BOXING: REGULATING A HEALTH HAZARD

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Boxing is indisputably violent.1 In November of 1982, South Korean boxer Duk Koo Kim suddenly died after boxing with Ray "Boom Boom" Mancini in a nationally televised championship fight. Even before this deadly incident, the American Medical Association (AMA) was preparing to call for strict safety measures aimed at protecting boxers.2 Two years after Kim's death, the AMA called for a total and complete ban on boxing.3

Although relatively few boxers suffer fatal injuries while in the ring,4 research reveals that sixty to eighty-seven percent of career boxers, who have had many fights, fall victim to chronic brain damage.5 There is no other sport in which chronic brain damage is so prevalent among its athletes.6

Both opponents7 and advocates8 of boxing agree: American boxers are denied effective protection of their health and safety. Boxing is the only

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4. Robert G. Morrison, Medical and Public Health Aspects of Boxing, 255 JAMA 2475 (1986) (citing Some High-Risk Sports, THE SPORTING NEWS, Aug. 16, 1980, at 14). Morrison notes that the fatality rate in boxing is 0.13 deaths per 1,000 participants each year. This is lower than or similar to death rates in other high-risk sports. Id.
5. Lundberg, supra note 1, at 2483.
6. Morrison, supra note 4, at 2475.
7. See generally Jeffery T. Sammons, Why Physicians Should Oppose Boxing: An Interdisciplinary History Perspective, 261 JAMA 1484 (1989) (supporting the AMA's condemnation of boxing because the intent of the sport is to harm the opponent).
8. See generally Heyward L. Nash, Making Boxing Safer: A Fight-Doc's View, 13 PHYSICIAN & SPORTSMED. 145 (1985) (opposing the AMA's claim that boxing is unhealthy). Max Novich, M.D., an ardent supporter of boxing, formed the National Boxing Safety Center to reduce the number of ring deaths, injuries, and mismatches. Novich suggests one way to improve boxing safety is to better train young boxers. Id.
major American sport that does not provide its athletes with health benefits or compensation for career-ending injuries.\(^9\) Moreover, there is no national governing body to enforce uniform safety regulations and to prevent unqualified, unhealthy, or injured boxers from entering the ring.\(^10\)

Part I of this article examines the health hazards associated with boxing by focusing on the punch drunk syndrome and the fatality rate among boxers compared to athletes who engage in other high-risk sports. Part I also discusses the medical and moral arguments against boxing and how boxing advocates counter such criticism. Part II reviews how boxing is currently regulated and reveals how the regulations are conflicting and inadequate. This section also explains how boxing matches are controlled by three competing sanctioning bodies which have been accused of sacrificing the health and safety of one boxer to enhance the career of another. Part III focuses on proposed federal regulation of boxing and how uniform regulations would protect the health of American boxers. Part III concludes that federal regulation of boxing is a reasonable, necessary step that must be taken to ensure a minimum level of safety for boxers.

This article recognizes that banning boxing in order to protect the health and safety of young boxers is a measure too extreme to gain acceptance by an American public that acknowledges the danger associated with sports. However, this article concludes that the adoption of strict, uniform federal safety guidelines regulating boxing as a health hazard would ultimately prevent or reduce debilitating head injuries and deaths among boxers.

I. Medical Aspects of Boxing

There is no question that boxing causes physical injuries.\(^11\) Head injuries are the most common type of harm suffered by boxers.\(^12\) This fact should not be surprising because a boxer’s main mission during a fight is to score a knockout or, in other words, to short-circuit his opponent’s brain. Although injuries occur in all sports, boxing is the only sport

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9. Sammons, supra note 7, at 1486.
12. Id. at 1464 (noting one study that found head injuries accounting for 68% of all injuries suffered by boxers who were admitted in U.S. Army Medical Treatment Facilities worldwide).
where the primary objective is to cause potentially life-threatening harm to the opponent.

The extent of injuries suffered by boxers becomes apparent when reviewing recent medical studies of boxers. An examination of seventy-five randomly selected boxers in New York City by an ophthalmic surgeon and his colleagues found an "alarmingly high" number of eye injuries that they considered "vision threatening," including retinal tears (24%); angle deformities (19%); and cataracts (19%).

A study of boxers in the United States Army, who sustained blows by their opponents serious enough to be treated in Army hospitals, revealed results as alarming as those uncovered in the New York survey. The military study showed that sixty-eight percent of the boxers suffered head injuries, including intracranial injuries, concussions, intracranial hemorrhages, and skull fractures. The same study showed that the other hospitalized boxers suffered injuries ranging from dislocated bones to bruised genitalia.

During the six-year study which reviewed U.S. Army Medical Treatment Facilities worldwide, more than 400 soldiers were hospitalized with boxing-related injuries. The median length of a hospital stay for a soldier injured in a boxing bout was more than five days—more than double the median length of a hospital stay for a soldier injured in a non-boxing related accident.

