ALLEN KOPLIN: ORAL HISTORY INTERVIEW ON COAL MINERS' RESPIRATORY DISEASES

by Alan Derickson

New York, New York

September 29, 1990

ALLEN KOPLIN: ORAL HISTORY INTERVIEW ON COAL MINERS' RESPIRATORY DISEASES

by Alan Derickson

New York, New York

September 29, 1990

Derickson: It's September 30th, 29th, and we're in New York City. I'm interviewing Allen N. Koplin. We're in the Hilton Hotel in Manhattan. Just for background, where'd you go to college?

Koplin: I went to New York University.

D: Okay. And when did you graduate?

K: 1939.

D: And what did you study?

K: Well, that was my bachelor's, my bachelor's degree.

D: So you were like pre-med or?

K: Yes, pre-med.

D: Okay. And you grew up in New York?

K: Right

D: And then you went to medical school there?

K: In Boston, to Middlesex University, where I got my M.D.

D: That was in '43?

K: Yes. And the next degree I got was my master's in public health in 1940-

D: Seven.

K: Yes. Right.

D: At the University of Minnesota.

K: Right.

D: Okay. And so then you took the job right out of public health school and went to the Mine Workers Welfare Fund. Is that what happened or was there a gap in there, of a year or so?

K: Yeah. Yeah.

D: Okay.

K: I worked. See, my military service occurred after I graduated from medical school in '43. And it was in the United States Public Health Service, not in an armed, which were militarized during World War II. That was part of your military career. And that's when I went first to the Foreign Quarantine Division, which is no longer a [inaudible] position, but then I went for the farm labor programs. Quite a story attached to how I got to that program. And I went from Miami, dealing with shipping, and quarantine, you know, looking for imported communicable diseases and stuff, out to Yakima, Washington, about you know thirty-five hundred miles or so, where I worked for Lorin Kerr on a fine labor program. During World War II the crops were necessary for the war effort, and there was not enough labor. There never has been enough labor to pick the crops. If you're familiar with the history of, you know, American labor. So they imported workers from Mexico, and they had to have medical care. And they used the Public Health Service doctors all over the place. And I went to Yakima, Washington, and I was a clinic physician there. I was not yet public health trained, and I worked there for a couple of years. And then that program kind of died. And when it ended, I decided through Lorin's urging to become a public health physician. And that's when I went to Minnesota. Getting this?

D: Yes.

K: I went to the University of Minnesota. And when I got through the University of Minnesota, then I was not looking for a clinical job any more, I was looking for a public health job. And the first job that I took was with the National Cancer Institute. I was promoting cancer prevention, which I'm still promoting.

D: Where was this?

K: This is in Bethesda, Washington. Bethesda, Maryland. I worked at the institute, in Bethesda, at the center. And I, however, I had kept in tough with the farm labor program people that I had met. Sy Axelrod, whose name you may know, who headed up the health policy teaching at the University of Michigan, following Nate Sinai, is Nate Sinai [inaudible]

D: Yes, sure.

K: He was Nate Sinai's successor there. Ken Pohlmann, who was the rehabilitation specialist, who came from Farm Security. There was [inaudible] Daniels, Lorin Kerr. Lorin was then in the Public Health Service. He was in fact, he

was a consultant in industrial hygiene, if you remember, in those days. And one of his assignments was to write a program that the miners might follow. All of us had our eyes on the miners. See, we knew that the miners were going to do something. Because during the war they could not, they could not negotiate collective bargaining agreements for wages. Wages and prices were frozen. So Lewis and some of his people said, "We go for fringe benefits." And that's when they dreamed up the idea of a Welfare Fund. And we were watching that, see. And it was emerging around the time I was with the Cancer Institute. And as soon as they set up the Mine Workers Fund, they brought in Warren Draper, who was our leader, you remember. And they started looking for regional medical officers. And he picked a team from his military career, who were in the occupied health forces in Europe, you know, after World War II. So he was head of public health, with Eisenhower. And he picked up the farm labor program from all over the country. Les Falk, myself, Lorin, a whole bunch of us.

D: And Parran, Parran was involved in that program?

K: No.

D: No?

K: Parran was a surgeon general, who was Warren Draper's boss. Parran was not involved in that. Parran was a great guy. You see, and he was our boss when I was in Yakima. See, I was sent there as a Public Health Service officer in Yakima in the service, farm labor program. He was our surgeon general at that time.

D: But he, wasn't he helping to shape the early Health and Welfare Fund. No? Well, I ran across some notes, of a conversation in September of 1947, between Josephine Roche ran into Parran at, I don't know, a hotel or somewhere. And Parran complained to her that he was trying to send over good people to work for the Mine Workers but that, Sayers, R. R. Sayers, who'd already been appointed the head of whatever it is called.

