LORIN KERR: ORAL HISTORY INTERVIEW ON COAL MINERS' RESPIRATORY DISEASES

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with Maier Fox

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Derickson: Yes, before you came to the fund, there was a medical advisory board.

Kerr: A medical advisory committee, I think, was the technical name of it, that Mr. Lewis had appointed because he had to have something to run the goddamn thing. He got the benefits, you know, in the '46 wage agreement, and so how's he gonna run it. So he appoints this committee, and he makes Royd Sayers the chairman of the committee. Royd had been the Director of the Bureau of Mines. And as I got the story, Sayers had done something that Lewis needed federally to help him.

D: Do you have any idea what it was, specifically?

K: I never got that.

Fox: Was he involved with the Boone report?

K: No, this was before that. But something happened, and Sayers got fired. And when he got fired, Lewis picked him up because he got fired because of what he did for Lewis. So Lewis said, you know, you did it for me, so you know, words to that effect.

D: Sure.

K: Put you on the payroll. Put him on the payroll, and he made him after the contract, I don't know what kind of relationship to the contract occurred. All that I know is that I appeared on the scene in June of '47.

D: How did you come to the fund? You came directly from the Public Health Service?

K: If I have to go through this again.

D: The short version, the short version.

K: Honest to God. I.

F: Yes, yes, you have to go.

D: The short version.

K: I had been working in the Department of Agriculture as a U.S. Public Health Service officer in charge of the medical care for the imported and itinerate agricultural workers in the seven northwest states, of which we had 65,000 from 1944 to 1947. In April of '47 the money for the program got cut, totally, by the Senate. I seem to remember somebody by the name of Senator Case being responsible for that action. In any event there wasn't any more money. So I was the commissioned officer in the reserve corps. So I was transferred from Oregon to Washington.

D: D.C.

K: D.C., yes, to report for duty June 1 '47. And I reported for duty, and the man that had arranged to have me make the transfer was on vacation. Excuse me, I'll think of it. Jimmy Townsend, who was the Director of the Division of Industrial Hygiene said, "You will serve as a consultant to the unions and management that are working on fringe benefits for wage agreements. In addition to that, I want you to go over to the Mine Workers and work half time with Dr. Sayers, who is the chairman of the Medical Advisory Committee, and he needs somebody over there that has been involved with medical care to help him. So you go over there and spend half of your time working with him.

D: So Sayers didn't call you, you were sent over.

K: I was sent over.

D: And how did you get along with Sayers?

K: All right, if you can stand to sit there and listen to him repeating his tale about silicosis.

D: What what sort of tales were they?

K: About the wonderful things that he had done with silicosis.

D: And what do you think was Sayers' conception of coal workers' respiratory diseases in '47, '48, and '49?

K: If you were asking me what I thought about it as of my age in 1947?

D: What, what I mean: Sayers was in charge, what was his notion of respiratory problems of coal workers? Were they important? Were they reducible to silicosis and nothing else?

F: Were they unusual? Were they standard?

K: At 1947, we were only concerned, sir, with the development of a medical care program. Lung problems, occupational health, what are you talking about? Nobody knew anything about those things.

D: Well, they'd heard about the British, the British research.

K: What research?

D: Well, they heard about Gough. They heard about the listing of

K: Who's he?

D: He was a.

F: Are you saying that hadn't heard, hadn't heard?

D: They hadn't heard of the British listing coal workers' pneumoconiosis as a compensable condition?

K: I'm not sure. I didn't know.

D: Okay.

K: Wasn't till 1952 that I knew about these things.

D: Okay.

F: So this is all new?

K: Yes, brand spanking new as far as I was concerned.

D: So when did you go to Morgantown?.

K: Here, get this out of the way, before I throw it someplace. Well, what happened was, and let's that these off the table, too. Maybe you'd better put one of those back in the icebox.

F: I'll be good. You talk.

K: All right, all right. That was 1947, and I was working with him half time, and there was another doctor in there by the name of John Newdorp. John had also worked with the medical program for the imported and the our own migratory laborers down in the southeast part of the country. He'd headquartered out of Atlanta. He was there for a rather short period of time, and then he went with the Georgia or,

no, the Alabama State Health Department. And then in 1946 they passed, what the hell was the name of that act, that gave them for the first time money.

D: Hill-Burton.

K: The Hill-Burton Act. West Virginia seduced Newdorp from Alabama to come to West Virginia in May of '47 to run the Hill-Burton Act. Sayers heard about this, got a hold of Newdorp and outbid the state health department. And Newdorp came to Washington with the UMWA Welfare and Retirement Fund. So that by the time I came on the scene in June of '47, Newdorp was there. We had sort of an arms-length relationship because I didn't know him and he didn't know me. He'd been in the Public Health Service, but he'd gone out of the Public Health Service to go with the state health department. This I couldn't understand. And then he went with the state health department in West Virginia, and then he came here. It sounded to me as though there was something kind of peculiar about this, but I didn't say anything about it. So we started to work with each other, cause we figured that was the best way to get along, and found out a little about each. One of the interesting things that we found out about each was the fact that we each were rather liberal after a fashion, not too liberal, but rather in the other's estimate. In the meantime, I'm still in the Public Health Service, transferred from having a reserve corps to being sworn in as a regular corps, which was a step up.

F: What rank?

K: Lieutenant Colonel. Things were going along fairly well. You know what's taking me is the name of the guy that was Jimmy Townsend's deputy because of the fact that he was the guy who helped me decide what the title of my paper for my master's degree was, "The Need for Occupational Health" in the Lorain, Toledo Health Department." What the hell was his name? In any event, things were going along fairly well. I guess I can tell. You know the cold war is over, you might just as well let one of the family secrets come out of the closet. All of a sudden I got a notice from the security officer for the Public Health Service, saying that I was confined to quarters and that I was going to a hearing.

D: When was this?

K. When was this? This was 1947, fall 1947, no, yah, no it was in the spring or summer of 1947, no, 1948. That I had to answer these charges, of which there was something like 25 or 28 of them. Was I ever, you know, had I ever been a

member of so forth and so on. I went to the attorney, my attorney, and Dave, what the fuck do I do with this? He said, "Well, what about these, are these, do you have trouble answering this? Would you have to say yes or what." I said, "Well, let's not go into that." He said, "All right, fine." He said, "Let's write them a letter, saying that you've been here for several generations and that you came to fight to take care of the all religious and all the other problems that they had in this country and that, goddamn it, you answered these questions five years ago in Portland, anyway." Three years ago in which I'd gotten a letter asking me if I received the Daily Worker and if I was a member of the club and all that sort of business, and I'd said no. And he said, "Just tell you've answered these questions all once before, and you're not going to go through this process again. To hell with it." And I said, "What do I do? I got to work." He said, "Well, you're doing, you're working with the Mine Workers half time." He said, "You know they got a constitution." He said, "Their constitution says that nobody that's a communist or a fascist can work with the tough fuckin' organization." He said, "So go see if you can get a job. If you can get a job, your answers are problems, your problems are answered." So I went to Dr. Draper, and I said, "Dr. Draper, that the Public Health Service isn't going to do anything more with this wonderful program that we worked out with the migratory workers. It's a wonderful program, and it's a damn shame, but nobody's going to do anything about it. And I've worked now for several months with Jack and with Dr. Townsend, and it isn't going to happen. So I'm beginning to think that probably your program is the one that's going to do it. Have you have a place for me?" He said, "Do you want to come and work for us?" I said, "Yes, sir, I think I do." He said, "Fine." I said, "What do you got left open?" I don't know what ones he had open. He said, "You've got a mother and a wife that's not to able to get around and two little kids." I said, "Yes, sir, I do." He said, "Why don't we take you and put you in Morgantown." I said, "Fine." So I resigned from U.S. Public Health Service and was employed by the United Mine Workers of America Welfare and Retirement Fund.

F: And this was what, spring of '48, summer of '48?

K: This is the next fall, in the late summer of '48. Dr. Draper went on to keep the peace job in, I think he took that job in July, or August of '48, and this is along about October something, maybe a little bit earlier in September.

F: Close enough.

D: So I stumbled across a report that you wrote to Draper in August of '49 where you pointed out that there were, that you'd seen a large number of what were still called silocosis cases. I mean what was that like, just as an experience day to day, these were just.

K: '49. No, that was when I was in Morgantown.

D: Yeah, in Morgantown.

K: Well, what was happening was that I was beginning to see miners who had respiratory disability. And their disability was of such a nature that it didn't fit the definition of silicosis. And the definition of silicosis was laid down by what appeared in the X-rays. You know, that was the damning influence, of the X-rays, was the damning influence on the compensation of this disease for years. And as a consequence, we had a hell of a time with it. And, they had three stages of it, the silocosis. You had your first stage, and second stage and third stage. First stage was when you had a little bit of trouble with your breathing capabilities, and you didn't have too much trouble breathing. And the second one was when you began to have trouble when you went up a slope or keeping up with your mates, and it was things were beginning to push, crowd in on you. And the third one was when you were really had troubles, and usually you had a complication of tuberculosis, silico-tuberculosis. And compensation was geared to the fact that in category, in stage one you could compensation of $1,000, stage two $2,000 and stage three $3,000. And these were all.

D: West Virginia compensation.

K: Huh.

D: West Virginia, West Virginia.

K: No, this is practically the same law over on that basis of that kind, it was in general, in general I'm saying it was such.

D: In some states

K: In general, in some states, in some states it was something else. And so it varied from state. But in general this was the way it was.

D: But in Morgantown in the late 40s what share of these people coming into your offices were looking for documentation?

K: They were looking.

D: Comp. How many of them were filing comp claims?

K: They were coming in looking for X-rays. We weren't providing any medical care. We never provided medical care. We were in no position to anything like that. I couldn't look at an X-ray and tell you anything about it. So, all that we could do was try to find some doctor with whom we could have some confidence.

D: Well, what was that like in West Virginia in 1949 or 50?

K: What do you think?

D: Well, I suspect it was a long row to hoe.

K: Oh, sure, it was terrible. It was terrible. What, every now and then you'd find somebody that would do something. For instance, it was a long row of hell, and here was a major exception over in Elkins, West Virginia. With the Elkins Clinic over there, which has a fascinating history, was the fact that it was a Golden Clinic in Elkins, West Virginia. And what had happened there was the fact that Dr. Golden, who went there in, oh, probably around about 1890. And he was involved in the early political in fact he went back. He got somebody to put up the money for a hospital in Elkins, because of the fact that, see, one of the problems they had every place, as you well know, with what you've been doing, is the fact that the hospitals were so crowded and took so long to get them into any place that had a decent hospital, by the time they got there they were dead. And so as a consequence management was beside itself. They had to bring somebody that was in closer. So that's where you get your second check-off. Your first check-off was to the doctors, and then the doctors themselves knew that they had to have a hospital, so in some places they ganged up and got their hospitals, got a secondary check-off. That was true down in Welch, not Welch but in, in Beckley, West Virginia. And then there was another town that's down in that neck of the woods where they had a special clinic that was put on by the doctors. Walsh, that doesn't sound right, that doesn't ring right, I don't remember the name of the town. Well, in any event, this is what happened in many of the places. And Ben had, Ben came out of this father who got the money set up to go, to send him to Hopkins to get the general design of a hospital there at Hopkins and bring that general design back to Elkins to build hospital in Elkins that would have the general pattern of what they were putting up in Baltimore via a good hospital with the name of Hopkins.

D: That wasn't the original hospital built in 1890?

K: Yes, it was.

D: It was.

K: Yes, it was. And that was built on the basis of the fact that he went there, that is, Ben's father, went to Baltimore and got all the fine points of how a hospital should be built. And he came back to Elkins, and I don't know who the hell put up the money, but I'm sure if you wanted to you could find out about it. It's a facinating history, and they put this hospital. And there was coal money that was involved in all of this, and not only that but there was also check-off money.

D: That's what I said, so they did check-off.