The authors of the military study suggest that the significant morbidity associated with boxing in the U.S. Army makes the military's continued promotion of the sport questionable. They argue that the alleged benefits of boxing (i.e., improving self confidence among cadets, developing physical courage, and teaching cadets how to cope with fear) may not outweigh the risks of serious, and possibly life-threatening injuries. The authors of the study conclude by acknowledging the need for more stud-

14. Enzenauer, supra note 11, at 1464 (noting that one soldier in the study died after suffering complications of intracranial hemorrhage).
15. Id.
16. Id. at 1463 (noting there were actually 419 admissions for boxing-related injuries, but nine patients admitted were not included in the study because they were either dependents or civilians).
17. Id. at 1464.
18. Id. The median length of a hospital stay for a soldier injured outside the ring was two days. Id.
19. Id. at 1466.
20. Id.
ies to adequately address their concerns.21

A. The Punch Drunk Syndrome

There is one disturbing health problem associated almost exclusively with boxers—chronic brain damage.22 After years of being slammed repeatedly in the head by the gloved fists of an opponent, many seasoned boxers begin to show the effects of the brutal punishment by displaying slurred speech, leg dragging, hand tremors, and mental confusion.23 Boxing fans long ago referred to these symptoms as the “punch drunk syndrome.”24 The proposition that the punch drunk syndrome is directly linked to the cumulative punishment boxers suffer is widely accepted.25 Although athletes in other sports occasionally display some of the characteristics associated with the punch drunk syndrome, the syndrome is apparently the result of boxing.26

The punch drunk boxer is the most obvious victim of the sport; his condition is unmistakably apparent. Muhammad Ali, who suffers from undeniable Parkinsonian-like symptoms,27 is one of the best-known cases in point.28 Ali is not alone. The AMA estimates that approximately fifteen percent of professional boxers suffer from the punch drunk syndrome.29

21. Id. (acknowledging that while new studies have been suggested, funding for the studies is doubtful).

22. Morrison, supra note 4, at 2475.

23. Id. at 2476.

24. Id. (noting that Harrison Martland, a researcher for the AMA, borrowed the phrase “punch drunk” from boxing fans as early as 1928). See also Harrison S. Martland, Punch Drunk, 91 JAMA 1103, 1103 (1928).

25. Id.

26. Id. (recognizing that soccer players, football players, professional wrestlers, jockeys, and one parachutist were described as displaying similar characteristics of the punch drunk syndrome in an unpublished survey conducted in 1974).

27. Enzenauer, supra note 11, at 1465 (noting that Ali’s condition has brought the subject of chronic brain damage among boxers to the attention of the general public).

28. It should also be noted that new evidence has revealed a possible link between boxing injuries and Alzheimer’s disease. Beverly Merz, Is Boxing a Risk Factor for Alzheimer’s?, 261 JAMA 2597, 2597-98 (1989) (noting that head injuries suffered by boxers may not cause Alzheimer’s disease, but should be viewed as a possible “predisposing factor” for susceptible individuals). Boxing Great Sugar Ray Robinson has been diagnosed with Alzheimer’s disease. Linda Beecham, More Calls to Ban Boxing, 303 BRIT. MED. J. 1495, 1495 (1991).

B. Boxers Who Die for Their Sport

Despite the alarmingly high number of injuries suffered by boxers, few die due to injuries sustained while in the ring. The fatality rate among American boxers (0.13 deaths per 1,000 participants each year, according to one study) is similar to or lower than death rates among athletes in other high-risk sports such as sky diving or motorcycle racing. A New York City baseball player apparently has a greater chance of being killed while on the diamond than does a boxer while in the ring. Surveys in other countries reveal similar results. It is estimated that an Australian boxer has a one-in-ten-thousand chance of being killed each time he fights. In Britain, one boxer dies as a result of boxing every three to five years. Since 1986, there have been at least three boxing-related deaths in the United Kingdom.

C. Medical and Moral Arguments Against Boxing

The link between boxing and debilitating or deadly injuries has forced medical organizations and physicians to evaluate boxing as a public health issue. Realizing that danger is associated with virtually every sport, the medical community, along with the rest of society, has had to determine if the risks associated with boxing outweigh the benefits of the competition. As one researcher aptly notes, "society adjudges the risks of baseball acceptable, whereas gunfighting has been banned."

Boxing opponents in the medical community argue that the risk of permanent brain damage and other injuries far outweighs the benefit of the sport. This position is based upon two arguments. First, the medical argument rests on the notion that, while the risk of death in boxing is less than that in other sports, only boxing causes chronic brain damage in a significant number of its athletes. This alone outweighs any possible ben-

30. Morrison, supra note 4, at 2475.
31. Id.
32. Id. (quoting a study that showed deaths resulting from baseball (43) compared to boxing (21) in New York City between 1918 and 1950).
34. Beecham, supra note 28, at 1495.
35. Id.
36. Morrison, supra note 4, at 2476.
37. Id. at 2478.
38. Id.
39. Id.
40. Id.
41. Id. at 2475.
efit to participants or boxing fans. 42

Boxing opponents' second argument against the sport is a moral one. 43 As already noted, the boxer's main objective is to score a knockout because it provides him with an immediate victory. But to score that knockout, a boxer must render his opponent unconscious, connoting "significant neurological injury." 44 The opposition reasons, therefore, that "boxing is morally unacceptable because it is the only sport in which the expressed goal is to beat the opponent senseless (specifically, to render the opponent unconscious by injuring his brain), and as such cannot be called a 'sport' at all." 45 The opposition furthers its moral argument by pointing out that medical organizations cannot support boxing because the very nature of boxing conflicts with the Hippocratic Oath. 46

D. Calls Heard Around the World to Ban Boxing

More and more professional medical associations are calling for a complete ban on boxing. As noted previously, in 1982, the AMA recommended rigid safety regulations to better protect boxers. 47 By 1984, the AMA called for an end to all boxing:

RESOLVED, That the American Medical Association:

1. Encourage the elimination of both amateur and professional boxing, a sport in which the primary objective is to inflict injury;
2. Communicate its opposition to boxing as a sport to appropriate regulating bodies;
3. Assist state medical societies to work with their state legislatures to enact laws to eliminate boxing in their jurisdictions; and
4. Educate the American public, especially children and young adults, about the dangerous effects of boxing on the health of participants. 48

