

MURRAY HUNTER: ORAL HISTORY INTERVIEW  
ON COAL MINERS' RESPIRATORY DISEASES

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D: I'm in the home of Murray B. Hunter, that M-u-r-r-a-y B. Hunter, in Ann Arbor, Michigan, and I'm going to interview him about his experiences with coal workers' respiratory diseases. And it's our mutual understanding that I'm taperecording this, that this is for historical research purposes, and that I will cite him and may even quote him in the publication, and that he understands that's exactly what we're doing here. Is that our mutual understanding?

H: That is our mutual understanding.

D: Okay, and you also have the right to stop this tape at any old time. Okay, let me just cover a little background here. You went to medical school at Duke, and then you did some further training at Duke, and then did a residency. Well, let's hold up on the residency a second. But in your training at Duke did you get any sort of training or orientation toward the problem of occupational disease?

H: None.

D: None, not a minute?

H: Not a minute.

D: Not a minute, okay.

H: Not a second.

D: Okay. But then you go on from Duke to a residency in New York, in New York City in 1952, '53, and there you had some.

H: I had some minimal exposure to silicosis.

D: Uh huh.

H: I recall reading a book about the Gauley Bridge tunnel in West Virginia, when I was in New York. And I, somewhere in my library I have, this was the [inaudible] book.

D: The Hubert Skidmore, The Hawk's Nest

H: The Hawk's Nest, a book was written with photographs. I remember being very intrigued by that. And at, on the NYU Research Division we had an enormous latitude in what we chose to study. And I did become involved in the study of a few sandhogs, people who had worked on the subways of New York and who were now in respiratory failure for one reason or another and had fabulously abnormal X-rays. And we also got a grant from a drug company, believe it or not, the makers of diamox.

D: I don't know how to spell diamox.

H: D-i-a-m-o-x. They thought that they, that their carbonic anhydrates inhibitor would bring down the elevated carbon dioxide levels of people's chronic lung disease, which it didn't. I became familiar with it. But in all fairness, I was not enamored of this as a career goal.

D: Really? And I just have to ask. I can't remember exactly the timing on this. Was Anthony Lanza associated with

H: I don't think I was associated with a Lanza

D: At NYU. Well, he was associated with NYU.

H: Yeah. But I never ran, I knew the name Anthony Lanza, but I never went close.

D: No connection with him?

H: Anthony Lanza, no. And this was not heavy, heavy occupational disease. And the same time we had a research project on massive obesity, so we collected people who weighed over 400 pounds in our research ward at, on, at Goldwater Memorial Hospital on Welfare Island, on Roosevelt Island. And we collected people with various rare arthritides. The occupational disease piece is really pretty small. And I was not imbued with occupational disease as a career. And the only reason I became involved in the United Mine Workers' health plan was because I was looking for a job, and I didn't want to go into private practice. I never conceived a private practice as a career. I always thought I'd be an institutional physician of one kind or another. And I answered an ad in the AMA journal and was directed by Warren Draper, who was then the director of the United Mine Workers' Welfare Fund to go to Pittsburgh and meet Leslie Falk, which I did. I had never been in Pittsburgh, or in fact west of New Jersey in my whole life.

D: Now except for Iowa.

H: Except for college in Iowa, right.

D: And this was when? This was the middle of

H: This was 1953. I went out in January. Our baby was due in May, and I needed a job. And I went out in January. I thought I would practice in Pennsylvania, but I couldn't qualify for licensure in Pennsylvania because they wanted a rotating internship then. And I'd only had straight medicine. And they told me about these fellows who had been in Harlan County, Kentucky and who were more or less evicted from there on political grounds and were setting up a clinic in Bellaire, Ohio. And that was Milton Levine, Jack Paradise.

D: Paradise is spelled just like

H: P-a-r-a-d-i-s-e

D: Okay.

H: Milton Levine was an internist, Jack Paradise was a pediatrician. And Nate Mathis was a surgeon, the three of them.

D: And they had been in

H: They had been in Bellaire a few months.

D: But they had been in eastern Kentucky.

H: They had been in eastern Kentucky for a year, in Harlan County, and they [inaudible]. They were young and somewhat immature, and they got involved in union politics. And one faction decided they didn't want these union docs, they wanted other union docs.

D: Has that been, now that project that didn't work out in eastern Kentucky. Had that also been under the auspices of the fund, or is that

H: Yes.

D: It had been.

H: The fund was very new at that time.

D: Sure.

H: And the fund was also groping for a way to make an

impact. So Jack and Milton and Nate came to Bellaire, and I met them.

D: Les Falk took you?

H: Les Falk, actually Glenn Wilson did, who was Les Falk's administrative assistant. Glenn took me to Bellaire. And I liked him personally.

D: Just to set the scene in Bellaire. The clinic was already opened when you arrived.

H: The clinic was open. It was housed in an old mansion, rented space, had an X-ray machine and office space, and had only the lukewarm support of District 6 of UMW, because they were, this was the beginning of the welfare fund's idea of limiting the panel. And these mine officials are old friends of the local docs.

D: I see.

H: Their daddies, they were delived by the local docs, and their daddies were taken care of by the local docs. And they thought that the UMW Fund should come in and simply pay for services for the local docs. So there was not a groundswell of let's get our own doctors. There was not such a groundswell. Remember the tradition and the check-off in the coal fields where the company got you a doc, and you went to him and co-opted his loyalty, even though you were in the working class. And that often happened with company docs, with check-off doctors. So we went in, and I decided to come because I liked them as people. And I made most of my career decisions that way.

D: Just to lay the background out a little more fully, the medical, so the local medical practitioners were obviously not very happy?

H: They were not. They were not happy at all. There was a tradition of hostility of, which even went to the appeals courts ten years later when they tried to deny our obstetrician hospital priveliges at Bellaire Clinic. We were not admitted to the medical society. I have in my files the appeals that I wrote to get us admitted to the medical society. But those are issues peripheral to the occupational health thing. And I don't want to digress so much. But no, they were hostile to the clinic's development. That same hostility existed in virtually every community in the early pioneering days, which were the 50s, when United Mine Workers imported doctors to treat coal miners and set up a limited panel.

D: And how, in the early days, how wide an area did the Bellaire Clinic serve?

H: Well, it served Marion County, Ohio, Belmont County, Ohio, and [inaudible] West Virginia. And it had all the adjacent, it some members from adjacent counties. I suppose its constituency, the town of Bellaire of 12, it's across the river, the Ohio River from Wheeling, West Virginia. We got some West Virginia patients crossed over. The county had a population of 12-15, no, the town had 12-15,000, the county population might have been 20 or 30,000.

D: So you did see patients then from West Virginia as well?

H: Yes, some crossed over.

D: How about Pennsylvania? You're not very far from

H: No, no, no.

D: No patients from Pennsylvania, too far?

H: Too far.

D: All right, so you're in Bellaire. How many miners with occupational respiratory disease did you see a month?

H: Oh.

D: In the course of your normal practice?

H: A lot.

D: A lot.

H: A lot.

D: Ball park, a guess.

H: Let's see, in a month, let's see, my average caseload, I'd see 20-25 people a day, about half male, half female. So each day I saw 10-12 miners and probably half of them.

D: Really? This is the early 50s.

H: In the early 50s, probably half of them had, had opacities on the X-ray. We did not have a sophisticated program in the 50s. We were just getting going. But we were fascinated by X-rays, and we had a radiologist named Paul Meader, M-e-a-d-e-r, whose brother was actually a congressman from Pennsylvania, and who became interested in X-ray configuration. There was no [inaudible] then. There

were no "A" readers, "B" readers. This was just a radiologist who was interested in, like the British did.

D: Okay

H: And we began to collect the British literature on X-ray interpretation. There was no UICC classification then, remember that all came after the act was passed. And we

D: Well, but there was

H: The old British category 1, 2 and 3 and complicated. And that's how we read our films. And so we began to see these X-rays and look at these people. And the treatment was not sophisticated; it was the treatment of COPD.

D: Before we get to the treatment, what was the workup? I mean you did, took a workup. What did you do?

H: We did a traditional internist's history, physical exam. And then we, Milton and I

D: Would you do an occupational

H: Occupational history, and we began to learn, we'd both been in the mine. And we had friends in the union. And we began to learn ourselves. We did not learn occupational history-taking from books, frankly. We did not. I never even went to books, later I did. But in the early 50s, when we got interested, we, we learned what roof bolters did and that they had a very high silica exposure because they went through roofs, which was silica-containing. We learned what shop firemen did. And we would, our histories were how many years in which job. We knew about the motormen, and we gleaned that figure that motormen had increased exposure because of the traction [inaudible] on the track. And we had a small coterie, Jan Lieben I remember meeting from Pennsylvania. And we had a small grouping of friends in, some of whom were traditional occupational medicine types, but others simply who knew coal and coal mining. And we began to get our own idea of who was exposed to what and of course working the continuous miner.

D: But was there a substantial amount of continuous mining by then?

H: Already, yes. There was continuous mining in the eastern Ohio coal fields.

D: And in that little piece of West Virginia that you served also?

H: Yes, yes, yes, yes, there was continuous mining. And so we learned that, but we did go down the mines.

D: And what was that like?

H: Well, it was interesting because we usually had people, and we would ask what he's doing? What's his job? And Milton and I really tried to learn. I think Milton, Milton had already started this in Kentucky although he was not involved in any research. But he began his interest in, in CWP, since black lung was not coined until, I have a whole thing on the history of that expression.

D: Yeah, I'm going to ask about that.

H: Okay.

D: Okay.

H: That didn't come until the late 60s. But this was the early 50s.

D: You would do, I assume, a physical examination?

H: We did a physical, a history, an occupational history, a physical and an X-ray. And we did some fairly primitive pulmonary function testing, nothing sophisticated like today.

D: What testing?

H: Well, we'd get a maximum breathing capacity and an FEV1. We never did total lung capacity or residual volume. We didn't have that kind of equipment. But we got forced vital capacity. I think we got, we got it, I'm not mistaken. Our machine, that we eventually bought, could give us residual volume.

D: Back in the early 50s?

H: Fairly rudimentary.

D: Setting the base line

H: And if I'm not, you know, I'm not mistaken what tests we quoted in our article.

D: Okay.

H: But

D: That's okay, I have that.

H: But you have that. I believe we talked about FEV1.

D: Were there circumstances under which you'd do biopsies?  
Take

H: No.

D: No, didn't happen?

H: We didn't do biopsies. We talked to our colleagues in West Virginia, in Elkins, about whether they did, at Elkins Clinic, Joe Martin, whether they ever did biopsies, and even our British colleagues, when we met them. We had at Bellaire Clinic an occasional British visitor.

D: I'm going to ask you about that.

H: Pemberton came through.

D: I'm going to ask you about those in a minute.

H: Gilson never came, although Gilson came to Elkins

D: Well, but just to stick with the early, right in the early days, in the early days of Bellaire. You say you'd do the workup, and then you'd make a diagnosis.

H: Right.

D: Now what was the terminology? What would you write down in those days? What were you calling it?

H: Coal workers' pneumoconiosis.

D: You were, from the outset?

H: Pneumoconiosis, CWP, actually.

D: None of the other stuff?

H: We never called it silicosis, or anthraco-silicosis.

D: Okay.

H: Milton and I both understood that we had to make distinctions.

D: Okay.

H: And we, I guess, from time to time, I would discuss these issues with Allen Koplin and with Lorin. That we

wanted to get, and we, everyone read Gough, from, you know, we all read Gough. And we wanted to, to and part of the significance of our paper was that we wanted to separate out CWP from silicosis and make people understand it. And Gough of course had this. That was up front, that he wanted people, and the compensation laws which was our hidden agenda. But that comes later.

D: I was going to say.

H: That leads to silicosis.

D: But so you never used terms like miners' asthma, that was just a popular phrase?

H: No, no. That was considered, considered, you know, the word, word of stupidity.

D: Okay. And that, but that was a term that you'd hear.

H: That was a lay term.

D: That was a lay term. It was heard

H: We would never, we would never use miners' asthma.

D: Okay.

H: We never, we did not even use anthraco-silicosis because we weren't sure what people were talking about, which was, and we thought it was an anthracite issue, like I said, 'cause it was so common. You know, I'm trying to think who were, Milton and I were, who were our mentors in all of this. Our mentors were largely the British literature.

D: Well, I have a question in a minute that may spark an answer to that.

H: Okay.

D: Well, just to follow through in this initial clinical encounter scenario. So what did you do in terms of therapy? What would you do?

H: Very little. We did standard COPD therapy. We gave them expectorants, if they wheeze. We have them Tedral tablets, which was the local, the first-generation theophylline.

D: How do you spell, I don't know.

H: T-e-d-r-a-l, it was a trade name.

D: Okay, okay.

H: I remember we used tons of it.

D: Okay

H: But it was basically theophylline in tablet form. We used expectorants, we devel, we devised, all of which is discussed in the paper. We devised conditions under which we used antibiotics. And we tried, we read the Burroughs, some of the British literature on bronchitis. Later on, that got much more sophisticated of course, in the 60s. But in the 50s, we, and the Burroughs paper from Chicago did come out until the late 50s, '59, I think. But we tried to understand bronchitis from the British stand, you know, how the British define bronchitis, a very common problem in Britain. And what indications there were for using tetracycline, or acromycin or whatever we had in those days. And that's described in the paper. Our treatment is described in the paper. And basically we then, we educated the coal miners about, a lot about where they were. We were very reluctant to press them to go collect benefits, because

D: Workers' compensation?

H: Workers' comp, because everything was skewed against them. If they had straight, in the 50s, in early 50s, if they had straight CWP, they weren't going to get anything. In Bellaire, in the early 50s, 'cause we're still in the 50s, in Bellaire there were really runners. And I forget, the guy's name was Delguzzo, was the runner.

D: Delguzzo?

H: D-el-g-u-z-z-o

D: Okay

H: He was not a lawyer. But he was a lawyer's shil, and he would try to get the coal miners to come in and file because he got his 33%. He'd collect a third of their award.

D: This was a miner who

H: No, no. This was not a miner; this was a business man. He was not even a lawyer.

D: Okay.

H: He would basically, now he'd be called just a paralegal. And I forget the law firm that he worked with. But everyone

thought he was God, especially Italian coal miners, because he brought some money into their homes. The thing about the silicosis statute in Ohio, and I have that in, discussed the history of that in this paper, the Ohio legislature, was that they, of course, signed away any future claim. And the maximum award was \$3,000, of which Delguzzo took a thousand. Well, in those days \$2,000 could buy a car, a nice new car. And the phenomenon was that this coal miner would get himself a new car and of course sign away his rights to any future claim. And I believe there was a penalty if you took a lump sum, also. So that, but if you took a monthly payout, it was an infinitesimally small amount of money, so they took the lumpsum settlement. It was just a beautiful setup, they just bought off.

D: But who was the, who would get those benefits? Would people who actually had CWP and did not display the signs of silicosis?

H: Well, they

D: Did they win their claims? Who

H: Some of them did. Some of them did if the lawyer could convince them that the nodules were large enough to qualify.

D: So some did not?

H: Yeah, a good many people got silicosis awards.

D: Did get silicosis, with CWP?

H: With CWP. And there was not a big deal from the coal industry about defending them. The coal industry, you know, you talk about what they knew in asbestos. The coal industry knew what a wonderful deal they had with the silicosis law. They must have. Because a lot of these claims, I said to myself, my God. I would say to the miners, "You'll never get a silicosis award with this X-ray." I'd put the X-ray up, and you'd see those little spots that's, that's coal workers' pneumoconiosis like they have in England. And he'd take the X-ray to Del, to this guy. The next thing I heard him come out. "Hey, doc", I've got myself three thousand dollars." I said, "You mean you got two thousand dollars, he got one."

D: But, but in terms of what you did in the workers' compensation system, you, would you write up a report saying my expert opinion is "a," "b," "c," or "d," or what would you be saying?

H: No. I seldom did. Occasionally, we did when we had a firm belief that this was really silicosis.

D: But the employee could take his X-ray out.

H: Yes, he could take his X-ray anywhere he wanted to.

D: And the rest of his file?

H: Right.

D: So you weren't, that

H: We were not big into that. Milton and I decided early in the game to work to change the law.

D: But did you not ever testify in claims? Did you show up and testify? Never?

H: Never.

D: That was a decision that you all made, it wasn't, there wasn't any, did you ever get any sense from the Welfare, Welfare and Retirement Fund that they didn't want people worked

H: You know Les Falk. This was not, you know what, this was not, this was not an issue. They wanted us to just to make, because they were worried about the liability of the clinics, they wanted us to become friends with coal miners. Milton and I, I must say looking back on it, we took a very principled position, that what the coal miners needed was for CWP to be recognized, that this was a mass phenomenon. And what the union had to understand, the union had to understand it was being taken down the yellow brick road or something by the silicosis statute. And we educated people.

D: Just to follow through on that point, what share would you estimate of the people who had CWP in the early 50s in Ohio were able to collect under the silicosis statute, what percent, ten percent?

H: Maybe, maybe.

D: That range?

H: Small, it's very small.

D: Through the eye of the needle?

H: Right, exactly.

D: Okay, okay. So this

H: Okay, I'll give you this.

D: But you also saw, this is early, still the early 50s. You also saw people who were from West Virginia. And they had a silicosis provision

H: No, very few people came to our clinics. I didn't begin

D: So it's really in Ohio?

H: Yeah, although they had it somewhere along the line.

D: And is your sense about the same, that they

H: The same

D: [inaudible] and many didn't know.

H: Right, right.

D: Okay, so that's sort of the initial situation for early 50s in Bellaire.

H: Right.

D: Then I was going to walk you through some events

H: Okay

D: Maybe this will set off a few things. First, we can get closer to who influenced you. In December of 1953, there's an education session in Pittsburgh, involving a fellow named Robert Ian McCallum.

H: Yes.

D: And he comes in, and he displays the international scheme or the British scheme for X-ray classification, among [inaudible]. Were you at that session?

H: I think Milton was, I don't think I went to Pittsburgh. I only got to Bellaire in July of '53. I didn't go, I think Milt went. McCallum later, as a consequence of that, Milton invited him to come to Bellaire, and he stayed in my home.

D: This is the summer of '54?

H: This is the spring of '54.

D: Okay.

H: 'Cause I remember we had, yeah, it had to be, I remember how old my oldest child was.

D: So what are your impressions of McCallum and his influence?

H: A splendid gentleman, very helpful. He stayed at Bellaire Clinic and he mentored us. He sat down with Milton and I and the radiologist named Paul Meader. And we went over films, he took an occupational history. He left loads of literature with us from the British literature. He was a wonderful gentleman, and he was very helpful to us in making us understand. And it was after that we got through with McCallum's visit that we began to put together, we did talk about compensation with McCallum. And we began to get an idea of where compensation law should go.

D: Now did McCallum himself speak directly to those kinds of matters with you?

H: Yes.

D: He did?

H: Yes.

D: Based on the British experience?

H: Absolutely.

D: The way that these developments in medicine had directly led to compensation.

H: Right, right.

D: So that was, it wasn't just a model of how to read an X-ray?

H: Exactly, of course not. McCallum was a very broad individual with broad concerns, as a lot of those guys were. They were fantastic people.

D: So it seems to be then, right after that experience in mid or early '54 that you begin this clinical study

H: Right.

D: That ends up published in the

H: AMA journal.

D: In the AMA journal. Is it fair then to say that McCallum's visit is the sort of precipitating cause?

H: McCallum's visit was precipitating. And we also met with Lorin and Allen Koplin and I can't remember if Henry Daniels, no, Henry was not involved, and we decided to do a study. We didn't know where it would lead us. And the

D: So you all met. You all met?

H: We all met, and we met, and Lorin said he would try to see that it got published. He would help us try to get it published in a journal with high visibility, which he did.

