

DONALD L. RASMUSSEN: ORAL HISTORY INTERVIEW  
ON COAL MINER'S RESPIRATORY DISEASES

by Alan Derickson

Beckley, West Virginia

July 26, 1991

D: This is an oral history interview being conducted on July 26, 1991. We're in the offices of Donald L. Rasmussen, in Beckley, West Virginia. It's our mutual understanding that we're conducting an interview that's being recorded, that it's for research purposes, and that it may be cited as a source in historical publication. And some excerpts may even be quoted. Is that

R: Yes, that's what I understand.

D: Okay, we both understand it, good. I want to ask you some questions. These are just off-the-wall questions, just because I'm, they're, I'm curious just in terms of your experience here over the course of twenty years in West Virginia, whether you've just picked up any folklore, maybe is what you could call it, about some little episodes that intrigue me. In 1926, 1927, the U.S. Public Health Service did a study of dust inhalation, bituminous dust inhalation, a sort of laboratory, little quasi-laboratory, I don't think they had a laboratory, I think they had a building, an office or fuel room, or somewhere they had a bunch of guinea pigs in Wyco, West Virginia, where they did a study of the effect of inhalation of bituminous dust on guinea pigs. You ever heard anything

R: No

D: About any outcome of that or whether that sent any shock waves through the industry, or anybody learned anything? Well, they, obviously, it was kept fairly

R: No, I've never heard of that.

D: Well, it happened. And I've read through the manuscript records of the U.S. Public Health Service in the National Archives, and they had a study going on down here. And for some reason, the results were not published. Now, I don't know exactly why that might have been. But the U.S. Public Health Service was at that time within the U.S. Treasury Department, and the Secretary of Treasury in the 1920s was a fellow named Andrew Mellon, who was the largest coal operator in the United States.

R: Ha ha.

D: I don't know, either, but I'm trying to find out.

R: Rather interesting.

D: Similarly, similarly. They did guinea pigs in the late '20s. And then in the early '30s, '32-33, a

fellow named Albert Russell, who was another Public Health Service staffer, comes down to Powellton and does a big screening project, survey of miners' lungs, X-rays and some other, I don't know what the full workup was. And some of his co-workers, he seems to have been at least the first person down there, and then they had some others, too, a fellow named Waldemar Dreessen, and then another fellow named Jones. Did you ever see any outcomes, one way or another? Anybody said to you, in the course of the encounter as a patient, "Oh, and by the way, I was interviewed or screened by in 19 early 30s, they looked at my lungs."

R: No.

D: No, Okay. That's another one that seems

R: I had heard men say something about being screened later on, maybe in the '60s, [inaudible] '50s or '60s. But I don't know anything about that. I did not hear about those

D: Just curious. Well, a lot of people haven't.

R: Yes.

D: There's some others that nobody's heard about, but they're going to when I get this stuff done. Nineteen fifty-two you get your medical degree from the University of Utah.

R: That's correct.

D: And I'm just, just curious, what sort of coverage did your curriculum devote to occupational medicine?

R: Well, I believe we had one full day consisting of occupational medicine, which included lung disease, and also it was combined with public health propositions that, you know, such as sterilizing milk. And interestingly, I can remember one incident that occurred when I was a medical student on the ward at the Salt Lake General Hospital. I had a patient who was from Rock Springs, Wyoming, which is one of the soft-coal mining area, as you know. And that I was giving the history to my professor, who was a cardiologist, and I was showing him the X-rays that showed a massive amount of abnormality. And my professor looked at me and gave me a sort of hard look, and he said, "Well, either you are very poor history taker, or that man is a damned liar, because soft-coal miners don't get silicosis." So that was my education about coal workers' lung disease when I was in medical school.

D: Oh, that's interesting. So then you have post-graduate training and a series of hospital jobs through the '50s on into the early '60s. At that time when did you become of the British work, the definition of a distinctive pneumoconiosis in coal workers and the work of people like Gough and Fletcher. Was that circulating pretty widely or not?

R: It wasn't circulating pretty widely. When I was in my pulmonary residency or after my pulmonary residency at Fitzsimmons in Denver, I can remember having attended one of the conferences where

they had done a lung biopsy on someone. And they had decided, this would have to be in 1959 or close to '60, they had decided that this man had a disease called coal workers' pneumoconiosis. And the only individual that knew anything about the condition was a doctor from New Jersey who had been familiar with some of the mining, I guess, some of the anthracite miners and was aware that coal miners would develop lung disease. But even in my residency, there was very little ever heard about coal workers' pneumoconiosis. Now I hadn't studied anything about what the British had done. I knew that there was a disease called coal workers' pneumoconiosis. I came to West Virginia in 1962 with absolutely no idea that there was a problem. In other words, nobody ever really talked about coal miners. And in fact I didn't even come here with the intention of doing pulmonary disease, as such. I was, I had sort of gotten discouraged with chronic obstructive lung disease and was much more interested in doing general internal medicine. And so, but that was basically it. I, I became interested in coal workers' pneumoconiosis and coal workers' lung diseases after I came here and after I began to see patients. And it was largely because of that interest that I, that I then went into the Public Health Service in '64.

D: Let me just stop you there. You come to Beckley, in November of '62. And what was your range of duties? You had, I assume, a large clinical practice, and was there, was there research activity?

R: At the time that I came here, I wasn't involved in any research activity. There had been some research activities going on here. There had been some pathological, clinical pathologic which was being done by Dr. Laqueur, who did a great deal of pathologic investigation over here. In fact he had been, he had been doing Gough sections on coal miners for other people when, before I came here in 1962. This is one of the things that impressed me about this place. Drs. Kistin, Hyatt, and Mahan had also just finished doing a clinical study of a sample of coal miners in Raleigh County. I believe that was published in 1964. The work had actually been done just before that. So that there had, there was some ongoing stuff. And then at that time or shortly after that, the Public Health Service began their epidemiologic survey.

D: Let's hold that one for a second. I'm just curious about this kind of, what kind of place it was, to come to the Miners' Memorial Hospital in 1962. There obviously was active clinical research going on.

R: Oh, yes.

D: And how did that play out? Because the fund, the UMW fund and the program had that sort of tight rope to walk. They weren't supposed to be making extramural grants. They weren't supposed to be sponsoring scientific research in medical centers. But they were doing exactly the same thing, as I understand it, in-house. Is that, to a certain extent, wasn't that the case?

R: I probably got here pretty much at the tail end of the Welfare and Retirement Fund's being involved with these hospitals. As I understand it, they didn't actively support much research. The, they [inaudible] research activities were being funded by the federal government, somewhere in that

D: So the Public Health Service would make a grant, and this would just happen to be this site for

the project.

R: Right.

D: I see.

R: And so, that is my understanding of the situation. And I can only remember hearing bits of complaining about the little bit of money that was given, sort of begrudgingly given and that sort of thing. But, I don't think there was much participation by the Welfare and Retirement Fund.

D: Except for the in-kind contributions of

R: Oh, yes.

D: Space and facilitation, and yeah.

R: But just to go back and tell you about this hospital, I was absolutely highly impressed with the hospital when I came here. I was quite surprised to think that in a place like Beckley, West Virginia, you'd find the caliber of people that they had over here. Like I told you, Laqueur, the pathologist, was doing Gough sections, which was unheard of almost in this country. The cardiologist, Al Kistin, was sufficiently prominent that when he died they, they gave, they dedicated one issue, I guess, of the The American Heart Journal to Albert Kistin, who had been doing research on cardiac arrhythmias, not [inaudible] related to lung disease. Robert Hyatt, who's now at Mayo Clinic, had been here and had done some of his work here at the Appalachian, what was then the Miners' Memorial Hospital. But there was a very, very nice academic community when I got here. It was very pleasant.

D: And, I've forgotten, the area, who was the area medical officer for the fund for this area? Was this Marshall?

R: No, Marshall was, I think, up north. Let me think, try to think of, Asa Barnes was one who was here. I'm not quite sure whether he was here first or second.

D: Oh, that's okay. It's okay, unless you had formed some strong impression of what their role was in stimulating all this. I can look that up.

R: Well, Asa Barnes was helpful in, later on, in, but that would have been in, well, it would have been in the mid-60s. Asa Barnes was initially quite helpful in, in helping us establish a laboratory over here in 1966, when I got out of the Public Health Service. Subsequently, [inaudible] he seemed to withdraw his support from us, but [inaudible] some others.

D: We'll probably get to that later. That's down the road a few [inaudible]. So you come to Beckley and shortly thereafter, after your arrival, and I guess my first question is whether you're actually at this meeting? There's a meeting in Charleston between some of the United Mine Workers and some of the Fund's people meeting with the Public Health Service to finalize plans for this long-awaited,

much-delayed federal prevalence study. Were you involved, were you at that meeting?

R: I was not at that meeting.

D: No, okay. Even though you weren't, what's your opinion of, I'm not going, you probably know the long history of the effort to get that study launched. But what was your sense, because you then later become involved in that study, what do you think of the design of that study? Was that a good, was that a good piece of epidemiology? Was that set up right? Or was it set up to be quite limited?

R: Well, I think that is was set up to be, at least to get a good epidemiologic sample of things. They, and I feel like they pretty generally were able to, were able to follow their outline. There were a few times when companies refused to allow the Public Health Service to go into one of their mines, for whatever reason they might give. But I think, by and large, it was geographically reasonably set up, and I think it encompassed high and low areas of incidence.

D: So it got a good sample?

R: I think so, yes.

D: Okay. Now before, before you leave the Miners' Memorial Hospital, the federal study begins in West Virginia. Did you have any involvement in that study while you were still at the UMW hospital? You, did you have any role?

R: No, right, not while I was still involved with the, with the UMW hospital. Well, let me see.

D: It did start in West Virginia.

R: Right. They actually, as I recall, they actually started in Mullen, that would have probably late '63, early '64, that they started doing Mullens. I entered the Public Health Service in January, I think, of 1964, after I'd been here a little more than a year. Up until that time we had begun to reevaluate some of the original Hyatt, Kistin, and Mayhan patients that they had on this sample. I don't remember if that was funded by anybody or not. It might have been funded by, it might have been a contract that Public Health Service had with Al Kistin. As a matter of fact, I think I, as a matter of fact, I think that was because in '63, I basically did clinical evaluations and spirometric studies for these, it was probably Al Kistin's contract. So that was re-examining the sample of men that Hyatt, Kistin, and Mahan

D: And what sort of work, and, this is '63, what kind of a workup were you doing?

R: A complete medical history and physical, X-ray, EKG. I think spirometry and lung volumes. And that was the only pulmonary function studies that were being done.

D: You weren't doing exercise studies then, were you?

R: No, no. They were not being done until I started doing them in mid-'63, and not in relationship

to that study. I started those just on my own, that was, that was what I thought was important [inaudible] lung disease. But so that, so I did have at least that indirect involvement. And I think that was a contract that Al Kistin had with the Public Health Service that we examine the

D: And what was your relationship with him? What was he like?

R: Al was the chief of medicine then, and he, of course, was my chief of medicine. Al was a very, very wonderful guy. He had one primary purpose in life, which was to study arrhythmias. And you'd have to watch him, that he didn't take everybody's money and somehow use it for that. But Al Kistin was a great, great person, just a superb guy.

D: And he died, did he die young?

R: Well, relatively, yes, he died, I'd say, relatively young. And he died of a myocardial infarction. And ironically, this was after he had done the work to establish a coronary care unit and after he had begun teaching lay people to do cardiac resuscitation. He got off the train down at Prince, which is nine or ten miles down that [inaudible] and had an attack, and there was nobody there that had any concept of how to do anything like that. [inaudible]

D: In January of '64, you make a move. You become the chief, if I have this right, chief medical officer of the Appalachian Coal Miners Research Unit?

R: Right.

D: Which is a unit within the PHS at the same hospital?

R: Yes, right.

D: Same place?

R: Same place.

D: How did that come about? How did that unit get set up?

R: Well, I don't know, you know the, what was the political stuff involved. You know Robert C. Byrd was instrumental, of course, in getting that whole Appalachian coal mine study done. Whether this was an effort in, and I'm just speculating now in retrospect

D: Yeah, okay.

R: But at any rate, whether this was an effort to get more funds into Beckley or not, into West Virginia, I don't know. But they decided they needed a facility down here in Appalachia, but they decided to set it up here because they had Laqueur's contract for pathology and Kistin's contract for clinical stuff, see. So they, then they decided they needed somebody down here. And basically, what they were going to do was to have me basically supervise, run a lab. In fact that's what started, I

guess what the union leaders used to lure me in really was the opportunity to run a lab and at the same time then supervise the field teams that were out there. Initially, they started out in Mullens, when I came on board. And that's what they did to set that up.

D: And was this consciously modeled on the Pneumoconiosis Research Unit in Cardiff? Was this something that was taken from there as a model?

R: Could be, I don't know.

D: And again, part of what historians have to do is to explain why things happen when they happen, why this was established in 1964, and not 1924 or 1984. And so in that, with that consideration in mind, could this have been set up, setting aside whatever particular maneuvering Robert Byrd had made, without the impetus of the federal prevalence study? If there hadn't been a major study under way and this pretty large-scale Pennsylvania study done, do you think there would have been the momentum to commit funds to set up a separate unit here?

R: No, I don't think so.

D: No. So there was a, this was all of a piece. It was a wave that was rolling through here. And the outcome, at least one of the outcomes at that point in time, was the creation of this new research unit?

R: Yeah, I think so.

D: Okay. And I mean, I guess I'm trying to get a sense of this. Was this a wing of the hospital? How big was it -- a hundred people, ten people or

R: Oh, no, actually to start with, there was me, a technician, and a secretary. And later on, there were, later on they actually used [inaudible] a pathologist or two pathologists to work with, to work with Laqueur on some of his stuff. And then it was, from time to time then, some of the other people would be at, pretty much from the field teams, would be attached to the place. But there was never more than, I guess, a half a dozen people at most that were involved. What, what we did was basically we, we out in the, what was called the research wing of the hospital, that was a wing that had been built ostensibly to do, if you can believe it, to do cardiac surgery research on dogs. And don't ask me why.

D: Why not?

R: But at any rate, we set up there, back there, and the, we just sort of combined the laboratory, the hospital clinical laboratory, which didn't have very much in it, and the Public Health Service gave us some equipment, a [inaudible] which was used to measure oxygen intake and various things like that. And that was just sort of a combined operation there. I had one technician that was, that worked in Public Health Service, and then there was a least one or two others that worked at the hospital, but they all, everybody worked together.

D: And within the organizational chart of the U.S. Public Health Service, whom did you report to?

R: I reported directly in those days initially to Douglas Lee, who, I think, was stationed in Cincinnati at that time.

D: Okay.

R: And our route of command was through Cincinnati.

D: Okay.

R: Cincinnati was pretty much in charge of this operation here.

D: Along those lines, you also, besides the work here in lab, had some role, once you're on the, working for the PHS in this big prevalence study.

R: Yeah, my primary function so far as the prevalence study was concerned was to go out, first of all, to kind of supervise what was happening with the field teams, secondly, was to go out and prepare the way, you know, to go into each, to the areas where a team was supposed to operate. And I would talk to the medical people, like people from the medical society.

D: Let's stop a minute. How did that go? What was that like?

Were you seen as a some interloper, some outsider coming in to tell them what to do? What was your relationship like?

R: No, most times that was quite, quite pleasant. You know, I just came and explained what it was that the Public Health Service was trying to do. As I say, I talked to the local medical people. And I always got pretty good reception. Some of them had already been told by some of the experts from Britain that there really was [inaudible] a problem, of course. But

D: There was also a way that, that this, I can't remember what the terminology for this was, it certainly wasn't called the CWP prevalence study. I don't remember what they called it.

R: Oh, the Appalachian a, let me see

D: Chest diseases study? Or what, I don't remember, I should go look it up.

