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PUBLIC HEARING

before

ASSEMBLY INDEPENDENT AUTHORITIES AND COMMISSIONS COMMITTEE

on

"Medical Examinations of Boxers"

Held:
July 27, 1983
College of Medicine and Dentistry
Newark, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblyman Buddy Fortunato (Chairman)
Assemblyman S. M. Terry LaCorte
Assemblyman William P. Schuber

ALSO PRESENT

Edward P. Westreich, Research Assistant
Office of Legislative Services
Aide, Assembly Independent Authorities and Commissions Commission

New Jersey State Library

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*UMDNJ - University of Medicine and Dentistry of New Jersey

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ASSEMBLYMAN BUDDY FORTUNATO: (Chairman) On behalf of the Independent Authorities and Commissions Committee, I want to welcome all of you and thank you for coming. On behalf of Assemblyman LaCorte, Assemblyman Schuber, and myself, I would like to indicate that we have already had one hearing, and this is the second of subsequent hearings concerning the sport of boxing in the State.

The first hearing was more of a general outline of the concerns of various participants within the sport, fighters, promoters, and managers.

At today's hearing I would like to concentrate more on the medical aspect of the sport, the examinations before and after a fight, and the ability to recognize an injury. There have been incidents brought to the attention of the Committee, highlighting fact that the State is lacking in its ability to recognize such injuries. One particular incident really calls for a need in this area, and that is the Sugar Ray Seals situation. Sugar Ray Seals was a contending fighter who suffered eye damage, and fought subsequently in New Jersey without that damage being recognized.

If I may, I would like to read a portion of a letter from Doctor Richard Chenoweth, who is a noted eye surgeon, nationally recognized, who performed the operation on Mr. Seals. The letter reads as follows: "There is now on record a recent circumstance of a boxer who was fighting with total retinal detachment in one eye, blindness in that eye, and previous retinal detachment surgery in the other eye. Even a simple visual acuity examination would have detected the presence of blindness in the one eye, and this does point up the need for stricter physical standards and better testing conditions for the pre-fight certification of the professional boxer."

I believe the Committee has reached the point where if we, as a Committee, cannot improve the sport of boxing in the State, without totally revolutionizing it, then -- and this has been discussed by the members of the Committee -- they would not hesitate to reach the conclusion of abolishment of the sport in this State.

What I would like to do now is begin the hearing and have Doctor Al Cinotti appear as our first witness.

If you would, Doctor, would you outline your background and qualifications for the Committee?

DOCTOR ALFONSE CINOTTI: I am the Chairman of the Department of Ophthalmology here at the New Jersey Medical School.

ASSEMBLYMAN FORTUNATO: Could we have your educational background?

DOCTOR CINOTTI: Well, like most doctors, we go through college. I went to Fordham, downstate in Brooklyn. I did my eye training at the New York Eye and Ear Hospital.

ASSEMBLYMAN FORTUNATO: You have taught Ophthalmology?

DOCTOR CINOTTI: I taught Ophthalmology for thirty years.

ASSEMBLYMAN FORTUNATO: Okay. Have you ever had anything published in this field?

DOCTOR CINOTTI: Yes.

ASSEMBLYMAN FORTUNATO: What I am trying to do is to indicate your qualifications.

DOCTOR CINOTTI: Yes. We have been very interested in trauma, specifically since we have practiced here in Newark and in Jersey City for all of these years, and we have had a tremendous amount of eye trauma. As a matter of fact, we have an eye trauma center which has been established by the State of New Jersey, here at the United Hospitals -- the Eye Institute at United Hospitals -- which is the major affiliate of the Medical School. We see all kinds of eye trauma.

ASSEMBLYMAN FORTUNATO: Is there anything about the eye, Doctor, that would indicate it is more vulnerable than other areas of the human body?

DOCTOR CINOTTI: Well, as one would expect, it is right there. Everybody aims their punches at the eye. This is what you are looking at. One would expect that you would see an awful lot of eye injuries from a sport such as boxing. Unfortunately, if you go into the literature, you will find there is very little on injury. We did a search of the literature here at the school, and we only found five papers written on the subject, four were in the foreign literature and one was in the American literature. The American one was on injury to the front part of the eye, the angle of the anterior chamber, and that was about all. Yet, we are hearing about people like Sugar Ray Seals, Sugar Ray Leonard, and many other people who are suffering from damaged eyes, such as retinal detachments, and there isn't really anything in

the medical literature on it. This indicates that there has really been no good study done to determine what the effects of boxing are on the eyes.

Of course, you know that if you have a deep-set eye, you are probably fairly well protected by the brow and the cheek bone. On the other hand, if your eye is poptose, as we call a bulging eye, you have much more of a chance of sustaining an injury. A common type of injury we would see is an injury from a ball, because a ball is a little smaller than a fist, and actually if a ball hits the eye, it pushes the eye back into the orbit and then it springs forward, and when that happens many places can tear. You can get tears starting in the front chamber of the eye. You can get a dislocatin of the lens. You can get a disruptin of the jelly, which is call the vitreous body. And, you can get various types of tears in the retina, or retinal detachment. So, there are a lot of things that can happen.

We do see these things, very commonly, in injuries from baseballs, tennis balls, squash, and things like that.

Now, possibly the fact that people are boxing with large gloves may prevent some of those things from happening. We are not sure. There has been a recommendation to eliminate the thumb from boxing gloves because you can see that the thumb could act like a ball and it could conceivably do damage.

It is possible that with the new type of glove you may not get those same kinds of injuries.

ASSEMBLYMAN FORTUNATO: If you would, describe the result of retinal damage.

DOCTOR CINOTTI: Well, I have with me one of our young retinal specialists, Dr. Jim Bastek, and I think he would be better able to discuss this with you. He has some slides to show you concerning what can happen.

ASSEMBLYMAN FORTUNATO: Before we do that, Mr. LaCorte, do you have any questions so far?

ASSEMBLYMAN LaCORTE: No, I would compliment his qualifications. He is from Fordham and that is good enough for me.

SENATOR FORTUNATO: Before we hear from Dr. Bastek, what other type of eye injury would be associated with the sport of boxing?

DR. CINOTTI: Well, there is another very common injury. I could talk about fist injuries rather than the boxing itself. From fist injuries, obviously you don't have the covering, so there are things that can happen. For instance, you can fracture the bone below the eye and that can cause what we call a "blow-out fracture of the orbit." That is one thing we see a fair number of, and those are fist injuries.

One can also knock off one of the pulleys that are present in the orbit through which the eye muscles work, and if you get something like that you can get double vision.

Then, of course -- as I said -- you can get tears in the eye. If you get a tear in the front chamber of the eye, that can cause bleeding, and we get a condition we call hyphema. I can tell you there is never a week goes by that we don't have a patient sitting in the hospital with a hemorrhage in the front part of the eye. A lot of these are due to being punched, by kids fighting and throwing things at each other.

ASSEMBLYMAN FORTUNATO: To get back to retinal damage, Doctor, what is the effect of retinal damage on the sight?

DOCTOR CINOTTI: Well, if you get a retinal detachment, obviously this cuts the vision down significantly, and if it isn't reattached within a relatively short period of time, the patient will have total blindness, because the retina has to be back in place in order for it to be nourished.

ASSEMBLYMAN FORTUNATO: What is considered to be a short period of time?

DOCTOR CINOTTI: I think you better ask Doctor Bastek that question; that is his specialty.

ASSEMBLYMAN LaCORTE: Doctor, could a ringside Doctor/Ophthalmologist determine if there was retinal damage or a detached retina if he examines a fighter during a bout?

DOCTOR CINOTTI: It is possible if he used an ophthalmoscope. Unfortunately, many of the tears that occur, occur way out in the periphery, and the pupil has to be fairly well dilated in order to visualize this damage. I don't know whether you could do it with an ophthalmoscope.

I have never seen anyone in a boxing ring examining a boxer's eyes with an ophthalmoscope, directly in the eye. They may flash a light in the eye. And, I think what they are doing is testing the pupillary responses. Dr. Krieger can tell you about that. But, I don't think they are actually looking for eye damage.

ASSEMBLYMAN FORTUNATO: What about before a fight? What examination should take place before the fight in the pre-fight physical?

DR. CINOTTI: Well, the first thing is to always test the vision. We test the vision for distance. We want to find out what their best vision is, in each eye separately. Then, we always test the eye muscle. Now, this is a routine eye examination. If you want to do a thorough study in this area, you really have to do a complete eye examination. So, the next thing we would study would be the eye muscle movement, to see if there is any problem with that. We would then dilate the pupil and actually study, with special instruments that we have, the lens of the eye, the vitreous, and the retina. We can either use a special ophthalmoscope, which we call an indirect ophthalmoscope, or we can put a contact lens on the eye and with the contact lens we can look at the angles that you can't see normally. With this, we can actually observe much of the damage.

ASSEMBLYMAN FORTUNATO: That would be a method, or the method, of determining retinal damage or serious eye damage?

DOCTOR CINOTTI: Right. This is the routine eye examination done by all ophthalmologists.

ASSEMBLYMAN SCHUBER: Doctor, in your experience do you have any recommendations for us as to what we could do, medically, to prevent eye injury to a boxer, or to lessen the chance of an injury in any way, other than to abolish the sport itself?

DOCTOR CINOTTI: Well, I think the elimination of the thumb -- those thumbless boxing gloves I spoke of -- would certainly be of some value. Other than that, I don't see what else you can do.