D: This was a meeting that you had in Washington?

H: We had a meeting. I can't remember whether Lorin came or not. But later we had a meeting with Lorin, when we had the paper written. We had a wrenching meeting with Lorin and Allen. It lasted all day in Lorin's home in Washington, and I'll tell you about that.

D: Okay. We'll get there in a minute. Now so the study then was designed by what, the four or five of you?

H: Basically but [inaudible]

D: Koplin was involved in the

H: No, just a little bit in the end. Koplin was there, and yet he was not hands-on. Lorin tended to be more hands-on. But Milton and I really set it up. And Milton and I had our differences. I don't know if we want to go into that. Milton and I had our differences. I'm not, this is sort of personal between [inaudible]. I felt that Milt was, I'll defend myself, I felt that Milt was career building [inaudible]

D: Ah hah. You can go off the record.

H: Okay, yeah.

D: So you, you had some input from Lorin Kerr and a little bit of input from

H: Al

D: Allen Koplin, but basically this was a study that you

H: Milt and I, Milt and I

D: you and Milton Levine devised, designed

H: right, absolutely, absolutely

D: It's not

H: I think that's totally fair to say. And Les, Leslie, Leslie Falk had practically no input.

D: Okay. Well, was that in part, I mean, I'm always trying to determine exactly where the boundaries or where the trip wires were before the, you know the fund is sort of threading its way through a political mine field. And one of the things that they had as a hard-and-fast rule was that they were not a research organization.

H: Correct.

D: And so. But you were in the clinic, you were one remove from that. You were not directly

H: We spent almost zero money on this. First of all, all these patients, you didn't have to recruit the patients. They were our own patients. We did not do a case-control study. We did not do double-blind anything, and we didn't do any of the modern techniques. We simply did a descriptive study of our case load -- how many years they worked in the mines, what their histories were, how many smoked, were there any non-smokers and so forth, and what was wrong with them and how sick they were. And basically we wanted to say what they have in England is what we also have in the United States. And some of the scientific speculation in the paper about macrophages, Milton wanted in there. I thought it was somewhat idle speculation. Milton wanted it, and we left it stay in. Milton was the senior author, but we still had, you know, I wasn't working for him. We were supposed to be colleagues. We had our differences, let's put it that way, but not major.

D: So you set up this study, and you execute it, and you have your sixty miners that you follow.

H: Right.

D: You say that you had Gilson and McCallum interpret some of the X-rays. Do you remember how many of the X-rays did they read? Did they read all of them?

H: Of these sixty miners? You know, I truthfully don't remember. But Gilson did not, we didn't, we met Gilson in Elkins. Gilson never came to Bellaire.

D: Oh, I see.

H: He came to a symposium in Elkins, and we went down to Elkins and met him there, but he never looked at our film. We talked about our issues there.

D: Okay.

H: And that's when Joe Martin gave his paper describing two hundred and forty-two coal miners

D: And did you have, what was your working relationship with Martin? Was it, did you see yourself

H: We met Martin at the Elkins, Martin was already in the literature. Milt had, we had a lot of reservations about the quality of Martin's paper. But, in all fairness to Joe, we didn't do a hell of a lot more. We thought that our paper was a little more scientific than Joe's. But basically, we both were doing the same thing, saying that this disease, that's been described in Wales, is also here in the United States and that it's different from silicosis. Basically, that's the message we wanted to get across. And you know, the coal miners themselves didn't understand it early on. Coal miners didn't understand black lung, believe me, until the sixties, until the late sixties. They were so conditioned by the law and how you got compensation that the whole idea of distinguishing this from silicosis. We did not have rank-and-file coal miners with us in the Ohio legislature, okay. We had some people we, some legislators, young guys we convinced and young attorneys. We convinced and showed them, I even showed them X-rays, made them understand that this was the word of the future, that this was what occupational health for coal miners was going to be about.

D: Was that simply, am I being unfair here, was that simply because people knew that you could collect for silicosis? Silicosis was a word that had money attached to it.

H: Absolutely, had money attached to it.

D: And all this other stuff was

H: Academic.

D: It was a dead end.

H: Academic. You know, of course, that's a generalization. There's always the bell curve, you know, some of the miners were terribly interested in all this, especially safety committee people. You know, and some of the district

board members were interested in it. We tried to educate our UMW leadership in these issues.

D: All right, so you've designed this study. You carry it out. You go to the AMA annual meeting in Chicago.

H: Okay, we first go to, we first had a knock-down and drag-out meeting with Lorin.

D: This is in Washington?

H: And I got the final draft, and Lorin is pushing for more political stuff in the paper.

D: In what way?

H: More that hits directly into the compensation issues and so forth. And I thought tactically it was a big mistake. This was going to AMA. And we wanted, basically our constituency was, was the professional audience. It was the occupational health section of the AMA annual meeting in Chicago is where we gave this paper. And we really prevailed although it was hard, and Milton and I were together on this. Milton and I were totally together on it. We both came home with a four-Excedrin headache from arguing with Lorin.

D: Really?

H: Yes. That night I'll never forget it. We were on the plane, and I said

D: You're kidding. How could a mild sweet fellow like Lorin ever upset anyone?

H: Well, Lorin, Lorin, you know, we had to defend every line in that paper, because, because, I mean Lorin had a mission. Lorin wanted, wanted, Lorin obviously saw this paper as the beginning of a new world, you know, for the occupational health division of the United Mine Workers. And Lorin wanted us to just come right out blamantly and say what we didn't feel was prudent.

D: Don't you think that was in part because he couldn't say those things himself?

H: Very likely. It's possible. I don't know.

D: Because the fund was really under wraps, I mean, Josephine Roche made it very clear that she

H: Yeah, absolutely. We did not have, of the upper-echelon fund, we did not have big-time support, no. I mean, we didn't have Josephine Roche or Draper, you know. I mean, let's face it, the coal operators were paying their salaries. This was a joint industry-union deal, the welfare fund. And well, we gave the paper.

D: And it's, just to resolve this, you, I mean, as I read the paper, you guys gave the paper you more or less wanted to give in that regard. There's no endorsement of, the word workers' comp doesn't come up.

H: No.

D: You gave the paper you wanted

H: The word workers' comp doesn't appear in there.

D: Or the words workers' comp., okay, okay. And as I understand it, I mean, at the risk of seeming pedantic, this is the paper about proving that something that happens in Britain also

H: Also happens here in the U.S., right.

D: And the paper is filled with references to all the familiar [inaudible]

H: And we wanted also that was a key element of the paper. We wanted to familiarize the readership with, and the literature review was very important in this paper, we wanted to, that it was Gilson, McCallum, Fletcher, who described the bronchitis criteria, okay. The Joe Martin paper is referenced, which is in 1954, okay in the. There's McCallum again. Heppleston is the pathologist who worked with Gough. And we, and then Milt had some theories about the immune response, which he got into the paper over my objection. But I wrote the comment as I recall; I wrote the comment. And we wanted to say in the paper how long it takes to get pneumoconiosis and the fact that it's not an all-or-nothing thing. You can work your whole life and never show, show up, which I alluded to in my symptomatology paper. I don't know if you ever got this.

D: No, no.

H: You take that.

D: This is okay to keep?

H: Oh, absolutely, I have loads of, loads of copies of that. When I went into grand theory in that paper about

D: Okay.

H: By the way, we had a political task, Alan. Our political task was to acquaint American physicians who wanted to read this stuff with this literature. You'd be amazed how many people did, how much response we got to this and with some of the ideas and what the British were doing, how they took a history of dyspnea, you know, and how you follow these people. And the treatment, there obviously wasn't much. There's one little tiny paragraph about treatment.

D: But the, what's striking to me, one of the things that's striking to me about the paper is the way in which it demonstrates the hegemony of radiology, that what this is about is showing that there is a distinctive radiographic image, that there's something that can be distinguished from silicosis, but that still will meet standards of evidence

H: Right

D: Held up by radiologist.

H: Right, absolutely.

D: Is that, I mean

H: Absolutely fair statement.

D: Okay. So it's still, I mean, it's striking. There's a long period, I believe from the 1920s, at least, onward where it's really about X-rays.

H: You're right.

D: This whole issue

H: Silicosis was [inaudible]

D: And silicosis would set that standard.

H: The Hawk's Nest [inaudible]

D: So that's what you say is a fair standard. That you really would [inaudible] the rule

H: And you know something, Alan, I was, I was, Don Rasmussen intellectually offended me early on because Don was talking about CWP without X-rays. And he was talking about small airway disease because Don, Don was a militant. He's not so much of a militant any more. And Don wrote, as

I quoted in, in here, Don wrote the most extreme view of the health hazard in coal mining that I've ever seen, and I quoted it.

D: Just so the record will show, this is from the piece on symptomatology, a piece in Pulmonary Reactions to Coal Dust: A Review of U.S. Experience, published in '71 by Academic Press.

H: Right, you can have that one. Later on, I was intellectually offended at that because I also had that paradigm, you know -- no X-ray, no CWP. I grew up with that paradigm. And I'll tell you something, I still have it. Most of me still has it. The whole idea of industrial bronchitis I bought into. You know, that if you cough a lot and you're exposed to a noxious particulate, you can get sick from it. But I was, when Don began to parade, totally, you know, category zero coal miners as disabled from CWP, I, of course, as a good loyal pro-labor guy, of course, I never voiced any of this, except in private, and I did it to Don.

D: When was this?

H: Oh, this was, we're already into the 60s, early 70s.

D: Okay

H: '69 and beyond.

D: Okay. Well, just to pick up on one little thing you just said, industrial bronchitis. You have some skepticism about industrial bronchitis.

H: Yeah.

D: What is it? Did you have any dealings with John Pemberton?

H: Yes, John Pemberton came to Bellaire, and he spent a week or two.

D: This was in the early 50s.

H: '55, in the mid-50s.

D: Yeah.

H: I can't remember if it was before our paper. I think it was after our paper.

D: And he didn't do any screening. Did he do any screening?

H: John did. John did screening

D: He did?

H: At Bellaire.

D: I knew he did some at Russellton, but I

H: No, he did

D: And this was for bronchitis?

H: Yes, yes, John was doing a bronchitis study. I don't remember what it showed.

D: And what was your reaction to this?

H: Oh, I didn't regard John as of the stature of McCallum. But that's just a personal taste matter. And, but this was after the paper. After that Milton and I got on, we were on the, you know, we were a tourist stop in the black-lung world, the world of CWP.

D: Oh, I see.

H: Before that Elkins was the only tourist stop, then we became a tourist stop. Well, John Pemberton came through, and there were some other people along the way. I couldn't remember them all.

D: Well, just to, to double back from bronchitis back to the paper itself. Clearly, you just wanted to establish a beachhead, so to speak.

H: Absolutely

D: For the existence of this disease entity in the United States.

H: Right.

D: And so, I mean, again, I, just to be clear about this, you don't even approach the issue of the correlation and lack of correlation between this X-ray image, which is still of such great importance, and the question of disability.

H: Yeah. I approached that in later work that I'll share, including that article and several others.

D: Because it seems to me

H: Later we approach it.

D: But in terms of the fight you just had with Lorin, that seems to be the next move. If you're going to talk about X-ray images and the existence of a distinctive X-ray image for CWP, then you have to somehow link that

H: Right.

D: You either have disability, or you're not going to get to the next step, which is workers' comp

H: We did that at the New York conference. I gave a paper on the clinician looks at disability criteria. But that's

D: Fifteen years later

H: Fifteen years after, yeah, right.

D: Okay.

H: I, when the federal black lung law came in, the whole tenor of the discussion was shifted. There was no longer any doubt about CWP, about its bona fide.

D: But at least, just to stay in the mid-50s, at the time, I assume whether or not you could come up with some scheme up or numerical correlation between this level of nodulation means this level of percentage of disability, how were you starting to try to think about?

H: [inaudible] This is one of the things that Lorin wanted us to do. Milton thought about it. We simply took respiratory conditions and respiratory symptoms against category of disease, in this paper. And the, one of the figures in the paper, and we did it in percents, and we said if you do not have pneumoconiosis, you're only half as likely to have, be short of breath. You're less likely to have coughs. You were less likely to show what we describe our category, our criteria for emphysema, okay, and right heart failure, okay. We had a strange glitch, we had only category one, we have three right heart failure cases, okay. And one of the things Milton and I would argue about is the definition of cor pulmonale. But I think we were probably all right on that. The paper was not too bad scientifically, but, so we were beginning here to say there appears to be, this stuff you're looking on the X-ray is bad for you. Now, Lorin wanted us to come down real hard, and I said, "Look, Lorin, we're just going to give the data." It looks like this is bad for you. You may use it, you may go to Congress and wave this, which of course subsequently was done. We're not here to say how bad it is for you. We're

going to, and we concluded, miners with coal workers' pneumoconiosis show a higher incidence of respiratory infection, more pneumonia, more emphysema, more dyspnea, okay. And then we called for further studies. You can understand that for Lorin, this might have been seminal and groundbreaking but was very minimalistic from what his agenda was.

D: What would you say his

H: Later we got, later things

D: But just in terms of when you, the immediate reception, you give this paper at the AMA. Was there a, did people yell and scream at you, or did they

H: Some did. There were a guy from the Cincinnati school of occupational medicine, was basically company-oriented, a guy named Price.

D: Princi?

H: Princi

D: Frank Princi

H: Frank Princi took exception.

D: He was there at the meeting?

H: He cared that much.

D: Oh, really?

H: That our paper was given there.

D: And how did he voice his opposition?

H: Frank, you know, Princi, he didn't question whether there was such a creature.

D: There were others there?

H: Oh, God, I wish I could remember some of the classic people in the field, Gardner, I think

D: So we're at the AMA.

H: We're at the AMA. It was not a well-attended session, but the big names were there. There were practically no docs walked in. It was the club. It was the occupational lung disease club.

D: And this involved, I assume, the industrial people?

H: The industrial people, mainly, who go to the AMA meetings. Okay, and (Danny stop it, what a pest) I think Milton and I both answered them. Milton was a little bit more hurt and took offense. I tried to stay, you know, pristine and scientific. And well, we stuck to our guns with our data. Princi very definitely attacked us. Oh, in a polite way it was no, I mean, it was nothing ugly. There was one grand old man whose name escapes me now, I wish I could remember, who was there who was very sympathetic to what we were doing. One of the old guys, either he's from the Saranac days or academia, I can't remember. I wish I could. But you could see from Princi's reaction, and a couple of the other guys from industry. There was a guy from some foundation in Pittsburgh.

D: Oh, from the Industrial Hygiene Foundation?

H: Maybe so, yeah.

D: [inaudible] maybe?

H: . No.

D: Braun, maybe?

H: If you, I'll, it may come to me between now and tomorrow morning. Anyway, since you're into those days, but, they were polite and cordial, very skeptical, Princi the most, by far. Milton wanted to attack his conflict of interest, and I suppressed him, you know, you know. By and large, I knew that the actual presentation, I kept reminding Milt, [inaudible] who cares what happens here. The important thing is it's going to get published. And he didn't tell us it would be, it was the first page of that issue. I know it was page one. It was the lead article in this particular issue, and I think it was the first issue of the volume in January 1957. I kept saying to Milton, "It's going to be published, you know, don't get into fights with these guys. We're going to get published, you know, in the AMA journal, read by 100,000 docs, so you know, cool it, cool your [inaudible]." Anyway, and that's the way it went.

D: Let me back up for one second here. Earlier in '56, I ran across I think it must have been in the correspondence of the fund, some fight Les Falk is involved with, a fight between the, something called the Ohio Board of Silicosis Referees, represented by a Dr. R. C. McKay, doubting the existence of this strange new entity, CWP.

H: I don't remember that.

D: You weren't involved in any way?

H: No, I wasn't involved in that directly. Les and I, we probably talked about it.

D: Okay.

H: And he took it on at that level, at that time.

D: But the Ohio board, I assume, was not going to listen to any

H: No, the Ohio Board was not. And that of course, we then began to think in terms of finding a legislator in Ohio, who would, I left it there, and which eventually culminated in the revision of the Ohio law in 1969.

D: That's, but that's 1969. You didn't start any agitation.

H: We started some. We went to, we, I think Milton and I presented something at the Ohio State Medical Society meeting, in Cleveland one time.

D: You don't remember

H: We got a guy from Case Western Reserve who was sympathetic and listened to us.

D: When was that?

H: It was in the, well, it had to be, 'cause I left there, I left for Fairmont in '61. It had to be in the late 50s. But there's no written record of that. I

D: Was the bill ever introduced in the 50s?

H: Not in the 50s.

D: No?

H: No.

D: And was the union at all interested in pushing this bill?

H: Yes, the union was interested, but, frankly, Bill Marsh I remember was the compensation director of the union.

D: It's Marsh?

H: Just M-a-r-s-h, Bill Marsh. You'll see him referred to when we get to the big demonstration in West Virginia in '69. No, I'm sorry, Bill Marsh wasn't, I think it was Mike Gretchen, who was in District 6, Bill Marsh was in.

D: Gretchen is what G-r

H: G-r-e-t-c-h-e-n. You know, they wanted to learn, but I don't think they could see the shape of the future. That, that the future was going to be where silicosis was gonna be an interesting finding in a coal miner, which will probably increase the magnitude of his award because it automatically makes it complicated CWP, okay. If we have awards, you know, better 'cause I was all for 100% or nothing awards. That was a, that was a compensation strategy that I used to argue in the union for 100% or nothing.

D: Against whom?

H: Everybody in the political arena. With legislators, with union guys who wanted partial awards. And even these 30% awards, they're nothing. The 100% award is nothing, for God's sake. The 30% award, and everybody's gonna want a quick signup for 30% award, because that's what they'll give to them, without lawyers, without discord, without contention and litigation.

D: There'll be a lot of negotiation over the number.

H: Right. And they'll love 30% awards, and they're getting cheated. And you know, I said, yeah, a miner's either disabled or he's not disabled. I was always for 100% award.

D: Now particularly because you had some dealing along the way here with Allen Koplin and you're interested in workers' comp reform, to what extent, if any, was the Alabama law of 1951 of any influence in shaping

H: We knew about it. You know Allen. Allen of course was in Alabama. Not a lot, not a lot.

D: Why was that? It always strikes me: they win workers' comp in 1951. Why didn't it, you know, Alabama '51, Pennsylvania '52, Ohio '53, West Virginia '54? This thing could have been settled fifteen years earlier. Why? Why was this sort of like the tree that fell in the forest and nobody heard it?

H: The union were deadheads. The union

D: The union wouldn't pick it up and run?

H: The union didn't pick it up and run with it. Allen understood it. I think Lorin understood it. [inaudible] didn't really. I'm not even sure that Lewis was, nobody knows the mind of Lewis, I, you know, everybody who met John Lewis. Well, I'm also one of the guys who met John Lewis once.

D: Well, when you met, I have to follow that up, when you met Lewis, you didn't talk about black lung did you? What, something else?

H: No, it was about the clinics, and what a wonderful job we were doing.

D: Well, do you think it was, I mean, I wonder

H: But you know, you know, you're a historian and I'm not. Why Alabama didn't replicate, and Allen himself, I must say, didn't pound the table and say, you know, we should go from here. I don't remember that. I don't remember that. I don't remember him coming and saying, hey, guys, let's do this.

D: We got it. You can get it.

H: You got it. No, Allen didn't do it. I don't even remember Lorin doing that. You see, Lorin in particular, you know, I must say, they followed history, they didn't make it. I mean I love Lorin. He's a grand old man, with all his, with all his weaknesses and, you know, his partisanship, which sometimes was embarrassing, okay. But Lorin followed history. I mean, I'll tell you something, Alan, if not for the Farmington disaster, I don't know if we'd have the black lung law today. That's between me and thee. In fact, I doubt it. We would not have a federal black lung Law. And my Senate testimony alludes to that. That Farmington gave us, and we used to talk about it strategically, in-house: Hey, guys, coal mining, we're up front now, we're on front page, morning after morning. We've been on the goddam news everyday. Let's start talking about black lung.

