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Monday, April 15, 2013

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Chair

Mr. Mike Wallace

Standing Committee on Justice and Human Rights

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• (1530)

[English]

The Chair (Mr. Mike Wallace (Burlington, CPC)): Ladies and gentlemen, let me call this meeting to order. We are the Standing Committee on Justice and Human Rights. This is meeting number 68. According to the order of reference of Wednesday, November 28, 2012, we are studying Bill S-209, an act to amend the Criminal Code (prize fights).

We are going to have witnesses on this private member's bill until approximately five o'clock, and no later than five, as per the agenda. We have only two witnesses today. I want to thank the clerk for all his efforts over the last two weeks. We had people who were interested in coming but who couldn't make the timeframe or who then cancelled and so forth. On your table the agenda shows the Government of British Columbia, but they have withdrawn because they could not make this timeframe.

We will have two witnesses today, and then we'll go to the clause-by-clause consideration later this afternoon.

I want to welcome our witnesses. First of all, from the Canadian Medical Association, we have Anna Reid, who is the president, and Ms. Ricketts. Then by video conference from Vancouver we have Mr. Gutman, who is president of Rockdoc Consulting. Both organizations will have approximately 10 minutes to give an opening statement, and then we'll go to questions.

We'll start with the Canadian Medical Association. The floor is yours, Ms. Reid.

Dr. Anna Reid (President, Canadian Medical Association): Thank you very much.

Good afternoon. I'm very pleased to have this opportunity today to appear before the committee.

Before proceeding, I'd like to remind the committee that I'm not a lawyer and I'm not an expert on mixed martial arts fighting. My expertise is not within the Criminal Code, nor in the particulars of sanctioned versus non-sanctioned fights. My expertise lies in the clinical aspects of emergency and family medicine.

As an emergency physician in Yellowknife, I often treat patients who have received severe head injuries as a result of risky behaviour or of not wearing helmets. I feel very frustrated because these are completely avoidable situations. As a family physician, I see the longer-term impacts of these injuries—lives that are forever changed and more difficult.

I also see patients with injuries that are much more subtle yet almost as devastating. Soft tissue brain injury cannot always be detected on a first visit but can lead to such problems as memory loss, depression, cognitive defects, job loss, and family breakdown. In all of these cases, I worry about my patients' futures.

I'm also here today representing the more than 78,000 Canadian physicians who belong to the Canadian Medical Association. Let me note that CMA policy is based on the decisions made by physician delegates to our annual general council, which this year will take place in Calgary. At our general council in 2010, a decisive 84% of delegates voted in favour of a motion calling for the CMA to advocate for a ban on mixed martial arts, also known as cage fighting. This is consistent with CMA policy set back in 1986 that called for a ban on boxing.

The reasons are not difficult to understand. One of the primary responsibilities of a physician is to promote good health. To this end, we are strongly in favour of physical activity, including martial arts such as judo and karate. However, cage fighting, like boxing, is distinct from many other sports in that the basic intent of the fighter is to cause harm in order to incapacitate his or her opponent. An activity in which the overriding goal is to pummel one's opponent into submission does not promote good health.

MMA fighting as it is currently practised consists largely of punches to the head, which we know lead to injuries to the head, which in turn can lead to brain injury. A study carried out in 1998 at Kingston General Hospital found that in almost 30% of cases of blunt head injury from a variety of causes, the patient showed signs consistent with brain injury.

There are long-term outcomes associated with brain injuries. Up to 40% of patients with mild traumatic brain injuries remain impaired for at least one year, and all individuals who survive these injuries require clinical assessment and follow-up.

I acknowledge that there's a lack of evidence on the nature and rate of severe brain injuries resulting from mixed martial arts fighting, as well as an absence of longitudinal studies on the long-term health implications of this type of combat. However, an extensive review in 2010 in the German medical journal *Deutsches Ärzteblatt* of the health implications of boxing found that it poses a high risk of acute injuries to the heart, bones, and head.

It also found that 10% to 20% of professional boxers suffer from persistent neuropsychiatric complications. In boxers with longer careers, the consequences of repetitive brain trauma can include Parkinson's disease, tremor, memory disorders, depression, aggression, addiction, and a boxer's dementia with neurobiological similarities to Alzheimer's disease.

The studies that do exist on mixed martial arts fighting indicate that for every 100 participations in a fight, there are anywhere from 23 to 28 injuries, including, but not limited to, many types of head injury. They include ocular injuries, such as ruptures of the eye socket or of the eye itself; facial injuries, including fractures; ruptures of the eardrum; concussions; and spinal injuries. We also know that deaths linked to mixed martial arts have occurred. A mixed martial arts fighter making his professional debut in South Carolina last summer died from brain hemorrhaging after receiving repeated blows to the head during the fight.

•(1535)

Following an event in June 2010 in Vancouver, a number of professional fighters had to be taken to emergency care at Vancouver General Hospital for cuts, fractured limbs, and severe facial injuries. Just two weeks ago, an Ontario man died shortly after losing an unsanctioned cage fight in Michigan.

The argument goes that unsanctioned fights are different. Is the key to winning any different? Are the injuries that are inflicted any different? These are questions I leave to you to answer.

Of course, cage fighting is not just a physical activity taken up by people as a pastime and a route to fitness. It is also a commercial enterprise. For parliamentarians and for society, the question of whether to legalize mixed martial arts under the Criminal Code comes down to a choice between money and health.

Again, I am not a lawyer. It is my duty to protect the health of patients and to promote non-harmful activities, and it is a mandate of the Canadian Medical Association to advocate for the highest standards of health and health care. For me, as a physician, it is about putting health first. I cannot condone punches to the head. I have too often seen the debilitating effects of head injuries on individuals and have been saddened to see the limitations imposed on their lives and on the lives of their families in the aftermath, limitations that in many cases will last a lifetime.

We therefore urge committee members and all members of Parliament to think long and hard before deciding whether it would be prudent to vote in favour of legalizing prize fights under Canada's Criminal Code.

