

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

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D: In late 1957 and early 1958 you have a visitor named Jethro Gough. And he among other things is involved in a meeting that is put together in Pittsburgh in February of '58, that you were, you were there, Les Falk is there, a number of other people are there. And basically, Gough makes a presentation where he summarizes the whole history of pathology and epidemiology as it bears on coal workers' pneumoconiosis.

K: I'd forgotten that one.

D: Do you have any recollections of that?

K: No

D: No, well, I ran across Falk's minutes of that meeting, and they're just effusive. I mean, it's just like here's the great master presenting

K: Oh, yeah, yeah.

D: In the classic form his insights, that you don't have any recollection of that particular .... How about just in general of Gough's trip here in '57?

K: Well, he had two or three trips here, you know. This was just the beginning of his trips. Because he came back in '69 and testified before Congress. On the '69 legislation the union brought him over to testify, did a marvelous job.

D: So the union, but when you said the union brought him over, what does that mean? I mean

K: The UMWA

D: I know, but does that, did you bring him over? Or did, how did that work? Whose idea was that?

K: It was mine.

D: Your idea?

K: I asked Mr. Boyle, he was president. I said I thought that this would be an important piece of legisla, an important piece of testimony, if they would pay to have Gough come. And so he was, he came. Now I don't remember

whether it was Gough coming at the union expense or whether he came at the expense of the committee that was handling the hearings up on the hill. It could have been that, but I don't think so.

D: Well, in any case it was your idea, whether or not they paid for the plane ticket.

K: Oh, yes, it was my idea. You're damn right it was.

D: Okay, and do you have any other recollections of Gough's activities in the late '50s when he came here in '57-58?

K: Well, if he was here in 57-58, we had him not only for Pittsburgh, but we probably had him down in the, the, the MMHA Hospitals. And we had him meeting with those physicians at the various hospitals. I'm sure that if he was here, we would have done that.

D: And what was the outcome of that kind of a meeting?

K: Oh, it was terrific. Because after all, here was the guy that had written all the papers about this, and he knew all the guys who had done the basic research. And he was God, almost.

D: And so, I mean, were you present at any of those meetings? He went to Beckley and Mann.

K: Oh, yes, sure.

D: And what was that like? Did that directly lead to research activities or other kinds of activities in those communities?

K: Well, we didn't need the research activities so much the fact that we, we needed doctors to understand what is coal workers' pneumoconiosis. This was our big problems. Because of the fact that we needed not only for them to understand what is the disease but the prevalence. This was our big problem.

D: Ah, ha. So you needed physicians just to make the right diagnosis in their ordinary day-to-day clinical practice. They needed

K: To make the correct diagnosis

D: Yeah, to put down

K: The correct diagnosis, not the right diagnosis. The correct diagnosis



D: So to put down CWP, instead of putting down bronchitis

K: Silicosis or bronchosis or bronchitis or what have you.

D: So

K: No, if he got over to give a meeting in Pittsburgh, undoubtedly, we had him at the hospitals, too. And then we would bring in the doctors from the smaller hospitals.

D: Who were not on the staff of the MMHA hospitals.

K: They would be on the staff of the MMHA, but they would be the smaller MMHA hospitals, like at Mann. You have a meeting at Beckley, and you pull in the guys from Mann to that meeting. And at Williamson you'd pull in some of the guys from the smaller hospitals in eastern Kentucky. And that, the big one there in Kentucky. What the hell was the name of it?

D: Harlan

K: Why you'd have the big, smaller hospitals, the staff would be pulled in from there.

D: And those, those things were, that did happen? You told me probably.

K: Oh, no, no, no. The doctors would plan for it. Hell, the doctors thought this was a marvelous opportunity. You didn't have to tell them that. All you did was say, hey, Gough is here in town, do you want him down there to talk to you? Sure, we do.

D: And did he ordinarily bring along these famous Gough sections?

K: Sure

D: And show them to people.

K: Sure, sure, sure.

D: Because I read somewhere he had some huge number of these things. He had a thousand or fifteen hundred or something.

K: Yes, yes, he did.

D: So he'd be carrying these around and showing them off.

K: Yes, definitely. They, they, what did he call them, the Gough sections of the lung, in which he used a method of sectioning the, the lung with a very fine microtome and then imbedding them and covering them with plastic. So's he said, "There's no odor to them." And he said, "Not only that but you can file them." He said, "It's just like filing notes for a lecture."

D: So no wonder he could have fifteen hundred or whatever he had

K: Sure, he left a whole set of them with me.

D: I know Weeks has one up in this office. He's

K: That's the set.

D: Seems to be quite proud of them.

K: That's the set that he left with me, and I gave them to Jim. Because I said, "To hell, I'm never going to use these again so, here, you take them."

D: I hope he appreciates them.

K: Oh, he did.

D: Yeah, I know he did. He proudly showed them off to me.

K: Yeah, no, no, no, no.

D: I was pretty damn jealous, too, but I tried to conceal it as best I could.

K: No, there was no question about it. No, this was, this was a means of getting, this was part of our twelve-point program that we had for education in CWP. We wanted the doctors to know what the hell this was. It was the only thing we could figure out. But if they didn't understand it and know all about it, why they weren't, they didn't know what they were looking for.

D: But then in terms of following up on that, did the fund determine then in the aftermath, I mean, if you had Gough go through like a tornado, through these places. Then you'd go in and a year or two later, the level of skill in diagnosing CWP would increase. You'd find

K: Oh, sure.

D: You'd find people reporting it and diagnosing it and

K: No question, no question.

D: And would then workers' comp claims go up in those areas?

K: No, because of the, oh, the claims would go up. But the doctors, the goddamn compensation claims wouldn't go up because of the fact that the laws hadn't changed.

D: Yeah, okay.

K: The law did [inaudible] CWP. They only recognized silicosis.

D: So in West Virginia, and in Kentucky and in Virginia the claims at least would go up.

K: Well, the claims would go up, but it didn't do them much good, because of the fact that they, the law didn't recognize this disease.

D: Except to the extent that their frustration would then lead to movements to reform the law. Now, do you remember when it was the first time that Virginia changed, because I have yet to figure this out? Virginia reforms the law, and there's a backlash, and they knock it out a year or two later. When was that?

K: That was around about a 1961 or '2 or '3 somewhere in through there, through there, that they

D: Early '60s.

K: As I recall that they passed the law the first time. And then when the national law came through, they saw that they were within one clause of meeting all of the requirements stipulated in the federal act. They went back, and they took out two of these clauses, so's that they could never comply.

D: Why do they, why, I don't understand, I mean, why?

K: Why because of the fact that then the state would never have any responsibility for paying for these. It still remained a federal claim. Because, you see, the federal law said that once they had met these claims and met all of the requirements stipulated in the law, then they could apply for state claims. But they had to meet all of these claims first. But none of the states were in a hurry to do that.

D: Right.



K: So as a consequence they had a hell of a time getting this set up.

D: Oh. Well, it wasn't much of an incentive for the states to bring their state, to bring their legislation up to the standard.

K: In a sense, yes, you're right.

D: So, I'll, I'll look into this. But what this suggests to me is that Gough probably among others had an influence on getting the Virginia law, law passed in the first place.

K: I would say that he had some impact.

D: In the early law, whenever this was, if in fact it was around '61. He shows up in the late '50s, people go and file claims, say, in 1959-60.

K: Yes, but keep in mind, you've got channel, or you've got, oh, what is the, how did we stipulate the, how did we identify the different groups there in the United Mine Workers [inaudible]

D: District

K: District. Yeah, like in the district. Virginia only had the one district.

D: District 28.

K: District 28, yes.

D: And they only had those mines down in the one little corner of the state.

K: Yes.

D: They weren't a political powerhouse in the state of Virginia.

K: That's right.

D: But to get it through once, and then it's knocked down, and they put in back in '68. And then you're telling me that subsequently, after '69, the state goes back and cuts back on the protection, after '69.

K: Yep.

D: I didn't know that. That's interesting. All right, so Gough goes through the country and

K: You also have to remember that Fletcher came over, too, Fletcher and Gilson. Gilson had a meeting in Chicago, he was brought over by the National Association of

D: International Association.

K: International Association, oh, you know about

D: Of Industrial Accident Boards.

K: Yes, yes

D: In '55.

K: He came over, and he gave a speech there. He stayed at our house overnight when he was on his way to Chicago. Finished up his speech that he gave there. And

D: He came in '55.

K: Yeah, that's

D: Fletcher came in '57.

K: Well, this was a very important speech that Gilson gave, because of the fact that Ken Pohlman was very active with the compensation, or with the, powers in compensation. What do you call them? In compensation?

D: In compensation representatives that the union had.

K: No, no, no, no, no. What do you call them?

D: These industrial accident commissions?

K: Yes. Because of rehabilitation, he was very active in that point of view. And so it took a lot of hard work, to finally have the meeting, but to have them concentrate on coal workers' pneumoconiosis and to have Gilson as the main speaker, have him brought over from Britain to speak of this.

D: And you were there at that meeting?

K: Yes, you damn betcha I was there.

D: I, I read the proceedings of the meeting. And it does, it appears like the commission is sitting there, kind of like school children, and asks Gilson questions like, you know, explain to us, oh, master. And he does.

K: Yes, definitely.



D: And what about, how, how much influence was there in the fact, stemming from the fact that the president of that commission the association for the first time, I guess in its history, came out of the Mine Workers. That guy, what was his name Moldwin or Moulin, John Moulin came out of District 12. He was on the Illinois Industrial Accident Commission.

K: I don't know.

D: But you didn't work closely with him on that?

K: No, no, no, no no.

D: But I assumed he had some role perhaps to see to it that Gilson found his way onto the program, and things like that.

K: No, we worked at it from a different point of view.

D: How did that happen?

K: Well, we worked with Ken. Ken was the guy that worked with us on that.

D: And you don't think that Ken might have gone to this guy Moulin, or Moulin?

K: Oh, he might have had some contact with him.

D: The guy, as I say, came out of the union. It seems natural they would have went through him.

K: It's possible, it's possible. And then don't forget there was Fletcher also. Fletcher gave a talk. He had an engagement to talk out on the west coast, at, I forget where it was. That was also to talk on, on

D: Shall we stop, shall we stop?

K: Let me finish this.

D: Okay

K: Gilson had an engagement to do out of the west coast. Oh, what the hell was it? Probably on

D: I don't remember this one. I know he came in '57, but I don't remember the occasion then.

K: Well, he came then, and he went out of the west coast and gave his speech. And we put him out there at our

expense. We paid for goddamn near all of his travel. I remember

D: Was it an academic meeting or what?

K: Yeah, I remember our making arrangements through our office, through our travel agent, or through our travel arrangements that we had for the, for the disabled miners. And we were traveling all over the country then and

D: Oh, right, you had that big operation in Vallejo.

K: Sure, and not that, but we had arrangements for Fletcher. And he came and was all over the coast. He went, he came in the East, started in the East. Then he went down in the coast and came up and came back that way. And he came back through the North and gave some lectures up there in some of the clinics. And then came

D: The unions' affiliated or clinics that are affiliated with the union, into group practice.

K: Well, he already had some arrangements of his own. And we thought that this was perfectly all right in view of the fact that he was going to be talking about CWP and in view of the fact also that his pulmonary committ, pulmonary conditions were very close relatives. So this was fine as far as we were concerned. We thought this was perfectly all right. And so a we paid for all of that. We did a lot of things to increase the, the knowledge of this disease and the method of treating it and also with emphasis on how it can be prevented, or should be prevented. But this was exceedingly important as far as we were concerned.

D: Well, what about treatment? What could you really do on treatment? I mean, you weren't, you weren't that

K: Oxygen

D: So, but nothing, there's nothing else, really?

K: No, there really isn't anything except there is [inaudible] at that time. The only thing that we had in was known as, what the hell did we call it? We called it breathing, oh, shit, I can't remember the

D: The name for the oxygen thing?

K: No, no, no. There was a method of getting the oxygen for the miners. They had a particular machine for them, and

D: [inaudible] or something like that.

K: No. It was

D: I can't think of it

K: In any event, my mind slips on some of these things.

D: In June of 1958, there's a national conference in Washington, held by the American Labor Health Association. How much interest in general did the, did the association have in occupational disease?

K: Quite a lot.

D: Quite a lot?

K: Yes

D: What, if any, of that interest came to bear on the question of CWP?

K: Quite a bit.

D: Quite a bit. And how? In what ways?

K: I gave a paper on it.

D: At this conference in.

K: As I recall, I did. If you want a copy of the

D: Yeah, uh huh. And what was, what were, what was the outcome of that paper? Did that have any influence for example on the decision of the Public Health Service to eventually find some money for the prevalence study? That, did that have any influence at all or.

K: Who knows? I don't know. I couldn't tell you. It was an important goddamn meeting. The

D: Big meeting? Hundreds of people?

K: Are you interested in hearing about it?

D: Yeah, I am.

K: You are. The meeting, the history is fascinating. American Labor Health Association was formed in 1952 by a handful of us that were working for labor unions, old brand. And Herb Abrahms, and Abrahms, Herb Abrahms, and the fellow who was with the laundry workers.



D: Price?

K: No, no, no, no, no, no. He was a good solid union person, and then the ILGWU people were there. And we had quite an interesting group of people. There was a fellow who was with the a UAW, I've forgotten what his name was, Jerry something.

D: I can't remember. Are you going to get something? Maybe I'll stop this for a second here. So it says here in your presentation to the American Labor Health Association conference that the labor health, I'm quoting, the labor health programs have also paid the bills for treating lungs heavy with dust. How much discussion was there at the time about the extent to which union health and welfare funds or union health programs, insurance programs were picking up the tab for occupational disease that should have been paid for through workers comp, or better yet, prevented? How much discussion was there within this group of that kind of problem?

K: Oh, there was a lot of discussion of it, on it. The advantages and disadvantages.

