

SYNOPSIS OF PRESENTATION BY BRUCE C. SPIZLER, ESQ.

“STATUTES, REGULATIONS AND THE AAPRP”

**OMNI HOTEL, CHAMPIONSHIP GATE, FLORIDA
NOVEMBER 6, 2010**

Professional boxing is an inherently dangerous sport with the infliction of injury serving, not as a consequence, but, instead, as the goal; accordingly, there is an unmistakable need for medical intervention

History – tragedy begets reform; boxing no exception (prohibition of “tactics” each of which has a medical consequence)

- 1791 - Broughton’s Rules (written by British boxer Jack Broughton after he unintentionally killed his opponent during a bout): no blows below the belt; no hitting of opponent while opponent is still down
- 1838 – London Prize Ring Rules (following ring death of “Brighton” Bill): no gouging, biting, scratching, kicking, holding onto the ropes
- 1865 – public outcry that boxing was too violent – “Marquis of Queensberry Rules” – use of boxing gloves (no bare fists); three minute rounds with one minute rest period; “the look of boxing as we know it today”
- U.S.

- late 1800’s – Eastern, Midwestern, and Southern states turned against “prizefighting” while the “newer, wilder and somewhat lawless” states of Nevada and California became havens for the sport

- exception: New York City (Madison Square Garden regarded as a premier boxing venue as early as 1880)

- 1896 – Horton Law – flawed; left promotion of bouts unregulated and “ripe for corruption”

- 1900 – Lewis Law – boxing only between members of private clubs

- 1911 – Fawley Law – created first athletic commission

- 1920 – Walker Law – fights limited to 15 rounds; *qualified physician in attendance at each fight* (served as model for legalization of boxing in other states)

- “As other states followed, *the enormous burden of control* fell upon the newly empowered and expanded athletic commissions which would execute the laws, assure compliance with the legislative mandates, and oversee the sport.”

Lack of Uniformity and effective enforcement

- unlike other major professional sports in the U.S., professional boxing always has been without a strong centralized league or other form of national oversight
- over the past 100 years, medical safety reforms have been left to the individual states (tribes), each constituting its own sovereignty
- ABC and AAPRP without any statutory or regulatory enforcement powers; absence of meaningful funding
- State-by-State-by-Tribe Analysis of medical requirements (inconsistency of medical testing; difficulties in effectively administering requirements)
- variance in degree of enforcement

- *Greg Page (Kentucky)*

- ringside physician not licensed in Kentucky; medical license suspended in Ohio; no prior experience as ringside physician
- executive director – never attended previous professional boxing match
- no ambulance present
- in tenth round, Page collapsed in ring; lay helpless on canvas while ambulance summoned; suffered brain damage and stroke
- ringside physician placed ammonia cap under Page's nose and pronounced fighter to be "exhausted" before leaving the ring
- brain surgery, resultant paralysis to Page's left side
- following years of physical suffering, subsequent surgeries, incapacitation, and financially debilitating medical costs, Page died on 4/27/09

- *Bradley Rone (Utah)*

- 34 year old boxer with a record of 7-42-3 (lost last 25 consecutive bouts in three years) fighting same opponent who had defeated him 30 days earlier
- Rone begged Commission for chance to earn enough money to attend his mother's funeral
- Rone collapsed after first round and died in the ring

- "professional loser" examples (still active):

- Arizona 37 yo 0-25-0
- Kentucky 41 yo 5-39-1 (lost 8 straight, 7 by KO/TKO)
- Mississippi 45 yo 11-33-3 (lost 10 of last 12, 9 by KO/TKO)
- N.C. 42 yo 26-107-5 (lost 11 straight, 2 by KO/TKO)
- S.C. 40 yo 7-69-2 (lost 14 of last 15, 6 by KO/TKO)
- Wisconsin 44 yo 13-166-6 (lost 15 of 16, 8 by KO/TKO)

- current “epidemic” of boxers being allowed to participate while on medical suspension (although Federal Law provides for reciprocal enforcement of medical suspension)

Federal Legislation

- History

- 1960 – following criminal prosecution of the International Boxing Club, several other boxing-related extortion and conspiracy prosecutions, and two high-profile boxer deaths, four year investigation by Senate Subcommittee on Antitrust and Monopoly re: involvement of organized crime in boxing (Senator Estes Kefauver, Tennessee)

- Bill introduced: to establish a “National Boxing Commission” (to regulate contracts and physical exams; collect data on boxers; generally aid the States in their efforts to control racketeering and end monopolistic control) - failed

- Bill introduced: to establish uniform federal health and safety standards - failed

- only legislation passed: criminalizing “fight-fixing” (bribes to contestants in sporting contests)

