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It's February 18, 1992. I'm in the home of George Goldstein -- that's G-o-l-d-s-t-e-i-n -- in Pittsburgh, Pennsylvania. And he and I both understand that there's a taperecorder here, that I'm taping the interview for the purposes of my historical research and that as a result this is material that may be cited in publications and in fact I may quote him in the publications with attribution. And he understands that that's what we're doing. And also he understands that he's free to stop the taping at any point. Is that our mutual understanding?

G: Okay, fine

D: He's fully informed of what we're doing here. Okay, what I'd like to do is just get a quick sketch of how you found your way to the Bellaire Clinic. You had been a student of economics.

G: Yes, I was a Ph.D. candidate at Berkeley. I left there when I finished all my requirements except the dissertation. I went to Washington to take a job with the United Electrical Workers, the UE, where I worked as an economic researcher and a legislative representative with Russ Nixon from 1951 to 1955.

D: I have to ask you about that, just because I'm, I have to ask you. In the early 50s -- I guess after Eisenhower is elected, we can forget about it -- but, say, '50, '51, '52, did you do any work on behalf of the UE for national health insurance?

G: No

D: Nothing, dead, it was considered dead in the water at that point?

G: Well, not that so much as I don't remember our being interested in it.

D: Oh, really?

G: At that point. Now my, my involvement with the UE in Washington was in a matters of legislation that dealt with industries that the UE had locals in and in preparing economic analyses for the UE.

D: But you didn't see anyone else on behalf of the UE in Washington in, say, '51, '52, sticking with the fight for national health? I mean this was the

G: No, it was not an issue that I remember as being actively followed, pushed.

D: So in regard to labor's historic role in supporting national health insurance, how important were they?

G: Well, my, my feeling about this has been that, historically, labor supported the push for national health insurance, particularly on the national union convention level. However, during World War II when the Little Steel formula said that the unions were not able to bargain for cash wage increases, they were however able to bargain for benefits increases. The push for health insurance by the unions at the bargaining table became much more and took over the unions' interest in national health insurance, which was repeatedly defeated on a political level in Congress. And the drive to get Blue Cross-Blue Shield and commercial insurance on the local bargaining table became the major push for the unions.

D: And was it your sense that in fact the CIO unions went for private solution more quickly than the AFL unions did?

G: Well, I'm not aware of that fact. But I see, I can see how would that fit in because the newly organized CIO unions, which were I think much more agressive then at the bargaining table, and particularly in World War II. That was one of the only things they could get, and that followed through in the late 40s and in the early 50s.

D: Well, let me just return to the questions that eventually will lead us up to occupational disease. You worked for the UE for a time. And then you go in 1956 to Bellaire, Ohio.

G: That's right.

D: How did you go, come to Bellaire? How were you recruited?

G: I got laid off from the UE and was looking for a job, and at that time Lorin Kerr was a very good friend of mine.

Lorin Kerr said to me one day, "How would you like to get [inaudible] Mine Workers labor health administrator in Bellaire, Ohio?" And I said, "Where in the hell is Bellaire, Ohio?" And that was what started it.

D: Well, how did you know Lorin Kerr?

G: Well, Lorin was among the, the labor union Washington representatives. Lorin was one of them at the time. I don't remember exactly what his job was at the time. He was one of them.

D: So you go to Bellaire in '56, and what's the scene that you encounter? The clinic has been running for three years.

G: The clinic had been up for three years, and I'm not sure what do you mean as the scene.

D: Well, there was a clinic with a medical staff. How would you, was it your sense that the medical staff was young and bursting with enthusiasm or old and decrepid or, how would you characterize the talent that was assembled there, medically?

G: Oh, the former, clearly. There were a group of maybe four, five or six young physicians who were very idealistically motivated, liberals to progressives. And part of that liberal progressive view of working for a labor movement medical program was to do something about things like black lung.

D: Okay.

G: It was very much in their, these physicians' thinking that early.

D: And how, how did you find the leadership of District 6? This was part of the Ohio district of the UMW? Did you have, immediately have a good relationship, bad relationship, fair relationship with the leadership of District 6 of the union?

G: I would say that we had from the start a very good relationship. But the District 6 leadership of the union at that time was not a particularly aggressive union leadership.

