He said he had had a headache for four years. There was an audible gasp from the audience as this handsome teenager, once a promising hockey player, described his concussion symptoms to a crowd in Calgary.

Yes, the headache was always there, he replied when queried. Every day. His interviewer? The famous ice hockey player, lawyer, and politician Ken Dryden. It’s not often you can draw a parallel between Ken Dryden and Oprah. But here he was: the hulking one-time goaltender for the Montreal Canadiens, on stage in a comfortable armchair, interviewing athletes facing him on comfortable couches—the TV lights so bright, however, that some of these athletes winced, and for good reason. Each one detailed his or her concussion experience, and the bright lights still bothered some of them.

In a calm voice, Dryden drew them out. If they appeared shy, he helped them along with their story. Did you have symptoms? Was there something you could have done differently? How does this concussion affect you now? The interviewees were three male hockey players (two teens, one pro), downhill skier Cary Mullen, and Kristina Groves, the Olympic speed skater, but at this April 2013 presentation hockey talk dominated.
Most hockey injuries are due to a practice called body checking which is defined as “a player’s attempt at gaining the advantage on the opponent with the use of the body. Checking results when two opposing players collide while skating in opposite directions or when positioning and angling allow the checker to use the force of the body to gain the advantage.” It is the leading cause of concussions among minor hockey players.

Since 2011, Ken Dryden has become the celebrity face of concussion awareness in Canada. This was one of many of his “concussion-awareness nights” across the country. In the preceding chapter in this book, former Globe and Mail sports editor Tom Maloney writes about persuading Dryden to write for the Globe. Finally, Dryden relents. The issue is too important to let the opportunity pass. So he writes, and writes. He morphs into a muted talk show host for road shows like this one in Calgary, which kicks off a major head-injury conference. It’s all very civilized, but then hometown NHLer Jim Peplinski strides onto the stage. The rough-and-tumble former Calgary Flames player hugs Carolyn Emery, whose research reports that Alberta’s peewee players have almost the same concussion rates as NHL players. Peplinski’s energy occupies the stage—he’s a member of “Team Dryden,” but he cuts through the polite demeanour of the proceedings. As Hockey Canada’s Paul Carson and Hockey Alberta’s Rob Litwinski detail how their associations are “board driven,” and the boards don’t want to remove body-checking for kids, Peplinski goes on the offensive: “Do we need more evidence? The medical community has done its job. They don’t need to prove themselves to anyone, anymore.” People clap. He continues: “Society underestimates the risks of these contact sports. The money completely fogs people’s minds.” In a swoop, Peplinski takes on the issue of hockey body-checking in his hometown, the epicentre of an exceedingly nasty amateur sport incident: the Hockey Calgary body-checking vote of 2012.

I was part of that vote, and this chapter is about that debate. In Alberta, at the time of the Calgary vote, body-checking began with peewee players—eleven and twelve year olds. Based on injury evidence, Hockey Calgary spearheaded an effort to limit the practice among minor hockey players. The organization needed members (mainly hockey parents) to agree. Calgary’s debate was playing across the nation as new knowledge about concussions butted up against a rejection of “wussifying” the sport and possibly making elite players less ready for the big leagues.

From 2008 to 2012, I was a voting member on the board of directors of a small 550-player minor hockey association in Calgary. Ours was one of the twenty-four associations that formed Hockey Calgary, which oversees competitive minor hockey, as well as girls’ hockey and recreational hockey (a no-practice, no-body-checking
league). My time on the board of directors coincided with Hockey Calgary’s bid to limit body-checking for eleven to fourteen year olds throughout the 2011–12 competitive season, an effort that culminated in a June 2012 vote at Hockey Calgary’s annual general meeting. The vote drew national media interest.

The contentious experience of sitting at a boardroom table with other parent volunteers trying to decide how our association would vote (“for” or “against” body-checking for eleven to fourteen year olds) was an interesting case study in the disconnect between the communication of peer-reviewed medical evidence and the belief systems of some parents. Sadly, it’s about utter nastiness, too.