The AMA's opposition to boxing is being echoed by long-time boxing opponent Dr. George Lundberg, editor of the Journal of the American

42. Id. at 2478.
43. Id.
44. Enzenauer, supra note 11, at 1465 (noting that even when a boxer is "dazed" or "out on their feet" they have at a minimum suffered a concussion).
45. Morrison, supra note 4, at 2478.
46. Id. (referring to a comment made by William Ghent, M.D., Chairman of the Canadian Medical Association's Council on Health Care).
47. AMA Annual Convention, supra note 2, at 197-98. In June, 1982, the AMA adopted safety measures recommended by its Council on Scientific Affairs and expert panel. The Council urged better regulation of the sport but stopped short of calling for a complete ban. Id.
48. AMA Interim Meeting, supra note 3, at 371.
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Medical Association (JAMA). For more than a decade, Lundberg has advocated a complete ban on boxing, noting that it is a mark of a civilized country to abolish the sport. Lundberg states that the major difference between boxing and other contact sports is that a boxer attempts to win by deliberately injuring his opponent. He concludes that "it is morally wrong for one human being to attempt intentionally to harm the brain of another."

Medical associations around the globe are supporting Lundberg and the AMA's crusade against boxing. The British Medical Association (BMA) has adopted an anti-boxing policy that not only demands that the sport be abolished, but lashes out against those who support it. In an attack on the television networks' coverage of boxing matches, the BMA states that it is "entirely unethical for society to pay young men to risk damaging their brains for the sake of our entertainment." The BMA also finds "major flaw[s]" with the British Boxing Board of Control's safety guidelines by noting that "all the medical attention in the world will not prevent brain damage after it has occurred." The BMA concludes that "the only way in which anyone will stop these injuries [from] happening to boxers is to stop boxing altogether."

The Australian Medical Association (Association) is also joining the battle to ban boxing. Over the past two decades, the Association passed numerous resolutions aimed at eliminating boxing in Australia. As early as 1973, the Association voiced its opposition to boxing "because of the dangers to which all contestants are exposed and in particular the risk of brain damage." In 1990, the Association passed a resolution an-

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49. George D. Lundberg, Boxing Should Be Banned in Civilized Countries, 249 JAMA 250, 250 (1983). Lundberg's first article calling for an end to boxing was published in 1983.
50. Id.
51. Id. at 2483.
52. Id.
53. See generally British Med. Ass'n Policy on Boxing (1992) [hereinafter BMA Policy] (calling for a complete ban on amateur and professional boxing, minimized television coverage, and until such ban is in place, warnings before television coverage of boxing which connote the dangers of the sport) (on file with J. CONTEMP. HEALTH L. & POL'Y).
54. Id. at 4.
55. Beecham, supra note 28, at 1495 (noting that the British Boxing Board of Control's eight-point plan includes recommendations on resuscitating, providing faster treatment for injured boxers, and examining boxers after a bout).
56. BMA Policy, supra note 53, at 3.
57. Id.
59. Id. at 76.
nouncing that it opposed the continued existence of boxing in Australia.\textsuperscript{60} The Association launched a valiant, yet unsuccessful, move to ban boxing at the Commonwealth Games.\textsuperscript{61} Despite the Association's efforts, some in the Australian medical community admit that the Association's pronouncements against boxing received little public attention.\textsuperscript{62}

Other foreign medical associations are also advocating an end to boxing. The Royal Australasian College of Physicians condemned the sport after noting that "a number of its participants can be confidently predicted to develop a spectrum of progressive disabling neurological disorders for which there is no satisfactory treatment."\textsuperscript{63} Another dozen medical associations signed a joint statement at a July, 1992, meeting in Canada calling for the abolishment of boxing:

The undersigned National Medical Associations express the concerns of the medical profession regarding the dangers of boxing and believe that ultimately it should cease to exist. Modern medical technology demonstrates beyond doubt that chronic brain damage is caused by recurrent blows to the head experienced by all boxers, amateur and professional alike. As long as it is legal to hit an opponent above the neck, there are no safety precautions which can be taken to prevent this damage.\textsuperscript{64}

\textbf{E. One Physician's View on Boxing Safety}

Not everyone in the medical community opposes boxing. Dr. Max Novich, a New Jersey physician who has built a reputation treating boxers' injuries, insists that limited reform is the answer to improving safety in the ring.\textsuperscript{65} Novich founded the Association of Ringside Physicians, a voluntary group of doctors trained to treat ringside trauma.\textsuperscript{66} His goal is to decrease the number of ring injuries and deaths\textsuperscript{67} by better educating

\textsuperscript{60.} Id.  
\textsuperscript{61.} Id.  
\textsuperscript{62.} Id.  
\textsuperscript{63.} Id. at 77.  
\textsuperscript{64.} \textit{BMA Policy}, supra note 53, at 1.  
\textsuperscript{65.} Nash, \textit{supra} note 8, at 145 (noting that Novich was a director of the National Boxing Safety Center at United Hospitals in Newark, New Jersey, and a clinical professor of surgery at the New Jersey Medical School).  
\textsuperscript{66.} Id. (pointing out that the Association of Ringside Physicians boasts a membership of between 50 to 60 volunteer doctors).  
\textsuperscript{67.} Id. Novich also states that his group is working to prevent mismatches, where a lesser skilled boxer is put in the ring with a champion in order for the champion to increase his number of wins and thereby increase his value as a fighter. \textit{Id.}
ringside physicians and creating physically stronger athletes.\textsuperscript{68}