K: There was check-off money that was involved in all of this. But Ben, by the time Ben came along his father sent him to Temple. He got his degree at Temple University. Benjamin I. Golden. I said it's too goddamn funny, too bad, one time I was teasing him, and I said "Ben, it's too bad that you don't use all of you initials because people would really make something out of it if they did." He said, "You bastard."

D: And what was the history of the Elkins Hospital with respect to the UMW? Had they been

K: It was great.

D: Going back to the.

K: Because of the fact, because of the fact that when I came into District 31 in '48, '49, you know, we operated first out of a hotel room. What was his name, that was my administrative assistant? Jim Mork, Mork, Ray Mork. He had been with UNRRA, and he was a marvelous administrator. I could never have done the things that we did there without guys like Ray Mork. And Ray, the only trouble with Ray was that he was forever and a day holding the doors, holding the doors open for me. And finally I got fed up with it, and I turned and said to him "Ray, you've got to stop that." He said, "What do you mean?" I said, "Holding the doors open for me." He said, "But you're a doctor." I said, "I don't give a fuck if I'm a doctor, I want you to quit doing this; you embarrass me." He said, "Why, you're, you're more educated than I am." And I said, "Go to hell. You stop it, or we're going to quit and I'm going to fire you." So from then on, why, he said, "Fine, okay." So he gave up on that

this problem of running the program out of this hotel room, and then finally we, finally we got a place that was a little more in the way of business. And we finally got a place built out on the edge of town. And I remember I had my office up on the second floor, and the fellas had to walk up an outside stairway. And finally. I said to Ray, I said, "Look, we got to do something different about that. By the time these guys get up here on the stairway, they're so out of breath they can't tell me what they want." He said they're just out of breath. And so we changed it around so that we had an office downstairs, so they could come in right off the ground floor. But, and

D: What, what would they say to you? Would they say to you, would they say? How would they characterize their own condition, if you would remark to them that they had difficulty getting up stairs?

K: They knew what they had. They, they had bad lungs from mining coal.

F: What did they call it then? Was it still miners' asthma? Or did they have a different name for it?

K: Miners' asthma. Miners' consumption. Miners' con.

D: So when did you go to Washington?

K: Well, see, I came, went to Morgantown there and I stayed there for three years. And I got to know Ben Golden, who ran this clinic out here. And he was the kind of guy that he had a prepaid medical care program in 1932. And he was doing so well at it, the State Medical Society said you've got to stop this or you're going to lose your membership. No kidding. And he testified before the Pepper Committee. This is one of the reasons, you know, that when Pepper died, came back of sort of memories. Brought out was the fact that Ben remembered coming in, and he told me how he came in and he testified before the Pepper Committee in 1946 on National Health Insurance. And he said, "The only way we can get it, Lorin, is through National Health Insurance." And he said, "We got to have it, because that's the only way people are going to get taken care of." Ben knew what the hell the story was. You had to have prepaid national care. So when I went into the District office, I said, "What do you think about the medical care you get over there?" And they said, "Lorin, Doc, I was always Doc, not Lorin, Doc, you can't get any better medical care anyplace else." Finally, I found out what they were talking about out, so I went in and decided to watch him. This surgery was textbook surgery; it was absolutely superb. Not only that, he knew anesthesia. Not only that, when my wife got pregnant

anesthesia. Not only that, when my wife got pregnant unexpectedly with our third child, we lived seventy-seven miles from Elkins. We had a doctor, we had an OB, obstetrician and gynecologist in Morgantown. I said, "Fuck you, bastards." We traveled every month down to Elkins. And Ben checked Maureen and took care of her. And finally, the last time he delivered it. And I'm glad that he did because of the fact that here she was in the last, she was having a hell of time with rheumatoid arthritis. And as soon as she got delivered, she began to have troubles immediately. And if somebody hadn't know what the fuck they were doing, she would have died. She damn near died on the delivery table as it was, and so as the consequence I tell you my feelings for Ben Golden were very strong. And yet we never talked about politics because of the fact, that he went in for the kind of, the, what's, what's the, the soldiers

D: American Legion

K: He was high hog on the American Legion. He'd went, he'd been on the Legion when they went out on the ships, you know, that were such and such. He and I just, we just knew we didn't dare talk about that sort of thing so we never talked about it. But his medicine was absolutely perfect. Not only that but he had two sisters they weren't his sisters but two sisters that ran the fuckin' hospital. And I'm tell you it was as clean as a hound's tooth. It was medical care, in fact the guy that we had as our consultant for the construction of our own hospitals went down to Ben's hospital. And he came back, and he said, "I hope to Christ that we can run our hospitals as well as Ben is running that hospital down there." That was the kind of medical care that we got out of Ben.

F: But he was the rare example of that time.

K: That's right, absolutely right. But I think it's worth mentioning that's the reason I'm.

D: No, no, we're going to come back to the Golden Clinic in a minute, but in around August of '51 you go to Washington.

K: Yeah, because of the fact that Doctor Draper called me up on the phone, and he said "Lorin, I want you to come into Washington, I have something I want to talk to you about." And I said, "Fine, I'll be glad to come in when do you want me, when?" "Well," he said, "I think the sooner the better." And I said, "Like when?" So he gave me a date, so I said all right. So I came in. And I had a reservation at the Ambassador Hotel. You don't even know where the fuck the Ambassador was.

F: Black and Union Station, now don't tell me I don't know where it was.

K: No, you don't. It was not at the Union Station.

F: When I came to town, it was at First and D.

K: It was not.

F: All right.

K: It never was.

F: All right, all right.

K: The Ambassador Hotel was at corner of Fifteenth and K.

F: That part

K: Fourteenth and K.

F: All right

K: Fourteenth and K, not only that, but they had a swimming pool. And kiddy cornered was the hotel.

D: Lorin, get back on the subject. We'll have a picture of the swimming pool in the book, I promise you.

K: All right.

D: Why did Draper call you in August of '51, not August of '61 or '49?

K: Because of the fact that they had decided they were going to build some hospitals. And that the, the John Newdorp was going to go with, well, they just needed another pair of hands. And he said, "We think that you would be the best one to come in from the field to do this. Would you be interested?"

D: So the original reason was the hospitals. But then once you got there, it was something different.

K: No, it wasn't something different. It was the hospitals, sure, that was the excuse. And I said, "Well, what am I going to do?" And he was, well you've been out in the field you know what area office is like, you know what their supposed to do. And he said one other thing, two other things. He said, "First of all, there isn't anybody else on the staff that's got all the public health training

and experience that you have." He said, "The last thing is, you've got experience in the disease that I think we're gonna have to have a lot of trouble with, and that's what you calling coal workers' pneumoconiosis, or whatever it is." But he said, "I want you to become the informed person in the United States on this disease. And I will do everything that I possibly can to help you get that."

F: You identified with

K: I got that in '51 when I came in.

D: And that was probably just one of a list of things to do. It wasn't in any way integrally related with the hospitals, the hospitals weren't

K: No, no, no, no, no no.

D: This was just a list of things to.

K: This was just a, get out there and do it.

D: And what, what was Roche's position on getting involved in occupational disease?

K: I haven't the foggiest.

D: Oh. At one point you had told me that Roche had been, if not opposed to, at least worried about the fund doing much in the area of occupational disease.

K: Well, she was later on, when she saw what was going on. Because of the fact she saw there was involving workers' compensation, and she didn't feel we should be involved with things that would involve worker's compensation because that got involved with, with the management.

D: So, what, coal operators complained to

K: I don't know whether they complained to her on not.

F: Back in '49-'50 when you were in Morgantown and you saw these people coming with a lung disease that doesn't show on X-ray, what are you telling them?

K: Didn't show on X-ray. It didn't show what we classified

F: As silicosis.

K: Yeh, that's right.

F: What were you telling them?

K: Trust me, Maier, I don't remember other than the fact that they had lung condition that was due to their working.

D: So you might have called it undifferentiated pneumoconiosis.

K: Oh, shit, no! Nothing like that.

F: He had lung trouble.

K: He had lung trouble.

F: Were they able to get any kind of compensation?

K: No, no.

F: With the

K: NO, no.

F: So basically, you had to tell them you could do nothing for them.

K: That's right.

F: In terms of compensation

K: That's right, that's right.

F: So these guys are going back to work if they could.

K: No, hell, these were guys that had been out of work, primarily.

D: Did some of them have these light-duty jobs that sometimes were found?

K: Rare. If they had light-duty jobs, they never bothered to come to see you. These were people who hadn't been able to get any jobs.

F: These were guys who had been laid off because of their condition.

K: Yes, right.

D: Well, with the respect to the issue of occupational disease within the fund, Roche didn't, had some misgivings about the medical staff being involved in workers' comp claims, as it played out later on.

K: She had, I never heard her say. But I'm sure that this emanated from her because of the fact that she did not want us involved in medical care in any way that would inpinge or interfere or would be involved with what the operators were going, were going to do, or had been doing or should be doing. For instance, workers' compensation, management paid for that.

D: Right

K: So if they paid for it, we shouldn't be involved with it.

D: And there was never any implication or sense that, that the fund was just supposed to take care of all miner's health problems. And if some of them happened to be occupational, they might look the other way, that they would just gonna take take the royalties and deliver some care?

K: They got care whether they, look I hate to tell you the millions of dollars that I think we paid

D: Well, that's my point, I mean.

K: No, we paid big.

D: The fund ended up paying millions of dollars to take care of persons

K: That's the nightmare.

D: Persons that should have been under the compensation provision.

K: Right

D: Now my question is whether there was any sort of understanding, implicit of course, that that was the way it was gonna be. That's what it took to get operators to go along with the creation and acceptance of the fund around 1950 when they finally stopped, or didn't stop, but lessened their opposition.

K: No.

D: Was there some understanding that we're just gonna take care of everything.

K: No, I don't think that had a fuckin' thing to do with their opposition. I don't think that they knew, and I don't think we realized.

D: You don't think there was some, not that it was a major part of it, but they might have had some nagging concern that there were

K: I don't it had a fuckin' thing to do with it, Al.

D: So there wasn't any, it was just a sense that occupational disease was controversial and stirring up these lawyers and that was sufficient reason to kind of keep the distance from it.

K: Well, we absolutely had definitely stated that we took care of medical care for everything except where there was an outside source of money. Well, there was no outside money to take care of occupational lung diseases.

D: With a few exceptions.

K: Like where.

D: Well, like silicosis in West Virginia and

K: Yeah, but you had to have a diagnosis of silicosis.

F: Yeah, that's why they were a few exceptions.

K: With few exceptions, damn few.

D: Well let's

F: There was no carryover from what the Anthracite Fund was doing with anthracite

D: I'm going to get that in a minute.

K: No, no, no, no, no, no. It's a bunch of bullshit.

D: Well, in September of 1952 you go to the Saranac Symposium.

K: Right.

D: Just by way of background on the Saranac lab and the Saranac complex. What was, what was the interaction, you told me once about an interaction between Gough and Gardner.

K: Well, that happened in '46.

D: Before, right.

K: It happened before Gardner died, right before Gardner died.

D: Right before Gardner died, where

K: Shortly before he died, Gough was surprised. Gough came over for the conference that they had in 1946 about the use of aluminum as a preventive measure. And he came over to give a lecture on this, whatever the name of the company was that was doing this, it was

D: McIntyre

K: Yeah, McIntyre, they held a big conference on this, and he came over for this conference. And it was at that time he brought along with him some of his Gough sections. And he went and saw Gardner.

D: In Saranac?

K: In Sarnac and I think you may find a reference to this is an article that Gough wrote around about that time, which in effect says I went and visited Dr. Gardner and showed him the full lung sections. And he was surprised as to the amount of involvement of lung tissues there was with coal dust, and that maybe he had better change his mind or look at these, look at his things again, in view of what Gough was showing him. But Gough goes on to say that this nothing ever came of this.

D: Because he died?

