Statement of Dr. Michael B. Schwartz, Chairman
The American Association of Professional Ringside Physicians
to the Subcommittee on Commerce, Trade, and Consumer Protection
Re: Proposed "United States Boxing Commission Act"
Hearing Date: Wednesday, March 3, 2005

I am Dr. Michael Schwartz, Chairman of the American Association of Professional Ringside Physicians (the "AAPRP"), a not for profit organization comprised of approximately 350 ringside physicians throughout the world. In addition, I am the chief ringside physician for the State of Connecticut, Mohegan Sun Casino and Foxwoods Resort Casino. I am also a member of the Medical Advisory Board for the Association of Boxing Commissions (the "ABC"). I have been a ringside physician since 1991 and have served as the chief ringside physician at over 200 boxing matches. I am board certified in Internal Medicine and have a private practice in Darien, Connecticut.

I would like to thank the Subcommittee on Commerce, Trade, and Consumer Protection (the "Committee") for this opportunity to testify with respect to the proposed *United States Boxing Commission Act* (the "Proposed Bill"). As a ringside physician, my goal has always been to promote the safety and protection of the individual fighter. In 1991, when I first started to work as a ringside physician, I became aware that boxing, an inherently dangerous sport, lacked necessary safeguards to protect the participants. As a result, I formed the AAPRP, to addresses issues pertaining to boxing safety including medical testing, standardization of medical requirements, the creation of a medical data bank and the creation of a comprehensive certification program which will insure that only qualified and experienced physicians act as the primary ringside doctor at boxing matches. In addition, the AAPRP conducts yearly medical seminars to educate physicians, create a forum for the sharing of ideas and the discussion of relevant issues to boxing safety.

Through the hard work of our members, I believe that the AAPRP has indeed improved the current medical environment for the professional boxer which has resulted in a

decrease of serious injuries and, quite possibly, deaths in professional boxing. Unfortunately, much of the great work accomplished by the AAPRP has not been adopted by many States or other boxing jurisdictions. Without a centralized national boxing commission, the fighter is not guaranteed the safe setting, with an appropriately trained ringside physician, that he or she justly deserves. Indeed, I am aware of many situations where ambulances are not available at the boxing venue for emergencies. Moreover, I know that many professional boxing matches have gone forward without physicians experienced in ringside medicine present. For example, while physicians trained in the practices of obstetrics and gynecology, dermatology or psychiatry are surely capable of being excellent ringside physicians, without prior experience they clearly are not trained in disciplines which would give them the proper insight to assist an injured boxer or detect a symptom prior to permitting such boxer to fight. In fact, there have been reports of chiropractors and even veterinarians acting as primary ringside physicians.

Boxing is the only major sport without a national commission. Baseball, football, basketball and hockey are all governed by national commissions. In fact, even individual sports such as tennis, golf and bowling have commissions. These commissions assure standardization regardless of where a competition may take place. The rules in one venue are the same in another. In addition, all athletes are entitled to receive the same medical evaluation and treatment no matter where the match may take place. This is not, however, the situation in boxing. With respect to professional boxing, medical requirements and care differ from venue to venue. For example, in the state of Connecticut, each competitor is required to have a complete physical examination, a dilated eye exam, an electrocardiogram, a CT scan or MRI of the brain,

blood testing including HIV, hepatitis B and C, as well as a pre and post fight physical examination. Some jurisdictions, however, require nothing more than a pre-fight "mini-physical" examination. This can, and I believe has, resulted in athletes being exposed to significant risk since certain underlying medical conditions will not be identified without a complete pre-fight physical examination and essential testing. In my experience, as a result of a review of medical examinations and tests required by the Connecticut State Commission, and the Manshantucket Pequot and Mohegan Tribal Commissions, I have discovered many life threatening issues including infectious hepatitis B, brain abnormalities and cardiac arrhythmia's, as well as illicit drug use which can impede a fighters' ability to perform as he or she should. Many of these health limitations were identified only because of the pre-fight requirements of these Commissions. Regrettably, these same fighters fought multiple times in other jurisdictions which failed to identify these abnormal health issues simply because the physicians could not look for them. Without standardized medical requirements in boxing we may never know how many deaths or chronic injuries might have been prevented.