Thank you very much.

The Chair: Thank you, Ms. Reid, for that presentation.

Next by video conference, Mr. Gutman, the floor is yours.

Dr. Samuel Jeffrey Gutman (President, Rockdoc Consulting, As an Individual): Thank you very much.

I, too, am an emergency doctor. I'm also a member of the Canadian Medical Association. I echo many of the points and comments of Dr. Reid before me; however, I take a very different perspective on the health of Canadians and the health of my patients.

Conceptually, my approach is one that recognizes the concept of harm reduction. Many Canadians participate in mixed martial arts of all forms. They participate in boxing. They will continue to do so regardless of what this committee chooses to do. Therefore, from my perspective, in the vein of trying to protect the health of Canadians, I would advocate that sanctioning and efforts to improve the quality of oversight of these activities is in fact where we should be pushing our energies and where we should be focusing.

There is a difference between sanctioned and unsanctioned. There is a difference between professional and amateur. While it's true that there is striking involved in mixed martial arts, in contrast to boxing, there are also other ways to win. In fact, in amateur boxing scoring, which does not necessarily involve incapacitating the opponent per se and inflicting brain damage per se, there are other ways to win. In mixed martial arts in particular, there are submission holds and wrestling manoeuvres that do not involve injuries to the head.

Dr. Reid referred to the fight in Vancouver in June 2010. It was a professional ultimate fighting championship mixed martial arts contest. I was the lead physician ringside for the medical team at that event. She is correct in that there were injuries and there were patients sent to hospital.

I would also draw the parallel to any professional sport, particularly hockey, or football, or soccer, where there are head injuries and where there are serious injuries on a regular basis. I would ask the committee to consider whether we would ban hockey in Canada. Of course we wouldn't, but we continue to aggressively pursue ways to reduce the risk of concussions in the efforts we make to reduce the long-term effects of concussions and other head injuries in terms of equipment, playing surfaces, and rulings, and most importantly, in testing both before and after competition, and also after potential injuries occur in terms of assessing return to play.

With regard to mixed martial arts, in my judgment the best way to protect the safety of Canadians is to have proper training of referees who in fact control the action and will prevent repeated strikes beyond the point at which a competitor is able to defend themselves, and also to ensure that there are proper medical assessments before, during, and after events.

When we refer back to the 83% of Canadian physicians, I believe it was, who voted in favour of the ban on mixed martial arts, I would suggest that the vast majority of them have never been to a mixed martial arts event. Perhaps they have seen it briefly on television, but they likely have no direct understanding of what assessments are required before, during, and after in order to protect the safety of competitors. Thus, further training and education of physicians and those involved in the sport would result in reduced risks and more safety for the participants.

My experience has been extensive in both amateur and professional mixed martial arts, as well as boxing, as a ringside physician and as an advocate for safety. I thank you for the opportunity to present and to discuss this topic further.

•(1540)

The Chair: Thank you, sir, for that presentation.

We will now go to questions. Our first questioner, from the New Democratic Party, is Monsieur Dubé.

[Translation]

Mr. Matthew Dubé (Chambly—Borduas, NDP): Thank you very much, Mr. Chair.

Thank you for taking the time to appear before us today. I think it's important that we hear all the points of view on a topic like this, given that it affects people's health.

We're talking about sanctioned versus unsanctioned fighting, but even if you're against the practice, it is still going to go on. If there is a total ban, people will probably still participate in underground fights, so it's better to ensure the activity is properly controlled.

What would you say to that? Has your association discussed that aspect?

[English]

Dr. Anna Reid: The CMA is advocating on behalf of patients, and we're interested in the health of patients. The argument you're having is about big business. You're saying that big business is going to keep the spark going even if it's kept illegal and that it will keep going on unsanctioned.

We believe that even if the sport is sanctioned, it's a different approach than it is for hockey, say, or skiing, or other sports where we do see injuries. This is because the whole key to mixed martial arts is actually to cause injury. The intent of the sport is to cause to injury to your opponent, whereas in the other sports these are byproducts of the sport, if you like, so we actually feel very strongly that we need to continue to advocate for a ban on it.

•(1545)

[Translation]

Mr. Matthew Dubé: My goal isn't to defend the businesses that make these competitions possible. My thoughts are of people like Georges St-Pierre, who grew up near Kahnawake. He would fight in the basements of bars on the reserve. That's not a very safe environment. We have to think about health and safety.

I am not referring to the UFC specifically, but the opposite is happening. This may sound quite cliché, but I am talking about cage fighting without any oversight whatsoever, like what you would see in a movie. Doesn't that worry you? Wouldn't shining a spotlight on it lead to better oversight?

[English]

Dr. Anna Reid: There will always continue to be street fights and brawls and fights. Whether it's sanctioned or unsanctioned, even if there are sanctioned fights there will still continue to be fights that are unsanctioned, I'm sure. There will still be people fighting for money through other avenues that are not sanctioned, and so we remain opposed to the whole concept of this kind of fighting.

[Translation]

Mr. Matthew Dubé: Dr. Gutman, do you have any comments on that?

[English]

Dr. Samuel Jeffrey Gutman: I do. In fact the vast majority of professional mixed martial arts fights are not of the stature of the UFC, as Monsieur Dubé points out. The vast majority of them are small. In fact, even at the UFC level, the vast majority of competitors make a very small amount of money.

Money is not the motivator from the point of view of the combatants. Our common goal is to protect the combatants as opposed to the corporations. In fact, restricting these competitions and not enabling them to be handled in an organized fashion, will, in my estimation, drive them underground and, as stated, result in many more injuries and a much higher risk to the participants.

[Translation]

Mr. Matthew Dubé: I want to come back to the CMA's position. I think, earlier, hockey and football were mentioned. I am thinking about football, in particular. When you play defence, the whole goal is to physically prevent the other player from getting past you. And like it or not, injuries are commonplace.

Does the CMA have a similar stance on football? I, myself, don't play football, since I am nowhere near big enough. But a 300-pound defender's only goal is to rush a player to stop him from getting by.