The only thing we are suggesting is that all boxers should be examined periodically, and that would have to be determined by a study. You know, it is really hard for us to say whether a person should be examined before each fight, or whether it should be done on an annual basis.

You can understand that if a person has a retinal detachment, or they are partially blind -- say they get a cataract, and this is not an unusual thing for people to get-- I know a politician who has a cataract. He was a boxer, and I can just imagine if someone is throwing a punch from the side that he can't see, he isn't going to see it and he is going to get hurt. I think this is an important consideration.

ASSEMBLYMAN FORTUNATO: Doctor, Ray Seals, when he fought in New Jersey, was given a clean bill of health. Your statement would indicate that the eye examination performed on him that day was not sufficient to pick up the damage he had.

DOCTOR CINOTTI: That's right.

ASSEMBLYMAN FORTUNATO: Mr. LaCorte, do you have any further questions?

ASSEMBLYMAN LaCORTE: No.

ASSEMBLYMAN FORTUNATO: Mr. Schubert?

ASSEMBLYMAN SCHUBER: Just one. Doctor, would you then recommend that a thorough eye examination be part of the pre-fight physical with regard to boxers?

DOCTOR CINOTTI: Well, if you are asking for it. I know that some boxers may go into the ring several times a year. The question is should you do it before every fight? I don't know. I don't think anybody has the answer to that. What we are suggesting is -- and at United Hospitals they have developed this national center for scientific study -- that we really have to do a scientific study to determine how often you would have to do this type of an examination. It would be pretty costly if you had to do a complete eye examination on every boxer before each fight.

ASSEMBLYMAN SCHUBER: How long would that take? Suppose, let's say, we do that. What is the time period involved when a doctor is giving such an examination?

DOCTOR CINOTTI: I think it would take fifteen or twenty minutes. The biggest part of the time would be in waiting for the pupils to dilate. But, most of the testing can be done pretty rapidly.

ASSEMBLYMAN SCHUBER: Is there any equipment you need for that?

DOCTOR CINOTTI: Well, a well-trained ophthalmologist can do it with an ophthalmoscope, actually. It would be better-- For instance, one of the things we have been recommending is testing the side vision on a lot of people, not just boxers, but on drivers also. No one has ever tested the side vision on drivers. There is nothing in the State law that requires that at this time. But, that would require some more definite type of equipment and it is a little costly.

ASSEMBLYMAN FORTUNATO: I think we are ready to hear from your associates, Doctor. Thank you.

Our next witness will be Doctor James Bastek. Doctor, for the record, would you please give us your full name?

D O C T O R J A M E S V. B A S T E K: My name is James V. Bastek. I am a vitreal retina specialist. I am Clinical Assistant Professor of Ophthalmology in the Medical School, and I am conducting vitreal retinal research at the Eye Institute of New Jersey. I was educated in this State. I went to St. Peter's College in Jersey City. I went to granduatge school at Stevens Institute in Hoboken. I did some background pre-med courses at Columbia. I went to this medical school. I interned at Hackensack, and then went out to Los Angeles and did my residency in ophthalmology at the Jewel Stein Eye Institute, the UCLA Medical Center, and I have done my vitreal retina fellowship at the Baskin-Palmer Eye Institute in Miami.

I would like to begin by giving you a brief overview of the anatomy of the eye. The eye is encased in a bony cave called the orbit. This provides some degree of protection; however, the eye unfortunately receives its share of trauma. The outer wall of the eye is called the sclera. This is the white portion of the eye. It is this layer right here. (indicating on slide presentation) In front of the eye, the sclera is continuous with the transparent central opening called the cornea. This is the window through which we see.

The next layer in is the vascular layer of the eye called the uvea. Uvea, in Latin, means grape. When the early anatomists peeled off the sclera, the purplish mass looked to them like a grape. In the front of the eye, the uveal tissue is the iris, which is what gives us our eye color.

The next layer inward is the neural or brain tissue called the retina. When light strikes the retina, a complex set of reactions occurs and the information is transmitted to the brain by way of the optic nerve. The retina is the tissue with which we see. For the retina to function properly, it must be flat or attached to the back of the eye.

The structure which occupies the greatest volume in the eye is the vitreous body. This gel-like substance occupies approximately eighty percent of the volume of the eye. With age, the gel becomes liquified, loses its strength, and collapses upon itself. As it collapses, it propels itself forward off the back of the eye. As it comes off the back of the eye, if there are any residual attachments to the retina, there will be tugging on the retina. The patient perceives this tugging as seeing flashing lights. If the tugging is severe enough, a retinal tear may result. When a tear occurs, this may liberate a small amount of blood into the vitreous which would cause floaters and cause the patient to notice a great increase in the number of spots in front of his eyes. Once there is a tear in the retina, fluid can seep through the tear and cause a retinal detachment.

This is a quick overview of the anatomy of the eye and the most common cause of a retinal detachment. I want to stress the importance of the inter-relationship between the retina and the vitreous. It is crucial to understand the dynamics that occur when the eye is struck.

Let us concentrate on what happens to the retina with boxing injuries. When an eye sustains an impact, it absorbs the shock. The vitreous in these young boxers is generally, but not always fairly solid. Upon impact, the sclera indents, the uvea indents, the retina indents, and the vitreous moves away forcefully from the retina. This may tear the retina in that region. As the eye recoils from the impact, the vitreous rebounds toward the impact site and would initially go up and then come back down. So, you may cause a tear one hundred and eighty degrees away from the original site of impact. Once a retinal break occurs, the patient may develop a retinal detachment. The detachment may be clinical or subclinical.

Subclinical detachments are localized and the patient maintains his normal vision. However, a subclinical detachment may become clinical and reduce the patient's vision to hand motion or even light perception. There is a significant difference in prognosis when repairing a subclinical or a clinical detachment.

In treating a localized subclinical detachment, the chances of surgical success are very high. The chance that the patient's vision will remain normal, that is, remain at the same level as before the injury, is also very high. However, once the detachment extends over the patient's central vision, despite a high rate of anatomic success in surgically repairing the detachment, only about fifty percent of the patients regain reading vision. Even if reading vision is regained, the vision is never as good as it was before the detachment occurred.

If a patient has a localized retinal tear, the patient can usually be treated with a laser and sent home. Laser is an acronym for light amplified stimulated emission of radiation. For larger tears or detachments, the patient must be hospitalized and taken to the operating room for a procedure known as a scleral buckle. This was a particularly complicated operation in which the surgeon had to lay on his back and have the patient flipped in the air in order to put the retina in the proper position. (indicating on slide)

Some detachments can develop a complication known as proliferative vitreo-retinopathy, when contractile tissue grows across the retina and causes the retina to be pulled into a fibrous mass. This requires more extensive surgery, known as a vitrectomy. The goal of vitrectomy surgery is to regain not reading vision but ambulatory vision. The success rate of this operation is not as high and it depends on the degree of proliferation that is present within the eye. This is an example of proliferative tissue which is being cut during a surgical operation. (indicating on slide)

Unfortunately, a number of eyes that develop proliferative vitreo-retinopathy are lost. They become totally blind, painful, and must be removed.

Now, how frequently do boxers develop retinal tears and retinal detachments? The answer to that simple question is currently

totally unknown. No one has ever undertaken such a study. Perhaps the problem is insignificant, but I doubt it.

I propose that I be allowed to examine one hundred fighters before and after their fights as part of their routine physical examination. By doing this, we will be able to learn how significant an ocular problem these men have. There are other retinal injuries which can and do occur, and I will examine for those also.

Remember that an athlete may not complain of an injury for fear of losing his career. However, to allow the present situation to continue risks blindness for these young men. I feel that we have both a professional and a moral obligation to prevent that. To prove that we care about the sport, we must show that we care about the athlete. What we decide here today will hopefully have a profound effect on boxing, not only in this State but across the country. Thank you.

ASSEMBLYMAN FORTUNATO: Do you have a further slide presentation?

DOCTOR BASTEK: No, that is it.

ASSEMBLYMAN FORTUNATO: Fine, then we can return to our seats.

DOCTOR BASTEK: Yes, you can regain your position.

ASSEMBLYMAN FORTUNATO: Thank you for your comments, Doctor. Mr. LaCorte, do you have any questions?

ASSEMBLYMAN LaCORTE: No.

ASSEMBLYMAN FORTUNATO: Mr. Schubert?

ASSEMBLYMAN SCHUBERT: Doctor, as I understand it, you wish to undertake this as an experiment, I guess, to examine the eyes of approximately one hundred boxers before and after matches in order to make a determination as to the extent of eye damage caused by boxing matches. I agree with you to the extent that I think there are few detailed reports available now on the very issue we are talking about, other than those on fighters who have made the news. You are talking about a valuable, scientific report and experiment for not only this State but for many states which allow boxing as a regular sport.

DOCTOR BASTEK: The situation we are faced with is, as you mentioned before, how can we make boxing safer for the eye? Well, if we don't know at this point how many injuries there are, then by

changing any one thing, such as removing the thumb from the glove, we will have no idea of how significant a difference that will make. So, before money is spent on various things to make the sport safer, we have to determine first what the present danger is to the eye.

ASSEMBLYMAN SCHUBER: Let me ask you this, Doctor. We talked about whether there should be an eye examination -- a thorough eye examination -- before every fight and for every fighter. In an ideal situation, my own feeling is that this should be the practice. But, in your opinion, do you think that is practical and worthwhile to do in every particular fight?