Novich admits that some ringside physicians, known as "fight docs," are not in step with the latest advances in sports medicine.\textsuperscript{69} In order to change this, his group of volunteers holds biannual symposiums in order to educate fight docs, boxing trainers, and others involved in the sport on the best ways to treat ringside trauma.\textsuperscript{70} The Association of Ringside Physicians also attends international amateur boxing matches involving U.S. boxers.\textsuperscript{71} Novich claims that fight docs better educated in treating ringside trauma will greatly improve the safety of the sport.\textsuperscript{72}

Novich also advocates making young boxers more physically fit so that they can withstand the beating they receive during a bout.\textsuperscript{73} He suggests upgrading training and conditioning by increasing the number of miles a boxer runs each day, requiring boxers to perform more sit-ups and leg-raises, and encouraging the boxer to jump rope more.\textsuperscript{74} Novich also suggests improving boxers' defensive techniques so that they can better protect themselves against so-called "headhunters."\textsuperscript{75}

\section{F. Facing the Facts about Boxing's Dangers}

Despite Novich's suggestions on how to improve safety in the ring, there is no disputing the fact that boxing is dangerous. When it hits, a punch in the face by a professional boxer has been likened to a thirteen-pound sledgehammer traveling at twenty miles an hour.\textsuperscript{76} The frontal assault causes an increase in pressure on the brain closest to the impact and a relative decrease in pressure on the opposite side.\textsuperscript{77} These pressure waves cause irreparable brain damage by snapping nerve fibers and killing cells.\textsuperscript{78} When a boxer is punched in the eye, the blow causes momentary deformation of the eyeball.\textsuperscript{79} This repeated pounding results in

\begin{enumerate}
\item[68.] Id.
\item[69.] Id. at 146.
\item[70.] Id. at 145.
\item[71.] Id. Novich says he tries to protect American boxers from "inhumane" European physicians whom he claims do not know how to properly treat ringside injuries. Id.
\item[72.] See id.
\item[73.] Id. at 147.
\item[74.] Id. (advocating that boxers must run three to five miles a day to improve stamina in order to stay in the ring longer).
\item[75.] Id.
\item[76.] J. Atha et al., \textit{The Damaging Punch}, 291 Brit. Med. J. 1756, 1757 (1985) (noting that the punch described was that of boxer Frank Bruno).
\item[78.] Id.
\item[79.] Id.
\end{enumerate}
"vision-threatening injuries" in an estimated fifty-eight percent of box-
ers. Although undoubtedly some boxers "assume the risk factor," there is no question that if boxing is allowed to continue, it must be strictly regulated to better protect the at-risk athletes.

II. CURRENT REGULATION OF BOXING

A. State Regulation of Boxing

Unlike other professional sports in the United States, boxing is not regulated by a single organization that enforces uniform guidelines and safety standards. Instead, regulation of boxing is left to each individual state. The District of Columbia and forty-two states license or regulate boxing. Four states leave the task of regulating boxing to city officials. There are no government safety regulations imposed on boxing matches in Colorado, Oklahoma, South Dakota, or Wyoming.

Each state that chooses to regulate boxing has its own separate system that acts independently of other state systems. The state's regulatory structure is usually comprised of a politically appointed state athletic commission which has plenary power over the sport. The athletic commissions establish rules and licensing requirements, but these requirements vary greatly among the states.

Close examination of different states' boxing regulations demonstrates variance in rules and licensing requirements. For example, the New York State Athletic Commission requires the maintenance of extensive medical records for each boxer. The boxer must present this information to

82. For example, the National Football League regulates professional football, and the National Basketball Association regulates professional basketball.
84. Id.
85. Id. In Kansas, North Carolina, Nebraska and Oregon, city officials are left with the responsibility of regulating boxing.
86. Id.
87. Id.
88. See, e.g., NEV. REV. STAT. ANN. § 467.020 (Michie Cum. Supp. 1993). In Nevada, the governor appoints the five members to the athletic commission. Id. See also NEV. REV. STAT. ANN. § 467.070 (Michie 1990) (giving the state athletic commission sole power to control boxing).
89. Roth, supra note 83, at S5663.
90. N.Y. UNCONSOL. LAW § 8923 (McKinney Supp. 1994) (requiring the boxer's medi-
the Commission before each bout. The Commission has the authority to cancel the fight if it determines, based on the medical records, that the boxer is physically unfit. But in Nevada, another state where many professional and amateur boxing matches are frequently held, a boxer need only present a less detailed medical record to the Nevada Athletic Commission and only if specifically requested. The Nevada Commission is, therefore, required to track down a boxer it suspects might be physically unfit to fight and request his medical records before stopping a match.

If a boxer is knocked out during a bout, many states immediately suspend him from the ring. Some states have a mandatory waiting period, but that period can vary greatly among the states. For example, New Jersey law requires a boxer who has been rendered unconscious to remain out of the ring for sixty days. But in New York, the law allows the state athletic commission to decide on a case-by-case basis how long to suspend a boxer who has been knocked out. The suspension, therefore, can last from one day to a lifetime.

This "patchwork system of state regulation" inevitably leads to problems. Federal officials investigating corruption in boxing discovered that some boxers, prohibited from fighting after being knocked out in one state, travel to another state where they are allowed to compete due to different waiting requirements or because the boxing regulators in the next state are unaware that the boxer previously had been knocked out.

Because there is no national system tracking boxers' medical and fight records, state athletic commissions are often powerless to ensure that each boxer is healthy before entering the ring. Unless the respective state

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91. § 8923.
92. § 8923.
93. NEV. REV. STAT. ANN. § 467.018 (Michie 1990).
95. § 5:2A-8.1.
97. Roth, supra note 83, at S5658.
99. Id. (statement of Larry Hazzard, New Jersey State Athletic Commissioner) (noting that a boxer with a serious medical problem may be allowed to compete in a state where the testing necessary to detect his problem is not required before receiving a license).
athletic commissions exchange information on boxers’ health, the medical information they receive about the athletes can be limited to an individual commission’s own medical records.