D: Ah ha. So some of this is in the proceedings just

K: Well, in addition to that there was a lot of discussion in the group, and even so outside the, before we even got there. See this was a group of guys that got together. We were sort of outside the table, so to speak. Because of the fact that there was nobody else that was involved with occupational health except us. And Herb Abrhams and me, we found out that the Public Health Service was only spending \$565,000 per annum on occupational health for the entire United States, in one year. And we said this isn't even for the price of a package of gum. And this is for prevention; this, this is ridiculous. So we got the organization to go full tilt behind the APHA in their drive for more money, for a getting funds to help them in their prev, drive for the prevention of occupation diseases. And the consequence, we also were involved of course with the medical care programs of all of these various organizations. But we wanted to bring them all together. And in addition to that UMWA was under an intense drive or intense criticism by organized medicine. And we were getting the shit kick out of us on that basis. So there we needed something that would highlight all of this. And in view of the fact that Miss Roche has been the chairman of the big national conference on interdepartmental health that FDR appointed back in 1938. And she had been the Assistant Secretary of the Treasury, because of the fact that she'd been appointed

by FDR as Assistant Secretary, and then that position was in charge of the Public Health Service. So we thought that as a consequence to have this meeting in '58 would be a twenty-year celebration of the fact that she had been the chairman of this interdepartmental committee in '38, which was putting material together really because of the fact that FDR was scared to put medical care into the Social Security Act, largely on the basis of what Madame Perkins said. She was scared that if it was put in there, they would lose the entire Social Security Act.

D: Oh, really?

K: Yes, this has come out in two or three publications rather recently. In fact, it came out in the publication, for the, the biography of Madame Perkins. And then it also came out in several things that I read recently since then. So he decided not to put it in so's not to endanger the passage of the Social Security Act.

D: Right

K: So that it would get passed. And it was successfully passed. But then they wanted to get the material in, information together that would help them secure the addition of legislation that was necessary for the inclusion of medical care in Social Security. And this conference in '38 was the first go-around on that. And was really a precursor to Wagner's legislation that he introduced in '39 for national health insurance. And then it also of course was a precursor to the Wagner-Murray-Dingell Bill in '43, '44. I guess that was when that came along.

D: But does that mean then that one of the objectives of this '58 conference was to

K: So in view of all of that. And because of the fact that we needed a conference to knock the shit out of organized medicine, we decided to hold a conference, lauding Miss Roche and all that she had done in the twenty years. So the American Labor Health Association, Miss Roche, one of the fellows on the staff asked her if she would go along with this. She said she thought it was a hell of a good idea.

D: And who was going to take charge of it? And he said, well, how about Lorin Kerr? She said fine, I'll accept that. So he came up to my office one day along in March of '50, what 8. And said would you accept the responsibility of putting this conference together. And I said, is that what she wants to do with this? And I said the reasons why. And he said, yes. I said, sure I'll go for it. So we had to



get the executive board of the ALHA together to buy this. There were a couple of people that voted against it, but we said fuck you. We're going to go ahead and have it.

D: Who was against it?

K: Betty what's her name? She's, she was a double bag jerk on the Executive Board.

D: Bamberger?

K: Yes, Bee Bamberger

D: Elizabeth Bamberger

K: Elizabeth Bamberger. She's a goddamned red baiter. And she was against it, but she finally came along with it. And so voted to go ahead and proceed with this. And so I put together the conference and the people that were supposed to speak and the papers they were supposed to give. And I called them, and they agreed to give it. And it was all set by the end of March -- all set, signed, sealed and delivered. They said, fine, put it together and make it official. So that was what I did. And I was responsible for the whole fuckin' business.

D: At the Mayflower Hotel.

K: That was where they, the Health Conference in '38 was held.

D: Ah ha. Oh, I see.

K: And so this was something, that you know is to do, to welcome, to pat Miss Roche on the shoulders, you know, for all of her fine work that she had done.

D: But. So it was, it wasn't like the '38 conference in a sense that it wasn't supposed to stimulate interest in national health insurance. That was not the objective?

K: The objective was to knock the shit out of organized medicine.

D: In what way? What do you mean? What were

K: Well, they were fighting the labor health programs all over the country. And we were supposed to be organizing to knock the hell out of them. To point out that we were together, and we were going to fight on this principle. And we were going to go ahead with it. And we were also going to go ahead in asking for national health insurance. And

so, we wanted them to know that this was the way it was going to be. So, and I said that I thought that this was a good idea, but we that we had to have a total health program. That we couldn't have it just a part of a program. It had to be all-inclusive. It had to include occupational health, it had to include the total public's health

D: Prevention

K: This is the reason why I wanted and insisted on a night session, which Miss Roche finally agreed to, that you'll find in there.

D: Can I borrow this then?

K: Yeah, Paul Cornely spoke, and I forget who the others were that spoke on the evening session. But we had a very good evening. Oh, Alice Hamilton showed up for that evening session.

D: Well, I want to read this, and I'll copy a little bit of it and mail it back to you.

K: You'd better. Or I'll skin you alive.

D: I know you will; I know you will. And I'm afraid of you so I will.

K: This is a very famous piece of work. And the fact is that

D: And you can't find these preceedings anywhere, by the way. That's why I want to borrow it.

K: To the best of my knowledge there is no more that I know of any place. And incidentally, that was done and ready for distribution on August 1. And there were some of those papers in there that had to be practically rewritten. And I was the one that did it. I did the whole fuckin' mess.

D: Well, we're not going to give you any credit for it.

K: I don't want any. I just want you to know that's how it happened.

D: It's a miracle.

K: Well, I was a good Joe.

D: Well, I believe you. I wish I had been there. But I was ten years old, and I

K: It was a good show, and we had a hell of a lot of fun.

D: I'm sure you did.

K: I did.

D: And Alice Hamilton must have been what, about ninety years old?

K: Something like that. I don't know what she was. But out of that, in addition to that Elizabeth Switzer was there, was there she as the director of occu, she was the director of rehabilitation, vocational rehabilitation. And she was quite a person, a very good personal friend of Dr. Draper's. And when she saw what a success this meeting was. And it was a tremendous success.

D: How many people came to the thing?

K: It was over 500.

D: Wow

K: When she saw what a success this meeting was, she came to the after, the afternoon session that we had in Dr. Draper's suite after the thing quieted down. There was Dr. Draper and myself and Moe Brand, Moe Brand and two or three other people, and Elizabeth Switzer was there. And she turned to us and said, "I would like to see the same thing done with rehabilitation that you have done with with medical care. Do you think you could do it?" I looked at Moe; Moe looked me. And I said, "Yes, I think we can." She said, "Fine, the money is available. Write up the programs, and I'll see to it that you get the money as you need it." So out of that came, what we call that, they called the the Conference no, they called that the, oh, I've got it on my curriculum vitae.

D: I'll look it up. That's okay. I'll look it up.

K: This business on rehabilitation and labor health service.

D: I'll look it up.

K: And the fellow that was in charge of it was, he's now out in Detroit, and he does, he did a tremendous job, just absolutely tremendous. We were so glad we had him. In fact, one of the docs that had been active with it in the rehab, in the social something point of view. He was at first [inaudible] him appointed. And I said, "No way, you aren't going to block this one." Because one of the doctors



that I knew up in Detroit, or in Ann Arbor, said, get him, he's a good one. And so we finally got him to run it [inaudible] the program, it turned out to be very good.

D: Also in '58

K: I merely tell you this to indicate what, that we were working in all sorts of directions.

D: Sure, oh, sure. In '58 Eugene Pendergrass publishes The Pneumoconiosis Problem.

K: What a bastard.

D: Wait a minute. Well, why do you say, what a bastard?

K: Well, because up until 1958, Pendergrass said that there was no such disease as coal workers' pneumoconiosis, that it had to be just silicosis. And it was in 1958 that he wrote his famous paper in which he finally said there is such a disease as coal workers' pneumoconiosis.

D: That's, that's this book, right? Is there a paper in addition?

K: Pardon.

D: Is there a paper in addition? I just know about the book. I didn't know there was a paper.

K: No. There's a paper out on this.

D: Oh, really?

K: The paper's the only one that I know about.

D: Okay. Well, he also publishes a book in that year called The Pneumoconiosis Problem, where he acknowledges the, that CWP is a separate entity.

K: Yes, yes

D: Same

K: Yes.

D: And how important was that?

K: Well, not as important as he thought it was.

D: That's not the question. I mean, he was at, whether or

not you liked him, he was a big deal, right? He was a big-deal radiologist.

K: Well, more or less, more or less. There were some people that thought he was an awful fart in a windstorm.

D: Oh, for what reason?

K: That he was, that he overevaluated himself, that he wasn't as good as he thought he was.

D: But he had never done any great body of work on CWP, right?

K: His work was on silicosis.

D: Right. But you don't see, you don't see this as any major event in the gradual shifting of the balance towards CWP and away from the silicosis interpretation?

K: No. Because that had already occurred in Britain.

D: Well, see, we're not talking about Britain now. We're talking about in this country. We're obviously twenty, thirty years behind them.

K: No, no. This is ten years afterwards.

D: Well, but I mean over this period, generally we're lagging behind them.

K: If you want to put it that way, well, that's all right.

D: I mean, we don't do until '69 what they did in '43. So we're twenty-six years or so. But in any case, so you would not place any great emphasis on Pendergrass's conversion, if that's what it was, or his concession?

K: Al, I don't, because of the fact that this man was not worker-minded.

D: Ah ha. But you don't think that rank-and-file radiologists in mining towns around the country, who may have been as un-worker minded as Pendergrass were, nonetheless picked up his book or heard about his book and said, whoa, even Pendergrass admits that there's such a thing; maybe I ought to look at these X-rays a little more carefully. Maybe I ought to see things a little differently. Whether or not he was political incorrect or something, you don't think that this was, you don't think that there was an influence that came out of someone like him?



K: Its hard to tell.

D: Changing, changing his story.

K: It's really hard to tell, Al. It's hard to say. I know what you're trying to do. You're trying not to be too critical. You're trying. You're restraining yourself in your usual academic manner.

D: Well, I'm just curious as to know how, you know, how these little rays of light shine into new places. And it seems that one of them might be when a big authority could finally, grudgingly concedes that there is such a thing. And that seems to me would have been a part of that, the process of turning this thing around.

K: Where did you get the idea that he was such a big authority?

D: Well, that was a big-deal program.

K: Where?

D: The radiology department of the University of Pennsylvania. That was a pioneering department -- Pancoast and Pendergrass, all kinds of money and all kinds of fellows. And people trooped to them from hither and yon to get consultations. I mean they, they were a big deal.

K: That's all right.

D: Well, all right. You didn't like them. This is, I find another little curious event in 1959. In May of 1959, there's a meeting on the subject of CWP at the Massachusetts General Hospital, and you're there. And in fact, a fellow named Pendergrass is there, and a bunch of other people -- a guy named Ferris, a guy named McFarland who's a pathologist, someone named Tepper. But Alice Hardy, Alice Hardy, Harriet Hardy is not there. What, what's the story? Why wasn't she around?

K: Well, CWP was not particularly her bag. Her bag was berylliosis.

D: Beryllium. But she had gotten help from you guys to get a few patients sent up to Massachusetts General, right?

K: Yes

D: And then there's a meeting at Massachusetts General

about CWP, and I just am surprised that she wasn't there. Was she sick or out of the country? Or

K: I don't know, I don't know.

D: It's just curious to me, that's all. I just wondered what's wrong, what's missing from this picture.

K: No, no. I can't, I couldn't tell you. She was more intent on silicosis than than she was on CWP. She was intent on silicosis and other reasons, like blasting fumes, like belt fumes. What were some of the other things that she thought about?

D: Cable smoke.

K: Yes, things like that.

D: Okay. But she wasn't one of these who believed that smoking was the, was the

K: No, no, not that I know of. No, no.

D: So, I came across the annual report of the fund for the year, the fiscal year that ends in a June of '59. And they describe the research activities of staff members of the MMHA hospitals. And it includes something called epidemiological study of lung diseases in coal miners, being done at Beckley.

K: By Kistin

D: Kistin and Hyatt

K: And Bob Hyaty. Bob Hyaty finally resigned and went to Mayo's. And he, I think he went to Mayo's along about 19, I thought he went to Mayo, about 1956-57, somewhere like that.

D: And the project received some funding from the Public Health Service. Did you have anything to do with getting them the Public Health Service money?

K: No.

D: No. How, did you know how they got the money?

K: Nothing other than the fact that their report came out, and it was known that they were doing good work. And they needed some help. And so, probably who gave them money was the Public Health Service.

D: And that's the project that eventually produces an article in the American Review of Respiratory Disease in '64, where they find a 46% prevalence in their samples.

K: Is it that late? I thought it was earlier.

D: No, it was published in March of '64.

K: Who were the authors?

D: Hyatt, Kistin, and Mann.

K: Yep. That's the one.

D: They had, what they, they are at pains to tell you in the article, there's random sample, 267 miners.

K: Yeah, that's the one.

D: And they come up with 46%

K: Yeah, that's right.

D: How influential was that?

K: Very influential.

D: I mean, that's a good journal.

K: Well, not only that, but you must say, Hyatt, or Al Kistin had an excellent reputation as a first-rate researcher. In fact, when the, I, I, I recruited him to go down through Beckley.

D: Where was he?

K: He was in practice here in town. In fact he was attached, he was on the faculty at GW, and he also was on the staff at the Veterans Hospital.

D: And what was his specialization?

K: Cardiac.

D: So he was an internist with a spec, a sub-specialty in cardiology. Okay.

K: But he also was a sub-specialist in cardiac diseases, in a pulmonary diseases. And he helped me write that article in '56 that I had published.

D: Oh, really, when he was here in town?



K: Yep

D: Oh, that's interesting.

K: Yeah

D: Huh. Also in '59, Yablonski, Joseph Yablonski writes in June, or July of

K: The other things on, on that meeting, that, on that research was the fact that when what's his name that went to Mayo

D: Hyatt

K: Hyatt. He was replaced by Rasmussen. And they went over a whole list of about seven pulmonary physiologists and finally decided to take Don Rasmussen. And he was at an army hospital in Texas. And he came up here and was attached to a unit that Senator Byrd had given them, I think it was \$100,000 for developing a pneumoconiosis research unit. See he was taken in, Byrd was taken in by the fact that the Medical Research Council in Britain was financing the research on CWP. In large measure it was being conducted at the Welsh National School of Medicine. And he thought if that was so, why there was no reason why the Senate, why the state, you know, why the government shouldn't put up the money to finance some research on the same subject, and put it in down in West Virginia.

D: That's getting ahead, that's like, what, '63 or '64, or thereabouts.

K: Why, Al, it was along about, as I remember it took place in '61 or '62.

D: Oh, then it just took that much longer to get the facility up and running.

K: Yeah.

D: Okay

K: '61 or '62. The place was dedicated in 1956, the Beckley Hospital

D: Right. Just to keep in, to stay in order here, '59 Yablonsky writes a letter in July of 1959 to HEW Secretary Fleming, supporting the \$128,000 appropriation for the study of pneumoconiosis by the Public Health Service. How active along the way was Yablonsky in getting money and support for

solving these problems? Was he, was he into this more than other district directors or not?