“Mom, I want to play hockey.” Like many, I got into hockey as a parent. My children have played minor hockey in Calgary for a decade. The eldest is also a teen referee, and my husband is a volunteer head coach. Hockey is the most popular winter sport in Canada for children ages five to fourteen. Some 570,000 play the game competitively, according to Hockey Canada. It is the third most popular sport in the nation, after soccer and swimming.¹

Unlike soccer and swimming, hockey players see more avenues to make money. Only a teeny weeny percentage succeed, but hope reigns eternal. This is the “fog” that Peplinski refers to, and it feeds into body-checking, which is considered a key skill needed to “make it” at elite and professional levels. University scholarships are a financial lure as well. Hockey writer Ken Campbell points out in Selling the Dream that all the money spent paying for everything that gets a player scholarship ready (team fees, clothing, personal trainers, travel, camps, all of which can cost $200,000 or more, he writes) often undermines the financial gain of a scholarship. And, Campbell argues, think of it this way: universities offer a series of four one-year contracts, not a four-year ride. Play the World Juniors? Hockey Canada gets $21 million. The players? They get track suits.²

It’s not just the money that differentiates male competitive hockey; it’s also body-checking, which is not allowed in girls’ leagues, though girls can play alongside boys in minor hockey, and some do. This is a gender issue that puts boys at greater risk than girls and demands further examination.

The practice of body-checking is introduced early in a young hockey athlete’s career, sometimes at nine or ten years of age at the atom level, but most likely at eleven or twelve at the peewee level. In Québec, it is a bit later, at thirteen. The age at which body-checking becomes part of the game is a hockey demarcation line. In 2011, registrants who signed up for Calgary’s recreational hockey league were asked why they joined the league. The most common response for peewee- and bantam-level players was to avoid body-checking.⁴
Tension and an impetus to change started building in Alberta in 2009. The *Globe and Mail* began covering autopsy findings of pro-athlete brains (football and hockey), and concern about brain damage mounted. I was surprised to find years of research urging caution, and in 2010 in Calgary, even more persuasive evidence emerged from a credible hometown source—Carolyn Emery, an epidemiologist, physiotherapist, and professor at the University of Calgary. She had also been a volunteer coach in my hockey association. Because Québec didn't have body-checking at the peewee level and Alberta did, Emery and her team of researchers compared Québec and Alberta players. The results provide one of the most-cited figures on the subject: there were three times (300 percent) more game-related injuries for Alberta kids like mine (including severe injury and severe concussion). This added support to other studies that showed body-checking to be the leading cause of ice hockey injuries.

Emery was interviewed widely about her study. Since the University of Calgary falls within my hockey association’s boundaries, I was asked by the University of Calgary to be a parent voice when the study came out. I chose my words carefully as I didn’t want my son to suffer discrimination from coaches who might question the toughness of a twelve year old. I talked to several media outlets that reported my comments about “concern.” This position wasn’t popular at home: my son liked body-checking. As sports writer Roy MacGregor would later say, if you want to eliminate body-checking, you’ll also need to persuade the players, many of whom enjoy the physicality of the game.

Neurologists like Toronto’s Michael Cusimano argued persuasively that children shouldn’t body-check until they can legally consent. That’s not the reality, so the decision falls to parents. Warnings about body-checking for child hockey players extend back decades in research literature. Minor hockey associations weren’t communicating that research much. Indeed, Hockey Canada didn’t publicize some of its own research on body-checking risks.

In 2006, Paul Carson and Stephen Norris wrote a report on body-checking for Hockey Canada, in the course of which they reviewed some 150 articles. These included a position paper prepared in 1991 by the Hockey Development Council Coaching Committee of the Canadian Amateur Hockey Association (one of the forerunners of Hockey Canada), which recommended that body-checking be removed from the peewee category (twelve to thirteen years) and introduced in bantam (fourteen to fifteen years). The committee’s rationale: “The Canadian Amateur Hockey Association Coaching Committee believes the primary focus of minor hockey to be the encouragement of participation, development of the individual both in technical skills and the person, to effect long-term participation and
enjoyment of the sport.” Carson and Norris found that this recommendation had been ignored for a decade and called this omission “a serious indictment of the current state of affairs.” The authors added: “It seems obvious that despite a wealth of information identifying the problems of overly zealous incorporation of ‘senior’ level hockey characteristics at minor hockey levels, the ground swell of emotional decision making and misaligned attitudes coming from coaches, parents, and officials has overridden reality and resulted in an infrastructure that arguably hampers or impedes hockey development.”