D: Let's save that. But yeah, I hear what you're saying.

H: No, the Alabama law did not provoke a lot of discussion.

D: It just didn't go anywhere.

H: We knew about it. But it didn't provoke a lot of discussion. Milton and I both knew what kind of law we thought there should be, which was like the Alabama Law. And I'll give Milton credit. Milton, Milton tended to

cultivate legislators and young attorneys and a, more than I did. But we were both educators. But we took forever.

D: Well, there was also the fact in your situation, that the union's very weak in Ohio, right? The union is no power in the state of Ohio.

H: It was no political power in Ohio. Even the union leadership -- Adolf Pacifico was the district president -- he wasn't sure he wanted us, these docs. He didn't, he didn't join the board of the clinic until late 50s, like '58 or '59, 'cause he was constantly being invited, you know, to come on the board of the Bellaire Clinic.

D: What was his name again?

H: Adolf Pacifico, P-a-c-i-f-i-c-o. And we did not have strong support in District 6. There were some other issues, side issues but very important, and you may as well hear about it. Jack Paradise was our first medical director. And Jack took the Fifth Amendment during the McCarthy time. Around he was a draft-eligible physician, and he took the fifth on the loyalty oath. And that's when he met Lewis, anyway.

D: What do you mean?

H: They wanted, well, District 6 wanted to get these red doctors out of their program.

D: Really?

H: And the three, Nat Mazer was, Nat eventually was separated from us.

D: So you had a meeting with, you had a meeting with Lewis himself?

H: I'll tell you, it was through Jock. We did not have a meeting directly with Lewis.

D: Okay.

H: I met Lewis in Morgantown, myself. And he knew who I was, but we didn't talk about it. Jock Yablonski had done it. I'll tell you this story; it's interesting. It's peripheral to occupational health, but it isn't. When Jack took the fifth, when Jack took the fifth

D: When was this exactly?

H: Oh, right before the Welch, the Army-McCarthy was '54. I think it was '54.

D: Okay.

H: Maybe it was already into '55. I can't remember when Army-McCarthy was. But even so, you know, everything didn't collapse after, after Army-McCarthy hearings. It took a while. And Jack had to take the fifth. He had an attorney, and his attorney said, you must do this, 'cause Jack had been a radical in medical school. So and people were ready to smear him. So we had a meeting with Les involved, of course. And he decided somebody else should be medical director. We had him throw a bone to the union, who [inaudible]. This was probably '55. So I became the medical director, not Milton, who had more experience, because Milton didn't want to be out front.

D: And what happened to Paradise?

H: And Jack remained at the clinic as a pediatrician. Well, there was a trade-off. The Centerville Clinic was not yet built, and it was Jock Yablonski wanted in his district. He had Russellton, but he wanted it in his home bailiwick, which was Centerville, the place he was assassinated in. It was down the road, one mile from his home where he was shot. He wanted a miners' clinic. And Milton, not I, used to go one or two days a week to Centerville to help set it up, and help recruit the staff people. Jerry Shaw in surgery. He recruited some, a well-known academic internist out of the University of Pittsburgh to help get the thing going. So Milton became a friend of Jock, and Milton cultivated Jock. He sensed that Jock maybe was the heir apparent, and Milton cultivated Jock Yablonski. And he, very nicely, and you know Milton was a, he, to this day I talk to him [inaudible]. You know, nice guy. We had our differences but not major. Well, when Jack came under the gun, and they were ready to, you know, District 6 was ready to lower the boom, we figured we had to get a message to Lewis. I mean, Lewis had had all these radicals in the 30s organizing CIO. So we had some radical docs in the 50s, a handful, a mere nothing, a little nobody

D: Were they really radicals or ex-radicals?

H: Ex-radicals, ex-radicals. Nobody, we were too damn busy to be involved in any contemporary radical activity -- zero -- all ex-radicals from student days. And so, totally ex-radicals, you know, AIMS, Association of Interns and Medical Students, we were all members of when we were in school. There was no chapter at Duke, but there was at Hopkins where Milt and Jack went. So we talked to Jock, and Jock said he

would talk to Lewis. And basically what happened is that Lewis went to Adolf Pacifico and said, look, why don't you let those docs take care of the patients, they're good doctors, and we coal miners need good doctors, and don't get involved in anything else. And it was all of a sudden like getting the word from, you know, from the man that went up to Mt. Sinai, you know, the decalogue was handed to him, okay. And all of a sudden, he starts buddying up to us as friends and eventually came on the board. It was like, you know, his boss, God. John L. Lewis told him to leave the doctors alone just like we left those left organizers alone who helped organize your district in the 30s and the 20s. So we got the word back through Jock, everything's cool, just do your work. Don't do anything flagrant. And Jock was no lefty. But Jock, Jock knew, and then Jock knew he had Milt, okay. Come on, Milt, you know, we want a clinic here. And Milt did help. You know Milt worked there three days a week. I used to mind the store at Bellaire, and practically the whole goddam practice.

D: In terms of how this might loop back into occupational health

H: All right. How did it loop back? Before then, they weren't even listening to what we were saying about black lung.

D: Okay.

H: They weren't, didn't even want to be associated with us guys. After that they began to listen, but we're already now into late 50s.

D: This is Pacifico and the whole

H: Right, right.

D: Union.

H: Only now they're starting to listen to us. And we're trying to figure out who should we talk to about all of this. And the, but the union itself was extremely backward. The union didn't understand the importance of Alabama and that wonderful guy down there, the wonderful union guy in Alabama.

D: Mitch.

H: Yes. Val Mitch. You know and like them all, he had weaknesses too, but Val Mitch was an okay.

D: Bill Mitch.

H: Bill Mitch, right. His son was Val, vice versa, maybe Bill's father was Val. Anyway, and they didn't understand this. It was probably an, you know, an executive board meeting of the UMW. It was probably at the bottom of their list of issues. I'm sure everything, you know, in terms of their political agenda. So the answer to your question is no, it did not, it was not, it was not something the union picked up on.

D: Well, in terms of the more strictly medical issues here, around '57 there starts to be periodic meetings of, it seems like most, an awful lot of the staff of the various group clinics at Russellton, Bellaire and Centerville. They actually, for a time, call themselves the Pneumoconiosis Study Unit. Do you remember this? This was a little affair. I'll tell you what I have here, and you tell me what you remember that I

H: It wasn't much.

D: Yeah, well, that's my sense. That's what I was going to

H: It wasn't much

D: This is January or February of '57, there are a couple of meetings. You're there. There's talk about a larger clinical research project.

H: Vaguely, I remember this.

D: And there was going to be a study based out of Centerville. It was called the Centerville Project, at least a couple times. And it was

H: [inaudible] he was the radiologist.

D: And there was a meeting, for example, in February '57 at Bob Schwartz' house.

H: Bob Schwartz. That was the person that

D: You were there. A bunch of other people were there, and you're talking about, you're designing, you're designing a study. I mean I've seen the minutes of the meeting, and they're talking about the forms they're going to use.

H: All right.

D: It wasn't clear whether the study was just going to be

done at Centerville, or it was going to be done at all the clinics.

H: Nothing much happened from that.

D: Well, that's striking. That's what my question is, nothing it seems that

H: Nothing

D: Seems not to have borne any fruit.

H: It bore no fruit.

D: Well, actually it did.

D: So the pneumoconiosis study unit, which I assume was the name for the group chosen directly modeled after the Welsh Pneumoconiosis Research Unit

H: Right, right

D: Doesn't go anywhere.

H: Doesn't go anywhere.

D: But I'm just curious about some other people who come on the scene here. In 1958, February of '58, Gough visits Pittsburgh. According to the minutes that I saw, you were not at that meeting. But did Gough then come on through Bellaire in the winter of '58? He didn't.

H: Gough did not come to Bellaire at that time.

D: Okay.

H: Or did he? Well, he sure knew me when I called him in '69. You know, I'll have to, maybe for a day.

D: Okay. Well, in any case, now in 1960 the Pennsylvania Health Department launches this prevalence study, a state-wide prevalence study. Did that trigger any interest in Ohio to do a similar kind

H: No

D: None, nothing?

H: Nothing.

D: Would the idea be in any way something

H: Nothing

D: Feasible that you would have tried for. Did you have any relationship with the Ohio Health Department at any point along the way?

H: We had one guy, a sympathetic man, in Ohio department, who got interested in CWP, whose name escapes me. Milton might remember. But no

D: There were no allies there?

H: No, no.

D: All right. As far as I have it here, I'm about done with Bellaire. Are there any other recollections you have of Bellaire? I'm going to move over to Fairmont.

H: Because I moved, I myself went to Fairmont in '61. Aw, no, Bellaire was a pretty small operation, you know. It was a small clinic, and had a small constituency. I think that we, to the extent that Milton and I participated in things that were going on in Pennsylvania, I think we accomplished what we set out to do, which was to put CWP on the agenda, more or less. You know, I don't know how influential we were in stimulating other things.

D: In terms of, just to return to the paper, the paper in JAMA for a second. Did that spark new interest? Were you called upon to speak at county medical societies or state meetings or around the country?

H: I spoke in Iowa. I was invited to the Iowa State Medical Society, believe it or not, of all places. Not a whole lot, but on the other hand if there was a symposium somewhere, you always got invited. And you know, we chose, we went to some and didn't go to others. There was not, it did not, we got a lot of correspondence, we got an enormous number of reprint requests, more than our printing of reprints. We exhausted our supply.

D: How many do you think you gave out?

H: Over a hundred, which is a lot. [inaudible] nowadays they do it by, you know, by machine.

D: This was pre-xerox days. So you go to Fairmont. How did that happen?

H: Okay, how'd it happen? How'd I go to Fairmont? Well, it was a combination. I was having some personal trouble in my marriage, but that was hardly the important thing. And

I, I had had a feeling. I'd been medical director, then when everything cooled down, and Jack felt home free, I said, "Jack, this is your job, Jack [inaudible], this ain't mine. I'm going to step down, and you're going to take over, and nobody's going to say a word about this [inaudible]." Which is exactly what happened. In about '58 or so, Jack came back as medical director. And in my tenure as medical director, I became involved in a lot of, in stuff trying to create legitimacy -- hospital privileges, medical legitimacy for the group practice docs. And I was very young. Let's face it, I was still in my 30s, and I'd had obviously no training. I never went to public health school, no training in any of this stuff. In Fairmont, a good friend of mine, Mike Ross, who was a friend of mine from my college days

D: From Brooklyn College?

H: No, from Duke, from med school. Mike was in Chapel Hill, going to law school when we met. And we became very close friends. And Mike, I don't know if you know, Mike ran on the Wallace ticket for Congress in 1948, from Durham, North Carolina. So Mike and I were involved in the Wallace campaign together. So Mike and I were friends. I had no idea our paths would ever cross again. We were very close. Mike then went to work for Mine-Mill. He never got his law degree. He was blackballed. And he was one of the top students in the class. He was blackballed.

D: Thrown out of law school?

H: No, he simply was not awarded a degree. He finished his courses, and he was not given a degree. Frank Graham, who later became a senator, was supposedly one of Roosevelt's great liberals, Frank Graham the senator, who was president of the University of North Carolina, later a senator from North Carolina, and in the tradition of Josephus Daniels, of North Carolina liberals. That's the pre-Jesse Helms days. Ross was my friend. And he did not get a law degree even though he finished law school. And Mike went back to New York, and at this time I was, I was in my residency, I guess. And I suggested to Mike that he go get a public health degree. He said, I'm not qualified. I said, come on, Mike. Nope, I take it back, I'm already in Bellaire. This is '53. Mike went back into Mine- Mill, went out west. He came back to New York when Mine-Mill was breaking up. And it's '53, '54, in there somewhere. I said, "Mike, go to Columbia. Figure out a way for your wife to support you, or anyway." So Mike does. He goes to Columbia because you can get a masters in one year, in medical care administration. And then Mike, I helped Mike get a job. There was an administrative assistant job in the Morgantown office of the

fund. And Mike had to pass Josephine Roche. Josephine Roche would be [inaudible]. And I knew that Mike would have a hard time because of Mine-Mill. And I would strategize, because he knew her. He knew about her. And it was, their money was western mining money. So this was all like extra curricular. I'm still in Bellaire, mind you. And Mike came out to Bellaire to visit me. And so the upshot is we managed to get Mike a job in the Morgantown office. And Mike's job was to build clinics like Russellton and Bellaire.

D: This is in the mid-50s?

H: In the mid-50s, in about '56. Mike had, by 1960 he's got Fairmont Clinic, having a hell of a time with it. He doesn't have good medical leadership. He recruited them from the traditional existing medical community. He didn't import eastern radical pioneers like we did in Bellaire. And he's in big-time trouble with his program. And he came and made me an offer I couldn't refuse. And I had, I had a lot of misgivings about leaving, you know. We had such struggles, Jack and Milt and I together. But I thought it was time to leave. And so I left and I got into Fairmont. I had nothing to do with black lung, obviously, but

D: But it gets you to Fairmont.

H: But it gets me to Fairmont.

D: And again the general scene that you find when you reach Fairmont, in terms of the relationship between the clinic and the union and the clinic and the medical society.

H: I was already a sophisticate in these matters by now. I wasn't green like I was when I went to Bellaire. And I was the boss, and it was a bigger operation from the start.

D: How many physicians?

H: Max, we had twenty. At that time, we had about fourteen or fifteen. And our biggest period of growth, which was just before the [inaudible] revolution, we were up to twenty physicians. Anyway, I immediately began to push black lung -- it [inaudible] black lung, CWP -- as a way for the clinic to attract the coal miners in West Virginia, and that was my own personal thing. You know, I didn't have Milt, I didn't have any other internists with me. But I recruited a young radiologist named Ray Haaron.

D: How do you spell that?

H: H-a-a-r-o-n

D: H-a-a-r-o-n. Okay

H: Nice a young guy who was in practice in West Virginia. And I sent Ray Haaron to Bellaire to learn how to read these films. And a, he's still my friend to this day. I talk to him every now and then on the telephone. And he began to read films the British way, and we began to submit claims for miners in West Virginia. And we also realized we had to do something about the West Virginia statute. Mind you, now it's the early 60s.

D: Now, just to follow that through, when you submitted those claims, you submitted them as CWP claims?

H: Yes. We submitted them as CWP, and the lawyers would be, would tear their hair. Because they, didn't they have silicosis.

D: Find a way to call it silicosis.

H: Find a way to call it silicosis. And when we did, something happened. We did whatever we could.

D: Well, so what happened? You'd file these claims as CWP claims, what?

H: Some I called them CWP. Some I said nodular densities, and I didn't specify. I couldn't tell a bald-faced lie on a piece of paper, okay. But I stretched the language.

D: What about just pneumoconiosis?

H: We did that. We did nodular densities. We did pneumoconiosis.

D: And what would work?

H: Sometimes nothing would work. Sometimes the, and again the West Virginia payoff was so minimal that half the time it didn't matter.

D: And in terms of what worked and what didn't, what was the difference -- what particular referee, how hard the company fought?

H: West Virginia had some decent referees. They had Dr. Walker, who was a thoracic surgeon, was very decent to coal miners. He may have been from a coal-mining family. And [inaudible] had some decent guys as referees, even though they are operating with this horrible law, and that of

course you'll see when we get to 1969 as what we fought in '69 successfully.

D: Now in terms of these claims, this is [inaudible] talking about claims, and these are being systematically filed, sounds like more systematically than you were in Ohio?

H: Yes. Yes.

D: Was there at that time a full-time workers' comp administrator in the district office of the, that must have been what, District 31?

H: Yeah, Bill Marsh, Bill Marsh.

D: And what was he like?

H: Not too bad.

D: And were these, was he an attorney, or what was his background?

H: His father had been very important, big-time union man. And he worked the obligatory 2-3 years in the mines and then got a union job.

D: So this was the nepotism?

H: Basically nepotism and, you know, he, Bill Marsh was not the world's brightest guy. But you know, he would do, he would sit and listen to an exposition of the law. We began to try to introduce these kinds, I had ties to the West Virginia University Medical School. We had med students came, I mean Fairmont Clinic was a much bigger operation. We had a building drive by 1965. We had a new building built which was rather handsome, and still is to this day. And we attracted med students. There was a fairly interesting guy in public health school, in the school of public health at WVU or the Department of Public Health. They did not have a school but

D: Just to stay with the workers' comp. for a second. Your involvement in that, was it, was it to the extent of testifying? Did you go on and testify at hearings or appeals?

H: Deps, I made deps. I seldom went into

D: So you'd give depositions?

H: I made deps.

D: And would you also

H: And I filled out the forms. I filled out loads of those forms.

D: And did you review the counter reports, the reports made by the company doctors?

H: Sometimes

D: And did you

H: Sometimes I would refute.

D: Go through interrogation?

H: Oh, yeah, yep, yep.

D: Well, just in terms that early 60s guerilla warfare over comp., what was the quality of the medical expertise on the other side? Were these company docs, was it, what were they like?

H: They would call a CWP X-ray normal, normal.

D: Normal. Nothing?

H: Chest X-ray normal, nothing. We sometimes at meetings there was the occasional forum when we would look at X-rays together.

D: What kind of forum, like a county medical society, or state?

H: State medical society.

D: What was that like?

H: There were few people interested in hearing what you had to say. It was not

D: What? People talked passed each other or

H: Yeah, yeah, basically. But you know, and they, and it was still the old stuff from the 50s, and we're already into the 60s in West Virginia: "And now, what are you really looking at there?" And I talked to the fund and the union people in West Virginia. And we thought about putting on a big symposium in Fairmont, having Gough and all these people come over. And we discussed it, who would finance it. And of course the fund couldn't finance it. I remember talking

to Mike, who was, Mike instead of being [inaudible] finally came over as administrator of Fairmont Clinic. So it was our team of us two friends. Now he was the administrative director, and I was the medical director. He came over in the mid-60s from the fund; he came over to the clinic, as the clinic administrator. And his son is the clinic administrator today. He's dead now, anyway. And we talked about about having a symposium and you know [inaudible] and free invites and lots, spending lots of money. And we felt we would do it. Of course, it never got done. It never got off the ground. But of course '69 captured everything.

D: Well, just to trudge along here, you're in Fairmont as of late '61?

H: I came, yes, late '61, right. Full-time, I was part-time until June of '62 then I was full-time.

D: The long-awaited Public Health Service prevalence study starts in West Virginia in January of '63. Did, how did you get involved in that?

H: Didn't

D: Didn't?

H: That was peripheral to us. That was [inaudible] we had nothing to do with it.

D: Okay, okay. What about some of these other developments around the edges

H: Okay.

D: Like 1964 the Public Health Service sets up what's initially called their research unit down in Beckley, modeled on the Welsh organization, that has Rasmussen as its chief

H: Right.

D: Now did you have dealings with Rasmussen?

H: Not early, not in '64. I knew, I knew the name. I don't think I'd met Don that early. I didn't meet Don until much later in the game. We knew about it.

D: Did you have

H: I'd known Al Kistin, who was a, you know, from the 50s in Beckley. No, I had no role in it.

D: Or in helping get it set up, or giving it any shape, nothing?

H: No, we'd talk. Periodically, I talked to people, and I knew the fund guy in Beckley, but no, no, not a whole lot.

D: What about this is again a sort of peripheral, but I ask just in case

H: Right.

D: Did you go to, or feel any shock waves if that's what they were from this Pennsylvania Governor's Conference on Pneumoconiosis in Harrisburg?

H: I got all the written stuff.

D: You didn't go?

H: Didn't go, didn't go.

D: Was it influential?