In 2003, the medical advisory board of the ABC proposed minimum medical requirements for all jurisdictions to incorporate in authorizing a boxer to fight. The AAPRP quickly ratified and endorsed these requirements and applauds the efforts of the ABC. However, notwithstanding the ABC's recommendation, I understand that most boxing jurisdictions have elected not to adopt these recommendations citing cost or legislative concerns (some simply chose not to adopt them without any explanation). As a result, boxers and managers now "state shop," i.e., when a fighter has a pre-existing medical condition which would preclude their

participation in one jurisdiction, they simply find a jurisdiction without requirements in place to identify their medical abnormality and fight there. Undoubtedly, without a centralized commission established and governed by official regulation, there will never be uniformity amongst the various commissions throughout the United States.

In addition, there is no medical registry or data bank to document and maintain results of medical tests. Fighters are often required to unnecessarily repeat medical tests, at a significant cost, since they are unable to produce the proof or documentation of previous test results. The expense of repetitive testing, often prohibitive to some fighters and managers, has resulted in unscrupulous attempts to "beat the system." For example, one afternoon I received the identical electrocardiogram (EKG) for seven different fighters during their pre-fight physicals. Apparently, the manager had "whited-out" the name on one healthy test and inserted each fighter's information onto a copy of the document. If a central agency was responsible for evaluating and recording these medical records, ringside physicians would be able to track each fighter's personal medical history without concern of such potential deceit. Also, if this information was available to ringside physicians via the internet, the doctors would have an additional tool for immediately identifying those who are at risk for injury before conducting a pre-fight physical examination. Moreover, this information could also be utilized as a means to further study and research the medical aspects of boxing. Unfortunately, medical research into boxing safety is practically non-existent. Additionally, those individuals who are conducting research have difficulty acquiring information and basically no funding to support their studies.

This helpful information could be made available if there was an administrative body responsible for organizing and maintaining a data bank program.

As this Committee is obviously aware, recently on January 25, 2005, Senator John McCain introduced S.148, the Professional Boxing Amendments Act of 2005. Similarly, on February 1, 2005, Congressman Peter King proposed H.R. 468, the "Professional Boxing Amendments Act of 2005." Both of these bills were proposed "[t]o establish a United States Boxing Commission to administer the Act, and for other purposes." It is important to note that in addition to establishing a national commission on boxing, both S.148 and H.R. 468 address the necessity of regulation with respect to the medical aspects related to the sport of boxing. For example, these bills define the term "Physician" as used in the Act, as a doctor of medicine legally authorized to practice medicine by the State in which the physician performs such function and who has training and experience in dealing with sports injuries, particularly head trauma. In addition, they provide for the establishment and maintenance of a medical registry which would contain comprehensive medical records, denials and suspensions for every licensed boxer.

The AAPRP continues to work diligently in its efforts to make boxing safer for the individual boxer, consequently improving the respectability and credibility of the sport. Notwithstanding the AAPRP's selfless efforts, it has become increasingly difficult to preserve and protect the boxer's health absent standardization, information sharing and legislative backing. Boxing *needs* a centralized commission. A centralized commission will assist the ringside physician, whose sole goal is to make the sport as safe as possible for the individual

boxer. As chairman of the AAPRP, and individually as a concerned and dedicated ringside physician, I urge this Committee to adopt legislation that makes safety its first priority when forming a national commission for boxing. Accordingly, it is my opinion that any legislation which creates a Federal Boxing Commission, including the proposed Bill, must definitively address the medical aspects of the sport and unconditionally provide support for medical research and maintenance of a centralized medical data bank similar to that proposed by S.148 and H.R.468.

Thank you for your time and consideration.

Dated: February 28, 2005

Respectfully submitted,

/s/ *Michael Schwartz*_____
Dr. Michael Schwartz
Chairman
American Association of Professional
Ringside Physicians