K: Well, I don't know any other district director that was involved with it at all.

D: Really?

K: Yeah.

D: None of the district directors in West Virginia or

K: No, no

D: What about on workers' comp at that time? Did they get active in reform efforts on workers' comp?

K: Yeah, you're pushing me a little hard on that one, Al. I don't know.

D: That's okay.

K: I don't think so.

D: Okay. That's credible to me. All right, '59 the Pennsylvania, we talked about this last time, I know, how Jan Lieben finds his way into your circle and Falk's circle in the late '50s. In '59 the Pennsylvania prevalence study begins, starting with anthracite. Do you, how were you involved in that? Where you involved in the design of the study or in its execution?

K: Oh, Jan and I talked it over along with Les as to what he was going to do.

D: What kinds of sample he was going to draw? Where he was going to draw?

K: Yeah. We decided it was best to start with anthracite. And then after he'd done anthracite, then go into bituminous in the mid-state and bituminous in the western part of the state. This was all right as far as Jan was concerned.

D: But as far as actually designing the study, did you have any input into how large a sample he drew or where he went or what the protocol was, what tests they took?

K: Well, we knew all about him because of the fact that he was depending upon getting all of the miners to turn out. And of course we had to know about it so that we could notify the district offices so's they could notify the local



office so they could help in getting the miners to turn out for the X-rays.

D: Right

K: Because of the fact that, you know, you couldn't just show, you couldn't just show up with a mobile X-ray unit and expect the men to show up for the X-rays, if they didn't know what the fuck was going on. So the only thing you could do was to be involved with it and to know when they were going to be there, and to have it organized so's that we could let the miners know that this was something they should turn out for.

D: Otherwise, what would they assume?

K: Otherwise, they could assume that it was management that was involed with this.

D: Especially if if it was on company property, they would assume that they, that the company would find out what they're X-ray was like.

K: Well, it's possible that they might. But you see this way if they were involved with it through the fund, why, they would feel more comfortable with it.

D: And it's your sense that they you probably got a better turnout because the union endorsed the project.

K: Well, I wouldn't be surprised with what this was so.

D: Yeah, well, how helpful do you think getting such a state study underway in the first place and then having it generate the findings that it did in the second place, how influential was that in getting the federal government to finally get off its

K: Very important.

D: Just in terms of what? Embarrassment or just wanting to broaden the findings? Or what was the process?

K: Well, what do you mean?

D: I mean how did the state, the fact that Pennsylvania was doing the study, get the feds moving? Was some of it just embarrassment that they?

K: No, fact that the states are doing this and they're that interested. You think, maybe we'd better get the feds interested in it. And also it highlighted that after all

there had been three different programs that had been put together during the '50s to do it on a federal basis.

D: And you'd been asking them to do it since the early '50s.

K: Yeah, sure.

D: So the feds finally in '62 get moving on this. And they have some preliminary meetings to, I don't know, I want you to tell me what went on? There was some preliminary meetings about this private [inaudible] study held here in Washington in October of '62.

K: Well, now that's got a history back of it, too. You know the thing is we just didn't go out and go into business the next day.

When the ALHA found that we had such a hell of a, of a lousy turnout as far as occupational health was a Public Health Service was concerned, as far as budget was concerned. Why, we got our, that is, the Mine Workers representative in the Senate, I got a hold of Jim Mark, and I said, "Look, we've got to do something about this." He said, "What do you want to do?" And I said, "Is there any way that you can take and pull together the legislative reps for the other unions because of the fact that I'm sure that the same attitude would prevail amongst all the others?" And he said, "Sure." And I said, "Well, maybe if they got to know that this is what was going on amongst our people, they would say, you know, what the hell are we doing amongst our own people.?" So as a consequence they went ahead, and Jim held, had a dinner. And after they had gotten through with the dinner, why,

D: Now who was at the dinner?

K: Practically all of the labor reps on the Senate side. This was at the Ambassador Hotel, and Jim picked up the check on it. And the union paid for it.

D: So what unions? Was it to be the industrial unions, mainly. Were building trades there?

K: No, the unions. Shit, they were all there. All of them that had representatives.

D: Like, were a hundred people there?

K: I would say that there probably was around about 25 or 30.

D: Okay

K: That were there.

D: Okay

K: And so, Piney [inaudible] Edelman, from one of the unions, said how much is this going to cost?

D: Edelman was from textiles.

K: Yeah. And because of the fact that they, there was a break in the appointment of the chief of the division of industrial hygiene, why, the guy that was taking over was, I've forgotten what the hell his name was.

D: Was it Henry Doyle?

K: Henry Doyle. It was Henry Doyle. And Henry Doyle was there sort of surrepticiously for that dinner. He didn't want to come, but I said, "Look, you've got to come, Henry." So he came.

D: Was the whole purpose of the dinner to get him on the spot?

K: The whole purpose was to find out what we could do about it. And so as a consequence, they asked Henry how much it would cost. And Henry said, well, he thought that it probably would cost somewhere in the neighborhood of a couple million dollars. And this guy who had already picked up his coat, he said to Jim, he said, "For Christ sake, that's peanuts, I'm going home." Jim said, "Take your hat off and your coat off and sit down." He said, "We've got things to do." So finally, Jim, they let Henry go. I told you this story before.

D: Yeah. Yeah

K: All right, so you know what the story is before, all right so you know what the story was.

D: Yeah. I just wanted to see if you repeated it the same way twice.

K: All right

D: And out of this came this \$125,000 that initially goes to the silicosis study in the metal miners.

K: That's right.



D: Well, that actually struck me as kind of funny because why was that? What more could they, what more could they learn about silicosis that they didn't know?

K: Because of the fact, hush up, because of the fact that Carl Hayden was running for reelection. And the fella that was the Mine, Mill and Smelters Workers rep came into his office. And he said to him, "What is it that you fellas know about occupational health?" And so because of the fact that he picked up some of the stuff at that dinner, he'd been there. He proceeded to tell Carl a little bit about it. He said, "Well, what do you fellas want to do about occupational health?" He said, "Well, we have a devilish hard exposure like silicosis." He said, "What do you want to do about it." He said, "We want to get rid of it." He said, "How much will it take?" "Well," he said, "We don't even know how much we've got." And he said, "Well, how would you like to get started on it?" He said, "I think it probably costs us about \$100,000." He said, "Well, suppose I appropriate \$100,000 in the base appropriation of the industrial hygiene division \$100,000 or 125. I'll make it 125 in the base appropriation industrial hygiene appropri, industrial hygiene association not association but division.

And then you guys decide whether you get this money first or the Mine Workers. So because of the fact that they were closer to needing it, they were more ready to use it than we were, we said, "All right, you fellas go ahead and use for silicosis." And so you had the silicosis study that took place in the metal mines in the '50s. And so we said, "Fine, then after you get through with it, well then we'll take it over in our budget, in our union as far as the coal workers are concerned. And Herbert, or Herman Klotz said, "Fine, that's okay with me." So then they went ahead and did the study on silicosis in the metal mines.

D: Well, but getting back to '62 when they're finally getting around to doing CWP in a your part of the world. There's some preliminary meetings involving the union held in Washington in October. What were they about? Do you remember those meetings? Were they to design the study, or to just get the union to go along with the study that had already been designed. Or what were they?

K: Who was there?

D: Well, you were there, and the people who were going to run the study were there.

K: What study are we talking about?

D: We're talking about the big survey, oh, that you, directed by Cooper, Clark Cooper.

K: That was on this study.

D: Yeah

K: That was going to be done by the industrial hygiene division of CWP. This was the beginning of the prevalence study that finally came out with a study that took place in '63 and '64.

D: But you don't remember the planning sessions or the preliminary sessions on that? There was one in Washington in October, then there was another meeting involving the district officials of the union in November of '62 in Charleston, West Virginia.

K: And there was one in Montgomery, in Morgantown, too.

D: Ah ha. And do you remember what that was like? Was the union willing to go along with the study?

K: Oh, yes, of course they were.

D: There was no fight about how the study was going to be designed, or how big it was going to be?

K: No, no, no, no, no, no. They left that all up to me.

D: What about the question of whether the results of the X-rays or the results of the exams as a whole were going to be reported to the patients?

K: No, we didn't get into that.

D: So it was just accepted at the time that you weren't going to report the results to the patient.

K: Al, don't ask me. I don't remember.

D: Okay, all right.

K: I couldn't tell you.

D: Okay

K: I couldn't tell you on that one.

D: What about

K: But I do know that we had a discussion on that in all places, and everybody was happy with the arrangements that we made.

D: Okay. So the union did have some input into it, and they were

K: Oh, yes, definitely.

D: But you wouldn't go so far as to say the union helped design this study. You just feel

K: Yes, we helped design it because of the fact that we insisted instead of there being just a design of the working operators there had to be, the retired workers also had to be included.

D: So that wasn't something that they were gonna do until you made them do it. And what about the protocol? Were they just going to go in and do an X-ray screening or, or what?

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

D: In that room. Now I know what they ended up doing. But was their original plan to just do an X-ray survey, and someone else was going to the pulmonary function and the other things?

K: No, no, no, no, no, no, no. We laid out the whole fuckin' protocol.

D: You did personally?

K: Not we, I don't know if I laid it out, Al.

D: Okay

K: Whether I laid it out, I don't think that I would be that presumptuous.

D: Okay. But who designed this survey?

K: The Public Health Service. So after a lot of discussion we agreed on what was going to be done in this study.

D: And what is your, just give me an assessment of some of these guys. What was Cooper like?

K: An asshole.

D: In what way?

K: Clark Cooper.

D: Yeah



K: He's a friggin' asshole.

D: In what way? Well, how was he that way? Was he tough to work with on a day-to-day basis? Was he a bad scientist? What was it?

K: Al, I don't know except for the fact that the son of bitch is so fuckin management-oriented that it wasn't even fun to work with him.

D: Ah. And how did that manifest itself? Did he want to pick certain sites, certain mines to be in the sample that were more likely to show up a low prevalence? Or was he willing to see things management's way in terms of the types of people who showed up for X-rays? How? I'm just curious as to how this, you know, how this played out, you know. How did he work his evil, if that's what it was?

K: You should ask me at this time?

D: Yeah, well, now you can tell me.

K: Forty years since

D: Now you don't remember. That's okay. That's okay.

K: I don't remember

D: Okay

K: Except that I think he was a fart in a wind storm

D: Okay. It's

K: Clark Cooper, he was just a dreadful character.

D: Okay. What about some of these other characters? There was a guy named Douglas Lee. Any recollections of him?

K: I don't have any recollections.

D: How about a guy, the chief medical officer for that study was a guy named Robert Flynn?

K: I don't remember him, either.

D: No. And the coordinator was Henry Doyle.

K: Henry tried awfully hard to make this come out as a good deal. And he tried to give consideration to, to the miners and yet at the same time give due consideration as far as

the operators were concerned. He was in a difficult position. He was appointed there instead of, it's the first time, doctors usually got that position. So he was in a tough spot.

D: And he was, as it looks here, it looks like he's sort of at the bottom of the totem pole beneath all these other characters -- Cooper, Lee, and Flynn -- at least as far as this project was concerned. Is that correct?

K: More or less, more or less.

D: But he was the coordinator. He was the sort of hands-on day-to-day management of the project.

K: Yeah, I would think as I remember that that's what he was.

D: Were you ever present at any of these sites when they went around and actually did the study?

K: No

D: No. But I assume, were people from the area medical offices actively involved at the time when they would be there to, to maintain some kind of oversight or some kind of consultative role? Or how

K: I don't remember.

D: Don't remember. Okay

K: I don't remember, really. Clark Cooper is such a, such an evasive character.

D: About this study in particular or about other things?

K: Other things

D: Ah ha. But he didn't, I mean, he didn't deep six the study, right? I mean, there is a question in my mind why it is it takes, the study is basically done as I understand it by the end of '64. And it isn't really published except for this little very superficial piece in the trade journal. It isn't really published until '69.

K: That's right. Clark Cooper had nothing to do with that.

D: Right. His name, I don't think his name is on it anywhere. It's Lainhart and a bunch of other people. Is the long delay attributable to just, to turnover within the PHS or they keep slipping

K: Nobody could get their hands on it that. Nobody could figure out what the hell was the long layover. Because you see they had, as I recall, they examined about 21 or 22 hundred working miners and around about 12 or 13 hundred retirees. And we said you can't do one without the other. There just must be active miners and retirees because otherwise you aren't going to get any sense out of these figures. And they finally agreed that that was so. That's the reason why we had that the inclusion of that group, and that's, this is one of the things that was wrong with the silicosis out there with the metal miners, was the fact that they never included anything that had to do with the retirees. So they consequently were never able to draw any good conclusions of the thing. So. Kent Cooper was very evasive. You never could pin him down. He was always trying to get into a position that nobody could pin anything on him.

D: With regard to what?

K: Anything

D: Oh

K: Anything that had to do with facts.

D: So he didn't want his name associated with this finding, this prevalence finding that was going to demonstrate that there was a significant prevalence. He just didn't want to be

K: I don't know about that. I don't know about that. I can't say about that. All I can say is this is one of his characteristics, his personality quirks. Now was far as the characteristic, as far as the study is concerned, I don't think that it had anything particularly to do with the study. Because of the fact that the study, I've always felt that that study was well structured and well conducted. And I, I felt that Lainhart, and incidentally Phil, Phil Enterline was the guy that drew up the protocol on this. And I think that Phil was very careful on how he drew up the protocol on this, and it was very well done. Nobody's ever been able to shot holes in it ever, ever since.

D: Ah ha. Now one of the outcomes of that study is, is the establishment of this pneumoconiosis research facility in Beckley.

K: Yeah

D: Which you already told me was Byrd's, Senator Byrd's



K: Yeah

D: Doing. How, what was your general sense of how that operation functioned? Was it a success? Was it valuable to the

K: Nobody talked about it very much.

D: Ah ha. And Rasmussen is there the whole time, is that right?

K: Rasmussen in order, in order to come on, had to take a commission in the corps to get the job with the unit. He had to get a commission in the corps in order to get this position with the hospital. Because of the fact that they operating on this unit, so that the, when they moved, they made the decision to take the unit to Morgantown. They told Rasmussen that if he didn't go, he would lose his, his Public Health Service, what do you call it, degree or what

D: His rank

K: His rank or something. He would lose his position in the Public Health Service. And he said, "I don't care; I don't want it."