H: Yeah, it was nice. They were good. I think I may have or I had it somewhere.

D: Okay.

H: The, I have the whole proceedings of the Governor's Conference. I may have them in one of these folders.

D: Just in that general time period, the mid 60s

H: Right.

D: Is there anything else I'm missing? I'm about to ask you about the Association of Disabled Miners' and Widows, and we're going to start down into the developments that directly lead to

H: What date do you have for that?

D: '66.

H: Nothing.

D: But otherwise, in terms of what you're doing at Fairmont in early 60s, is the workup you're doing on

H: Same.

D: That you were

H: No, we had more sophisticated pulmonary function tests then.

D: Okay.

H: And we were starting to do blood gases, which we never did in Bellaire.

D: Okay.

H: We started to do blood gases in Fairmont. We had much more sophisticated pulmonary testing. We could write a much more sophisticated report. And, but basically we were doing one on one, you know, we did not have any mass movement around changing the law in West Virginia. We did not have a big mass movement about changing [inaudible] in West Virginia.

D: And is your, your patient profile different in that, are these people older, are they more likely to be ex-miners who were on permanent disability, permanent lay-off. Is there anything different about the patient population you're seeing? No?

H: No.

D: All right, so 1966 there's something that is called the Association of Disabled Miners and Widows that's, you didn't have anything to do with it?

H: Are you sure it was not later?

D: Well, this initially has to do with the Welfare and Retirement Fund eligibility rules. It's not about black lung.

H: Oh, no, no, I had nothing to do with it.

D: But it becomes the kind of first sort of systematic grassroots organization that protests.

H: It's vague in my mind.

D: Okay.

H: I don't remember. It was not central to

D: Here's something a little more narrowly focused.

H: Right.

D: In May of 1967 there's a conference on CWP in Morgantown, sponsored by the West Virginia University and the Public Health Service. And Robert Byrd gives the keynote.

H: I remember, I was there.

D: You were there. Do you have any recollections of that event?

H: I remember I was astonished by Byrd.

D: In what way?

H: Oh, because he was, I thought he was, I thought he was just bull, B-u-l-l. He just pitched bull, you know. I was there, I don't recall, I did not participate, I don't think. I don't remember giving a paper or being asked to participate.

D: Well, one of the remarkable developments there is that this is the debut of Lorin Kerr's estimate that the prevalence of CWP

H: is half a million

D: Well, it's 100,000 is what he's

H: Oh well, yeah, he starts out. Okay.

D: You know the

H: I was there

D: You know the Public Health Service did this, the prevalence [inaudible]. They beat them for a decade to do the study. Then they do the study and

H: They don't find anything.

D: They won't give them a number.

H: They don't

D: They won't tell us what the prevalence is.

H: Right.

D: And so Lorin scrapes up all these numbers, and Lieben is involved is in [inaudible]. Lieben is also there, and they throw this out. And apparently, at least in Lorin's

recollection, there was like, there were a lot of industry people at this thing, and they apparently were just

H: Blown away

D: Yeah, they were just stunned.

H: Yeah, I was stunned, too.

D: You were stunned?

H: I was stunned, too.

D: And what did you think? I mean, what did you think?

H: My God, could that be true, you know. Because you know, even in Bellaire, we were trying to kick around, how much CWP is there? And where do we cut it off? Do we include category 1? But Lorin is talking about disability from CWP with that hundred thousand. He wasn't talking about CWP; he was talking about compensable CWP because I wasn't blown away by a hundred thousand 'cause I thought 25% of coal miners had CWP. 50% had radiographic CWP. And 25% had CWP with disability to some level which would significantly affect their lives. Now whether, this was before we got into the black lung law. That's reflected in one of the papers I'm going to give you briefly here, those guesstimates. And so, I wasn't blown away, but I was blown away with [inaudible] 100,000 disabled with CWP. And Lorin later even, later even extrapolated beyond that.

D: Well, do you have any other recollections of that, of that? Well, just in general based on sponsorship here, how would you characterize the general stance of the West Virginia University and its medical school and the other centers of expertise there? You were, you were at Fairmont, I mean, did you look to the university as a resource to help you solve your problems?

H: Never, never.

D: No?

H: Never, Lee Lapp was

D: That's L-a-p-p?

H: L-a-p-p, Leroy Lapp, Charlie Andrews was the [inaudible] and also was in pulmonary medicine with the medical school. They, Lee Lapp was an academician par excellence. He did believe there was such a thing as black lung. He tended to equate it with complicated pneumoconiosis. Charlie Andrews

thought that some people with simple pneumoconiosis might be sick from it. There was no more discussion that it didn't exist. Keith Morgan [inaudible] from cigarette smoking, okay, and that simple pneumoconiosis was not, could not by definition be a disabling disease. So that the West Virginia University Department of Medicine could not be looked to as a place where coal miners in West Virginia could achieve any advocacy. They could not get it there. In fact most of the time it would be quite the contrary. That if, because people did want an opinion from the university, people always wanted to be, not always, but many miners wanted a referral to the university: let them study me, you know. They're not going to be sympathetic to you, I used to tell a lot of coal miners. But of course, if you wanted to [inaudible], you know. That's what they're paying the bills, and off you go. Lapp tended to be a little more gentle about all this.

D: Now, these were miners who wanted

H: They wanted a workup.

D: They wanted a report for workers' comp.

H: They wanted a report for workers' comp., yeah. And they did not get smashingly favorable, occasionally they would, and when they did, of course, it was extremely weighty before the silicosis comp board.

D: Even from Morgan? Morgan would

H: Occasionally he would write a favorable report. Of course if somebody came across Morgan's desk with complicated CWP, even though he wasn't very sick, because not everybody with complicated CWP was that sick, as you know from reading the literature. I have it cited in my book there, in my book chapter, and then Morgan would go to bat for them because he wanted to show, see, I'm for this guy, he's bona fide. This gives me title and license, you know, to trash the rest of CWP as unimportant, as anything but an X-ray curiosity, okay.

D: And was there ever a time that you knew of Morgan's work where he wasn't preoccupied with cigarette smoking?

H: I think, cigarette smoking or not, I think Keith was imbued with the idea that CWP could not, did not cause disease until it was complicated and that the differences in prevalence of respiratory symptoms were minimal. And that wasn't necessarily, Higgins stuff in England didn't show that. I brought Higgins into Marion County, West Virginia.

D: When was that exactly?

H: Oh, gosh, when was Higgins? I know when it was. I'll be darned. It was in '65. Higgins came to West Virginia. He actually stayed at our house for a while, then he got his own place. I remember taking him to the river to swim, introduced him to our friends, we took him water skiing. And I took him, he wanted access to a coal-mining community. And I took him to Grant Town, I knew a local union there real well. And I took him to Mr. Belotsky who was the local union chief.

D: How do you spell that?

H: B-e-l-o-t-s-k-y. And sort of put my hand to God on Higgins. Said this guy's okay.

D: Gave him entree he never could have gotten

H: I got him a med student to work with him, a West Virginia University med student. This was in the mid 60s. And he sat down, and he got a few papers out of that experience in Grant Town. Then later we tackled about the significance of that at, which you have

D: We'll get to that, yeah.

H: The Senate. We had quarreled about what all that meant.

D: You worked with Higgins. This is now takes us up to around '68. Now by this time something, I don't have a precise starting date for this, but maybe you can tell me. But some point around '68 there appears on the scene a fellow named Isidore Buff, maybe you

H: Okay, I'll tell you about Buff.

D: He may not appear on your scene in '68, but when does he appear in your life?

H: He appears the day after Farmington blew up.

D: Really, not before?

H: Not before.

D: Really?

H: Or did he? No, I guess he did. I take it back. Buff, Buff appears before, and he was a curiosity. I felt kind of badly when Buff appeared because I thought of him as a buffoon, self-serving. And he suddenly began to take up the

cause of the coal miners. He was in the compensation business. His sole practice in Charleston was compensation work.

D: Really?

H: He had no regular [inaudible]. He was not a doctor in the sense of taking care of somebody with diabetes or hypertension or you know [inaudible]. He was not even a pulmonary specialist. But Buff began to take up the cause. And you're right, I'm vague on the dates, I could probably

D: That's okay.

H: I could reconstruct.

D: Yeah.

H: I must say and when I first encountered Buff, and Buff and Rasmussen had sort of a, you know, stand-off relationship, with Rasmussen being somewhat guarded about this guy he thought was a loose cannon and who came out of nowhere.

D: That was your impression in all that. You feel even Rasmussen saw that?

H: I thought Don did, although Don is very circumspect. Don is not the world's most open guy about his, the way he thinks about things. You know, Don had, Don had a lot of charisma, his red beard. You know, you're right, I think that Buff began to make noises about black lung.

D: About how

H: Before Farmington.

D: And he was specifically talking about that it should be compensated?

H: Right, right, and that the compensation laws were unfair.

D: Now just, I don't recall, was he using the term black lung?

H: No.

D: No. He was not?

H: No. That began, that began in the wake of Farmington. He may have. Buff may have used the, Buff probably used the

term black lung first. And yet, he did, and we wondered where he came from. Mike Ross came to me and said, "Who is this guy?" I said, "I don't have the foggiest idea." You know, who is he. You never heard of him in West Virginia. He'd never been to any meetings, you know, or any symposiums. All of a sudden he appears. And I began to get, and as I say, Don, Don [inaudible] knew him a lot better, of course, later. Since the three of them -- Buff and Wells and Rasmussen -- became a traveling road show after Farmington. But, but Buff begins to make noise, and I had mixed feelings about him. I'll tell you, honestly. I felt he was a buffoon and a clown and self-serving and he was doing something that I should have done. And I felt badly. And I felt, well, and I began to take stock of myself. I thought you have always tried to have a foot in every goddam camp. You want to be respected by professors at West Virginia University. You want to have a foot in the academic world. You want to be able to go to the National Academy of Science, to New York Academy of Science, that's what it was. That was not 'til later. But you quote want to be scientifically respectable and at the same time you want to be the workers' advocate. And here's Buff, doesn't give a hoot in hell about being scientifically respectable, and he's getting headlines. And he's doing things that, you know. And I felt badly. And I thought of kind of building a bridge to him, and we never really did although we knew one another later. But I never felt comfortable. We testified together in the Senate a couple of times. And it was, and on a few other occasions, I, you know. Also in the state legislature, although mostly at my urging, I kept Buff out of the events of February '69. I was worried that he was a loose cannon. And that was one place where I was totally in charge, the day when we actually did overturn the law. As you'll see from the, from the stuff I have. (Back on) I used to talk about Buff with Lorin, and we sensed that somewhere in Buff's message was populism, which meant anti-union. It was never explicit. But there began, this was before the black lung movement. This is before Farmington. This is before Tony Boyle begins to make a fool of himself in, on the national scene, you know, after Farmington when he said it was an act of God, you know. I don't know if you're familiar with that. I'm sure you are. We sensed that Buff was, I remember talking about Buff just from his press releases. He was getting a good press for black lung. And as I told you, I felt personally very despondent, you know, I thought, yeah, you have tried to be all things to all men, and you ended up quite ineffectual. And here's this buffoon

D: This guy leads the parade.

H: This guy is going to lead the parade, you know, with everything you believed in. And I, I really had sort of a crisis in my own head about, you know, why are you being such a stupid purist, you know. Why don't you get in there, be a, be a militant. This was the 60s. After all, the kids were all out in the streets about Viet Nam, you know. Be a militant, don't worry about, you know, having to be repected when you walk down the halls at WVU or whatever med school you happen to be in. And so, you can understand my subjectivity at this point was affected. But you're right, you're right, this is before Farmington blew.

D: So, still in the early days here, this is '68. Do you remember seeing at the time of this publication Ralph Nader's piece in the New Republic called "There're Still Breathing"?

H: Ah, vaguely, I remember that.

D: This was

H: I remember Ralph Nader getting involved, yes.

D: 'Cause what's interesting there is that Nader takes on everybody. I mean, he criticizes the Public Health Service.

H: The union, he takes the union on.

D: And he takes the union on.

H: See Nader takes the union on. The union reacts. Nader is, Nader is trashed. You go in the union, and at this time I was very, I mean, I was medical director at Fairmont. I knew local union people, and I knew all the West Virginia people by this time, okay. And later I'll tell you, some of which has to be off the record, about my dealings with Boyle, which you may be interested in.

D: Oh, sure.

H: Okay. And the widows, the Farmington widows. But Nader is of course trashed, and he's trashed in the United Mine Workers' Journal, you know, because it was like Pravda, no matter, you know, anything he said, you know. All the decent things Nader stood for and, if he just said the union's involved, the union's been laying on, sitting on its rear end. Well, that was it. Anything Nader said had to be bad, you know. It was like Trotsky, you know, everything was bad.

D: But you never had any dealing with Nader?

H: No, no. I would, that would have made it. That would have been the end of Fairmont Clinic.

D: Okay. This, this is as far as I'm going. If I missed something in '68, tell me. In September of '68, Lorin Kerr gives this address at the UMW international convention.

H: I did not go to that convention.

D: You were not up there?

H: I did not go to the convention.

D: Did you sort of hear the immediate ramifications of the

H: Was that the Florida convention?

D: I can't remember, I think it was in Denver.

H: Oh, no. I didn't go. But I knew that he was going, and we talked about it. I knew he was going, and we did talk about his address.

D: Did you help him work on it at all?

H: Not really, we talked about it on the phone.

D: Okay.

H: A few things.

D: But did people from your district or from there

H: They went and came back and did talk about it.

D: And they, so it had some, you saw

H: It had some. Yes, it had some

D: Impact.

H: Shock for union officials, yes.

D: Before we follow the main stream on here, there are a couple little side events I just want to catch that are in order here. Also in September of '68 there's something that is called the First Virginia Symposium on CWP. And this was at Lynch Valley College.

H: Lynch Valley

D: Did you go to that?

H: Was this Spindletop?

D: No, Spindletop is the next year.

H: Spindletop [inaudible] to take on a company

D: Okay.

H: No, I didn't go to that.

D: Didn't go to that. Okay. Well, then let's skip

H: I didn't even know about it.

D: Let's skip right over it. What about the publication in October of '68 of Rasmussen and some other people, a piece on pulmonary impairment in southern West Virginia coal miners in the American Review of Respiratory Disease

H: American Review of Respiratory Disease, I remember getting all the reprints.

D: Was that an influential piece, from your perspective?

H: In terms of the in-house, we didn't quite understand how to use this. We, a few referrals went Rasmussen's way when people insisted they [inaudible] because Rasmussen would, now had a state-wide reputation, after this. And miners would come in and I'd see almost no CWP on the X-ray, and they'd have the [inaudible] disability. And I'd say, "How far do you want to pursue this?" And well, you know, I would send, I sent a few people to Rasmussen. I was scientifically skeptical whether, actually I'm less skeptical now after twenty years than I was then about small airway disease and what it could do. In fact I had some discussions with my colleagues at Ford Hospital, where I work now. But I was somewhat skeptical of this. And I was not impressed. Don later of course actually trotted some of these miners up to the state legislature on the famous day in 1969. Some of these guys came [inaudible]. But it was an important paper. It was a whole new concept, and for us in the CWP business it said anybody's fair game, you know. You know, I, what my worst thought about Don was? He's trying to drum up business for his blood gas lab. You know, because every coal miner in West Virginia should go and get blood gases, you know, with and without exercise. Because Don was saying if your PO<sub>2</sub> drops with exercise, you know, you've got the small air ways effects of CWP. Now Gough, when I had talked to Gough later, Gough was also, I think, Gough was, he's never written, was also skeptical then. Because he on the basis of his lung slices that CWP of

sufficient magnitude to affect small airways would not show as large a, as significant readable opacities. See, Gough was skeptical of this. And he and I talked about this. And I have the photograph to show you [inaudible] at that session.

D: But what was your relationship like with Rasmussen, as of '68?

H: Oh, before Farmington?

D: Yes.

H: Standoffish, not close. We knew one another. And I don't know, I guess it was a spinoff of really the way I felt about Buff. I always about Don that, that Don was a driven man. He was a God's-angry-man guy. Don was driven and this [inaudible]. This was going to be his ticket to fame, not necessarily fortune. Don was never a materialistic person. Fame was a much greater than fortune. As you probably are well aware, being from academia, where there is no fortune. And I was always dubious. And because I was always dubious and I was intellectually reserved, I was never close to Don although I liked Don. And whenever we'd meet, you know, I was always very cordial.

D: Well, this seem to take us to, to the Farmington explosion

H: Seminal event

D: Which I mean, I think your testimony in the Senate

H: the first testimony

D: Speaks to this point directly. So I won't ask you my usual question

H: Right

D: Which is, this is just a rhetorical one, which is nobody died of black lung in the Farmington disaster.

H: Exactly right.

D: Which is a point you've already spoken to.

H: Right.

D: So we don't need to delve into that. But, just in terms of what you had, 'cause you were on the scene.

H: Absolutely, I was it.

D: On this, you can probably confirm this better than anybody, I mean this is a well-known point, too, just to drive it home. I mean, this seems to be, among many other things, an absolute low point in the credibility of the union leadership. And Boyle shows up

H: Boyle shows up in that tent. I'll never forget it as long as I live.

D: You were there when

H: Dropped my [inaudible]. I was standing right in front on him.

D: You heard

H: With the T.V. cameras and there's Boyle. I just said hello to him.

D: And he was all dressed up, is that right?

H: Dressed up in a natty suit as usual. And he gets up and calls it an act of God and almost exonerates the company.

D: Well, gee, for someone who was, you know, because he was a very limited guy. Was he uncomfortable?

H: Very

D: Was he uncomfortable?

H: Yes, I have lots of evidence about how uncomfortable he was in any kind of public atmosphere.

D: And he wasn't comfortable?

H: And you know what he would do when he was uncomfortable? He became a blow hard. Boyle could talk interminably about nothing. He was, he was inarticulate and voluble.

D: What a combination.

H: Yeah, I mean, everyone knew it. You know when Tony started you never knew, it would never end. And he'd never say anything. I remember begging people not to put me on after Boyle when we'd go to Congress. Because a couple sessions, he and I were scheduled for the same session, I believe it was the House Committee or Senate Committee or

something. I always wanted to go ahead of him; I never wanted to be after him.

D: And were there people on the staff or otherwise who were just embarrassed. I mean he was

H: Yes, but they would never say it.

D: Yeah.

H: missed the boat.

D: The emperor has no clothes.

H: The emperor has no clothes, right. Mr. Boyle.

D: Okay. But this was a, do you have any other details of this? I mean

H: Yes, I have some.

D: Go ahead, because this is

H: Well, first of all, the personal details. I felt the shock in my bedroom in Fairmont.

D: Well

H: I got a phone call within ten minutes. I threw my clothes on, and I called the clinic, and I said I'm not coming into work today, and let's get some nurses out there and a couple of our social workers, there's been a major disaster in Farmington. I don't know the dimensions yet. I get in my car, and I spent the next three days out there. I slept out there. And it was high drama, to put it mildly. Buff showed up. This was the first time I met Buff, and I already had these preset ideas, as though it was [inaudible]

D: What was he doing? Was he delivering any medical care?

H: No. Buff showed up. Buff arrived, and I recognized him right away, and I introduced myself. And he was very standoffish. And I want to give, tell you who gets the credit. Because as much as I really basically didn't like him, he linked black lung to the Farmington disaster, and he put it in my head. And he did it. And he starts talking, day two of the disaster. When he knows they're all dead, he starts talking about black lung. And he starts talking about coal mining as a way of life. You know, I thought to myself, he's on to something.

D: Wait a minute, I missed the connection here. This is Buff?

H: Buff. This is Buff talking. And I'm saying to myself, you know, what the hell, what the hell. You know, but my first reaction, I mean, I'm really baring my own, my own weaknesses, you know. I'm not trying to put myself in a favorable light in front of the historians.