Have you taken a similar stance on sports like that?

[English]

Dr. Anna Reid: Well, the difference there with those sports is that it is not the intent of the sport to create injury to the other person, whereas in mixed martial arts, or in the cage fighting, that is part of the intent of the sport.

[Translation]

Mr. Matthew Dubé: Thank you.

Thank you, Mr. Chair.

[English]

The Chair: Thank you very much.

Our next questioner is Monsieur Goguen from the Conservative Party.

Mr. Robert Goguen (Moncton—Riverview—Dieppe, CPC): Thank you, Mr. Chair.

It's certainly a good testimonial to have doctors on both sides of the issue and it's most helpful. I thank you for your testimony.

Dr. Reid, it's clear that the CMA is opposed to mixed martial arts. I note that you're looking at the blunt head injury in particular and your perceived, at least, intent that the purpose of the sport is actually to injure people.

We know that your association is against the sport because it doesn't like the fighting techniques of striking and kicking, but the CMA, as you've told us, encourages traditional martial arts, which are certainly not for wimps. Karate is a pretty violent sport. What's the primary concern? Why is it that you can support the traditional martial arts, yet not this sport?

Dr. Anna Reid: Our big concern is in regard to blows to the head and brain injury. That is our big concern with respect to the sport.

Mr. Robert Goguen: And karate wouldn't cause a blow to the head nor would judo by a flip or a fall...? I mean, what's the distinction? We've talked about hockey and football, which is off topic, but many sports have blows to the head.

• (1550)

Dr. Anna Reid: Again, that is not the purpose of those sports.

Mr. Robert Goguen: But can we really say that the purpose of the sport is to kick someone, is a blow to the head? Is that the primary objective, really? I mean—

Dr. Anna Reid: Of mixed martial arts?

Mr. Robert Goguen: Yes.

Dr. Anna Reid: Well, the primary objective is to incapacitate the player so they can no longer participate in the sport.

Mr. Robert Goguen: As in karate?

Dr. Anna Reid: Pardon me?

Mr. Robert Goguen: As in karate?

Dr. Anna Reid: Yes, but not with blows to the head.

Mr. Robert Goguen: Wow. I don't know. In watching some of the karate matches, it seems to me that there are plenty of blows to the head. They're not all blows to the head, but they're not exceptional.

Dr. Anna Reid: Yes, I'm not an expert on karate myself, so I'm sorry if I can't comment any further on that.

Mr. Robert Goguen: All right. I'm just trying to gather what the striking distinction is between the more traditional sports and perhaps this sport, and I don't capture that. I'm sorry.

Those are my questions.

The Chair: Thank you, sir.

Our next questioner, from the Liberal Party, is Mr. Pacetti.

Mr. Massimo Pacetti (Saint-Léonard—Saint-Michel, Lib.): Thank you, Mr. Chair.

Thank you to the witnesses for appearing.

I don't want to repeat the same line of questioning, I guess, because we seem to see a lot of blows in all sports, whether intentional or unintentional. We'd like to see the focus be on making sports more secure, whether blows to the head are legal or not legal. We see it in sports like hockey and football. It's not supposed to be legal but it happens anyway, and it sometimes goes unpunished. I understand where you're going with this, but it doesn't necessarily mean that I agree.

I'm aware of one study in particular that was done in 2006 with the Johns Hopkins University, in which they stated that concussions from MMA combat were not more susceptible to head injuries. I'm just wondering if you have any recent studies that would help your position.

Dr. Anna Reid: I'm sorry, but if you could restate that, because a concussion is a head injury, so—

Mr. Massimo Pacetti: Do you have any studies that would back your position on banning? You have said in your paper here that the CMA has called for a ban on boxing and—

Dr. Anna Reid: Yes.

Mr. Massimo Pacetti: —there doesn't seem to be any study proving that there are more head injuries, whether it be in MMA or any other sport. There's no reason for you to say that you should be opposed to the bill. I don't see the facts.

Dr. Anna Reid: Well, we have referenced a study with respect to boxing, which is blows to the head—

Mr. Massimo Pacetti: But this is not boxing, and boxing is legal.

Dr. Anna Reid: We're also opposed to boxing. The CMA has a policy opposed to boxing, too.

Given that there are also blows to the head in this sport, which are intentional, we have said that there aren't many studies saying exactly what the rate of severe head injuries is with mixed martial arts—

Mr. Massimo Pacetti: Is there a study that the medical association is working on?

Dr. Anna Reid: We're not in and of ourselves studying it, but I understand that there are some studies going on. I don't have right in front of me the names of those studies, but I was just reading about it. There's one study—

Mr. Massimo Pacetti: You would rather keep it illegal rather than make it more secure or safe?

Dr. Anna Reid: Listen, our goal, my goal, is to prevent injury and promote health. I'm an emergency physician. Injury prevention and promoting health are the two main things that I'm interested in. As an emergency physician, I know that when people get struck in the head it can lead to concussion and also severe head injury.

There are studies being started as to the rate and severity of injuries. We already know that there have been people killed from mixed martial arts, from blows to the head. I don't know the actual rate, and I don't think it is known into the future what the long-term sequelae are, but we know there are serious potential problems. So yes, it's our role to continue to advocate against this.

Mr. Massimo Pacetti: So you don't have statistics even though—we'll use UFC as an example—they have strict rules and they're certified medically. There's no proof whether all of that is the way to conduct these fights and whether they are more secure. It's just the medical association coming out with a position. Shouldn't you have a bit more facts or statistics? Shouldn't there be something?

Dr. Anna Reid: You're talking about harm reduction right now, so

Mr. Massimo Pacetti: The debate or the discussion seems to revolve around concussions, so whether it be concussions or injuries in general, it's up to you to perhaps provide us with some statistics. I'm not saying that for somebody stepping into the ring it will be a joyride and they won't be susceptible to getting injured. I'm just wondering about the statistics. We'd like to compare it to other sports, and the discussion has been comparing it to other sports.