D: Well, why didn't he want to stay around?

K: He didn't want to go to the Public Health Service.

D: Oh, okay

K: He wanted to stay in Beckley.

D: I see

K: He didn't want to go up to Morgantown.

D: Oh, I see. I'm going to try to interview the guy. I don't know whether I'll get down there. I'll catch him at some meeting, but I'm going to ask him. And what was your relationship with what went on at the, at the unit when it was in Beckley, this pneumoconiosis unit? Did you, did they call on you to facilitate getting access to patients, or did you give them ideas, or did, what relationship did you have with those guys, with Rasmussen and those guys?

K: No different than it had ever been before.

D: And what was that, basically?

K: Just the same as it would be with anything else. What are you driving at?

D: Well, I don't know. I'm just asking how it was you guys helped one another in a common aim. You wanted to find out about this disease, and I was wondering what the things you all did for him or he did for you or things that, you know, moved the process forward. You didn't line up clinical material for him or

K: No, of course not, because of the fact that he was able to do that himself.

D: Or go in and fight for more money for his place. You guys didn't have to lobby for those guys.

K: No. He did that for himself.

D: Okay. So they were pretty much going their own way.

K: Just like all of the other hospitals are, Al. I mean, they didn't need this. See this was part of a, part of a hospital arrangement for all eight of the, ten of the hospitals.

D: But as of '64, it's not a union hospital anymore, so

K: No, '64 it still is. Oh, no, you're right. Well, in a way it isn't yet in a sense it is.

D: But formally, the ownership is changed over to the

K: Yes, that's true.

D: The Appalachian Region

K: Yes, that's true.

D: System

K: That's true.

D: All right, so in November of '64 and actually the first day of December there's a conference in Harrisburg on pneumoconiosis.

K: The Governor's Conference.

D: Governor's Conference.

K: Yes.

D: What

K: December.

D: What was your role in, what was your role and the role of the fund in general in helping bring that conference about?

K: Well, I think Al's role, or

D: Les's role

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

D: Lieben's

K: Jan Lieben's role was the important role and, because of the fact that he was responsible for pulling off the conference

D: For

K: The state of Pennsylvania. It was the Governor's Conference, and it was pulled off by state personnel. Now we helped him as far as we could. There's no question about that. And we helped him with personality, with personnel. And for instance he asked me, he said, "Who do you think we ought to have?" And then we went over the list. And then we went over the list, and I said, "One of the people I think you ought to have is to get John, John

D: Rogan

K: Rogan over. Yes, you ought to have him over. And he said, "Why him?" And I said, "Well, after all he's got stature, he's the president, or chairman of the Medical Research Council or not that but of the

D: He was the medical director of the National Coal Board.

K: No, he wasn't

D: It may have been something else in addition that was more prestigious, but that's what he basically was.

K: Are you sure?

D: Rogan. Yeah, Rogan was the medical director of the National Coal Board. But he may have held some other more prestigious titles.



K: All right. Well in any event, in any event it was a good thing to have him over because of the fact that they were having such doctors as John Wright, George Wright and some of the other doctors that were there. And so they invited Rogan to come and speak. And I can remember Rogan, I told you this one. All right so I don't need to tell you again.

D: No, we're going to obliterate it, or

K: You wiped out Wright

D: And this was what you told me last time. This leads them to Lieben losing his job.

K: No, that didn't lead to his losing his job.

D: The workers' comp reform led to it, Lieben losing his job.

K: No, that didn't lead to his job.

D: Well, well, what did cost Lieben his job here? Lieben loses his job.

K: Yeah

D: Why?

K: Because of the fact that he, I have to stop and think a moment. Because of the fact that Jan as the director of industrial hygiene or occupational health and has been responsible for doing all of these X-rays that are now loading up occ, now loading up the workers' compensation awards in all of these cases. And the operators are saying, hey, we've got to get rid of this joker.

D: Okay. So it was the study in the first place not so much the conference or the workers' comp reform in '65 but the study he's in

K: [inaudible]

D: Yeah. Well, all these things added up to his downfall. I ran across some correspondence between you, and it was around this time between you and a fellow named John Wusels, who was the workers

K: Oh, he was the

D: He was the comp guy in District 5. I was just curious in general what was your relationship with these district-

level workers' comp reps? Where they, were your help, did they call on you?

K: They were very good, yes.

D: They called on you for technical assistance at various points?

K: Oh, sure.

D: And how did that generally go? Where you able to give them the ammunition they needed or

K: Sure

D: And what did that mean? Did, would these district of

K: Right about the time that Les left and went to a

D: Tennessee

K: Tennessee

D: I can't, I can't remember when he went somewhere around in there

K: Yeah

D: But would they, how, what would the process be? If one of these guys calls you up and says, "I have a guy here who has a bad cough, and he can't breathe, and he worked in the mines for twenty, thirty years, and we think he has CWP, and they

K: I'd refer him to a good local doctor.

D: Okay. So you, you would send him to a good local doctor. How would you know who a good local doctor was?

K: Well, after all these years of being in touch with the doctors who were doing good work.

D: So you knew who the best referrals would be to get the person worked up, to give them the best possible case.

K: Yes, yes, of course

D: Okay, and so you, so someone like Wusels or his counterpart in another district would call although I assume over time they would themselves over time know who all the good doctors were.

K: Sure

D: But your job in the first place was to find them those good doctors. In the first place?

K: Well, they just knew I'd been around long enough that they thought maybe I could help them out.

D: All right, okay.

K: I wasn't that I was supposed to do it. It was just the fact that they thought that maybe I could help them.

D: Okay. So they'd call you. You'd find them a doc. The doc would do the best workup. Then they'd take the case in, and maybe they'd win and maybe they wouldn't. And that would be the last you'd hear of it.

K: To the best of my knowledge.

D: In December of '65, there's a a conference in Morgantown, no, no

K: December '67

D: Oh, that's right. I'm getting ahead of myself. In December of '65 there's a conference at the University of Maryland put on by a fellow, this is the first time I've seen him, his name in the game here. A fellow by the name of W. Keith Morgan puts on a conference for managers for non-medical personnel, coal managers. And what's interesting about it he, Morgan himself writes up a summary report of the proceedings of the conference that I found a copy of. And he acknowledges that there is such a thing as CWP. He doesn't say, you know, silicosis or forget it. But what he insists upon is, he says that the diagnosis of this disorder depends upon, and I'm quoting here, "characteristic radiological abnormalities." And then he says the X-ray is the only reliable means of diagnosing CWP. Would you say that by 1965 that was a mainstream interpretation -- yes, there was such a thing but, no, you couldn't find it out by any other way than X-rays? Was that the sort of dominant medical idea by the mid-60s. That, that's what

K: No. I don't think that was necessarily so.

D: No. What do you think the dominant interpretation was?

K: I'm not sure of the diagnosis.

D: They couldn't make the diagnosis. Maybe there was such a thing and maybe there wasn't.



K: Well, you're talking about '65.

D: Yeah.

K: Well, it's possible.

D: I'm just trying to figure out. Again it's sort of like shades of grey. Where does the medical profession finally make its peace with the fact that there is such a thing?

K: Oh, they haven't. They haven't yet.

D: You don't think so?

K: No.

D: Even in a

K: Look, look

D: They, what about massive

K: Look, There is no is dia, there is nothing in the law that says that this is CWP. The disease is not defined in the law. Disability is not attributed to the disease. Neither is cancer.

D: So the, but the fact, so in a way Morgan is ahead of his time is what you're telling me. Morgan is willing to say that there is such a thing as CWP in 1965.

K: Well, there is such a thing, but he's saying that the only way you can diagnosis it is with, with X-rays. That's wrong.

D: I know. I'm just trying to locate Morgan in the spectrum of things here.

K: He also goes on to say that if you quit smoking you can

D: Right. We'll get to smoking in a minute, I know. He, that's what I started looking for, was when did they start blaming everything on smoking. And that doesn't, that shows up pretty late in the game. What's your sense of when they start blaming everything on smoking?

K: I think that he blames smoking back in the. See he went from Maryland, he went to the University of West Virginia. And he was he went there on the basis of, I forget who it was that seduced him, the fella who was the dean of the school at West Virginia. And then he didn't work out so well on that. In order to maintain his position, he goes

out and he says that the, that all you need to do is stop smoking and [inaudible] CWP by stopping, by quitting smoking. That's the way to prevent the disease. Now that was in an art, that was a paper that he gave in about 19, what was that? It was a paper he gave up in Ann Arbor.

D: The paper he gave in Ann Arbor. Oh.

K: I forget what the name of the special paper that he was going to give. It was a sort of an honor to give this paper. And, but he'd been maintaining this for quite some period of time. This was true of a lot of doctors and particularly those that were associated with coal mine operators.

D: Ah ha. They latched onto this.

K: Yes.

D: So when you couldn't deny that there was such a thing any more, you could say, well, there is such a thing but if you, but it's only a problem if you smoke.

K: That's right.

D: In '67 there's a conference, there's a conference in West Virginia sponsored by the University and the Public Health Service at which Rogan speaks, Senator Byrd gives the keynote, Bundy is there, and Morgan of course is there. What were your general recollections of that?

K: Jan is there.

D: Ah ha. What are your general recollections of the conference? Was that, were there fist fights in the hallways that I should know about? What got settled there? What happened there?

K: Nothing got settled except for the fact that we all, that Jan and I agreed that there was about 125,000 people

D: So this is your debut of your prevalence estimate?

K: Yeah, rough estimate.

D: I see. So this is just to make that, just to hammer that into the ground, this is the first time you get up in public and say there are 125,000.

K: We think, we think

D: Okay. And you made that statement

K: So did Jan.

D: Okay. And what happens? What's the immediate response? Do people

K: They tried to lynch us.

D: What do you mean, lynch you? That's not very scholarly.

K: Just what I said. Lynch.

D: What does that mean? Do they jump up on the floor at the end of your presentation and yell at you?

K: Yes, practically

D: Really?

K: Practically.

D: And how did that turn out?

K: Well, we let them cry and do what they wanted to.

D: Did you carry the day? I mean, what was your basis for that estimate?

K: Oh, our, the basis was the fact that we had, we had. How would you like to put some more ice in there for me?

D: Shall we stop for a second here, or do you just want to keep talking? You talk, and I'll get ice. How's that?

K: What we had done was, this wasn't just a top of the, top of our head business. We had contacted, we went through all sorts of records. You can't do it that way.

D: I can

K: We went through all sorts of records -- death records, comp records -- and found out that when you went through it that way. No water, just a little

D: Gotcha

K: No water, just a little booze. We found out that when you went through it on the basis of compensation for death that you came out with a, just a tad more. That's all right. That the best that we could get, and we tried everything. I tell you this wasn't just, I don't know how



to say it. This wasn't a sleaze-ball operation, not this 125,000.

D: This, you didn't grab this one out of the thin air?

K: No.

D: So you

K: Jan and I went, we went through all the records all the things that we could possibly find. We went through anything that would give us anything to stand on, and we finally agreed that the best figure that we could get and support was 125,000.

D: Well, it's interesting. See, I have here the article that I assume was based directly on your paper there.

K: Which one was that?

D: It's called Coal Workers and Pneumoconiosis, published in the Archives of Environmental Health in '68.

K: '68.

D: I mean, you could see it's submitted to the journal immediately after the conference. The conference is in May of '67. I'll put this on top of my

K: Yep. Okay

D: The conference is in May of '67, and you turn this in to the journal in June. So I'm assuming this is, this is the exact, the exact title that you use for your presentation down there so I'm assuming that this is a

K: [inaudible] to confirm earlier estimates were working or have worked in anthracite or bituminous are affected with some stage of coal workers' pneumoconiosis. Under that was as far as men that are still alive. Well, that's prevalence. Prevalence

D: Yeah.

K: So

D: So that was your estimate, 100,000 at least.

K: 125,000. We thought

D: And

K: We felt that we were safe with 125,000

D: Here it says 100, but later it gets to be. And what is interesting is where you make that claim then the sources, then I looked at the sources you cite for that. And they are Lieben's, you know, studies in Pennsylvania, this one little thing that was published in the Mining Congress Journal which was the only report at that time of the federal study, and then you cite Rogan at the conference, and the last thing you cite then is Hyatt, Kistin and Mann.

K: Um huh

D: So what it makes it sound like you, you took the preval, the epidemiological data such as it was, and you also cite Cochrane on the prevalence of CWP in Britain.

K: Yes

D: So you used.

K: Whatever we could get our hands on

D: What you had from this country and what you knew about Britain, and you put it together, and you came up with 100,000.

K: No

D: 125?

K: Well, and in addition to that we, off the record, why, Jan and I also looked at some other things. We also brought, who was the woman who was with the industrial hygiene division that did statistics.

D: Trasko?

K: Trasko

D: Victoria Trasko.

K: Vickie Trasko, Vickie looked up some figures for us.

D: Was she good?

K: Yes. She's a good statistician.

D: And what did she do? Look at vital statistics, excesses of death, from respiratory, respiratory disease.

K: She finally looked at all these sources, things we were wondering about. And she said, "Oh," she said, "I think your figure's safe." 125,000

D: And she gave you that before you went down and gave this paper in 1967?

K: Yeah

D: And you and Lieben were huddled together on this in terms of

K: I do remember that that morning I said to Jan, I said, "How many are you gonna get up there with, because we're going to have to come up with a pr, we're going to have to come up with some sort of a figure in this meeting?" He said, "What are you going to use?" And I said, "Well, it depends a lot on the, I think the two of us should be saying the same thing." And he said, "I agree." I said, "Well, let's make it 125,000." He said, "Agreed, if we'll stick on it." I said, "Fine, I'm going." So we both used 125,000.

D: Why didn't it say 125,000 in this article then?

K: Because it was published before we wrote, before we gave the paper or after we gave the paper.

D: Afterwards. So after you backed off a little bit. You, you're becoming more conservative as you got older?

K: Well, not necessarily, not necessarily.

D: Well, honestly, it doesn't say how many thousand; it says over 100,000.

K: Yeah

D: Okay

K: Fine

D: So

K: We were protecting our ass a little bit. You'll have to agree

D: You're such a cautious guy. I, I that's what I admire about you.

K: Well, you'll have to admit that we were taking a big chance.



D: Of course, you were. You're only, I mean where's the program? There were all these people there. I just, if you can dredge up any details of what that was like. I mean, were there pretty fiery exchanges? Did people get up? Were they indignant?