According to one of the authors, this report was never tabled at a board meeting or made public. In 2011, the landscape shifted further because of Sidney Crosby. Concussions hobbled the Olympic gold medal star and captain of the Pittsburgh Penguins in 2011, and Crosby missed months of play in the National Hockey League. Hockey Calgary that year decided to do something that was either courageous or outrageous, depending on your point of view: they attempted to eliminate or limit body-checking in competitive minor hockey.

At the June 2011 annual general meeting, Hockey Calgary’s membership resolved to establish a subcommittee to review player safety and body-checking. That same month, Hockey USA changed its body-checking rules nationwide. It eliminated checking in peewee hockey and delayed it until bantam, one age group older. In contrast, Hockey Canada deferred to local and provincial organizations to take the lead on body-checking rules for youth.

In the fall of 2011, Hockey Calgary’s body-checking subcommittee told our minor hockey board of directors that it was looking for members. We could propose a candidate from our league, who would write a paragraph about why he or she wanted to participate. This request came at the same time that we were evaluating and fielding teams and getting managers in place. Just launching a minor hockey season is a colossal undertaking for volunteers. There are ice times to negotiate, coaches and team managers to recruit and train, referees to get trained and organized, policies to be reviewed, police checks for coaches to complete, a website and Facebook pages to update. There were a zillion deadlines for this and that. None of us leapt to participate in more night-time meetings when we were already working so hard to get the season underway. I found out a year later that we did put a name forward, but our parent candidate was not chosen. According to the body-checking subcommittee’s final report, nine members from seven associations met fourteen times. They heard from people like Carolyn Emery and Paul Carson.

From early on in our discussions at the board level, it became clear that most people had fairly set views about body-checking. Hockey volunteer boards tend to
be dominated by parents of higher skill-level kids who are more invested (financially and emotionally) in the sport than those at lower levels. Many board members felt that elite or soon-to-be-elite male players needed to body-check to advance their planned careers. Body-checking was an institution to be defended.

It was common for board meetings to be attended by many volunteers who were not board members; they often weighed in on issues, and their opinions were given equal weight to voting members. Body-checking was one of the many issues that we faced that year. The discussions were long, rollicking, and, frankly, often frustrating. Most board members were not reviewing the medical data, nor could they be persuaded to do so. The key points on injuries were communicated to an unreceptive audience. I heard one parent scoff: “You can make numbers say anything.” Another father just rolled his eyes at me when I’d speak in favour of voting to remove body-checking. Many would just dismiss the evidence altogether. No process for deciding our vote was established. How to move forward?

Hockey is seductive because boys and girls begin playing at the cute age of four or five in a league known as Timbits. In a stroke of genius, the Tim Hortons restaurant chain sponsored an entire league, named for its donut holes (who doesn’t love a Timbit?), of players who are in what many consider the innocent glory years of hockey. I think it’s unlikely that Tim Hortons, or any other business, would step up to sponsor older age groups, when kids are colliding and experiencing the risk of significant concussion and injury.

I began to read about body-checking because of the Hockey Calgary vote, which caused me to look more critically at our family’s experiences. In 2011, my eldest son was twelve, in the seventh grade, and a second-year veteran of body-checking. That all medical studies show that body-checking leagues have substantially more injuries than non-body-checking leagues seems a moot point when the season begins. Either you’re in, or you’re out. He was in. “Just go to rec hockey,” was the dismissive answer I got from Hockey Calgary when I expressed concern about body-checking. Maybe, but consider the facts from a child’s perspective. By the ripe old age of peewee, an eleven-year-old hockey player can be six years into the sport. These players are accustomed to try-outs, being tiered to ability, playing in their community with friends from that community and competitively with many people they know. To leave that familiar system for a league that doesn’t have practices or tier to ability isn’t a light decision. Change is hard. Hockey Calgary would find that out.