DOCTOR BASTEK: The point is, I can't begin to tell you because I don't know what the data is. I don't know how many of these men have preexisting injuries, perhaps from prior fights -- which is something we should know about.

And, secondly, the reason for examining before and after a fight is, we would see the difference and we would see what injuries they are sustaining. But, at the present time we have no idea of exactly what we are talking about. We don't know if we are talking about a small problem or a very large problem. We just know that several prominent fighters have lost their vision and have developed detachments.

ASSEMBLYMAN FORTUNATO: What type of test program would you recommend, Doctor?

DOCTOR BASTEK: What I would recommend in the experimental studies for these one hundred people would be a complete eye examination, and it would be a thorough eye examination. Then, after the fight we would reexamine these same people and determine what has happened to them. From one hundred fighters, I feel we can then come forth and say, "The risk of this injury appears to be minimal; the risk of this injury also appears to be minimal; but the risk of this injury appears to be major." So, if we are going to concentrate our efforts on reducing injuries, we should concentrate on the major problem and not on something that rarely occurs.

ASSEMBLYMAN FORTUNATO: Thank you very much, Doctor.

DOCTOR BASTEK: Thank you.

ASSEMBLYMAN FORTUNATO: Doctor Krieger, Professor and Chief, Section of Neurosurgery, New Jersey Medical School, University of Medicine and Dentistry of New Jersey. Doctor, how long have you been in charge of the neurosurgery section of the New Jersey Medical School?

DOCTOR ABBOTT KRIEGER: Nine years.

ASSEMBLYMAN FORTUNATO: In your experience, what do you feel should be done from the neurological standpoint to recognize the injuries and improve upon protecting a fighter in the sport of boxing?

DOCTOR KRIEGER: Well, before I discuss the issue of protecting the boxer, I think it is important to recognize that there are two types of injuries that boxers sustain. They sustain an acute injury to the brain, which is the one that is most dramatic, it is the one we read about in the newspapers, in which a boxer develops a blood clot on the brain and possibly dies from the extent of the injury. That is clearly the most dramatic aspect of neurological injury to the brain.

In addition to that, there are boxers who sustain a chronic injury to the brain, and that is called the punch-drunk syndrome. I think I would like to mention here, because it is of particular importance to this area, that that syndrome was first described by Harrison Martland, who had a hospital named after him. We occupied that hospital before we moved to the new University Hospital. That report appeared in 1929. And, it is interesting that there has been very little written about injuries to the brains of boxers.

The second important report that I would like to mention, because it was authored by my predecessor, who was the Chief of Neurosurgery at the New Jersey Medical School, was an article written by Doctor Harry Kaplan, in which he evaluated over one thousand boxers at the ringside. That paper was published in 1954. Doctor Kaplan's conclusion was that there was relatively little danger to the chronic effects of the injuries sustained in boxing.

Other than those two reports, which are very critical of the American history of boxing, very little has been written about brain injuries to boxers in this country, until the recent flurry of activity that was published in the Journal of the American Medical Association in the beginning of the year.

The English, on the other hand, have looked into the neurological effects of boxing in a much more organized fashion.

So, unlike the ophthalmological literature, there is literature available on injuries to the brain.

ASSEMBLYMAN FORTUNATO: Doctor, I think most of us -- if not all of us -- realize what effect a blood clot has on the brain. But, what does it mean to be punch-drunk? What is the effect of that? How would you describe someone who was punch-drunk, and how would you characterize that individual in his later years?

DOCTOR KRIEGER: The term itself is a colloquial expression. The neurological term is boxing encephalopathy or pugilistic encephalopathy. But, punch-drunk has a very interesting meaning because one could extrapolate from that -- and that is, the patient behaves as if he were slightly intoxicated, in that he has slurred speech, he has an unstable walk -- he is not balanced -- he is usually either very gregarious or he has marked swings in personality. He may be paranoid. One suffering from this certainly does have difficulty with recent memory and difficulty with thinking.

Now, in terms of what percentage of patients, or boxers, develop this, the statistics here in this country are not clear. The European statistics say that it occurs in about seventeen percent of boxers who have had a career in boxing. But, that is basically what the clinical picture is of a patient who has an encephalopathy from boxing.

Now, how long does it take for a boxer to get this type of condition? Nobody really knows. But, it does involve a career in boxing.

Now, getting back to your original question, "Is there a way of evaluating a boxer before a fight or after a fight and prevent both the acute neurological effects and the chronic effects?" the answer to that is really not clear. But, there are certain things that can be done that might be predictive. There are three basic types of tests that could be done. One is a complete neurological examination. The second one is a CAT Scan. And, the third is a neuropsychological battery of tests. And, I will explain these to you, to give you the framework and the importance of this.

The neurological examination would be able to provide gross information about the coordination of the boxer, and whether in fact he has any particular problem with sensation, feeling, or motor performance. In addition, the boxer will have a gross evaluation of his reflexes and thinking ability. So, by doing a neurological examination, which can be accomplished in about one-half hour, one can have a rather good idea about the general neurological condition of the patient, and whether or not he is able to box effectively.

A CAT Scan, which is a very new and important test, and which allows one to look at the brain itself, is important as a base line in terms of comparing what the brain looks like at any point in time. It is probably not very useful as a requirement for every fight. It probably is a useful test to be done every year or two, probably, in order to be able to look at the condition of the brain.

The test that I feel is most valuable involves a neuropsychological battery of tests. And, this has become particularly important in our neurological assessment of patients that have sustained all kinds of trauma to the brain. It is particularly valuable in assessing very subtle changes, because boxers can usually conduct themselves in a relatively normal way. On the other hand, the neuropsychological battery of tests will be able to detect subtleties. It is particularly useful after a fight, particularly when there has been a knockout, because one can determine after a knockout the amount of impairment by the use of these neuropsychological tests, and one can then assess when a boxer has assumed his full capabilities of thinking. Clearly, while we judge boxers based upon their physical skills, a very important component of their ability to win a boxing match is their reasoning ability and their ability to determine how and where to place the punches and how to avoid being hit in return. the ability to determine their reasoning power requires very subtle testing. This could be done with a neuropsychological battery of tests and it would take approximately one hour to perform. This should be done both pre-fight and after-fight, when they have recovered from the acute effects of the knockout or the effects of the boxing match itself. So, this would be my recommendation for the types of tests that should be done and how they should be done for a boxer, with

relation to the neurological picture.

ASSEMBLYMAN FORTUNATO: Docotor how much money would be involved to administer this type of testing of the boxers who participate in New Jersey today?

DOCTOR KRIEGER: The neurological examination really depends upon the fee of the doctor that is doing the examination -- his standard fee.

ASSEMBLYMAN FORTUNATO: What is the standard fee?

DOCTOR KRIEGER: It would probably be one hundred dollars, I would think, for the neurological examination. the CAT Scan could be done either once a year or once every other year. That test costs anywhere in the range of two hundred to three hundred dollars.

The cost of the neuropsychological test would depend upon the sophistication of the battery of tests, and that could run anywhere from one hundred to three hundred dollars.

ASSEMBLYMAN FORTUNATO: In other words, if I were a participant, to examine me twice, before and after, it would be two times one hundred to three hundred dollars? Is that what you are saying?

DOCTOR KRIEGER: Yes.

ASSEMBLYMAN FORTUNATO: Instead of fighting, I would rather be the doctor.

DOCTOR KRIEGER: The doctor doesn't administer the psychological tests. I am talking in terms of what the costs are. As Doctor Cinotti indicated, there is a program that is being started at the United Hospital to evaluate boxers and to look into this area in a scientific way. I am convinced that if the State was willing to work with the hospital's program, a suitable arrangement could be made to provide all of these services in a comprehensive way.

ASSEMBLYMAN FORTUNATO: Do you feel that this type of testing is mandatory for boxers?

DOCTOR KRIEGER: Yes, and I will tell you why. I would like to tell you just a little about how this came about. There was a study done in the University of Virginia about two or three years ago, in which a group of patients who sustained a concussion were admitted to the hospital for a very brief period of time and then discharged. They

were looked at again in three months to see how they readjusted to their head injuries. It was found that a significant number of patients -- I think somewhere in the range of twenty-five to thirty-five percent of the patients -- who sustained what we would call a relatively trivial head injury that resulted in a concussion, were not able to go back to work for several months. And, there really wasn't a good explanation as to why, after having a brief loss of consciousness, they didn't return to work. These patients, to my knowledge, were the first group to undergo this particular type of neuropsychological testing. It was found that while on the surface the patients seemed to be normal -- their neurological examinations were normal and their CAT Scans were normal -- they had an impairment in their neuropsychological testing, and this improved over several months. This was a very interesting kind of phenomenon. A question came up that since many of these patients were blue collar workers, maybe they were like that before their injury and that, in fact, their neuropsychological testing was the same as it had always been.

Consequently, a group in Virginia has begun a cooperative study, looking at college football players and doing this type of neuropsychological testing at the beginning of the season and then doing it again at the end of the season. So, if during the course of the season a football player sustained a concussion, the patient would be his own control, and we would be able to determine if that neuropsychological battery of tests was different after the injury. I would think that this would be absolutely superb in relationship to looking at boxers, particularly since the delayed neurological sequelae in some boxers is attributed not to boxing but to lifestyle -- to alcoholism, and to poor eating habits.

There is quite a controversy in the United States, stating that in fact you can't really say a boxer has been adversely affected by the sport. What I am saying is, if we had some baseline studies and we compared them to a boxer we could accomplish two things: one, we would have some predictor of when they could fight again; and, two, we would have some longitudinal comparisons to see if in fact the punch-drunk syndrome was related to boxing, or whether it was related to some other factor.