K: Because he died.

D: And Gough told you this story?

K: He either told it to me, or it appears in this article that came out about that time.

D: You go to Saranac with Paul Reed?

K: No, I don't go with Paul Reed.

D: He's just there.

K: I didn't know who Paul Reed was. I just showed up at Saranac along with myself. And the only person that I knew at Saranac, even slightly was Harriet Hardy. I only knew of her because of her reputation. So I was delighted to see her. And this man came up to me during the meeting, the early part of the meeting and said, "Are you Dr. Kerr?" And I said, "Yes, I am." And he said, "Are you with the UMWA Welfare Fund?" And I said, "Yes, I am." I said, "Who are you?" He said, "I'm Paul K. Reed." And I said, "What are

you?" He said, "I'm an international rep with the Mine Workers." I said, "What the fuck are you doing up here?" He said, "Well, I go to all sorts of these meetings like this, this part of my responsibility that Mr. Lewis has delegated to me, to keep up with this." From then on, Paul K. Reed and I kept in very close contact with each other.

D: And what ever happened to him?

K: He died.

D: And did he pay special interest to occupational disease or is this just one of a million things that he was assigned to do.

K: No. He paid special attention to this.

D: Why was that?

K: Because of the fact that he believed as I did, and he did everything that he could.

D: Did he do lobbying? Or what did he do? He wasn't a doc.

K: He did lobbying after a fashion. He did lobbying after a fashion. One of the other guys that did lobbying more than he did was Jim Mark.

D: I'll get to him in a minute.

K: All right.

F: Could we get back to Paul Reed? Paul Reed was the union's representative to the International Miners' Federation.

K: Right

F: Did he come up with some kind of background for you in what other countries were doing with occupational health?

K: No.

F: I wonder how he got there?

D: Well, Lewis put him on a train, I suppose.

F: Well, I wonder why he became one of the key people for you.

K: Because of the fact in after all, we had a couple of Brits that were there in the special meeting in Saranac.

D: Well, now to tie these things together. In '51 at the Executive Board Meeting Mitch gets up and reports on his involvement in one of the international federations and talks about pneumoconiosis, and Lewis is interested and asks for a full report. And Mitch writes him a long single-spaced letter, telling him not only about the British research but also about the enactment of workers' comp in Alabama in '51.

K: That must have been

D: And

K: Been when they called up Reed.

D: And then that may have put the bug in, this is what, the next year, Reed is assigned to go and check this out. In any case, I don't know how much of this you'll remember if it's too specific, just wave me on here. The first panel of the whole program

K: The what?

D: The first panel at Saranac is called definitions and clarification of terms pertaining to pneumoconiosis, and the moderater is Vorwald. The first speaker right off the bat, Monday morning, is a guy named Charles Fletcher. Now, do you remember, did people jump up and yell at Fletcher? Did they sit there stunned? He, they, were they polite? Did they ask him

K: I don't remember a fucking thing about that meeting until Charles Fletcher and Philip Hugh-Jones presented their papers on one afternoon. And that whole afternoon was devoted to coal workers' pneumoconiosis. And it was the first time that there had been any medical attention devoted to the subject of coal workers' pneumoconiosis in the United States. And I was revelling in it.

F: Who was the other guy? Philip Hugh-Jones.

D: Philip Hugh-Jones.

K: He was a physiologist. And he and Charles had worked together at the Pneumoconiosis Research Unit at Cardiff, Wales, which was set up by the pneumoconiosis, by the Medical Research Council.

D: Well, what, what was Fletcher like, I mean?

K: Fletcher was a wonderful guy, diabetic. Sit there, he'd be sitting there talking to you, all of a sudden you'd see him pull a syringe out of his pocket. He had some insulin. Go right through his pants. Give himself a shot of insulin. I said, "What the hell are you doing, Charles?" He said, "I'm just taking some insulin. What are you worried about?" I said, "Shit, I didn't know whether you were taking insulin or whether you were taking some else." He said, "Oh."

D: And what was his specialty?

K: He was an internist.

D: An internist, which meant he could do everything.

K: No, no, no, no, no, no.

D: Well, he gives a paper he

K: He couldn't put on bandaids.

D: He gives a paper called radiological classification of, radiological classification on a panel called pneumoconiosis in coal miners. Where there radiologists there who turned colors when this nonradiologist gave a paper on

K: I don't know whether they turned colors or not. I didn't know enough about it, didn't even know nothing, what they were talking about.

D: I just was curious. He was an internist and

K: My doctor is an internist.

D: I know. My wife is an internist. If my wife went to a scholarly meeting, a scientific meeting, and got up and gave radiological paper, fifty radiologists would get up with machine guns and

K: Shoot her down.

D: And shoot her down. It was a different world, apparently.

K: Well, Charles was a different-world sort. Charles was always fighting the battle of the fact that his father was a knight. And he was, Charles was, he was known as top drawer whatever that means in

D: So he had a big high-class manner.

K: He was always struggling with the idea that he wanted to become knighted himself. And so this was one of his problems. But he was an awfully nice guy. Just absolutely as sweet as they came.

F: Knowledgeable?

K: Oh, very knowledgeable.

D: So

K: Both he and Philip was great.

D: So here's the panel in the afternoon or second day in the morning called pneumoconiosis and coal workers, presided over by a fellow named Philip Drinker.

K: Drinker, oh, God. He was a, he was a man you could [inaudible] through and through.

D: But what's curious about this, besides the fact that we have this paper by this internist called "Radiological Classification," is that there's a paper by Fletcher called Radiological Classification followed directly by a paper by Vorwald called "Pathology of Coal Workers' Pneumoconiosis." Here was a guy from Saranac getting up in public and using the term, the title of his paper in print, that their institution printed, was coal workers and pneumoconiosis. Isn't that a little ahead of its time, a little something? What was your relationship with Vorwald? What was he like?

K: You don't really want to know.

D: Sure.

K: I thought he was chicken shit.

D: Well, okay, why, why do you think that?

K: Well, because of the fact that he wanted me to make, make arrangements to send up there to Saranac Lake a dozen coal miners. They would pay the expenses. Why? Because he wanted to study them. I said, "For what?" He said, "To find out about coal workers' pneumoconiosis." I said, "Sorry, I won't trust you to study anything."

D: Why wouldn't you trust him?

K: Him. All you had to do was to meet the guy, and you'd know that you wouldn't trust him.

D: What was wrong with him?

K: He was an unmitigated jerk.

D: Did they, how much of Saranac's problems stemmed from that they seemed to be very financially insecure. They were looking for the fund, they did a courtship in the early 50s with you guys to get anything.

K: They didn't have a courtship with us.

D: Well, they thought they were.

K: I know they did. But I cut that one off.

D: They thought that this anthracosis project in Philadelphia was a model for something they could do for you.

K: Yeah, I know.

D: And what, how far did that get?

K: Nowhere.

D: And whom, where was the stonewall on that one?

K: Me.

D: Okay.

F: Because he didn't trust them.

K: Yes.

D: You didn't just, because of all the baggage the institution carried or because of Vorwald or

K: The whole schmeer.

D: Okay.

K: Not only that but when you talked, talked with Vorwald, when you talked with, with Gough, and Gough told you about the probems that he ran into with Gardner. And when Fletcher tells you about how stuffy George Wright was. You should read some of the papers that Wright wrote. They were dreadful, just dreadful. And what he did, all you had to do, a man could never get disabled by this disease. All you had to do was to cut down on the amount of work that he could do, and you could still continue to work him.

D: Even after he was dead.

K: That's right. Not only that but the son of a bitch did this sort of thing, and he was claiming this all over the place. You expect me to trust men like this?

D: I don't know. You went to his conference. I figure

K: So what. I went up there because it was the first conference that had ever been held in the United States on coal workers' pneumoconiosis.

D: And that afternoon, so Vorwald gives his paper, Fletcher gives another on Epidemiology. Then in the afternoon we have more on the coalworkers pneumoconiosis with a fellow named Sanders.

K: Chick Sanders. Chick Sanders was out of Milwaukee. He was a medical director of, of a plant over there that was

D: He at Allen Bradley?

K: I don't know what the name of the plant was.

D: It was a foundry.

K: Foundry. Yes, and Chick had made his name originally on doing silicosis, studying silicosis among foundry workers, and then he continued his name by doing a ten years' study every ten years, doing a rewrite of it. And he's the guy that blocked the [inaudible]. He did, he blocked my publication.

D: We'll get to that later. We'll get to that later.

K: My paper in 1956.

D: We'll get to that in a minute. In 1955

K: You expect me to believe these bastards, of course not.

D: Well, you didn't know that until later. All right, so he's only chairing the thing. The first speaker is a fellow named Louis Friedman.

K: Louie Friedman from Alabama, amen. Louie was the one that helped, that helped, what was his name, the there was a district president.

D: Mitch

K: He helped Mitch get the legislation in Alabama to get

coal workers' pneumoconiosis being compensable. It was Louie Friedman. You know where Louie Friedman is now?

D: He's in Las Vegas.

K: That's right. How'd you know that?

D: You told me four times.

K: Oh, I'm sorry. You have a good memory.

D: Yeah, I remember every thing you told me.

K: Son of a bitch.

D: I remember all the stuff. See, nobody would believe it from me so we're getting it down on tape.

K: Oh, I won't say that. You can go to hell.

D: So, Friedman. But you don't remember anything specific about what Friedman said or did. Was he a guy who raised people's hackles?

K: Yes, he did.

D: And why was that?

K: Well, because of the fact that he was irritating.

D: In what way? He knew more than people did? Or was he

K: Because of the fact that he came up with this and said, "Look, you guys are not looking where you should be looking." And not only that, but he sent his X-rays across to, who in the hell was the radiologist in Cardiff? He sent his radi-, he sent his X-rays across to Cardiff, and he also sent his pathology across to Gough.

D: To Gough.

K: Yes, so that he had some substantial credentials as far as some of the cases that he sent over to them.

D: Did he have a big volume? He had his own clinic so he probably had.

K: Right

D: A big volume of cases as well.

K: You should get Al, Al

D: I'm going to get Allen

K: Al Koplin to tell you about him.

D: I'm gonna, I'm gonna.

K: What a character.

D: Now, also on that panel is a fellow named Motley, Hurley Motley was one of the

K: Oh, he was out of the the

D: Jefferson

K: He was out of the Anthracite deal.

D: And what was interesting about that -- I want to talk about the Antrhacite in a second -- what was interesting was he claims to have pulmonary functions study done on coal miners from West Virginia. Obviously, there are no anthracite workers in West Virginia. They worked some arrangement where some people bituminous were sent up to Philadelphia. Maybe we'll save that for a minute, but that must have been where he got his West Virginia workers.

K: That's the only way he could have gotten them.

D: Okay, and the last fellow on the program was Philip Hugh-Jones.

K: Philip Hugh-Jones was a physiologist, with a research center in Cardiff. Philip was just absolutely great.

D: What was he like?

K: He was a fine man, very honest. Thoroughly, he was just, you couldn't ask for a nicer person. He had, I think his son died of cancer. He went down to the medical school in the Bahamas, and he went down there and taught for a while. And then he came back [inaudible]. I don't know where he is now. He's probably someplace up in New England.

D: Well, I will track him down if I can. This, this is off the subject, but its on the same program. I got to ask you about this. The next day there's a program called pneumoconiosis and pulmonary cancer. And the first person right off the bat is Wilhelm Hueper. What was Hueper like? Do you remember anything about that session?

K: No, I don't remember anything about that. I only remember about three things about that entire session. One was the session which Fletcher and Hugh-Jones talked together about the Epidemiology of CWP in the, in Britain. And then I also remember the, when talking I was telling Maier, they were talking about asbestos. After we get through all of this, then we go over to, there was a pub, near close by. And I turned to Harriet, and I said, "Why the hell are they talking about asbestos?" She said, "Because of the fact that there's people here that think that it's a cause of cancer." I said, "Well, is it? I don't know." She said, "Well, I'm not sure that I do either." But she said, "The thing is that it came up by way from Africa by way of Britain over here." And she said, "Everybody is trying to say they run a clean establishment." But she said, "I truthfully don't think that they do." I remember talking to her for a little bit. This was my first real contact with Harriet, for whom I developed a very high regard.