R: I think they, I think the term pneumoconiosis was in there.

D: Yeah, but they weren't shoving the name CWP under anyone's nose and forcing the people who had been perhaps denying this disease to take a stand at that point.

R: No.

D: What I remember is it sort of went out in a plain brown wrapper is the way I remember

R: Yeah, yeah.

D: So that there was a way in which you weren't going to be ruffling feathers.

R: Well, I didn't

D: Or you would ruffle fewer feathers.

R: No, I didn't get, I did not, I never got any sort of feedback that we weren't really dealing with coal workers' pneumoconiosis or that anybody disagreed necessarily with that. Well, that came later.

D: Nobody said, "Oh, you guys are wasting your time, you're barking up the wrong tree. Why don't you deal with asbestos or silicosis or something." Nobody gave you any of that?

R: No, the only, the only people that had said anything were some of the people down in Kentucky, as a matter of fact, who said, well, they'd had some of the doctors from England, who'd come over and said, if it isn't complicated, there's no problem, see. And they talked to them.

D: Yeah.

R: But, anyway

D: Yeah, the British invasion was not an unmixed blessing, I guess.

R: Yes, it was. They, yeah, they did wonderful things to start with. And yet they left, they left a pretty, Gilson and Hugh-Jones were the people that really screwed things up. They were wonderful people. And I met Gilson. He was as delightful a guy as you'll ever want to meet. But just the way they selected their sample. They selected from two populations. They selected their ones with simple pneumoconiosis from basically asymptomatic working miners. The rest had complicated pneumoconiosis from the hospital [inaudible]. That's funny.

D: So they had a bimodal population.

R: That's, that's exactly right. And they had this real, you know, discrepancy in functions, certainly. But any rate, but any rate, other than that, there was no real, there was nothing ever voiced to me about how this was silicosis, nothing of that sort.

D: What about practitioners who, did anyone react to the fact as I understand it the protocol was that, and I think this was part of the political deal here so that like a million workers' comp claims weren't going to immediately ensue

R: Oh, yeah

D: Was the individuals were not going to get reports on their cases.

R: That's exactly right. That's right.

D: Were there doctors who said, you know, now these are very hot issues about worker notification and right to know and all of that. In the climate of the times

R: No one, no one really said anything

D: And nobody batted an eyelash

R: No. We only talked to, I only talked to local [inaudible] like county medical society people. I didn't go around and talk to everybody's individual doctors.

D: Still they were county medical societies.

R: But there was never any, and most of the time they were, nobody was interested in that thing, anyway. But that was very clear, made very clear that none of this would be given to the man in the course of

D: This was not the era of patient's rights.

R: Oh, no. See, this is before the, you know, freedom of information business and all that stuff because, it was, they were just told flatly, no, this is. And I don't know how many hundreds, hundreds of thous, not hundreds of thousands but hundreds of requests came in for information like that, and it was just flat turned down.

D: I was involved in a big asbestos screening in '78 in the Bay Area. And we spent a lot of time devising and implementing procedures for notifying people, what kind of letters they got, when they got them, who got notified first. You know, you find a mesothelioma, you'd better call them like (snap fingers)

R: Yeah, well, now if, if, if they found anything like cancer, they [inaudible], that was a different story.

D: I remember there were a couple of exceptions.

R: Yeah.

D: Which was in a way, some glimmer of recognition that there should be some sort of situation in which people ought to be told something instead of just treating them like lab animals.

R: Yeah, no, there was, there was, there was that sort of thing. But so far as the results of any of the X-ray readings, so far as pneumoconiosis was concerned, it was never given out on any [inaudible] pulmonary function was never given out.

D: In regard to that study and your work at the Public Health Service, just give me your impressions

of some of your co-workers there? What was Douglas Lee like?

R: He was a great guy. And I think a very competent guy. And I think he was really excellent.

D: And how about Doyle? Did you have any dealings with Henry Doyle?

R: Henry Doyle. Yeah, he was a great guy, too.

D: Yeah. How about Clark Cooper? Did you have anything

R: I didn't have anything, I don't think with, directly with him.

D: And how about going on up here. What about people like Seward Miller? Did you have any dealings with him?

R: I don't think I had anything to do with him.

D: Okay. Still in '64, you give a presentation at the governor's conference on pneumoconiosis

R: In Pennsylvania.

D: In Harrisburg, on exercise study. And I'm just curious. First of all, who invited you to that?

R: Well, I was, I guess I got invited because Leon Cander, that I think was the one that was instrumental in getting me invited. I'm not sure why he did it. But he, back in those days when he was on the Governor Scranton's committee on pneumoconiosis, he made a trip down to the lab here and saw the exercise studies that we were doing. He was the one that then got me invited.

D: Where was he then?

R: He was in Philadelphia then.

D: Oh, he was in Philadelphia then. Okay.

R: He left there subsequently and went to San Antonio, and then he's back in Philadelphia now.

D: So he was the person

R: And you know, have you talked to Leon about

D: No.

R: About some of these things?

D: No, I will.

R: You should because, see, he was, he was heavily involved in what was happening in Pennsylvania.

D: Well, unfortunately Jan Lieben died. So that's

R: Yeah. I guess this was, yeah, I guess it was about the time that Jan Lieben was doing his work and subsequently that, but Leon was on the governor's committee up there.

D: So you're on a panel. I'm just curious about this. Do you remember anything about the dynamics of this panel? You're on a panel with George Wright.

R: Yeah.

D: What was that like? Any blows, any blows exchanged?

R: No, except that George Wright just kept on talking and talking and talking and left me almost no time.

D: Oh, that's a, yeah, that's a proven effective strategy of

R: Yeah, it was interesting because George Wright and I had sort of crossed swords several different times.

D: Already, by '64?

R: I can't remember if we had already or did shortly thereafter. And there were people that kept trying to get to have a debate, a one-on-one debate. And the last time that anybody made this suggestion, George Wright reportedly told this individual, well, that he and I were not that really that far apart on this issue, these issues, and so. What he did, he was mostly talking about you know using the diffusing capacity instead doing the exercise studies, and of course that's, even the AMA and the American Thoracic Society think that's a great idea, but it isn't true. But nonetheless, that was basically what it was. We didn't, we didn't have any, we didn't cross swords at that point. Or we didn't necessarily have any disagreement about what he said and what I said because he didn't say anything about coal workers' lung disease, I don't tink. He was just in general talking about the diffusing capacity. And I talked about, as I recall, just the exercise studies in coal miners. And then there was no time for any discussion after that the time was gone.

D: But the conference, of course, was quite pointed. I mean this was really about workers' comp reform in Pennsylvania

R: Yeah.

D: The sort of punch line was, was disability evaluation for compensation

R: Oh, yes.

D: So I assume that at some point the, sort of the rubber had to hit the road. I mean, wasn't there a pretty vigorous debate over, you know, establishing disability for purposes of compensation, which is, of course, where people

R: I don't remember any of that

D: That engagement occurred up in the proceedings somewhere.

R: Yeah.

D: Okay. Did you have any relationship with Jan Lieben?

R: I met Jan Lieben a time or two. And I talked to him a time or two, but I had no other real direct contact with him. I never really worked with him. But I had seen him in Harrisburg a couple of times.

D: And what was your estimation of his capabilities?

R: Well, I didn't form any particular judgment about his capabilities. I was quite interested in the study that he did, the study that he did, particularly in the prevalence, X-ray prevalence of pneumoconiosis and which showed, as I recall, quite a difference between, let's say, central Pennsylvania and western Pennsylvania so far as the incidence of pneumoconiosis was concerned.

D: Well, the big difference, of course, they, they also did a study, they did another study of anthracite. So the big difference was between the hard coal and the

R: Yeah, yeah.

D: I can't remember [inaudible]

R: I think there was a difference between, let's say, the, the area around Cambria County compared to over around Westmoreland County, there was quite a bit of difference. And that would fit with a lot of everything else, of course, that we knew about. But I do know that there was a big difference between the anthracite and the bituminous.

D: What about Les Falk? He was a person involved in the planning of that conference and inviting people [inaudible]. Did you have a relationship with Les Falk back in those days?

R: I didn't know Les Falk at all before he went to Nashville.

D: Oh, really!

R: And then I met him subsequently down there since then.

D: Well, that's '64. I don't have anything here for '65. What did I miss that you were doing? You were doing a lot of research down here. A lot of people getting on and off that bicycle, I guess.

R: Yeah, we were doing some. But, but actually what happened was that it turned out that I had to spend more time out in the field than I had originally thought because of the guy that was from Cincinnati, Bill Lainhart, got sick or something and so that I had to spend more time out on the road than I had originally planned. But we did, we did manage to do about four hundred studies during that period of time, four hundred or four hundred and fifty, now that's when we were doing quite a few.

D: Now in February of '66, you leave the Public Health Service and become the Chief of the Pulmonary Section. You're not leaving anything, actually, it's, you're in the same building you've been in since you went to work for the union's hospital. But in fact it's a different designation. You and that's a position you stay in through '73. That is the point at which, what, they move the operation to Morgantown, and you don't go?

R: That's right

D: What's the story? Why don't you go to Morgantown?

R: Well, the, the primary reason was that I couldn't see anything getting started in Morgantown in the foreseeable future. As a matter of fact, I was right. It took them two or three years before they really began to operate up there.

D: Why didn't you think anything would happen?

R: Why, why, I just knew it would take time to set up the facility and that sort of thing. And that's basically what I'm referring to. And there were, there were really just a tremendous number of miners that, you know, who wanted, needed studies. And so I just decided to stay here.

D: And you'd have the resources whether or not you had the PHS backing.

R: Yeah, yeah.

D: Did you continue to have PHS backing in the form of grants and contracts?

R: We had, and I'm not sure how we got this, but we had one little grant to collect a blood sample or two to send to Morgantown. In those days Bob Burrell of the WVU was interested in the immunologic aspect of lung disease. So what we did was basically on every patient that came through we would draw some blood samples and send those samples to Morgantown and then basically send them a copy of what else we did on the patient. And we did that for, I guess, six months. And that, so that we did have that Public Health Service backing. In addition, they persuaded them to leave the equipment here until we could replace it with [inaudible]. So we had that indirect backing. We, and this is when Asa Barnes helped us set up the financial arrangements for running a laboratory over there, it was in 1966.

D: But you weren't concerned that, that sort of the ship was sailing without you, that this was going to be a major center of respiratory disease research. And it was going to have a medical school

affiliation and all the rest of that. And with that you'd be sort of out of it if you didn't take this opportunity. It didn't look like a golden opportunity to go on the university and so forth?

R: Well, I, you know, it, it sounded, it sounded worthwhile. But at the same time I felt a little bit like I'd just sort of be abandoning a lot of people here, and then I just really had a feeling that it wouldn't, that things would be so long in getting going up there that, that I just didn't think it was worth it.

D: Because you were, as well your research here, you were doing, you had a clinical practice up here

R: Well, I did. I did when I first came. And then of course when I went into the Public Health Service I didn't have. Then in '60, of course, then I started just running the lab in '66, because it was a full-time job, just to do that.

D: Why, I mean, why did the Public Health Service pull out the operation here in

R: Well, I think principally because they, and I think justifiably so, felt like they needed to be involved with an academic institution. And I think that's reasonable. That's the reason they moved.

D: They didn't think that because this had been a miner's hospital, there was any undue influence or sympathy to the union's perspective on these issues?

R: They, they could have felt this way. I don't know. I don't know.

D: Okay. 1966 and maybe you can help me with this. Sometime in 1966, I don't when, there is the formation of something called the Association of Disabled Miners and Widows. When, do you know precisely when that started?

R: No.

D: When that kicks off.

R: No, I, I wasn't, I didn't know. And I did not have anything to do with the beginnings of that.

D: Okay. But it's certainly fair, maybe this is just commonsensical, but I'll ask, anyway. It is fair to say that this is in a sense a forerunner of the Black Lung Association. This is the first time that a grassroots group

R: No, I don't, I don't think that's true.

D: No?

R: The main purpose of that Disabled Miners and Widows Association was to try to get some benefits from the United Mine Workers Welfare and Retirement Fund.

D: They kept shifting the eligibility rules and cutting people out and

R: They did this.

D: Yeah

R: Now that was their main, that was their main thrust.

D: But I didn't mean in terms of substantive issues, but I meant in terms of the model of a grassroots, chapter-based, local

R: Oh, well, this may well be, you know. This may very well be because later on, of course, well, the Black Lung Association formed. It may be in parallel because they were actually forced to operate outside of the United Mine Workers union itself, too, so maybe there's some parallel.

D: More often this seems to me as far as I've gotten the first or the organized resistance to these arbitrary actions of the

R: It may well be. These people, yes, these people were, you know, gutsy. And as a matter of fact, they they even had to take a lot of heat, you know, from the UMW because they were doing this. But I didn't know anything about the beginning of that directly.

D: Okay. In May of '67, there's a conference on CWP at Morgantown, sponsored by the Public Health Service and the university. Were you there?

R: No. I was, I was having a back operation. And I'm not sure whether, whether a paper I wrote was presented there or not. But I think that it was by Terry Fetterman. But I'm not sure, but I wasn't there [inaudible]

D: Okay. Well, we'll skip over that. This gets us to '68, and I guess, well, I don't know [inaudible]. All I know is by '68 a fellow named Isidore Buff is publicly criticizing the workmers' compensation law in West Virginia.

R: Right.

D: And I'm just curious. When did you first hear of his activities?

R: I guess I heard it on the, in the newspaper and on TV about some of the things that he was doing.

D: When, when, can you pinpoint that at all?

R: I can't remember whether it was in the spring of '68 or if it was after the UMW convention in September, I'm not sure.

D: Yeah, but it was some time in '68, for sure, not prior to that?

R: I don't think so.

D: All right, was he, I'm just curious, because I'm partly interested in the way things are reconceptualized, was he at that time using the term black lung?

R: I don't believe that Buff was using the term black lung. I don't think black lung became used commonly until the coal miners who were lobbying the legislature in the winter of '69 had actually, they, we were, somehow, they had gotten some specimens of pickled lungs from coal miners that were black. And my recollection was that was pretty much the first time it was called black lung. I'm quite sure Dr. Buff did not call it black lung.

D: So, I mean, because it's also curious because a pulmonary doc or, I'm just curious, what do you, do you remember, just, again, I'm sort of fishing here because the terminology interests me. Was he saying CWP, was he saying pneumoconiosis, was he saying no specific chronic respiratory disease? Obviously, he wanted the door opened wider but what was the

R: I, I, my recollection is that he was talking about pneumoconiosis. But I can't, to be honest with you, I can't really, I can't really remember the exact terminology that he used to use. He used to paint a very, very awful picture. He'd start at a meeting, and there'd be people there, you know, and everybody all ears and he would

D: This was when you and he were working together?

R: Yeah

D: Let's save that 'til when we get the right

R: Okay

D: Well, you haven't gotten together yet. I want to, you guys will get together in a few minutes here. But first we have another character who comes on the stage quite early on, kind of a, I think maybe sort of a bit player, but he has a few key lines here in the drama. A fellow named Ralph Nader writes an article in February, the February 3d, 1968, issue of the New Republic called "They're Still Breathing." Do you remember that piece? Did you see it when it came out?

R: Yes, I saw it, yeah.

D: And so as you probably recall, he goes after your former employer. He attacks the Public Health Service for the failure to follow through on the findings of their own prevalence study. What was your reaction when you first read that aspect of it, somebody coming out in print, picking on the Public Health Service?