So, I feel very strongly that the studies I propose are worthwhile. As far as the costs are concerned, I think it has to be done in some sort of a structured setting, where a package could be worked out. Furthermore, I think the cost of it should not be borne by the State, but it should be borne by the boxing industry, in terms of the percentage of the gross receipts from boxing. Again, it would require a miniscule percentage to underwrite the cost of this type of testing procedure.

SENATOR FORTUNATO: Mr. LaCorte.

ASSEMBLYMAN LaCORTE: From a practical standpoint, it is miniscule with relation to a major fight or when it is the type of fight where the fighter has a reputation and is going to get a large purse. It will then, obviously, come out of the promoter's end of it. But, there are many fights taking place in Atlantic City today, and most of the fighting is done in the local clubs, where there may be seven or eight fights on a card. That could involve about fourteen or fifteen fighters. They are basically club fighters. They may have been in the fight game for a year or two. They are not really going to be highly ranked. It would seem to me that we would be talking about two or three thousand dollars just in medical expenses. And, from a practical standpoint, this would, in effect, eliminate the level of fighting that takes place locally -- whether it be the club fighter or the fighter that doesn't make it to the top, which is really where a lot of these injuries happen. The major fighters do get the tests, or they should have them. But, it is the second level fighter, the one who never makes it to the top, who will not get them because it might be prohibitive for the promoter who is having these marginal fights to put up the dollars necessary.

DOCTOR KRIEGER: Well, I think that could be handled too, very easily, in terms of some sort of graduated scale. In other words the fighter who derives very little income and who probably is most in need of this would pay a minimal cost; rather than pay two thousand dollars, maybe he would pay two dollars or five dollars. Whereas, the fighter that is earning several millions of dollars would pay more of a cost for the procedure. In other words, I do not personally want to address the economics of it. I am here to testify on the medical

side. I responded directly to a question in terms of what the economics are. But, I don't think the fighters -- particularly the fighters that earn the least -- should be the ones to be denied the benefit of this type of service. I am sure that those of us at the Medical School would donate our services if it came to that, in order to provide the necessary types of studies that are required.

So, I don't want to get into the economic side of this. I am trying to define what I think is the appropriate medical testing that should be done, and I think must be done, if boxing is to continue as a sport. And, it is becoming popular.

I just want to make one other comment. I have a sort of personal stake in this situation too, because my uncle was a former middleweight boxing champion. I think I have had a long-term interest in boxing, and I really feel there is enough talent -- medical talent -- in New Jersey to provide whatever services are needed. The cost is really a secondary issue, as far as I am concerned. I think I can speak for the ophthalmological group as well; we would be willing to do whatever would be necessary to provide the kinds of tests to make boxing as safe as it can be.

ASSEMBLYMAN LaCORTE: Doctor, do you see any relationship between the number of bouts an individual has and brain damage or the punch-drunk syndrome?

DOCTOR KRIEGER: The English literature points to that factor, that the more bouts one has, the greater the risk of developing chronic changes in the brain.

The other aspect to boxing which I think is also something to contend with is that very frequently when a boxer finishes his major career, he then becomes a sparring partner. I think that really perpetuates the amount of chronic damage to the brain. And, that certainly has been the caricature in the theater, where you see a boxer that has gone through a career and is a sparring partner. He is stigmatized by the slurred speech, the unsteadiness, and the ridicule that goes with that. It also works the other way around, there are some sparring partners, such as Holmes, who have gone on to be the Champion of the World. But, I would certainly recommend discouraging the use of a sparring partner who is at the end of his professional

career. That, in essence, is going to result in further damage to the brain, because they don't have the skill, and that is why they become a sparring partner.

ASSEMBLYMAN LaCORTE: Why is there sometimes a delayed reaction to the punch-drunk syndrome? A fighter ends his career and then within a year or two there is a disintegration.

DOCTOR KRIEGER: Well, actually it is usually more than that. There is a certain critical mass of brain cells that need to be destroyed before you lose neurological function. One of the virtues of the brain -- and it is a very important one -- is that there are billions and billions of brain cells, and once we reach a certain age we start losing millions of brain cells every day. But, there is a great deal of reserve. However, once you reach a critical point, then you see neurological disfunction and it continues, it doesn't stop. It is a progressive disease once it occurs.

ASSEMBLYMAN LaCORTE: Thank you, Doctor.

ASSEMBLYMAN FORTUNATO: Mr. Schuber?

ASSEMBLYMAN SCHUBER: No questions.

ASSEMBLYMAN FORTUNATO: Doctor, I really appreciate your attendance today. You have enlightened the Committee. If I may call on you in the future for further input into the decision-making by the Committee, I would really appreciate that.

DOCTOR KRIEGER: It would be my pleasure.

ASSEMBLYMAN FORTUNATO: Thank you.

Our next witness will be Mr. Weston. Hal, it is a real pleasure to meet you personally. As a fan of yours, and as a person who is interested in athletics, I think you are a credit to your sport. You handle yourself well in and out of the ring.

If I may ask, could you describe the type of injuries you sustained as a contender and also as one of the outstanding boxers of your weight class in your time?

H A R O L D W E S T O N: I sustained a few injuries in my career. I sustained hand injuries because your hands are not accustomed to banging on people, and one has to toughen his hands up. That applies to any sport, an athlete has to toughen his body up in order to get prepared for the sport.

After a fight, I would suffer from soreness if it was a tough boxing match. I used to get swollen eyes. I never used to get cut. When I first started out, I got two cuts during my bouts, but after that I started putting alcohol on my face and that stopped the cuts. So, I just swelled up after that.

Another thing I sustained while I was fighting was a sore jaw. At times my jaw used to tighten up on me when I got hit.

Other than that, there were just things such as being tver-weight or under-weight, but nothing serious except the detached retina.

ASSEMBLYMAN FORTUNATO: When was the first time you sustained that injury?

MR. WESTON: The first time they found out about the detachment--

MR. Dr COTIIS: The question was, when was the first time you had an eye injury?

MR. WESTON: In 1971. I knew that something was wrong. I didn't know exactly what it was, but I knew something was wrong with my eyes.

MR. De COTIIS: When was the first time it was observed, medically, by any Boxing Commission?

MR. WESTON: In 1979, right after the Tom Erins fight.

ASSEMBLYMAN FORTUNATO: Eight years?

MR. WESTON: Eight years, right.

ASSEMBLYMAN FORTUNATO: Did you ever fight in New Jersey?

MR. WESTON: No, I never fought in New Jersey. I think if I did fight in New Jersey they might have found it, because they have one of the toughest Commissions I have ever seen. They are really strict; they have good laws; and they abide by the laws and the rules. What I see in New Jersey is, they don't have a lot of support from the government, financially or with their backing. I think if they had more backing they would be strong. But, they have a very good Commissioner.

I have worked with New Jersey on promotion. I have done a few boxing matches here, and they have been real strict with any matches we put on -- about who was fighting who, who is in the corner,

and what manager should have fights. So, they are very strict, and medically they would have found my injury.

Los Angeles has a very strict Commissioner. They send the boxer to all different specialists, such as eye specialists. The doctor does a physical examination. Basically that is it. They then send you to a specialist who gives you a shot and tests your blood.

ASSEMBLYMAN FORTUNATO: When you had the original eye injury, what did you experience? In other words, what type of vision did you have? When you entered the ring, what handicap did you experience, if any?

MR. WESTON: Let me start with 1971, and then I will move forward. In 1971 I knew there was something wrong with my eyes, that went on all the years I fought, up until 1979.

During the time I was working out for the Tommy Hearns fight, I was in a sparring match, preparing myself, and I got hit in the eye. When I got hit in the eye, my sight was bleary and I knew that something was really wrong because I could hardly see. It was just like having a shadow in front of my eyes.

I didn't tell anybody about it, because at the time, financially, I wasn't set in boxing. I missed making millions of dollars by one step, and I wanted to be the World Champion. That was my dream. I didn't want anybody to know about the problem with my eyes, so I didn't tell anybody.

During the three-day period before the fight, I told my father I didn't want to train anymore. I told him I just wanted to rest. I figured that if I rested and didn't move around, and if nobody touched my eye, it would clear up. It took three days before I saw shadows -- or I saw people's figures -- and I realized what I had facing me.

During the examination in Los Vegas, I knew the Commissioners in Los Vegas. I knew how they were. I knew their system. I knew they wouldn't send me to a specialist. I knew that all they did was to shine a light in my face, and all I had to do was to follow the light. So, I knew that when the light was in my face, I just had to look at the light and let it shine on my face. He did that. I passed, and I went on with the fight.

During the Tommy Hearn's fight, things were working out fine. I thought I was going to go on to victory. I fought five rounds and my eyes kept clearing up, and I thought, "Oh, this looks good. I can have my operation after the fight." But, in the sixth round I got thumbed. I think Tommy hit a blood vessel in my eye, and it broke. The blood went into my eye -- to the front -- and I just couldn't see anymore in my right eye. I knew then it was time to stop, so I didn't go on any further. The fight ended right there. I was sent to a doctor. The doctor in Vegas could not see anything. There was too much blood in the front of the eye. He told me to rest on my left side. After I did that, I went back and he told me to get to New York as fast as possible because I didn't have days, I had hours before I would not be able to see anymore. He told me to hurry and get an operation.