D: All right, all right.

H: In fact, I'm doing quite the opposite. I'm telling you all the anguish I've had. And I've thought about this many times down the years. And this buffoon, this guy whom I really think is off the wall, is just doing, is saying something incredibly fundamental -- that this god damned explosion is part of something bigger than the technical piece of what's the, where the methane level was and who's, who screwed up and blew up seventy-two people. Buff was saying, you know, and I'm thinking like a sociologist, all of a sudden. They arrived later. Kai Erickson went to Buffalo Creek and so forth, you know. The sociologists came later. But I'm listening to Buff, and he's talking. He's looking for reporters. Buff is always looking for the media. You know, I was naive. I'd see John Hart standing, and I wouldn't go over and talk to John Hart, you know. I was talking to the preachers, to the social workers and the nurses and telling them what to do, organizing this. I mean, these were my patients. And I went, I'd try, if they had a team that was going down, I was prepared to go down. They finally sealed the mine; they didn't allow us to go down. But I was ready to go down. I felt I had to go down. I was these guys' doctor, half them were my patients. Anyway, and I'm listening to Buff, and I mean I say to myself, you know, I was a political person but sort of, you know, bookish. I was a bookish guy. And I thought to myself, this goddam blowhard, self-advertising buffoon is saying something horrendously fundamental here -- that this is part of a way of life that encompasses rotten housing, it encompasses, you know, they broadcast how good their wages are, and they're really shit, compared to the rest of industrial America. You know, when they got 50 bucks a day, you know, Lewis, Lewis was, you know, God. [inaudible] miners get \$50 a day, that was before Boyle, the first \$50 a day contract. I had a revolution in thinking in those three or four days at Farmington. Of course, I never told this to Buff, you know, that you changed my thinking. But right then I began to think about what was going to go into, you know, and I began to think we're going national with this. And then Boyle does this piece of stupidity in the tent. And then I thought, you know, you are in a union-sponsored clinic. Your whole livelihood, your whole political and

social, the reason that you're here in Appalachia -- you know, I originally went because I had a kid I wasn't planning on having -- but once I got there, I made it my life, okay. And I said, your whole being here is dependent on the good will of the union. And I looked at him, and I remember [inaudible] my wife that night, saying, "Don't tell anybody I said that."

D: You never said that aloud in those days?

H: Well, I said to my wife, "This man is a fool." You know. This is our leader. He's a fool; he's an idiot. And of course Buff was saying it out loud already.

D: Oh, he was?

H: He was already attacking the union. So I'll tell you, Alan, I had the most profound respect for Buff's political instincts. I knew where they came from. Nobody knew who, we knew his daughter. His daughter was a med student, a nice person. I happened to know his daughter because his daughter's friend was a med student placement at Fairmont Clinic. It was a friend, and they, Buff's kid had had a lot of problems with her father, with Buff himself, and had some psychiatric problems. I met the girl once, I never connected her with anyone. [inaudible] and that he was a difficult man in the sense of a family person. I had this profound change of thinking. I said, [inaudible] you know, you changed my thoughts about what the hell I'm doing in this world. But he did. And I began to, my first gut instinct was, this doesn't have to do with black lung. What is this jerk doing here? You know, we're talking about safety here.

D: Yeah.

H: And we gotta nail the company in some way. You know, and figure out away how to live with Tony Boyle and nail the company. [inaudible] realize what a jerk he'd been. Anyhow, so that's the story of that. And that's when I began to start thinking that we could go national.

D: Well now, but one of the immediate outcomes of the event is that, well, Buff and Rasmussen and Wells form their little group. Was there ever any attempt by them or anyone else to broaden that and to have -- it was a big name that was published -- the Physicians for Miners' Health and Safety.

H: Right.

D: There was only the three of them. There was never any effort to reach out?

H: Okay, I struggled with it. Mike and I, we struggled with this. The more, and Ken Hechler comes in at this point. Ken began at the periphery as an ally of theirs. And I really don't know when that happened. But Ken, and Ken begins his attacks on the fund. Remember Ken, you're aware that Ken started to attack the fund in the Congress, as really being a rip-off and not representing the miners' interests because their pension was grossly inadequate and the medical care was inadequate. And I don't have the timing right in the mind because I'm not a big saver, you know. I saved my own stuff for my kids, you know, when they grow up, for my grandkids. But I don't have a historic, historic view, you know, like you have as an archivist. So I may not have the dates straight. But the three docs and Hechler become allies. Hechler links up with them.

D: Early on?

H: Early on. You will have [inaudible]

D: piece that together.

H: You can piece that together, which you should because Hechler takes on the brunt of the criticism of the fund and by inference the union, early on. And Mike and I, Mike was sort of, you know, my political mentor. We were friends from the early days. (good but at least he's not barking) From the early days, of our, when we were school chums, he in law school, me in med school. And I, you know, I used to say to Mike, "Mike I've got a dilemma, I mean, I'm really with these guys, but if I go on the, on the hustings with them. And Wells was, of course wanted to run for Congress. I don't know if you knew that. He wanted Staggers' seat in Congress some day. He was, he thought of himself as a flaming orator. He, you know, he was an egomaniac. Wells was an egomaniac. He was a pathologist of modest merit, okay. In all fairness, Wells wasn't much. Buff was the political genius, and Rasmussen had charisma. The two of them were charismatic, and Wells was a blow hard, who liked to talk a lot. I admit having respect for Wells, but, I, and he later showed to be self-serving. He did run for Congress and of course didn't make it. He ran [inaudible]. Eventually, I forget how many years later, but it was clear. He even admitted that he wanted to run for Congress. And he thought black lung would get him to Washington. Anyhow, so I talked to Mike, and said, "You know, Mike, as soon as I take to the hustings, Fairmont Clinic's in jeopardy." I am sure, and I even talked to Lorin [inaudible] about this. I said, "Lorin, you know, and maybe those three guys don't

want me because they associate us." And I think in the long run they didn't, 'cause they associated us to [inaudible] you've got a union. You have a UMW Clinic up there, that's our first, and it was my first priority. Black lung was my second thing. Building the clinic and saving the clinic was my first love. Oh, and I was medical director. I hired all the docs. I convinced people from all over the country to come to Fairmont; it was the world's greatest place, you know. You can educate your kids here and sink your roots here. I mean, I had my whole commitment was for the success of the clinic. How can I antagonize the union? And I never dreamed of the Yablonski movement yet. So I decided no. And Mike and I discussed what my role should be. And I said, "Well," I said, "frankly, Mike, I do believe I make a better impression in, on the legislators." I tend to be a very rational, reasoned argument. They come on as polemicists, Buff especially, you know, as sort of a, you know, a God's angry man type of moralist. And Don has sort of a narrow, somewhat narrowly focused view about the black lung problem, which is extreme. And I characterize it as that in my article. And so Mike and I agreed, you stay away from those guys. You make your own contribution whatever way you can. And I did that of course. And I feel very proud of it, and I'm not sorry that I didn't go on the hustings and make a big name for myself on the hustings. So that's the answer to that.

D: Okay. Now that gets to the, the beginning of 1969.

H: Right.

D: And somewhere there right after the new year, a group of miners, Arnold Miller, people who'd

H: Miners for Democracy was born.

D: Formed. No, they formed a West Virginia Black Lung

H: West Virginia Black Lung Association, right, of course

D: And they hire, they get together as a precipitant there. They want to draft a bill, a workers' comp. reform bill, and they had to raise the money to hire a lawyer.

H: Yep.

D: A fellow, Kaufman.

H: Right, nice guy. I knew him well.

D: Did you have any input into that?

H: Yes.

D: You did?

H: I met with Buff. I never met with Miller because I thought, you know, remember, I didn't want to jeopardize Fairmont Clinic. But I met with Paul. I liked Paul, I knew him, and I met with him. And we talked about the bill, and we talked about the presumptions, and we

D: I see

H: And we

D: So that's how you got your input.

H: No

D: Through Paul?

H: Not through Paul

D: The association

H: No, not through Paul. Not through [inaudible]. I would not dream of going to the black lung

D: You went to him or he came to you?

H: Sort of both, I think it was arranged by an intermediary.

D: But this was when he was actually drafting the bill?

H: Yes, and he was drafting the bill and working, yes. I met Paul then. And I liked him, and he liked me.

D: So you initiated the idea of presumptions, or did they?

H: Well

D: They just didn't know how to formulate it or

H: That's right. I, Paul, not, Paul was a lawyer. We talked about presumptions. I said, "Paul, this is what we need," for reasons that I have written very cogently, I think, in the Dent piece. I discussed the whole history of presumptions.

D: Okay.

H: In the Dent piece, yes, right.

D: Okay, this is your piece in 19-

H: '75

D: 1975

H: I discuss presumption, right. And I discuss it in almost every one of these.

D: Okay.

H: Everyone of these papers in Ohio and West Virginia were in Congress. See, here's a, discusses presumption. And we discussed how the presumption would operate. Later of course, we got into, on when it came to the federal black lung bill, I told you, I got into some arguments on this bill.

D: Well, before we get to that, when you're drafting, helping him draft this bill, what about the question of the definition of the disease? What we're going to call this? Did that come up? Did you have any input into that?

H: Well, the presumption took care of that.

D: Yeah, right.

H: Because the presumption. Before the presumption operates, then an X-ray is required for definition. After the presumption, there's no dual X-rays.

D: Right.

H: If it's a coal miner who has x number of years worked in the mine, okay. And burden of proof becomes the issue, okay. And we decided at this, by this time. You see in Ohio in the 50s I would never have argued this way. But maybe it was the subtle influence of Don. I felt that I could not, with the pressure from the black lung movement, I could not be the person who said, almost like the coal operators' man. At this point the whole argument was shifting toward our side. I couldn't be like the coal operators, where you needed to have a [inaudible] X-ray in their hand to have a day in court.

D: So this is the point at which, even for someone who had grown up under the old X-ray

H: Yeah, I grew up under that. And I said, okay, at the moment the presumption kicks in, you know, all you need is a

coal miner to be sent with an occupational history. Okay, and he's got his day in court.

D: Okay.

H: So I had moved, you're right, from the X-ray tradition of the early 20s.

D: Now

H: Remember, I'm 67 years old. I was no youngster even then. Okay, by that time I was almost 40, I was, in 1969, what do you mean [inaudible], I was 45 years old then. You know, so I

D: What about some of these dramatic developments here. There's this big rally at Charleston at the end of January. This is the famous event where Hechler waves the baloney around. Were you at that?

H: No, I wasn't at that. And that, that created an enormous political problem for me. Because I was with them, but I could not obviously stand with them. See, now the union and Boyle are feeling heat and pressure and jeopardy. And Fairmont Clinic, I swear, would have been gone -- our retainer, because we had a retainer arrangement.

D: Yeah.

H: With the fund, which was a union instrument. You know, theoretically, it was industry, union, and the neutral party. But it was the fund, it was understood it was a union instrument.

D: Your sense, then just to make that perfectly clear, your sense was that if you'd have been on that platform

H: Oh, good bye, Fairmont Clinic. Even me, I'd be gone.

D: There would have been no clinic?

H: I'd be gone, and the clinic would be altered beyond description. They would put somebody in, probably local somebody from organized medicine to make sure that nobody else got off the reservation. And Mike and I, you know, were, we, I always put, until a point came, and I'll tell you when that came. It came in 1973, which is after your period of interest.

D: But

H: In 1973 I was ready to go, go down the tubes.

D: Okay, but let's stay in

H: But not, not in '69

D: But in January '69 you're not going to be up there waving any baloney around there?

H: But what did we do? What did we do? We decided that came the bill, it would be us. That was our answer to them. We would see the bill through the legislature, not the Black Lung Association.

D: Well, and that's also now, that's

H: February.

D: Correct me if I'm wrong here. I mean, with this Charleston rally two things happened. I mean, one it seems to me

H: Polarized

D: The union is at war with the black lung association, with Ken Hechler and the rest of them. And they were already at war with Nader. But there're people who are seen as real enemies.

H: Correct.

D: Without any question.

H: Right.

D: But there's also a sense at which there are, what is it, two or three thousand people at this rally, that the union now feels that they can't just denounce these people. They have to get around in front of the parade.

H: Right. They have to get in front of the parade and get out front and that is why Pravda

D: That's the United Mine Workers Journal

H: Yes, of February 15th, writes this up as though it was a union operation from day one.

D: Yeah

H: The reform of the compensation law in West Virginia, okay. And I remember going. But the truth is that we had representatives at the strategy meeting with Paul Kauffman,

was at, and I was at the night before at the Daniel Boone Hotel.

D: You mean the night before

H: February 11th, the night before the hearing, which was February 12.

D: No, I had the hearings on the 12th.

H: Correct. Well, the night before was the 11th of February.

D: Okay.

H: Okay. The night before we had a meeting in the Daniel Boone Hotel. And Kaufman is there. Hechler of course wasn't there; he was persona non grata. And I'm trying to remember, I think Buff and Wells and Rasmussen were sort of in the back of the room.

D: In the room. Now who also were, also I would assume that

H: Union guys.

D: Union district leaders.

H: The district leadership, and I played a very central role in that meeting and Paul did.

D: Tell me about that.

H: It's mainly how, and I of course had pulled off the coup.

D: Wait a minute.

H: Inviting Gough.

D: Ah ha.

H: I called him in Wales

D: So this was somebody who would take the steam out of even Buff.

H: Exactly. It would take the steam out of Buff.

D: Okay, go ahead. So this is, but before we do that actually, I would like you to explain one little thing here.

It seems like instantly after this big Charleston rally when things are heating up

H: Yeah.

D: And there's a bill and a big wave

H: Right.

D: The political process is going forward. You, it seems like, instantly run out and do a screening of about two hundred and forty.

H: Well, I think that was scheduled before.

D: Oh, okay, All right

H: That wasn't on

D: Okay.

H: No. We had scheduled that. In fact, I had med students involved.

D: Okay.

H: That was scheduled. We did our big screening. That was planned before.

D: Beginning of February and

H: Right.

D: And you found that half these people had CWP.

H: Right, right. John Van Gelder was a med student worked with me.

D: Okay.

H: And I had a couple others

D: Van Gelder is spelled how?

H: V-a-n G-e-l-d-e-r. I don't know where John is now.

D: Okay.

H: But he, it was his med school project, part of it he was getting credit for. And John and I devised this screening, and he was going to write a thesis, an undergraduate thesis in med school. Well, actually he's a graduate, he's a med

student, but in terms of medical school an undergraduate. And John worked up this project, and we did, and we did a big-time screening. And it was a nice study. And I let John's name go first, you know, done by John and I, you know.

D: Was it published anywhere?

H: I think John got a monograph. I don't know whether he published it or not. He certainly got an

D: X-ray screening

H: He got honors. It was more than X-rays, we did a clinical, we did do some clinical piece

D: So back to the Daniel Boone Hotel

H: Back to the Daniel Boone Hotel, the night before on the 11th, we discussed the actual mechanics and it was all, the union outnumbered the Black Lung Association. But of course the Black, and Buff, and Wells, and Rasmussen were sort of in the back of the room. And Don, Don's a funny guy. Don didn't really want to take on the union frontal, the way Buff and Wells did and of course Hechler. Don never presented himself as anti-UMW, okay. Don sort of hung back from that, and I had Don on, on the floor. And we decided we would have Don, who would speak for them. And I, we had discussed this, and

D: How could Buff take a back seat?

H: Well, he did.

D: How did that

H: I don't remember how it worked.

D: Because he was such a grandstander, wasn't he?

H: He was grand, of course, he didn't take a backseat. He did take a back seat in the Senate, too. Buff was not the leading, Buff had a big piece in the Senate. He was not, he was bad with a bunch of coal miners than he was with senators. He was not a good witness in a Congressional hearing. I was with him the second time, the same day I gave my second testimony about the

D: Do you think it was because there were senators that he

H: I don't know.

D: Or that in situations in which he would be in front of senators there were other physicians there who would be better scientists?

H: There would be the other physicians [inaudible] scientists, but also it's that some of his populist stuff -- Buff was a classic populist -- it just didn't go. It didn't wash, you know. I mean, Jennings Randolph would look at him, oh, [inaudible], you know, come off it, you know, get to the point. Whereas the miners, they'd eat it up. They loved it.

D: So, wait a minute, so Gough, when did you arrange for Gough to come over?

H: Sometime between that rally and the 12th.

D: Okay.

H: Very fast. I thought to myself. And I was being positioned to take the lead, which I did. It was one of the proudest things I ever did.

D: Positioned by whom?

H: Well, with union people, you know, and they didn't want Boyle.

D: Boyle.

H: Boyle was not personally involved. But people from the Washington office were.

D: Okay, like whom?

H: Oh, who the hell, besides the fund people [inaudible] of course there were some [inaudible] people. Their names are probably in here.

D: Well, what about this guy who ran the research department, Brennan?

H: I knew Joe real well. Joe might have been there.

D: You see his name on some of the memos.

H: Yeah, I have a picture of Joe in there.

D: Okay.

H: Which I have somewhere to show you

D: And what about this guy who, I've forgotten his name, actually who ran the safety division of the union, was he involved?

H: Evans, no.

D: He was a very

H: Bill Evans, Bill Evans was not involved.

D: I see.

H: Titler was there.

D: Okay.

H: On the day before the hearing.

D: Oh, yeah.

H: Vice president, chaired a meeting with the proponents of the bill.

D: Ah, just to get

H: Titler was

D: Okay, so let's stop for a minute. Tell me about Titler.

H: Titler was an old guy from the Lewis times, an old militant, in fact from the days of the wars, the mine wars in West Virginia. Titler went back that far.

D: Yeah.

H: From Matewan

D: Really?

H: Titler went back

D: That far?

H: Yes, Titler was an old man, very respected, an old militant.

D: But also wasn't he also a down-the-line loyalist?

H: Absolutely, down-the-line loyalist. So Titler chaired the meeting. I had never met Titler before that day. I was introduced to him.

D: But Titler was, just a second here, I'm going to

H: Titler was a local southern West Virginian

D: I guess I'm just thinking of the scene in this room. Titler was the

H: [inaudible]

D: [inaudible]

H: He was the enemy.

D: But why would Buff and the black lung people even sit in the same room with him?

H: Because I think, if you want to know the truth, I'm sure they must have had meetings and said, look, we can't wait, we want this. I'm giving them the credit. You know, we need this law, and we need the union to help pass this law. They didn't have it firmed up. They were just beginning to think in terms of taking power from Boyle. They didn't have a clearcut idea of taking power yet. I'm convinced of that.

D: Okay.

H: They said, we need a law, we can't go in and boycott, you know. And this is the official union. And all the miners were not MFD.

D: And the union was scrambling to get out front.

H: And the union was scrambling to get out front.

D: Okay.

H: So this was our big, see, and [inaudible] where the union [inaudible] does not trash the Black Lung Association.

D: I know.

H: [inaudible] Kaufman.

D: I know.

H: Dr. Hunter, Titler, Burnett and doctors spoke for the UMWA, while a Charleston attorney spoke for the black lung. Both groups [inaudible] would include a presumption clause, okay. In other words, we agreed that we would not get into a quarrel, the black lung people, Kaufman, against us, on what the presumption should include. And that's why Paul

and I had a premeeting, which I'll tell you about, before this meeting. Okay, this wasn't all worked

D: When you and Paul Kaufman

H: One on one

D: worked out the business of

H: about the presumption.

D: Okay.

H: And then, who'll participate in the various meetings, and then, you know, they give this [inaudible], okay. You know, Mike Gretchen was a nice guy. Mike I liked. He was a good guy. And Jim Leiber was a good guy. Bill Marsh was a blow hard. Claude Wiley was. I knew all these people.

D: Okay.

H: Anyway, back to premeeting

D: . Okay.

