some exemptions?

Mr. Gary Bettman: We look for visible signs. If, for example, you're unconscious, you clutch your head, if you look dazed—

Ms. Cheryl Hardcastle: I get it.

Mr. Gary Bettman: —there needs to be something that gives an indication that you need to be evaluated. It's what we call the visible signs of concussion—

Ms. Cheryl Hardcastle: Okay.

Mr. Gary Bettman: —which everybody's trained for.

Ms. Cheryl Hardcastle: I just wasn't understanding from previous testimony—

Mr. Gary Bettman: That's my fault.

Ms. Cheryl Hardcastle: No, that's okay.

I guess this is my question.... We do have enough research now. We're not in a cave. I respect the candour. You need to keep the core elements of professional hockey and, in your opinion, those core elements and that physical contact are the essence of NHL hockey, the essence of this.... As you know, it's a profit-making sports enterprise. I understand that, but we know that it's evolving. We're teaching our kids. Our kids are learning. There's eventually going to be this gap because there is more research that's coming.

The NFL has put research dollars into some vanguard research that's being done at the University of Calgary. Is that something the NHL would be interested in, maybe in conjunction with the players' association, to get some research that would help move along this evolution? Essentially, what will end up happening as younger players evolve and continue to be fans of the NHL is that the NHL will be dinosaurs and there will be this gap.

You'll be long gone, Mr. Bettman, I'm sure, with all due respect. It's the legacy, the succession planning, right? Do you see merit to targeting and focusing on some type of research? What would the advantage be to having a government role?

• (1705)

Mr. Gary Bettman: We do research, but our research is focused on identifying and treating concussions. That's where our expertise is. We're not a medical facility and we're not a scientific facility, but

we have the ability to try to understand what in our game causes injuries, by collecting data, reviewing the video, using our expertise, educating, sharing that information and understanding the best way to treat concussions for a long-term recovery. That's where we've spent on player safety, I believe, \$44 million, \$32 million of which has been spent on our work related to concussions.

While we're not in the business of medical and scientific research, we think that by using our resources and sharing it with the other sports, the other levels of hockey, we can make a difference in terms of how the game is played and how concussions are treated.

The Chair: Thank you.

We'll go back to the Liberals and Dr. Eyolfson.

Mr. Doug Eyolfson: Thank you.

I'd like to pick up where we left off. We might have our definitions mixed up. I want to go again to this belief that if you have fighting, it might deter other kinds of blows to the head. You're saying that I'm asking you to prove a negative. In fact, I'm asking you to prove a positive: that if you have less fighting, you're going to have more blows to the head.

Mr. Gary Bettman: We have less fighting and we have less blows to the head.

Mr. Doug Eyolfson: How does this compare with forms of hockey where you don't have any fighting? Are you saying that there are more concussions or more head injuries and concussions in Olympic hockey?

Mr. Gary Bettman: We have, of the other North American leagues, less fighting.

Mr. Bill Daly: The lowest incidence.

Mr. Gary Bettman: We have the lowest incidence of fighting of all the other North American leagues.

By the way, let's move aside from the 85%. The fact is that fighting over the last four years is down 54% from what it was, and fighting continues to evolve out of the game from where it was.

Mr. Doug Eyolfson: Okay. It's evolving out, and that is good. I'm glad to hear that. The fact that, again, it's still there—

Mr. Gary Bettman: Yes, it is.

Mr. Doug Eyolfson: I'd like to offer a contrary opinion by a player. You said the players want fighting. This is hardly unanimous among players.

Nick Boynton wrote a piece called "Everything's Not O.K.". You're probably familiar with it.

Mr. Gary Bettman: Yes.

Mr. Doug Eyolfson: He said that there's, and I quote, "a dangerous culture in the league that leaves players open to brain damage, mental illness and substance abuse", and he connected many of these issues to head trauma suffered in fights.

How do you respond to that? How do you respond to a player who says that?

Mr. Gary Bettman: On this whole topic, and as this dialogue is making clear, there's no shortage of opinions on this subject. The good news from your standpoint is that as the game has evolved to a skill game and we don't have the bench-clearing brawls of decades ago, we don't have third man in, there's an instigator rule that precedes me, and there's less and less fighting than there's been—not because of some edict, but because of the way the game is now being played—that is a more organic way of dealing with the evolution of the game.

Whether it's the OHL, the WHL, the QMJHL, the USHL, the AHL or the ECHL, we have less incidence of fighting than any of those leagues. If you're looking for us to be setting an example, the fact of the matter is that we have less fighting.

Mr. Doug Eyolfson: You should have none, quite frankly. It is still dangerous—

Mr. Gary Bettman: You and I don't know the consequences of that. When they polled the players a few years ago, 98% said they didn't want the rule changed. In fact, there have been a number—

The Chair: Thank you to both of you.

We're moving over to the Conservatives and Dr. Kitchen.

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

Mr. Gary Bettman: This is the lightning round.

Voices: Oh, oh!

Mr. Robert Kitchen: I appreciate it.

I was asking you earlier about referees. My next question deals with the issues of consistency. Oftentimes consistency makes a huge difference in how players and coaches, etc., react to things. I'm just wondering how you might respond. What steps do you take when you see something that appears to be retaliatory.

I was involved at McGill University playing rugby. The women's rugby team there that I helped out, they remembered the last time they played a person and they would bring it out right like that. Hockey players are the same way. They remember things. For example, recently, there was a game where there was a hit to the head. The player was out for three games. There was a suspension. That person came back and retaliated with a fight. The suspension that he got was not even close to what was done initially.