D: And she had been, she had gone to the PRU herself, right, in 1950. She did a stint.

K: Yes

D: In Wales.

K: Yes

D: It's kind of surprising in light of that experience in 1950 that she wouldn't have done more than she did with coal.

K: Well, she came out of the group that felt it was silica that was the cause of the disability. And from the point of view from the history of the men that she looked at, yes, they had quite an exposure to silicosis. These were the men that drove the buggies, and had the exposure to the sand on the tracks.

D: Yes, on the tracks.

K: And all that sort of stuff. She then, she also raised the question to the exposure to the cable, cable smoke. And I said "Hey, I don't think there's much to that." And she said, "Well, what else could be?" And I said, "Well, I'm not sure, but I don't think that's it."

D: But, I would think she would have been disabused of those ideas in Wales. They had the

K: There were a lot of things in hindsight. You know, at that time they were arguing back and forth. You should have seen the arguments that they were having about even silicosis. You remember, shit, they went four years, five years. And Rivers wrote a long declaration about silicosis. You remember? Did you read his statement, his final statement on silicosis in coal?

D: No.

K: Hell, that's a goddamn long article.

D: Well, now, you say the thing you remember was the British report, particularly in the epidemiology. What was that like for you? I mean when you were sitting there, I mean what was that like to have to

K: Well, you see, you got to remember something, Al. I was very young at that time, I was really a youngster. I didn't know this from shinola both some of this stuff I do now. So that to say what was it like. I, I didn't know what to think about it. All that I knew was that I looked at this at arms length. And I didn't trust these people. For instance they had an attorney who got up and spoke at great length, I forget the hell what his name was.

D: This was at Saranac?

K: Yes.

D: Well, there was a guy from, a guy named Theodore Waters

K: Yes, Theodore Waters.

D: From the Pittsburgh Industrial Hygiene Foundation.

K: Oh, that guy.

D: His presentation was called Concepts of Disability

K: I'm telling you.

D: He was around for quite a while.

K: Too long.

D: What, did you ever go head to head with him? Any individual interactions with this guy?

K: I went head to head with him, but I didn't have enough to do it really the way it should have been done. I mean these guys were so fuckin' irritating. They were so, what

are you talking about, you know, that kind of attitude. And I thought, well, you bastards, it just irritated the shit out of me.

D: Well, was part of their line -- we need better science; we need a more rigorous, you guys aren't rigorous enough?

K: No, no, no, no, no, no. We know what the answers are.

D: Oh, so it wasn't that you guys hadn't proven your case. It was, you guys are wrong.

K: Yes, that's right. And the fact that just because they've got this over there in England, doesn't mean it's the same thing over here.

D: How, what was their line? What did they think, people had different lungs in England. What was the argument -- different chemical composition of coal? How did they deal with that?

K: That's right, different disease. Different disease.

D: So what we're a different species over here or

K: Something like that. No, it was a different disease.

D: Because the British

K: Look, anything. Look, they will do anything to take any position to make it safer as far as management is concerned. They will do anything they possibly can to discredit anybody that says you're nuts. And this is exactly what they were doing back there. I didn't know it then. But I find out, you finally come, get wise and figure out this exactly what they are doing.

D: Well, to turn it around, suppose this had been an occupational disease that only affected top executives of coal companies.

K: There wouldn't have been a meeting.

D: Why?

K: Because they would have kept it a big dark secret.

D: But if it were a disease that only affected top executives don't you think they would have moved heaven and earth to prevent it, deal with it, study it.

K: Yes, but they would have kept it a secret.

D: Why, why didn't they keep this a, who invited the British over in '52?

K: Well, I think that Saranac invited them over because of the fact that this was beginning to gain a bit of a head of steam. This was beginning to move. You got to remember some things we were doing also had an impression.

D: Which, which things?

K: Well, this meeting, when did this take meeting take place? '52?

D: This is September of '52.

K: We didn't have the time really to get on the map at that point. But you had a man like Draper who had a bunch of young people on his staff. God knows what they were going to do.

D: So the hand writing was on the wall?

K: They, I don't know whether this is what they thought.

D: Well, we're speculating, obviously.

K: Its sheer speculation. Bloomfield, Jack Bloomfield was the Deputy Director under Jimmy Townsend. I'm sorry I don't have to wake you up in the middle of the night.

D: You can do that, anyway, feel free.

K: Jack should have been named the Director of the Division of Occcupational Health.

D: Ah, but he didn't have an M.D. after his name, though, did he?

K: That's right, you're absolutely right. Industrial Hygiene, it was the Division of Industrial Hygiene.

D: They changed it every ten minutes.

K: No, no, no, no, no. It stayed Division of Industrial Hygiene for a number of years.

D: That's true.

F: Lorin, when you say the company types at Saranac assumed or fought the idea that it was a different disease, were they saying that the coal miners' problem was silicosis? Or

it didn't exist, it was in their minds, that it wasn't silicosis?

K: Maier, don't ask me as to what I felt they thought at that time because of the fact that that was quite a while ago.

F: I just don't know what your options were. I mean if it wasn't coal miners' specific CWP or whatever you wanted to call it

K: Well, yeah, but their options could have been, you know, just fuck up the picture as long as we possibly can, regardless of whether, what the cause is or isn't.

D: Or claim it wasn't really disabling. Yea, sure we now [inaudible] part of this reasoning, but he's not really disabled. Obviously, there was something there that they had to put a name on it, or a characterization. All right, so the meeting ends. You apparently had Philip Hugh-Jones come down and meet some docs in Washington.

K: Oh yes, yes, yes, yes.

D: And how did that come about?

K: Well, he came down, and I said, "Look, oh, oh, god, that was wonderful." I was, I said, I talked with, with one of the docs that was over at GW. I said, "Look here, we've got one of the leading authorities on this disease of which we're going to see more and more of with the coal miners, and they're only going to be in town for a couple of days. Why don't we pull off a small meeting and have as many doctors as you want to bring in for this as possible." And they said, "Fine, who is he?" And I told them. They said, "Great, we'll do it." So they pulled off a meeting, and I think there was somewhere in the neighborhood of about 42 or 45 doctors that attended the meeting over at GW.

D: Did people from public health come?

K: We wanted the practicing physicians.

D: You didn't want the Public Health Service?

K: I didn't care whether they came or not. Look, I wasn't interested in that, I was interested in getting the doctors that were going to see the patients. Because of the fact that we were going to see people that were coming into these doctors. We wanted some place that we could refer the doctors, the patients to. To get an accurate diagnosis.

F: Didn't you use GW because you used them in the rehabilitation program?

K: Right, right, because we had a contact there. That was absolutely right. You're right on that, Maier.

D: So in October, that was October, then the next month there's a symposium at the Golden Clinic.

K: What day was that? Or what year was that?

D: November 24, in 1952.

K: Jesus Christ, did we pull that off as soon as that?

D: Yeah, bang, bang, bang.

K: Well, that was because of the fact that Philip, we persuaded Philip to stay as long as he could. Charles had to get back. But Philip said he could stay. His wife was with him.

D: And was this, I mean, this was not something that was planned months and months in advance.

K: Shit, no.

D: This was thrown together?

K: This was thrown together at the last minute. I called Ben up, and I said, "Ben, can you handle this for me?" I didn't know where else to go. I had to get into the coal fields some place. And the only place that I knew where I could call up and in a minute's notice get a meeting put together. I called Ben up and explained the situation. And he said, "Fine, let me find out whether I can get a hold of the hall." He called me back an hour later and said, "I got it. What dates do you want?" I said, "Whatever we can get as soon as possible." So he said, "Fine, it's all set."

D: Now.

K: That's the way it got started.

D: Now, who put Peter Theodos on the program?

K: Theodos. Well, we had to have somebody that knew something about it here from the states, and we had Peter on there. And shit, we weren't sure whether he knew what he was talking about, so we had to have him.

D: Well, he got

F: Where did you get him?

D: He was one of these Jefferson Medical College guys.

K: He was one the guys that was working on the anthracite

D: Well, when I read over the proceedings, he starts out his talk in an interesting way. He says, he makes note

K: You done too goddamn much research on this.

D: I don't know. There's no such thing as too much research. He makes note of Gough's work, and he makes note of Fletcher's work. Fletcher, by the way, two months earlier had published something called "Coalworkers' Pneumoconiosis, So-called 'Anthraco-silicosis.'" Right?

K: No, that was published in '49.

D: Well, but in this, in the English language that Theodos reads.

K: That was '49 in

D: Right, but it appeared in the Industrial Hygiene Digest

K: No, the title of that was a who who who who

D: I copied it down. It's "Coalworkers' Pneumoconiosis: So-called 'Anthraco-silicosis,'" at least.

K: Anthraco-silicosis

D: Anthraco-silicosis

K: Anthraco-silicosis, so-called and mislabeled or something like that.

D: Well, in any case, Fletcher has just turned up his nose at the notion of anthraco-silicosis.

K: That's right.

D: And Theodos

K: He says there is no such goddamned disease.

D: Gets up right, gets up in a meeting and takes note of this important new work by the British and then but just can't make his peace with it. Then says, then he

immediately says but today he prefers to use the term anthraco-silicosis.

K: Yes, I know.

D: In other words, we just learned that the world is round, but I'd like to say the world is flat. Therefore, today the world is flat.

K: That would be just like what he would do.

D: Was that, I mean, was that unfairly caricaturing this?

K: No, no, no no, that's absolutely right.

D: Then how would you, I mean, this, I think, is the point to take up with these guys in general. What about this Jefferson Project? Because we not only have Theodos talking about political aspects, we also have down here, he also talks about something called treatment. These guys weren't selling just research, they were selling

K: Yes, they were. They were selling anything that would bring them a fast buck.

D: And who was the, and who, Theodos came along the first one was, was Gordon. Burgess Gordon.

K: Burgess Gordon, who at that time was the Dean of Women's Medical College in Philadelphia.

D: Uh huh, but this didn't happen. But this happened at Jefferson. How did it get from, did he move then over to

K: No, no. He did both jobs.

D: Ah, ha.

K: And he claimed, he and there was another fellow up there in Philadelphia that worked with him

D: Motley?

K: Motley and Burgess, they presented two or three papers, two papers, down at White Sulphur Springs, the medical meetings of the West Virginia Medical Society, in which they said that really there is no such thing as coal workers' pneumoconiosis -- it's silicosis.

D: And so when, there were some people from bituminous who were sent to the Philadelphia program.

K: Pardon.

D: There were some people from bituminous who were sent to Philadelphia.

K: Not by us, they went on their own.

D: But in any case, they saw some bituminous patients. That never made a dent. They kept calling it anthraco-silicosis, no matter how many soft coal.

K: Well, because of the fact that, after all, it was on the legislature.

D: All right.

K: It was in the legislature as anthraco-silicosis. It had been there since 1935.

D: So they would, '37. So they were doing these.

K: '35

D: '37, in Western

K: In Pennsylvania

D: No, '37

K: The report came out in 35.

D: The report came out in, well the Public Health Bulletin came out in '35. The governor's commission report comes out in '33, and the legislature stalls around till '37.

K: I didn't realize that they'd stalled that long.

D: Well, they had to wait til they got that New Deal Governor Earle.

K: Yeah, in any event

D: In any event

K: It was still on the books as anthraco-silicosis.

D: So what, what does that mean? They were being pragmatic guys who were saying, look we want to help the miners get some comp benefits, we're going to call this anthraco-silicosis. Is that part of this?