- 1979 – Bill introduced to: end monopoly of fight promotion; create a national clearinghouse for rankings and medical records of boxers; establish safety standards (including automatic 30 day suspension for KO or TKO); provide federal guidelines and “minimal national boxing standards” – failed (not reported out of House Subcommittee)

- 1983 – Bills introduced to: create an advisory committee (consisting of state boxing officials, promoters, physicians, media, professional boxers, and boxing experts) to establish rating guidelines and safety standards; create national commission to address boxer compensation, working conditions, safety equipment and facilities – none adopted nor signed into law

- 1992 – In aftermath of controversial decision in IBF middleweight championship fight between James Toney and Dave Tiberi (decision to Toney although most felt that Tiberi had easily won the fight), Senator William Roth (DE) ordered investigation into “general allegations of corruption in [professional] boxing.” Following the testimony of more than 130 witnesses, Congressional Subcommittee determined: (1) promoters, managers, and sanctioning organizations were exploiting professional boxers; (2) conflicts of interest on the part of state boxing regulators (desire to lure lucrative bouts to their states verses strictly regulating such bouts); (3) widespread corruption, including “organized crime” influence in professional boxing (specific reference to “links between Don King ... and organized crime members...”). In aftermath of this

Congressional investigation, legislation was proposed providing for a “Professional Boxing Corporation” with, among other things, power to prohibit matches if there were evidence of bribery, collusion, racketeering or extortion - failed to become law

- 1993 – Senator Roth, together with New Mexico Congressman Bill Richardson, introduce bills constituting an amalgam of previous pieces of legislation (creation of a federal corporation to work with state boxing authorities; uniform rules regarding the protection of the health and safety of boxers and to ensure fairness in the sport; creation of a national data base. Failed to become law.

- 1996 – Senator John McCain (Arizona), **for the first time in the history of the United States**, successful in having federal legislation, entitled “The Professional Boxing Safety Act” enacted; establishing minimal, uniform safety standards (physical exam of each boxer by physician; presence of ambulance *or* EMT’s with resuscitation equipment, as well as a physician continually on sight at each fight); health insurance (no minimal amount prescribed) for each boxer; federal identification card for every professional boxer (eliminating “ringers”); requiring every professional boxing match to be supervised by a state (tribal) boxing commission; reciprocal enforcement of medical suspensions; basic conflict of interest provisions (*e.g.*, regulators prohibited from belonging to, contracting with, or accepting remuneration from sanctioning organizations, promoters, or anyone with a financial interest in a professional boxer). 15 U.S.C. §6301, *et seq.*

- 2000 – Senator McCain successful in having “The Muhammad Ali Boxing Reform Act” enacted; designed to protect professional boxers from the “often egregious and onerous business practices of the (boxing) industry”; *e.g.*, ratings by sanctioning organizations, “coercive” contracts of promoters, requirements for certain disclosures by sanctioning organizations and promoters; and additional conflict of interest provisions

- 2002 to present – Noting that boxing is the only major professional sport in the U.S. without a national oversight or centralized league, Senator McCain introduced bills during the 107th, 108th, 109th, 110th and 111th sessions of Congress (“Professional Boxing Amendments Act”) providing for a “United States Boxing Commission” which would ensure state (tribal) autonomy while providing a national oversight to ensure uniformity and effective enforcement

- 107th Congress - the Senate Commerce Committee reported (approved) the bill unanimously to the Senate on October 17, 2002; however, no further action taken

- 108th Congress – Senate passed bill unanimously on March 31, 2004; House of Representatives did not act on the bill (“died” in committees)

- 109th Congress – Senate again passed bill unanimously. On November 16, 2005, on the floor of the House, bill *passed* by “roll call” vote (to become law upon President’s signing). However, upon a demand for a “roll call” vote, House chamber emptied; upon reconvening, “roll call” vote was 190 “for”, 233 “against”, 10 present but not voting (a difference of 22 “swing” votes of the 423 Representatives voting via roll call) causing the bill to fail

- 110th Congress (2007) – again, the Senate Commerce Committee reported (approved) the bill unanimously to the Senate; however, the Senate did not take action on the measure; “cross-filed” bill in House – bill died in Committee

- 111th Congress (2009) - again, the Senate Commerce Committee reported (approved) the bill unanimously to the Senate; however, the Senate did not take action on the measure; “cross-filed” bill in House – bill died in Committee

- 112th Congress (2011) - ?????

- Medical standards in the 55 distinct and autonomous jurisdictions in the U.S. which regulate boxing are disparate and are enforced with varying degrees of effectiveness

- dire need for uniformity and effective enforcement

- legislators, regulators and physicians, as well as managers, promoters, trainers, and others who are part and parcel of the boxing industry must ask: “if not us, then who; if not now, then when”