• (1555)

Dr. Anna Reid: Those statistics for the long-term effects do not exist yet because those studies have not been completed. There are studies starting, but I don't have the names of them in front of me right now.

We do know that if you strike people in the head, whether it be in a bar fight or in a ring, whether it be sanctioned or unsanctioned, no matter how hard you try to protect ahead of time, there will be potential injuries. Sometimes there are very serious injuries—

Mr. Massimo Pacetti: Sorry, I don't mean to interrupt but we have limited time.

There are studies going on now with other sports in terms of head injuries, such as those related to hockey or football. Isn't there a correlation, or isn't there anything being done from that end?

Dr. Anna Reid: Well, we're not talking about those sports, but we do know that head hits in such things as hockey and football are very serious, and people have long-term effects from them. In fact, I understand there's a lawsuit going on in the U.S. from NFL players against the NFL for the effects of concussions during their careers.

We do know that those things happen, so it's our position that we should advocate to prevent those things from happening rather than waiting 10 years out to find out the long-term effects of many hits to the head, and then say, look, we should have done something about it.

That is our position.

Mr. Massimo Pacetti: Thank you.

The Chair: Thank you.

Our next questioner, from the Conservative Party, is Mr. Seeback.

Mr. Kyle Seeback (Brampton West, CPC): Thank you, Mr. Chair.

I think we're all going over the same questions as we try to understand the basis of your opposition to this, because I think we all know that injury and death occur in any sport you come up with. People have died in downhill skiing. People have died in aerial skiing. People have passed away in football. People have passed away in hockey.

There's injury and risk in all of these sports that people take on, and I don't think anyone has any data to show that mixed martial arts has a higher rate of these serious brain injuries or death than any other sport.

I take it you don't have any data like that yourself.

Dr. Anna Reid: That's correct. I don't think that data exists.

My point is that the difference is that in those sports, the intent is not to injure yourself in your head—

Mr. Kyle Seeback: I think that's what it comes down to. When I look at what you're saying, and at your statement, it seems to be that your opposition to this is based on the intent of the sport. Regardless of what the data may show, that it's safer or less safe, you're just opposed to it because of the intent.

Dr. Anna Reid: We're very concerned that a sport would be legal where the intent is to injure someone else's head. That's very difficult —

Mr. Kyle Seeback: Even if there's less risk in that sport than in a different sport where the rate of concussion and injury is higher, your position would still be the same because of the intent.

Dr. Anna Reid: Absolutely.

Mr. Kyle Seeback: All right. I think I understand that now.

I think I now understand it, Mr. Chair, and I think I'm done. Thank you.

The Chair: Thank you, Mr. Seeback.

Next, from the New Democratic Party, we have Madame Boivin.

[*Translation*]

Ms. Françoise Boivin (Gatineau, NDP): Thank you, Mr. Chair.

[*English*]

First of all, thank you, doctors, for being here in our extreme sport arena—better known as Canadian politics.

[*Translation*]

I think I understand. And to my mind, everyone around the table understands as well. In any case, I would have been pretty surprised to see the Canadian Medical Association giving us its official okay on

• (1600)

[*English*]

the MMA sport. I would have been in shock, actually, if you had.

But this is where we might differ a bit.

[*Translation*]

In your presentation, Dr. Reid, you made it clear that you weren't a lawyer. But what the Standing Committee on Justice and Human Rights is trying to determine is whether it is still appropriate for the Criminal Code to qualify the practice of a certain sport as a crime when, in reality, it is not treated as such. The criminal aspect has been completely overlooked for some time now. UFC specials have been around for a number of years. I see them on several TV channels almost every day. Spike TV airs one or two matches with no problem.

We may be dealing with some hypocrisy here. And I'm not referring to your position but to the fact that the practice is criminalized in the Criminal Code. In your opening remarks, you made a statement that also appears in the notes you provided:

For parliamentarians, and for society, the question of whether to legalize MMA under the Criminal Code therefore comes down to a choice:

A choice between money and health.

That comment bothered me a bit, for the simple reason that the issue has nothing to do with that in my opinion. Nor is it a matter of legalizing something. You talk about legalizing MMA, but we're actually talking about decriminalizing an activity, not legalizing it. The provinces and territories can put certain rules in place, but that doesn't mean the passage of Bill S-209 would legalize the practice. All it would do is decriminalize an activity that, in actual fact, has not been treated as a crime for quite some time.

That is the reality of Bill S-209. As my colleague Mr. Seebach pointed out, your opposition is based on the intent of the sport. In other words, the foot and elbow strikes dealt directly to a participant's head during mixed martial arts, or MMA, matches make this activity different from other sports. My understanding, then, is whether it happens in boxing or MMA, you're against it as a matter of policy, as doctors.

However, when two hockey players decide to fight during a game, taking off their helmets and gloves so they can punch each other freely in the face, it is clear to me there's an intent there as well. Therefore, I imagine you would like to go as far as to ban fighting in hockey, adding it to your policy on boxing and MMA.

Unless I am mistaken, you're position applies to all cases where an individual uses a body part to strike another person's head on purpose. The head is the main issue for you, is it not?

[English]

Dr. Anna Reid: Without a doubt other parts of the body can be fixed up but the head can't be. Although we do not have a position on fighting in hockey—I speak on behalf of our membership, not just on my behalf—it's not difficult for me to imagine that the same group of people, the 84% of our delegates to our general council who are opposed to mixed martial arts and boxing, would also be opposed to fighting in hockey with blows to the head.

Ms. Françoise Boivin: Is it your position, though, that it has to be criminalized? That is not clear in my head.

It can be legalized. It can be regulated. There could be some boundaries. There could be ways of making sure that the whole process is done better, more secure and so on and so forth.

Is it the position of the CMA that you want to see criminal action against the sport?

Dr. Anna Reid: Our concern, in terms of sanctioned versus unsanctioned, is that even with boundaries it's still very difficult to know, in the middle of a fight, which next blow to the person's head will be the blow that causes a problem.