So, they flew me out of Vegas. A Doctor James Schultz, a detached retina specialist, performed my operation. When I got there, he told me I had to have the operation that night, at 12:00. I said okay. The next day I asked him if I would be able to fight again after the operation healed. He said, "Be able to fight again, you have to be crazy. Let's try and save the eye." I said, "Okay, I know you will be successful, but will I be able to fight again?" Boxing was my whole life. I had been boxing since I was nine years old, so I did not know anything but boxing.

It came to the point where he said, "Harold, you have a fifty-fifty chance that you might not see after the operation." He said, "But, I have been experimenting with new medicine for detached retinas. Are you willing to take the risk? The only time I used this was on animals, and it was successful. Do you want to take the risk?" I said, "With a fifty-fifty chance of not seeing after the operation, I will try anything." So, we tried it. It worked out, and now I am seeing twenty-twenty. He gave me a clean bill of health.

Like any person in financial difficulty, I wanted to go back to boxing, because I was ranked as the number two contender in the world. I was always in there with the best. I did not make as much money as they make today, but I made enough money to allow me to live comfortably.

I tried to go back into boxing again. I trained. I got checked by seven detached retina eye specialists. All of them gave me a clean bill of health. I had a ninety percent tear in my retina. One side was completely torn out and the other side was in strips. You know, other doctors who have seen my eyes have said that it was a miracle that the doctor who did the operation even saved my eye. But, he did save my eye, and I think that if it wasn't for Doctor Schultz and the good Lord above, I wouldn't be seeing today. But, he saved it.

ASSEMBLYMAN FORTUNATO: It was your right eye?

MR. WESTON: It was my right eye, yes.

I came back, and after I came back I was working out in the gym. I worked out for about a year and one-half. In that year and one-half I was sparring one day and one of the guys hit me in my eye. When he hit me in my eye, the same thing happened as happened in the Tom Hearn fight. I didn't say anything to anyone. I walked over to my father and I told him what happened. I told him not to say anything. I called up Doctor Schultz, who was on his way to a big party, and he waited for me. When I got there, he rushed me to the hospital and when the blood dried up he looked in the eye and operated on it again.

What happened was, I got another tear in a spot that he had not operated on. I knew right then and there that it was time for me to end my boxing career. He told me I was very fortunate. You know two times out -- if it happened again, I could lose my eye. But, I didn't. I saved my eye and I still have twenty-twenty vision.

ASSEMBLYMAN FORTUNATO: Did you ever hear of a boxer by the name of Joe Harris?

MR. WESTON: Yes, I have. He was a welterweight fighter.

ASSEMBLYMAN FORTUNATO: Where did he work?

MR. WESTON: Philadelphia. Gypsy Joe Harris was blind for four years.

ASSEMBLYMAN FORTUNATO: While he was fighting?

MR. WESTON: While he was fighting.

ASSEMBLYMAN FORTUNATO: He was blind in one eye?

MR. WESTON: One eye, right. What happened with Gypsy Joe was that he knew the eye chart. That is how they used to make us take

the eye examination. He would read the eye chart. He knew it by heart. Every time he went for an eye examination, he would read the eye chart and they thought he passed. They would just say, "Okay, Gypsey," and they would let him go. So, he got away with it for about four years, and then one day they had a new doctor who went further than that and he found out that Gypsy Joe Harris was blind in one eye.

I think that is something that should be looked into. I think what is happening with fighters today, and with athletes is that we don't have enough eye specialists in the sport. We just have regular doctors who look at the fighter's body to see if he is physically fit. He then gives him an okay, that he is all right to fight. But, I think we have to go further than that. I think we should have specialists who look into the fighter's eye to detect if he has a detached retina before he gets his license.

I think the next step that should be taken is-- I mean, Sugar Ray Seals knew he was blind and his manager knew he was blind. I think they should have tests for fight trainers and for fight managers. They should take these tests, because if they are willing to take these fighters into their care and put their lives on the line, and if they know there is something wrong with a fighter, yet they still put him in the ring, then they are the ones at fault since they are responsible for the fighters' lives. I think that is where the mistake is being made right now.

I think the United States government should look further into the handling -- the managers and trainers. They are the ones who are responsible. They are the ones who know if the fighters are hurt because they are with them all the time. They are with the fighters ten hours a day, especially a big fighter, because they have to prepre them for the matches. They know if a fighter is getting hit more than he normally would get hit, because he is not slipping the punches. We need this kind of testing for the managers and trainers.

I think if they go before a board and go through testing, you will find that almost forty percent, or fifty percent, of the trainers and managers today have no business in boxing, because they really don't know boxing. They go down to the Commissioner. They sign up. They give him five dollars, and, they are a manager or a trainer. So,

they have a fighter in their hands, and that is where I think the mistake lies.

ASSEMBLYMAN FORTUNATO: You mentioned the United States government. It is unfortunate that the Congress chose to defeat Congressman Florio's proposal for Federal regulation. I felt that was a step in the right direction, and most people felt that way. I think you just indicated the same feeling.

Do you feel that managers or promoters are exploiting fighters?

MR. WESTON: I think managers are exploiting fighters, because they know there is a lot of money in fighting. You are getting people now who have no real interest in fighting. They are just in it to get the bucks and then to hurry up and get out. And, they see that boxing is a big sport at this time.

I think the promoters know that if they have a fighter in their hands, they can promote him and make a lot of money. Right now, I think people should look more seriously into the background of every promoter and every fight manager and trainer before they license them to train or manage a fighter. If you take that step, then you will cut out a lot of injuries -- you will cut out a lot of fighters being injured in the ring. I think that is where the downfall is in the sport. And, I think you should make the Commissioners stonger. They need funds right now, that is the whole problem.

ASSEMBLYMAN FORTUNATO: Thank you. Mr. LaCorte?

ASSEMBLYMAN LaCORTE: If a manager or a promoter is denied a license in the State of New Jersey, he can go right to Los Vegas or to Nevada, or to New York and get a license, isn't that true?

MR. WESTON: Well, it depends on how serious his crime was. It is just like any politics. In New York City they have a problem with people who are on the street. They want to send them over here to New Jersey to live. New Jersey says they don't want them. That is just like in boxing. If they feel that there is nothing wrong with what a manager has done, there is not much anyone can do about it.

That is just like the Eddie Mustava-Michael Spinks situatin, where they wanted to suspend Eddie Mustava in Washington. Okay. New York City said they wanted to have a hearing before they took a step

like that -- to suspend Eddie Mustava. It is a hard thing to do, to suspend someone who makes his livelihood from boxing.

But, if all the Commissioners put their heads together and say they will accept a suspension from another Commissioner -- if there is a serious offense against the person -- I think, yes, you would get better response from the managers and the trainers. I think they will then conduct themselves better than they do now. You are right, it would cross over to New Jersey, because as it now stands we have a situation where one state won't even give you a chance, and another state will give you an opportunity to continue in your livelihood. I think that is where everything stands right now.

I think you can go to another state, it just depends on what Commissioner is in that state. That is the whole problem.

ASSEMBLYMAN LaCORTE: So, part of the problem is, it is not only a state problem, but we have no uniform rules in boxing. The rules run from state to state, and there are different rules in each state.

MR. WESTON: Well, there are different rules in each state, even with traffic laws. If you go to one state, you can turn right on the red light, as you can in New Jersey. But, when you go to New York, you can't turn right on the red light. So, you have different laws in every state. Every state does not have the same thought in mind. You have different people in each state who have different thoughts about this.

In New Jersey, they have a professional man like Jersey Joe Walcott and they have a good man behind him, Bob Lee. They work together and they know the sport. However, in other states you have people in this position who do not know about the sport.

ASSEMBLYMAN LaCORTE: As a former fighter, would you prefer to have uniform rules? Do you think that would be fair to you as a fighter, or would it be fair to the game?

MR. WESTON: If it was based on fact, it think it would help to a certain extent. But, I think the Commissioners in every state can get together and do that themselves. I don't think you really need the government to make the rules for them. I think that each Commissioner is smart enough so that they can get together, sit down, and draw up a

set of rules, and then abide by them in every state. I don't think there is a problem with that. They get together once a year. I go to their convention, and I sit down and listen to them talk in order to find out what they are trying to iron out. That is growing each year.

So, I think if they draw up a set of rules by putting their heads together, there would be no problem with that. I think one set of rules would be good, yes.

ASSEMBLYMAN FORTUNATO: Do you have any further questions, Mr. LaCorte?

ASSEMBLYMAN LaCORTE: No.

ASSEMBLYMAN FORTUNATO: Mr. Schubert, do you have any questions?

ASSEMBLYMAN SCHUBERT: Mr. Weston, with regard to some of the testimony we have heard here today, concerning possible medical exams being given to fighters before and after fights, would you be in agreement that the ophthalmological examination and the neuropsychological examination should be given to a fighter before every fight and after every fight, as was testified to by the doctors who spoke here today?

MR. WESTON: It wouldn't hurt. I think it would be a big plus. What is it for a doctor to be there and a fighter to go down five days before a fight and take a physical to see if he is healthy and able to fight -- to see if he is in good condition on the night of the fight -- and then after the fight to see if he has suffered any injury or permanent damage? I think that would help out a lot. I think it would be a plus for boxing if you go in that direction.

ASSEMBLYMAN SCHUBERT: Are you familiar with any area in this country where that is done now?

MR. WESTON: Yes, but the doctors just ask the fighters how they feel. They don't take them through a full examination.