R: Well, I didn't, you know, I had of course mixed feelings about the whole, the whole thing. First of all, it was taking forever, you know, to finish that thing in '63

D: Four

R: '64, yeah, I'm sorry, '64. And and it just was taking forever to get out, and then they weren't saying anything about it. Basically that was

D: Well, that was why I wanted to ask you about this '67 conference. I was hoping [inaudible] because that is the first time when Lorrin Kerr gets up and makes a prevalence estimate. You know, they had the numbers, they had the rates, and they wouldn't simply put the rates together with the population and give us the number of the prevalence. They were afraid to draw their own conclusions. And so Kerr grabbed up, you know, Lieben's data and the federal data and other things he had and got up in front of this crowd and said, "There's a hundred thousand people with CWP." You know, and there's this gasp that went through the audience, and all of the operators' docs sit there with their [material lost at end of tape]. He [Nader] takes the Public Health Service to task, and you greeted that with, as you say, some ambivalence about

R: Yeah, I, yeah, I felt like they were very slow in coming out. But I didn't really have that, that strong feeling about it.

D: Yeah, but the other thing Nader does, it seems to be at this point a departure, he then and, besides attacking the coal operators, but also he goes after the union. And this, I think, is the first time we hear any strong voice against the union hierarchy. Is that your sense? Prior to that there'd really been nobody who'd denounced the union for their failure to take care of the black lung?

R: Yeah, and I, of course, I, I didn't really agree with that or even have much concept about that. And it wasn't until later that I realized how absolutely right he was.

D: But this was the first sort of glimmering of this sort of perspective?

R: Yeah.

D: Raising the question "Where's the union been on all of this?"

R: Right, right, yeah.

D: Did you have any contact with Nader? Where was the first time you had any dealings with him?

R: The first time I had anything to do with, the first time I met Nader was in '69 during some of the deliberations on the federal act

D: In the spring of '69?

R: Yeah, during the spring of that year.

D: Then we move through the year '68. And I have nothing else there through '68, until we get around to the fall. Were there any developments as far as you were concerned that are remarkable

in the spring, summer, early part of '68? Okay, so it's all going to explode in a few minutes here. But so far it's still the quiet time. Then things start getting rolling in the fall of '68. Lorin Kerr gives his address to the UMW convention on September 10. And at that time the union then makes a policy decision that they're going to pursue workers' comp reform on the state level. All their districts are charged with the responsibility to go out and do something. Of course, they don't, [inaudible] but they're all, it seems the issue is on the table at least.

R: Yeah.

D: The issue is raised. Do you remember anything? Did you hear any repercussions of that? Did people [inaudible] come back from, people who'd been delegates to the convention come back to Beckley and say maybe we're finally going to get something done about this?

R: Yes, yes, they were very excited.

D: Okay. So hopes were created.

R: Yes, yes.

D: Okay

R: Yes, as a matter of fact, they, through some of the local unions, they began to call for meetings. And they, they, as a matter of fact, then there was a group of local presidents who came to, to me and asked me if I'd speak for them and to them

D: When was that?

R: That would have been in in late September, early October of 1968.

D: This is before you had begun working systematically with Buff?

R: Right.

D: So people were, so there was a movement growing?

R: Oh, yes, yes.

D: And just to backtrack now a little bit to what the situation regarding workers' comp for chronic respiratory disease was at that time. West Virginia did not have workers' comp coverage for anything really except silicosis. Is that a fair statement as far as dust disease was concerned?

R: Yes. I'm not sure whether they recognized any others. I do know they did not recognize CWP, right.

D: And now as I understand, there was a certain amount of game playing that went on, particularly

under the auspices of the union's health and welfare fund. Doctors did what, sympathetic physicians did what they could to fit cases through the eye of the needle. Is that a fair statement?

R: Right, I'll give you an example. I can remember instances where, say, at an autopsy that might be performed the pathologist would know very well that they were dealing with coal workers' pneumoconiosis. They also knew that if they made a diagnosis of coal workers' pneumoconiosis, there would be no benefits coming. So they would say coal workers' pneumoconiosis, parenthesis so-called silicosis end parenthesis.

D: So-called silicosis?

R: Right.

D: That's such a funny inversion of the way it's usually related. They always used the "so-called" for miners' asthma or black lung.

R: That's [inaudible]. This was Laqueur. He was a little too honest to say silicosis when he knew damn well it wasn't, you see.

D: And would it work, the question is, would it work?

R: It did. It did for a while until the, until the coal company lawyers realized that that was not silicosis, even though it had, it was still called silicosis. So then they began to block those.

D: It worked, so what you're saying is it worked like in the late '50s and then in the

R: Even in the early '60s. But then in the late '60s they'd caught on to this and that was no longer

D: Now, is that one reason why there was a black lung movement is because people no longer were able to slip through the loopholes?

R: No, I don't think that was it. Actually, the miners themselves weren't particularly concerned about whether you called it silicosis or black lung. What their concern was because they felt they were not being adequately compensated for whatever you called it. And that was their big complaint.

D: You mean, even if they got the benefits, they weren't

R: They weren't adequate. That's right.

D: Oh, because this was also some special, was this, I can't remember some of the details of the legislation, was this also one of those deals where they had a separate fund for silicosis, and they paid a lower range of benefits? Or was it actually just regular workers' comp, but it just wasn't adequate?

R: It think it was just regular workers' comp.

D: I can look that up.

R: It was, of course, they had a separate board, occupational or, I guess, silicosis medical board in those days. I think the rates were the same for whatever it is. I think that, in other words, for whatever they based it on a percent of disability, which was, I believe, a standard amount per week, so many weeks per percent. I believe that's how it worked.

D: How did they determine those percentages in those days?

R: Well, that was, that was determined by the people in Charleston. That was one of the reasons that they were complaining. They felt that the percentages were all very low, you see. And then many of them were denied.

D: But wasn't that also the day, especially for practical purposes of things like compensation eligibility, where this was sort of the, sort of reign of radiology, that you had to show them an X-ray with certain pattern of nodulation, or you were just going to be out of luck?

R: Right.

D: And what did they do, kind of count the spots, and they'd say, well, that's fifty percent or that's seventy-five percent? How did they

R: Well, they had, as I recall, back in those days, they, first of all, they required X-ray evidence of pneumoconiosis. And if you had X-ray evidence of pneumoconiosis but what they considered to be no impairment, that would be first stage. In those days it was a thousand dollars, one payment and that was it. And if there was this certain amount of impairment, then they would, it was second stage. And that would be graded according to percentages.

D: And that grading would be done based on the X-ray image?

R: No, not so much on the X-ray image as by whatever tests they gave them, primarily breathing, ventilatory function studies.

D: Okay

R: And that was mainly the way that it was [inaudible]. And then if, if, if you had, if you were severely incapacitated, and there would be a few, very, very few total disability awards were ever given that I was aware of. And that would have been classified as third stage. And, but there was a great deal of dissatisfaction, first by so many individuals who had severe lung disease but were denied benefits because the X-ray didn't show what it was supposed to show and secondly those that did get benefits felt like they were being quite underpaid. Those were the main reasons for dissatisfaction.

D: Okay. So that's a sort of background up through, say, this is the fall of '68 on comp. There's just one little event I want to pick up here that's a little off the track. In September of '68, there's a

symposium on CWP at Clinch Valley College in Wise, Virginia. You give a presentation there, and a number of other people do. Do you have any clear recollections of that meeting or what it meant?

R: A few. I didn't, I didn't, I didn't think that it made a big splash, but just trying to recall. I just have a few recollections of

D: Well, for example

R: I remember one, I remember one discussion with Lorin Kerr, and that was that I had given this long rambling presentation. And he said, well, you're the people that are going to have to be doing this, and you'll just have to basically -- these aren't his words, now, but you know -- straighten up your act or get your presentation improved or something like that.

D: Did he say it in a friendly way? Or was it

R: Oh, yeah.

D: So he thought, he did sort of recognize that you guys were sort of out there on the firing line.

R: Yeah.

D: You were the key

R: Yes, because, you know, you're doing the scientific studies, and he said, I remember him saying that.

D: Because, you know, he was, I mean, for all of his many contributions, he was someone who never, he was sort of back there in the palace. He was not

R: Oh, yes.

D: He was not out in the coal fields. He was not in the laboratory. He was sort of a coordinator or quarterback. But he was not someone on the front line in certain ways.

R: He was, you know what Lorin did was tremendous because he spoke out. Now he he tended, I think, to put union loyalties sometimes ahead of a lot of other things. But you know, at least Lorin was out there pitching.

D: Yeah, yeah. Well, but to stay at the Clinch Valley College here for a minute. There was a presentation by Pendergrass.

R: Oh, beautiful.

D: And what intrigued me was that he does, was the title of his presentation, which was "Radiologic Diagnosis." And to me that implied that you still made the diagnosis

R: Oh, well

D: Based upon the radiology

R: See, he said that then, and he said it many times since, the purpose of that presentation was, I thought this was magnificent, was that, that radiology is the best tool, but it's imperfect. And, and I don't remember whether it was at that meeting or whether it was at a couple of others, one of the other meetings that I was with with him, but what he did on one of those occasions, and I believe this was the one, down at Clinch Valley. He would show a microscopic section of, you know, coal or the coal nodule or silicosis, and he'd say, "But we don't see that on X-ray, but we don't see that on X-ray."

D: Oh.

R: And either then or at another occasion, he had a series of films. He had like three sets of X-rays like this, stacked up, all three taken on the same person, the same day, at the same place. And he'll say, two were positive and one was negative, or one was positive and two were negative. And he went down like that, you see, pointing out that the X-ray is not a perfect tool.

D: That's quite admirable for a radiologist, because they'd sort of, hadn't they really been sort of the kings of the hill?

R: Yeah, Eugene Pendergrass, he was like the father of pneumoconiosis radiology in the United States. But he was, he was superb in that. And later on at the, at the judiciary hearings

D: Yeah, we'll get to that. Yeah, now what I find, I guess this was a little before you engaged in this. But he, what some people mark as a turning point is the publication of a textbook he puts out in 1958, where he acknowledges for the first time that there is, there is this discrete entity, coal workers' pneumoconiosis, and you know, instead of shoveling everything under the rubric of silicosis. He, he doesn't go into great depth about the limitations of radiology in this regard, but he does say that there's such a thing.

R: Yeah.

D: He seems to be someone who kind of came around. Was he, did he become something of an ally then? Because you know the whole tradition there at Penn had been very conservative, they were basically management consultants through and through.

R: I don't, I don't know that I would classify him as as an ally. I thought he was a decent guy because I thought he presented a case for the X-ray and for, there was another presentation he made one time, too, and that was, that was he said, "This was an X-ray that of a coal miner that was consistent with pneumoconiosis, but he didn't have pneumoconiosis. He had other diseases." And he did this sort of thing. But I had heard some some negative things about him. Leon apparently didn't have strongly positive feelings about Eugene Pendergrass. But from from what I saw, I was, I thought what he said was quite reasonable. But I, I don't, I didn't look upon him as necessarily

someone who you know switched over. You know it was obvious that, that the world was becoming aware of the fact that there was a disease called coal workers' pneumoconiosis. Actually, it had been described a century or more ago in France and stuff. But, but in the late '20s and early '30s of course the British knew that it was coal workers' pneumoconiosis. And they'd even started, they'd even had debates in the House of Commons in the, before World War II about the problem. But at any rate, that, that was Eugene Pendergrass I thought was really great.

D: What about another fellow here who shows up at this symposium in Virginia named Leroy Lapp?

R: Leroy Lapp?

D: Yeah. He talks about what he calls the occurrence of CWP. What was his contribution?

R: I'm trying to, I'm trying to think what Leroy said. He must have been new at Morgantown in those days. The only thing I can remember about it is that a part of what I had to say was that typically coal miners overventilated when they exercised. And his, he said, well, overventilation occurs from a lot of things, you know, and that sort of thing. But I, I think he was, and of course I had talked about gas exchange impairment, and I think he was sort of downplaying that. But I don't really remember a lot of the details about that.

D: But was it that the basic function of these people at WVU to sort obstruct and oppose

R: Oh, yeah

D: Whatever broader interpretation or broader construction was put on this, they

R: I believe that that's true. That's what they did, all except on one single separate occasion that I recall. And that was in September of 1969, there was a thing called the Spindletop Conference in Kentucky, and Keith Morgan came from Morgantown. He followed my presentation, and I'd talked about, oh, a hundred or so coal miners. He presented the results of studies on about thirty-eight coal miners with identical findings to my own and said, as a matter of fact, most of these miners have already also been studied in Beckley. I spent a pleasant evening with Dr. Morgan. We discussed things, and then it's, it's like that never happened.

D: He didn't, he didn't give his presentation and then say, but of course it was all just because they smoked. He

R: No.

D: Didn't attach that

R: No.

D: Fatal qualification

R: No.

D: No?

R: No, that's a

D: That's an odd occurrence

R: [inaudible] understand.

D: Yes, what an odd occurrence. Well, I'm gonna, we'll do, let's do Spindletop in a minute. But that's an interesting little

R: Yeah.

D: Vignette.

R: I've looked at the proceedings, and there's never a word of any of that.

D: But you have the proceedings of that meeting?

R: Somewhere, somewhere I had them. They're probably out in the shed. But they were published in the American Review of Respiratory Diseases. But they didn't get into either my presentation or his presentation at that time.

D: Well, I'd sure like a copy of that, because they're not easy to find. I've been looking for them.

R: That's in the American Review of Respiratory Diseases, somewhere.

D: But somewhere. Except for the ones [inaudible]. But yours, though, yours isn't in there. Well, I'd like yours.

R: Oh, no, well, I don't even have mine written up.

D: So it's now October of '68, and you publish, you and some co-workers publish a piece called "Pulmonary Impairment in Southern West Virginia Coal Miners" in the American Review of Respiratory Diseases. Was there anything remarkable about, remarkable about the publication process? Was it obstructed by

R: No

D: Mysterious unseen forces who wanted to bedevil you? No, it just, you sent in an article, and they'd sent it out for review, and then they took it.

R: They sent it out for review and sent it back and said, why don't you please add this other data you

had and send it back. And we did that and [inaudible]

D: Add what other data?

R: Well, we had done some cardiac catheterizations, and, and we weren't really all that, you know, sure about stuff that they thought they wanted us to put it in there, anyway.

D: Okay.

R: So we did that and you know

D: Just not to have to walk through the article, word by word, but just so that, see if I have my priorities straight here? What, there are a number of points that, that seem quite strong here. But the two that stand out to me are, as you say, and I'm quoting, "We have encountered men with only simple nodular pneumoconiosis who were significantly disabled." That was, is that the thrust of the article then

R: Yes

D: To controvert what the British have been saying.

R: Right. And then, then besides that, that many of them did not have airway obstructions but had gas [inaudible]

D: Right. They had some of the other tests of ventilatory capacity will not adequately show what their real functional status was.

R: Right.

D: Okay. So those were the two main points of the article.

R: Right.

D: That is what it was about, and it was received in those terms? I mean, people read it, said, you know, these people are turning

R: [inaudible] or not believe it

D: [inaudible] said, here's what we're gonna fight about. They weren't going to fight about the other stuff. They were, this is the, these were the points on which the subsequent discussion was gonna turn. Is that

R: Yeah, I expect

D: Okay, okay. And of course it was an argument for your exercise studies.

R: Yes, that's right.

D: It was an argument for that particular

R: Right, yeah

D: Approach. And then what's your -- this is always a hard thing to do -- but just a modest or immodest assessment of how much that shifted the terms of debate and forced people to start to take seriously some of these different approaches to dealing with

R: Oh, probably not, it probably didn't influence a lot of people.

D: Was this the tree that fell in the forest, and no one heard it? Ah, come on, I think we could go through and find a lot of people citing this article. You don't think that this is a

R: Well, it's hard to say because, of course, there's been so much, so much, although I think now, I think people, I think it's generally recognized what I say is true. It's just that there are those who continue to say, but that doesn't mean they're disabled, you see. I mean that's a theme that you get, particularly out of Morgantown, you see.

D: You know what I find interesting. One of the things I find interesting is the, the very extreme plasticity of the notion of disability and how, the extent to which this is very much a social construction.