**B. Boxing's Sanctioning Bodies**

Although boxing in the United States is regulated for the most part by state athletic commissions, virtually no major fight is held without the sanctioning of a professional boxing organization. The three best-known sanctioning bodies are the World Boxing Council (WBC), the World Boxing Association (WBA), and the International Boxing Federation (IBF). Each of these competing organizations has its own rating system and champions.

The problem with having competing organizations with different rules is most apparent when there are so-called mismatches. According to each organization’s rules, a boxer must be rated in the top ten before he can compete for a world title. The boxer rises in the ranks by winning bouts. However, in order to increase the fighter’s value by increasing his number of victories, organizations have been accused of arranging mismatches between a valued boxer and another fighter of lesser skill. The inferior boxer, who would otherwise not be highly rated by one of the professional boxing organizations, is suddenly catapulted into the top ten. Because of mismatches, some fighters find themselves in the ring with opponents of far superior skill, thus adding to their chances for injury.

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101. See, e.g., N.Y. Unconsol. Law § 8925. New York law requires that boxers be examined and tested by physicians designated by the state athletic commission. § 8925. It appears that this information is not disseminated among other state athletic commissions.

102. Hearings on S. 2852, supra note 10, at 4 (statement of Randy Gordon, Chairman of the New York State Athletic Commission) (noting that if sanctioning bodies are not allowed to authorize a fight, they will not permit their boxers to enter the ring).

103. The WBC is headquartered in Mexico. Its president is Jose Sulaiman. Hearings on S. 2852, supra note 10, at 4 (statement of Steve Farhood, Editor-in-Chief of THE RING).

104. The WBA is based in Venezuela. Its president is Gilberto Mendoza. Id.

105. The IBF is located in New Jersey. Its president is Robert Lee. Id.

106. Id. at 3.

107. A mismatch is where two boxers of different levels of skill fight one another. Id. (statement of Randy Gordon).

108. Id. at 8 (statement of Steve Farhood).

109. Id. at 3 (statement of Randy Gordon).

110. Id. at 8 (statement of Steve Farhood).
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One of the deadliest mismatches occurred in November of 1982, in front of thousands of stunned television viewers. Korean boxer Duk Koo Kim, rated by the WBA as a top contender, was beaten to death by then-reigning champion Ray "Boom Boom" Mancini. Although there was no question about Mancini's championship abilities, Kim was not even rated in the top ten by any of the fifty boxing experts at *The Ring* magazine, the so-called "bible of boxing." Moreover, the Korean Sports Foundation (the Korean government's boxing supervisory agency) did not even list Kim among Korea's top forty boxers. Because there was no national uniform system to keep track of boxers' records in the United States, Kim was allowed to fight a far superior opponent. The lack of a uniform regulatory system certainly played a role in the young boxer's senseless death.

III. PROPOSED FEDERAL REGULATION OF BOXING

Boxing is the only major sport in the United States that is not uniformly regulated. This may soon change. Congress is considering a measure that would create a nonprofit Professional Boxing Corporation (PBC) to, among other things, develop and enforce minimum standards and regulations to protect the health and safety of professional boxers. Specifically, the PBC would:

1. prescribe regulations requiring a copy of any contract for a boxing match to be filed with the Corporation or with a State boxing authority at a time before such match and in a manner determined appropriate by the Corporation;
2. prescribe regulations of the sport of professional boxing to ensure the safety of participants;
3. establish minimum standards and procedures for physical and mental examinations to be given boxers;
4. establish minimum standards for the availability of medical services at professional boxing matches;

111. Roth, supra note 83, at 5663.
112. Id.
113. The measure being considered by the Senate is bill number S. 1189. S. 1189, 103d Cong., 1st Sess. (1993). The bill being considered by the House is number H.R. 2607. H.R. 2607, 103d Cong., 1st Sess. (1993). This is not the first time that Congress has considered similar measures. See infra notes 119-132 and accompanying text.
114. H.R. 2607, 103d Cong., 1st Sess., § 8(a) (1993) (noting that the Act would provide for establishment of a unified national computer source where the names, medical histories and fight records of American professional boxers would be stored).
115. Id. § 8(d)(8) (noting that the PBC would "review State boxing authority regulations for professional boxing and provide assistance to such authorities in meeting the Corporation minimum standards and requirements").
(5) (A) encourage a life, accident, and health insurance fund for professional boxers and other members of the professional boxing community; and
(B) submit a report to the Congress on the feasibility of establishing a pension system for professional boxing participants;
(6) research and establish minimum standards for the manufacturing and use of boxing equipment;
(7) conduct discussions and enter into agreements with foreign boxing entities on methods for applying minimum health and safety standards to foreign boxing events and foreign boxers, trainers, cut men, referees, judges, ringside physicians, and other professional boxing personnel;
(8) review State boxing authority regulations for professional boxing and provide assistance to such authorities in meeting the Corporation minimum standards and requirements;
(9) prescribe regulations for establishing standards for the making of contracts, agreements, arrangements, and understandings relating to professional boxing;
(10) review the role of sanctioning organizations in professional boxing and prescribe regulations relating to sanctioning organizations consistent with this Act; and
(11) prescribe regulations prohibiting conflicts of interest relating to boxing matches.116

Failure to abide by the PBC's rules could be remedied by suspension or revocation of a promoter's registration or a boxer's license.117

Congress attempted previously to protect boxers. In 1992, Congress introduced a virtually identical bill to the one proposed above. Unfortunately, the bill never came before Congress for a full vote.118 In 1989, Congressman Bill Richards of New Mexico introduced legislation to establish a private nonprofit boxing corporation.119 The corporation, known as the United States Boxing Corporation (USBC),120 would have created a national registry to house a list of professional boxers in the United States, their medical records and information on promoters, refer-
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The bill also called for the USBC to develop minimum safety standards and procedures. However, the standards and procedures would have been considered only guidelines which could be adopted by state boxing authorities on a voluntary basis—giving little punch to the measure.