K: No, I, I, the only thing that I could figure out was the fact that first of all was the fact that they didn't think it was anything else but silicosis. Number 2 was the fact in view of the fact that it was in the legislature and there was a chance of getting some comp cases as anthraco-silicosis, so we'll continue doing that way.

D: Sure, sure

K: Number 3, if we continue to do it this way, we aren't going to have to learn anything more about anthraco-silicosis. We aren't going to have to learn anything

D: Or that other thing over in Britain.

K: That's right. That's right.

F: You have a confusion of political and medical needs, demands, and wishes.

K: That's right. You're absolutely right.

D: All along these, is the theme that runs through this whole thing, political definitions of disease.

F: Which is very interesting, because those who wanted to help the miners would have denied the existance of the new disease that wasn't compensable in order to help the miners, even though they had to lie to do it by accepting an old disease.

D: Worked up to a point. Because they was some people that wouldn't fit through the eye of the needle.

F: Right.

D: And then when you've got these thousands of bituminous people who can't be put into that picture.

K: We refused to call. There wasn't anything we could do with the anthracite miners. People said, why don't you work with them? And I said, "Because of the fact that they have their money, and they have to go with anthracite." And that was fortunately the way they had to go with it. And, frankly, I didn't have to get involved with them. And I didn't want to be involved with them.

F: But I mean the political issue is very interesting then. Because in order to help them get an award, a compensation award, they had to have a compensable disease.

K: That's right.

F: So if you said that, that anthraco-silicosis is not what they had, they had CWP, then they couldn't get compensation.

K: That's right.

F: So if you were honest medically, you were screwing the patient.

K: Unless you got crazy like some of our doctors did years later and learned how to twist the language around.

F: Yes

D: Have it both ways

K: Then they got it, then they were able to get their compensation that way.

F: I just wonder how long that delayed recognition and discussion of it as a separate disease.

D: Well, except that dynamic only is in play in states where you have compensation.

F: Well, major, major areas is going to be Pennsylvania because of the anthracite

K: But the other thing you have to take into consideration is what does this do as far as the recognition of the disease itself.

F: Yes, but if you recognize

K: It just absolutely

F: Delays it

K: It just absolutely delays it for years and years and years.

F: But in terms with the individual with the problem you've found the dilemma.

K: You go up to Pennsylvania now and try to change that, you try to take the word anthraco-silicosis out of the legislature. You wouldn't have a fart of a chance.

D: District 25 would be [inaudible]. Oh, yes, well, there's another guy on this program, at Golden Clinic, again Louis Friedman.

K: Louie Friedman

D: What's interesting about this and I want to know if you, you've seen this thing or since or maybe he's got one of these in his basement in Las Vegas. He showed a film. It says here, film on coal miners pneumoconiosis. Louis Friedman showed a movie.

K: I never heard of anything like that.

D: Never heard of it. He showed a film in Golden.

F: He wasn't talking about radiological film?

D: No, no, no, because that's what I first thought, well, maybe they're just showing chest films. But no, it's referred to in the proceedings. They say it's in the evening section, and they say, and now we'll see Doctor Friedman's movie. I even wrote down, Doctor Friedman' movie.

F: You got to call him.

D: I'm gonna find that thing. If there is a copy of that thing, I'm going to get it.

K: He called me about five years ago. Wanted to know if there was anyway that I could get a tax write-off for him, if he gave all those X-rays that he had to somebody, I forget who it was.

D: All right, so leaving

K: He was a bit of a gondiv.

F: All right

D: Leaving Elkins, no, maybe we shouldn't leave Elkins. Let's stay with Friedman, Friedman. I'll take this up with Koplin but Friedman leaves, has some kind of falling out. Is there some kind of light that you can shed on, Friedman doesn't stick around Alabama, doesn't stick around District 20.

K: Well, because of the fact that he was a little bit off color. He wasn't quite

D: What do you mean off color?

K: He was always doing things a little bit on the sly, a little bit off key.

D: Bad medicine or bad money making, or what was the problem? What was the

K: You couldn't quite trust him. Allen can give you example after example.

D: I'll

K: He was a real real pain in the ass as far as Allen was concerned.

D: You didn't have that much to do with Friedman, then?

K: No, of course not, except for the fact that Allen would get together with me. And he'd say, "Lorin, what the fuck am I going to do with this son of a bitch, he does this and he does that." I said, "Allen, you're going to have to learn how to live with him." Well, he was a real problem for him.

D: The next of these special events

K: How would you like to let me have a bottle of beer, please?

F: Okay, that can be arranged.

K: You know, I've never had such an entertaining evening as this. Maier's got [inaudible] a real pain in the ass as far as Maier's concerned.

F: Not at all.

D: The next one of these events is in Knoxville

K: Oh, God.

D: With the so-called, with the Knoxville Chest Group

K: That's right.

D: And they put on a conference in the spring of '53. Now what, how did that change medical knowledge -- for the better, for worse or

K: What do you mean how did it change medical

D: I don't know. Did it enlighten thousands, dozens, hundreds of physicians as to the occupational diseases of coal workers or not?

K: Maybe one or maybe two at the most

D: Ah, ha, how?

K: Well, what was back of that was this. John Winebrenner had there in Knoxville a group of physicians. I forget how many there were. They, allegedly, they practiced together, chest physicians. We were constantly, constantly using anything that we possible could to get doctors better informed about coal workers' pneumoconiosis. For instance, the article that I finally wrote, and finally got published, everybody said, "Why do you want to get it published?" I said, "I don't give a goddamn where it get published. What I'm concerned about is reprints." I said, "I want the reprints, and then we're going to get a bunch of homing pigeons, and we're going to get the fuckin' pigeons to drop a copy of this in every doctor's office throughout the entire Appalachia. Do you know how many copies of that fuckin' article, fuckin' paper we distributed?

D: No idea

K: 25,000

D: That's a lot of leaflets.

K: Yes

D: But what about

K: We reprinted, and we reprinted, and this is what

D: But how did

K: This is what we were doing here.

D: How do we get to Knoxville, how does this take us to Knoxville?

K: What happened was the fact that there was this group of doctors if forget Wilcox or something like that

D: Was the guy named Waterman?

K: Waterman, that's it.

D: David Waterman

K: David Waterman. He had around about eight or nine other guys that were with him. And they were treating CWP so it was easy enough to get them, talk them into holding a conference on CWP, and that we would help defray the expenses, which we did. And they invited among others,

George Wright. George by this time had left Saranac and was over in Cleveland at St. Luke's.

D: Hospital

K: Pardon

D: St Luke's Hospital?

K: In Cleveland. And George, after if was all over, I gave you a copy of that. I gave you that letter. You know what he said in that letter. George thought this was terrible. You can't let the workers get away with anything.

D: So

K: And this was an an attempt on our part, it was another attempt on our part, Al, to try to get the doctors to understand what we were talking about when we meant CWP.

D: And how many people came to this?

K: Oh, I think we might have had somewhere in the neighborhood of 75 to 100 doctors that were present. They came in from the communities, the outlying communities because of the fact that, you see, they, I hate to use the word this way but in a sense that it was true, they were somewhat beholding to us, the fund because of the fact that we were paying for the care that they were providing the mine workers. And we were saying, "Hey, buddy, here's a chance to come and find out about this disease that we're very worried about. We'll pay your expenses to go." So they went. This was just another way of doing it. It was like the one, you saw the program that we lined up here for those docs here at the three major hospitals. You have no idea the amount of time and energy that was devoted to setting that meeting up. Boy, I'm telling you, that was really something. Not only that, before it was over we had Charles Fletcher out on the West Coast.

D: In those days I would imagine setting up meetings for people who were coming from abroad would have been a major production.

K: That's right. We had him out to the West Coast, we had back again. We had him stop two or three places on the way back.

F: You weren't going to let him out, so you

D: Get your money's worth out of this guy.

K: Honest to Pete, nobody ever questioned how much money it cost. I don't know how much it cost. But honest to Pete, we paid it, and nobody said a word.

D: When you'd bring these English guys over, you would pay them what? Expenses, and did you pay them an honorarium, or how?

K: Yes, we paid the whole schmeer. We paid all of their travel expenses, and we paid them an honorarium.

D: Now this is for things like Gilson's tour?

K: Into Chicago

D: In '55

K: In that meeting in '55, he stayed at my house.

D: And then this itinerary I got you a copy here from '57.

K: Yes

D: I see

K: We paid for all of that. The fund paid for all of that and incidentally, the meeting that was held in '38.

D: Yeah, yeah, the National Health Conference

K: Miss Roche paid for the whole fuckin' [inaudible] on that. It was $30,000. Not only that, the meeting was held in the middle of June, and by the first of August the finished report was on the street.

F: You did it two years quicker than we could do it today.

K: Junior did it.

F: Well, for your

K: Not only that I had to rewrite a few of the articles that went with it, but I got approval on everyone of them before we published them. So nobody could bitch about it. Because of the fact that they hadn't done it quite right the first time.

D: In August of '53 you have a meeting with Seward Miller in the Public Health Service. And my first question is whether this whole marathon campaign for Public Health Service research, how much of the impetus for that, obviously, it was a task that was on the agenda in any case,

but how much of the impetus was [inaudible] pressing the Public Health Service to do more on epidemiology came from once again the influence of the British, where they had an epidemiology that [inaudible] the coal workers' situation.

K: When was that meeting?

D: In Wales, it was. Well, the meeting I know of is the meeting in August, August the 6th of '53. You meet with, you have a number of meetings with Seward Miller of course over the years, but this one is the first one I know. You're sitting down to talk about something called the Metcalf bill, to fund an investigation of CWP, this is in August of '53, its earliest

K: '53?

D: '53.

K: Holy cow.

D: You started early. This thing went on longer than you thought it did.

K: Christ, I didn't remember that one.

D: Well

K: Metcalf, who was he?

D: I assume he was the Senator from Montana.

K: No, you said Metcalf. No, you said Seward Miller.

D: It was the Metcalf Bill, but Seward Miller was the Public Health Service guy you met.

K: Yes, but he wasn't the surgeon general.

D: No, no, he was the head of whatever they called it then, the occuational health program, or it wasn't called DOSH then.

K: It was the division of industrial hygiene.

D: Maybe later in the 50s. It's called Occupational Health Program, that's what we call it.

K: Well, that was later on.

D: Later on. But it's interesting because there are supporting letters, there are supporting letters that are

written for this. Friedman writes to Miller, Joseph Martin writes to Miller.

K: Joe Martin was the internist with Ben Golden

D: So what it looked like to me was that you guys were campaigning. It wasn't just you, you know, bumping into him on the street, but you were starting a campaign for a Public Health Service research project. But you don't remember.

K: Not only that, but in 1930, 1955, 1956, we had a session at APHA, which were four papers on the dust diseases. Joe Martin gave one on CWP, Herb Abrams gave one on

D: Diatomaceous earth

K: Diatomaceous earth. And what the hell were the other two?

D: Did you give one?

K: I didn't give one. Shit, I never got out in front of these things, all I did was try to set them up so we got other people to do the work, and they gave, there were two more other papers. The whole four papers were devoted to nothing but dust diseases. And they, Joe

D: There must have been one on silicosis?

K: Joe, Joe Martin gave the work that the Golden Clinic was doing on CWP with intermittent positive pressure breathing of oxygen. And Herb gave the one on diatomaceous earth, where they had the Mexicans that were coming up and working in the diatomaceous, diatomate plants. And, hell, they would die of tuberculosis and

D: Wasn't it true, I think you told me this, that some of them would be shipped back to Mexico, to let them die back in Mexico?

K: Yeah, yeah, they'd go and pay the widow $50 to ship the body back to Mexico.

F: There wouldn't be a statistic?

K: Yeah, so it wouldn't be a statistic up here.