R: Oh, yes

D: And what I always find interesting is the notion, is that it's so often collapsed to mean occupational disability. That if you couldn't go home and play with your children, or you couldn't sing in the choir anymore, that counts for nothing.

R: Oh, no, that's right. If you can do your job, you're all right.

D: That's right. And if, and then the perverse, what I saw was the perverse meaning of that in the mines, in the metal mines, was that these guys would get silicosis, they'd be broken down, but they could, they'd give them light duty. They give them a job driving a mule or whatever, they couldn't shovel coal, or they couldn't shovel ore anymore. But as far as, by definition, if they were still working, they were well.

R: That's right.

D: And so you were caught in this, in this bind, where, well, you can't be sick, you were at work today.

R: Sure.

D: Even though you coughed so much you regurgitated your breakfast on the way, you know, you still were, you were well.

R: Yeah.

D: And that's, that's the, so then the whole, disability has been, it seems to me, a trap over the course of

R: They still, they still use that, you know, all the time now. And yet you see some poor bastard that he drags himself, and he he's in, he can get through the day, he can perform his specific job.

D: Yeah.

R: Part of it is because he is so efficient in those, you know, exact

D: Learned the tricks of that trade.

R: Right. You switch him to a little different job that's physically no more demanding, if he really can't do it, it's because of the difference. But anyway, even so they still use that. But that's absolutely right, you see. They, they still try to use that [inaudible]. And that's of course the whole thing of work -- I'll give you a worse example that's not lung disease -- but this whole thing of workers' comp. You take a guy that's got a, that gets a bad lumbar disc syndrome. Now, my God, he'll get 10%, and yet he's, he goes on Social Security disability because he can't do one damn thing, see. Now that's a, now that to me is a, is another disparity between workers' comp and

D: And the whole question of assessment of pain.

R: Oh, oh, that doesn't have anything to do with it.

D: Pain doesn't count. I mean this is subjective. [inaudible] that's not science.

R: Right.

D: Yeah. And that's been going on, that's what you were fighting about in part.

R: Yeah.

D: Meaningful measures of what is the best [inaudible]

R: Well, what I was talking about I, you know, it wasn't this guy he's got all this shortness of breath. But I was making measurements of impaired function. That is, I was demonstrating abnormal function, and I was basing my concepts on, on actual objective measurements, not just, not just because this guy says, "I can't breathe when I do this and that," but actually getting, getting measurements. Now I, when I first came here, as I say, I didn't come here with the idea of getting involved in lung disease because I wasn't really aware that coal miners had that much problem. But

it wasn't long after I got here that I began to see that a lot of these guys had symptoms, and yet they didn't have typical COPD. There were a lot of them that did. So that's when I persuaded them to get me a blood gas analyzer. And we started doing resting exercise blood gas studies. And that's when, lo and behold, this is, these guys starting to show in trouble when they exercised. But at any rate that, that's what I based everything that I did on, was what I had seen in the lab.

D: Yeah. November 20th of '68, there's this disaster at Farmington. What I find, for my very narrow purposes here, interesting is that nobody died of black lung in the Farmington disaster. So there is a question here, I think I know the answer. But I'm not asking you, anyway, of the process by which a mine explosion leads to disease recognition? I mean, what's your take, what's your recollections of that? Was it simply because there was so much national media attention? And once we had these people here with their TV cameras, one thing just naturally led to another because you had this whole, these things were all bound up together once you got inside these communities, or how did that really go? Was it in any way

R: I, I think this. I think that after that Mannington mine explosion, that brought national attention to, to the problems of coal miners, you see. So it was easier then for old Buff, who was, Buff was the one who got the national media down here. He would, I think one weekend he had three, three networks down here, you see. But anyway, I think it was easier to get national attention when that happened. They already, the miners themselves in West Virginia were stirred up over this lung disease issue. That was pretty, of course, Mannington, you know, accelerated that a little bit. But I think it was easier to get the media down here after that Mannington thing because, you know, up until that time it's just like I said a lot of times nobody gives a damn about coal miners, you see. That was basically the attitude that I can, you know, forever that I could remember. But I think that's what, what happened. Now and obviously, the Mannington didn't have anything to do with lung disease, but I think it just focused on the whole problem.

D: Somewhere shortly after this Farmington disaster, you hook up somewhat more formally with Buff.

R: And Wells.

D: Wells. How does that happen?

R: Well, in the first place, I had been, I hadn't really been hooked up with Buff at all. I'd been to a couple of meetings where he would also have been invited, and I had spoken.

D: What kind of meetings were they?

R: Well, the one, the first one was, I think, up at a place called Cliff Top. And it was at Cliff Top meeting, it was either at the local union or else it was at the community center that they had invited me. And they, this was after the group of local presidents had come to see me, and they had invited us both to the same meeting.

D: For all the

R: There was another meeting in Marmet, West Virginia, to which they had invited me and Wells, I believe. After the Mannington thing, then it was Wells' idea to form this, this committee and so he was the one that

D: Oh, really?

R: That got that going. By the way, Wells is around the Charleston area?

D: That's what I've heard, yeah, yeah.

R: And he was, you know, he was very active in this whole thing. In fact he and Buff used to be, used to be quite colorful so

D: Well, that's what I was going to get to. So what was your first impression, the first time being on the same program with Buff? What did you think when you were

R: Well, I didn't, I thought Buff kind of exaggerated a few things. And I, I didn't think he had really a great understanding of lung diseases. But he was at least speaking out, and he was right about the fact that there wasn't enough being done about the problem.

D: And also he did have a, medically, he did have a sort of toe hold, though. He was a cardiologist, and there was problem of right heart hypertrophy

R: Well, yes, I don't think that was really drawn into, to anything in particular. He, now he, he, I don't think, had a very good understanding of lung disease. And I don't really know why he was, why he was doing what he was doing.

D: Oh, that's my question. Well, then, how did this guy get into this? Was this, was this just a soap box that he happened to find himself on?

R: I can, I don't know the accurate, exact truth. I do know that Paul Kaufman, who was very helpful, you know, instrumental in this state thing, had known Buff and felt that Buff was doing this sort of in compensation for some personal family problems that he had had. That it was, that there was that kind of a motivation. But I don't know. I don't know.

D: Okay. Well, we'll pick up with this division of labor among the three of you a little later. But you form a committee, this Physicians Committee for Miners' Health and Safety. And there was never anybody else on that committee except the three of you? Is that it?

R: That's right.

D: So there was this gang of three.

R: That's right.

D: Okay. And it was, I mean, there was a name. When you see it in capital letters and you see it cited in books and articles and so forth, but, you mean, it was some sort of phantom. It was the three of you?

R: That's correct.

D: There was no treasury or articles of incorporation or a building or a letterhead or any of the rest of it?

R: No.

D: Okay.

R: No.

D: Just wanted to be clear about that. The beginning of 1969 a number of local union, I think many of them were local presidents or officers -- Charles Brooks, Woodrow Mullins, Arnold Miller, other people -- go to Kaufman and enlist him, hire him.

R: Well, first you ought to go back and get something straight about how that Black Lung Association, how and why the Black Lung Association came into being.

D: Okay, okay.

R: When these guys first came back from the convention, they had these meetings at local union halls, sponsored by the local union. This, some of the same group of local presidents that had come to see me, had gone to the district office to, to see a

D: To 29

R: Yes, to see, to see what they were doing about this thing. And they were told that they, they were to mind their own damn business, that they were going to take care of all this, and for them to leave it alone. Subsequently, they forbid them from using the local union halls to have these meetings.

D: Right.

R: And later on, they even over in, in Mingo County, it was either Logan or Mingo, maybe it was both, they actually sent a UMW district official down to speak against what Buff and Wells and I were talking about.

D: This is in the end of '68?

R: This is the end of sixty-, yeah, this was the end of '68.

D: So you were already out there, being asked to speak to local groups and going out and speaking.

And people are trying to move this process forward. And the district officials are actively opposing it?

R: Absolutely.

D: They're not just dragging their feet. They're saying

R: No, they're actively opposing it. So these, this bunch of guys got together over, over Christmas holiday, which was '68-69. And that's when they got, they came up with the idea of forming the West Virginia Black Lung Association. Charlie Brooks was the president, and I guess, yeah he was a local president. Arnold was an officer in one of the local unions.

D: What are your impressions again? What was Brooks like? What kind of guy was he?

R: He was a hell of a good guy, Charlie Brooks.

D: Was he significantly disabled himself?

R: No.

D: No, he wasn't?

R: No.

D: He saw a lot of members who had problems

R: Yep, and to my knowledge he's still not. But [inaudible], but any rate he, he even put up, he even mortgaged his own house to get the initial money to hire the lawyers.

D: To hire Kaufman?

R: To hire Kaufman.

D: And what about some of the other people who were in on the ground floor? What was Mullins like?

R: Well, Woody had, he had lung disease.

D: Yeah.

R: So did his sidekick, Sturgill, Red Sturgill was his nickname. And Arnold had some lung disease, too.

D: And were they people who had filed claims and not gotten anything? Or were they were getting these pittance awards for

R: I don't, I don't, I don't know the status of whether any of them had filed claims. I'm not sure about that.

D: But in any case, they were really sticking their necks out. The district was

R: Oh, yes.

D: The district was down on this.

R: Well, in fact, you see, at first, when they first announced the Black Lung Association being formed, they were then threatened with expulsion from the union for forming a parallel organization outside the union.

D: That comes a little later, though, right?

R: Yeah, that was a little later. But that was, well, that was in the heat of the [inaudible]

D: Not much later but

R: No, and that in fact they might have carried that out. But theoretically, the membership included most of the miners in the state, so they, so they would have had a hard time doing that. But that was only because of this opposition from the, from the district. That isn't the only opposition. The opposition also came from the international, in the form, for example, just before, I guess, a day or two before the judiciary hearings in Charleston, they sent George Titler and a group of people from the international down to have a conference with the people in the Black Lung Association to see if they couldn't

D: Well, yeah, let's hold that.

R: Okay, all right.

D: Now they, they go to Kaufman to draft a bill. Did you have any input into the drafting of that bill, into the medical terminology and stuff like that?

R: Yeah.

D: Tell me about that.

R: Well, it was just that a lot of the stuff the miners had input, and then Paul would, you know, discuss things with me. And we, we had, we would have, you know, came up with some of the writing. Now I didn't talk anything about the administrative side [inaudible] or anything of that sort.

D: But what about some things, basic things like definition of the disease, what kinds of diseases would be covered? Did you take up some of that?

R: Well, I, I don't recall specifically going into that. And I don't remember talking about anything besides coal workers' pneumoconiosis.

D: That was my next question. So you didn't give

R: I think it was just understood that it was going to be called CWP. Paul probably had a broader range of ideas, and if the thing was, was expanded to all other dust diseases, that was probably Paul's own thinking because I wasn't

D: You weren't putting in emphysema or industrial bronchitis or

R: Oh, no, no, no.

D: Any of the those?

R: No, no, no, no, no. It wouldn't be anything like that. It was just

D: But that literature. I mean, you were conversant with that literature. There was already British discussion of

R: Oh, yes.

D: Of bronchitis in particular as a work-related phenomenon.

R: Right.

D: But you weren't going to push that. It was enough to just get something besides silicosis.

R: Well, well, well, See, what we, what we pushed for and the single, probably the single important provision that they ended up getting out of that thing was, was presumption, see, which meant that you did not really have to have X-ray evidence of pneumoconiosis.

D: Whose idea was that?

R: Oh, that was my idea, see, because, well, the wording of it was Paul's idea, because he was smarter about those things, in other words, making it a presumption instead of saying legally you don't really to, you don't really need X-ray, but putting in a presumption

D: It's a legal term, because doctors don't talk about presumptions.

R: Yeah, that's right.

D: I see.

R: But that, but that, I had complained because of the X-ray and because the, because the X-ray was,

first of all the X-ray was read the same old thing as it is today. Some of the people read it positive and some negative and, you know, I mean it was

D: But did that notion

R: The X-ray could be negative, and the guy could still have pneumoconiosis, that was, that was present back then.

D: Well, but, but the idea of presumption. Where did you get, I mean, whether or not you thought to call it a presumption, but the idea of so many years in the mines, they'd have to prove that it wasn't

R: I never [inaudible] that. That was Paul's idea. I, all I, all I could say was that you, that, that you can't rule out this disease based on an X-ray reading.

D: You've got to find a way around this, this exclusive reliance on

R: I'm not sure if I'd put it in those exact words, but, basically, that was the message.

D: What I find interesting about the notion of presumption, one of the things I find interesting, is that it's congruent with what I understand to be the, sort of, miners' conception of the life course. They just have the idea that coal mining destroys a person. And that you last, sooner or later, whether it's cumulative trauma or your back or your knees or your shoulders or your lungs or all of them, that you're just, just destroyed. It wears you out. And you read this language about, I mean, one of the ways I get it was when I read convention proceedings. And they talk about the passage of the Social Security Act, which, you know, for most working Americans it like this, you know, this liberation. And you don't use, the term retirement means nothing for workers until Social Security passes.

R: Yes.

D: But to the miners, it's seen as this cruel joke, because setting the eligibility at sixty-five is like setting it at one hundred and sixty-five.

R: Right.

D: And they were, they were saying, look, we're wrecked by the time we're sixty. And they're, particularly in the declining industry, where there's old-age discrimination, they're weeding out the old guys, and they weren't making it, anyway. They're saying, look, we're being thrown on the scrap heap at fifty, forty-five.

R: That's right.

D: And so they, you see this, dozens and dozens of resolutions to the UMW convention: fight for Social Security at, and they have all these different ages, but 55, 50, some of them say 45.

R: Yes.

D: But it's this notion that, once you get to a certain age, it's sort of like breakdown is at a certain stage of your life. That, and so this whole idea of presumption seems to me to fit nicely. I would assume that that would have been one of the provisions that the rank-and-file, they couldn't have understood maybe the differentiation among all these medical terms. But when they heard that idea of presumption, that after you'd been so many years in the mines, you should just be entitled to this. That, was that a thing where the people latched, was that something people really latched onto?

R: Nobody talked about the presumption of total disability. It was, and the language was very clear that if you have a total disabling respirat-, a disabling respiratory disease, it can be presumed. Now, in some of our travels in some of these meetings Buff used to, used to, you know, give them the impression that every one of them were going to develop [inaudible]. And I tried to follow and sort of counter this gently because I am such a dull speaker that people just smiled at me. But at any rate, they they got that there. But then later on after this, in the early '70s they, or mid-70s they have this so-called presumption clause, which they were trying to get through the Congress, in which they said that it was presumed that anybody that worked fifteen years in the mine was presumed disabled. Now that might have had a nice ring, and that might have tied in with what you're talking about. But I didn't get the idea that that was the way miners felt specifically at that time. Now maybe I was just, maybe I wasn't really, you know, communicating, or they really weren't getting through to me what they were talking about. But mainly it was a means of eliminating a requirement for that X-ray.

D: Yeah. In terms of this divi-, again you raised this a second ago, in terms of this division of labor between you and Buff, was there a conscious division of labor that he was going to play the wild man and you were going to play the sober scientist?

R: No.

D: It's just, that's just the way he was and that's just the way you

R: That's the way he was, and he always spoke first. And Wells spoke second, and I spoke third. And Buff would, in fact Buff got himself a sort of a little public address system. And he would haul that around. And if you weren't there in time to use it, you didn't get to use it, because he'd take pack it up and leave. But at any rate Buff was kind of a character, that's all there was to it.

D: Yeah.

R: And as I say, I don't know what his motivations were. But you have to say, I'm sure that if it had not been for him, the whole black lung would not have gotten enough public attention that it would have passed. And I really believe that.

D: And as I understand it, that a lot of his appeal was a kind of, besides a sort of less-than-precise meticulous science, there was a lot of kind of a them-against-us

R: Oh, yeah.