H: But before

D: Gough is not at this meeting?

H: No, Gough is not at this meeting. Gough was still in Wales. No, Gough wasn't in Wales. Gough was in a hotel.

D: Okay.

H: Gough was in Charleston. But before, after the first meeting, I went home. And I said to myself, my, if we don't do something dramatic, they, meaning Rasmussen, they're going to take this whole movement away from us, not that we, it's ours to own. And I suddenly had a brain storm. I called Lorin: "Lorin, do you have Gough's phone number." He thought I was crazy. He said, "Yes, I've got his phone number." And this is how I can reach him. I call Lorin at home, and he gives me this number. And the next morning I call Gough on the phone, and I explain this to him. What a gentleman, he says, "You know, I've done this. I've gone to South Africa. I've gone to Australia with calls like this. It's just like old home week," or words to that effect, in his great quaint Welsh accent and, "yes, I'll be glad to come." I said, "Okay, we'll reimburse your ticket. You want to get the ticket, or do you want me to get it?" And

D: Who was going to reimburse it? The union or

H: Fairmont Clinic.

D: Fairmont Clinic?

H: Mike and I said we'd pick up the bills. Union doesn't, okay. We now counterpose Fairmont Clinic against the Black Lung Association, both quasi-outsiders, not the union, okay, not the fund. I said to Mike, because Mike was our comptroller of our dough. I said, "Mike, this one we, we're picking up." Okay, so I call up, that's [a photograph of] Gough and me, in 1969, okay. This was a couple days before the hearing. About February 9th or 10th, and I call up Gough. And I said, you know, "I'd like you to be rested, so come now."

D: Can I get a copy of this [photo]?

H: Yeah, of course, take it, take it with you, you make the copy. You get the copy made. Anyway

D: Well, let me just, what I need, well, I'll just make a note [inaudible]

H: So I called Gough, and he comes. He says, I'll leave tomorrow, like that, wonderful. I go to Pittsburgh; I pick him up at the airport, where I'd met him once before. And for some reason he recognized me. I didn't wear a sign like I did for you tonight.

D: Well, Gough arrives

H: We get in the car. We drive to [inaudible]. I put him up in my home, and he was a lovely guest. We arranged for some internists, not just from the clinic, Fairmont Clinic, but from town and pathologists both from the med school, they came from Morgantown to Fairmont. Usually, it was the other way around. The whole pathology departments came. And you know, our conference room, where that picture is taken, we got, Gough put on a show, a Gough show, in the conference room. That was on a Wednesday, as I recall. And I have to look at a calendar for that.

D: And he was a good speaker?

H: He was wonderful. And you have his whole speech here, verbatim, which I'll give you, which he gave in the, in the Charleston, the state legislature. So then we go to Charleston. We drove, and I, we talked on the way. And I showed him the hills of West Virginia. And we put him in a hotel, and I said, "Look, I have to go to a meeting tonight.

It's a political meeting, basically." He said, "Fine, I need the rest." You know he hadn't caught up with

D: Jet lag.

H: And so forth. So he rested in the hotel, and I went to this meeting.

D: And his testimony, then, was basically written? You said you had been working with him preparing his testimony.

H: Well, it was mostly ad libbed if you want to know the truth. He had notes, but most of his testimony was ad lib.

D: Ah hah, so he worked from notes?

H: He worked from the notes. And we had a transcriber who was not very good, but I think it's certainly [end of tape]

H: The hall that day on the 12th was ringed with coal miners.

D: Yeah, there were what?

H: Maybe between three and five thousand.

D: And it was a tremendous scene, right there?

H: It was a big scene. The gallery was full. There was signs and placards. It was like Super Bowl.

D: And did you see any of these black coffins that people were parading around?

H: Yes, yes, absolutely.

D: Did this make an impression on

H: I was embarrassed if you really want to know the truth.

D: Really.

H: I was very bourgeois. I was embarrassed. I said, you know, we don't need this. But at the same time, I sensed politically this is good sense. These legislators are looking at all these people. And we need the law passed. So, you know, I had my pristine patrician, you know, mentality about how progress should move by rationalism, you know, by understanding

D: Good science defeating bad science

H: Yeah, exactly, good science defeats bad. And at the same time I really thought this is wonderful.

D: What do you think Gough made of all this?

H: Gough loved this. Gough loved it.

D: Really?

H: Gough loved it.

D: What, was he one who played for the audience?

H: Gough played to the audience; Gough played to the legislature. Gough was superb, as you'll see from reading this. Well, I led off. I was determined to lead off and to be in charge. And that played for the media. It played on the national T.V.; it played on all the local T.V. in West Virginia. And I discussed the word black lung. [Reading from testimony] "Black lung as a term has no medical standing but is a valuable and useful term. Were it not for this term, I doubt if we'd be having this hearing this afternoon." Did you ever see this before?

D: No, no.

H: "Black lung to me means breathless coal miners." I'm getting away from the X-ray. Do you realize what this means to me? I've gotten away from the X-ray idea, finally, after, after what, fifteen years in the coal fields. And it encompasses a variety of conditions, which, a variety means I'm getting Rasmussen. Rasmussen's now on board in my mind, okay. And give that as a relationship between these and their occupations. Then I'd talk about semantics. There was [inaudible] and I'd go to silicosis. We attack. And "[inaudible] what is seen on the X-ray. We will show that there is an X-ray configuration [inaudible] distinct from silicosis, which can cause disability, that there is a disability unassociated with X-ray change that is associated with the coal-mining industry." That's industrial bronchitis, and it's Don Rasmussen's stuff, okay. So I got, come whole hog on it. This was a watershed event.

D: So this is the, the whole conception of the disease is just exploding?

H: Is now exploding, right.

D: Okay.

H: And this is what I carried into Washington, just a month or two later, okay. Therefore the guts and the heart of any

legislation is this, has got to include the presumption. And this we had worked out with Kaufman, that I would kick off the argument for the presumption, okay, which is present in the two bills which are virtually brothers [inaudible], and they had minor differences, which includes that after a specified period of time in coal mining, a dusty occupation, chronic respiratory disability is presumed to be related to occupation. And therefore they fall under the compensation law. This is the heart of the matter. Why they're different because the varying sponsors respond to different concerns. There [inaudible] teaching and so forth. Two bills -- one said you've gotta have an X-ray, and the other said you don't. Those were the two, okay. And secondly, they were [inaudible] between radiologic appearance and disability. And what we who were the proponents of changing the law wish to emphasize is the shoe should be put on the foot of the doctor where it belongs to determine this relationship and extent, not the lawyers. In essence I'm saying, you know, because I was so sick to death of the coal miners giving a third away, when I thought we could write presumptions that would make it automatic. You didn't have to go to a lawyer. They could keep all the award, okay. I was bugged by that issue, from the first day I arrived in Bellaire. And a lot of people said, well, let's have further studies, you know, like Morgan, those. And so I said, "Now I've heard a call for further studies and like God and Mother, nobody's against them; I'm for them. But you'll learn today that there's enough evidence that we should act now." And so, highly political, as you can see. Stage-one silicosis, I then attacked the, you know, and I had urged to abolish stage-one silicosis. This is, this is where you you dangle an award before them, I mean, just like I told you happened in Ohio. And he takes it and buys off. It's an affront to them because silicosis progresses after you leave the coal industry. This is what I'm, therefore you can not have this kind of silicosis statute where they waive further claim, okay. Then I introduced the guests. I tell them who Gough is and who the others -- Leon Cander and Pendergass is there. I mean, we trotted out all

D: Did you bring them all in?

H: Yes, I called them all.

D: You got them all?

H: I called Cander. I called

D: And what was your relationship with Cander?

H: I knew him. I'd met him at a couple of meetings, and Lorin had introduced us. And Lorin said he was a good guy.

And I met with Leon also that day before, had loads of meetings all the day preparing my, my witnesses.

D: Was he a valuable witness?

H: Yeah, he was okay. You'll see. All the testimony is here.

D: It's all here?

H: It's all here.

D: Okay.

H: First Gough goes on.

D: Okay. The one in a way that intrigues me the most I mean, Gough is well known, but Pendergrass appearing in this

H: In this context.

D: Yes, on your side.

H: On our side.

D: Can you explain?

H: Very strange, very strange. Wells was in there. I'm sorry, Wells did appear. I thought that only Don appeared, but Wells did appear. Buff appeared.

D: Buff appeared?

H: Buff appeared. Yes, of course he did. He showed black lung. You read. You'll read.

D: I'll read it.

H: It's interesting because you'll see how weak Buff is medically, okay. But how, you know, how, and he links it up. Look, he says, "I've been accused of clowning after seventy-eight men [inaudible] Farmington. How many, it's no joke. It's no humbug. It's the truth." Okay, in January '69, okay, that's the month before the bill, the [insaudible] using his [inaudible] and so forth and so on. Buff is the one above all who links acts, he makes it a lifestyle question, okay. So I take it back, we did have Buff and Wells and Rasmussen after my witnesses. And you'll evaluate this for youself.

D: I'll read it. Now I just, again, let's talk about Pendergrass. I'm intrigued by

H: Pendergass came

D: Was he someone who you had any relationship with, really?

H: No, no.

D: You just picked him because he was such an eminent

H: I picked him, Lorin and I, Lorin and I discussed on the telephone

D: Well, now one thing that Lorin points to, pointed to as one of the turning points in all of this, by which I mean gradual acknowledgment of CWP, is Pendergrass' textbook in '58, you know.

H: I never even

D: Never, oh, so

H: That never even entered my mind that he

D: Right.

H: Lorin and I talked about Pendergrass and what, that he was so distinguished, that he was such an establishment guy. He had Laqueur, who was a pathologist, Walter Laqueur from Beckley. Joe Martin came. I had them all. I had all the, here's Cander.

D: And was there a

H: It was

D: A tightly coordinated division of, was there

H: You mean between Wells and [inaudible] or Buff.

D: No, no, all of you, the whole lineup here.

H: My lineup there was, that we, you know, the Black Lung Association guys, I had the most cursory discussion with Don about what they would say. But I thought it was not up to me.

D: Okay

H: So the black lung, it was really united front politics. The Black Lung Association had their day. But it was after we did, we'd been on. We basically were the union guys, and

my lineup was Cander and Laqueur and Pendergass and myself and of course Gough. Then the union guys were Burnett himself, one of the union officials, and Paul Kaufman speaks in there also. That piece of paper that's in your hand is magnificent, historically. You have no idea.

D: Oh, I think I have some idea.

H: How important that is.

D: Well, now, my question is (tape stops)

D: Pendergrass.

H: What Pendergrass did, Pendergrass ripened them, very distinguished gentleman, had all the credentials in the world. But what he did was say you couldn't diagnose it by X-ray alone. I did discuss that with Pendergrass. And I said to him, "Dr. Pendergrass, can you say this, because you realize that it's the meat of our issue here. We're supporting one version of this law which, which bars X-ray from stopping the claim. Now you have, if you can't support this, we have to talk." Okay. You know, when I think back on '69, I was 45 years old, this is one of the peak political moments of my whole life. I've had others. I've done some. I was medical director here of the HMO, very controversial. But that, that day was, you know, I felt, I felt very good about what happened that day. First, we create a united front in a couple of days, which had no basis for, the union was nervous about the black lung movement. But around this bill, and this day, we had a united front and had the characteristics of a united front, you know. We weren't agreeing on everything. They were definitely a group, [inaudible] group, the three of them, talked one right after the other -- Wells, Buff and Rasmussen. And our group then, and Kaufman was in between. Kaufman dealt with, sort of the person who went between the two sides. Kaufman would talk to me one on one, and then go back to

D: And what was his relationship in general with the union?

H: Well, Kaufman was a, the union may have had, Kaufman was, was really almost a pro bono guy in Charleston. He was a very wealthy guy. I think he had family money. And he was associated with causes, you know, kinda guy a guy like me loved, Paul Kaufman. And he

D: But he isn't going to be somebody who's gonna have lunch with George Titler every week?

H: No, no, no way, no way.

D: But Titler was okay with this, I mean.

H: Titler was okay with this, right. And Titler was basically Boyle's spokesman, spokesperson, absolutely.

D: Then your sense of that is that Titler didn't, probably didn't like the looks of most of these people, but he just, they had to go along

H: Titler must have sensed, you know, he had a united front, that if the union walked away from this, the union was dead in West Virginia. And they knew that. And did we say that explicitly? I think Mike and I did, because Mike and I, Mike Ross and I privately and Lorin to a certain extent. You know, I involved Lorin in these discussions because I needed some political guidance, because this was the one time that I was up front in West Virginia, you know, and calling the shots more or less and deciding how we're going to build this united front to get this bill passed. And it was later that I personally had a, you know, had, lost all respect for Boyle. And so I was totally, totally bummed out by the whole black lung miners for democracy movement because our clinic was supported by the union. The official union, there on the board of directors of the clinic was the union. And I couldn't stand Boyle. And there were a whole bunch of other issues.

D: Well

H: But we'll leave that.

D: Just stay here in West Virginia

H: [inaudible]

D: Around a week later, I guess, it's the 19th of February, the strike begins in scattered locations. How, but mainly it starts in the south. How long does it take before Fairmont is involved in this?

H: A while. Fairmont did not have a strong Black Lung Association. Fairmont was the most, in District 31 there was some Miners' for Democracy activity, but it was mostly in southern West Virginia. Culturally, southern West Virginia was different. People were worse off in Southern West Virginia. They also were sicker. The coal seams [inaudible]. They were different. It was low coal in southern West Virginia. I mean, the mines around Fairmont you could walk, you could walk down the walkway. You could walk down the haulage way. Whereas you know those mines in [inaudible] Kentucky mines, I've been in Kentucky mines, we

had to crawl through the goddam mine. So the people were sicker. They were sociologically different and

D: In what way?

H: More primitive and more radical, not radical, theoritical radical, radical in terms of their relationship to authority.

D: Militant.

H: Militant, yeah. Authority meant nothing to them. Well, sort of like Zola, you know, like Germinal, not radical in the sense that they had political groups. The political groups moved in later, in the 70s, from New York and people who [inaudible] Maoists moved into Huntington and Charleston.

D: When was this?

H: '72, '73.

D: So that I don't have to deal with them

H: No, you don't have to deal with them

D: 'Cause I knew I drew the line in '69 for some reason

H: [inaudible] whole phenomenon

D: We'll skip the Maoists

H: Right.

D: Okay, but the strike does reach Fairmont.

H: It does.

D: And were there rallies? Did you take any part in the strike in any way shape or form?

H: No, no.

D: You didn't speak at any rallies or break any picket lines or anything?

H: No, no way.

D: Okay.

H: That would have been suicide.

D: Okay.

H: I was still saving the clinic.

D: Okay.

H: We're still fighting the system.

D: Okay.

H: And sensing that sooner or later it was going to do be a which-side-are-you-on scene, okay. And I knew it, and Mike knew it. And I, I tell you about the period after '69 how we worked that out. It was fascinating. But a that's not

D: But in terms of what's going on now, there are also at the same time that the strike is going there are these political negotiations over the provisions of the bill.

H: Right.

D: Were you directly involved in that?

H: . Indirectly

D: Indirectly?

H: Indirectly, not directly.

D: So who was in the room doing the negotiating? Was it Kauffman?

H: Ah, Kauffman of course. I went down once or twice.

D: Who represented the union? Was Titler the person speaking for the union?

H: Or Burnett, or no, the union had a pretty, we had one halfway decent lawyer in the Charleston area, who dealt with Kaufman. I dealt with, I was involved, I went down a couple of times. I didn't talk to Paul that much after that. It was [inaudible] versus Jackson. We were satisfied, as I recall, with the outcome of what they were doing. I don't recall.

D: But you don't recall any

H: I was already beginning to turn my attention on what was going to happen nationally.

D: Okay.

H: We were getting revved up for the Washington.

D: But, you weren't there in any of the final hours

H: No, no.

D: Of deliberation.

H: No.

D: In the smoke-filled room.

H: No, I don't recall that at all.

D: Okay. And how, just when the thing does finally takes its final form, how crippling did you think it was that this bill would or law would be administered by the old silicosis medical, what had been called the Silicosis Medical Board?

H: Right.

D: Now is called the Occupational

H: We had our fears about it, but we figured that we would see. We had our fears. Jim Walker, I thought would come along, and he did.

D: This is Jim Walker?

H: Jim Walker, the thoracic surgeon I told you about earlier, who I always felt was sympathetic. And I think his people did let up.

D: Was on the

H: Was on the Silicosis Board.

D: Okay.

H: He'd been on it for a long time, was the most decent person on it. And we thought that if we were getting all kinds of split votes and what have you, that we could exert. We still, remember, we still felt that we were strong politically, that coal miners meant a lot in West Virginia politics and that if the Silicosis Board continued to be a company board, it would, it would expose themselves. And I don't, Pat Hamilton was a friend of mine, was a very important person.

D: Also on the board?

H: No, Pat was an important person in the legislature. I remember talking to Pat about the composition of the board and how, what it might take if things. Our main concern was to get the law passed and to not, and not to get taken [inaudible] about the board.

D: Okay.

H: At least mine were.

D: All right. Now also in terms of the niceties of, of conceptualization of the disease, I mean, it's amazing to me that under this very broad definition of pneumoconiosis which was laid out in the state law, they even dignify, I mean, not only do they say, "commonly known as black lung." There you see it in

H: Yes.

D: Statute

H: Commonly known as

D: Or even wilder, "or miners' asthma," I mean, this old antique term from the turn of the century so clearly the monkeys are running the zoo.

H: Exactly

D: You've got this, you can imagine the

H: Black lung, you know, as I told you, I had, I led off that address that you have placed down in there trying to explain black lung. And it was for me a watershed because I suddenly decided I, I'd never use the term black lung until the [inaudible] February of 1969. I used to always say every time Buff would open his mouth, "black lung," I would, I'd get up, I'd say CWP. And I examined myself. You know, what are you being such a goddam purist for? Okay, say black lung. I used to say it out loud to myself and that's why I kicked off with this semantic issue, what's black lung? You know, I'm being very political all of a sudden and stop trying to be a pristine academician dabbling in this thing. And I, I began to say black lung. And I don't know if their writing black lung in mining is a reflection of that. I can't remember how many legislators I talked to about black lung. But we, we did try to emphasize, yes, let's call this black lung. This is the Black Lung Law, we're gonna, and later of course the Governor's Commission on Black Lung, I was a member, but after years, you know. In West Virginia under two governors, Archie Moore and Hewlitt Smith, and it was, it was not a big job of selling

people. They were happy to do that. They were happy to call it the Black Lung Law.

D: Now, as you were suggesting a second ago, the scene is shifting from the state level to the

H: Right

D: To the national level. Do you, I have again, I have the record

H: The first

D: Of your

H: The first section of

D: Of your testimony before the Senate. Is there anything you want about the context of that. Who invited you to come down?

H: Well, Harrison Williams, but I think Lorin arranged it. Lorin arranged it. Lorin sensed, you know, that I was, I would be the star for the union, and then Buff was going to be there, okay, so that I would be the star for the union. And I, I must say I was the star for the union.

D: Okay.

H: Not in the sense that I defended the union then, I later, but not at the House [inaudible] the union as you'll see in one of the documents because that's when Hechler, that's when they're on the warpath already back, we're into the 70s then. The union is under a big attack. And I made my last hurrah defending the union from Hechler. But this is '69, okay, and we

D: This is where you had the debate with Higgins.

H: No, that's later. That was subsequently, when I came back.

D: Right. But first you're there on the 18th, and you were, you criticized, you start to criticize Higgins. And you say, well, he's really not here.

H: He's not here, and then he later came back

D: So then you

H: He, they invited us both back.

D: Eight days later you

H: They invited us both back. You're right.

D: And what was

H: That was bizarre.

D: What was that like?