ASSEMBLYMAN SCHUBERT: So, nobody -- to your knowledge -- does what the doctors here have recommended should be done?

MR. WESTON: Right. They give you examinations the day of the fight. They used to do an examination five days before the fight, but all of a sudden they stopped that. The only time a doctor steps in is when a fighter gets knocked out or he gets cut. But, I don't know of any state that does that today, no.

ASSEMBLYMAN SCHUBER: When you began your testimony, you stated that regarding fighters in the State of New Jersey, you have found that the New Jersey Commissioner and the State's rules were a lot tougher than other states'.

MR. WESTON: Yes.

ASSEMBLYMAN SCHUBER: In what way are they tougher, and what benefit is that to the fight game?

MR. WESTON: Well, they are tougher insofar as they don't let just any promoter walk into their state and promote boxing shows. You just can't go into their state and say, "I am a promoter. I have the money. I want to put a boxing show on." They have rules where you have to be living in the state for so many years -- it is seven years, I think -- before you can get a promoter's license. You have to have a respectable background before you can get a boxing license. And, they don't want just any person to represent the state as a promoter, just by saying they are a promoter.

New Jersey is like that. You have very few promoters in New Jersey, less than there are in New York City. I think that is a big plus for New Jersey. New Jersey don't just let anybody come in and say they are a promoter and give them a promoter's license.

ASSEMBLYMAN SCHUBER: Thank you.

ASSEMBLYMAN FORTUNATO: You indicated that a promoter must live in New Jersey?

MR. WESTON: Yes, about seven years. They have to be a resident of New Jersey for about seven years -- five to seven years I think it is.

ASSEMBLYMAN FORTUNATO: You are one of the few people -- and, again, I appreciate your being here today -- who can speak on the sport of boxing from the various aspects of boxing, participation, promotion, etc. To help finance a clinic to enhance the examination of fighters before and after a bout, do you feel it would be a problem to take a percentage from the proceeds of a fight to help defray the cost of these examinations, or to help finance a clinic for each state?

MR. WESTON: I think it would help out a lot. Madison Square Garden has been willing to do this. I work for them, and they are willing to do this as long as they have the right people in a position to do this, people who care about, and want to work with, the fighters.

They always felt that there should be proceeds taken from the promoters at Madison Square Garden -- whether it be Don King, Bob Randall, or any of the other promoters in the United States -- to help the sport, because they are making their livelihood from this, and they should do it. Why should it be that all promoters take the money and then run? If they want the sport -- and they say they love the sport -- and they want to do so much for the sport, then this is a step they should take. They should take proceeds from the promoters.

What is so hard about this is -- as the gentleman said -- it is very difficult to take something from the small promoters, because at times they do not make that much money at the gate. The largest gate these days is -- I run fights every week, and we don't draw any more than about 1,500 people, and the gross is only \$8,000 or \$10,000. So, there is not much to take, really. It is mostly a loss at times.

But, for major fights, I think that should be taken in hand.

ASSEMBLYMAN FORTUNATO: Do you think there might be too much politics involved in the various state commissions? After all, we have different rounds for a championship fight in the various states, and different scoring procedures. Do you think there might be too much of that local rule you were referring to earlier?

MR. WESTON: Yes, I think that if every fighter, manager, and trainer went into states where there were uniform rules, they wouldn't have to go to the Commissioner and wonder what type of scoring system they have, or what type of round system they are going to be fighting. They will understand right there and then, because when they fought in any of the other states, they knew how the system worked -- the round system and the scoring system.

We are having difficulties now in New York City. We came up with the thumbless glove. There have been a lot of problems with our boxing matches in New York State. I have nothing against safety for the fighter and his eyes, but you are looking at the eye and you are looking at the hands. The hands are really important to the fighter. And, the thumbless glove is a very good glove. But, when you step into a situation, you have to look further into it, and you have to address it with other Commissions to see if they are interested in it. You

can't say one Commission should have one thing and the other shouldn't have it, because then you are going to cause a big problem.

I think that should come. If we can base our whole boxing system on one standard rule -- fifteen round fights for a championship, twelve round fights for elimination bouts, and ten round fights for just regular bouts -- and not all these other rules, then we would be on the right track. I think that would be a good step for boxing. I think that if the Commissioners put their heads together -- and I think they can -- and come up with just one standard, then they will be on the right track.

Right now they are on the right track. They are trying to form their own organization.

ASSEMBLYMAN FORTUNATO: You referred to Sugar Ray Seals earlier. Seals fought in New Jersey with eye damage?

MR. WESTON: He fought in New York with eye damage.

ASSEMBLYMAN FORTUNATO: He fought in New Jersey with eye damage, and it went undetected. The examination consisted of the cursory flashing of the light in the eye--

MR. WESTON: Right.

ASSEMBLYMAN FORTUNATO: (continuing) --that we had referred to earlier. That damage went totally undetected. So, I think that would indicate that there is a lack of caring.

MR. WESTON: Somebody fell asleep.

ASSEMBLYMAN FORTUNATO: Are there any further questions? (no response)

Mr. Weston, I want to thank you for participating here today. Hopefully, we can call upon you in the future for any input or direction you might have to offer to the Committee.

MR. WESTON: It was my pleasure.

ASSEMBLYMAN FORTUNATO: If we could take a five minute break, I would appreciate it.

(Five Minute Recess)

AFTER RECESS

ASSEMBLYMAN FORTUNATO: Our next witness will be Doctor Russell Dorn. Doctor Dorn, I appreciate your being here today. As a former participant in boxing and with your medical expertise, I am glad you came because you should be able to enlighten us as to your experiences concerning the damage done within the ring. The floor is yours.

D O C T O R R U S S E L L D O R N: I would like to say that you must realize that my present eye condition is not due to a recent boxing experience.

What would you like me to say? Do you want me to make a statement right now?

ASSEMBLYMAN FORTUNATO: If you wish.

DOCTOR DORN: I think the topic of boxing injuries can be broken down into two categories. One is -- if I may use medicine again -- preventive medicine, and the other is clinical medicine. Preventive medicine might be used in a situation where we might endorse rules that would prevent the boxer from being injured by virtue of this conditioning and other features.

Doctor Krieger covered the story well, relative to what we would advise with respect to a thorough examination. I think this should be mandatory. It must be done, and it should be done. If a boxer can make ten million dollars, they should be able to do this. We spoke about cost. We didn't want to discuss cost, but I would like to. I think the Federal government should allow a deduction. With that kind of a purse, they should give a portion of it to the various State Commissions to conduct these physicals. That would be an incentive for all of the states to go into this very thorough physical, and the periodic physical, which is necessary to prevent difficulties and boxing injuries.

Now, with respect to "is it fair to promoters?" and so on, how about Triple A baseball? We have baseball farms all over the country. They don't make beans, and they provide the season players for the big leagues eventually.

Now, we have always had club fighters. The American public has enjoyed club fighting throughout the nation in the past. I think we should do this type of thing, and support the club fighters. Let

them pay a percentage, but a minimal percentage so the promoters don't go broke and the boxers are not taxed. But, when you pay ten million dollars to a boxer, a certain percentage of that should go to this type of endeavor. I think that is essential.

Now, along the lines of other preventive aspects, I think that training becomes very important. As Hal Weston indicated, five days before the fight the commissioners, or the representatives, should come to the fight camp, or the fighter should come in and be examined to see if he is in shape. I think that is important because a lot of these fighters are not keeping training rules. They break training and the first thing you know, after the fifth round they drop their hands, they are tired, and that is when they get hurt. I think it is very important to supervise training and see that these things are done.

Now, the other thing is -- this has already been mentioned -- I think a prize fighter passport should accompany every fighter as he travels through the nation. It should indicate where he fought, when he fought, how he won -- by a slight margin, or was he knocked out, Krieger recommended. That is very important.

The second part is, as I said, clinical medicine. We are talking about the fighter when he steps into the ring. There are certain rules that have already been passed -- they are rather new -- namely the standing count, the fact that the end of the round did not save the fighter -- if one counted to ten he was out, and that kind of thing. Now they are proposing, in other states, the minute and one-half rest between rounds. There has always been the problem of "should we use helmets or shouldn't we use helmets?"

I can only speak from my own experience with college boxing. We were in the nationals one year and there were a great many knock-outs. So, we decided to decrease the gloves from ten ounces to twelve ounces and have helmets worn. We went to that, and we had more knock-outs the following year than we had the previous year. So, I don't know what that means in terms of followup, because it wasn't long after that, that college boxing sort of lost out because of injuries, I think, and because the kids were not in the kind of shape they should have been in. Many teens were not up to fighting the grade of fighter

they would meet, say, at the University of Virginia, and that kind of thing.

You will hear today from Max Novich, who was three-times champion of the Southern Conference, and who is now a very, very notable orthopedic surgeon.

I guess I could cut it off here. Do you have any questions?

ASSEMBLYMAN SCHUBER: Doctor, if I may, I have two questions. You talked about the standing count and the increased time between rounds.

DOCTOR DORN: Right.

ASSEMBLYMAN SCHUBER: Do you look favorably on that?

DOCTOR DORN: I do. I think what we need, though, is to be sure that the referee is trained in certain aspects of medicine in order to be able to recognize the condition of a fighter. I think he is the man who makes the judgment.

The pity is, the doctor doesn't make the judgment until it is between rounds. The boxer could be bleeding like mad, and they don't call the doctor in until the end of the round. That is where the eye damage is done, and that is where the patient is hurt.