K: Oh, God, yes.

D: They just said, did they just, did they just try to dismiss, dismiss it off the table or

K: They said, Lorin, you and Jan are nuts.

D: Who said you were nuts?

K: The fellas, George Wright and all the rest of them.

D: So who led the lynch mob? Wright?

K: Oh, Wright, of course.

D: And

K: This guy Anderson down there in Louisville, what a screwball he is.

D: What was his problem?

K: Anderson's a company man.

D: All right

K: And Anna Boetcher is the same way.

D: Well, but didn't you, there was nothing good about these any of these company people? They never could see straight? They never, you couldn't agree with them on anything, that the sun rises in the East, nothing that you could find for common ground?

K: Merle Bundy.

D: We know about him. So they didn't at that point when you made, when you came out, did this partly catch them by surprise. They didn't have an alternative number to offer up at time.

K: Oh, no, of course not

D: They didn't say, Oh, no, we've done our own calculations and it's really 150 guys.

K: That's right.

D: They didn't have anything. They were caught flatfooted in a sense.

K: Gee, I remember that meeting

D: Well, tell me all about it. It was at Morgantown at the University

K: [inaudible] They had John Rogan give a big talk.

D: And what do you remember, how do you remember anything about that? When you're in Morgantown in '67 at this conference, and you get into this fight about prevalence, does Rogan defend, does he get involved in this debate? Does he defend your number? Does he say, oh, that seems like a reasonable estimate? Or what does he do?

K: Look, I don't remember.

D: Don't remember

K: Besides I don't remember precise things that went on.

D: A minute ago you said you remembered the conversation. I just couldn't resist.

K: Look, I remember the conference, yes. I didn't remember all these guys being in attendance. But I think it's fantastic. But I do remember that George Wright took tremendous exception to what we presented. And of course I'm sure that William Keith C. Morgan did, too. He was then over in Baltimore, but he came over to Morgan, over to Philadel, over to Morgantown. He was at Baltimore, but he came over to Morgantown later on.

D: Now at that time was Lieben still at the Health Department?  
I can't remember.

K: His name, I'm surprised, I don't think he was. He name isn't on there. I'm surprised.

D: He's not over here on the list of participants, other page. But you're certain he was there?

K: I would have sworn that he was there.

D: That's strange.

K: I would have sworn that he was there.

D: And what was, do you remember anything about Byrd's involvement? This must have been quite an event for Byrd to have someone get up and tell him that there were 100,000 coal miners with this disease in this country. Did you remember anything, did he have any particular reaction?

K: No. It would be nice if I did.

D: Sure

K: Why can't you get a tape on that?

D: I don't know. Do you think there is one anywhere?

K: Why not?

D: I don't know. I'll find out. Maybe they have a tape sitting around in Morgantown they forgot to get rid of. I'll go find out.

K: Why not?

D: Why not? That's my job. So

K: I'm surprised that Jan's name isn't there because I would have sworn that he was there because I remember definitely talking over with him. We were fighting on the 125,000 figure.

D: Now in around that same time Enterline publishes a piece in the American Journal of Public Health called, "The Relationship between Coal Mining and Chronic Nonspecific Respiratory Disease." And he uses some of the Beckley-based research done in a couple other places in West Virginia, a place called Mullens and another place called Richwood. Is part of what's going on, he's not talking, this is not about the relationship between coal mining and coal workers' pneumoconiosis. He says chronic nonspecific respiratory disease. Is this now starting, is his conception of the disease starting to broaden beyond the pneumoconiosis with the macule and all of that, opening it up to, looking at the elevated rates of emphysema, and bronchitis?

K: That's chronic nonspecific what?

D: Chronic nonspecific respiratory disease. It seems like he's trying to open up an umbrella to cover some broader things, the kinds of things that get covered by a broad umbrella, like the term black lung.

K: That's too early [inaudible]



D: Well, it's not that early. It's '67, and we start to hear the term black lung in '68. Right?

K: I have no idea.

D: But that's my point. It seems like you're heading in that direction, you're broadening out from just CWP to starting to look at some of the other ailments that are associated with long-time exposure to dust.

K: Al, bless me.

D: You don't remember.

K: I don't remember.

D: But you generally thought Enterline was open

K: Well, I had a lot of respect for Phil. He's a solid investigator, a good epidemiologist. In fact we had as I remember we had three different studies developed in the '50s, and finally got cut loose on the one we finally developed, is the one in '63, the study that finally got put forward.

D: That did reflect your work and Enterline's

K: Oh yes, sure.

D: All right, so now we're up to '68. And in February of '68 the New Republic publishes a piece by Ralph Nader, where Nader attacks the Public Health Service, says that they did this prevalence study four of five years ago, now haven't done anything since. He attacks the operators. And he attacks the union. He says the union is preoccupied with competing energy sources and worried about oil and nuclear power and all this other stuff. And he calls for a Congressional investigation. You write to him and offer to discuss some of his mistakes he obviously could not understand respiratory disease. Does he ever write back to you or call you?

K: No.

D: So you never develop any sort of relationship?

K: No, no.

D: And what was your response when you saw this article by this guy Nader?

K: I'll be goddamned if I know.

D: You weren't in part glad that there was somebody calling attention to this in the public and trying to raise a stink about getting the Congress to investigate the problem? You don't remember your reaction?

K: I don't, I really don't recall.

D: So the next month Nader writes to Stewart Udall, and he wants the Bureau of Mines to get [inaudible]. And he challenges Udall to go visit some mines, go visit some hospitals. And he also again keeps attacking union because the union leadership has enduring indifference. Do you remember like how this, obviously this was not greeted with hosannas by Tony Boyle, right? I mean he couldn't have liked Ralph Nader very much.

K: I don't think so, no.

D: No. So, my question at this point, what strikes me when I read the response to this stuff is it seems like the union is trying to figure out, what are we supposed to do, Ralph Nader's calling us all these names. It seems like the people who from the records I've seen are trying to manage their response to what are we going to do now that Ralph Nader's on our case, seems to be this fellow Brennan, Joe Brennan.

K: Yeah

D: And a guy named Evans.

K: Yeah

D: And they don't seem, you're involved in it, but my sense is that you and the fund are at kind of one remove from this. Is that true in terms of when they're attacking the union leadership or when Nader is? It's Brennan and Evans who try to figure out how to deal with it? Did they, how often did they rely upon you? Did they [inaudible]. They didn't come to you like that?

K: No, no.

D: They stayed, they handled this for the most part.

K: That's right.

D: Although what I did find was when Boyle has to draft a response to these charges, Roche sends over, you know, a recounting of all the things the union has done and the fund

has done about black lung, but that was in fact drafted by who? Do you have any recollections of that? This is March of '68.

K: No.

D: But the other thing that happens is kind of curious to me. All right, let's do Nader for another minute here. Do you have any recollection of, you guys meet with Nader. Actually, I don't know who set up the meeting; it might have been Brennan. There was a meeting on April 13 of '68. Neil, a guy named Neil Goodman. Who's Neil Goodman? Do you invite him? Neil Goodman, Rex Lauck, and Brennan meet with Nader. Do you remember what that was like? Did Nader, did he even listen when you guys would talk to him, I mean what was

K: I don't know. I don't remember a damn thing about it.

D: Okay. Here's something again along these lines, that it seems like Brennan, the research director, and Evans are closest to Boyle on [inaudible]. In March, early March of '68 Brennan proposes to Boyle a very, what sounds like a very ambitious union program on black lung, that there should be a union committee set up to be in control of black lung, that there should be some kind of joint committee at the industry level between operators and the union dealing with black lung, that they should reinvigorate their efforts at workers' comp reform. They should get more publicity going. And he says you ought to give a speech at the convention on black lung.

K: When was this?

D: This is in, this is in March, March the 7th of 1968. This guy Brennan writes to Boyle and proposes all this, a whole list of things that he thinks the union ought to be doing.

K: I'll be goddamned.

D: You didn't know that. That this was Brennan's idea. What was your sense of Brennan? What was he like?

K: Well, his position was, I forget what the hell his position was.

D: Well, he was a research and marketing guy.

K: Yes, yes. Definitely. He and I had very good working relationships.



D: You mean he was a good trade unionist? What was your sense of him?

K: Yes, I would say so.

D: And what was his background? He was an economist or?

K: Father, his father was president of District 9.

D: Oh, sure, Martin Brennan.

K: Martin Brennan

D: His father didn't have black lung, did he?

K: No. So he, I had gotten to know him fairly well. He talked with me over this period of time about black lung and wanted to know what I knew about it. And I said, "Well, it's not a disease, you know. It's black lung. It's coal workers' pneumoconiosis and all of that, so forth and so on." And I talked with him a long time about the fund's medical care program, and he felt that that was a pretty good program. But then when we started talking about black lung, that was something else. I'm surprised. I didn't realize that my name had come up that early, in March of '68. Because I do know that what happened was that in, what happened was along in summer of '68 Dr. Draper had a letter, a memo from Miss Roche, saying that Mr. Boyle had asked her who she would give permission for, here I'll put it over here like this, if she would give permission for me to address the convention in San Fran, Denver that year. And so she sent this memo, or he sent this memo to Miss Roche. And Miss Roche sent it to Dr. Draper and said, "What do you think?" He said, "Well, let's find out." So he sent it to me. He said, "What do you think?" Well, of course I was flattered to have somebody want to have pneumoconiosis presented as the main topic at the annual convention, you know, at the convention. I thought, holy shit, this is the first time anybody's ever questioned, requested having a doctor address the convention, and certainly on the dust diseases. Will I accept? You're goddamn right I will. So I told Miss Roche, or Dr. Draper, I said, "You tell Miss Roche, that short of battle, murder and sudden death, I will be very happy to write that paper if that's agreeable with her." So she transmitted the information to Dr. Draper, and so I wrote the letter, the article that appeared, it was given at the annual convention.

D: Now, before we actually get to that what struck me, Brennan writes to Boyle with this whole proposal for this ambitious program, a union committee on control, the workers' comp reform, publicity in the journal, and this

speech. It takes Boyle more than two months to respond to it. Boyle, I mean, Boyle writes back to him on May 13, and his response is very perfunctory. It just said, your suggestions are well taken. He doesn't do anything about it. He doesn't say, full speed ahead, use whatever resources you need. I mean, it really seems like Boyle just wasn't up to embracing this problem. Is that fair?

K: Yeah.

D: And why was that? Was he just someone who, was it specifically black lung or was it, was he just a guy who was in over his head trying to run an international union and.

K: He was a man that was trying to run the union the way that Mr. Lewis had run the union. Mr. Boyle had been the district president in Minnesota.

D: Montana

K: Montana

D: Actually, now it's the same.

K: No, no, in Montana. And then Mr. Lewis brought him into town, and Boyle saw what was going on. And he tried to run the union the way that he saw Mr. Lewis run the union. And when Lewis died and finally his, Lewis's, well, Lewis had retired by that time and there'd been what was the name of the fella that was the

D: Kennedy was in for a couple years.

K: Kennedy was in for a couple years, and then Boyle was in. And then he became President. So he found things being a little bit overwhelming. He would take home, Al, a briefcase full of letters to be signed. And he would go out the back door of the union, so as he didn't have to face anybody coming in the front door. That way he got rid of all the newspaper boys and everything else. And so he had a hell of a time with it as far as Mr. Lewis's [inaudible] was concerned.

D: Well, nobody was going to sort of fill those shoes.

K: No, and he didn't know how to do it. He didn't, just didn't know how to do it. So not only that but he couldn't do it. He just couldn't do it.

D: But I never came across any evidence that Lewis was particularly interested in black lung? Do you have anything that you picked up directly or indirectly to suggest that he



was? I mean, I read all, I've been through the convention proceedings for fifty years, and he makes only the most minimal passing references to it. He used it in '46 to justify the establishment of the fund, but he doesn't make any special, he doesn't show any special awareness of the problem, or the nuances or any. He just kind of, you know, trots it out like he would use any other piece of ammunition. Did you ever get any sense that Lewis, did he have any relatives who ever had CWP, or anything like that?

K: I don't know if he did or not.

D: I mean a person who seems to have had, before we read that, I mean, did you ever have any sense that Lewis embraced this issue in any way, personally?

K: No

D: The one, what's interesting is that the guy who does seem to care about the issue, although by the time he's president, he's half, he's got one foot in the grave, is Kennedy. I mean, Kennedy introduced a proposal for workers' comp coverage of what was then called miners' asthma in 1915, 1915. And he carried that, he ran it in '15, '16. You just go through those old anthracite convention proceedings, he was going around to the other districts beating the drum for it, compensation for miners asthma. And he's active in that, you know, he's active in that Governor's Commission in Pennsylvania in the early '30s.

K: Yeah.

D: And then he helps set up the first public health survey in there in '33-34. But by the time he gets in as president in '60, he, you didn't, did you get any sense that was he was a particular advocate for the issue by the time he was running the union?

K: No, I don't think so.

D: So you never had any, nothing came your way from Kennedy that was any kind of encouragement?

K: No, oh, no, not from Kennedy, nothing at all. In fact I had to laugh, Jim Mark called me up one day. This was while Mr. Lewis was still alive. And he said, "Will you write me up a short description of the disease of CWP, one page."

D: When do you think? What year do you think this was?

K: You shouldn't do this to me.



D: Well, I'm trying to put something

K: You shouldn't do this to me.

D: I know I'm a bad guy.

K: I know you are. You're a son of a bitch. It's difficult to work with you.

D: I understand that.

K: I would say that it was, I don't know when it was.

D: In the '50s some time?

K: Somewhere along or through there, the 50s. Yes, I think that's a good time. He said, "Give me one page, two short paragraphs, double spaced description of coal workers' pneumoconiosis." I said, "Fine." I said, "What are you going to do with it." He said, "It's none of your business. I'll take care of that." I said, "Okay." So I gave him a very short description of CWP, two paragraphs, got it over to him. I said, "When do you need this?" He said, "I need to have it tomorrow if possible." I said, "All right." So I put together what I thought was all right, and I saw to it that Jim got this. Described it as best I could. A day or so later, Dr. Draper came into Henry's office, where Harold and I were talking about something, I've forgotten what it was. Dr. Draper came into our, his office, Henry's office, and he said, "I have a piece of paper here, and I was wondering if either one of you, or any one of you had seen this." And he pulled out of his pocket this description of CWP which I had sent to Jim. He said, "I didn't think that either any of you had done anything of this. And I would hope that that was so. Because Miss Roche asked me to find out who was involved with this. I told her that I didn't think that there was anybody on our floor that would do anything like this."