H: Well, that was bizarre because, you know, he'd been a guest in my home and then, then I, you probably can sense that from reading that was an academic show. That was a dancing, counting angels on a pinhead. But I wanted to establish that Ian could not get away unchallenged in the Senate of the United States with his lovely British accent that black lung is nothing without, without the complicated disease, that it was just something that healthy coal miners had. And it hinged on the extent of symptomatology in coal miners with or without X-rays, and coal miners with or without smoking. And I later addressed that in the book chapter which I wrote the following year when they decided to write a book on pulmonary reaction to dust. And, and my job, I saw my job in a highly political sense. And Lorin and I discussed it, and Lorin was there. He didn't testify, but he was in the audience. And I felt, well, I'm going to show that I'm also, even though I don't have the fancy British accent, that I can speak the language of research and so forth and significant P values and have some significance and what not and at the same time defend our whole thesis, okay, that this isn't, that you can't, you know, you can't make a minor problem out of this, or the Congress isn't going to lay out a bunch of bucks [inaudible]. You can't make this a minor exception in a relatively safe industry because we need a law, okay. We need a federal law. And I think I succeeded in that. You, you can't tell from the testimony. It's, the testimony is like a standoff. The testimony doesn't say Hunter won or Higgins won, okay. But I know, if you ask me for the, the contextual pieces

D: Yeah.

H: We won.

D: 'Cause they were trying to trivialize the issue.

H: Exactly

D: And it didn't work

H: Ian was trying to trivialize it, and it didn't work. Republican Senators came up to me after, as well as Democratic side of the committee who had listened to this. Of course, Randolph and, you know, Randolph was the [inaudible] of the coal operators, but Randolph knew where his, his votes were coming from. He was very cordial with me. And Williams and there were a couple of Republican Senators came over, very cordial. A guy from somewhere in Utah, Belldon, I think his name was from the state of Washington. So I felt that, that politically in that seeming academic debate, that, that we won the day in the sense that they failed, that Higgins failed to trivialize black lung as a relatively minor issue in America, not worthy of federal intervention, unprecedented federal intervention, you know. And I think probably, without trying to be self-serving, I think that that's probably true. That, that was what Higgins, Higgins' unchecked testimony would have tended in that direction. What are you guys, what are you guys creating this monstrous bureaucracy to give out black lung benefits, you know? The existing state laws can take care of, it's just a few people we're talking about, you know. Here's my scientific research to show it. So it was not, it was not appreciated at the time, you know, what that second session was all about. And Lorin appreciated it. Lorin knew how important it was.

D: Now, unless I'm missing something else here in the spring, oh, you also testify in the House.

H: Yes.

D: And is there, is that basically the same?

H: Basically, it's the same. The House was just educating, and the House was easier.

D: Okay.

H: It was just educating them to the issues.

D: And that, at least as my chronology goes here, brings us to the Yablonski announcement that he's going to run against Boyle, the end of May. What was your immediate reaction, 'cause you have a lot of dealings with Yablonski?

H: Yeah, yeah, I knew Jock well. Milton knew Jock even better. And I, of course, I still kept in touch with Milt. We were only a hundred miles away after I left Bellaire. And we had, we had met at Fairmont. We had helped Jock get Centerville going in many ways. I'd gone to, you know, any kind of testimonial dinner for Jock, I always went to. So Jock announces, Jock announces and all of a sudden the

Miners' for Democracy becomes big-time important. And it's now, well, it's, well, in northern Ohio, in District 6. It's in District 31; it's in our bailiwick. And of course in Pennsylvania because Jock was, was District 4. Anyway, well, we had [inaudible] strategy. Our board at Fairmont was strictly down-the-line Boyle. I had, was already my own personal, I was disaffected with Boyle. The widows formed, the Farmington widows, I don't know if you know this little bi-play about the Farmington widows. You know about widows' association? Sara Kaznoski, that name

D: I don't know the names, but I know about the

H: The Farmington widows form an organization. It's black lung advocacy -- and they involve me -- because they say they're dead, burned, buried, interred under the ground, never to be seen again, you know. They were no, nobody was brought up, two or three bodies, I take it back, before they sealed the mine, two or three bodies had been brought up. That was just an inferno. But two or three bodies did get brought up, who were in the haulage way at the time of the explosion. So the widows form, and Sara Kaznoski, who's the leader, and the other widows and I, some of the widows were my patients. And I knew them all. And they of course got in touch with Buff and Rasmussen. And you know, they knew who the big militants were; Murray was not the big militant, but he's a nice guy. They were the big militants. Sara was shrewd enough, however, to know that if they needed Boyle and they wanted an audience with Boyle that if they went through me, it would be maybe possible. So she kept relationships

D: You should spell her name.

H: K-a-z-n-o-s-k-i, Sara, no h. So Boyle comes to Fairmont. They have requested, the Farmington women

D: When exactly, when is this?

H: Sometime after Yablonski announced. He realizes he has to meet the widows and make a statement. I knew that he would just blow hard, but he didn't know how to deal with the widows. We meet in the Fairmont Hotel. Boyle meets me in the Fairmont Hotel. And of course, I'd met Boyle 'cause from my trips to Washington, I at least met Boyle on my trips to Washington. And Boyle spoke directly in front of me, the first time I went to the Senate. And the next time I asked never to put me on [inaudible] again, ever, which they didn't. We're in a hotel room in the Fairmont Hotel, and I see this callow man. He's petrified. And he sits, I'll never forget, and he sat there with his elbows on his

knees and said, "Dr. Hunter, what should I tell those women?"

D: Oh, God.

H: You know. "What can I say to them?" And I said, "Tell them you support them in all their," you know, "that you want something special. You will fight for some special thing in the law that says that their, since their husbands can't be examined for black lung." And there was a proviso in the black lung law about the miner who's killed in an accident, okay, what the standards of proof that he, you know, that he was not, by the fact that he got killed in an accident didn't bar him from a claim. It was so complicated. I said, "Tony, you just say you're with them. Is that so hard?" But see, Tony knew that they were friends with Yablonski and Miller and that whole thing, and he was petrified that they'd make him look bad because Sara was abrasive. I was just, I remember coming home. I should really speak close to this. I remember coming home that night, early

D: Is this the middle of the summer?

H: Yeah, right. It was the summer, I remember, it was warm. And saying to myself, God, you know, he's not going to make it against Jock. He will not make it. He can't even talk to these women. Jock, you know, Jock would take charge. So you asked me how we position ourselves after the Yablonski announcement. I actually talked to Jock one time, one of his Senate hearings. Jock was in the room. He of course was buddy buddy with Hechler. Hechler was in the room, and it was the day I made my speech defending the union against Hechler. I called them Maoists and what have you. I said they were trying to make a cultural revolution. A very reactionary, I, it took a very reactionary position. And I thought that they were trashing the fund and that the fund was defending the health of the coal miners. The speech is in there. It's one of the House speeches, where I digress, to make some political remarks. Jock is in the room, and Jock was charming. I remember leaving the hearing room, I said, "Jock, you're probably mad at me." He said, "No, I'm not."

D: You did have a clear sense, I don't know, tell me if I should put it as a question. I mean, your sense must have been that Yablonski, I mean, my question is always about black lung. Yablonski was going to be better at

H: Oh, absolutely, in our heart of hearts we wanted Yablonski. In our heart of hearts, and Mike and I, but not Miller. We wanted Yablonski. But after Yablonski was

killed, we had second thoughts. We wanted Pnakovich. I don't know if that name means anything. He came to the front after Boyle was arrested to take on the mantle of the traditional union leadership. And anyway, but I thought, you know, wouldn't it be wonderful if Jock made it. I didn't see how he could. That was before the Labor Department stepped in, okay, to take over the whole process, you know, under Taft-Hartley or whatever provision of Taft-Hartley they did this. (excuse me) But Jock was very decent. He came, we went out in the hall. And Jock said, I know what, Jock knew the realities. He'd been in the United Mine Workers' leadership. He knew if I opened my mouth the other way, you know, then maybe Fairmont Clinic would go down the tubes and that, that wouldn't be good for coal miners. So I did my thing for Tony, and that, that was the last thing I did for Tony. And this one, this is it, right here, yes. And I'll give you the date.

D: These are House testimonies

H: This is April 15th.

D: Okay, 1969.

H: Right, and it begins here. This is where we get the political stuff here.

D: Okay.

H: And Jock told me, "I know why you had to say that, and it's okay." And sort of like we're still friends business. That was really the last time that I had anything public involved. But I attacked Hechler by, by inference in this, and of course not saying a word about Jock. But by inference I attacked Hechler because Hechler really trashed the fund. He trashed the fund so bad. I mean, he trashed the fund for things the fund wasn't guilty of, you know. I mean the fund was, did stand for quality care for coal miners. And Hechler would never acknowledge that, he thought that. And he and Nader didn't acknowledge that, that the fund was just part of the total corruption of the union, you know. And I took great umbrage at that.

D: So you're saying, in your mind they were just like throwing out the baby with the bath water.

H: Exactly, I even used that expression.

D: Oh, really? I didn't

H: I believe it's in there. I believe it's in there. And you know they might have had some validity, the pension

stank, and they thought it was great. But I felt that their attack on the medical program was totally unwarranted. And the Congressmen, they heard me. They were polite. Nobody asked me any questions about it. They knew I was making a political spiel.

D: Well, here's another one here that we have, I missed, I missed in the rush. This is your testimony in Ohio.

H: This is in Ohio. I got called. Remember, I'm in Fairmont. I've already been to Congress, and I got a call from the union, my old union friends in Ohio. Milt is already gone. Milt was gone to Chicago. Milt has left Bellaire. Would I come and help them with a West Virginia-type bill they were trying to get through the mines? So this was my

D: So you went and

H: I went the night before. I had no advance. They showed the proposed bill. I wrote this in the hotel room in the Deshler Hilton in Columbus. And get me my thing and went and drove back to West Virginia.

D: And District 6 was the sponsor of this?

H: Yes, yes, District 6 was the, there was no big black lung committee

D: In Ohio

H: In Ohio at that time. This was not a counter, this was a totally union show.

D: So this was in a sense one of the places where the union was sort of getting ahead of the parade?

H: Yes. The union was ahead of the black, there was not a big time a black lung committee or the Miners for Democracy movement in Ohio.

D: And you don't have any other strong recollections of this event? There were no fist fights on the floor

H: All I remember was a, none whatever. The people seemed knowledgable in the committee, in the labor committee in Ohio. But what it testifies to is that it just wasn't one-sided that the black lung movement or the Miners for Democracy didn't do it all. The union still had bastions and allies that it could call on. And of course they had us, they had us by the proverbial organs because they were the lifeline of the clinics that we, we, we sweated and

worked for to preserve and maintain. Well, that takes us through most of '69.

D: Well, I have a couple more

H: But go ahead.

D: Couple more '69 questions.

H: Right.

D: By June of '69 the Public Health Service is preparing a national study on coal workers' pneumoconiosis under Keith Morgan's direction. Did you have any input into that?

H: No.

D: And you had again a pretty minimal relationship with Morgan at that?

H: Yeah, I knew Keith, and we sort of at first had friendly disagreements when we'd be on the podium together at something like at the school of medicine. And later they became kind of ugly. But in the beginning it was friendly, I always, you know. Keith complemented me on the book chapter

D: Oh, really?

H: Yes, he felt that was fair.

D: The chapter in the Pulmonary Reactions to Coal Dust.

→ H: Right, he thought that was fairly done. I, but I did specify that I thought, you know, I thought there was dissonance between X-ray and symptoms, and that the dissonance was so wide spread that maybe one had nothing to do with the other. In fact I even, I did some speculation in this chapter. I said, take four coal miners. One has a negative X-ray and no symptoms, that's box one. The next one has a negative X-ray and symptoms. The next box has a positive X-ray and no symptoms. And the next one has a positive X-ray and does have symptoms. Okay, all the four permutations that are possible under those two constructs. And I speculated in here that it might a total wash: there'd be 25% in each box. Okay, that 25% of coal miners had normal X-rays and no symptoms, and then the other three were about evenly spread -- normal X-ray with symptoms, positive X-ray and no symptoms, positive X-ray and symptoms -- and which suggested that maybe the X-ray was indifferent to how a miner felt, and that this was the input of some other factor in coal mining, of coal dust exposure. And I got

enormously favorable comments. I got letters from England. People read this book. From eastern Europe, I had letters from Poland, you know. And they want to know what is it, what is it in coal mining, you know? Is it uranium? I wished I'd saved them.

D: Yeah, I wish you had, oh, well.

H: And I thought of it in terms of, you know, a math problem, as a mathematical problem. You know, it's the same problem with quitting smoking, by the way. Do you realize? I'm sorry, are we going?

D: Yeah, we're fine.

H: Okay. You know, I was in a symposium at the University of Michigan on smoking cessation. I said the problem with quitting smoking is that you can smoke all your life and stay healthy. That's the whole problem. And I thought back to my coal mine days. You could, you could work your whole life in the coal mine and stay healthy.

D: Yeah.

H: Okay. And at the same time it's unfair because there are some people who get sick as a dog and never smoked, okay. And so you get all this folk wisdom.

D: Yeah.

H: Just as we had folk wisdom about coal mining and health.

D: Especially in a very individualistic culture.

H: Exactly, and you have no idea how many places, you know, you know, that whole construct I used, I, you know -- congressmen, committees, you know. And I gave a talk here at the School of Public Health once and tried to show the students that, that this occupational health business isn't simple; it's complicated.

D: Yeah.

H: And you have to have a, you have to have a certain philosophic understanding of these things.

D: Yeah.

H: And that's why in one of my papers I talked about error. I think it's in the Ohio paper. And I told them, the law you're being asked to pass creates error. And the only difference is, now you're creating error in favor of the

coal miner. Traditionally, in American industrial hygiene or occupational health, whatever you want to call it, the error has always been created against the worker and in favor of the company. But you're creating error as soon as you, you create presumptions, which we're asking you to do. We do the same thing in Ohio. You're creating error.

D: It's a blunt instrument.

H: Right. And we're just saying that the, all you have to consider is the magnitude of the error you create by which law you pass. I did the same thing in West Virginia, trying to teach these lawyers. And you also create, you create error in favor of the coal miners when you say "He's worked some so many years," and he's spitting and coughing and his lung function tests are a little teensie bit off, he's got occupational disease. Nobody in the world would say that. You've created an error, maybe. We'll never know, okay. And students, you know, students find this all fascinating when I talk up at the school here.

D: Now, were you involved in any of the revisions of the federal bill in the fall?

H: Yeah, the standard. I was, I did not consider myself expert, but I was involved in the revision of standards, I think later on.

D: No, this is, I'm still talking about the original bill, or the original law in the fall of '69.

H: Like here's one, here's one on, yes, this is a

D: You

H: [inaudible] take advantage not more than three milligrams of dust as specified by [inaudible] of Section 204 that if he has X-ray, okay, that he'd be, that he have the option of working under a different standard, okay. And I, that respirators or masks aren't worth a damn, which I always believed and still do. Okay. And miners don't wear them, anyway, 'cause they're oppressive. And yes, there's a, and I tried to not separate out from Buff and Rasmussen and Wells, who were, who were very hot on the subject, okay. And anyhow, we, I got in, this was the same speech which I then went off into the political arena, okay. This is the first part of it. I simply stood with them on the basic.

D: But, that basically as far as your concerned sort of takes us up through the act. Nixon signs it in December.

H: Right, right

D: And from your perspective and, I guess, people you knew around Fairmont, was this seen as a great historic victory?

H: Yeah, yeah, finally.

D: Yeah.

H: Finally sank into coal miners what had happened to them. Yes, it finally sank in. It didn't sink in until after it passed, and all of a sudden they began to come forward. And you know the Social Security Administration before the Labor Department came in, you know, I wish I could find the symposium volume to give to you. Did I give it to somebody? I believe. It's somewhere in this house, it's got to be. I didn't throw that away, I hope. I didn't throw it away. I may have given it away. But you know the New York academy was basically a review of what the hell had happened in the United States. And the Social Security people were there because it was about disability. If you want my take, when it was on the Social Security it was well done even though they were subject to a lot of criticism. I could pick up the phone and call Social Security when I thought a miner had been damaged and get an audience with somebody. I'd go direct, nationally. I'd go direct actually to Baltimore, where the black lung thing was housed. And it, maybe because I had a reputation, but in any event, when the Labor Department took it over, I smelled, I was still in West Virginia, I hadn't come up here yet, I smelled trouble ahead. That the Labor Department was going to respond to companies' concerns, and I always felt, some people didn't agree with me about this, that it was under Social Security that they addressed the miners' concerns.

D: Let me ask you about a few people here?

H: Okay.

D: Some of these we've already hit on.

H: You should be doing all right

D: Just in terms of their overall contributions and their overall impressions -- Lorin Kerr. I mean, what was your

H: A giant, Lorin Kerr was a giant in this whole thing. Milton and I and later myself and, we never felt that Lorin, Lorin's force was he introduced a moral dynamic. We never felt that Lorin's work was scientifically neatly packaged, you know, wrapped neatly scientifically. It had a moral fervor. And Lorin impressed by inflating numbers. I always

felt that Lorin inflated numbers. And he was great at it, you know. And he, Lorin tried to convinced me, it isn't that Lorin lied to himself, he believed his numbers. Because I asked him, I asked Lorin more than once, "Lorin, do you believe the numbers you put out to the press, and the Congress? Do you believe that, that practically every coal miner's has got a risk of death from coal mining?" I said, "You know, Lorin, between me and you, I don't believe that." I said, "I think we've got a super occupational health problem but not, not like you do." Because just me and Lorin, he believed it. I honestly know, I know he believed it. And, and Lorin believed in the dualities, the polarities. He had a Manichean view of the world. It was the good guys against the bad guys. You know, I could never quite work up to that. Even with, you know. Finally, with Keith Morgan, I decided it was the good guys against the, we were the good guys and he was corrupt, when he began to make a lot of money from the coal industry. But I never believed that, you know, but Lorin did. And that's what I mean when I say he had a moral and political fervor, you know. And yet, and Lorin, still Lorin had a lot of respect from academics. Lorin wasn't trashed by academics.

D: Who's next? Well, actually, you know we've hit most of the rest of these in the course of the discussion here. What about just your impressions of what it was like working with Les Falk?

H: Les, Les was a good friend and kind of a mentor, and mostly about the clinic developments. I think when Milton and I first got into it in Bellaire, Les was involved on black lung issues. But Les was never in the forefront, at least in my, Les may define himself differently as being in the middle of the black lung struggle. But I, wherever he was, I wasn't and vice versa.

D: Okay.

H: Okay. That's all I can say.

D: We talked about the British

H: Right. About the

D: Did you have any dealings with Hugh-Jones?

H: No.

D: How about Fletcher? Did you have any

H: Fletcher, no.

D: No.

H: Fletcher, of course I loved his work. But I had no dealings with him.

D: How about some of these people in the Public Health Service? Henry Doyle?

H: Henry Doyle I think I met once.

D: But no

H: At the New York, at some

D: But no relationship?

H: No, no relationship.

D: We talked about the people at Bellaire. I guess that's the personalities. What about some of these larger issues? Like to what extent was the group practice structure one that was just by nature hospitable or inhospitable to recognizing this kind of disease. I mean, forget about the union for a second, forget about your politics, forget [inaudible], just the fact that you've got a different way of practicing medicine.

H: Oh, very much so. I mean, I think

D: Obviously, these things were all packaged up together

H: Right.

D: in thought.