D: Populistic – the operators are no good, the union bureaucrats are no good, the politicians are no

good.

R: Black hats, white hats, oh, yeah.

D: So the world was very simple.

R: Yes, yes.

D: And that, I assume, was part of what made him successful. It was, like, people like things to be simple.

R: Oh, yeah

D: We all do. Not historians [inaudible]

R: He would come into a crowd, and he would, he would boom out and say, "You've all got black lung, you're all gonna die." And you know, this was the kind of stuff that he did.

D: And what kind of response would he get, I mean?

R: Well, they'd all cheer because it's great. But I think a lot of them were just very enthused at his enthusiasm. But I, I'm sure there were people that tended to believe.

D: And to what extent was it that this was, not just him but all of you, that this was finally some doctors who took them seriously?

R: Oh, it it was

D: You guys had M.D. after your name.

R: There, there was a big sentiment there about the fact that we took up for the coal miners, and there's no question about that. But there was, at the same time there was always, there always tended to be a little sense of suspicion. And more than once I was asked, "Well, are you going to sell out?" And this was, it was just like, well, okay, you're doing this now, but how long will you keep doing this? I mean that, that seemed to, to be a fairly constant thought in the backs of minds of some of these miners.

D: A sense of this is too good to be true.

R: Yeah, yeah, they seemed to sense that this sort of thing had happened before, although I don't, I don't really have any idea that that did. But they just couldn't, I guess, couldn't really accept that idea that we were really doing that.

D: And there I assume that in part was the product of people's personal experiences or things they'd

heard in the community about company doctors in particular?

R: I'm sure that that had to do with it.

D: And did you have

R: Or, or doctors in general. You know, the medical profession was largely perceived to be sort of in the other camp, you know: they're in with the coal operators. I don't think that was true of the doctors in most of these miners' hospitals. I think they were perceived to be allies. In fact, they had some good allies over here -- Laqueur and Kistin and Fetterman were really, were really strong advocates of miners and miners' rights.

D: But they, they didn't get on board on this, right? They didn't join you in

R: No, not in this committee, no. By that time both Kistin and Fetterman had died. Laqueur didn't get into any of this [inaudible] into public speaking things, but he did testify.

D: He testified.

R: On behalf of the [inaudible] miners.

D: Okay, so okay, Buff would do quite a broad presentation. Now Wells, was his -- I don't want to say gimmick -- but he would apparently, was he the person who would show up with the dried out, blackened lung tissue?

R: Yes, he was.

D: Okay, so Wells would do a presentation involving lung tissue.

R: Right, he would usually have some formalin-fixed or air, air-dried, I'm sorry, air-dried lung specimens, which would be very crumbly. And he would, he would stand up in front of the group, and he would, he would crumple up some of this material and let it fall and say, "That's what's happening to your brothers' miners' lungs." You see, he and Buff were both very dramatic on this business and that's, that's

D: And these meetings would be commonly held filling local union halls, the district union officials notwithstanding?

R: By now, only in a place or two, I think at Delbarton, Elmer Brown, who was the president down there, insisted that they go to the Delbarton union hall. And that's when they sent one of the district people down to try to argue with us. But most of the rest of these were in like school houses, court houses, various public meeting places.

D: How about churches?

R: Churches.

D: Did any of these take on any kind of revivalistic kind of tone to them at all? Was there a sort among of religious rhetoric or

R: They used to pray, and they, there were a group of ministers who were strongly supportive.

D: No kidding

R: Again not the, not the established in-town churches, you see, but the small, and most of the ministers in the outlying areas were former coal miners, anyway, you see, who certainly were much more, much more close to the problem than the others.

D: Do you think some people went into preaching because they were too disabled by lung disease?

R: I'm sure that there were a number of those that did exactly that.

D: So they obviously had a sort of intimacy with all this. Do you remember individuals' names

R: No

D: I mean people who spoke out most vigorously, that you would have, be able to use their churches

R: Yes. I'm trying to think if we used churches during that time. There were some subsequent events where we used churches. But I do know that we used a lot of community centers, school houses, and things like that. I'm trying to think of a church house. I can think of, later on, there were some church houses used. But that was not, that was after the act was passed.

D: Okay. Well, here's, here's an event that was in a major center. There's a big rally in Charleston in the civic center on January the 26th of '69. There's a big crowd there. I usually hear the number 3,000 people, does that sound about right?

R: Yes, it was a big one.

D: Just tell me about your recollections of that day. What was that like?

R: Well, there had been two Charleston rallies, and I can't remember which one was which.

D: Well, this is the one, the first one, the bill, this is the one where Kaufman gets up and explains the bill that they're about to introduce or just introduced. This is the one where Hechler shows up with his bologna. Yeah, now, what was that like?

R: Well, that was really something. Hechler just got up there and

D: Did that kind of steal the show? Did that, did that even top Buff's theatrics or

R: It came close, I expect

D: But Buff gave one of his typical roundhouse right

R: I, I don't remember the, the, I don't remember the details of that. As a matter of fact that, that may have been, it was either that time, that may have been the time I was, I was not feeling well. I had, I was having an attack of atrial fibrillation, as I recall. But that was the time, either the first or second one, and I ended up in the intensive care unit over here that night.

D: So you didn't, you did go?

R: I was there. I'd just spoke.

D: You did?

R: I'm just trying to think, I don't remember a lot of that because I wasn't feeling really great. So, but I do remember Hechler's bologna

D: Now the immediate, you've, you've enlightened me here that there was a fair amount of pressure coming down from the international through the districts prior to this. But this seems to be a point where the conflict with the union, because after all Hechler is publicly going after

R: Right.

D: Going after Boyle at this point.

R: Right, that's right.

D: This is the point where things become much more fractious. The UMW hierarchy essentially declares, would you say that this is the point where they really declare war on the Black Lung Association? They send out a letter calling it a dual organization

R: Yeah, yeah, well, I guess that was when that happened.

D: But what you're telling me is that they had it already

R: Before that

D: Started

R: Oh, yeah.

D: They were going after these people and trying to keep halls from being used and trying to inhibit their activities.

R: Right.

D: Up, prior to that time. How much did, how much of this did you get? Were you the object of any of this? Did the district officials ever lean on you or bring pressure on you through indirect means? Did you ever feel this, or was this something that was being mainly directed at local unionists and people like Hechler who were publicly attacking? You didn't publicly attack Tony Boyle, did you?

R: No, no, no, I didn't. No, I don't recall having had any direct pressure on me in those days having to do with that, that sort of thing.

D: Okay.

R: I'm trying to, but later on there was some, some pressures before, but that was after the state legis, the state passed.

D: Let's go to this legislative process here. You mentioned this a minute ago. There was a meeting prior to this committee

R: Judiciary hearing [inaudible]

D: And that was what, actually, the day before the hearing?

R: Probably the day before.

D: And what happens there?

R: They, the international, sent word down that they wanted to have a conference with the president, the officers of the Black Lung Association to get some of these things straightened out about this, this legislation, see.

D: Well, one of the things, I'm curious about that. They wanted to have a meeting with the officers of the Black Lung Association as officers of the Black Lung Association

R: Yes

D: Not as local presidents, so there was in a sense a de facto recognition that there was this other organization.

R: Yes, yes.

D: They weren't going to pretend it wasn't there

R: Oh, no, no, no. It was the Black Lung Association.

D: Okay.

R: And there was a lot of discussion involved. Here these miners were. And they were going to bring down who knew what from Washington, so then they decided, well, they would have Paul Kaufman be their spokesman, see. So the other side then got George Burnett, who was then the UMW District 17 lawyer, to be on the other side. And basically, what happened the two sides got together, and it was a debate between Paul Kaufman and George Burnett. That's how that came down.

D: And you were at the meeting?

R: Yes, I was.

D: And what was it like? I mean, who got the better of it?

R: Oh, Paul just backed poor old George Burnett right back down into a corner. And finally, the only thing that George Burnett could say was that, well, Dr. Walker doesn't, doesn't think the bill ought to be changed, or something like that. And Dr. Walker, Jim Walker was president of the board. That was about the only reason he could really think of for

D: The board meaning the Silicosis Medical Board?

R: Right.

D: So he ended up invoking them as his

R: As the reason, as the reason for not pushing the, what the coal miners wanted

D: And that

R: and the Black Lung Association wanted

D: Was that seen at the time as sort of pathetic on the face of it?

R: Oh, sure.

D: Yeah, and so they were exposed as utterly bankrupt?

R: Absolutely.

D: And the, the purpose here was, was the purpose here to, to reach a reconciliation or just to sort of tell these people to get back in line?

R: Oh, I'm sure it was to tell people to get back in line. The other, there wasn't any question about reaching any accommodations.

D: Okay. So there was pretty much of a war.

R: Yeah, yeah

D: And the next day there's a hearing in the House, State House of Delegates or Representatives

R: It was a combined House and Senate Judiciary hearings, I guess, that took place

D: And what was that like? What was the scene like? As I understand it, the hall was jammed with thousands of people, people outside filling up the corridors and so forth. It was a pretty, it was sort of an electric atmosphere.

R: Absolutely, it was a very electric. In fact they, they, I guess, they, they, one of the, one of the Huntington stations broadcast the whole damn hearing all the way down to the countryside. It was very heady times, I'll tell you.

D: Wow.

R: And

D: I'd love to, I should try to see if I could find that video tape.

R: Yep.

D: That must be quite a scene. All right, so what did you say? You testified. You gave

R: I guess basically the same sort of thing that I'd said along about the, you know, the kind of abnormalities that, that these guys had and. I don't remember exactly what I said.

D: Probably, I would assume, a critique of X-ray evidence as a

R: I'm not sure how much of an attack I made on the X-ray. But I'm sure that I did, you know, talk about that, you know, the kind of impairment they had and things like that.

D: And Pendergrass

R: Yeah

D: Comes down and here's the dean of industrial radiologists getting up and saying

R: Let me, I have to give you a little background about, see, Pendergrass came down here at the request of the international.

D: Oh, really?

R: Now, you know, Lorin, of course, in the international. I don't think he got into the international or if he was still

D: Still at the fund.

R: He got sick just before this. So I don't know how much he had to do personally with getting the people they got to come in. They got Murray Hunter from Fairmont to, to select, to get some experts to come in. And this was at the request of the UMW International, you see. They got Eugene Pendergrass. They got Jethro Gough. And they got Leon Cander.

D: Well, didn't they have some sense that this was, this was not gonna, if the idea was to sort of put this back in under wraps, this wasn't going to do it. This was the

R: I, well, I don't think they knew that. I think that they thought that this was going to shove us back in our place and give the thing

D: Well, Lorin certainly didn't think that.

R: See, I don't know what Lorin thought.

D: Yeah.

R: Later on Lorin and Koplín, too, were quite negative about what was happening, see. You know, Lorin, I, I, I, there was a time when, when there was a lot of stuff like this. But I, I liked Lorin. I liked him a lot. And I thought, basically, he was a good guy. But there was a time that he was sort of being obstructionist and even one occasion tended to threaten my job.

D: Really, when was that?

R: That was in, in the spring of '69 when some of this stuff was still going on when Buff and I were going over into Kentucky in some of these

D: You think, this was, well, what did he say, exactly?

R: Well, he just said, well, if I was still doing this business and said, just wonder if I still had a job, you know, and that sort of thing. And they used to, used to birddog us whenever we'd go to Washington. They would usually send somebody like Joe Brennan. They would send Joe Brennan a lot to hear anything that we had to say and stuff like that.

D: So that he could become an expert on respiratory disease.

R: Oh, I'm sure of that.

D: I'm sure, yeah, the brain trust of the organization. What was my question? I guess, my take on that is that, well, I don't know. I think Kerr had this sense that he had this strategy, in other words,

the fund had a strategy of working with the hierarchy in the Public Health Service. And they thought that they were the only ones who really knew how to do it.

R: I don't know

D: That might have been it, or I don't know. But in any case, well, they send these people. On the other hand, no one could have sent Jethro Gough here expecting that he was going to throw cold water on

R: They didn't I don't think they

D: On an attempt to broaden the conception of eligibility for compensation.

R: I don't think they knew that. That's my honest opinion, unless Murray or maybe Lorin did know. See, I don't know. Maybe Lorin did know, but I don't, my own personal feeling is that Lorin didn't know what Gough and Pendergrass and Leon Cander were going to say, see. And, but at any rate this, this, this was, it was, the judiciary hearings were magnificent because our side won, hands down, see.

D: Well, then Pendergrass says

R: The same thing, said, said, are you, did you look at the transcripts of those hearings?

D: No, but I simply read reports. I've never seen the transcript, but I've seen the

R: Well, that's when he said, well, you know, the X-ray may be the best tool you have, but it's imperfect, you see. And Jethro Gough said, you know, you know, he said, one of the things he said specifically as I recall is that simple pneumoconiosis may not kill you, but it could certainly make you short of breath for the last years of your life. In fact he said, I would be resentful if I had to be short of breath the last years of my life because of this. And of course, Leon also said that in his studies of Pennsylvania coal miners that, that there was no good correlation between the X-ray and pulmonary function studies. These were all the things he said. So they without coming right out and saying, yes, we support, you know, their testimony, all this dovetailed into what the rest of us had said and what the Black Lung Association bill was supposed to be about. And so that, we thought that was wonderful. But then, then of course, the other side, they had opposite things to say, of course, and then

D: Well, now, my, my description I got out of Hume's book was that Morgan was a particularly unimpressive witness at that proceeding. He was nervous and bumbling, and he didn't put on much of a show. Was that, he was supposed to be the champion of the other side? He was supposed to be their medical specialist, who was supposed to defeat these

R: Yeah. I don't remember it. I do remember he got up and made a crack about, yes, he still beat his wife, or something like that, which kind of seemed inappropriate, to behave like that. But see, they had, they had Keith Morgan, and they had a a guy named Penman from

D: Oh, yeah.

R: From Kentucky, and who else did they have? A guy named Rowland Burns from Huntington. That was people that they had on the [inaudible]. I don't know whether Lapp was there, or it was just Morgan that came down. But at any rate those are the ones, the three that the coal companies got to come in.

D: So there's this hearing, and it looks like, I assume it looked like to most people like a decisive victory.

R: Oh, it was magnificent.

D: Victory but then it looks like the victory is going to be stolen because

R: Well, for one thing the transcript was suddenly lost, of the whole hearing.

D: I'll be darned, no kidding?

R: And then the bill

D: Was it ever found again?

R: A fellow, that guy, I don't know if Ken talked to you about this guy, Marshall Falwell, that must have interviewed, must have spent fifty hours interviewing me and Hechler. And I don't know how many other people. He claims that the transcript was subsequently found. But it hadn't been found for a good number of years, at least fifteen years after that. And so when the bill, when the Black Lung Association's bill came out of committee, it had been so gutted that it was more conservative than the bill they were living with, you see, the workers' comp law that they were living with.

D: Now that's the point at which the strike begins

R: Well, it didn't begin immediately. That's when the rumblings began, you see. And then but, but Paul got together with everybody, and he started working on amendments to get put back in, you see. That was what his strategy was, and it worked. And I should also say that Warren McGraw was very helpful on the legis, actively involved with this. You might want to talk to Warren McGraw. In fact, you really should talk to him because he was a key player in the legislature down there when that, that all you know. He's in Pineville, he's an attorney down there.

D: Pineville.

R: And he's a first-class guy. And he and Paul were kind of enemies, but at any rate Warren McGraw was a, was a great, great person in this whole thing. There were several others, Odell Huffman from Princeton, who was, who is now back in House of Delegates, was instrumental. And some of the people that were really helpful, I'm sure there were a few others, but those are some of the key people. But at any rate they, they began to get, you know, to work on some measures. But

then the miners went on strike, and I'm sure that it was because of the strike that the legislature finally gave in.

D: And was that strike a surprise to you when that, when it broke out?