Now, if you have a helmet it takes something away, they say, from the fans. But, on the other hand, it decreases the incidents of fights being stopped because of cuts, and that is important. Many a big fight was really ended because an excellent fighter happened to get a cut over the eye or wherever, and he couldn't continue; yet, he wasn't really beaten. He was beaten by a cut. That is not fair. We are not Nazis and we don't go for saber cutting and scars. We don't care for that kind of thing.

I think if using helmets would prevent this, it would be very important.

ASSEMBLYMAN SCHUBER: Doctor, what about the thumbless glove?

DOCTOR DORN: The thumbless glove-- As I recall the history of boxing, which I followed as a kid, the thumb in the eye was always the mark of either an experienced fighter using it, or a dirty fighter using it. And, there were many top notch fighters who used the thumb in the eye of a very worthy opponent profusely. I am in favor of the thumbless glove. I realize that there are certain aspects -- as Hal

Weston pointed out -- to the free thumb, that are very helpful in tying up a fighter. If you can picture this, you can catch his arm and keep him from hammering away, and that is a very important feature. Now, with the thumbless glove, that is a little more difficult to achieve, so, I think that is an important feature.

I do think the thumb in the eye is a common injury and it shouldn't be done. I think we have gone a long way, but we still have to go further and further.

The cost should not be considered. I think that should be worked out. I think that can be worked out in view of the monies involved in the big fights. The cost could be graded down to support the club fighters, like you do for Triple A baseball. I think that is the way it should be done.

I can remember visiting Sam Langford -- many of you may remember him, he is an old timer -- in Harlem with my father, who was interested in boxing. We visited him many a time in his little apartment. Sam Langford was blind then. But the legend was that Sam Langford, like Hal Weston and these other boys that fought blind, fought virtually blind and he would listen for the shuffle of the man's feet to target his punch. This is well known by the sports writers. But, in those days I'm afraid that ophthalmological examinations were not done.

ASSEMBLYMAN SCHUBER: Thank you, Doctor.

ASSEMBLYMAN FORTUNATO: Doctor, thank you very much. We really appreciate you being here today.

DOCTOR DORN: Thank you.

ASSEMBLYMAN FORTUNATO: Doctor Novich.

DOCTOR MAX NOVICH: Thank you very much. I feel sorry when I see Russ, who was not my kind of a boxer. He was a buzz saw in the ring, and he won. He didn't stop punching. I was a different kind of a fighter. We both won championships. He is a wonderful guy. It is just sad to see that his sight is gone, and it is not from boxing either.

ASSEMBLYMAN FORTUNATO: Yes. Doctor, do you have an opening statement?

DOCTOR NOVICH: The thing I would like to project quickly so it is not forgotten, because at the end of the testimony it may be forgotten, is that the commissions of our country and of our State appear to be accountable to nobody, and that is bad. Even you, as a government agent, have to be elected and you are accountable to somebody for what you do. They are accountable to nobody. It is a zero. They make the match. They say yes or no, and none of us know the guidelines they use to put the match together. There are no parameters promoted or talked about -- how many days you need to make a match, how much training the fellow has had, who will allow substitution the night before, etc. These are all bad things. There are mis-matches.

I have been given to believe -- and I don't watch it that closely -- that in New Jersey we have more knockouts in the fourth and sixth round fights for only one reason, not because the referee is scared to death to stop the fight, but the fighters are not in shape. It is as simple as that. I got this from a good authority, and it was a good boxing man that told me this.

If we can in some way make these commissioners accountable to the public, to the Commission, to the Assembly people, and the Senators, we will have come a long way forward. But, we don't do that.

You know, I testified before Congressman Florio's Committee, that I didn't know how boxing was put together. And, somebody said, "How is a match made?" The answer was really funny. The person testifying said, "Well, two managers get together and say, 'My boy will fight your boy. Let's find a matchmaker.' They agree and find a matchmaker. Then they have to find a sponsor, and they agree." The conversation stopped at that level; nothing else was said. When I got my turn to testify, I said, "How about the commissioners; where do they come into the framework of matchmaking? What do they have to say?" They say everything.

If any good comes out of this Committee, it is going to be one thing alone, we want guidelines printed: How you arrive at your decisions to allow a fight to go on? What do you use? Slides? Do you use contrived ratings? What do you use to make a match? How do you go about it? Did you see the guy fight yourself? Do you have spies or scouts? What do you do? That is very important for us to know.

We don't want mismatches. We don't want tragedies, and that is how they happen. If I can promote that one thing, I will have served here well.

The rest is easy because most deaths, most tragedies, and most mismatches are not physician matches; they are administrative matches -- administrative mistakes, rather. Remember that when you are working on this thing. They are not from doctors. It is true we need better standards, but the administrative errors are responsible in most cases for the deaths and mismatches.

One very serious thing comes to mind regarding the Randy Cobb-Larry Holmes fight. It was so obvious. You had to be stupid not to know that there was something wrong going on there. That head can't take all those blows and not show some scarring. But, it went on. The point is just that: As commission members who have a trust to help us, you have to help us by making sure we don't have tragedies and mismatches. You have to do something about having the Commission print what they do -- "How do you arrange for these fights?"

Another thing is, who pays who? Why are doctors paid by the Commission and not announcers? Has there been a schedule of benefits printed, that "this guy" gets "this"? No. There is nothing. Promoters pay the announcers. Promoters pay the judges. Why do the commissioners have to pay the physicians? I don't understand that. There is too much cash floating back and forth -- much too much to suit me anyhow.

MR. DeCOTIIS: Literally cash, sir?

DOCTOR NOVICH: Yes, they are paid off in cash.

MR. DeCOTIIS: Who is getting the payoffs?

DOCTOR NOVICH: I can't tell you that, because I really don't know. I know that they pay certain people in cash, don't they?

I had a conversation with a very well known announcer who told me this. I am not that close to professional fighting. Not by my own choice, by the way.

Anyhow, I wanted to bring forth the fact that my background in boxing is excellent -- just excellent. I was a fighter. I was a ringside physician. I was a referee. I was a judge. I was everything in boxing I could be, plus being a professional as well. And, it

saddens me to see it in the hands of unsavory people, people who are so inhumane to their fellow man.

I have seen many doctors who do not behave like doctors. Boxers have a great love for doctors, they really do. At least that has been my experience with amateurs. They look up to us, especially the managers and the trainers. But sometimes doctors behave like they are not physicians, and that bothers me.

We at the United Hospital in Newark have put together a kind of unique thing in America. It is called the National Boxing Safety Center. We have fifteen top physicians who belong to it. It is going to be incorporated. We are going to have a number of people from the faculty. And, in addition to that, we are going to have twenty-five people from the public sector who are interested in boxing, people who know boxing: cutmen, trainers, promoters, announcers, exercise physiologists, educated people, and non-educated people, it makes no difference; they know boxing. They are going to feed us with information and questions that they want answered. Because everything in boxing has a medical implication: The matchmaking; the promoting, etc.

As a matter of fact, I am running a program on September 29th at the Meadowlands for my hospital. It is called, "The Medical Aspects of Boxing." With this program we will kick off this new idea. I am bringing four of my medical people in to talk. Someone from Madison Square Garden is going to talk about what the Garden does to promote boxing safety.

Bill Gallo from the Daily News is going to talk about the responsibility of the media to report the shenanigans that go on, and safety.

We have Colonel Anderson from West Point who is coming down to talk about, "Present, Past, and Future Research in Boxing."

We have the trainer for Floyd Paterson and Jose Torres coming in to talk about the myths of boxing.

Then we have the whole afternoon loaded with doctors who will talk about boxing. These doctors love boxing. And, we will in some way help to promote a model of what a boxer is entitled to before he is licensed.

When I spoke before Pat Williams in Congress several months ago, he was shocked to hear that the eye examination was so horrible, that they didn't even look in the pupils.

MR. DeCOTIIS: Who is that, sir?

DOCTOR NOVICH: Pat Williams is a Congressman from Montana.

MR. DeCOTIIS: And is he talking about New Jersey's procedure?

DOCTOR NOVICH: No, boxing in general.

MR. DeCOTIIS: In general.

DOCTOR NOVICH: He was shocked. I talked to a real good eye doctor. Well, we are lucky, we have one of the best in the country up here at the United Hospitals.

So, that is the background. You can ask anything you want on boxing. I made my point. And, you are all invited to our symposium on September 29th at the Meadowlands Sports Complex.

MR. DeCOTIIS: Doctor, in your experience, what does New Jersey do to examine the eyes.

DOCTOR NOVICH: They don't do a full examination.

MR. DeCOTIIS: What do they do?

DOCTOR NOVICH: Well, I can't be precise, because I don't watch their examinations anymore.

MR. DeCOTIIS: When you were there, what was your title?

DOCTOR NOVICH: I was a commission doctor.

MR. DeCOTIIS: So, you were a commission doctor for the New Jersey Boxing Commission.

DOCTOR NOVICH: Right.

MR. DeCOTIIS: What year was that?

DOCTOR NOVICH: From 1952 to about three years ago. When Lee came on, I was put out.

MR. DeCOTIIS: Until very recently then?

DOCTOR NOVICH: Yes.

MR. DeCOTIIS: And, up until three years ago, would you tell us what physical examination a fighter went through prior to a fight?