H: Right. In Fairmont, who were the internists in north central West Virginia who knew the vocabulary of black lung -- our group practice internists in our clinics. They knew their, you know, they knew what category 2 was. And these internists were [inaudible] hematology, diabetes. It's because it was core, central to our concerns in the clinic. It was almost a business concern, you know, I would say, yeah. And we would sometimes recruit a physician who, you know, there weren't all pro-labor just working in a [inaudible]. It was already the time in history when people who were not pro-labor went to work in union health centers 'cause union health centers paid well. It was long now passed the time when you had to be pro-labor to work, (no, we're still recording) you had to be pro-labor to work in a labor health center, you didn't. I made sure of it when I was medical director at Fairmont and also when we were in Bellaire, 'cause it was just small. We have a two-person

department of medicine. Me and Milton were the department of medicine. There was nothing to that. But at Fairmont we were much bigger. You know, but we as a clinic if somebody particularly didn't want to do the black lung stuff, that was okay. We'd have one of the colleagues do it. But I would make a note of that, okay, meaning at raise time, okay. So we were dedicated to the idea that we were going to be the experts in northern West Virginia, and we did get federal funds ultimately in Fairmont to begin black lung therapy under the law, because the law had a therapy piece, as you recall, the federal law. And we developed a center for treatment at Fairmont. But, so there is no question that the existence of the clinic heightened physician awareness as well as obvious coal miner awareness about all this, no question about it.

D: And so this was just a close coordination, I assume, you had a radiologist right down the hall.

H: The radiologist read the films; he was right there. He was in the building, you know. Remember, I told you about Ray Herrin and other radiologists we had.

D: And did you do formal internal education, where you had separate seminars?

H: Oh, yeah, sure.

D: Staff

H: Absolutely.

D: Educational sessions

H: [inaudible]

D: Cases?

H: We'd go over cases. And it got so our physicians understood, like in a multi-problem case. You know, somebody had heart disease and also had black lung, that, you know, that component of his difficulties had to be taken into account. We recruited some doctors solely, I remember, we recruited a pulmonary chest, chest guy from Duke solely because we were involved with black lung. This guy did not have any political affinities to a union health center. But if he wanted to, he wanted to do chest medicine. And see, I think (a) the fact that we're union sponsored, (b) the fact that the case load was huge, okay. It was almost all coal miners in Fairmont Clinic. We had some of their wives, of course there were others. It was huge, a huge coal-mining practice. And the fact that this was the core, the central

concern of ours. And for us in leadership we knew that we had to stay forefront because there was political turmoil in the union. And we thought that if Miners for Democracy take this over and we haven't fought for black lung, we're down the tubes. I'm, I'm back in Brooklyn, okay, you know, wondering what to do with the rest of my life. And to a large extent this was true. We had, you're not interested in what happened after '69, but we did finally have to take a stand when, because, when Miners for Democracy became politicized with New Left politics, which happened -- I don't know how much of a student of that part of it you -- are but that happened, circa '73, '72 to 74. And you know, as a liberal guy, I was all [inaudible] with New Left politics until all of a sudden it came on my doorstep. And then it was a whole new world for me, how abrasive and ugly. And Health Pac, the Health Pac crowd, whom I came to hate with a passion, okay, because Barbara Ehrenreich's first husband, Rob Burrlage, all these names which, you know, to you in academia, but these were the heroes of our time. Regardless of what, you know, that doesn't mean anything to me. For me they were the enemy. I'll tell you why they were the enemy. It's not that I couldn't academically go in my living room and read a chapter or book of theirs and think this was brilliant stuff. But in real life it was miners should take destiny, meaning all the non-miners go, get off the boards. We have preachers; we build united-front politics in Fairmont, from day one around our clinic. We had lawyers, we had ACLU people on our board, we had school teachers, we had ministers, you know. Miners have to control this, but these middle-class liberal types. So they wanted them off the board, this was one of their cond, this is at the time that the Miller people are beginning to take over. These were their demands. Second, it was the era, and I want to get this on tape. You don't have to use it. But it's part of where I lived for years in agony, because my gut politics and my operative working life were at opposite poles. One was north pole, the other south pole, left and right, okay. The other piece, Alan, was small is good became part of our world. They thought our clinic was too magnificent. They had storefronts. And this was what was the Health Pac literature, you know. They were against the, they wanted to trash the Columbia gym, right. You know, with the 60s people, from the university, I'm talking about. Anything they wanted, storefronts, they wanted small institutions.

D: How big was, how big was

H: Fairmont Clinic was a nice size. Jo, how many thousand feet would you guess Fairmont Clinic was? Seventeen, sixteen, seventeen thousand.

J: Probably [inaudible] was.

H: And the back building, the administrative building, easy, could be even twenty thousand. Well, it was big.

D: Big, okay.

H: It was big.

D: But no one would have mistaken it for the Massachusetts General Hospital?

H: Oh, obviously, obviously. It was not Mass General, or P and S, okay. Nevertheless, it was too big for them. And they wanted of course to picket. And I thought, you know, to have coal miners picketing the miners' clinic was unthinkable. They also wanted the executive dir, Mike Ross's job, the executive director's job, should go to one of them.

D: To them?

H: Yeah, they didn't [inaudible] after for my job. They wanted him out, because they didn't have that many docs around who were hand in glove, you know, [inaudible]. They didn't have a bunch of New Left docs with any administrative experience. Remember, they didn't exist, such people. Now, people to take Mike's job they had. They had people in that, one guy who happened to be a former friend of mine, whom I also knew from Kentucky, who turned, who turned very New Left and who was sort of groomed for his job.

D: Who was that?

H: Oh, what the hell was his name? Oh, God, it was on the tip of my tongue. [inaudible] I'll think of it. And he used to come around and give me, he wanted me to become his ally and dump Mike, and become his ally. And we would break up the clinic, have a bunch of small clinics in coal-mining communities, have little community boards. And I said, you know, they [inaudible], like the loonies, the monkeys running the zoo, or else you're going to get the loonies running the place. Because I knew from talking to George that Arnold Miller didn't understand medical care, okay. I said, everybody is going to be dropping dead of heart disease and cancer and strokes, because they don't think of nothing but black lung. They just, they don't want health care, they want black lung. And I was getting sick of it at this point. You know, not sick of the black lung issue but sick, sick of their distortions that were taking place with the black lung movement and the Miners for Democracy. Oh, what the hell was his name? Goddam, I have it somewhere in

some of my notes, I'm sure. I always thought he was a nice guy. Finally, I said to him no. Mike was on a trip to see some of his old Mine-Mill friends, and he sprained his ankle, called me up from Utah or Arizona, somewhere. The most devious thing I ever did, I said, "Mike, there's a lot of heat going on here. You broke your ankle; it's a triple fracture. You're in traction, and your doctor's not letting you leave. Stay there until I tell you you can come home, because they're really out." And I can, I can always say I can't make that decision 'til Mike gets back. 'Cause they wanted us, they wanted jobs. They were full of nepotism, Miners for Democracy. They wanted jobs for their nephews and kids. It was the height of corruption. It's no wonder that I felt Pnakovich was wonderful, Tony's old friend. [inaudible] I don't know if that name means anything to you in the union, probably doesn't. He was a VP. And when [inaudible] locked up Tony, I mean Pnakovich took on the mantle of the standard straight union leadership, the Boyle forces, as it were. The center, which Yeats said could not hold, and it didn't. Anyway, but, and at first, you know, I felt this tug. And then I said, you know, and then I was damned to see if they'd win. I could not, you know, I was all for Leonard. You know, I thought, well, we'll still have a union. We'll dump Boyle's crap and his stupidity and we, and, you know, and Leonard's now working for the industry. I'm sure he's retired now. But he went to, he like Brennan, he went to work for the coal industry after the whole Miller victory. And anyway, so they wanted Mike's job. They wanted to break up the big clinics. They wanted, you know, small is good. They wanted it all miners, and I had dealt with all-miner health and safety committees. I was pretty good at it when I was medical director of Fairmont. You know, I'd go to Ida Mae mine. I'd go to Farmington. I'd go to Grant Town, and I'd meet with these guys. And I thought, Jesus, if I ever have this on my board, you know, it would be a four-Excedrin headache. Meeting with them, you know, it's democracy in action. You know, it's the expert, the professional, and the working class, you know. And they're in your face, sometimes it's abrasive. You know, we demand this, and I knew it's something they couldn't possibly have. You know, like will the men to live to be a hundred, or else make them pay our dues or something, you know, that kind of bunk. But in truth I loved it. I did like, because I knew all these people, and we had mutual trust, even though when they'd get in a meeting, they would table pound all the time. I'd go home crazy.

D: But in terms of rank-and-file safety committees, just to follow that up for a second

H: Yeah.

D: That, those committees really didn't amount to anything?

H: You know, I don't agree at all.

D: No?

H: Afraid not.

D: Until '69, no?

H: I don't agree with that.

D: No?

H: I dealt with rank-and-file safety committees well before anybody ever heard of Miners for Democracy. And they were effective rank-and-file voices, Ida Mae mine, around a lot of issues.

D: 60s?

H: 60s, right. I dealt with them from day one.

D: In District 31.

H: In 31. And that, that never heard of them in District 6.

D: Really?

H: But in 31.

D: And did they deal with, with the

H: They dealt with day-to-day issues, with health issues.

D: Okay.

H: They dealt with health issues, these people with access issues to health care, very effectively.

D: What about dust control?

H: Ah, it was beginning to be an issue. I didn't fully understand, you know. They didn't fully understand. We dealt with accidents. We dealt with us supporting the, you know, safety days and the meets, you know, where the bands would come out and, you know, with the doctors supporting it and showing their support for safety. They dealt a lot of times, would you make a doctor available to go down in the mine in the event of an accident. And I took, I went out

front on that, and I said I'll personally do it. You know, and I did. I used to go, just to enhance [inaudible]. So I don't agree with you that, that the, that the safety committees were, were a sham, or a sham

D: Well, I actually heard that District 31 had a good safety operation.

H: Well, I always felt that the people from Ida Mae, the mines we dealt with from Blacksville, the safety committees, were real rank-and-file. Remember who was the safety committees [inaudible] was Gale Martin, you remember, Jo, a neat guy, rank-and-file leader in a, and this was long before, this was long before Miller, long before the '69 events. And Pat Belosky in Grant Town, you know, they deal with medical care issues; they dealt with checkup; they wanted some free meds.

D: This is still we're talking about safety committees?

H: These safety committees, the safety committees wanted certain free medication. They wanted cough syrup to be free. And I said, "We absolutely refuse. You're all going to become codeine addicts. We are not giving free cough syrup." You know, they wanted, you know, not to have to create a visit when you had a URI so, you know, there's a certain merit in that. We're to, we're too overstructured in medical care. We ought to have a way to treat simple colds with just a nurse visit, for instance, which my wife was involved in in those early days.

D: Just to change the subject.

H: Okay.

D: What about back in the early days, the company doctors. Any observations about them, specifically about the willingness or unwillingness of company doctors to diagnose any occupational diseases?

H: I never ran up against company doctors.

D: There hadn't been?

H: There were company doctors

D: In Ohio there hadn't been

H: I've got a thing in the car, if you want to understand any about company doctors. It's after '71. It's when I was the impartial chairman under the contract of an occupational dispute in Pennsylvania. I'll show it to you. It's quite a

document and dealt with the Bethlehem Company and their company doc. It's peripheral to your interest, but it has to do with the black lung, the interpretation of the black lung law. I have it in the car. And I'll get it for you when we're done. But no, we didn't come up against company docs. There were some check-off doctors still around when I got out there in '53, a few check-off practices still existed. It was beginning to disappear. We actually tried to resuscitate it because the fund in the early days did not pay for primary care. We later reversed the fund's position by saying if you went to one of the fund clinics, primary care was paid for. Before, you'd go to your check-off doctor, and he would make a referral, and the fund would pay for the referral.

D: But you never, from what I've always heard, these folks were notorious for not making the diagnosis

H: I'm sure that was true.

D: But you never saw that?

H: Never saw that.

D: In Ohio.

H: No.

D: Okay.

H: No, never.

D: Well, I think I'm about out of questions.

H: Okay.

D: Any other general observations you want to make for the record of

H: Sure.

D: About the history of

H: I think that the federal, I think people in, I don't know the occupational health community the way you do as a historian. I think people under, undervalue the, the landmark thing that the whole idea of presumption was. And I sensed that when textile began to, began to talk a little to textile, how they could get, and already the political mood of Congress had changed.

D: This is in the late 70s?

H: The late 70s. They weren't going to about to replicate this humongous federal black lung bureaucracy, and making a special case. Part of my testimony relates to, made an analogy to the military, that [inaudible] that we had to treat coal miners that this particular segment of the industrial workers. This was before Jimmy Carter, before energy became, you know, something you talked about. Whether it's the secretaryship in the cabinet for energy. But, one of the things I'm proudest of, and I, it didn't get very far, is introducing the notion that these were people who were at risk for the society. And that's why they had to be treated differently and why they had to have special rules and that they had to have a federal protection, and a federal mantle, because the states were too much dominated by industry, who were paying big taxes. It was to support the state operations. And that came through in the Senate hearings. I'm not sure it's on the record. A lot of it came through in the discussion, you know, as to why this should be a federal, federal, and this should become a federal problem. I think the two things -- federalization of the issue is landmark, and if you're writing about this history, that you've got to emphasize that. And what else was wrong, you know, like the railroaders and the seamen.

D: And the

H: The longshoremen.

D: The longshoremen?

H: The maritime, the merchant marine.

D: Yeah, yeah.

H: Nothing else. I suppose if, if the nuclear industry were not, you know, technology- rather than labor-intensive, they'd made some theoritically some, and that would have protected people like at Silkwood and, you know,

D: Yeah.

H: The people who suffered, suffered in the early days of the nuclear industry. So I think that was landmark. I think the use of presumptions was landmark because we conceded in a lot of that testimony that presumption introduces error. See, I always had the idea that congressmen were as smart as I was. And sometimes they were, you know. That I knew that some smartass congressman was going to say to me, "You know, you're just creating a big, big error here that's going to favor all the cigarette smokers in America." And how was I as a physician going to

defend that, okay. And I already had my intellectual defense ready, you know. That, well, what you're doing is because there's cigarette smokers in America you're, you are, you know, you're trashing people who gave their bodies and their health for the profit of industry. I mean, it was going to be that kind of argument. And my position was I'm prepared to say instead of us having this argument, why don't we enact a presumption and then we won't have anything to argue about. The law will kick in. The law will say, we had that argument until he works twenty years and then that argument is foreclosed, okay.

D: Well

H: And I think those were, those were totally historic landmark things. And I'm very proud that, that I feel I had, I had the most lucid exposition of that in that testimony of, of anybody in those days, you know. And you'll see that when you read the, even in the Charleston speech, which was very political because it, there were T.V. cameras. You know, there were miners marching around with coffins, black coffins, around the legislature.

D: But the concept of presumption is a legal

H: Oh, absolutely.

D: concept

H: But the idea of putting it forward, bringing it forward to solve all these, do we, are we go, you know. Paul Kaufman, I said to Paul, I remember, "Paul, we can't forever argue every goddam case," you know.

D: So what would

H: No, and Paul would say, "Well, we need presumption." He's the lawyer.

D: Okay, so you had the

H: Paul's the lawyer.

D: You had the idea, but he conceptualized it as a presumption?

H: Exactly.

D: Okay.

H: Exactly. And then we put it, you know, and then we carried into the federal legislation. You know, they knew,

they're all lawyers in Congress. They knew what presumptions were. And that was the heart of why billions of dollars went into Appalachia when black lung disease began to. Not any more, I understand it's nightmarish to get an award now.

D: Well, and the other thing of course, besides the difficulty of the diagnosis of CWP is that there are other work-induced conditions that're in no way differentiable at all from non-occupational diseases

H: From the things of daily life. This addresses that, the thing I gave you on textile workers. And I had, I had four paradigms in here -- known agent and known disease, CWP, okay. And that was, then I discussed the presumption, which I was still hung up, I wanted it introduced to textile people, the whole idea. And there was terrific discussion on this, you know. And I said the area in which presumption is to meet the requirements of, I'm saying, is that when a disease of presumed etiology presents, they're identical to diseases of everyday life, okay. That's when you need [inaudible] to almost all illnesses is the same, cough and shortness of breath

D: Right, right

H: And so we spent a lot of time on that. And then of course, known disease and unknown agent, which is cancer. The obvious thing is cancer, okay. And known agent and unknown disease, and that's you know. Somebody's working in a dangerous place, and he doesn't know he's even sick from it. And the other, of course, is the last, which is unknown disease, unknown agent, so what the hell is that. You know, that's people who think on the job, and people get hysterical. They're always called psychoneurotic.

D: Now you don't remember exactly when this

H: Jo, are you there?

D: All right, your understanding was that the, that the clinics you were involved with spent a large amount of money and time taking care of cases that rightfully should have been under the workers' comp. system?

H: At that time there was no proviso for occupational lung disease being owned by workmen's comp, for purposes of treatment. So we saw it, in terms of the number of injured miners that we took care of, all right, that rightfully, but philosophically, we understood that really everybody with black lung, with occupational lung disease was really the responsibility of the company and that we, Milton and I, at

least in our Bellaire days and later at Fairmont, we were taking care of them. Using fund money and fund resources, which was not coming against, this was not a mark against their rates, in the Ohio compensation system or the West Virginia compensation system. And I, I was not positioned to have the paranoid view that this was a, a deal, that was made between Roche and Lewis and the coal industry although it occurred to me.

D: It did occur to you?

H: It did occur to me.

D: That this was some kind of Machiavellian

H: Right

D: Trade

H: That this was a trade-off because they were getting, you know, they handed the medical program to labor, which we were so proud of. We are the medical program. We're not working for the company, the industry. We're working for the union. And til this day I'll trade on that, you know. When I'm giving my CV, you know, or what, there at Ford Hospital and the various things that go, have gone on in my later career. We were there in the labor health movement. And yet there was some kind of deal. What mitigated it for me, which is what you want on this record, I think, is the notion I had and I, what, what salved it, you know, for me in terms of conscience, that, that salvaged, was the sure knowledge I had, looking at medical care in those coal towns.

D: Early '50s.

H: Early '50s. That if this became part of the compensation system of miners, their health would be absolutely sacrificed.

D: Because under those state statutes, they couldn't pick their doctor?

H: Exactly

D: So even if they just would

H: Right. They'd have had to be sent to the doc. If you're the payer, pays the tune, right? I think that's the one who pays the piper pays,

D: Picks the tune

H: Calls the tune.

J: [inaudible]

H: Yeah, right. And they, they weren't going to buy Mayo Clinic, or they weren't going to buy University of Pittsburgh, or Ohio State University, okay. And we knew the quality of doctors that that did the comp. work. So with one part of my mind I knew intellectually that, that there was a tradeoff of some kind taking place. And the other thing you know, in the final analysis it's good for the coal miners. It never prevented us after what you saw, you sat here this evening and looked at my career, basically in the first part of it, anyway. It didn't prevent us from becoming advocates, from going to the state legislatures, going to the Congress, you know, and trying to change these laws. They never stopped that. I never heard a word from Josephine Roche or "Hey, go easy," in the Ohio legislature or wherever you were, okay.

D: Well, that was quite late in the game, but when you publish your article in JAMA

H: Like the article, you know, I think Draper himself complimented me. I think he called up. He could, I think Draper called on the phone with some nice words after that. So yes, you're right, you're right, there was a compact. And yet for us in the field, we didn't feel that that we were being part of something sleazeball or smarmy, you know, because we felt, Milton and I felt, that we gave decent care to coal miners. And we were compassionate with them.

D: Yeah.

H: And we didn't think the workmens' compensation system would. And I believe that to this day.

D: Yes, and that really elevated the standard of care, not just about [inaudible]. This was just one disease among many.

H: Right

D: Among

H: Yes, exactly, right. Now, what, what Draper of course told Lorin is another matter. Of that I have absolutely no knowledge.

D: Yes. That's

H: He never, Lorin never shared that with me. That would all be hearsay, anyway.