R: No, no. But I, no, it wasn't a surprise to me. But it, the timing of it was a surprise. And of course, no one, no one claimed responsibility for it because they would get into legal trouble. But as one story that was told to me was that there was a foreman in one mine who struck a miner, and the men in that mine then walked out of the mine. And then they said, hell, let's go shut them all down, tell them it's over black lung. And so that's what shut the state down after that happened.

D: But, so you don't have any sense that this was in any way orchestrated. It was just, it was contagious in a way.

R: I think it was contagious once it got started.

D: It rolled.

R: Yeah. Because all they'd do is some guy would go up and tell them that this was, he was a picket. And that's it, they're just out.

D: And were you involved in the strike at all, directly?

R: No.

D: Didn't do any picket duty or have any part of that?

R: Oh, no, none.

D: And this is a little curious interlude here. Right in the midst, it just happens to be in the midst of the strike, which is getting some media attention and a lot of this stuff is getting some media attention, I found when I was going through the records of District 5, southwestern Pennsylvania, a fellow named Guido Simboli, who's secretary of a local in Belle Vernon, PA, writes to the district president, a guy named Budzanoski, who was a Boyle appointee. He says here, "At our last regular meeting of Local 9873 on February 23, 1969, it was regularly moved and seconded that the recording secretary take whatever steps are necessary to see if we can have the film of the TV movie on miners' death shown at our local union hall so that the whole membership can see it." Do you remember what that would have been?

R: No.

D: Some of the TV coverage of, I assume it was some TV documentary or report on black lung or Farmington would be my guess. You don't know. In any case, and then he goes on, "Also if at all possible, to have [inaudible] the local the doctor or doctors from West Virginia who are putting up such a strong fight for the health of all coal miners." And I don't suppose

R: We went up to Pennsylvania one time, but we did not go, to my recollection, at the request of District 5.

D: Well, yes, there's no evidence that Budzanoski, because I was going through

R: In fact we made it in something like the Italian-American hall or something like that there. And I'm trying to think of the guy that actually invited us. His name slips my mind now. But I think he subsequently became president of District 5 for a while, I guess.

D: Was it Louis Antal?

R: Lou Antal

D: This was in the spring of '69. You don't remember where it was, somewhere in District 5?

R: Yeah, it would have been McKeesport or someplace like that.

D: Around New Kensington?

R: New Kensington.

D: It was New Kensington?

R: Yeah, yeah, oh, that's right. We went up there and talked to them, of course.

D: Now maybe this one was the one you were, you said you were not feeling that well at the preceding rally. But there's a big rally in Charleston on the 26th, in the middle of the strike on the 26th of February in '69. Do you have any recollections of that event?

R: No, I'm probably fusing the two together, and I don't really, I don't really remember all that much. Is that, that's one of the times they marched on the capital, I guess.

D: Black coffins

R: Yeah, I don't remember that actual rally. But I do remember them walking down the avenue there.

D: How about behind the scenes, besides these big public events? There obviously was a lot of deliberation and maneuvering going on about the form that this bill was going to take. Were you involved directly in any of these negotiations over the provisions of the bill?

R: No, the only involvement I had was that, that in, as I recall, in the final hours of the session, I guess, it was either late Saturday or just before midnight or whatever, Paul was negotiating with them down there, Paul Kaufman. And he was on the phone back and forth with me, talking about various aspects. And that's when we managed to get that presumption in there. And that's

D: You were advising him specifically about what? Do you recall that?

R: Well, no, but did I think that that sounded reasonable, like that sort of thing, I think was.

D: And you, you encouraged him to get this?

R: Yes.

D: Ten out of the last fifteen years was recommended

R: Well, I don't, I don't remember the details of the numbers as such, but just a presumption

D: Okay. So Arch Moore signs this bill on the 11th of March.

R: It's interesting, though, that, that the day after that bill was passed, they had a huge rally here in Beckley in what was then Woodrow Wilson High School. It was probably as big as the biggest rally that ever was.

D: Really, how big would you think it was?

R: Well, it was enough to, I don't know, to fill up the whole auditorium and the big stage, which was a gym-sized floor behind it, and I, I

D: A couple thousand?

R: Probably at least a couple thousand people. Figure it's probably not quite as big as Charleston, but it was the biggest thing around here.

D: Who called the rally?

R: Well, it was just a regular Black Lung Association rally, and I don't, you know, this was just the Black Lung Association. And some guy that hadn't worked around the mines a whole lot, he was going to get up and recommend that they take a vote to go back to work. And before he could even finish what he was saying, there was this tremendous roar from the whole place, saying no. And they weren't going to go back to work until the bill had been signed. You see they didn't trust Arch Moore and then not only that

D: Wait, this was when?

R: They hadn't voted to go on strike, and they damned well weren't going to go on record as having had anything to do with the strike.

D: Oh, I see.

R: But they were not going to go back until the thing had actually been signed.

D: So this would have been on the 10th of March. He signs on the 11th, it's right before, I see. And then he signs, and everybody goes back.

R: Yes.

D: And it was seen as a breakthrough? It was seen as a victory?

R: Oh, yeah.

D: They use the bill, the law contains a broad definition of pneumoconiosis. And I found it curious that they create this umbrella term "occupational pneumoconiosis," that covers silicosis, anthracosilicosis, and CWP explicitly. And then I thought this was interesting, the way that different terms work their way into the law. The language of the bill was CWP, quote commonly known as black lung or miners' asthma. Who wrote that provision?

R: I don't know.

D: But you weren't, were you somebody who was reaching out to embrace the term black lung, or would you have been satisfied with CWP?

R: I would have been satisfied with CWP.

D: As long as the question about what kind of evidence established the claim. Okay, so you weren't someone who pushed that interpretation.

R: No.

D: And you weren't someone who used the term miners' asthma.

R: No.

D: But those, is it fair to say in your experience of the miners, the rank-and-file conceptions of this problem, that for decades this was known as miners' asthma. And then it went basically from miners' asthma to black lung.

R: Yeah, yeah. It was, it was known, the miners thought it was called silicosis, too.

D: They did call it silicosis?

R: Yeah, but they didn't often talk about miners' asthma when I was around here. Miners' asthma was, everybody knew, an older term. Their daddies talked about miners' asthma, see. But black lung, of course, then included to them, all lung disease, everything related to the miner.

D: That's, what's interesting to me is that the [inaudible] miners' asthma and black lung are like sort of these vague umbrella lay terms that, that you could drape over any chronic respiratory disease,

basically. And silicosis would you, is it fair to say that that term inserted itself in between because it had instrumental value, that this was a term that was legitimated by the law. That's what you could get compensation for.

R: You mean before?

D: Yeah, in West Virginia in 1950s and '60s

R: Oh, yeah.

D: If you were coming up, you didn't want to talk about miners' asthma because that didn't work if you went to file a claim, and you didn't talk about CWP. You basically used what you felt would get you your benefits.

R: Right, oh, yeah.

D: People were desperate; they needed help. If they called it whatever they called it, you were going to go for where the money was.

R: It was easy to call it, it was easy to get somewhere calling it silicosis, too, for that matter because they had that Hawk's Nest tunnel disaster down here, which was, you know, an awful thing. But that was pure silicosis there, but at any rate, yeah, that was understood. But this, this, this way it put a name on what coal miners actually [inaudible]

D: Okay, so that helps me because I'd always seen silicosis as something just imposed by the medical community as a narrow, very narrow definition that nobody could meet because you wouldn't have the rock dust. But miners themselves embraced that term because it was, it had, it opened the possibility of getting some compensation.

R: Oh, yeah

D: So in the miners' mentality CWP never really shows up. They go from miners' asthma to silicosis to black lung.

R: Yep.

D: So March is a pretty busy month here. The middle of March, two days after Moore signs the bill, you're in Washington testifying before the Senate, Harrison Williams' subcommittee. Again, it's the same sort of lineup. Buff goes first, and is this, this is like the batting lineup for all of your games. Buff goes first, and Wells goes second, and then you?

R: Yeah, that's right.

D: And then you go last. I mean, was that was all this

R: There wasn't ever any discussion about that. That's just the way that it was. And I never talked about it differently. I was, I never, I never really liked that. I always hung back, but I, you know, I just sort of went. I sort of felt obliged to.

D: But it was still always seen as sort of his show?

R: Oh, yeah.

D: Okay. And here besides the working over some of the medical questions about the correlation between X-ray and impairment and some of that, you take up the argument being made by industry that there's a need to slow down and not impose burdensome dust control regulations on the industry until they've had additional research. How strongly was that argument [inaudible] in industry? How strong was the industry making that argument? You know, we need good science here, we can't rush into this.

R: Well, of course, I hadn't been involved in any of the background stuff, but, but that argument was good enough, again supported by Tony Boyle, to have them initially put in the question of lung disease and then take it out of consideration, only to put it back in again as, as I guess Harrison Williams told me, when they saw all of West Virginia coal miners go out on strike over lung disease. They decided they'd better take another look. That, as I recall, that had been quite a strong argument. And there, as he said, here was the industry, and here was the president of the United Mine Workers union come and saying the same thing. So they they felt like they didn't have any alternative

D: On the dust control

R: That's right, until, until they saw these guys did this giant

D: So that was yet another way that the strike was, the strike was not only decisive about issues of compensation. Because after all the strike was not about dust control, the strike was about

R: That's right.

D: Comp reform. But it had a big impact

R: Oh, sure.

D: On the question of hazard prevention

R: Sure

D: That's real, that's a connection that I

R: Now that's, you see, that's not, those aren't my words. Those are, those are the words from Harrison Williams, primarily.

D: When did he tell you that, at that time?

R: One of those, probably some social gathering after or before or after that hearing, at some time during that time, that's what he told me.

D: Okay. And your language at the time is that this, this argument about delay pending for research was, as you put it, displayed a total lack of regard for human life and health.

R: Did I say that?

D: Yeah, that seems sort of, it sounds like quite an activist.

R: The point is, you see, the real point here was that all this stuff had been done in Britain, beginning, beginning first in the '30s, you see, and then completed in the, after World War II. And they had begun their dust control in the late '50s or the early '50s. The Australians had even started earlier than that, you see. Well, you know, the British had clearly demonstrated that the reason for the lung disease was the increased dust exposure. And they already knew that, you see. So it wasn't a question of needing more, more studies, but I didn't realize that back then.

D: Yeah, it certainly struck me as quite colorful

R: Maybe Buff rubbed off on me somewhere.

D: I don't know. Well, you also assert that there are what you call gross deficiencies in current dust control efforts. I'm just curious, I mean, had you been down underground? Or this was just reports you'd gotten or?

R: That has to be reports I'd gotten from miners, where you couldn't see a guy's headlamp from that far away.

D: That far away being about four feet?

R: Yeah.

D: Four or five feet.

R: Yeah.

D: But you just in terms of your clinical experience in your, I suppose, you just heard enough stories about how thick the dust was?

R: Yeah. You'd see a guy that would get himself hurt in the mines and come over here in the hospital. And you had to look closely to see if he were black or not because he was absolutely, totally black except right around his eyes, absolutely, because it looked like somebody was just black as that and just looked like almost a greasy coating. And that was just absolutely, that was what

you'd see, what you'd X-ray.

D: Yeah, so that was an indicator of the dust levels.

R: But over and over and over, you'd hear the stories about the dust. But I didn't have any, I didn't have any

D: You hadn't been doing any monitoring?

R: No.

D: No hard data there.

R: No hard data at all.

D: I see, all right. But I guess that was the temper of the times. People were just looser in those days.

R: Yep.

D: Well, I hope more rigorous standards prevailed later. There is a whole parade of medical experts testifying. And I don't know if you coordinated with them or caught their participation. I just wondered, your take on Laqueur

R: Well, Laqueur, of course, I had been with Laqueur over here.

D: You see you testify on the 13th, and then he goes on the next day. What was your, what was he like? What was your relationship with him in general?

R: He was a very good personal friend of mine, Laqueur was. He was, he was a good pathologist and had done probably more work on coal workers' lung diseases than anybody in the United States. He wasn't very strong about, about holding his own. He was, tended to be more willing to compromise if there was a difference of opinion about things. But he was basically sympathetic to the coal miners, and he basically believed that, that coal dust was harming them, very definitely.

D: You said before he was doing Gough sections when you showed up in Beckley in sixty-

R: '62. Yes.

D: Did, now maybe I missed something in the literature. He never published that much out of that, did he, really? I mean, here was a guy who was doing

R: Yeah, he published very, very little. Most of the publications that he did on this were like technical bulletins that he would turn in to the Public Health Service for his contracts. And he, I think, he and Wells and Dick Noyer published a thing or two. But, but, and in fact, he was one of

the authors of that 1968

D: Right, he's second, listed second on that.

R: And we, we actually had to, had to, the thing was delayed for a long time because he dragged his feet about writing his part of it, you see. And, but he just somehow didn't, I don't know why, you know, he didn't feel more like pushing himself. He was a superb pathologist.

D: Then his findings would have helped fill the void, I would think?

R: Oh, yeah, yes.

D: Okay. The next month, April of '69, you reply to an inquiry made by Harrison Williams about how health standards should be set under this federal legisla-, pending federal legislation. And you say, your view is that the surgeon general ought to do this. But then, in the next breath, you blast the Appalachian Laboratory for Occupational Respiratory Disease, which you say here, and I'm quoting, "Has failed to meet its responsibilities despite adequate time and funding," end quote. Were you, you sounded pretty angry with those fellows up there in Morgantown. Was that, on the one hand you're saying that this function should be given to the Public Health Service, and on the other hand the specific unit within the health service that this would fall to

R: Yeah, and I, I, yeah, I had a lot of disagreements with, with them. And part of it, I guess, was, you know, I left the Public Health Service sort of bitter. And, but as I recall, they weren't doing doing much of anything at that time up there, even after all that period of time, which was a good two and a half years or so.

D: Now at this point are, besides his general opposition to the broad view of this, is Morgan's preoccupation with smoking self-evident, that this is what he's, this is going to be the thrust of his work? Was that out in the open? Was that clear by this time?

R: Well, he'd been, he'd been going on about smoking even before he went to Morgantown. I, I remember he published a paper about welders, pointed out they had more emphysema than non-welders, but that's all due to smoking. That was, that was, gosh, that was way back certainly before he came to, it was when he was still in Baltimore. But his main thrust in those days was just the only problem that coal miners had was that they had complicated pneumoconiosis. It's only one to four percent, see, so there's no problem. That's, that was basically what he was going at, for the most part, until, except that one instance in September of '89 when he

D: '69.

R: '69, I think it was. But that was the main thing. Yeah, he'd always been condemning cigarette smoking. But I don't think he'd launched into as heavy an attack as he did later on.

D: Now the other thing you do, when you write back to Harrison Williams, besides saying that the standards ought to be set by the surgeon general, is that you urge that the enforcement of health and

safety regulations be done by the Bur- or the Department of Labor. How did you come to that view?

R: Well, I came to that view because the Bureau of Mines, by and large, was, was an outfit that mainly was concerned with helping production methods, you know, and that's why I did, and not really concerned about, you know, health problems.

D: Yeah, and that of course was also a position shared by a number of other people, including and that had been formulated in Hechler's bill. Hechler had a bill which said just that: get this out of the hands of the BOM. Did you, his bill was introduced in February '69, had you had any input into his bill up front or later on as it went along?

R: I had talked to him from time to time, but I don't really recall any real direct input.

D: There wasn't that much of a working relationship between you two?

R: No, well, I know there was a fairly close relationship. But I don't recall going into any specific details.

D: Sitting in a room and drafting a bill with him or anything like that or having him called up and saying we're in the midst of writing something, should we say this or that?

R: No, I don't recall

D: What about, he, for example, wanted a dust standard of one milligram. Was that something back at that time you were comfortable with?

R: No, I didn't, I really hadn't, I really hadn't, you know, made any particular statement about dust standards. I don't think I ever did say anything about dust standards.