So it’s a bit of a shock watching a child traverse through Timbits, novice, atom, and into peewee, where body-checking becomes a part of the game. Depending on the maturity of the opposing team, the game can be benign or brutally rough. There
are kids on the ice who can't get up after a hit. Teenage referees are left to control the action and take abuse when a player is hurt, and they occasionally get hurt themselves. I watched and wondered . . . all that knocking to the head. Kids crying. Ambulances arriving at arenas. Not at every game, but also not infrequently. I listened to the arguments at our hockey board level. Some saw it as the way the game is played, and others were concerned about injury. Many thought that “education” was the answer, or that Hockey Alberta should take the lead.

My boys liked the game and we loved our league, so we stayed. In my son's first year playing peewee, his coach gave iTunes gift cards to kids who stepped up to checking. My son was aggressive, though small. (Studies suggest that smaller kids are at greater risk of injury.) I saw him lying flat out on the ice many times. We made one trip to ER to be assessed for a head injury sustained in a hockey game. He tried to make it through the next school day. He couldn't. What struck me when I arrived at the school wasn't the pale clammy skin of my own kid, or how he covered his eyes to shield them from light, but the sight of another junior-high boy in a chair, bent over and throwing up in the wastepaper basket. He'd been body-checked in a hockey game the night before, too. Was he in worse shape? Who knows? That's the mystery of possible concussions. We don't know. Their young and developing brains? Better not to think about it.

When my youngest began playing peewee level, he'd complain that his head hurt after games. His head would be smashed into the plexiglas or the boards, or would hit the ice after a check. From the dark of the back seat on the way to the arena one night came a sombre small voice: “I'm afraid out there.” Yet he continued to play, learned “to give a check and take a check,” as the motto goes. From the stands, I saw him line up a player like a shark with prey and drill him into the boards—a nice clean hit by hockey standards. Admittedly, I was kind of proud. This was the game. My son stood up for himself and his team in the accepted way. Not a bad life lesson, minus the idea that he was learning to take and inflict physical pain. I was a hockey mom discomfited. No helicopter parent could help her kid on the ice and maybe that was a good thing, but was this the way to manhood? Besides, a few girls still played with them. The boys had a code of not hitting the girls, and so I told myself: thousands of kids play this game, and they are largely okay, right?

At the minor hockey board meetings, I began to make mental notes that ran contrary to the bravado of some hockey parents who insisted that this was the way the game had to be played. Dryden says that the history of the game shows much longer shifts per player and fewer collisions in the past. Rarely did I hear injuries discussed or medical evidence considered. There seemed to be a tension with some
ill-defined, sinister motives of Hockey Calgary (to be honest, what could those be, other than player safety?). I saw tension between remarkably different realities: the medical world was telling hockey players and parents one thing, while the hockey world had an alternate story. One was evidence based, and one was not.

How do we change our minds about something? Perhaps it’s by reading evidence or having direct experience, such as sitting in an ER with your child. I noted that on my block in my neighbourhood over one season, three of the four peewee hockey players sustained body-checking injuries, despite playing at lower levels of the sport. There were two concussions (one severe) and one broken arm. I also noticed the actions of the three physicians who lived close by. One didn’t permit her kids to play hockey (“too many lives ruined,” she said), one transferred his son out at the level when body-checking began, and the third told me, “One concussion and we’re done.” I talked with a few dads in our league who played elite hockey at university and pro levels. They’d all quit hockey because of concussions: one had lost his ability to practice his profession but had kept that quiet. Yet their kids played contact hockey. I began to take note. Were we all bad parents?

Hockey Calgary moved the issue forward by posting medical evidence on its website and consulting with parents, players, and officials. In January 2012, as the subcommittee on player safety was underway, Hockey Calgary released the results of a survey of attitudes toward body-checking, conducted by an external firm. There were 3,805 responses, and 3,609 of them were from parents of children currently enrolled in hockey programs in Calgary (97.4 percent were parents of boys; 61.7 percent were fathers, and 38.3 percent mothers). Almost half of these “Current parents”—42.3 percent—said they had considered withdrawing their child from hockey because of body-checking. Hockey Calgary wrote: “The results of this survey indicate that there is an appetite for change among ‘Current parents’ with regards to body checking in minor hockey (72.5 percent).”