D: Why was that?

G: I don't know. You'd have to go, I guess you'd have to go into the history of the individuals involved. The president of District 6 at the time was Adolf Pacifico. And

their relationship with the union and the problems of the Bellaire Clinic at the time made the District 6 officials to some extent, although I wouldn't say this in a major way, to be a little bit handsoffish because the Bellaire Clinic was looked upon by the medical community and by the business community in Bellaire and it was the greater Wheeling area -- Bellaire is right across the river from Wheeling, West Virginia -- as a, as well, the Bellaire Clinic medical development was considered by the medical establishment -- the medical society and the hospital -- to be inimical to the interests of the medical establishment and [inaudible]. And from the earliest, the Bellaire Clinic had a major battle over hospital privileges for its new doctors and medical society [inaudible]

D: And what, as you recall it, were the dynamics of that opposition? Did the medical community start complaining, and then it polarized to bring other business people into opposition to you or

G: Yes, I think so.

D: I see.

G: It also was all tied up with the controversy that the welfare fund -- and that was its name at the time, the welfare fund -- had with the medical and hospital communities. The fund was going through in the mid to late 50s the whole question of control of quality and who was going to be allowed to, who was going to be paid for surgery, whether they were going to pay general practitioners, or whether they wanted trained surgeons and control of surgical procedures and hospitalization. All those issues were being fought out by the miners' welfare fund [inaudible] in Bellaire.

D: And when, say, some incompetent physician was told that he wasn't going to be participating any more, would they ever come to you in that regard and ask you to advocate their case? Or would they go to Les Falk? Or how did they battle it out when, when people were being, in the medical community were being discontinued from participation in the fund?

G: Well, the Bellaire Clinic in its whole structure was viewed as an arm of the welfare fund. And when the welfare fund established the policy and had some controversy, that washed over unto the Bellaire Clinic. And when for example, one of the hospitals would be removed from the welfare fund participating list, the Bellaire Clinic and the medical group and its administrative people were all looked upon as being to blame for that problem.

D: Would that hospital then be likely to withdraw any admitting privileges for the Bellaire Clinic doctors?

G: Well, as a matter of fact the Bellaire Clinic never had hospital privileges in that particular hospital which was taken off the list.

D: Which, which hospital was that?

G: It was the Martins Ferry Hospital.

D: Martins Ferry Hospital.

G: The Bellaire Hospital was the one that we had our privileges at, and a number of our doctors had major problems there. We went through a major court case. You may or may not have heard of the Sands case. An obstetrician/gynecologist who had been the OB/GYN specialist for the Second Army in the South for several years moved to Bellaire and joined our group and was prevented from working. And we went all the way up to the appeals court and one, just one step short of the supreme court, anyway.

D: Well, that's the relevant context to all of these developments. What about the miners? Were they, did they have a grasp of what an advance in medical care organization the clinic was? I mean, was there a grassroots loyalty there of the natural constituents for this?

G: Well, I'll answer that question yes and no. For those miners who came and used the clinic and really got to know their doctors, there was some understanding of that. But by and large overall, I would say the coal-mining constituency did not realize that, no, no. Now there's one important development that took place in those early years. When I first came there in 1956, it was just a group of doctors. We first organized a consumer non-profit consumer board in 1958, two years after I was there. And the board had a majority of coal miners, although not entirely, a majority, a minority of citizens of the community. And it was only at that point from 1958 on later that the coal miners in any semi-official way were involved in the program.

D: Saw it as much more their operation?

G: Some people did, yes. Some of the miners on our board were very knowledgeable in terms of what the program stood for. But others were not.

D: Then did these miners on the board themselves, or as conduits for information among the rank-and-file, bring to

you their concerns about occupational disease? Were they in any way a force for prodding the clinic to do more on black lung?