Ms. Françoise Boivin: So even if it's under the consent of the people, if they decide.... To this day I still don't understand why men like to fight each other and beat each other up. Really, I don't, but if they agree to it—this might be a sad comment—be my guest. If nobody is forced to—

An hon. member: Question...?

Ms. Françoise Boivin: —does that have anything to do with it for you? Does it matter if it's consensual or not?

Dr. Anna Reid: No. If it's consensual, we still feel that this is an activity we have to speak out against. It causes huge health outcomes. As physicians, we're obligated to speak out about injury prevention and health promotion.

Ms. Françoise Boivin: Okay.

Thank you.

The Chair: Thank you very much.

From the Conservative Party, we have Mr. Albas.

Mr. Dan Albas (Okanagan—Coquihalla, CPC): Thank you, Mr. Chair.

I thank all the guests here today for their testimony.

I would like to start, Mr. Chair, by saying that there are some elements of this bill that maybe all of us can agree on, including our witnesses.

Bill S-209 proposes to extend the exemption in section 83 for amateur boxing contests to cover other amateur combative sport contests, including contests in sports such as judo, karate, tae kwon do, and kick-boxing, as well as mixed martial arts. The bill would also clarify that the exemption in section 83 that currently covers professional boxing contests would then include professional mixed martial arts contests.

To both of our witnesses, do you think the proposed changes to the legislation modernize a relatively unused section of the Criminal Code and legitimize sports such as judo, karate, and mixed martial arts?

I'd like to start with the CMA, please.

• (1605)

Dr. Anna Reid: I'm sorry, but I got a little bit lost on the section 83 bit. Can you just go back to it?

Mr. Dan Albas: Again, there are many good activities that you've said you support, such as judo, tae kwon do, and karate, which right now can qualify under section 83. If, for example, a tae kwon do instructor has a tournament, technically many of the points in section 83 apply to that. We're not just allowing an exemption for mixed martial arts; we're actually clarifying the law for many of these other activities.

The Chair: What he's saying, Dr. Reid—

Dr. Anna Reid: I'm a little confused. I'm sorry, but I don't know the section 83 part that you're referring to.

Mr. Dan Albas: Okay.

Then maybe we'll just ask for the testimony of the other witness, please.

Dr. Samuel Jeffrey Gutman: Thank you.

I think your characterization is accurate that this is an outdated clause or section of the code and that this is merely an issue of updating it to reflect the reality of today. I would also point out that it has been reiterated several times that, to be clear, there are other ways to win a mixed martial arts contest in addition to striking. Similar to things like judo and others, striking is a part of the sport. It is not the only way, and incapacitation by knockout is not the only way to win the contest.

Lastly, if I could take the opportunity to point this out, it hasn't been mentioned what definition we're using in terms of huge health outcomes. I'm an emergency physician and have been in practice for 25 years. I have seen a handful of concussions caused by mixed martial arts. I've seen many, many caused by snowboarding, by skiing, and by many other sports. So in proportion to participation, this is a very small blip on the horizon, on the radar, relative to other sports.

Mr. Dan Albas: I appreciate hearing that testimony.

I'm going to be switching back to the CMA for a moment, Mr. Chair.

I had the opportunity to teach martial arts professionally for 15 years and certainly I am alarmed when I hear that someone equates mixed martial arts or other disciplines to barroom brawling. To me that is an indication that my former field needs to do a lot more work to present its many health benefits. Furthermore, Dr. Reid, when you say that someone is just there, regardless of discipline....

By the way, Mr. Goguen is correct. There is full contact karate. Certain systems teach full contact karate and concussions do sometimes happen. However, to say that a player or an athlete is there simply to harm another human being, that takes away from all the tenets of traditional martial arts: respect, discipline, focus. Again, this is an athletic endeavour and that kind of equation is disrespectful, given the many things that structured sport does.

Yes, hockey, football, mixed martial arts, these sports have to improve. I simply point out that banning an activity can create an underground economy where there is very little sanctioning and oversight, and where children and young people could get into it and be harmed. I think that would be disappointing.

I also find it disappointing that we are not pointing out the specifics as to how mixed martial arts, as a discipline and an athletic endeavour, could improve its outcomes, whether that be through better sanctioning, whether that be through, as Mr. Wright said, more international standards to make it truly an Olympic or amateur sport, or through ensuring that the instructors who are currently teaching our young people are teaching in a way that emphasizes health and safety throughout.

In most martial arts schools, particularly with submission wrestling or judo, one of the first things they teach you is how to bow. The second thing they teach you, Mr. Chair, is how to tap, so that you're training in a safe environment. The importance of that is stressed. While I totally respect where the Canadian Medical Association is coming from, for you to advocate a ban without any data and put more people at risk, rather than make suggestions that can be implemented—

•(1610)

The Chair: Do they teach you how to cut someone off? Because I have to do that right now.

Mr. Dan Albas: Obviously the martial arts disciplines have a little more engagement to do. I ask the CMA to come to the table and to give us things we can work on because it's about improving human beings, not harming them.

The Chair: Are you asking for any response from them or are you just making a comment?

Mr. Dan Albas: Mr. Chair, I would like to hear their response.

The Chair: Okay, we'll give Dr. Reid a chance to respond to that, if she would like.

Dr. Anna Reid: Thank you very much for that. We're happy to work, at any time, in terms of improving health outcomes for patients. If there's a conversation that has been started, we'd be happy to engage in that for sure.

Perhaps I misunderstand mixed martial arts, but I must say, the times I've seen it on television, parts of it seemed like a barroom brawl to me. Perhaps I've watched the wrong segments of it.

We're certainly interested in anything we can do to improve the health of our patients but we still find that this sport is very troubling as it is.

The Chair: From the New Democratic Party, Mr. Allen.

Mr. Malcolm Allen (Welland, NDP): Thank you, Chair. Thank you, witnesses.

I think, Dr. Reid and your colleague in Vancouver, the difficult part here quite frankly is that we have two expert medical opinions about a legal question. As Dr. Reid said, she's not a lawyer. Neither am I, by the way.