D: Did they ever give bus tickets or anything to the people who were on the verge of death to get them across the border before they dropped over or didn't you

K: I don't know about that, I don't know about that

D: Now in your capacity as importer of dangerous ideas, should, you brought in, in the late '53 and looks like he stayed most of, of '54, Robert Ian McCallum from the University of Durham and sent him on the circuit. Do you have any recollections of his performance, or how it was that he was the guy who showed up as opposed to some of the others? He apparently had been involved in the standard classification.

K: He was involved with the standard classification of the X-rays. And we had him come over because of the fact that we were beginning to have problems with the X-rays and so we needed somebody that knew what the hell he was talking about. So we got him to come over.

D: And you never gave a thought to, how, what relationship did you have with the radiologists say at Penn, Pendergrass, at that point?

K: Oh, shit, we wouldn't take anything. He said it was all due to silicosis.

D: He was a silica reductionist.

K: Huh.

D: He was a silica reductionist; he reduced everything to silicosis.

K: That's right, absolutely, nothing but silicosis. Pendergrass absolutely he didn't make his come up, he didn't make his change until about 19, I think it was around about 1958 or '59, in which he wrote his paper in which he recanted and said that maybe he had been wrong all these years.

D: Wrong?

K: Yeah, and that it was due to the accumulation of coal dust. And yet he never gave, you always sort of felt that he was a chicken shit bastard.

D: In what way?

K: Well, you never could quite trust what he was saying. You wondered whether he really meant it. And you sort of, I always had an arms length relationship with him and so did other people that really got involved with all of this, that Ian, what the hell was his name? He would have been in charge of Occupational Health in the state of Pennsylvania. He felt that, what's his name, was Pendergrass was sort of

one of these people. Hell, I don't know how the hell to explain it except for the fact that you never could really feel secure with what he was saying or what he stood for.

F: He wouldn't come down strongly enough in anything is that

K: Yeah, that's right.

D: We've still got tape, very little actually

F: I know

D: Did McCallum have, was he entirely supported by the union? Was he, there was some reference, did some consultation or maybe had a grant from the Rockefeller Foundation, was there any Rockefeller money involved in his activities?

K: God, you're asking me to go back that far, I don't know. I don't remember.

D: Okay, okay.

K: Not from any of the fellas that I remember.

D: Then again, McCallum was another one who before he left he sort of looks and sounds, he had a lengthy exit interview where you got him involved, someone got him involved on consulting on the design of a prevalence study.

K: Well, yeah, because of the fact that I was convinced that we needed a prevalance study. And after about 1952, shit, I worked with Phil Enterline. We worked on the prevalence study for three different studies during the 50s on this disease.

D: Then again just at the risk of repeating ourselves, you say at the end of '52 again that was right after the British had been here. So the British influence was pretty important in terms of pointing you to

K: Oh, well, shit, anybody who knew anything about public health knew what the hell was going on. The fellas, some of the fellas that were in public health, they knew that this was a serious situation. And wanted to get a prevalence study out of the way.

D: And what, I mean,

K: [inaudible] talking about, you don't know what you're talking about.

D: Just to insert the question after the answer, there was a diversity of medical opinion in 40s, 50s, and 60s, some doctors believed there was no such thing. Others

K: A lot of doctors believed that there was no such a thing

D: But there also was

K: American doctors

D: But there was also a significant number or some at least

K: There were some, a few, that believed that this might be so.

F: And the shift was gradual?

K: Right, there was a gradual change.

D: And just to return, what then would have been the role of, specifically of, mounting a prevalence study in bringing around the opinion.

K: Well, I felt that it was necessary to have a prevalence study because how else were you going to convince the medical profession that we had a problem on our hands if we didn't know how many there were. There wasn't any way to do it. This is what happened in Britain. They had to have a prevalence study; we had to have one too, not because they had it, but because of the fact that there's no other way to convince these bastards that they got a problem. So you try to figure out how your going to get the fuckin' study.

D: So you brainstorm with McCallum in September, and then the two of you go in and take on

K: I don't know that it was with McCallum.

D: Yeah, it was because you and McCallum then go in, in October in '54, and you meet again with Sew Miller and

K: All that I can remember, I don't remeber meeting with Sew Miller. In fact, I can remember meeting with Phil Enterline. I remember meeting with Phil Enterline three different times in the 50s, in which we laid out specific plans for, or specific parts of a prevalence study.

D: And when was the first of those meetings?

K: I think around about '52 because we were all anxious to get on this, because of the fact we were all convinced that

we had something red hot going here that we didn't know about.

D: But periodically, you would go into this Miller's office, because this guy had to okay this for it to go forward. Right?

K: Who

D: This guy Seward Miller

K: Well, yes, after all he was chief of the division

D: Right, so he had to get behind this. And what he tells you, I don't know if this will refresh your memory or not, is that he rejects the idea in '54. He says instead he wants it called the Total Health Survey. How long did they stick with that line?

K: I don't know, I don't even remember it.

D: Okay, he also interestingly enough rejects the international radiological classification.

K: That's not surprising.

D: Yeah, but what's interesting about that the, in one of the memos you imply, you state that he implied to you that he couldn't accept it even if he wanted to, that there were outside forces [inaudible] on. This was something that he wasn't going to embrace. This was politically impossible.

K: I don't remember that.

D: Okay, well, I was hoping you could dredge up some juicy details on that, but so it goes. Then in November in '54 you meet with Harriet Hardy to make some arrangements I think about possibilities of the fund supporting her research.

K: That's right.

D: And where does that lead in the short term? This is '54.

K: Well, she wanted us to send her about ten or twelve miners. And we said, "Harriet, we don't see how in the hell we can do this because of the fact that you know what are you going to do." Well, in any event, some way or another we figured out because of the fact that Les and I, Les Falk and I, had sort of an admiration for Harriet. We respected her simply because of the fact that she was a protege of

Alice Hamilton, and we thought, well, what [inaudible]. Let's see what we can do. Somehow we got ten or twelve coal miners up to her place.

D: Now the problem, am I right in understanding that the problem was that the fund wasn't supposed to pay for research, and she had a research project. How did you circumvent that? Did you say they were going up for treatment, or we're having somebody pay for it, or, why was this a problem in any case to suppport Harriet Hardy's work?

K: Why did you even ask the question, sir? Please don't ask of anything that you write because I don't know how the hell I would answer it.

D: Well, no, well, wasn't the problem that the, I mean, wouldn't you have just gone and gotten all of the money out of the bank and just given it all to her and let her do whatever she wanted to do?

K: No, no, no

D: I thought you, but you did trust her judgment.

K: Well, we wanted to see whether she had some way of treating this.

D: Oh, so, the position that was taken was that this was treatment.

K: Al, don't ask me what I thought at the time, I don't remember.

D: Well, what I think you guys were doing was circumventing the restriction against supporting research. You couldn't pay for research. But she was doing research so you called it something else and supported it because you wanted to support.

K: You might just be right.

D: Okay, I won't press you any further.

F: You couldn't support research programs? That was part of the system? That was supposed to be somebody did that?

K: Yes, yes, we did treatment.

D: You were supposed to deliver health benefits.

K: Look, look, we were concerned with the daily medical

needs. This was our concern, was the daily medical needs of the miner and his dependents.

F: But her program wasn't designed to meet that need, that daily medical need?

K: Well, if it showed something that, no, really and truly

F: It wasn't designed that way, it might work that way but

K: Yeah

D: Down the road

F: Okay, yeah, okay, that's clear.

K: Yeah

F: So that's why it couldn't be just okay go ahead, here, do it.

K: So we had to get a business of, well, maybe she thought it did something in the way of treatment. So we had a quite disagreement because of the fact that Harriet came away from this feeling that it was silica. No, we never, she and I and Leslie never went full tilt on this because of the fact that we had too much respect one for the other, and we weren't going to make a big to do about it. But Harriet felt that it had to do with the silica that was in the coal mine dust, and she also felt that it had to do with a cable smoke. She also felt that it had to do with something else. And so we never, she wrote her's up, and she wrote a paper on it, that was that. I think she had a total of six or eight guys that went up there on it, and we decided that well

F: Decided that it wasn't paying dividends

K: Yes, that's right. So that was that.

D: Now also in '54 Martin's piece is published in the public health journal, and it has a nice title. It's called "Coal Miners' Pneumoconiosis."

K: Right

D: What was the impact of that piece? Did you reprint a million of those and send them around?

K: Well, we did some reprinting on that. We weren't too anxious about it because of the fact we were a little bit concerned about this business of what did I call this,

intermittent positive pressure breathing of oxygen. We were having troubles with that. And as a consequence we weren't to anxious to get involved with it. But we were anxious to get involved with it from the point of view that at least here was a place that the miners could go and get their care, and we thought this was important. So from that point of view we were willing to go ahead with it. We had our little differences of opinions all along the way. But I wasn't going to go in and tell Ben Golden or Joe Martin how to run their clinic. Except I'd go into Ben once in a while, and I'd say, "Ben, honestly, do you think this is going to do any good as far as what Joe's doing?" And he would look at me, and he would say, "Lorin, he's on the staff."

F: They had to allow them some leeway no matter what

K: And I'd say, "Okay, Ben, thanks." And that was that.

D: And, but you were paying for this as health care, right, which is therapy?

K: That's right, that's right.

D: And what was your sense about how many people got that course of therapy at Golden's Clinic?

K: Oh, shit, they were getting it all over the place.

D: Oh, really?

K: Yes, I mean they were using what was know as the Bennett machine, the Bennett machine, that provided intermittent positive pressure breathing of oxygen. Reached the point that people believed that you could become addicted to breathing oxygen. Honest to Pete, this was the reason that it should be stopped was because of the fact that these coal miners could get addicted to oxygen.

D: How much of this was popularized or publicized?

K: Oh, that never got out, that never got out.

D: Not the addiction aspect but this positive pressure therapy. Didn't that start with the Anthracite Fund that was part of

K: No, no, no, no, no, no, shit. That fuckin' anthracite fund, they caused us more trouble.

D: Well, this wasn't part of the trouble they caused?

K: No, the trouble they caused us was the fact that they went off on their business of silicosis, and we had a hell of a lot of trouble with them on that. And I thought that this guy, Burgess Meredith, we should have taken him out back.

D: Burgess Gordon

K: Burgess Gordon, we should have taken him out and shot him, because he gave us a lot of trouble.

D: These, I mean, they, these people were sincere but wrong, or they just hadn't done good work?

K: Yes, yes, well, not only that but you never knew they had how tightly they had there, how tightly they had their relationships were with management in the anthracite mines. Because the anthracite mines' relationships were a hell of a lot different than they were in bituminous. It's a whole different business of mining coal, as you may know. And they didn't have the kind of hospitals. They didn't have the control of the kind of medical care that they were getting. And we questioned the quality of the care they've got. Even today, they've got two or three doctors that, honest to God, up there, whenever we get calls from them, we just shudder, because of the fact we never know what the hell they're up to.

D: Oh, what sorts of things are they up to these days?

K: You never know, I don't know. Look, Al, there are things that are sort of off beat, that you wonder about.

F: '55, their research generally stopped

K: They don't got no research. What are you talking about?

D: Oh, they dressed it up. They have elaborate annual reports in the reports in the convention proceedings, and they just characterize it as a research project.

K: I know.

D: Leaving them aside

K: We had to be very careful that our work was only for bituminous coal miners. That was the only way that I was able to keep away for it, was the fact that this was anthracite. I'm talking about bituminous coal.

F: And you were charged specifically with bituminous?

K: Right. I didn't have a fuckin' thing, thank God. all

D: Well, you know from the mid-50s anthracite does pretty much want to merge the funds?

K: I know it, I know it.

D: And did you have anything, I mean, did you put in your opinion against that?

K: I didn't have to.

D: You didn't have to?

K: Nope, I didn't have to, thank heavens. I'm glad of that.

D: Well, in early '55 two organizations hold a conference together at Saranac Lake, the Saranac people and the McIntyre people. And they are touting something that I guess was like Rasputin -- it never was dead, it was seemingly struck down and rose then from the dead, countless times -- aluminum therapy.