G: I would have to say no to that, answer no to that. That the major push for working black lung, black lung came from the physicians [inaudible] in the medical sense of interest in the medical. Let me make one point before I lose this. I think it is an important point. Overall, the coal miners in the greater Wheeling area had very, very mixed emotions. Lots of them had real loyalties to other doctors in other hospitals. And they saw the Bellaire Clinic and its connection with the fund as not being in their interests. That was a sizeable portion of both the official and non-official coal miners in District 6. On the other hand there was a very strong support. Adolf Pacifico was the president of our board for a period of time, and Tom Williams, who later became president of the district, was also. There was a big mixture and split among the coal miners on support for it or opposition to

D: But to tie this back into occupational disease, weren't some of these family doctors to whom the coal miners were loyal, the very people who were the check-off doctors or the company doctors who generally failed to identify chronic respiratory disease as work-induced?

G: [inaudible] to that it's not a simple answer. I'm thinking, for example, of a physician in the Powhatan Point area, where the North American Coal Company at that time was a major force. This family practitioner would have the check-off with the coal company. He was the typical coal company check-off-type doctor. And he was dumped by the local unions, and the local unions came to us and asked us to set up a check-off for them, which was a totally different kind of a check-off. It was not a company-dominated one. It was a kind of a minor small pre-payment program in coal.

D: But did you ever see company doctors or hear of company doctors, check-off doctors, who ever identified coal workers' pneumoconiosis and diagnosed it as such, called it that?

G: No.

D: Actively, actively supported a workers' comp claim for something like that?

G: No, not in our experience, quite the contrary. It was our doctors -- our internists and our family practitioners -- who were very, you know, conscious and aware of and were

doing, writing articles about this, guys like Murray Hunter and Milton Levine and similar people.

D: But what you're telling me is that some of the miners were quite loyal to these doctors who, check-off doctors who stood as a bulwark against recognition of occupational disease?

G: Yeah, you know, based on their individual perception of this wonderful person, this doctor treated them so well and made home calls and saw thirty or forty of them a day. But really, they had no basis on which to judge the quality care and even the issue of black lung. In other words, a real mixture of tremendous loyalty to these doctors, who in our view from a theoretical and health care point of view, were lousy doctors.

D: And there was, as you picked it up over the years [inaudible], there was some pretty good evidence of their inadequacies? I mean, this isn't just a biased opinion?

G: Yes, so no question about it. Our doctors who saw, who worked with them, the ones who early got into the hospitals and later on did but worked with these guys in the hospitals saw the overutilization and the lousy surgery that was done by G.P.'s, no question about it.

D: Now

G: And the patients we saw that came into our clinic that were the result of bad care.

D: Now, as an administrator, did you play an important role in acquiring technology for diagnosing black lung? Were you involved in acquiring pulmonary function equipment or upgrading the X-ray equipment?

G: Yes.

D: I mean, to what extent did, was it clear to you that this was a priority, just based upon your routine activities as an administrator?

G: Well, I wouldn't say it was based upon my routine activities. But it was based on my close relationship with the medical group. The physician, you know, of course, as a nonphysician I didn't know a damn thing about black lung.

D: All right

G: But our internists and our family practitioners did. And I was fully involved in all the discussions with the

medical group and with the board about the impact of black lung and the importance of developing a program.

D: And was it your sense that that concern among the medical staff was strong, even, even in the mid-50s, that this goes all the way back, really, as far as you were there?

G: Yes.

D: I mean, after all, it's '56 that, that Hunter and Levine go off and give their paper at the AMA meeting about their clinical studies.

G: Right.

D: So it seems to me that this is pretty deeply

G: Right.

D: Woven into what the clinic was about.

G: Right, no question.

D: Okay.

G: That kind of, the doctors who established the Bellaire Clinic, prior to my coming, were a group of four, one of whom left fairly soon and many years ago died. But of the three living doctors -- Milt and Charlotte Levine, Jack Paradise -- [inaudible] still very much functioning [inaudible] academic history since leaving there. They were much interested at that time in providing highly trained, good quality care [inaudible], no question.

D: And specifically, care involving occupational disease?

G: Occupational disease and particularly black lung.

D: And how would that come to you as an administrator? Would they, in terms of allocating resources, whether it was nursing or buying equipment, or setting aside space, I mean, did you see this as, in terms of allocating resources that they, that they were determined to deal with the black lung problem?

G: Well, I, after I arrived there in the early 1956, and they were already thinking that direction. My own philosophical bent made me very quickly sympatico with their approach. And I was involved in all the discussions around what the program was going to get involved in and what kind of services we would provide. So that the development of a

black lung program, I was up to my ears in it from day one, and with the doctors, who of course obviously provided the technical

D: And what was your specific input into those? What kinds of considerations you would be raising for them or with them as these things are being worked out?