•(1615)

Ms. Françoise Boivin: We like you anyway.

Mr. Malcolm Allen: I won't suggest anything about lawyers. It would be unbecoming of me as a guest of the justice committee to suggest something, Mr. Chair.

I, like my friend, Madame Boivin, am not surprised about the CMA's position. Clearly sport, especially a contact sport—and I'll use contact sport in a general term.... Mixed martial arts is a contact sport. In fact basketball is a contact sport. In fact Wilt Chamberlain said that basketball is a contact sport, but football is a collision sport. So it is a question of large folks quite often up against each other in one form or another, the difference being that there are certain rules.

Obviously there are certain rules in mixed martial arts, and I can appreciate what my friend, Mr. Albas, was saying earlier, because clearly I'm not someone who has participated in those things, albeit I headed a soccer ball for a long time and maybe that's what caused me to come into this field. I don't know. Then again I'm a Scotsman, so maybe that's the case.

I'm not surprised by what you have said. Actually it's hard to disagree that striking someone will cause an injury. I think we all know that. I think if Mr. Albas were to come over here and strike me on the side of the head—of course he would never do that—it could be hurtful and could do who-knows-what kind of damage. I think we all get that. The issue becomes what we do in a legal process. I think you said earlier you're not really prepared as a physician—a very qualified and eminently qualified physician, I may add—to try to do this.

Let me turn to your colleague in Vancouver, who talked about how we need to do harm reduction, because I actually know a fair amount about harm reduction. I come from a family whose careers are in Canadian mental health and who talk about harm reduction, especially with schizophrenics and bipolar folks who also are dually diagnosed with addiction issues.

So sir, I look to you to give us some suggestions given what you see, since you're looking at it at an upper level, if you will. These are prize fights, and quite often you might be a ring physician.

One of the things that strikes me about it—no pun intended—when I watch—and I only see things on television—is that the difference between boxing and cage fighting.... I don't want to use mixed martial arts in this sense, because it gives the wrong connotation sometimes, even though they use that. I think Mr. Albas is correct. Mixed martial arts as was taught by him and by his colleagues in the field may look a lot different from that. The difference is that in boxing if you knock the opponent down, you can't hit them again. But if you knock your opponent down in that particular cage, you can hit them again. The referee is supposed to step in and do all those sorts of things, but how many times have you seen someone, whose eyes are literally starting to roll back in their head, still receive two or three blows while they are on the ground? I don't mean on the way to the ground, because in boxing clearly you can hit an opponent on the way to the canvas.

What do you see as that harm reduction strategy you're suggesting that might actually be helpful for this committee to know about? Because I don't think we are going to get a legal opinion from either one of you, quite frankly, about the clause. I'm interested in what you have to say about that.

Dr. Samuel Jeffrey Gutman: Thank you.

With regard to just using the term “cage fighting”, I think that's a loaded term. Mixed martial arts occurs in a ring as well. The connotation of cage fighting brings with it something distasteful, perhaps, so I prefer the term mixed martial arts.

With regard to harm reduction, I divide it into pre, during, and post in terms of the medical assessments that occur, the referees, and sanctioning.

First and foremost, before the fight, before the competition, it's important to assess the weight classes to ensure that it is an equal competition of skill, not unmatched. In the professional ranks, matchmaking is a crucial portion of protecting the athletes. If a very highly skilled competitor goes against an amateur, the risk to the amateur, or a new amateur, is substantial. So matchmaking is important.

Physical assessments in terms of capability to compete at that level, cardiovascular fitness, vision testing, CT scanning, electroencephalograms, plus or minus cognitive testing using some of the validated concussion assessment tools—some of these things are currently in play and some of them should be in play. I would suggest that opening this debate up further to the medical community and engaging as opposed to banning would enable some of these pre-competition metrics to go into force.

During the competition, the safety of the athlete is wholly dependent on the skill, experience, and training of the referee. The referee is the one who will stop that second, third, fourth blow that you referred to. Yes, by rules, they can continue to strike until the opponent is unable to protect themselves, which is a judgment call by the referee. Therefore, higher-skill-level referees, more training, protect the athletes further.

After the competition, assessment by an experienced physician who has the capacity to make an assessment using a standardized scale and then apply a prohibition to competition for 30, 60, 90 days or more, subject to additional conditions such as assessment by

neurologists and the like, occurs in the professional ranks, where there's appropriate sanctioning, versus underground.

I have one example here from the Lower Mainland. One competitor was in a professional fight in one location. The next night they competed in another location. That is completely unacceptable in any rank. However, there is no governing body. There is no ability to prohibit that in many of these competitions.

That's where people are getting harmed. That's where the second-impact syndrome, as it's referred to, causes extensive damage after a brain has been injured. That's what we're trying to avoid. By bringing this out of the shadows further, we can protect combatants more.

The Chair: Thank you, Doctor.

Thank you, Mr. Allen. I gave you the exact same time as Mr. Albas, so there you go.

Mr. Wilks, you have the floor.

Mr. David Wilks (Kootenay—Columbia, CPC): Thank you, Mr. Chair.

I'll try to be quicker than my colleagues.

The Chair: Yes, that would be nice.

Mr. David Wilks: To the witnesses, thank you very much for coming today.

In my 20 years as a police officer, where I was involved in many a barroom brawl, historically there are chairs, tables, and glass bottles involved. Historically it's started by a blind-side hit. Historically it's not one-on-one. It's normally induced by a lot of alcohol and a lot of drugs.

Having said that, my question to both the witnesses is fairly succinct. I'm going to take the opposite side of it, just for that sake. Assuming this passes through this place, passes through the House of Commons, and passes through the Senate, my question to either of you is this. Certainly to the CMA there seems to be some concern with regard to the fighting. Assuming this goes through, what types of protections would you suggest could be implemented to make the sport safer?