D: What?

K: Hush up. "That would do anything like this." She said, "Thank you, I'm glad to know that." And that was the end of the discussion. He said, "I hope that there will be no further discussion of the matter, whoever may be involved in this. Thank you." He turned around and marched down to his own office.

D: And.

K: And what.

D: Well, I thought this was going to lead back to Lewis.

K: It does.

D: So I'm embarrassed for some of the things I don't understand.

K: Pardon

D: I don't understand. What happened? Mark got a description of CWP for Lewis because of the fact that Mr. Lewis wanted to know what the hell this CWP was all about.

D: Okay. He didn't know.

K: So he didn't know about it. So he sent it over to Miss Roche, he was all confused and annoyed. So he sent it over to Miss Roche to find out what the fuck was going on. Miss Roche didn't know anything about it. So she sent it up to Dr. Draper to find out what the hell was going on.

D: None of them knew.

K: Nobody knew.

D: Why was Draper so unhappy about this?

K: Because of the fact that we were not supposed to be involved in clandestine operations with the union.

D: Oh, is that all supposed to be at a distance? Okay. So you couldn't respond to routine requests for information from a legislative rep, like Jim Mark? Jim Mark calls up and asks you how much malaria there is in the United States. You can't say, oh, there's a million cases a year. You couldn't answer a routine request from the union for medical information? Well, obviously, this is a different kind of problem than malaria. Bosses don't, well, they do cause malaria in a way. Okay, so that was, you don't remember when that was, some time in the '50s?

K: That was in the early-mid 50s.

D: Oh, somewhere in the mid. '53, '54, '55, that's

K: Someplace in there

D: In that neck of the woods.

K: Someplace in there.

D: But that's, if, so if that's what Lewis knew

K: You see, I think that Mr. Lewis knew, because of the fact that he knew that mechanization was creating a whole fuckin' lot of dust and that it was creating a whole fuckin' lot of problems as far as the miners were concerned. And he wished to God that he didn't know anything at all about it because of the fact that he was going to have to make up, what he didn't know about in the way of claims as far as the miners were concerned. See what I mean?

D: Yeah. He wanted the royalties from the increased production from the mechanization.

K: Huh.

D: He wanted the mechanization because he wanted the royalties that went into the fund. They were based on production. And production increased with the mechanization.

K: Yes

D: So he was locked, he was tied into that program on mechanization.

K: That's right.

D: And at some level, he got the money from the fund in a sense because he agreed to go along with that. That was the quid pro quo. You give us the fund, and you pay royalties based on that productivity into the fund. And we're not going to stand in the way of continuous mining. That was the deal.

K: Right.

D: But Lewis had some sense that the dust was going to give them more disease, but he didn't have precise sense of that, did he? I mean.

K: No, but he just didn't have to be a dummy about it. He knew goddamn well.

D: He could have put energy into prevention.

K: He knew goddamn well that with mechanization they were going to have more dust.

D: So they could have fought for prevention. They could have fought for wet mining and water sprays or ventilation or things that would have kept the dust down.



K: Or something.

D: Something. Instead of saying we'll let you mechanize any old way you want to, but give us 30 cents out of the ton. And we'll clean up some of the mess that you're going to make with that.

K: Or something like that.

D: Something like that. Well, that's Lewis, and like I said I've looked high and low for evidence that he was secretly devoted to this issue. But I can't find any.

K: I don't see any at all.

D: Okay, I believe you. And Boyle, like you said, Boyle just was in over his head.

K: Oh, yes, yes, yes, yes.

D: And he wasn't going to mess with this because it was a complicated medical problem, and he had enough other problems that he couldn't understand.

K: That's right.

D: Okay. All right, so now it's September 12 of 1968 and you were going to give this speech. What was that like, at the convention?

K: Oh, wretched.

D: How long did you work on that speech?

K: Well, how long did I work on it? Dr. Draper said, "Go on home, write your speech. And then when you think you've got it written enough, why, come on back, and we'll go over it because we want it to be good." I must say that that was one thing that Draper was good at. So I went home, and I worked on it. I came back, and then we staffed it. We staffed the paper, that's what we called it, staffing the paper.

D: What was that mean? It went around the staff?

K: Staffing a paper means that you take the paper after you've gotten through writing it, you make enough copies for everybody on the staff, everybody has enough copies. And then they read the copies, and then you get together, and you iron out what the hell's wrong with the paper. And then you go back, and you rewrite it. And you rewrite it again.

D: So that consumed what -- weeks, months?

K: No, not weeks, not months. I think that consumed maybe a couple of weeks, consumed a couple of weeks, and then we gave the paper. I was very proud of the fact that this was the very first time that they had ever asked a doctor to address a convention. And that this was the very first time that they'd ever asked a doctor to talk with them about a dust diseases. So I was goddamned sure that this was going to be a good speech. I was insistent that this had to be first-rate.

D: And what kind of response did you get? Did you get a lot of delegates coming up afterwards saying thank you or something?

K: It was twenty-five minutes long, extreme silence throughout the whole thing. I got a standing ovation after it was over. And Miss Roche was there, and afterwards she said, "Dr. Kerr, this was a fantastically good paper." I said, "Thank you. I appreciate that." So

D: Sounds good to me. And then they basically reprinted in the journal

K: Well, we reprinted the article on the like, the article was reprinted on a form like this, and then we went into another form that was much larger. And I got it printed [inaudible] when it was submitted for publication. I think that was the article that was printed. Where the hell was that published? I've forgotten where the hell it was published.

D: So, also along about this time there is a conference in Virginia, September '68, the first Virginia symposium on CWP, Clinchbury College. Wise

K: Oh, yes, Dr. Koplin was responsible for setting that one up. That one was concerned with trying to establish some sort of precedent for the amount of CWP in Virginia. And we had, I've forgotten the name of the doctor that was there to say who was responsible for this.

D: Oh, Wells was there, you were there.

K: Sonny Wells was there. That was when I got so fuckin' mad at him, I could have cut his balls off.

D: What did he do?

K: Well, he was the kind of physician that would take, or kind of a person who take a position, why didn't you do thus

and so. And I said, "Look, I didn't do that because of the fact that you couldn't take that kind of a position with him or with that." It had to be done differently. And he said, "What do you mean by that?" And I said, "Well, we had a person here who had, we had here a conference in which we were trying to get doctors to understand what the disease was." And I got madder than hell at Sonny Wells.

D: He was quibbling about the prevalence, or quibbling about research or

K: Well, he was, I questioned him when he got, I got mad at him because of the fact that he I've forgotten exactly what it was that he did, but I can't remember. The point was that he was, he wasn't remembering the fact that here you've got people that are remembering things out of context, out of what is it that I want to say. I said, "Why do you want to say this because of the fact that here you've got, all you've got is a good headline out of this?" And he said, "Well, but I got a good headline out of it." I said, "Yes, but, Sonny, that's not the truth."

D: What was it that he was saying? I don't understand.

K: He was commenting upon the fact that he'd gotten notice through a good headline.

D: About what? About compensating the disease or about, what was his issue? What was this headline about? Do you remember?

K: I wish I could answer your question, Al.

D: But so Wells is there.

K: He's there, and he's trying to get recognition for himself. And he does it by saying that he thinks thus and so. And I said, "Look, your saying thus and so is wrong because that isn't the way it happened." And I said, "You're just doing this because of the fact that you want headlines."

D: This is about the nature of the disease. He's arguing about what is and

K: Well, I don't remember whether it was the nature of the disease, or whether it was the nature of what. But nevertheless, it was about the question of whether you should do things that way.

D: So.



K: I didn't think that it was the way he should be doing things.

D: Now. In a January of 1969, the Black Lung Association is formed. When did you get, did you have any relationship with the people who were in the Black Lung Association in '69, January in the early days there? Did they contact you for help, or turn to the union for

K: No.

D: No?

K: No.

D: And how did you learn about their activities?

K: It was very easy. All you had to do was watch the newspapers.

D: In January, the end of January '69, the black lung group has a big rally in Charleston, South Carolina, Charleston, West Virginia, like, I think it's on a Sunday; it's the 26th of January '69. And immediately in response to that Brennan and is this, I've forgotten her name, Boyle's assistant, Sue Richards.

K: Oh, she was Boyle's assistant.

D: Assistant. Put together a proposal, that's really quite, they propose, they suggest, they have this suggested proposal to promote legislation and generate publicity on black lung. And they say that they should send out a letter to all the locals in the UMW, setting out what the union's done on the issue. They want to call a national union conference on dust diseases, in Washington, to be attended by all the district officers and selected rank-and-file representatives. They want to have you and other people brief these delegates on what's going on with the issue. And then they say the delegates will then be dispatched in well organized teams to visit Capitol Hill. And it says here "like a swarm of locusts, to lobby our bills through Congress." And they want to talk about this whole elaborate program of setting up a rank-and-file dust-control committee. Did any of this happen? They didn't hold the national conference on dust diseases in Washington, did they?

K: No

D: Wouldn't that have been a good idea?

K: Yeah. That would have been a good idea.

D: Bring in about a thousand miners and tell them this stuff and then send them up to Capitol Hill and chase around some congressmen and senators.

K: Yeah.

D: Why didn't they do that? Boyle was afraid of this, wasn't he?

K: Sure, he was.

D: He was scared to death that these people, that this was going to get out of hand?

K: That's right.

D: And it was already out of hand. Did you know about this proposal, I thought

K: No, I didn't know it.

D: This is along the same lines, see this done by Brennan and Richards. This is along the same lines as that proposal that Brennan made the previous year that gets shelved. And he digs it up and refines, changes it a little bit. And I don't know this guy, I haven't seen Brennan as a factor in this. But he seems to have a couple pretty good ideas in all of this. I don't know. Did you have any role in developing this proposal at the

K: No, I did not.

D: They didn't consult with you. They didn't say, well, Lorin, we're over here working on this thing, what do you think about five hundred

K: No, no, no

D: Telling what CWP is and

K: No, no, no

D: And sending them all to Capitol Hill.

K: No, no, no.

D: Okay, so that's the end of January '69. Then February 10, Ralph Nader writes an article in the Nation where he, he seems to have, remember you had a meeting with him in April of '68, after he's had that first article in the New

Republic. You guys did meet with him. Now, here it's interesting, because he seems to, like, I don't know, maybe you don't like him, but he likes you. He quotes you very approvingly. Do you remember this? In that article in the Nation?

K: I don't remember

D: First he calls you an authority on CWP, and then he quotes you about company doctors denying the existence of this. And I mean, I don't know whether it's from an article of yours or where he got it. But he has a quote, and it's from you. You don't remember that? Gee, they must have censored this stuff and kept it away from you because first he calls you an authority, but you're the only one he has anything good to say about. That's what's interesting about him. Because and then he goes off and says, but by and large and I'm quoting here, by and large union leaders have been far too pliable, when confronted by management's indifference. Is that a fair statement?

K: More or less

D: I mean, the union was not exactly pounding holes in the bargaining table, saying goddamn it, we're not signing any contracts until we get some dust controls down in those mines. I mean, before you give that speech, I mean, it's certainly stunning that they let you give speech in '68. But I went through the convention proceedings I thought with a fine tooth comb. There isn't a word about CWP in this, in the 1960 or the 1964 proceedings. You know there's no question that

K: No, no, that's right.

D: There's no question that the prevalence was going up, that continuous mining is taking its toll.

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

D: They've got an epidemic on their hands. It doesn't show up on September 12 of 1968.

K: Alan, please, don't do that to me.

D: All right. I've got to ask you some of this stuff, that's all. So he then characterizes the worker, I kind of like his writing here. He says, he calls the workers' compensation system "creaking with obsolescence." Don't you think that's a pretty good characterization?

K: Yes, I do.



D: Then, he, I just wonder where these numbers come from. He then says, "Black Lung affects at least 150,000 miners, active and retired miners." Where do you suppose he got that?

K: Who says that?

D: Nader. February 10th, 1969. Where do you think he got 150,000?

K: Out of our stuff.

D: From you?

K: Sure.

D: So he took the information you gave him in that meeting in '68 and other things that were around?

K: Yeah.

D: Were people regularly sending him information to try to keep him on a factual basis [inaudible]

K: I don't know.

D: You don't know. But you never had liaison with him or any relationship?

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

D: All right. Then the black lung strike breaks out, the big strike. And in the midst of that or near the end of it, actually, the union produced a pamphlet, which was a reprint of your speech plus a bibliography on CWP. In March they did that long version of the pamphlet. Did you have much to do with designing that? Or did somebody else say, "Well, we'll take the first pamphlet and we'll take this bibliography."

K: No, no, no. The guy who was the editor of the journal wrote that up for me. He published it that way.

D: And that was Lauck.

K: Justin McCarthy.

D: And so, you didn't have much involvement in that. It was just a reprint of it. And what I wonder is that they send several hundred copies of that out to West Virginia. They try to bombard the legislature and other people

[inaudible]. Did you have any role in saying, why don't you send those here? Or how to distribute it or anything? So that was all in the hands of the media. They just picked up your stuff and kind of ran with it?

K: Yeah

D: Then, early March of '69, right in the heat of the battle here, up popped a bunch of West Virginia law students, led by a guy named Davitt McAteer, who want to go out and study the West Virginia mining Law and its enforcement, I guess lack thereof. Did you have any involvement in them in their proposal or in their project? Or in the union deciding to help them out. Did you have any relationship with him in those days?

K: No.

D: No. You had no relationship with McAteer in the, circa '69.

K: No, no, no.

D: You had later dealings with him.

K: Yes

D: How did you get along with McAteer?

K: He's all right. He's doing a pretty good job.

D: And he's competent and

K: Yeah, I think so.

D: Oh, damn. I missed, I'll have to double back. I have to double back. I have to double back. And I got a little bit. Let me double back here. I want to ask you about, in October of '68, there was a big symposium or, I think it was a big symposium in Pittsburgh sponsored by the American College of Chest Physicians. And Rogan is going to go speak at the conference, and you arrange for him, to stop in Washington on his way to or from I don't remember which. Is that of any consequence? Is that a big strategy session about anything at all?

K: Couldn't tell you.

D: Couldn't tell you. Just a guy passing through town. Also in November of '68, early November of '68, there's a meeting in your office to discuss among other things the visit that some of the American officials had had to England

recently. Some people from the Public Health Service and, I don't know who exactly had gone to Britain. But the people who were in the meeting are Murray Brown, is it Marcus Key?