D: Okay. And how about the issue of federal black lung benefits? Were you an advocate of that?

R: Yes, but I, but only after I heard that somebody had proposed this, because, you know, that was like, that was, none of us had even thought anything like that would be possible, you see, so that wasn't even, that wasn't even in the thing.

D: It does seem to come out of nowhere.

R: I guess Burton from San Francisco was the one that first proposed it. And then, was it Daniel, and then somebody from, I guess was one of the subcommittee chairmen, that introduced it or something like that. But yeah, it just sort of came from out of the blue. And you know, Burton said, well, I won't support this thing unless you include that, or something. And, and so that's how it got started. Yeah, I supported it. I supported it very strongly.

D: Okay. What about some of these other political players over the course of '69? I don't know whether you had any relationship with them, to speak of. Jennings Randolph, I mean, did, what was

your, what was your opinion of his participation in all this?

R: I, in 1968 I didn't take it to be very strong. I subsequently think he, he did very well in, say, '72. But I didn't think in 1968

D: '69.

R: In '69 that he was really that strong. That's my opinion. But I didn't really [inaudible] anything specifically all that Jennings Randolph had to say.

D: And how about Robert Byrd?

R: I didn't see Robert Byrd coming out very strongly in '68, but I think he supported the thing in '68.

D: Did you have any dealings or any impressions of some of these other players, like Carl Perkins?

R: I thought Carl Perkins was a pretty strong advocate.

D: And Burton, of course?

R: Yeah, that was, he was a surprise. But, and I don't know that I had, I don't know that I had much to do with him. The first hearing they had on this I missed because I think I was fogbound in Roanoke or something. So I didn't go to the first hearing. And I don't think that I went to a hearing where Perkins was involved until later on. In one of the amendment stages, I mean not Perkins but Burton.

D: Okay. One thing that seems to happen as the year wears on, as '69 wears on, is that the union sort of shifts its strategy from bullying and trying to suppress the black lung movement to now suddenly making itself out as leading the parade, that they are now running around to get around in front of the parade. And the first indication I have of that is when they publish this pamphlet. I think they take an article of Lorin Kerr's and maybe something else and put it, they take Kerr's speech from the '68 convention, and I think they said

R: Said some Gough

D: I think that's right. They had some illustrations, and I think they had some citations to the

R: I think they sent me a whole case of those things.

D: Yeah, they were sending them off by the thousands and reporting very proudly how many they'd sent out. And was that, how was that greeted? I mean, was that seen cynically as the, as another ploy? Or was it seen, oh, they're finally waking up? Or what was your reaction when you saw, when you got this box of pamphlets? In the main, what did you do? Oh, the union is, is playing catchup, and did, you didn't hold out much hope for that process. I mean, Tony Boyle was going to become a champion of workers' health.

R: Well, I didn't think so. But, and I think there was rather widespread dissatisfaction among the rank-and-file coal miners over Tony Boyle's performance, particularly here in this state. And I think that's one of the reasons that there was a, first of all that there was a serious challenge for his leadership in '69. See, Yablonski, of course, challenged. But there were two or three other people that challenged as well.

D: Now he wasn't a candidate at the time he testifies, but right around the same time you're testifying before Congress, there's a fellow named Elijah Wolford, who is, is, becomes a candidate briefly. So there was in a sense, if I hear you right, that Boyle was doomed. I mean, his leadership, he wasn't going to repair his image.

R: A lot of people felt that way.

D: Now as the spring of '69 goes on, the movement gets outside West Virginia. You, I know at least Buff and I don't know, were you also involved in responding to speaking invitations from other states? Were you on the road?

R: Yeah, into eastern Kentucky. Now Buff, I think, subsequently went on to Tennessee and who knows where else. But, but actually, it was probably Harrison Williams that encouraged us to keep on going down into eastern Kentucky.

D: Really?

R: Quote, keep the pressure on Carl Perkins, end quote, not that he needed any pressure, but that's what

D: That's interesting.

R: That's what Harrison Williams had said. So Buff and I made several trips down into eastern Kentucky.

D: At whose invitation?

R: At the invitation of local groups, sometimes, sometimes some of the, like, VISTA workers. On one occasion we were invited to go to a local union hall, and that was at Lynch, Kentucky. And, boy, that one was, was, I think, that they had a least two or three district reps at that meeting.

D: When was that?

R: It was some time in the spring of '69, I don't know when.

D: You were invited down by the local president?

R: We were invited down by the local president, who may not have gotten the word about this. Because he was a guy that we had studied in the lab before, he was a big black guy, I've forgotten

what his name now. We had been down to another meeting at a court house, I guess, and he attended the meeting

D: Also in Lynch?

R: No.

D: Somewhere else in eastern Kentucky?

R: Somewhere else in eastern Kentucky, and he had come up to us after we'd gotten through there, to officially invite us to his local, you see. And I don't think that the district people thought that was very great. But anyway, we went down there.

D: You and Buff, did Wells go to this as well?

R: No, I think, Wells may have gone to one of the meetings somewhere over there, but most of the, maybe that was later on, maybe that's when Yablonski came, maybe, I'm not sure. But Buff and I were the ones that went down there.

D: And what was it like with these district people? Were they on the stage with you, or were they hovering in the background?

R: Most time they were hovering in the background. They were, as a matter of fact, they were, they were trying to, in some instances, dissuading people from coming to the meeting. I remember one time we had a meeting at, at the court house in Whitesville. And there were people that I had seen in the lab and had, had studied in the lab. And we were going to have the meeting, and this was before the meeting. And they said, well, we'll see you later, but they never showed up. And it turns out that the district people had been around the locals, telling them not to show up. And then they had people coming from the district to keep their eye on who came. So we'd go to meetings down there, and sometimes there wouldn't be five or six people there.

D: Really?

R: There was a lot of pressure.

D: And just intimidation?

R: Yes.

D: And what was the sense, that the district people, if you were a local union member, and you went to a meeting, that the district people could, what, get you fired?

R: Sure as hell.

D: Okay.

R: That was the sense. That was pretty much that way all over, so far as what the district people were concerned

D: Did you ever hear of people who were fired for going to these kinds of meetings?

R: I didn't hear of any [inaudible] specifically who was fired for going to a meeting. But I do know they were afraid that something [inaudible]

D: And just, do these, these are players who are around in a number of settings. But how would you assess the importance of these VISTA volunteers? You mentioned them doing some work in eastern Kentucky, and, obviously, they're some key players down in this part of

R: Some of them did a lot of work. Craig Robinson did a heck of a lot around here, in terms of getting the Disabled Miners and Widows Association to be actively involved in this whole process. And so I'm sure that they stirred up some feelings.

D: Okay. In, at the end of May of '69, Yablonski declares his candidacy. Had you been, what was your history with him? When did you first meet him? And what did you have to do with him prior to that time?

R: Okay, the first time I met him was in '64 when I was in the Public Health Service. What I did, in addition to talking to medical people, I would talk to the local United Mine Workers officials. I would talk to the local coal company officials [inaudible]. And I met him in his office in Pittsburgh. And I was quite impressed with him because I had been in quite a few of the other district offices. And I went to his office and instead of it being a whole host of people around the office, as far as I know there's only one other person somewhere in the background typing. And he called me into his office, and I gave him my spiel about what we were doing. And he sat there without making any expression on his face and asked me a couple very pertinent questions and said, well, it sounds like your program's a good program, and we'll support it. That was his his opinion. And then later on, he, he was instrumental in going out to one of the mines and persuading some of the miners to, that were reluctant to go through the test, to do so. And Wells was in charge of that test.

D: He did that personally himself?

R: Not only that, by himself.

D: As a district president

R: Which was, which would happen in few other districts, for a district president by himself alone to go to a mine. And it wouldn't have happened in this district in those days. But that was, that was Yablonski. And then I didn't really have any other direct contact with him until he, until he announced [inaudible]. I don't know exactly how he began to communicate with my ex-wife, who was also acting more or less like the press secretary of the miners, I mean the Physicians Committee for Coal Mine Health and Safety. And she began to work with Yablonski. And then, and then he asked me, would I, would I consider endorsing him, and which I then did

D: And then were you, how active were you in support of this?

R: Very, very active. I, I went to every rally that he held down in this part of the country, from Fairmont on down into Kentucky.

D: And spoke?

R: And spoke.

D: You didn't just talk about exercise.

R: No, no, I talked about, you know, the need for reform in the union and that sort of thing because it was, you know, it was quite obvious that Boyle had not done a thing so far as the workers' comp and the federal black lung business was concerned.

D: And also dust control

R: Oh, yeah.

D: Yeah.

R: So that's what I did

D: And how, how high a priority, I mean, obviously Yablonski had a broad platform. You know there were a lot of things that were rotten and needed changing. But how, what would you say, what kind of priority were occupational health issues given?

R: Oh, very high priorities. In fact, Yablonski advocated, you know, being able to sue coal companies for \$100,000 if a man got killed in a mine. And he said, you could damn well bet they'd straighten the mines up, there'd be safer mines then. No, Yablonski had some, I, I, I was really, I really admired Yablonski. And you know, people said he was just this and just that. But I really admired the guy. I thought he was absolutely sincere in what he was trying to do.

D: And did your colleagues take part?

R: Wells, Sonny, Sonny came out at the same time I did, and we held a press conference in Charleston and we both, you know, announced our support.

D: This was what shortly after his announcement?

R: Yeah

D: Okay.

R: And Buff attended the news conference but never did endorse Yablonski. And in fact, you'd think

this was just his kind of irascible nature, made a trip to Washington and talked to Tony Boyle and said he'd got some concessions out of Tony Boyle about what you do about this. And that, and that's the way he was. But we, then that was the falling out of, the parting of the ways with Buff. I don't know if

D: This was when, in the summer of '69?

R: '69, yeah.

D: He actually, that seems quite crazy, come to think of it.

R: I know.

D: That Buff actually thought, of course, we discussed a minute ago how the union was trying to portray, well, they were making efforts, but they were also more than just making efforts. They were trying to portray themselves as the leader of the fight. Buff didn't really believe that?

R: Oh, no, Buff knew where they were. He knew, he knew, he knew who the district goons were. I mean, he knew they were there. He knew what, their opposition. That's what we couldn't understand about Buff, you see. But he, he did that. He was, he was either strongly or openly advocating Boyle or at least saying, well, Boyle promised to do thus and such. But you know, it's almost the same thing. He never endorsed Yablonski.

D: But did he actually come out and endorse Boyle, or just make a few noises about Boyle?

R: He just made a lot of good noises about Boyle. I don't think that he endorsed him.

D: How could that have gone over with rank-and-file miners. One minute he's denouncing Boyle and the union, and the next minute Boyle is rehabilitated. You'd think he would have squandered his credibility with that sort of a flip-flop.

R: I don't know what he did to the miners. No miner would ever speak badly in any way of Buff, you know. You just, you couldn't possibly get them to do that. But you know, we were flabbergasted. We just couldn't understand what in hell he was up to.

D: So that was the end of the Physicians Committee for Miners' Health and Safety?

R: Yeah, well, it sort of died before that, sort of. But that was the end of that.

D: Well, also for someone who had a sort of routine like he did, I assume there was a sort of a, that had a sort of limited life. You can only be outrageous so many times. And they'd gotten the reform in West Virginia, and he wasn't really

R: Well, he used to, he carried on the same thing, going down to Tennessee.

D: He was in Ohio, too.

R: Oh, probably in Ohio and all over the place. And somebody said, he was, he was getting people to come up to his office and be studied. And Arnold Miller had, had told me about some things about, you know, he was sort of, sort of lining people up and collecting their money and putting them through these tests and all sorts of things

D: And he was rounding up patients, out recruiting

R: That's what I heard. I, I don't really know.

D: Okay. Now you go back again to Washington and testify before both houses, committees in both houses of Congress in the summer of '69. What was, was anything remarkable or memorable particularly about that?

R: I don't remember the details. I know I was there.

D: What about, now we come to this, this event that you told me earlier makes it more interesting, this Spindletop conference. Now they were, weren't they seen as pretty much a management side

R: They were.

D: Outfit.

R: You see, the first Spindletop thing occurred and was published and printed and handed out before the judiciary committees' meeting in the winter of '69, what they had done, they had taken, first of all, they had taken some things which I had said sort of out of context and then they had asked

D: Well, see, you had been at the, what, I didn't know there'd been a previous one.

R: Well, this was, this was, had not, there was no first Spindletop meeting. This was just a research project, and they sent this questionnaire out to all these leading experts in lung disease, basically, trying to get them to say that I had to be crazier than hell, that, that this couldn't possibly be

D: Really?

R: But it didn't come back that way. For example, Margaret Becklake, had a, she said, well, it's entirely possible that this could be the case, that this could be some vascular involvement. Two of the others said, well, you know, that this wasn't impossible. But they didn't understand it. But it, it did not come back with unanimous denunciation of me. They, they didn't call me by name, you see, but things that I had been advocating about the X-ray and about the fact that gas exchange impairment, in other words, the blood gas abnormalities that [inaudible] exercise. They did not get the unanimous opinion that they had sought. So then they called this Spindletop conference, international conference. I mean, goodness, they had some big people. They had Ulmer from Germany, and they had a couple of the

D: A couple of the Brits were there

R: Heppleston from Britain, and of course, that was when George Wright was there. That's when Keith Morgan was there. That's when, I'm trying to think of all the people they had. They had Hyatt, and I think Maydell was there from San Francisco. But anyway, the only two people that presented anything to do with coal miners were me and Keith Morgan. And he got up and supported what I had said, see. And the people that, the Spindletop people had hired to do this were

D: So we're at the Spindletop Research Center in Kentucky and

R: Well, it's not at the Spindletop Research Center, they were sponsoring it. I think it was at Cumberland Falls State Park, which was where the thing was held.

D: And was this supposed to be, I mean, they brought all these people in from hither and yon. Was this supposed to be a major event that was going to change the whole world of CWP or?

R: I don't see how they would have felt that. It was just like a small little gathering of people, you see, and I, and then and then, finally, when the, when the, the summary of this conference came out, it was relatively brief. And it really didn't address what both Morgan and I had, had talked about. And it was, it was, the two people that were involved in it were Bill Anderson from Louisville and, and Penman who was from, who was then at the University of Kentucky. I think he's in Cincinnati now. But that was just, what we had to say was just glossed over. And as I say, we were the only ones that presented anything about coal miners. And I guess except the pathology, Heppleston talked about that, and Ulmer talked about some things. But nobody talked about exercise studies except Morgan and me. And so

D: So this was, so it wasn't perhaps even intended to be an attempt to influence the federal legislation, in any important way to shift the terms of the debate or put things off?

R: I don't know what they were, I really don't know what the plans of it were. But it didn't have any major impact.

D: Okay. During the fall of '69, there're some revisions in Congress, the legislation is obviously taking shape. Were you pretty well, what was your reaction when the dust standard, with the dust standard they came up with? When they got the two, three milligrams, then going down to two?

R: I, I really didn't get that close to the, to the things that were going on then. I, as I recall, the one thing I did comment on was the fact that the way the bill was written at that stage, or somewhere along in there, it had just talked about complicated pneumoconiosis, category A, B, or C. And I know I wrote a letter and said that, you know, that while, you know, they've got a lot of opinions to that effect, that it wasn't true because there were a lot of miners with less abnormalities than that that, who just had a lot of impairment and there were even some with complicated pneumoconiosis who didn't have impairment. So at any rate but, and I do know that they later actually added a kind of loophole in the, in the law, so basically what they did is that they said either complicated or something to the effect of the equivalent of complicated.

D: You get a citation from -- actually, I just saw it on the wall here -- from the American Public Health Association. What was that like? Did they, who gave you that, from the Occupational Health Section or from the organization as a whole? How did that

R: I don't know. The only thing that I can think of was that Lorin was a member of that organization and was quite prominent in it, and so they, I guess, they had to include Buff and Wells and me because we'd been doing something, too. I don't know. That's a good outfit, but I don't know. I don't know how it came about.