Important to understanding why body-checking for kids continues is understanding the marked difference in attitude, revealed this survey, between parents of players in elite leagues and those in community competitive and recreational leagues. Only 15 to 19 percent of respondents from elite teams (including Royals, Buffalos, Southside, and Northstars) said that they would reconsider whether to allow their child to play hockey because of body-checking. In other leagues, such as my own, 47 percent said they had reconsidered allowing their child to play. Among those who’d already left contact leagues for noncontact hockey or recreational hockey, the percentage rose to 52.7.

The online survey also asked:
If the introduction of body-checking in minor hockey was delayed until after peewee, what would happen? Choose all that apply:

- improved skills
- safer
- left behind

All those from elite teams voted that they would be “left behind,” but the other minor hockey league respondents said the game would be “safer” or they would “improve skills.” I think it’s fair to say that the rhetoric in favour of early body-checking was driven by a minority: parents with kids in elite leagues, and those who aspired to them.

Our association of about 550 players also wanted to capture other members’ views. None of us were statisticians. In the end, we used Survey Monkey. I can’t find a record of the number of respondents or a print copy, but we were told that the results suggested that a bare majority—51 percent—wanted the status quo and the rest favoured limiting body-checking in peewee hockey. Other associations had multiple surveys and town hall meetings to discuss this topic. We did not have a formal vote of the members on the issue, but I suspect that if we had, I may have been the only one to vote in favour of banning or limiting body-checking. Our president was trying to stickhandle a lot of anger and stay in the neutral zone.

Next, our association needed to decide how to vote at the Hockey Calgary annual general meeting. Hockey Calgary allowed our hockey association two votes (one vote for every fifteen teams), so our president suggested that we split the vote. One vote would represent the yeses and the other the nos. This seemed like a logical solution.

In March 2012, Hockey Calgary published its subcommittee report. It recommended removing body-checking from the lower levels of peewee, bantam, and midget hockey. This would allow players with a desire to progress in hockey to learn the skill of body-checking but reduce risk for others. The subcommittee also identified the following barriers to change:

1. Body-checking is part of the game
2. Concerns regarding the disadvantage for the development of the elite player? (no evidence that delaying body contact affects this development negatively)
3. Concern regarding a greater risk of injury in older players starting to check versus younger players (evidence shows that the risk of injury does not increase substantially in older players and the risk of concussion does not increase)
4. Rock ‘em, Sock ‘em mentality—celebrating big “hits” and fights in hockey culture

5. Parent dreams of the NHL

6. Media—although a media review indicated that media messaging is for the most part on target with the scientific evidence.

The subcommittee recommended eliminating body-checking at the lower levels of peewee and bantam hockey. Hockey Calgary then rewrote the peewee motion completely to eliminate all peewee body-checking entirely for “player safety.” This angered some associations, who claimed that the rewriting did not respect the subcommittee’s work.

How would we vote? Our own association’s solution to represent our members was also falling apart, because on 24 May 2012, we were informed that Hockey Calgary decided we couldn’t “split the vote.” This would place pressure on our association to vote entirely one way or the other and not allow us to represent what was perceived as a split on body-checking within our membership. Our meetings were contentious but I believe I was the only one of six board members who publicly stated a desire to limit body-checking. Concerns were raised about playing out-of-town tournaments against teams who body-check and about player advancement to more elite leagues. Tension picked up as the vote neared. The Globe and Mail quoted our president: “I’ve never heard the [minor hockey] presidents yell or berate each other as much as they have over this issue,” said Grace Lane, president of the Westwood Minor Hockey Association. “There is a lot of emotion. People are very passionate on both sides of the issue.”

A flurry of emails from some hockey association presidents made the rounds, and some discussed a media strategy to counter Hockey Calgary’s “propaganda.” Some members saw the medical evidence on the Hockey Canada website, as well as a survey and media interviews, as propaganda. In May 2012, for example, one community hockey president wrote in an email to others:

I too had a conversation this past week with a [name of association] member who is a former member of Calgary’s sports media. He recommends that we become more proactive in the media as well and has also offered to come to our meeting to advise us. He has connections with Global TV, FAN 960 and with QR 77 and can get us on each or any of those outlets. We also have a senior editor of the [Calgary] Herald in our association and have access to that forum as well. While my emotional initial gut reaction was to just blindside HC at the AGM, in reality that can’t happen...
for me as I’m going to have to let our members know how we’ll be voting before the AGM.