K: Mark Key.

D: Okay. Your friend Morgan.

K: Oh, yes.

D: Henry Doyle and Earl Shoup.

K: Yeah.

D: And the union people who were there are you, Evans, Brennan and someone named Bob Howell. Who was Bob Howell? Somebody for the Safety Division?

K: Yes.

D: Okay. Do you remember anything about that meeting? They apparently wanted to tell you about their recent trip to England. They must have been going through on their way home.

K: I'm not sure. I don't remember.

D: Well, what seems to be under way at this time is trying to get a dust standard. Whether they've already focused on three milligrams at this point I don't know. But it's interesting that in November, early November of '68, there's a meeting with these public health people and the HEW people and a month later HEW announces that they're proposing a dust standard. I just thought you all in that meeting had some role in helping shape, I don't know, help them pick a number. Because this is the time that HEW comes up with their three milligrams per cubic meter. And I just wondered if you guys had helped give them that number or some other nice round number?

K: Can't remember.

D: Can't remember. The other thing I thought was of interest in December of '68, is that Boyle, get this, tells Evans, who was involved in drafting a dust bill, the union [inaudible] dust bill, a dust control bill, that he wants to talk about a ban on continuous mining machinery. Did you ever hear that?

K: No.



D: I don't think it went anywhere. But I think it's interesting that Boyle wanted a ban on continuous mining equipment. Nobody ever, did you ever hear that proposal floating around in other circles at other times?

K: No.

D: You never proposed that they get rid of continuous mining and

K: No.

D: So, shortly thereafter then Evans sends up to Boyle a draft of a bill that includes this three milligrams per cubic meter limit on dust. That was a consensus then? That by the beginning of '69 the consensus was, by the government and by the union, three milligrams?

K: We were only out for two.

D: You wanted two.

K: Yes

D: That's you and the fund.

K: Yes.

D: So the union is ready to go for three, but you guys still think two is where it ought to be.

K: That's right. We were hoping, and incidentally, recent developments are showing that we were right, that it should have been one.

D: Should have been one.

K: Yes.

D: So, but they don't hear you. They're going ahead on three.

K: That's right.

D: And did anybody send up, was there a meeting, or a memo or an argument or anything, because I know you got [inaudible], you got to be shooting for the two?

K: Not that I know of.

D: So you would have raised this with whom? You didn't go

in and talk to Boyle? Who'd you raise this with Evans or someone?

K: Oh, I wouldn't have talked with Evans. He wouldn't have known what I was talking about.

D: That's another question I have. I mean, it's striking the extent to which Evans is running all of this stuff, at least within the union, I mean. How would you characterize Evans' capability?

K: Well, within the union Evans was a fairly strong person. But as far as, as far as the medical stuff was concerned, Evans had a lot to be desired.

D: And what was his background? Was he a safety engineer, or what was he?

K: No, no. I don't know what his background was.

D: Somebody who just found himself in that job.

K: Yes.

D: And was he interested in CWP?

K: I don't know if he was interested in CWP or not.

D: All right. But you didn't find him any great progressive ally on this issue?

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

D: Was he, did he see this as sort of cutting into his turf, that what he felt was important was rocks falling and any other

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

D: What was his problem with the issue?

K: I don't know that he felt there was any issue.

D: He just didn't think it was important.

K: Yeah.

D: Was he smart enough to understand the literature on the prevalence and on the severity of the disease?

K: He was very supportive of what I was trying to do.

D: So now we've got some Congressional hearings, in March of '69.

K: Okay.

D: On March 12 of 1969 at the Senate subcommittee, a fellow named James Garvey from the National Coal Association gets up and estimates that the CWP prevalence in the United States is 16,000. Were you there when he made this estimate?

K: No.

D: Where do you suppose, you don't have to do this guy, he's mine. Where do you think he got this number?

K: I wouldn't have any idea.

D: No idea. He picked a nice low number and cut it in half and then

K: I wouldn't have any idea.

D: And the other thing of course is, he says that we need more research.

K: Oh, shit. Now what the hell's he talking about.

D: That's what he's about. The next day we get before the same committee, we get the three guys, the Physicians Committee on Miners Health and Safety. Buff, Rasmussen, and Wells all testify.

K: What's the date?

D: March 13.

K: '69.

D: Yes, the day before you go on. Where you there for that?

K: '69 or '68?

D: '69.

K: Where?

D: At the Senate Subcommittee meeting, Williams.

K: No.



D: Were you there for the other guys, for these [inaudible]?

K: Probably was.

D: Do you remember any of the, apparently, what strikes me when I read the testimony, is that the doctor seems to be quite a showman.

K: You

D: And do you think that was effective? Do you think they accomplished things or

K: I mean, after all, after you've seen a show, why you think, no, so what.

D: You don't think this got, helped get the miners stirred up?

K: Oh, it might have helped get the miners stirred up.

D: I mean, when they did their sort of crusade through the coal camps and this other part of.

K: Yeah. That would have helped get the miners stirred up. But as far as anything effectual as far as Congress is concerned, or as far as the state is concerned. Buff's testimony would have amounted to zilch.

D: And how was he regarded in medical circles?

K: A schmuck.

D: Oh, why is that?

K: A schmuck?

D: Why? Was he seen as not knowledgeable?

K: Not knowledgeable. He didn't do his own X-rays. He sent his patients over to Beckley, to get the X-rays done. And the X-ray report was sent back to him, and he didn't know how to interpret them.

D: He was a cardiologist?

K: Allegedly, alledgedly. He billed us at the fund for two or three years at thirty-five, thirty-nine hundred dollars and then when the, when the bill went through thirty-nine hundred, the, the black lung bill had went through. Why, he sent his bills through to us, and he went, he jumped some

from \$3,900 to up to \$75,000. We thought that that was a little high. So as a consequence, we told him to go fuck himself.

D: So Buff was somebody you, you didn't have much of a working relationship with Buff?

K: No, I thought he was a buffoon.

D: A buffoon. What about, I know what you thought about Wells. What about Rasmussen? Rasmussen was trying to

K: Rasmussen was a pretty solid person. He did good physiology.

D: What do you think this committee, this committee that they had accomplished? I think Buff at this time claims that they have about twenty-four physicians.

K: You're wrong.

D: In their committee, in their Physicians Committee on Miners' Health and Safety Issues.

K: They never had twenty-four physicians.

D: No. How many do you think they had?

K: Three

D: Three. So it was just these three guys.

K: Yes.

D: Okay. See my next question was going to be whether there were actually people on the staff. People with working [inaudible]. All right, so the next day you testify. And you use the 125,000 figure, including 50,000, or about 50,000 that were probably disabled.

K: Right.

D: And you go through, you give your statement, and you recite the history and some of the epidemiology. What kind of feedback did you get from this? When you got done from giving this statement, what was your sense of what had been accomplished? Did the senators, did you have an impression, that they were getting the message or a difference had been made in their thinking? Or what was your impression of that, of that experience?

K: Alan, I haven't the foggiest memory.

D: Okay. Well, you know if Harrison Williams had come up to you after the statement and threw his arm around you and said, "You changed my whole life."

K: That would be different.

D: Then you'd remember. And you'd tell me.

K: You're damn right I would.

D: So I thought I would ask and if by some chance that happened, then I would. In fact, in the, written into the record, you see, is a statement by Harrison Williams in which what you had given was a great statement.

K: Yeah.

D: That's what he said. So somebody was impressed by this.

K: Well.

D: And I thought maybe there were more.

K: Harrison Williams was just

D: [inaudible]

K: Harrison Williams was just being very kind.

D: He also said, "It is shocking how the manifestation of the disease was so visible and yet the inquiry was so limited for such a long period of time."

K: Yeah.

D: So he must gotten something about

K: Yeah

D: All right. So that's the Senate committee. Then at the end of the month you go and testify at the House subcommittee.

K: Carl Perkins

D: Carl Perkins, et al. There, I haven't been able to track down that testimony yet. There, there appears to be some debate or confusion at least, among the congressmen, about these different prevalence estimates. Do you remember anything of that debate? I'll look up the actual proceedings, hearings, myself. But do you remember how that went? If there was any sub-text to that, or anything



between the lines that wouldn't be there in the transcript of the hearings?

K: Alan, I can't think of anything.

D: All right, okay. But basically you told them that you had data from the Public Health Service that corroborated this 125,000 affected and 50,000 disabled.

K: Yeah. Because listen, after all the surgeon general came up to me afterwards and said, "How sure are you of that 125,000?" I'd known Bill for a long time. I said, "Bill, this is the best figure I can come up with." He said, "You're sure of it." I said, "Yeah." He said, "That's what we're going to use."

D: When was that? When did he say that to you?

K: That was back in, oh, Christ, it was either in December or January.

D: Late 68?

K: '68 or early '70, '69.

D: Now again, maybe this just never crossed your desk, or you never heard any repercussions of this. But this is one of these curious things, in May of '69, Ralph Nader writes a letter to John L. Lewis, and he says, it's quite a shrewd letter. He says, this guy Boyle is wrecking your heritage, he's wrecking your image. Look what he's doing, you know, to the union that you built. And he's trying to lure, he's saying that Boyle is going to drag you down with him. That Boyle is citing you, and trying to draw you in as an authority in the justification for his efforts and so forth. And he eventually tries to enlist John L. to attack Boyle. And apparently, there is not evidence of any response.

K: None at all.

D: Boyle had, Lewis wasn't going to get into this. Is that your sense, is that Lewis wouldn't have touched this with a ten-foot pole?

K: That's right.

D: That he was going to let Tony Boyle sink or swim on his own.

K: That's right.

D: And what do you think he thought Tony Boyle was going to do?

K: Swim.

D: Swim?

K: No. Sink.

D: Okay. All right.

K: I don't know.

D: I don't know, either.

K: Who knows?

D: I know you're just speculating. We'll treat it as such. So in June of '69, a public health guy named Raymond Moore goes before the House Labor Subcommittee and says, I don't know what he says about the 125 versus some other number for the prevalence, but as far as who is really disabled, you've been saying 50. He comes in and he says, based on the study that PHS has done in '63-64, he says there are 31,000 people disabled by black lung. What do you suppose he, did he get those numbers directly out of that '63-64 study? Where did he get this 31,000 disabled?

K: I don't know.

D: You don't know. That's his problem. I could ask him. It's also curious that, it's right around this time, I don't know exactly where, but Henry Doyle makes this estimate, that he thinks there are going to be about 375,000 people who end up getting benefits.

K: That's what it turned out to be.

D: I know. How did he nail that? I mean, how did he do that? That's quite a trick.

K: All he did was just add up the figures.

D: What figures? What did he add up?

K: He added up the figures of those who got the benefits. And it turned out to be exactly that.

D: He didn't add anything up in 1969, he was just guessing.

K: He added them up in 1970. In 1970 they turned out to be exactly that.

D: Oh, I see. It wasn't in 1969. He didn't project it out a year in advance. He made a guess after the law was passed.

K: Yes.

D: So he knew. And probably had a sense of the political climate and what was going to happen. June 27 of 1969 there's a briefing in Morgantown, where the union and the Welfare and Retirement Fund are there to, I presume, have some input into what becomes the national study of CWP, a study that's going to be run by Morgan, Morgan's study. You're wincing. Let the records shows that you're wincing. This must have been a letter, oh, this is a letter after the meeting, oh, right before the meeting when they're planning it, that Stewart, William Stewart writes to Boyle. And he says, and I quote, "Lorin Kerr has been very helpful in developing the agenda for the meeting." Do you remember anything about this meeting? I presume it was to plan the national study of CWP. Do you remember anything about your role either at the meeting or the events leading up to the meeting?

K: You've got me, buddy.

D: Stumped you again.

K: Jesus Christ, you come up with more goddamned things that I did.

D: These are things that you did, man. You know, this was, you know, going to be in design an advance, a major advance, right? You were going to have analytical epidemiology, where you were going to compare, you were going to correlate dust doses instead of going out and saying how many sick people we got out there. You're going to correlate how much dust people breathe. Made some estimate of their dust dose, and what their health outcome was, right?

K: Well.

D: That's an advance, right? Was that your idea?

K: Yeah.

D: Well, let's take credit for it. We don't want, otherwise I, see, everything you don't claim, I have to give to Morgan.

K: Oh, no.



D: Well, then speak up. A minute ago, you didn't remember anything. So the idea of doing an analytic study, where you said, "Let's figure out how much dust went into their lungs and let's figure out what their lungs look like, when they got done with it." That was your idea.

K: Yeah.

D: Okay. All by yourself? Enterline, nobody else had any input into this. This is your doing.

K: I think so.

D: All right. And where did you get that idea, from the British? Common sense?

K: Just common sense.

D: Going to public health school. That must have been it.

K: Nate Sinai

D: You got it from Nathan Sinai directly?

K: Right.

D: Now, some time I think you're going to tell me the exact date in a minute here, probably June 23, 1969, you're appointed the director of the department, right?

K: Yes.

D: How did that happen? Whose idea was that? Had you been pushing for this secretly for months and years? Or did they just call you up out of the blue, one day and say, oh, by the way, you're running a department in the union now. How did that happen?

K: Joe Brennan said to me "Lorin, how would you like to be the director of the Department of Occupational Health in the union."

D: Do you think that was his idea? Or he was just carrying a message from somebody?

K: No, I think this was his idea.

D: He seems like a pretty good guy, you know.

K: He is.

D: Is he still alive?

K: Yep.

D: Oh, really. Where is he?

K: He is president of the Bituminous Coal Operators Association.

D: Wow, you're kidding.

K: I'm not.

D: I thought that was his son or something.

K: No, no. No, no.

D: All right, okay. People change.

K: So, he said, "What do you think?" I said, "I think you're nuts, Joe." He said, "Well, I'm going to make the proposition, give it to Boyle, see what he thinks about it. So maybe you'll be hearing from him."

D: And when was this? How long before you were appointed?

K: I was still with the union, or with the fund. So Mr. Boyle had to call me and said, "Would I be interested?" And I said, "Yes, I would be." So he went before the Executive Board and said he wanted to propose the development of a new department, occupational health and to have Dr. Kerr as the director. It was voted unanimously by the board.

D: So that happened pretty fast?

K: Yeah.

D: And what kind of research did they do? How much other staff did you have?

K: Me?

D: Well, did you have an assistant, a secretary, or anything? What did you have?

K: I had a secretary, Anne Moore. I had, oh, what the hell was his name, what the hell was his name? Can't remember the name of the guy that I came in there with, this guy was my assistant. Oh, shit.