D: You've never been active in the Public Health Association

R: No, I'm a member. But I wasn't even a member back then. I never really, I've never been active at all

D: So the bill finally comes out of Congress and comes and then goes through a conference process. And then at the last minute it looks Nixon is going to refuse to sign it. Do you have any recollections of how that played out, from your vantage point here in Beckley? Did people pretty well understand what was going on, that Nixon looked like he might kill the thing at the last minute? You have any recollections of those last stages there?

R: I think that there was a fair amount of concern that he might veto it. But I don't recall, I don't recall a lot of, you know, the feelings or what was happening on that score.

D: Well, that's kind of the end of the story. But the bill is passed, of course, and was it at the time seen as a great victory?

R: Oh, absolutely. Well, you know, you look at it. This is the first time dust control had ever been instigated and that, you know, had to be, had to be to a tremendous victory, you know, yeah. So, yeah, it was very, very satisfying to have that.

D: Just sort of, I sort of dragged you through all of these, step by step, date by date here. And there's sort of a danger in sort of getting lost in the details. I mean, are there any general observations about that early period that you'd like to make about the important factors that we may have neglected here or influences that were at work and, of course, things that are not immediately self evident from, you know, I basically followed a paper trail. I followed congressional hearings and newspaper reports and things, documents I've gotten from institutions and so you can miss things that way.

R: Yeah.

D: Was there a sense that this was a kind of like, I don't know what, a sort of general rebellion against the status quo, against the old power relationships in the, in these coal communities, that this was in a sense a kind of uprising? Was that sort of feeling at play at all? This is pretty

R: (Knock) Come in. No, I, I don't get the sense that there was a feeling of, you know, rebellion

against the system, particularly. I don't, of course, you know, it's been twenty-two years or so since some of that stuff took place. But I don't necessarily recall, I mean, I don't get that feeling.

D: Yeah, okay. What about some of these characters I think we've touched on some. I won't, you may not have anything to say about some of these people. But did you have any, ever have any dealing with, maybe he had passed on before your time, about the activities with regard to miners' problems and helping them with workers' comp in particular, the activities of Ben Golden in his clinic in Elkins?

R: Oh, the Golden Clinic. I had in fact, I don't know whether he testified or not at the hearings. But there was a doctor from, who am I thinking of from up there. He had always been an advocate of miners' problems, what was his, he was from the Golden Clinic. It wasn't Golden, I know that. It was someone. I know that he was, he had been active and an advocate of coal miners' health.

D: And we talked about these, these various British investigators. Gough, of course, makes a number of appearances in this country at key moments. Did you form any relationship with him early?

R: I spent, I talked with him for a short period of time one evening. And I thought he just seemed like a very sensible guy. And, but I didn't really get close enough to him to really know that much about him. I know that subsequently he has, he has written some things that weren't as quite obviously sympathetic to the miners.

D: They were not?

R: He is, yes.

D: Well, how about some of the others, there's Fletcher. Did you have any dealings with Charles Fletcher?

R: I only, I only met him. No, I never, I never had anything to do with him. But he had toured the coal fields, as I recall, before I ever got here. And he was the one that was telling people that it was only complicated pneumoconiosis that caused any troubles, you see.

D: How about Rogan?

R: I never [inaudible] I may have met Rogan at one time way back when, but I don't recall any particular thing about him. I met Gilson one time. And he seemed like a nice guy. But that's all I can

D: Now what about Keith Morgan, I mean, what was your relationship like with him? Did you, you told me about this strange evening you had with him in Lexington, or at Spindletop?

R: And then all the rest of the time it's been just like that

D: And is he hostile?

R: Well, I've had people say that he hates my guts.

D: Really?

R: Yeah.

D: Really?

R: Oh, yes.

D: And did this come out, of course, you know, scientific papers and discourse is always quite genteel. But, you know, in some fields people are quite polemical, and they just go, practically call one another names and go after one another in print. But there was never had anything like that, was there?

R: No. It's been more subtle when you put something in print, it's similar. But it's in private conversation that this has come up.

D: But he's gone out of the country. Now is he, is he sort of out of it at this point, or what?

R: I don't know. He apparently goes in and out of Morgantown fairly often.

D: Oh, he does?

R: Oh, yeah. He's not, he's still

D: Not dead yet.

R: Nope.

D: Well, that's, that's really about it. I think I have a pretty good sense of your opinion of Tony Boyle and some of the union people and, of course, Yablonski. And Kerr, you had basically a pretty good relationship with him.

R: I ended up with a good relationship with Lorin. And I really liked, I really liked Lorin. But there was this period of time when there was this stuff going on. And you, you know, you couldn't help but believe strongly that Kerr had the coal miners' interest at heart, pure and simple. But somehow this union loyalty got in the way, I think. There was one other thing, of course, that Yablonski had to say about Lorin. Yablonski hated Lorin. But back, back in '64, Yablonski told me later on that, that Kerr was all in his corner about changing Pennsylvania's law until, until Tony Boyle talked to him. And then, then Kerr just faded away and didn't, didn't support Yablonski any more after that and left Yablonski kind of dangling by himself. And, and, you know, that which, see, which was, it didn't make any sense, medically, because Lorin knew what was going on, you see.

D: Well, you know, it's funny. You know, I asked him about that, how he was kind of a nonentity there in Pennsylvania in the mid, here they'd been fighting for this epidemiology which was, the whole purpose of epidemiology was to lay the groundwork for for workers' comp reform. And then when it comes to the governor's conference in the first place and then the legislative campaign in early '65, he's nowhere to be seen. He doesn't, I don't think he testifies up there. And I put it down simply due to division of labor. I felt that, well, you know, they had Les Falk up there, and they had Lieben, and they had these doctors up there at the Russelton Clinic and, and I thought, well, things are well in hand. But what you're saying is that Kerr was really the guy in the union on CWP, and this was his fight. And he wasn't there.

R: That's right.

D: So Boyle, you think that was at Boyle's instigation?

R: Yeah, and not only that, that teed Boyle off so much at Yablonski that that's when he removed him from his job as elected president of District 5.

D: Because of his activism on black lung, made Boyle look bad, is that as simple as it was?

R: I don't know what it was supposed to be. But it was going against Boyle for whatever, whatever the [inaudible] was supposed to be, it was going against Boyle's wishes, you see, because Yablonski went over Boyle's head on this issue, you see. And Yablonski was instrumental, as I understand it, in getting the, getting coal workers' pneumoconiosis put in their law by his appeal to Scranton.

D: Yeah.

R: But at any rate, yeah, that's, that's just sort of funny, why, you know, those things like that.

D: Well, of course, there was, I mean, there was a problem structurally, that at that time Kerr did not work for the union. He worked for the fund. And the fund always had to maintain a certain balance

R: That could be [inaudible]

D: About how much they, how upfront they could be about their advocacy of political things.

R: This may be.

D: But your, what you heard from Yablonski was that it was simply, it wasn't because of the fund. It was Boyle saying stay away from that

R: Yeah.

D: Well, that's interesting. Well, he certainly was very much the loyalist.

R: Oh, yeah. But see, he, and I, I absolutely believe that he was trying his darnedest to do what he could for these men. I think he did. His whole being, if you go back and look at what he'd always done, you know, in the terms of the type of work he'd, the public health type of work that he'd done, I mean the guy was just that way. But he had this one funny thing about, about this. And he was, of course, very much pro-Boyle in that election, you see. As a matter of fact

D: Actively, really?

R: Yeah, as a matter of fact, they were, they were, the guys that got in there were going to fire Lorin, and I told them not to.

D: Oh, really?

R: Yeah. And I think I made the right decision. But it was not specifically, necessarily for Lorin's sake at all. But I figured Lorin was, first of all, big in the American Public Health Association. He had a lot of recognition in the occupational health and safety field and so forth. And so I just said, you know, he's valuable to the United Mine Workers. And so they kept him, and I think that's true.

D: Sure

R: But anyway, yes, he acknowledged that, too, that I had done that. But it wasn't specifically for him that I, that I did that. But it's just that whatever you want to say, whatever kind of things that had gone on between us, I just felt like he was a sincere guy, and so that's the way it was.

D: Well, maybe we should call a halt right there, how's that?

R: All right.

D: Unless there're any other observations you have.

R: No. I, you know, it's been a long time so I don't remember a lot of it.

D: So as the black lung movement -- this is an interesting point you make -- that as the black lung movement grew, these miners took on things, took on tasks that they probably themselves never imagined that they could do or would find themselves doing.

R: Yeah, they, for example, at the early meetings it was only the doctors that did the talking. But as time went by, some of them also began to, to speak out. Another thing that happened in this thing was that miners in West Virginia, who, for example, might only live a short distance from each other were in different local unions and never, never got together -- there was never any kind of anything like a district convention -- the thing was to keep everybody divided. People began to know each other, and, and their, their contacts began to grow, and it just produced whole different realms of communication.

D: Well, that had been part of the whole, I guess, part of the whole blighting influence of the Lewis

regime was this kind of topdown

R: Oh, yeah.

D: You know, no district autonomy, and everybody kept underneath somebody else's thumb. And so this was a way that people kind out of got out of, like got out of jail.

R: That's actually right. And some of these people, for example, people that formed the Black Lung Association, some of those guys had never known each other before all this stuff started. So that made quite a difference.

D: And I suppose there was a whole process of sort of education and self-education.

R: Yeah.

D: That went on, that people had to learn about how laws were made and had to learn a lot of medicine and had to learn the state's safety laws and so forth.

R: Oh, well, the, there was, one big eye-opener was the difference between what the politicians were saying at meetings and things and what they actually did in Charleston. And, and they remembered this, and there were quite a few of people that didn't go back to the legislature the next time around because they'd had these guys became wise. It didn't matter what somebody came down and promised them. They, they looked at what they actually did. So this made some difference. It opened things up. It made these guys much more sophisticated than they used to be.

D: Well, that's interesting. That's interesting. And then how would, how would they keep an eye on the people in Charleston? The union newspaper wasn't reporting, the local, they could find out the basic facts from their local union

R: The union newspaper was, interestingly, that one of the things that came out in the United Mine Workers union was praising one of the delegates from Raleigh County, who they say, who had done all these great things for the black lung thing, when in fact he'd been a total obstructionist, voted down every single thing that

D: Who was that?

R: Well, Anthony Sparacino, who was a delegate in those days. Yet the United Mine Workers union praised him to high heaven. Well, that, that was, everybody knew the difference. These guys all sat down there and took count of everything that went on everywhere. Not only that, they had spies in some of the committees. They had like the janitors and people that would keep their eyes and ears open to some of the things that were going on inside subcommittee meetings. They got the word all the way up.

D: So they could learn. All right, also what about the influence of the mass media? Where, didn't television stations and the community newspapers follow this stuff?

R: Oh, very much.

D: Pretty, pretty close. This is big news.

R: Right, absolutely, sure.

D: That, that's really an interesting observation about how this sort of played out and energized people, got them activated.

R: Sure.

D: Because, you know, the one thing that's always struck me, having been involved to some extent in labor education, is that this was a union that never, never has had an education department. Never made it their business to go out and teach their members how to do things. When I worked for the Textile Workers, we taught people how to negotiate, how to run a grievance, how to make a speech, how to run a meeting. You know, you taught, you know, there's always a risk in that. You might teach someone how to run against you, you know. So the some of the people at the joint board level or district level or whatever would, there was always a certain ambivalence about how you might teach them how to run you out of office. But that's the risk you take in a democracy, you know, that you have to, otherwise you never teach your kids to walk because they might fall down the stairs. Well, you know.

R: Yeah, right.

D: But there really was a kind of, seems to me, people were very probably very thirsty for this, to see these kinds of opportunities. And when they came along, why, I imagine they jumped on it.

R: Yeah, that's true. That, I'm sure, that opened up again the challenge to Boyle.

D: Yeah. Well, this had to have been, well, this obviously was terrifying to him. You can see him as desperate. I mean, I've read a lot of the internal office correspondence between Boyle and Suzanne Richards and Brennan. And Kerr would be brought into this at some junctures. They obviously were just, there was a kind of bunker mentality that, you know, they didn't know. They were in a state of panic and, and didn't know where their next incoming round of artillery fire was coming from. Oh, they were very, they didn't know what was going on. And some of it, actually, is kind of interesting. They, they're grasping around at different points. At one point, they have a strategy for rank-and-file mobilization. They're gonna, they're gonna to create this -- I can't remember what the structure was -- but they were going to create this kind of mass movement. And I'm sure that that got put on the shelf very quickly because they thought through the implications and where that would leave them. But they toyed with that for a minute. They talk about, Tony Boyle sends down a memo to somebody or other, maybe to their safety guy they had, like Ferguson or whatever his name was. Or maybe it was to Brennan, saying, this is around the end of '68, saying, well, we should call for the banning of all continuous mining machinery, to, to, as a dust control issue. They obviously knew that the continuous miners generated all of this dust. But did you ever hear them advocate that or anything like it? But can you imagine them, Tony Boyle saying, well, let's get rid of all the continuous

mining equipment?

R: I'll tell you what. Of course I'd heard an old coal miner from up in Greenbrier County said, well, he'd gone to a meeting in Washington, and he was invited there. And Tony Boyle was there, and he sat next to Tony Boyle. And Tony Boyle said

D: When was this?

R: Well, this was, this would have been in the late '60s before all this, this stuff got started. He sat next to Tony Boyle. And Tony Boyle said, what do you do. And apparently, this guy said, I operate a continuous miner. And Tony Boyle said, what's that?

D: God, when, when, when do you think that was?

R: Well, it was in the late '60s. In the late '60s, I'm not sure exactly when it was.

D: Why was this guy called in? What kind of meeting was this?

R: Well, this was like a big, like a big banquet. It was, I guess, some kind of special big union meeting. But that, that didn't surprise anybody. There was another instance where during the campaign they were down in one of the mines in Virginia, one of the underground mines. And Boyle, when he came back up out on the elevator, was saying to the people around him, well, it sure is good to get down in the mines and hear those mountains bumps and, so, anyway, I have no idea whether, you know, how much of this sort of thing is true. But I wouldn't be surprised if they advocated stopping all the continuous mining machines or something.

D: Well, it never got out of the house. They didn't propose it at all. But

R: Somebody with a better head

D: Said, you don't understand, the industry won't like this. But it was indicative to me of how they were really just sort of running around like chickens with their heads cut off, that they didn't know what the hell was going on. And what's curious is that they, they are kind of fumbling in the right direction at certain moments. They, they are working on a bill, you know. I think the problem was these district guys were told, you know, put down this uprising because the, the authorities at the top will send you a bill. And when we send a bill from Washington to your district, you will give it to the locals

R: Yeah

D: And that's how things go. And that's how things go down like that. In fact, I've seen the correspondence; they were working on a bill. They started working on a bill the week after the convention. They just were, it was just a case of too little, too late. And of course, they had gotten themselves into such a hole, having not dealt with the issue over the course of thirty years, really, and so they weren't going to make it up in six weeks or six months. And so they were, it was just, you

know, too little, like if I decided tonight I'm going to learn Spanish and go be the ambassador to Spain tomorrow.

R: Yeah.

D: You know, I can study as hard as I want tonight, but I, I'm not going to get too far. And I think that's sort of where they were at. They were so out of it, and of course they had this safety guy on top of it, who I don't think knew or cared anything about disease. And they hadn't brought Kerr over until nearly too late, [inaudible] the end of June there, and set him up in a department. But it's kind of, it's quite sad, I mean, to see what becomes of the union.

R: Well, it is. It's tragic. And I, I don't think, and the union hasn't recovered from it. Because it, it's, in fact, it's, I guess, they're just barely clinging on now.