In 1990, Representative Henry B. Gonzalez of Texas, an avid and outspoken opponent of professional boxing, introduced a bill aimed at abolishing professional boxing and strictly regulating amateur boxing. Gonzalez stated that professional boxing should be banned “in order to remove the illusory incentives of a professional boxing career.” Gonzalez noted that corrupt boxing promoters recruit many young black and hispanic men from the ghetto with empty promises of a successful professional boxing career. Gonzalez said their dreams of fighting their way out of poverty and into the world of boxing often turn to tragedy when they are severely injured and their health is taken away, giving them “nothing in return.”

Despite his opposition to professional boxing, Gonzalez recognized that amateur boxing “provides some limited opportunities for young men, but prolonged participation in boxing clearly has proven harmful effects on the health of fighters.” He noted that with the implementation of strict safety measures, amateur boxing could be a “positive experience.” However, he emphasized that all boxers face possible serious injury whenever they enter the ring.

A. Background of the Professional Boxing Corporation Act

Although all previous attempts to establish a single entity to regulate the boxing industry have failed, the struggle is not over yet. Senator William Roth of Delaware is sponsoring the Professional Boxing Corporation Act. He was inspired to introduce the measure after watching a

121. Id. § 2(c).
122. Id. § 2(d).
123. Id. § 7.
125. Id.
126. Id.
127. Id.
128. Id.
129. Id.
televisioned bout between Dave Tiberi and James Toney on February 8, 1992.132 Tiberi and Toney were competing for the IBF’s middleweight title in Atlantic City.133 Tiberi was not expected to beat Toney, who was the reigning middleweight champion.134 According to Roth, those who watched the match witnessed an outstanding performance by Tiberi.135 However, the fight ended in a controversial split decision (one announcer described it as “the most disgusting decision I’ve ever seen”) in which Toney was declared the winner.136 Outraged by the questioned decision, Roth instructed his staff to investigate.137

The investigation uncovered numerous irregularities in the Toney-Tiberi bout.138 One of the most alarming irregularities was the fact that two of the three judges were not licensed to judge boxing matches in New Jersey and that they were unfamiliar with the state’s boxing regulations.139 The investigation also found that a last-minute substitute judge made some questionable calls against Tiberi.140 Despite these and other irregularities, Senator Roth’s staff discovered that neither the IBF nor the New Jersey State Athletic Control Commission, the state agency that regulates boxing in New Jersey, conducted a legitimate investigation into the fight.141 Senator Roth then asked the Senate’s Permanent Subcommittee on Investigations to look into the controversial decision and reports of a “general state of corruption in [professional] boxing.”142 In the summer of 1992, the Subcommittee conducted extensive hearings and received testimony from boxing experts,143 professional boxers,144 and boxing

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133. Id.
134. Id. (Sen. Roth describing Tiberi as a “true underdog”).
135. Id.
136. Id. (noting that Sen. Roth received telephone calls and letters from across the country “expressing outrage” at the decision).
137. Id.
139. Id. The judges were “under the impression” that evenly scored rounds were not permitted in a championship fight, even though New Jersey rules require that evenly scored rounds be scored evenly and not awarded automatically to the champion.
140. Id. at 1-2.
141. Id. at 2. See also Roth, supra note 83, at S658 (quoting Sen. Roth as saying “although the State of New Jersey appears to have a superficially adequate boxing regulatory structure, those regulations were not enforced in the Toney-Tiberi match”).
143. See generally id. at 2 (statements of Steve Farhood and Stephen Acunto). Stephen Acunto, with the help of boxing great Rocky Marciano, founded the American Association for the Improvement of Boxing in 1968 in order to better protect young boxers.
144. See generally id. (statements of Dave Tiberi, Bobby Czyz, James Pritchard, and deposition of Evander Holyfield).
Although the main thrust of the hearings was to investigate corruption in professional boxing, a topic beyond the scope of this article, many of the boxing experts, athletes, and regulators who testified focused their attention on the health hazards American boxers face while in the ring because of the lack of uniform safety and health standards in the professional boxing industry. Journalists covering the hearings also recognized that boxers' safety was high on the Subcommittee's agenda. Joe Gergen from NEWSDAY noted:

That boxers have been exploited by profiteers over the years should surprise no one, even if there are those in the U.S. Senate who profess to be shocked at the notion. Indeed, testimony during two days of hearings before the Senate Subcommittee on Investigations focused on old allegations of mob ties in the sport and second-hand accounts of fixed fights that occurred more than a decade ago. While providing the stuff of headlines, the charges did not address the foremost reason for the creation of a national boxing commission, as proposed by the two senators from the state of Delaware. And that is the physical and financial abuse suffered by too many fighters. 