G: Well, I'm not sure what you would mean by that. But as an administrator responsible for the business end of things, I was clearly interested in where were we going to get the funds to support the development of equipment and staff and the program.

D: Well, let me, specifically in terms of funds, were you attempting with the medical staff to estimate what kind of likelihood of recovering workers' comp would be? I mean, workers' comp would be paying the medical bills for some of the people.

G: Yeah, we certainly, sure, we certainly made efforts to, the clinic was supported by two major sources of funds, you could say three. One was the money we got from the miners' welfare fund. Two was the fees we got from other sources, and among those fees was, were fees were charged for workmen's, workmen's comp. However, the major black lung program we had was not a workers' comp support. We had other funds which supported a black lung program, and I'll be damned if I can remember the agency from which we got them.

D: I'm still back in the 50s and 60s. Is this something that came along after the federal act or

G: I don't know when. I don't know when that would have started. But I'm sure we had a black lung program prior to 1969. The 1969 Act did not deal with providing funds for programs that were like a clinic program for black lung. It provided compensation for individual miners and payment for certain kinds of services for them. The general approach that we had in both places where I worked, Bellaire and New Kensington, even though it was much later, I think it predates, however, the passage of the law was that the black lung services were not intended to cure. They were intended to alleviate and to teach miners how they could best alleviate their breathing problems. And that was the overall purpose of our programs, and I, I can't specifically say when we started that kind of thinking and when we started the program. But I'm positive it predated 1969.

D: Did you, did you play any role directly in filing or appealing workers' comp claims?

G: No.

D: You didn't?

G: No.

D: All right.

G: That was handled through the district office of the union.

D: Okay, so as an administrator for the fund you were not involved in sort of triage function or any

G: No, not at all.

D: I see.

G: Our doctors would sometimes get involved in a specific case if there was need for medical evidence, you know, a doctor who treated a particular patient. But as an administrator and as an organization, we did not.

D: Now, let me just, this gives me a good sort of baseline of activities that the clinic was engaged in and that you were engaged in. But I also want to walk through some specific events and see, some of which I have to confess that I'm not certain whether you were directly involved. When you say you were in a lot of these groups, group meetings with the medical staff, then it leads me to wonder what you saw and heard and said.

G: What I meant by that specifically was the medical staff had a group meeting once a month, that I was a loud voice with no vote.

D: Okay.

G: Everyone

D: Okay, by all accounts the various British investigators Lorin Kerr and others brought over played an important role in spreading awareness of the disease. Do you remember any of the British visitors? In particular, in early 1958 Jethro Gough comes to Pittsburgh. Now I'm not certain, I can't remember whether he actually then came on to Bellaire for a time.

G: Well

D: Do you remember that visit?

G: I don't remember that particular name. But I know there was a major visit soon after I got to Bellaire. It could have been 1958. It might have been '57 or '58 or somewhere in there. And the British example, what the British were doing in black lung and on pneumoconiosis was very much important and in evidence in the development of our own interest, not only at the Bellaire Clinic but through the influence of Les Falk in the Pittsburgh office of the fund. So the Bellaire Clinic in Bellaire, the Centerville Clinic in southwest Pennsylvania, the Fairmont Clinic, there was a whole, and the New Kensington Clinic, which at the time was the Russellton Clinic -- all were very much affected by the British work.

D: Okay, modeled after them?

G: Yes, how it was directly affected from a [inaudible] point of view I can't say, not being a physician.

D: But as an administrator, did you ever go to Britain and observe any of the

G: No.

D: Okay.

G: But I, they, definitely, I'm not even sure that there might have been two visits to Bellaire, but I'm not positive.

D: Well

G: Only one major visit.

D: In 1960 the state of Pennsylvania conducts a prevalence study of coal workers' respiratory disease. And I just wonder whether that sparked any interest that you picked up in Bellaire about having Ohio do something similar? Did you get any glimmer of that, that maybe Pennsylvania was going to be the model, and then there would be Ohio.

G: No, I don't recall any.