K: Not aluminum therapy, aluminum prevention.

D: Well, they were still selling therapy, too.

K: Prevention was the big part.

D: Well, they were pumping it into the washrooms.

K: No, no, they would have a chamber in which the men would be exposed to aluminum dust before they would go into the coal mines, and that the breathing of the aluminum dust would prevent the settling of the coal dust in their lungs. Now, can you believe that?

D: I, unfortunately, can believe it because I've read the trade magazines and seen the articles in the

F: From the layman's perspective it makes no sense.

K: It's absolute

F: Does it make any sense from the medical perspective?

K: None whatsoever, it's the goddamnest bullshit that you ever heard of. It's dreadful, just dreadful.

D: Well, among the other dreadful things there was a

report. Tell me about this fellow. There was a man named J. W. Hannon, who was in charge of

K: He was the medical director

D: For the McIntyre opeation down in Washington, PA

K: That's right.

D: He gave what you characterize then, now maybe you were young and excitable, and maybe you want to take back some of these words. But you characterized his presentation as a very confused sophomoric presentation.

K: Did I say that?

D: That's what you said. He was another one of these silicosis reductionists -- it's all just silicosis.

K: Oh, God.

D: And apparently, apparently, you challenged him at the meeting. You got up and challenged him in the discussion. That's why I thought you might remember something.

K: Yeh.

D: That's what I got here. J. W. Hannon talked, and you challenged him. You said that CWP was a separate entity; it wasn't just all silicosis. And I thought maybe there was an exchange of blows or something you want to tell me about.

K: Jesus Christ, I don't even remember that.

D: Don't remember this?

K: No, I don't remember this. It

D: A very confused sophomoric presentation

F: Was it in Washington, PA?

D: No, he was in Washington, PA. The meeting was up at Saranac.

K: The meeting was at Saranac?

D: Yeah, '55, this was the McIntyre Saranac conference. And they even got, get this, Saranac must have been desperate for money, they even got Schepers to get up and say that he thought aluminum therapy had some value.

K: Schepers?

D: He said the medical literature is full of things that are valuable as placebos. And if they work as placebos, we shouldn't mess with them, or something to that effect.

K: Well, he wasn't even here yet.

D: '55.

K: No, he wasn't. He came, but he didn't stay. He didn't come as the director up there in Saranac for quite some time.

D: Vorwald was out

K: Pardon?

D: Vorwald was out in '53. That's why, one of the reasons why the seventh Saranac proceedings are never published, is because they were under Vorwald's control. And he had a fight with Trudeau's grandson or whoever it was and walked off with everything, including the proceedings of the conference.

K: [inaudible]

D: Yeah, he left in '53.

K: I thought that he was just

D: And he was replaced by Schepers.

K: I thought Schepers came later.

D: No

K: Schepers stopped and saw me on the way from South Africa to Saranac.

D: Did he know what he was getting into?

K: I don't know.

D: Did you tell him what he was getting into?

K: I told him as much as I knew.

D: But he still went up there

K: He still went up there, sure he had, Christ he left South Africa to take on the job as the medical director.

D: See, that's why I was telling you about Vorwald. Because one of the things that happens is that Schepers gets up to Saranac and discovers that Vorwald has taken all the books with him. He's taken the library. He's taken everything that, I don't know if he didn't take everything, he took everything that wasn't nailed down, but the impression is that Schepers gets there and finds the cupboard is bare.

K: Well, after all, if Gardner died in '46, and they didn't have a director. Well, Vorwald had been the director more or less, and so

D: Vorwald runs it til '53, and then he goes to Wayne.

K: Did he go to Wayne in '53?

D: In Detroit, and sets up a program there

K: Was that in '53?

D: Well, I don't know if it's right in '53. It's '53 or '54.

K: Jesus Christ, doesn't that seem like long ago. I'd have to agree with you, maybe that was so.

D: Well, you don't have any recollections of coming to blows with some guy named Hannon that

K: Nothing, except that I thought he was a jerk.

D: And was he, did he have a long career there in southwestern Pennsylvania?

K: Who, Hannon?

D: Hannon

K: I don't think he lasted very long. I don't think he lasted very long.

D: So, shortly thereafter, you send a manuscript to the AMA's Archives of Industrial Hygiene. And they tell you, this is the coal workers' pneumoconiosis manuscript, they tell you that it's full of misplaced emphasis.

K: When was this?

D: '54, or rather they reject the manuscript around April of '55.

K: Oh, that was the article that I wrote. That was due to Chick Sanders.

D: Well, that's what you said, was you thought that you read it for the Archives of Industrial Health. I found a note that I think, you speculated on who you thought the two readers were. Sanders was one and I can't remember who the other was.

K: Well, we, we submitted it first to the AMA

D: To JAMA

K: And Chick was chairman of the industrial hygiene committee, and it was sent to him for approval. And Chick wrote back and said, no, we won't accept it.

D: I had it the other way around. Cause I also have a note from you in January, something about, I thought you sent it to the Archives of Industrial Health first and then

K: No, no, no, no, no, no, no, no

D: You sent it to JAMA first

K: No, I never sent it to the Archives. I didn't like the Archives.

F: You liked JAMA?

K: Look, we were looking for an audience

F: Well, but I'm asking you, though. I mean, if you looking for an audience, what's wrong with the Archives?

K: The Archives didn't have nearly the audience that JAMA did. The audience for the Archives was limited, very limited.

D: So you

K: And not only that, it wasn't a very good article, it wasn't a very good journal, to begin with.

D: Sanders kills the article

K: He kills it in JAMA.

D: And then you sent it, what, then directly to Industrial Medicine and Surgery? Or did you send it somewhere else? You talked about

K: No, no. I only sent it to the Journal of Industrial Medicine, only after Dr. Draper talked to the editor of the Industrial Medicine.

D: Ah, ha, so that's how it got accepted. That's how it got accepted at the

K: Yes, that guy was the medical director, he was the medical director for Chrysler. What the hell was his name? I came across it recently. Well, in any event he was not only the editor for Journal of the Industrial Medical Association, but he also was the medical director for the Chrysler Medical, Chrysler Company. And so when JAMA refused it, why Dr. Draper called this guy up, and he called him by his first name. And he said, "Hey, you know, I have a good article here on occupational, on coal workers' pneumoconiosis." And the fella says, "Oh." He says, "Yeah, it's been written by one of our staff people and I think its a pretty good article, but they refused in over at JAMA." And he said, this fella, "Oh." And Draper said, "Yes." And apparently this fella said, "Send it on." He said, "Well it's written by one of my staff people." This fella said, "Fine, I'll let you know." A week later we get a letter back from him, telephone back, we'll accept it.

D: Took them a week

K: Not only that, it was the lead article in the next issue of the Journal. That was all that we were after. That was it.

D: So?

K: I'm telling you, it took us blood and sweat to get that fuckin' thing published.

D: And this was the one that there were 25,000 reprints.

K: Yep, yep, after the first 500, we order 500 the first time, then when we wanted 500 more. We went back to him and said, "Could we have your permission to print 500 more?" And they said, "Fine." And then we just kept on printing them after that. But this is what we were after, we wanted the reprints.

D: In September of '55, the International Association of Industrial Accident Boards and Commissions

K: Met in Chicago

D: And

K: Gilchrist, not Gilchrist but

D: Gilson

K: Gilson was there.

D: And how did Gilson find his way onto their program? Who instigated that?

K: I did.

D: You did?

K: Of course

D: Guilty as charged

K: That's right.

D: And how did you do that?

K: Well, I did it with the help of Ken Pohlman.

D: Who was he?

K: Ken was on our staff as being the expert on rehabilitation, he was terrific. God, Ken was one of these unreconstructed, he was more than a socialist. He was great; he was wonderful. In any event, he said, "Look, they're having this big meeting. Why don't I see if I can get them to take and have a paper accepted on coal workers' pneumoconiosis by this guy that you say is running the Pneumoconisosis Research Unit over there? And I'll get [inaudible]." And I said, "Fine. You get it accepted, you get them to approve it. I'll get Gilson here." So Ken got them to approve that speech. And I got ahold of Gilson, and the fund paid for Gilson to come.

D: Did you go to Chicago then?

K: Huh

D: You went to the meeting?

K: Sure, I did. You're damn right I went to Chicago. We got a resolution through, it was a damn

D: Who, who worked on the resolution?

K: Oh, Ken and me

D: So you guys wrote the resolution

K: That's right.

D: And immediately foisted it upon the feds.

K: That's right.

D: And what happened?

K: Well, it's one of those things, you know. It's another piece of heat, to get things going.

F: But no immediate response?

K: No, no immediate response

D: I can't remember where this fits, and so I'll just ask it now cause it's all on the same theme. Where, what was the point at which Jim Mark puts together a dinner out of which comes the $128,000. Or do I have that wrong?

K: Oh, oh

D: That's later.

K: That meeting, that meeting

D: That's '57 or '58.

K: That meeting came in '57. Yeah, in '57

D: And who who went to dinner?

K: Pardon

D: Who went to dinner?

K: All of the labor reps.

D: And this Doyle, Henry Doyle

K: Well, Henry was then the acting director of the division of industrial hygiene, because of the fact that they, they'd run out of MDs to direct the goddamn thing.

D: Why didn't they ask you?

K: Why, I was with the Mine Workers. Shit, they wouldn't take me. I wouldn't have wanted it then. I was having too much fun where I was. So as a consequence, I talked this

whole thing over with Jim. His dad, you know who his father was?

D: Sure

K: All right, so and you do, too.

F: Yes

K: So in any event, Jim said, "I'll host the dinner over at the Ambassador. And you get Doyle over to talk about industrial hygiene and how much money it's going to take to take care of all the things that we think ought to be done, particularly a prevalence study." I said, "Jim, that's exactly what I want. I need the money for the prevalence study." He said, "How much is it going to cost, Lorin?" I said, "Well, I think maybe if we can get $125,000, we might be able to get a decent prevalence study." He said, "All right, fine." So he had, all of them were there. Now every one of the goddamn labor unions were represented at this luncheon or dinner.

D: A lot of these were lobbyists?

K: Sure. These were representatives

F: Would you say they're reps?

D: Labor statesmen

K: They are legislative reps up on the hill. Please, after all

D: That is profane, isn't it?

K: Yes. So they came for dinner. Henry Doyle was scared to death of the meeting because of the fact that he thought that this might endanger him as far as his position was concerned. And so he didn't even show up for dinner. So we had to be very discreet and very quiet about his showing up. And I said, "Jim, said where in the fucks's name is this son of a bitch. I said damn it, he'll be here, don't worry." Henry, not Henry but Jim

D: Jim

K: He'll be here. Don't worry. So he came. And he was talking all about the things that could be done with a good division of industrial hygiene. All the things that needed to be done, prevalence studies for this and that and everything like that. And the guy that was a [inaudible] who was the industrial rep for the Clothing Workers said,

"Mr. Doyle, how much is all of this going to cost?" That sort of ticked Henry off, you know. He didn't know quite how to answer it. He said, "I think maybe $2,000,000." This guy looked at Jim Mark and said, "Jim, this is chicken shit. I'm going home." This was after they'd had booze and dinner and everything. Jim said, "Shut up and sit down." And so, and they

D: Did he sit down and shut up, or what did he do?

K: Who?

D: This Clothing Workers' guy

K: Enterline, no, not him. I forget what his name was, he sat down, he sat down. And Henry went on, and then he excused himself. And Jim made some final remarks, and finally everybody went home. Jim said, "Don't worry." So among those present was Henry Herman Pott. Herman Pott was the legislative rep for the Mine, Mill and Smelter Workers. He walked into Senator's what's his name from Arizona.