Senator Sam Nunn of Georgia, who headed the hearings, pointed out that few states require emergency medical aid to be present during a fight, even though this is routine practice for many other sports, such as professional football. Senator Roth concluded his testimony by pointing out that the absence of minimum uniform safety standards has “led to

145. See generally id. (statements of William Finissi, Randy Gordon, Larry Hazzard, and Jim Nave). William Finissi is a former member of the Ohio Boxing Commission. Randy Gordon is a New York State Boxing Commissioner. Larry Hazzard is a Commissioner of the New Jersey State Athletic Control Commission, and Jim Nave is a Commissioner of the Nevada State Athletic Commission.

146. See, e.g., id. at 1 (opening statement of Sen. Nunn explaining the purpose of the hearings was to investigate corruption as well as examine the health and safety issues facing boxers).

147. Joe Gergen, Boxers Need Help from Commission, NEWSDAY, Aug. 14, 1992, at 175. Gergen concluded his article by noting that, “The nation needs one reasonable set of rules for each state athletic commission and an information center so a fighter at medical risk in one jurisdiction doesn’t find a willing promoter in another, as almost happened with Aaron Pryor.” Id. See infra notes 152, 179 and accompanying text for an explanation of the Pryor incident.

148. Hearings on S. 2852, supra note 10, at 1-2 (opening statement of Sen. Nunn) (also noting that “unlike other sports where the athletes wear extensive protective gear, professional boxers wear very little gear.”).
the exploitation of far too many boxers."¹⁴⁹

William Finissi, a former member of the Ohio Boxing Commission, pointed out precisely why national uniform boxing regulations are needed so desperately. During his testimony, Finissi explained how the Ohio Boxing Commission discovered boxers’ forged medical records.¹⁵⁰ He described how boxing promoters would arrange bouts with fighters who were so physically unfit that they would quit after the first few rounds.¹⁵¹ Finissi also explained how the lack of consistent rules among the states can endanger the health and safety of a boxer. Specifically, he noted how a former boxing champion, Aaron Pryor, was allowed to fight in one of Ohio’s neighboring states after he had been denied a license in every other state due to the fact that he was legally blind.¹⁵² New Jersey State Athletic Control Commissioner Larry Hazzard also told the Subcommittee that boxers disqualified from competing in one state will simply go to another state that has different rules and regulations.¹⁵³ Hazzard pointed out that the “greatest danger” in this situation is that a boxer with a serious medical problem could still compete in a state where the testing necessary to detect the problem is not required.¹⁵⁴

Former Undisputed Heavyweight Champion of the World, Evander Holyfield also described, without naming names, how fighters who are knocked unconscious during a fight may quickly go to a different state where they immediately are allowed to fight again.¹⁵⁵ Injured boxers apparently leave the first state because there is a mandatory waiting period for fighters who are knocked out before they are allowed to resume fighting.¹⁵⁶ Holyfield, like almost everyone else who testified before the Subcommittee, called on Congress to impose federal regulations on the professional boxing industry in the United States to protect the health

¹⁴⁹. Id. at 2 (statement of Sen. Roth) (noting also that the lack of adequate uniform rules and regulations in boxing has “ruined the health and potential of many boxers.”).
¹⁵⁰. Id. at 1 (statement of William Finissi) (noting that although the Attorney General of Ohio could have prosecuted the forger, the commission recommended suspension).
¹⁵¹. Id.
¹⁵². Id. See infra note 179 and accompanying text for a further explanation of the Pryor incident.
¹⁵³. Hearings on S. 2852, supra note 10, at 2 (statement of Larry Hazzard) (noting that despite increased cooperation among some states in regulating boxing, injured or unhealthy boxers determined to fight can usually find a state where they will be allowed to compete).
¹⁵⁴. Id.
¹⁵⁵. Id. at 14 (deposition of Evander Holyfield).
¹⁵⁶. Id. (noting that the reason the one particular boxer chose to fight before his suspension was lifted was because he was “in a crunch for money”).
and safety of fighters, which, according to Holyfield and many others, is jeopardized by inconsistent and inconsistently applied state regulations.\textsuperscript{157}

B. The Professional Boxing Corporation Act

Congressional response to the call for federal regulation of the boxing industry is codified in the proposed Professional Boxing Corporation Act.\textsuperscript{158} The Act states that the problems facing the professional boxing industry are "beyond the scope of the current system of State regulation"\textsuperscript{159} and that there is no single entity successfully regulating boxing, nor is boxing being self-regulated with any impact.\textsuperscript{160} Specifically, the Act recognizes that "the problems currently facing professional boxing can be characterized as exploitation of boxers, conflicts of interest, questionable judging, and corruption, including organized crime influence; and . . . such problems endanger the health, safety and welfare of boxers and undermine the sport's credibility with the public."\textsuperscript{161}

The stated purpose of the Act is to establish the Professional Boxing Corporation (PBC).\textsuperscript{162} The PBC would work with existing state authorities to establish and enforce uniform rules and regulations to protect the health and safety of boxers.\textsuperscript{163} The PBC would be governed by an advisory board, on which at least one of its seven members would be a physician certified in neurosurgery.\textsuperscript{164} The nonprofit government corporation would be self-funded through the implementation of licenses and registration fees.\textsuperscript{165}