D: Okay, well, I, I have an awful lot of questions that are pretty medical, so I'm just going to skip over most of that, and, I guess, ask you about what you knew of conditions in the mines. Did you ever go into any mines at all?

G: Yeah, several times.

D: You did?

G: Yes.

D: And what was your impression? I mean, was, were the dust conditions obviously bad or

G: Yeah, I was in several mines over several years and particularly in the early period some small mines. And the conditions obviously varied very widely. Smaller mines were obviously worse than the big ones, although in the big mines with their mechanization, I gather, is what produces much of the dust. But I don't have any technical views of conditions. It's strictly a personal observation.

D: Yeah, but you saw. You were in mines

G: Yes.

D: And you saw continuous mining equipment?

G: Yes.

D: In operation?

G: Yes.

D: And it was

G: There was obvious attempts to, I think I'm now talking about impressions since the act, there were attempts to control dust with spraying of a

D: But you saw no dramatic efforts to contain dust in those days. There must have been some, obviously, some ventilation

G: Not in the early days.

D: But you didn't see a lot of water being used?

G: No, I didn't, and certainly not in the smaller mines. And some of my most vivid impressions come from the later period.

D: Okay, I'll have to set those aside. Did you play any role or have any observations of efforts to reform the workers' compensation law in Ohio?

G: No.

D: Okay, well, we're moving right along. Do you, when you worked for the Bellaire Clinic did you have an ongoing

relationship with Lorin Kerr? Do you have a sense of what his contributions were in this area, particularly back in the 50s when this was, when the British notions were quite controversial?

G: Yes, a couple of our doctors were particularly interested in the subject. Murray Hunter was one of them. Milt Levine our other internist was the other. And they had fairly frequent, like, maybe once or twice a year, they had contact with Lorin on these, on the technical questions about black lung. They were aware of what was being done with the British, although I was very peripheral to that kind of thing. I was aware of the fact that they were very interested.

D: But you weren't involved, say, as an administrator, disseminating reprints or anything of that nature. Lorin was often was showering the country with reprints. And I suspected, in turn, he might have had people who were then sending them, you know, sending the reprints on to the next level, down to the practitioners in the community.

G: Yeah, well, our relationships with the practitioners in our community were generally so poor that we wouldn't have been a very effective agent for spreading Lorin's brochures and pamphlets and pages, you know.

D: And do you think that was in general an important barrier to growing recognition of coal workers' pneumoconiosis, that there was so much general antipathy between the fund and its physicians and the mainstream medical community -- the medical societies and the whole, whole medical establishment -- that it would have been very hard for the fund and its physicians to say the sun rises in the east and have these people agree with them or want to hear about it?

G: Yeah, I think that that general point, I would say, is quite true. The Bellaire Clinic medical group physicians were so tied up to the fund. And they were looked upon with a jaundiced eye by the medical community. And the medical community in that area was, even those who were specialists, board-certified, were simply not interested in that kind of research stuff. There were no medical schools, no university in the area. The only doctors in that area that I know of that had any ties with a medical school were our doctors. They used to go up occasionally [inaudible], like once a month. They'd give lectures and

D: Pittsburgh was still the metropolis as far as you [inaudible] Columbus and Cleveland.

G: Pittsburgh was our metropolis although our physicians referred to the Cleveland Clinic and Ohio State, but more likely to Pittsburgh, not only because it was closer geographically, because that's where the fund's office was, and Les Falk and Bill [inaudible]

D: And among your immediate, your counterparts in the other area medical offices or with other group clinics, people who were non-medical administrators, either in the area medical offices or at a clinic, did you get a sense that they were in general receptive to and doing what they could to foster recognition of occupational disease? They weren't someone saying, you know, forget that, sweep that under the carpet -- you'll have trouble collecting the money from workers' comp.; they won't win any workers' comp claims; we're going to end up do this for nothing -- I mean, or something like that. Is there any way that administrators as administrators either helped or hindered or did neither with regard to advancing recognition of occupational diseases, generalizing across, across the group?

G: Oh, I would say, generalizing across the group and among the clinics that I was close to and who were part of or close to the Pittsburgh area office, the answer is they were very encouraging on those questions. They were all, had the same, the administrators at Centerville and New Kensington, Russellton and Fairmont had the same general approach as I did, worked closely with their medical groups and were very encouraging and also had black lung treatment programs probably later than 19, you know, but coming out of the same background.