I'm wondering how we keep that consistency, especially when minor leagues are looking to see what the NHL is doing.

• (1710)

Mr. Gary Bettman: The beauty of having the resources we have in the department of player safety, led by former players, is that they know everything that's going on in the game. If there's an act that transcends the rules and that we believe is an act of retaliation, it gets dealt with appropriately. If we suspect, because of public statements or whatever, that there's going to be an act of retaliation, the clubs and the players are warned in advance. That is absolutely critical to us monitoring everything that's going on in the game.

With respect to fighting, nobody has to fight. The game has also evolved in that way. If you decide you don't want to fight, you can

walk away from a fight. You don't have to do it. In fact, if somebody tries to fight you and you're not fighting back, there's a penalty for that and the officials take care of it. I would say probably 75% or 76% of our players never engage in a fight. The extent that do maybe have one fight a season. Lots of players having lots of fights is from a bygone era. The culture is now that if you choose not to fight, you don't have to.

The Chair: You have 30 seconds.

Mr. Robert Kitchen: That's okay.

The Chair: We're going to move over to Ms. Hardcastle from the NDP for three minutes.

Ms. Cheryl Hardcastle: Do you really believe there's going to be this organic reduction in fighting and this is going to be okay without any rule changes? At what point do you think that some rule changes are going to have to be established, like a new framework?

Mr. Gary Bettman: We're constantly monitoring and evolving. We meet with the general managers on a regular basis to go over what's taking place in the game. We're looking at trends because we're watching every game.

The organic change that we've seen is that you don't see staged fights anymore. A number of years ago, we actually proposed the rule to get rid of staged fights and the players' association said no. It evolved out of the game because as we moved the game to skill, teams decided it was more important to have four skilled lines than to have a designated tough guy and the amount of fighting came down.

The type of fighting you see now for the most part is an emotional, in-the-moment act. Somebody's upset and aggravated about something. We have a very fast-paced, emotional game with a lot of physical contact. That is an outlet that is probably better than some other outlets. Again, it has increasingly become a less important part of the game.

Ms. Cheryl Hardcastle: How often do you review the science, the research and concussion protocol?

Mr. Gary Bettman: Constantly.

Ms. Cheryl Hardcastle: I noticed you referenced the Berlin consensus, but the research is actually there and more understood. I think the protocol that you're using isn't as up-to-date as the Berlin protocol.

Do you have a committee?

Mr. Gary Bettman: We have a concussion subcommittee that meets four times a year. We retain outside experts. I think 36 medical and scientific experts signed on to the Berlin consensus statement. We probably have three, four or five people involved in that. Obviously, we don't control it, but we're involved, and we're constantly evaluating and re-evaluating how it's all working.

The Chair: Thank you.

This moves us to our last questioner, MP Maloney, for the Liberals.

Mr. James Maloney: Thank you, Mr. Chair.

I'll try to be quick again.

This fighting debate, from where I sit, is an evolution. It's part fan interest and part medical. There are fans who still like fighting in the game. Players agree with what you've said: It's a mechanism to control other issues on the ice. Doug Gilmour once said if fighting were banned, he'd be the toughest guy in the NHL. That's the mentality of the players. But let's move on from that. I want to pick up on the equipment issue.

Do you think further changes could be made to improve the equipment that would reduce the number of head injuries? Forget about collective bargaining. If the two of you get to decide what happens, what changes would you make to the game to improve it in a way that would reduce the number of concussions and related head injuries?

• (1715)

Mr. Gary Bettman: We also have a subcommittee on protective equipment that meets on a regular basis. We're constantly evaluating.

I know a lot of people talk about helmets. Concussions and helmets are two different things. The concussion is what happens inside; the helmet keeps you from getting a cracked skull, but it doesn't necessarily stop a concussion. But we have subcommittees that meet on a regular basis to deal with and look at equipment and what changes are appropriate, and we continue that.

All these things that relate to the game are not one-offs. This is a constant effort where we put personnel. Time, energy and money is spent to continuously evaluate what's going on in the game and to make the best judgments for the game.

Mr. James Maloney: What would you and the deputy commissioner do if you had carte blanche to make any changes to the game right now—

Mr. Gary Bettman: I like the way the game is being played right now.

Mr. James Maloney: —that would improve it in a way that would reduce the number of head injuries?

Mr. Gary Bettman: Right now I don't believe there's much we could do. To give you an indication of this, I was on a campaign to get visors. They also reduce the incidence of fighting. Eyes don't heal particularly well. It took me 20 years to get the players' association to agree to put on visors.

Mr. James Maloney: Yes, and they were grandfathered in when they were.

Mr. Gary Bettman: But now virtually 95% of our players are wearing them.

Mr. James Maloney: I see the lights are going.

The Chair: On behalf of the committee, I want to thank Commissioner Bettman and Deputy Commissioner Daly. You've been good sports about all of this. We understand that you're in the midst of playoff season. We had hoped some Canadian teams would be a part of that playoff mix as we work toward to the Stanley Cup.

This subcommittee on sport-related concussions is going to put a report together with our analysts and our clerk, and that report will be tabled in Parliament before the end of this session.

We thank you for your input, for your testimony and for the materials you've provided us on behalf of the NHL.

Mr. Gary Bettman: Thank you for having us. It's been an honour to be here.

The Chair: That concludes our meeting.

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