DOCTOR NOVICH: Yes. I did a complete general medical. Okay? And, I have a little thing in my office I use. It is a little schematic I use for the eyes, ears, nose, and throat. By doing this, I

can tell you if a man has trouble with his cranial nerves, which is all part of the head. In addition to that, I would examine the heart, lungs, blood pressure, pulse, check his anatomy -- muscle and skull anatomy -- watch him walk and move to see if he had his coordination, look for scars, rashes, and things of that nature. And, it was not the greatest examination, but that was the custom.

MR. DeCOTIIS: It wasn't that-- You admit yourself that it wasn't as--

DOCTOR NOVICH: (interrupting) It was the custom.

MR. DeCOTIIS: It was the custom?

DOCTOR NOVICH: In my hands, they got a pretty good examination.

MR. DeCOTIIS: Do you feel that things should be improved currently?

DOCTOR NOVICH: Oh, tremendously.

MR. DeCOTIIS: Tell us what you believe New Jersey should be doing today that they are not doing, medically.

DOCTOR NOVICH: Well, first of all, I don't think they have the medical setting for it. Ours is done high-class, I can tell you that. Everything that is worthwhile to do to check out a person's fitness to box is done.

MR. DeCOTIIS: Do boxers in New Jersey currently undergo CAT Scand and/or EEG's?

DOCTOR NOVICH: No, they may undergo a neurological test, but neurological without a CAT Scan is a waste, I think, because it is a one-shot examination. And, the neurological examination is only good after a person has been hurt and you want to find the injury. If you do an examination weekly, then you can check to see if there is any brain damage, but the one-shot examination is just what it says, one shot. It is just not a great examination.

MR. DeCOTIIS: Would you endorse the proposals of Doctor Bastek with regard to pre-fight physicals, which include ophthalmological examinations and neurological examinations?

DOCTOR NOVICH: Absolutely. There is no question about it. We have that whole setup and we will present it on September 29th. We have all the equipment that will be necessary to examine the eye and we

will get into what facilities we will need. So, it is a high-class examination.

For instance, a physician who is trained in ophthalmology can look inside of a pupil and see some blurring on part of the retina. He would then say, "Hey, this guy can't see out of the right side of his eye. He is blind." Or, just by some other kind of a test he can tell that it would make it difficult for a fighter to protect himself from a left jab because he can't see.

Not only can't an ophthalmologist examine with a light or an eye chart -- that is impossible -- but he has to look inside that retina to see what is going on there, and you can't do that without an in-depth examination.

ASSEMBLYMAN FORTUNATO: Doctor, who will you be testing?

DOCTOR NOVICH: What's that, sir?

ASSEMBLYMAN FORTUNATO: You indicated that you will be testing.

DOCTOR NOVICH: Amateur bouts. Now, these are all young people who have been through a lot of fights. They are all in good shape. It is more or less a check examination.

But, I am going to do something that most doctors don't do. I am going to do a cranial nerve examination, which is looking in the eyes and the ears. I can tell, by moving the eyes around, what nerves are involved. I can tell by him sticking his tongue out if there is something wrong. I can tell by looking inside the uvea if there is something wrong. It is a cranial nerve examination, really -- by looking at his face.

ASSEMBLYMAN FORTUNATO: You indicated that your feeling--

DOCTOR NOVICH: (interrupting) I also do reflexes too.

ASSEMBLYMAN FORTUNATO: Reflexes? You indicated that it is your feeling that most knockouts occur in the four to six round fights.

DOCTOR NOVICH: That is what I was told. There are a whole raft of them.

ASSEMBLYMAN FORTUNATO: I can assure you that that's true. My Committee requested that information from the Commission.

You indicated also that you feel most injuries can be eliminated by the careful matching and the proper matching of boxers.

DOCTOR NOVICH: Absolutely.

ASSEMBLYMAN FORTUNATO: (continuing) That most of the injuries that do occur, occur in total mismatches, because of one fighter dominating another.

DOCTOR NOVICH: That is absolutely right.

ASSEMBLYMAN FORTUNATO: Did you see the fight that took place this weekend on T.V., where one of the fighters suffered a cut?

DOCTOR NOVICH: No, I didn't. The last professional fight I saw was in Los Vegas. A young boy was fighting and the referee saw something wrong with the eye and he stopped it. That was the end of the fight. These referees are now trained. But some of them are not trained. You know, you have good ones and bad ones. A lot of these guys practice medicine, and they shouldn't.

You see, our State should allow a physician to step in any time he sees fit, to protect the fighter. We can't do that. There are only two states in the Union that can do that.

MR. DeCOTIIS: Right now it is only the referee that can step in?

DOCTOR NOVICH: Yes.

ASSEMBLYMAN FORTUNATO: Mr. Schuber?

ASSEMBLYMAN SCHUBER: Which two states are you talking about?

DOCTOR NOVICH: I think it is New York and Michigan. I am not sure, but I know that only two states have that right.

MR. DeCOTIIS: Do you know how many fighters are licensed in the State of New Jersey currently?

DOCTOR NOVICH: I haven't the slightest idea. You see, after I was pushed away by the powers that be, I didn't get cozy. Do you understand? I am not that kind of a guy. If they didn't want my services, fine. I'll cry tomorrow about that. But, I will do it with amateurs.

You know, there is no question about it -- and this is completely immodest on my part -- I have more experience in boxing than any doctor in the State of New Jersey has. There is no question about that. But, you know, you can't fight City Hall, and I am not going to.

MR. DeCOTIIS: You were on the boxing panel for the American Medical Association?

DOCTOR NOVICH: Yes, I was.

New Jersey State Library

MR. DeCOTIIS: And, you were part of the recent American Medical Association's study on boxing?

DOCTOR NOVICH: Oh, yes.

MR DeCOTIIS: So, there is no question that you are nationally renowned as a boxing expert.

DOCTOR NOVICH: I am also an honorary member of the World Boxing Hall of Fame, and their medical director. I will be going out there on October 1st to be with some real champions. Believe me, they are going to have some real champions there.

ASSEMBLYMAN FORTUNATO: What direction would you offer now, Doctor, if you were to create standards for boxing in the State -- if you were to author the standards that you feel should be instituted?

DOCTOR NOVICH: Well, first of all, I believe that our training and conditioning is not high class. Okay. We have some great guys. They are very bright and empirically they work with no scientific knowledge. There has been a tremendous headlong impetus for headhunting, which is back. There is not enough scientific boxing going on in the State of New Jersey. There is not enough defensive boxing. It is all headhunting. That may have been brought about because of the Olympics, where people could hide. But, now they can't hide because of the television. You can see what is going on.

I personally believe that my hospital right now it putting together a protocol. It is superb. It can't be better. And, it should be a model for every Commission in this country.

ASSEMBLYMAN FORTUNATO: Will you supply the Committee with that information?

DOCTOR NOVICH: Sure. Of course, we will. It is being worked on right now, and every single exposure in boxing is being worked on.

In addition, we have all this know-how from the public which is a book, and that is important. The names are stars, really, so we know we are getting the best information from these people. It is the people who count you know. But, the Commission in New Jersey doesn't seem to care about that.

ASSEMBLYMAN FORTUNATO: Doctor, are you familiar with the Sugar Ray Seals incident?

DOCTOR NOVICH: I know Sugar Ray. I was in the Olympics with him. He is a great fighter. I heard this terrible thing about his eye and I believe him.

MR. DeCOTIIS: Do you believe that he was blind while he was fighting in the State of New Jersey?

DOCTOR NOVICH: You know I am only speculating. I didn't examine the eye. I knew Sugar and we talked when he was in New Jersey, before the fight, I believe. No, it was the year before that. But, if he says it, I believe it; he is that kind of a kid.

ASSEMBLYMAN FORTUNATO: He said he was blind when he was fighting in New Jersey.

DOCTOR NOVICH: I don't disagree with him because I know Sugar Ray really well. I've known him for years. We were in the '72 Olympics together when he was fighting. That was in Munich.

ASSEMBLYMAN FORTUNATO: Mr. Schuber, do you have any further questions?

ASSEMBLYMAN SCHUBER: No further questions.

ASSEMBLYMAN FORTUNATO: Doctor, do you have any further statements that you would like to make?

DOCTOR NOVICH: No. I think I said enough.

ASSEMBLYMAN FORTUNATO: Doctor, if I may, I would like to invite you to keep close contact with the Committee, and the Committee will do so in turn. I know, as Chairman of the Committee, we are very interested in any recommendations you might have for the improvement of boxing in the State.

DOCTOR NOVICH: I want to make one more statement because I think you should know this. It was because of my efforts that we have doctors for amateurs. I formed the association in 1971 for the AAU, and now everybody that goes abroad has an American doctor with him. And, I want you to know that.

ASSEMBLYMAN FORTUNATO: Doctor, I have known about you for many years, and I have known you for many years. Your credentials are impeccable, not only in boxing but in other sports -- in all athletics.

DOCTOR NOVICH: Thank you very much, I appreciate that. I am going to rewrite this and give it to you for your Committee file.

ASSEMBLYMAN FORTUNATO: Thank you very much. Is there anyone else who has a statement for the Committee? (no response)

I would like to thank all of you for appearing here today. As I indicated earlier, this is the second of a series of hearings that the Independent Authorities and Commissions Committee of the Assembly will be conducting. Hopefully, we will be reaching conclusions, either in the form of recommendations or in the form of legislation.

I know that Mr. Schuber has legislation that he is interested in and there are others within the Legislature who have expressed similar concerns.

To all of you, again I thank you and I assure you that there will be subsequent hearings. Thank you, this hearing is adjourned.

(HEARING CONCLUDED)