Under the Act, the PBC provides for a unified national computer bank\textsuperscript{166} to store, among other things,\textsuperscript{167} a complete list of professional boxers,\textsuperscript{168} the boxers' medical records, medical histories, won-loss

\begin{itemize}
    \item \textsuperscript{157} Id. at 13.
    \item \textsuperscript{158} S. 1189, supra note 113.
    \item \textsuperscript{159} Id. § 2.
    \item \textsuperscript{160} Id.
    \item \textsuperscript{161} Id.
    \item \textsuperscript{162} Id. §§ 3, 5.
    \item \textsuperscript{163} Id. § 3.
    \item \textsuperscript{164} Id. § 7.
    \item \textsuperscript{165} Id. §13; see also Roth, supra note 83, at S5658 (noting the only cost to taxpayers would be the initial start-up loan).
    \item \textsuperscript{166} S. 1189, supra note 113, § 8(b).
    \item \textsuperscript{167} Id. (noting that information would also be kept on other persons connected with the sport, i.e., boxing promoters, boxing match-makers, referees and physicians).
    \item \textsuperscript{168} Id. § 8(b)(1)(A).
\end{itemize}
records, and any other information pertinent to the boxers' health and safety. The PBC, state regulators, and other boxing officials nationwide could then utilize the data bank to investigate a boxer's complete medical condition before allowing a boxer to fight in the United States, thereby preventing unqualified and unhealthy athletes from entering matches. The PBC provides for the establishment of a life, accident, and health insurance fund for injured boxers—something not now available to most boxers.

The PBC also would be vested with the authority to prescribe uniform boxing regulations to ensure the safety of participants. The corporation would be able to establish minimum standards and procedures for physical and mental examinations to be given boxers before a competition. Moreover, it would set minimum standards requiring that emergency medical services be available at fights. However, the PBC would allow state boxing officials to impose their own standards or requirements in addition to those enacted by the corporation if they exceed the minimum standards or requirements the PBC establishes.

Violations of the regulations or standards promulgated by the PBC would be punishable by suspension or revocation of a boxer's license or a promoter's authority to hold a fight. Before taking any action against a fighter or promoter, the corporation could hold a hearing at which it would rule whether there was in fact a violation. Lastly, the corporation could bring suit against an accused violator in federal court.

169. Id. § 8(b)(1)(B).
170. Id.
171. Id. § 8(d)(5)(A).
172. Id. § 8(d) (giving the PBC the authority to review state boxing regulations to ensure that they meet the minimum requirements promulgated by the corporation).
173. Id. § 8(d)(3). Currently, New York has one of the most comprehensive laws requiring extensive neurological and neuropsychological examinations of boxers before they are allowed to fight. N.Y. UNCONSOL. LAW § 8912 (McKinney 1994). Because specific PBC regulations have not yet been promulgated, it is not known how the PBC regulations will compare with New York's regulations.
174. S. 1189, supra note 113, § 8(d)(4). Currently, New York is one of the few states that requires a physician be present at ringside during a boxing match. N.Y. UNCONSOL. LAW § 8926 (McKinney 1994).
175. S. 1189, supra note 113, § 11(b).
176. Id. § 8(f).
177. Id.
178. Id. § 8(h).
IV. CONCLUSION

The lack of a uniform system of regulations and the absence of a single regulatory entity to govern the boxing industry in the United States is jeopardizing the health and safety of professional boxers. Unqualified and unhealthy boxers are allowed—and sometimes encouraged—to fight, despite the possibly life-threatening consequences. The results are potentially deadly, as illustrated by the tragic death of boxer Duk Koo Kim after a mismatched fight with champion boxer Ray "Boom Boom" Mancini in November of 1982.

The current patchwork system of inconsistent state boxing regulations has proven to be a disaster. Each state choosing to regulate boxing follows its own set of rules and standards which are not followed by other states. A boxer disqualified from fighting in one state because he was knocked unconscious or has another medical problem, is able to avert his disqualification by simply fighting in another state.

The three largest sanctioning bodies are unable and unwilling to ensure the health and safety of boxers under their control. The WBC, WBA, and IBF have all been accused of arranging mismatches where an underqualified, or even unqualified, boxer enters the ring with a boxer of far greater skill in order to increase the better boxer's number of wins, thereby increasing the value of the better boxer. This mismatching is dangerous and at times deadly.

Congress is now offering a solution to the problem: the Professional Boxing Corporation Act. The proposed measure would create the Professional Boxing Corporation, a nonprofit organization. It would work with existing state boxing authorities to protect the health and safety of professional boxers. The PBC would provide a unified national computer source for storing a list of all professional boxers and their corresponding medical records. Boxing officials could utilize the computer bank to inspect a boxer's medical history before allowing him to fight. The PBC also would be authorized to establish minimum uniform safety standards and procedures. Lastly, the PBC would have the authority to enforce its standards and procedures, if violated, through revocation of a boxer's license or a promoter's registration.

There is no doubt that strict safety guidelines, enforced uniformly nationwide, are desperately needed. A system which allows a boxer, legally blind in one eye, to fight, despite his obvious handicap, or allows a

179. State boxing officials in Wisconsin allowed Aaron Pryor, who is legally blind in his left eye, to fight in May, 1990. Pryor had tried repeatedly but failed to get licensed to fight
boxer, rendered unconscious during a bout in one state to immediately fight again by traveling to another state, must be reformed.

The advantage of having uniform standards nationwide is that they will at least ensure a minimum level of safety for boxers not available at the present time. The advantage of having a national computer source maintaining critical information on boxers' medical histories and fight records is that it will help federal and state authorities prevent unhealthy or unqualified boxers from entering the ring, which is not possible at the present time.

The Professional Boxing Corporation Act provides boxing authorities and boxers with the tools that they need to bring an increased level of safety into the ring. Of course, a complete ban on boxing would provide the ultimate source of protection from debilitating, and sometimes deadly, injuries suffered by boxers. However, a complete ban also would destroy a sport loved by millions of fans and thousands of boxers. Therefore, rather than imposing a complete ban on boxing, Congress should enact safety measures to improve its safety.

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180. Hearings on S. 2852, supra note 10, at 14 (deposition of Evander Holyfield).