D: Well, I have, I think those are the main points I wanted to cover. I guess I'll just ask you for your impressions of a few people and if you, you know, again, we're on tape here. And some of these people are alive, and so, you know, consider, you know, consider that. But for example, your general view of Lorin Kerr's contribution to black lung recognition in the United States?

G: My impression is that Lorin Kerr made an enormous contribution, both in terms of his technical output, articles, dozens of articles, published in all kinds of publications and in terms of his organizational activities through the, not only through the miners' welfare fund but later through the union, but also through the American Public Health Association, where Lorin was very active. I'd say Lorin, in spite of his acerbic personality at times, was a, made an enormous contribution and was very much admired by

D: Were you also active in the Public Health Association? Did you observe Lorin in this context?

G: Yes.

D: You know, as I understand it, the American Public Health Association back in the 50s and thereabouts was not an especially progressive organization, at least with regard to occupational health.

G: Ah, the medical care section, which was what, I was not active in APHA in the same sense that Lorin was. Lorin got to be president a couple of times, I think, maybe. But I was involved, and I went to their meetings frequently. And my impression is that the medical care section was in fact interested in that issue. Whether the occupational health section was or not, I don't know. I couldn't say.

D: So, what about Les Falk? Was he someone who was seen as, again with regard to occupational disease, someone who was pushing this as hard as he could, or how would you characterize his contribution?

G: I would say Les Falk was seen as somebody very much interested in it, probably not as great a contribution as Lorin would have made maybe because he was concentrating on more on other things. But I think Lorin made a bigger contribution. But Les Falk also was, of course, pushing it very much. He was very favorably inclined since he was the guy who made a lot of decisions on what the clinics did with their money. And Les's approval of the overall administrator's [inaudible] of the budget of the clinics, where they were putting money into a black lung program, his approval was necessary.

D: And how about some of the clinicians, Murray Hunter, for example?

G: I think the clinicians in the clinics were mainly involved in the day-to-day provision of health care and not able to put an awful lot of time into the research that was necessary make a major contribution, although it is true that both Milt and Murray Hunter did, I think, get an article or two or three, and did do some publishing and did report some of their work and were interested in the miners they treated as patients in the black lung question. But again, the contribution [inaudible] levels of it: Lorin probably was the greatest, maybe Les middle level, and the clinicians less so because of the, they're busy with day-to-day health care of patients and not doing the kind of research one would do if one were an academician or medical school.

D: Well, over the years at least up until the '69 act, between say '56 and '69, did you observe any dramatic changes in the way that the Bellaire Clinic dealt with occupational respiratory disease? What, what was different between the way things are happening from an organizational perspective?

G: Well, when I arrived there in 1956, there was no black lung program. When I left in 1980, I think the black lung program had been phased out for lack of funds. But in between there -- and I can't remember when it started and when it ended, probably started before '69 -- the black lung program, treating coal miners with black lung to help them alleviate those symptoms developed. And in Bellaire we were very much interested in it, with the support of Les Falk [inaudible] developed the program. When the program began to get into financial trouble, it was harder and harder to devote funds to that because when the enthusiasm for it [inaudible]

D: Well, that's really about as much as I wanted to ask you, unless you have any other general observations about the role of the union or of the clinics in this, in the recognition of the group of diseases, again in the period up to '69.

G: '69, I don't think so. Most of my observations had to do with what it took for the clinics to fight their way into functioning and to remain there as the coal industry got into trouble, and then the funds thereby got into trouble, also thereby the clinics got into trouble. But much of that came later, after '69.

D: And that didn't cut especially deeply, it didn't cut any more deeply into black lung activities than it did into anything else?

G: No, no, well, maybe so, because, and this again though, I think I'm sure it's after '69. Black lung programs are one of the first to go because they were, the funds were coming from peripheral sources and they were not core funds keeping the clinics operating. And I think that, I would say that was even true when I went to New Kensington in 1982. Within a couple years the black lung program had to be phased out. But those again were financial problems that post-dated.

D: Yeah, it came on later, okay, well