• (1620)

Dr. Anna Reid: Assuming it does go through, I think the recommendations of my colleague here are all very pertinent. Clearly he's very concerned about doing the sport in the safest way possible. I think what he's recommended in terms of the pre-, during, and post-assessment would be very important. I think those are all good protections.

We continue, as I've stated many times here now, to be very uncomfortable with the sport, for the reasons I've already stated. But if it were to pass, certainly the CMA is in favour of harm reduction models. In fact, we've been involved in harm reduction for many other things—with respect to addictions and mental health issues, for example—so certainly, if it were to pass, the harm reduction model is one that we would support. However, we don't feel that it should be the first line of defence.

Mr. David Wilks: Thank you.

To the other witness, if I may, a member of our caucus, the member for Yukon, has had five professional fights within MMA and has provided me with some information as well.

To the witness in Vancouver, correct me if I'm wrong, but post-fight through MMA and UFC, there is a certain amount of time when you're not allowed to fight, even if you want to fight. I wonder if you could expand upon some of the rules that are in effect already for safety precautions.

Dr. Samuel Jeffrey Gutman: Yes. Thank you.

Seven or eight years ago, I believe, the unified rules of mixed martial arts were adopted by most. That limited the types of striking that were allowed, which has reduced the incidence of serious injury. I apologize, in that there are no statistics available on what these rates are, but things like elbow strikes vertically to the head have been removed, as have other such dangerous acts. Rules are important.

You're correct when you say that in the professional ranks fighters are not allowed to compete. Jurisdictions are different. Part of the challenge is that there's a patchwork of different sanctioning bodies, unfortunately. The B.C. government is trying to unify it into a provincial commission, which would help, and to have a clearing house where athletes are not allowed to compete for a period of time. Those periods vary, but you're correct.

Additionally, it really falls on the ringside physician who applies a suspension to use some judgment on how long that suspension should be. In my own experience, there were no guidelines and no knowledge or information on how to apply those, so in my own practice I've aggregated information. When there are other physicians working with me, we provide information to them on what recommendations we suggest. In my opinion, those sanctions and prohibitions should be based on a higher level, on a commission level, be it provincially or beyond.

The Chair: Thank you, Mr. Wilks.

Our next questioner, from the New Democratic Party, is Mr. Giguère.

[*Translation*]

Mr. Alain Giguère (Marc-Aurèle-Fortin, NDP): Good afternoon. Thank you for being here to provide us with insight.

You're no doubt familiar with the boxer Muhammad Ali. He fought in matches that were well-supervised and he won. Unfortunately, however, the last time I saw a picture of him, he had serious health problems. Could you please comment on health problems like those, on the high incidence of those problems among people who take part in violent fighting and on the possibility of limiting the recurrence of those injuries?

Perhaps the Canadian Medical Association representative could start. Then I'd like to hear your response.

•(1625)

[*English*]

Dr. Anna Reid: Well, certainly I think everybody knows about Muhammad Ali and his Parkinson's disease, which is felt to be as a result of repeated blows to the head. We do know from the boxing

studies that there are, as I mentioned, potential long-term effects from repeated blows to the head. This includes anything from memory loss to personality changes to movement disorders, which Parkinson's is part of, and Alzheimer-like symptoms, quite apart from the mental health issues that have been associated with severe head injuries, such as depression, behavioural changes, and those sorts of things.

We know some of that from the boxing literature. Again, as we've said, we don't have the studies for mixed martial arts at this time, but we feel that there may well be similar potential injuries.

[*Translation*]

Mr. Alain Giguère: How can we prevent those injuries?

[*English*]

Dr. Anna Reid: Well, I think probably the best way to avoid a serious head injury is to wear a helmet, although there's not a whole bunch of literature on whether helmets are completely protective for concussions.

Dr. Samuel Jeffrey Gutman: I think there are a number of ways or considerations regarding how to protect the athletes further. I don't think there is, as yet, consensus on what those would be. I might suggest things like taking objective measures of baseline brain or cognitive function prior to participation as well as doing testing at regular intervals, not just after a competition but on an ongoing basis. There is evolving science in diagnostic imaging that is still at, really, a research stage at this point, or an early clinical stage, that may shed some light on injury.

Part of the challenge with brain injury is that things like a CT scan provide you structural information but not necessarily functional information on how the brain is functioning. Some of the newer MRI technologies and quantitative electroencephalogram technologies will provide an objective measure of function as will applying these on a regular basis over time.

Part of the challenge with athletes in these competitions is that there is no way to truly, objectively, judge injury and whether they're at ongoing risk or severe risk. We have to find objective ways to measure and apply these standards rigorously and perhaps even limit the duration of competition. Muhammad Ali had a large number of fights in his career. Perhaps a top limit should be applied. These are things that are just opinion-based at this stage, but those are all ways that we could consider reducing the rates of injury.

[*Translation*]

Mr. Alain Giguère: Olympic boxers wear helmets. The Canadian Medical Association said that helmets could probably prevent many head injuries.

Do you agree with that?

[English]

Dr. Samuel Jeffrey Gutman: It's difficult to say. Again, there is no evidence on this. Some of the impact certainly would be absorbed by the helmet, but I wouldn't go so far as to say that a helmet would be protective to any significant degree. Helmets are used in amateur boxing, but there are also a number of other different rules, so the rates of concussions and head injury in amateur boxing are much lower. It's hard to say whether helmets alone would have a significant effect. They probably would be helpful, but it's difficult to say.

The Chair: Thank you very much.

Our final questioner on my list is Mr. Armstrong from the Conservative Party.

Mr. Scott Armstrong (Cumberland—Colchester—Musquodoboit Valley, CPC): Thank you, Mr. Chair. I want to thank our guests for being here today.

I'm going to start with Dr. Gutman.

Having heard the testimony of both our witnesses today and having more experience in the sport of MMA, do you feel there's an adequate understanding of your sport by the other witness?

• (1630)

Dr. Samuel Jeffrey Gutman: I would suspect that the other witness does not have the same depth of understanding, not having been at the event and not having participated.