D: Hayden

K: Carl Hayden, Carl Hayden. About two weeks later, or no, not two weeks, the next day or so later, Carl Hayden looked at Herman and said, "Herm, what do you know about industrial hygiene?" Herman said, "What do you want to know about it." He said, "Well, what is it?" He said, "What do your miners want out of industrial hygiene?" He said, "Well, Senator, what we'd like to have is a study of the dust diseases that are causing our men to get so terribly sick." He said, "What do you think it is due to?" He said, "We think it's due to silicosis." He said, "Well, let's get some money in there." He said, "Now, wait a minute, Senator, you also got some problems of dust diseases amongst the coal miners." "Look," he said, "I'm going to put $125,000 in the base appropriation for this division of industrial hygiene so they can't take it away from anybody. Then you and the mine workers have to decide who gets that money first, you or the mine workers. And after it runs out of one person's hands, then the other guy gets it. Is that all right?" Herman said, "If that's the way it has to be, I guess that's way it has to be." So that's the way it was. A week later I got a telephone call from the Public Health Service said, "Lorin, what do you know about $125,000 that's been added onto the base appropriation of the industrial hygiene division." I said, "I don't know a damn thing, what are you talking about?" And they said, "Well, we've got $125,000 in here, and we don't know what it's all about." And I said, "Well, what is it?" "Well, it's a base approp, added to our base appropriation so we can't do anything with it, we have to

take it." I said, "Well, smile and take it, let's go with it." So that's what they did. And finally, we found out what it was all about. So then we got together with the Mine Workers and us and the Mine, Mill, and Smelter Workers and decided in view of the fact that they were further along with their study than we were with ours, they'd let the money go to them first. So that's how we got the silicosis study of the Mine, Mill, and Smelter Workers in 1958.

D: But you guys got nothing out of that?

K: No. Then that study got through in 1960, and then the $125,000 went to the Mine Workers.

F: Because they renewed the appropriation

K: Yes. It was a base appropriation so it automatically got renewed. And so that money came to us, eventually, after they got through with the silicosis study with the metal miners. Then it came to us. And then we had to decide how we were going to do it. Well, in the meantime we had these studies that were going. Phil Enterline and I were trying to figure out the studies that we needed to figure out how we were going to do what we were going do for the coal mine studies. And that was the reason why it wasn't until 1963 that they finally got around to studying the coal miners, doing a prevalence study on the coal miners in 1963-64. And the fuckin' thing got reported just in a very brief publicity statement in 1965. But the goddamn thing never got reported until 1968. Then there was a full report called the Appalachian Prevalence Study, that was how that came about.

D: And, and what took them so long to publish?

K: Don't ask me.

F: Well, was it a political issue it just didn't happen?

K: What do you mean?

F: They didn't refuse to publish it. They just didn't get around to it.

K: Nobody got off their ass and really did what had to be done in order to get the fuckin' thing published. The material was all there. In fact what they found out was that in the working miners 10% of them had X-ray evidence of coal workers' pneumoconiosis. The retired miners, 20% had X-ray evidence of CWP. This was what we wanted. This is what we thought was there.

F: How many of these people did they actually look at?

K: They looked at, I think the figure was somewhere in the neighborhood of 17 or 18 hundred employed coal miners, and they were picked, I mean this was a

F: Random sample?

K: Random sample, and then they also, I said now you've got to have a random sample also of the, the retired miners. I said you can't just do this with the workers. And so they did this also of the retired workers, and that's how we got involved with the Mine Workers, of the fund getting involved in picking out who was going to get sent in to take care of the X-rays for the mine, for retired workers, for the retired miners. Because of the fact of what occurred in the metal mines, was the fact, and I was a consultant under cover, for the metal miners, was the fact that they sent us, no, they sent the metal miners a protocol for doing the silicosis study in, that was supposed to be in '57 or '58, '57, I think as I recall, and they sent me a copy of it. And I said, "Look, you've got to protest this study because of the fact that they have nothing in here as far as the retired workers are concerned. They're doing absolutely nothing, so that your study becomes meaningless without that group of workers." And they said, "We can't protest." I said, "You've got to go on record, or you're going to get hung." So they protested and went on record of it. And they went ahead and did the study. They, when they got into Butte, which was the last place that they studied, they got into Butte, the fuckin' Anaconda Copper had cleaned out the whole goddamn workforce of anybody that had a cough, a splinter, or what have you of lung, possible lung disease, so's that anybody that they looked at, as far as the X-rays were concerned in Butte, they were absolutely clean as a whistle, as a dog's tooth.

D: There was a

F: [inaudible]

D: Those were temporary lay-offs, did they fire these people? What did they do?

K: They just laid them off, they got rid of them.

F: So the average work experience of the guys that were left to study was like two days.

K: Something like that. Not only that but the conclusion that they came up with was that the mine, the metal mines had cleaned up and taken the studies, the report of, the

recommendations of the study that had been done back in the '40s to heart and gotten rid of the, the silicosis exposures. I said, "You've got to protest this." So they did, and they published a whole big, they published a protest on this. But of course, it couldn't do a fuckin' thing about it. But then the money came to us. And I said, "You've got to have this. We will not go with this study unless we've got the retirees in here."

D: Just to double back to

K: Now this is important as far as your silicosis work is concerned too, buddy.

D: I know.

K: Just remember it.

D: It's remembered. What else? Is there anything else notable about Gilson's tour, besides his participation in the industrial hygiene

K: Now, if you asked me to be really truthful about it, I can't remember another.

D: Okay. Well, in the interim, obviously

F: Alan, I would have to go.

D: Okay, so long.

F: [inaudible]

D: We came up with

K: If you want to stay and go, I'll send him back by cab.

D: No.

K: Because of the fact that right now I'm in fine shape.

F: That's not my decision.

K: I know, I know.

D: All right, but there's a long interim, obviously, until the epidemiology gets going. And in the interim it seems like the fund tries to sneak up on doing the epidemiology itself. And the first indication I get of this is a group in early '56, a group called the Centerville Clinic, in California, PA. A guy named Robert Schwartz is discussing, I don't know whether you're part of this, I'm going to take

this up with Falk when I talk to him. They want to do their own study of CWP, somehow through the clinic.

K: Right, right.

D: And that seems to grow into a

K: The study that was done by Jan Lieben.

D: Right. Because they have a meeting then in January '57 in Pittsburgh, which is on the subject of clinical investigation activities of, clinical, they can't call it research so they call it investigation. You're there. Falk's there. All these people from Bellaire, Russellton, Centerville and

K: Jesus Christ, I had forgotten all about that.

D: And Lieben is there.

K: That's right.

D: And so nobody can do research except, I don't know, was it all staged to get Lieben to end up saying, oh, you know, like, where can we have a party? All the kids get together and say where can we have a party. Well, we can't have a party at my house, my parents [inaudible]. You can't do research in the fund. Well, Jan, how about you? Was there a, was there, there

K: I'm sure that's what was back of it.

D: Was that the plan? We're going to get the state to do this because the feds are going to take forever and a day.

K: That's right.

D: So Lieben is there, a couple people from Pitt. Where any of the people from Pitt any help, why were they there? Hatch, some guy named Ciocco

K: Well, Hatch had a reputation for being a hot shot in lung diseases.

D: Ah, ha. Was he ever helpful to the miners and the fund?

K: Ah, don't ask me. I don't know.

D: All right, I'll ask Falk.

K: Les may know.

D: What about Sidney Cobb?

K: Who?

D: Sidney Cobb

K: Sidney Cobb

D: Epidemiologist

K: Well, he was another one, don't ask me?

D: Oh, I won't. But this meeting ostensibly tries to design a prevalence study.

K: Yeah

D: And the idea then

K: See the whole purpose of this study in Pennsylvania was if we get Jan to do the Pennsylvania, we'll have enough information that it will force the federal government into doing the study.

D: It was a pilot study for the feds.

K: That's right.

D: In fact the minutes of the meeting, the notes of the meeting show Lieben offering to use the mobile units of the state health deparment, the X-ray mobile units.

K: That's right.

D: And that's what you wanted out of the deal.

K: That's right, this is absolutely what we wanted.

D: You got it.

K: And so they went ahead and did the study, and it was terrific. God, that was a fantastic study.

D: But did that, I think you went forward with this. Did that indirectly or directly cost Lieben his job?

K: Unfortunately, it did.

D: Simple, vested interest politics: they threatened the appropriations. How did it happen?

K: What was the name of, the name, who was the medical director for US Steel?

D: Bundy?

K: Bundy, Earl Bundy, Earl Bundy

D: Came out of the health department or something in Pittsburgh or that public health TB league or something like that.

K: Years and years and years before, something like that. But Jan did this marvelous job with this X-ray, starting out in eastern Kentuck, eastern Pennsylvania with the anthracite miners, and then in the central part of the state, and then the western part of the state. And exactly what we expected to find out found out, and we were absolutely delighted because of the fact that this gave us the information that we needed badly. But of course, it meant that now we had the proof. That CWP was the major problem in the coal-mining industry. And it made the fuckin' industry upset as all bloody hell. And so as a consequence, who to get, somebody had to be got. So the guy that had to be got was the guy that stood up. In fact you've got a study, you've got a report in here that was lacking, there's a report, was a study. There is a meeting that was held in 1957, 1967.

D: We haven't gotten there yet.

K: 1967 in Morgantown, there was a national meeting on CWP. And it was in there because of the fact that Jan and I got together ahead of time because of the fact that we together had figured out that there was a least 125,000 men that were disabled by CWP, at least.

D: And how did you come to that figure?

K: We came to it as a result of looking at workers' compensation figures for many states, by looking at as much as we could poss

D: I don't get that. I mean, they weren't paying workers' comp.

K: Well, we went out on the basis whether they, whether they were being paid for silicosis, whether they were being paid for anything that might resemble silicosis, resemble CWP, and also what we had in the way of our own records. You must remember the fund had a hell of a lot of records by that time. And we had records that went a way back to show how much illness there was due to respiratory diseases

occurring amongst the miners. And back, right here, in back of you, always to your left.

D: Just answer the questions

K: All this [inaudible] to the thing that was

D: But the Pennsylvania epidemiology must have been a big piece of that.

K: Oh, it was tremendous. And the fact that we had this information that we got from every place that we possible could. We got, we wrote letters, we did everything that we could. And we decided, he and I, because of the fact that we were going to depend upon each other's papers. We were both giving a paper at that meeting. And I said, "Look, you stay with your figures, and I'll stay with my figures. And between the two of us we ought to have enough support here that they can't get away with this." Because George Wright was at that meeting.

D: And some of your other friends were there, too. Bundy was there.

K: That's right.

D: But I don't want to do '67. Let me

K: Well, but the point is, as a result, we were saying that we had roughly 125,000 men with CWP. And we said always this is an underestimate. Well, that's a hell, a hell of a lot of people.

D: Yes. That's a hell of a lot. And did the, the industry guys, what was their reaction?

K: And it was as a result of this figure, I'm absolutely sure that the industry said look we've got to get rid of somebody, we've got to get this chopped down. So on the basis of this they went, they went after what's-his-face.

D: Lieben

K: Lieben

D: Well, where is he now?

K: Well, he went with Celanese for a while. He was an odd character. He'd been divorced a couple of times, he was a hell of a good skier, and I ran into him a couple of times when I was skiing. And I don't know where he is. I don't know whether he's still alive.

D: I was going to say, is he old, is he young enough to be still with us?

K: He is. He's young enough that he still should be around. But I was simply surprised that he'd stuck to it, he and I stuck to our guns on the meeting in '57, '67, because of the fact that we were not going to let them take us apart on that.

D: Was, was there hot debate at the time?

K: Oh God, it was tremendous.

D: Who led the opposition then?

K: Wright.

D: Ah, ha. Well, what did they say? Did they have alternatives? Were they just poking holes in what you had? Or did they have their own number?

K: They said that it was impossible.

F: Just no

K: Just no. Not only that but then the interesting thing is that, come the legislation in 1969, the guy that was the surgeon general at that time, I've forgotten what the hell his name was.

D: So have I

K: But he was a very nice