Another hockey association president responded:

I also spoke with a buddy who is a reporter in Calgary about strategies on how to deal with the press. He would be happy to come and speak with us. One of the things he does is train RCMP officers on how to respond to reporters and some of the common pitfalls that they will run into. Given some of the concerns discussed at the last meeting and the HC propaganda machine working at full speed I expect there to be a lot of press coverage. And if we do what we are planning, reporters will be all over us. If we think there is merit in this I can ask him to join us next week as well.

Emails between associations continued, but some were in support of the Hockey Calgary motions. On 20 June 2012, Dave Makarchuk, chair of the Trails West Hockey Association, wrote a lengthy email to minor hockey association board members in which he advocated voting yes to the two motions to limit checking. In relation to player safety and liability, he cited the “Duty to Care” in Volunteer Alberta’s mandate. He implored:

If your association plans to vote against motion 1, we sincerely hope that you have aggregated sufficient data and rationale that is at least as credible, if not more so, than the safety data that Emery et al have collected and the Development research and data that USA Hockey and others have published. Even if you have member surveys indicating majority support to reject motion 1, you likely owe your members the Duties of Care and Prudence to save themselves from making a bad uninformed decision.

The debate was heated. I was tiring of the lengthy discussions about the safety of largely well-off kids who play hockey. Our president, Grace Lane, communicated the association’s position in the media. “Personally, I’d like to see a more holistic approach,” Lane said. “Giving kids an option by having a development league in rec hockey that doesn’t have hitting, but does have a chance for kids to develop their skill set, that would be better.”

At Westwood’s June AGM, Lane called for an open roll call to see how the votes were cast. That motion was voted down overwhelmingly. Lane later told me that Westwood had split its secret vote to represent the interests of our members. The vote was held in secret so that no one would know exactly how each representative voted. The Hockey Calgary motion to eliminate some body-checking was defeated, endorsing the status quo. The matter was referred on to the provincial and national
hockey authorities: “Our members have asked us to talk to Hockey Alberta and Hockey Canada,” said Hockey Canada’s communications director, Christina Rogers. “We have sent letters to both. It is now up to Hockey Alberta to address the issue and determine if delaying body-checking until the Bantam level is something the province wants to enforce.”

In September 2012, the president of Hockey Calgary resigned after a personal blog post was discovered in which he had referred to parents who opposed banning body-checking in peewee hockey as “morons.” The medical community, however, kept moving forward and communicating. In December 2012, the Canadian Pediatric Association issued a position statement on body-checking and youth hockey. It backed the Hockey Calgary motions but extended them to all boys in non-elite leagues, stating:

Clinicians who see young hockey players in their practice should offer the following advice:

- Girls and young women should continue participating in non-body-checking leagues.
- Boys should play in recreational/non-elite hockey leagues that do not allow body-checking.
- Elite male players should play in hockey leagues that introduce body-checking later, when players are thirteen to fourteen years of age (bantam level) or older.

As I was finishing this chapter, a stunning announcement was made: on 7 May 2013, in a letter to members, Hockey Alberta announced that its board of directors had voted to eliminate body-checking for peewee players, citing player safety. Hockey Canada then followed, on 25 May 2013, with a resolution at its AGM to also eliminate body-checking at peewee level and below. Hockey Alberta says that it will continue to develop player safety strategies. The University of Calgary is continuing its research on sports injuries. All the same, these decisions meant that thousands of teens (at bantam, midget, and junior C level) would still play with body checking and in violation of medical advice. They also meant that female athletes would still be considered more worthy of protection than males.

My last bit of volunteer duty was to weigh in and try to stop a nasty exchange on our hockey association’s Facebook site between a mom whose kid had been concussed and a father who was furious that his kid wouldn’t be body-checking.

They mutually “unfriended” each other.
Notes


8 Roy MacGregor, personal communication, 10 November 2012.


12 Hockey Calgary, “Survey: Recreational Survey on Reasons for Participation.”

14 Ibid.


17 Quoted in Maki, “Tension Taints Run-Up to Vote on Body-Checking Ban.”

18 Grace Lane, personal communication, February 2013.

19 Christina Rogers, personal communication, February 2013.
