

Safety facts and figures

Competition boxing has two distinct styles – Professional, and Amateur (Olympic). The two codes have significant differences, and it is not appropriate to treat the amateur and professional sports as if they were one and the same. Professional boxers have generally had a substantial amateur career, are highly experienced, and engage in more forceful and demanding boxing than the average amateur boxer.

Protection against blood-borne diseases

Around 1000 Australians die each year from the complications of hepatitis B. The virus is particularly contagious and can survive exposure outside the body for up to seven days. Even the tiniest spot of infected blood (0.00004ml) can cause infection to those not vaccinated against the disease.

It is estimated that only around 10 per cent of people aged between 15 and 30 have been vaccinated against hepatitis B. There are approximately 150,000 Australians chronically infected with hepatitis B virus who may infect others. Anyone engaging in sparring, plus all tournament boxers, coaches, judges, referees and ring-side officials, should be vaccinated against Hepatitis B.

Human Immunodeficiency Virus (HIV) is also blood-borne, but the virus is far less hardy and far less likely to be transmitted in sporting contacts. There is no vaccine for HIV.

Strict safety requirements

All amateur competitors have a medical examination each year, and an examination on the day of any competition. A doctor remains ringside during every competition bout.

If a competitor suffers a knockout as a result of a blow, the boxer's medical card is suspended for a period of 28 days. During this period the boxer is prohibited from all competition and sparring. Any subsequent prohibition periods can be for either 3 or 12 months, or permanently, depending on the circumstances.

These prohibition periods are far more stringent than for other contact sports. Additionally, the criteria for injury are much more prescriptive - the term "knockout" includes cases where a boxer remains on his feet but is considered to be unfit to continue.

Unlike most sports, amateur boxers are matched according to their age, weight and experience. For juniors, weight divisions are graded at 2kg-3kg intervals, with a maximum of 2 years age difference.

Younger boxers compete for 3 x 1.5 or 3x2 minute rounds, and experienced boxers aged 17 and over compete for 3 x 3 or 4 x 2 minute rounds. All have a one minute rest between rounds.

The Referee's job is safety

The referee's prime responsibility is the boxers' safety. A referee stops a match at any time if one of the contestants appears unable to continue because of injury, or if a contestant is clearly outclassed. Such a stoppage is known as 'referee stops contest' or RSC.

Safety equipment mandatory

Amateur boxers must (when competing) wear 10 oz gloves, a head-guard, a mouthpiece (gum-shield) and a genital protector (males) or breast protector (females).

Injury levels are very low

Amateur boxing accounts for negligible injuries. A 1993 examination (1) of amateur boxing injuries found the incidence of injury in competition was 0.7 injuries per boxer per year, whilst injury during training was 0.6 injuries per boxer per year. The combined incidence of 1.3 injuries per athlete per year compares favourably with other contact sports.

A 1998 report (3) in the Medical Journal of Australia on spinal injuries in New South Wales over a twelve year period shows that during the period January 1984 to July 1996, 115 rugby football players were admitted to the two central spinal units in New South Wales because of cervical spinal cord injuries. Of these, 49 had permanent complete paralysis below the neck, and 2 died of injury within two weeks of admission.

Injuries leading to tetraplegia were most commonly associated with scrum-like plays in union and tackles in league, yet these high-risk situations remain integral features of those sports. The anti-boxing brigade happily ignore injuries in popular sports, because their objection to boxing is not based on objective safety issues but is instead based on emotional ideology.

No evidence of brain injury in boxers

The average person would assume that because the Australian Medical Association is against boxing, then boxing must pose a significant risk of brain damage, and that the AMA want to save people from injury or death. But that assumption would be very wrong. Medical studies have found no link between amateur boxing and brain damage.

Canberra physician Mark Porter conducted a controlled study of amateur boxers in Ireland over a nine year period (1992-2001). The research compared the neurological function of active experienced amateur boxers against an age-matched control group of men who were training in a boxing gym but not sparring or competing.(4)

This is the longest-running study conducted to date, and found no evidence of decreased neuropsychological test performance in the boxers over a period of nine years. On the contrary, there was evidence of a significantly better neuropsychological performance amongst the boxing group, compared to the controls.

Porter's results agree with the extensive study carried out by the John Hopkins Medical Institutions. Both found no clinically significant association between boxing and cognitive dysfunction.

Low mortality risk

There are occasional deaths in many sports, including boxing. It is especially rare in the amateur sport – far rarer than for football or horseracing. There have been no deaths in Australia involving amateur boxing.

The fatality rates of certain other sports are 200 times as high as for boxing, yet these deaths in "acceptable" sports are routinely played down. The following USA figures (5) on sports fatalities show the relative risk:

Fatality rate per 100,000 participants

Horse-racing	128
Sky-diving	123
Hang gliding	55
Mountaineering	51

Scuba diving	11
Motorcycle racing	7
College football	3
Boxing	1.3

The "intentional injury" argument

Anti-boxing lobbyists claim that the sport intentionally aims to cause brain injury by blows to the head. This claim is false and ignores the clearly stated objectives and rules of the amateur sport, as well as the actual practice. Amateur boxers do not need to injure an opponent to win a match, and do not get extra points for a knockdown; the scoring rules make this clear.

A very small percentage of bouts are won on the basis of knockdown or RSC decisions. These RSC decisions include the most minor head injuries which go undetected or are ignored in other sports.

The suggestion that an amateur boxer gets into the ring with the intention of injuring his opponent is incorrect and offensive. It is equivalent to suggesting that a rugby player who tackles an opponent does so with the intention of causing spinal injury. A punch is deliberate, yes; so is a rugby tackle.

Anti-boxing lobbyists dismiss the injury rate in other sports by claiming such injuries are mostly accidental. But serious injuries such as spinal damage occur in games like rugby union and league because of the very nature of scrums and tackles. To call these injuries accidental whilst calling boxing injuries intentional is dishonest doubletalk.

The hypocrisy of selective concern

The Australian Medical Association ignores the much greater numbers of significant injuries in other contact sports, but persists in attacking boxing. This selective concern suggests that the AMA's objections are not related to health or safety, but are instead driven by ideology and personal prejudice. Hardly what you would expect from a body of "professionals".

Citations

(1) Porter M., & Fricker, P. A Controlled Neuropsychological Assessment of Active Experienced Amateur Boxers Clinical Journal of Sport Medicine Vol. 6, No. 2, 1996

(2) 14th Annual Report 1997-98. NSW Sporting Injuries Committee, Sydney 1998

(3) Rotem, T.R., Lawson, J.S., et al Severe Cervical Spinal Cord Injuries related to Rugby Union and League Football in New South Wales, 1984-1996 Medical Journal of Australia, 1998; 168

(4) Porter, M.D.: A 9-Year Controlled Prospective Neuropsychologic Assessment of Amateur Boxing: Clinical Journal of Sport Medicine 2003; 13(6):339-352

(5) Cited in Cantu R (editor) Boxing and Medicine, Human Kinetics, Illinois 1995

You can download the international amateur boxing association's Medical Handbook from <http://aiba.org>