Just reflecting on the comments, I would agree that if you turn the channel and look at it, it looks quite brutal. There is much more to the sport than that, so I would tend to agree with your comment.

Mr. Scott Armstrong: When we look at the sport on TV, it's a more professional level of that sport, like a professional NHL game or NFL game. But there are literally thousands and thousands of participants throughout the country who participate at an amateur level, more for health and fitness.

Am I accurate in saying that? Because I don't know a lot about the sport myself.

Dr. Samuel Jeffrey Gutman: Yes, I believe that's accurate. It's not the mandate of this committee, but I'm personally more concerned about the amateur ranks than the professional.

Mr. Scott Armstrong: If the sport becomes more regulated—and that's what we're talking about here today, that it's going to be a more regulated sport—would that not give authorities the ability to pass measures to make it safer and more protected at all levels, not only at the professional level?

Dr. Samuel Jeffrey Gutman: Absolutely. That's my goal.

Mr. Scott Armstrong: Looking at other sports, football and baseball and hockey, we've seen a lot of changes in the rules and the equipment of those sports to make them safer, as a rule. Is that accurate, from your knowledge of all sports?

Dr. Samuel Jeffrey Gutman: Absolutely.

Mr. Scott Armstrong: In the end, don't you think having it sanctioned and having authorities able to control it more is going to protect people and make it safer?

Dr. Samuel Jeffrey Gutman: I believe so, yes.

Mr. Scott Armstrong: Okay.

I'm going to turn to the CMA now. I know the CMA has been active in supporting this in other sports. I'm not being critical of the CMA, by the way. Don't you feel, though, that if it's sanctioned, if authorities have control over it, if the CMA and other medical authorities have brain research and ongoing research on concussions in several sports, we could see it be sanctioned in a way that would make it more protected and safer?

Dr. Anna Reid: There may be some benefit to sanctioned versus unsanctioned. I'm not sure if that's true but it may well be so. But still, the basic premise of intentionally striking people's heads is something that the CMA is opposed to and that many physicians are opposed to. This still continues to be the problem that we're grappling with, sanctioned or unsanctioned.

Mr. Scott Armstrong: When I was younger, I played football. As a defensive player in football—it's a collision sport, as was mentioned before—you try to lay a hit down on the other player and knock him down with great force in a lot of circumstances. I think there is a risk for spinal cord injuries. I know that when I played, it was always at the back of your mind. You were taught how to execute these hits and execute the skill level in this so that you would avoid spinal cord injuries.

But all sports, even non-collision sports, even in things like golf... In golf, there are golf balls flying around in the air. You take steps to try to protect yourself. But isn't it the fact that all sports inherently do have some danger in them, and isn't it the fact that mixed martial arts is, I guess, a combat sport. Is that really what the CMA is against or is it really out to try to make all sports safer?

Dr. Anna Reid: Well, we're certainly interested in all sports being safer, and we've done a lot of work in terms of health promotion and injury prevention through time. But again, it's different from football. When you do a hit to someone else in football, the goal is to get that person out of the way so the ball can move down the field. I really don't see what the goal is to hitting someone's head, other than causing an injury to the head so that they can't stand up and keep fighting. This is the thing that we find difficult.

Mr. Scott Armstrong: Just so I'm clear in understanding this, where the CMA is really drawing the line is not really the amount of injuries in the sport, it's actually that the intent of the sport is combative. That's where you're drawing the line.

Dr. Anna Reid: Yes. Our concern is very much regarding potential head injuries.

Mr. Scott Armstrong: Which are caused from strikes directly to the head—

Dr. Anna Reid: Caused from intentional strikes for the reason to incapacitate so the fight can't go on....

Mr. Scott Armstrong: Thank you.

Thank you, Mr. Chair.

The Chair: Thank you, Mr. Armstrong.

We have no further speakers, so I will just wrap up by saying thank you to both of our witnesses for coming today.

Regardless of the tough questions, you did a very good job under pressure today. I'd be happy to be...well, I don't want to be in your emergency room, but if you were looking after me I would feel confident. We want to thank all the physicians in this country for the work they do. Everyone who is part of the Canadian Medical Association does great work for Canadians, and we are thankful for that.

Some hon. members: Hear, hear!

The Chair: We are now going to recess for a few minutes and then go to a discussion of the bill, clause by clause.

Thank you again for your time and your comments.

•(1635)

Dr. Anna Reid: Thank you very much for having us here. We appreciate it.

The Chair: Thank you.

We'll recess for five minutes.

•(1635)

_____ (Pause) _____

•(1635)

The Chair: Ladies and gentlemen, I'm going to call this meeting back to order. That looks like five minutes to me. I'm not sure if it was or not, but it's close enough: three minutes in Newfoundland and five minutes here in Ontario, so there you go.

Anyway, I'll call this meeting back to order. We're going to go to clause-by-clause. We've been joined by the counsel from the Department of Justice, Mr. Pruden. Are there any questions? There is actually only one clause.

Before we begin, do you have any questions for the staff from the justice department?

I see none, so let's begin.

Ms. Françoise Boivin: It's going to be an easy one.

The Chair: I guess so.

Shall clause 1 carry?

Some hon. members: Agreed.

(Clause 1 agreed to)

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall the bill carry?

Some hon. members: Agreed.

The Chair: Shall the chair report the bill to the House?

Some hon. members: Agreed.

The Chair: Ladies and gentlemen, that is the end of today's meeting. I will just give you a reminder that the meeting on Wednesday is for the Subcommittee on Agenda and Procedure. Please look at the calendar from here to the end, sometime in June. It's about nine weeks with a one-week break. Have some ideas of what you want to study.

We will be getting Bill C-54 eventually. I'm not sure exactly when that's happening, but I'll certainly do my best to find out beforehand. Come prepared to talk about what we'd like to do. I'd like to have it organized for the next couple of months. That would be great.

Is there anything else?

Could I have a motion to adjourn?

An hon. member: So moved.

The Chair: That's carried. The meeting is adjourned.

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