D: That's okay. I'll find out. I'll find out. So now you're the head of a department. What is your relationship now with Evans?

K: Evans isn't there any longer.

D: Oh, he's gone.

K: He's gone. He is long gone.

D: Oh, really. So who is the, Ferguson?

K: Ferguson's long gone, too.

D: Ferguson's gone. I'm going in the wrong direction. Who's the head of the Safety Department?

K: I don't know who the hell was there now.

D: I mean, I mean back then, I mean in 1969, when you were appointed. Then it was still Evans, wasn't it?

K: Evans.

D: Was he just willing to give you the issue then? I mean he wasn't doing anything about it.

K: No. It was another department, Department of Occupational Health. They asked me what I wanted to call it, and I said, "I think it ought to be called the Department of Occupational Health." Mr. Owens said, Mr. Boyle said, "Fine, that's what we'll call it."

D: What was your reaction when you heard that Yablonski was announcing the candidacy to run against Boyle? He announced it at the end of May of '69. What did you think?

K: Well, I thought that there was going to be a little trouble. I wasn't sure how it was going to come out.

D: You thought Boyle was pretty vulnerable.

K: Leave us not talk about that.

D: Okay. Wasn't it encouraging that Boyle was running on a platform of emphasizing health and safety. I mean, wasn't that going to be good?

K: He was talking about health. I only had to do with health, occupational health, that was all, Department of Occupational Health.

D: But, wasn't it? Wouldn't the, having a candidate running against Boyle bring pressure on Boyle to do more on



occupational health? To take, sort of take the wind out of his opponent's sails.

K: I think so. Yes.

D: Did you notice any acceleration in Boyle's action on health and safety after Yablonski announced his running for president?

K: Did I what?

D: Did you notice that Boyle got more active on health and safety after Yablonski challenged him?

K: Not particularly

D: No, really, even though Boyle was under attack for health and safety, and Yablonski was running a health and safety platform. It didn't move Boyle to get going on the issue.

K: Not particularly.

D: Well, that's pretty striking. How about some of these state workers' comp reforms?

K: What do you mean?

D: In '69. Did you have any role in any of those, testifying in Ohio, New Mexico, Tennessee.

K: I testified in Kentucky.

D: In '69?

K: And testified in Ohio. And I testified in, that was about it.

D: And did the district officials bring you in in those places?

K: Yes.

D: District in Ohio. Now how did that go? Did, there was no Black Lung Association in Ohio, so really the union could take credit for the reform that was passed that year. Was it pretty much that simple?

K: Well, shit, I'd want to be careful about that.

D: Why?

K: Because I don't remember.

D: Okay, all right.

K: I don't remember all those black lung activities there was.

D: Okay. What else in '69? We're almost done. What about a conference that occurs in September of '69 in a place called the Spindletop Research Center or something like that?

K: Oh, that.

D: Did you go to it or?

K: Hell, no. No, no, of course not.

D: What was the story of that?

K: That was a conference that was called together by, the management physicians.

D: What, locally? In Kentucky or throughout the South or where?

K: In that neck of the woods, well, more or less nationally, they tried to pull one off. And they tried to pull a conference that they would enable, they, them, to pull the British physicians into the meeting.

D: Wouldn't that be good, when the British physicians come here and tell them the facts of life?

K: So when the British physicians got there, they called me from down there and said, "Where are you?" And I said, "Well, I'm not coming." They said, "Why not?" And I said, "Well, because of the fact that they aren't interested in having any labor representation." And he said, "Are you sure of that?" And I said, "To the best of my knowledge." He said "Fine, then we're going to pack and go home."

D: Who was this that was going to pack and go home?

K: Gilson, Gilson and I think it was either Philip Hugh-Jones, or Fletcher.

D: I can look it up.

K: Somebody like that. So I didn't go, and they didn't go. So they left the next morning, and the people down there

said, "Why are you leaving?" They said, "Well, you don't have any labor representation."

D: They must have liked hearing that.

K: Yes.

D: And then what happened? They went ahead with their conference without them, or did they hurriedly invite you in? Or what did they do?

K: No, no. They didn't invite me in. Shit, I didn't know even know anything about it, until after this happened. No, they didn't invite me in, Al. In fact they were just as glad I wasn't there.

D: And I believe there was a guy there, a fellow named Cercie or Scurcie or something like that.

K: I've forgotten what the hell his name was.

D: But you didn't, you didn't have any dealings with him? He wasn't of any great importance in the field?

K: No.

D: What was there, what was the Spindletop Research? What did they do down there? I mean, it doesn't say. Did they do

K: Well, it was means of pulling the doctors for the medical, the medical doctors for the companies together, to give them a place to come to meetings with the doctors from Britain.

D: But there wasn't a big laboratory where they did

K: Oh, hell, no.

D: There was no big research center? There was

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

D: Because I was in Lexington, Kentucky, looking at some company records in the summer, and I tried to track this place down. And it doesn't exist any more.

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

D: What about the passage of the Federal Coal Mine Health and Safety Act? Do you remember anything? Do you recall anything particularly striking about the last-minute Congressional maneuvering and the compromises and the



dealmaking, and you know, and the way the bill got through? Anything that strikes you about that that we should know about? Burton's role, Hechler's role, or Carl Perkins' role, anybody that did things that we might not otherwise know about that should be remembered?

K: Well, the only one that I can think of that would be of any significance was, was the, he was the, one of the funny things that happened was when they came to rewriting the bill. You know, first it went in, there were two different bills. There was the bill that Jennings Randolph put in in January. And then there was the bill that the union put in in March that had to do with safety. The bill that Jennings Randolph put in was just sort of a general coverup legislation. But the safety legislation was what went in, in the, with the union in March. And then along, later on, they had legislation that had to do with the, with the, what do you call, compensation legislation. And they got around to putting these all together. And as I remember from what I heard, they had the feeling that it wouldn't be such a good idea of putting two bills together. But Carl Perkins said "Now look, leave me alone. We gonna put the two of them together, that way we can get one." And the attitude of the union was, yeah, but we may not get anything. He said, "We'll get one. We'll get one, and it will have everything together." So after all, it went into, then it went into conference committee after it got through the Senate and the House. And after they got through with the House, they were on section four, or Title Four, which was the health section. And it had to do with the question of the X-rays and of the health end of the legislation. And the question came up of what they're going to call this. And so Burton got up, and he said, "Well, let's call this Black Lung Benefits and see what the fuck they do with this."

D: You were there when he said that?

K: No, I wasn't there. It was the legislative rep for the union that was there, and he came back just absolutely hilarious.

D: Who was that at the time?

K: Jim Kmetz.

D: Okay.

K: He was there at the hearings that they, and he told me that this is what happened. He thought it was hilarious, and I did, too. But it was just really funny.

D: Jim Kmetz was what relationship to John Kmetz?

K: His son.

D: So, were you involved in lobbying at all? You went up and testified a couple times, and that was the extent of it?

K: I wasn't lobbying. No, no.

D: You didn't go around and talk to people?

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

D: That was all basically handled professionally

K: That's right.

D: Legislative reps.

K: That's right. I wasn't supposed to be doing that sort of type of thing. I was supposed to be testifying, yes. There was nothing wrong with that. But the other things were not supposed to be in my ballpark.

D: Well, that was about as far as I wanted to get. Just, if you look over the whole big picture, as opposed to just individual events and particular names and places, what would you say were the major things the fund accomplished with regard to black lung or coal workers' pneumoconiosis? What were the biggest things that the union really did?

K: Well, I think that was, they set up a twelve-point program that took care of the miners. And this was concerned with the publication of articles that we were able to encourage other physicians to write on the questions of research. There was also the question of, of adequate treatment that we were concerned with. There was also the question of arranging for the treatment, the home treatment of these miners.

D: But let's sort of take these one at a time. The first point was to prepare, publish and distribute summaries of available knowledge on CWP. Would you say the union was successful on that?

K: That was the stuff that came through from Britain.

D: Disseminating information. You guys can take credit for bringing over the information from Britain and seeing that it got.

K: We saw what came over from, and we selected what came over that we thought was worthwhile and then had photocopies made of it and sent it out, like twelve copies or fifteen or twenty copies to each of the regional offices and said, distribute this to the physicians in your area, that you think would be interesting in having.

D: So there was a lot of professional dissemination with regard.

K: Oh, God, yes.

D: Was there ever any point where the fund tried to directly do health education with the rank-and-file members, and teach the rank-and-file members about the disease, going directly to the members? Not going down through the area medical offices and then down through the practitioners in the community, but actually proposing it through the Miners' Memorial Hospitals or otherwise getting out information about the disease directly to the miners?

K: No, that's a good point. It wasn't done, and it should have been done. And I think it's a point that you should make.

D: But there was this kind of trickle-down thinking that eventually the miners would get the information, but, I mean, come on, I've only been studying this for three years.

K: Four years, five years, fifteen years.

D: Whatever, whatever, and I just thought of that sitting here. I mean, wait a minute, I mean.

K: No, it's a fact. This is true. This is very true. It's because of the fact that this should have been done. A lot of these things should have been involved the miners way back, from the beginning. And we didn't, so we're to blame.

D: Well, but, I mean, the fund, how could the fund have played it differently? The fund had, you had pretty strong restrictions on what you could do, right? I mean, you were

K: Well, Miss Roche got upset about it when we tried to do anything that would be contrary to what the operators wanted.

D: So, really, wouldn't it have been more likely that that kind of information would have gotten around if there'd been an active occupational health department within the union, say in 1950? And an education department, so it didn't have



to come in through the back door, through the health benefit fund. So you've got management trustees, and you've got all these operators who can, you know, withhold their royalties or play games with you. Suppose it had just been institutionalized within the union directly? Then you wouldn't have had some of these problems.

K: Yeah. Yeah.

D: But they never really had an education department, had they in that union?

K: No. No.

D: And we know when they had an occupational health department, which, sure, it was late, but that was the first occupational health department of any union in the country. Is that right?

K: Absolutely.

D: So, you were the worst except for all others.

K: Yeah.

D: What about some of this other stuff? In terms of, we've talked a lot about the Public Health Service and getting them off their tails to do this prevalence study. It says here that you tried to encourage and assist the PHS and the U.S. Bureau of Mines in their efforts to determine the prevalence of CWP. We haven't really talked much about the Bureau of Mines. Did you have much relationship with the people in the Bureau of Mines?

K: Well, we didn't have much experience with the Bureau of Mines because of the fact that by the time that we got into the act the Bureau of Mines was sort of on the way out. And we didn't have much contact with them because eventually the Bureau of Mines became part of the, of the Department of the Interior. And the MSHA became part of the Mine Safety and Health Administration, and so forth. So it became part of all of that, so that we didn't have much experience with that.

D: Well, once upon a time, you know, they had their own medical operation.

K: Oh, yes.

D: They always had doctors on loan. They never really had it built very well. But they always had doctors on loan from the PHS.

K: That's right.

D: But they discontinued that at some point. And basically

K: They discontinued that with Royd Sayers.

D: Oh, that ended with Sayers?

K: Yes.

D: That's right. Because his successor, they have this position, but they put Harrington in there.

K: That's right.

D: Who was not a doctor.

K: Yes.

D: And then it peters out from there.

K: That's right.

D: So let's see. You didn't have much, what you basically, as far as the fund was concerned, you basically as far as CWP went, you'd given up on the Bureau of Mines.

K: Yes. Yes.

D: Okay.

K: What else have you got there on that? This is very good points.

D: Well, I'm going down the twelve-point plan here. When do you think, you said you introduced the utilization of the international X-ray classification. Why did you think that? Was there any real turning point, where that really took hold? Or someone endorsed that and said this is the yardstick we have to use?

K: Yeah, that took around hold around about 1952 or '53.

D: That early?

K: Yes. Because you see what happened was the ILO classification was made and accepted by the ILO in, I was wondering whether I could definitely say that was as early as 1950. But

D: I can't remember either. But in terms of its acceptance in this country by the, by the radiologists.

K: Well, they had, they had the, we had the, we had the trial examples of the, of the X-rays. The ones that you'd use to study against. We had those early on. I thought back in the

D: Oh, you did? No, I've seen you sending them. No, I've got records of you sending them around to people.

K: Yes.

D: My questions is how successful are they out in the mining communities?

K: Well, we sent them out into the early, into the mining communities.

D: Right. But, did they then start using them? Or did they say, "Well, that's another crazy conference they gave for miners."

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

D: We'll stick that on a shelf somewhere.

K: When they were taking care of the mine workers, we insisted that they use these.

D: So they had to use these?

K: Yes.

D: They wanted the reimbursement.

K: Well, not if they wanted reimbursement. We kept pushing them.

D: So they what, would be off the roster if they wouldn't

K: No. Look, we weren't that rigid.

D: I'm just curious.

K: And we just got them on to the point of view of saying, you know, "Here is this new way of looking at these chests, let's see what the X-ray shows." When you do it often enough, why, then the docs say, "Hey, what's the ILO classification say about this?"

D: Well, why?



K: Not only that but when Charles come over, Fletcher came over and when Gough came over, those guys come over, they come over talking about the ILO classification.

D: So that reinforced the relationship?

K: Yeah. Not only that but the reports that we're sending out to them, out of the British studies always mentioned the ILO studies.

D: That's right.

K: The ILO classifications.

D: So what about acceptance of pulmonary function data?

K: That's been a long hard drive. It still isn't active. It still isn't being done the way I think it should be done.

D: How do you think it should be done?

K: Well, there's got to be a broader acceptance of the, of, of the

D: Pulmonary function test.

K: Pulmonary function test, yes. There's got to be a broader acceptance of this, because of the fact, that this is almost more important than is the X-ray. The X-ray has nothing to do at all with class, with disability, doesn't tell you a goddamn thing about the extent of disability. Whereas the pulmonary function test tells you what the extent of the disability is. And this is the important thing. And this is what we want to have done, is to have the men classified as far as their disability is concerned, on the basis of the physiology.

D: And when did the union start forcefully raising that as an issue?

K: Oh. We've been pushing on this, for at least the last fifteen years.

D: But not before '69. You want it in

K: Oh, no. We wanted it before '69.

D: So you wanted, then you were giving it this kind of priority then?

K: Yes, we were.

D: Oh, really?

K: Yeah, I've been saying right from the very, almost from the very beginning, that it was damned important that we have these physiology tests, that it was important because of the fact you had no other way to know how much the disability was.