K: Medical Advisory Board

D: He had a medical advisory board, or council or something, that Sayers was on top of. He's sending these people over to Sayers, good young doctors, to Sayers. And Sayers was telling him, among other things, oh, the Mine Workers don't want to hire any Jews. I have that in black and white. That was Sayers' way of keeping out some of the more, I think, some of the more progressive people. You know, because Parran was sending over good people, and some

of them obviously were getting on board, and others weren't. And Parran was troubled by this, and he took it up with Roche. I have the notes of that conversation.

K: Well, I'm glad to hear that. That's what, Parran was a giant, you know. Yeah, he was the first surgeon general who ever came out and gave us liberty as Public Health Service officers to advocate the Wagner-Murray-Dingell bill. Did you know that?

D: Oh, really? No, I didn't know that. That's very interesting.

K: 1945. I have it somewhere in my notes.

D: Oh, that's interesting.

K: We got a memo, saying if you want to speak publicly you're authorized to do so.

D: No kidding.

K: And nobody ever did that.

D: And how active was he then, in espousing national health insurance?

K: Not. Well, he didn't get very far with that because [inaudible]

D: So he wanted you guys to do it for him, basically.

K: Well, say it, I mean, Parran did a lot of great things. You know Parran was a great syphilis man. And he put venereal control on the map in those days. He wrote a book about syphilis, you know. He wanted everybody in the United States to be, when penicillin came out, he wanted everybody in the United States to get penicillin, you know, just prophylactically. He started the VD, which was one of the strongest divisions in the U.S. Public Health Service. People who came from that division, they went into cancer control, and state health offices, you'd scratch some of the best veteran public health workers in the United States, and you'd find most of the them, cut their eye-teeth on those VD programs, like Sy Axelrod, who came to the [inaudible]. So, I don't know much about him, though, with the Mine Workers. But this story you're telling me, I never heard it before. And I'm not surprised.

D: Well, because it was always curious to me. I raised this with Kerr.

K: But he didn't.

D: And I'll raise it with you. Well, he hadn't heard that story. But I said to him, how could it be that in the early days of this program a guy like Sayers, who was such an opponent, of occupational health, broadly conceived, he was a guy who had been very conservative, all those years with the mine operators, you know, running the BOM, and the rest of it, how could this guy have found himself in such a key position as the head of the advisory board for the union?

K: Well, you remember. Unions have not come quickly to the, to the philosophic and the political understanding of health care in that sense, not all unions. But a lot of unions, it took them. Can you hear me?

D: I think so.

K: It took them time to realize what the hell was going on. And you're right, I mean, he, I think he published a study of, what the hell was it? Lead poisoning, which we ran across in agricultural workers at one time. But he really covered it up.
D: Oh, really?

K: Yeah. He set up store fronts in different towns where they were picking apples. And they had, he, anyone who came in would be tested for lead. So he got kind of a base line of no problem. But he was letting little kids come in there off the street, you know. That was what the study was. And he was a cover-up guy.

D: This was in Washington state? I mean the apples.

K: Yes. And actually it was in Wenatchee.

D: Wenatchee

K: You know the area?

D: It's, well, it's the apple capital of the world or something.

K: No, it isn't. Yakima is.

D: I thought Wenatchee was.

K: No. Yakima was the biggest producer of apples.

D: Now, see, I'm learning. I didn't know that.

K: Yakima was the biggest apple producer in the country, the biggest number one apple producer in the country. But Wenatchee is close, you know, in there. At any rate, Sayers was a pro-company, anti-, anti-progressive in my opinion. And he caused a lot of problems. Because when they brought him in, there was a concept of a health program in the background, as you're probably aware, when he was in Washington. So he did bring some guys in like, I think, Neudorp worked for him. Henry, was there, Henry Daniels. A guy named Bill Dorsey, who's now dead. He used to be our director in Denver. He was in Washington. And they were all trying to figure out some way to turn loose some of the fund money, which incidentally, Lewis worried about. Because they were beginning to get some royalty, you know, coming in and when the contract was signed, and they didn't spend any of it for health care, you see. So they had a lot of trouble, and that's when Josephine Roche decided to bring in her buddy, Warren Draper, who she'd known for many many years, you know, Warren, you know. She was head of the, was she head of the Treasury Department?

D: Assistant Secretary.

K: When the Public Health Service was in the Treasury Department?

D: Yes.

K: She used to be. And she knew Warren, you know, because he was the deputy surgeon general. She knew Parran and Warren both. See, Warren was just the right hand man of Parran. See, matter of fact, I think he aspired to be surgeon general, but he never quite made it. So he got be 65, see, and he retired from the Public Health Service and went to the Red Cross. Red Cross retirement was 67. This is the story. So he retired at 67. And he wanted something to do. If you knew Warren Draper, he was just beginning an active career at 67. He was a vigorous man. He could have worked for us up until he was eighty or something, you know. So that's when Josephine Roche said, "Come on over here and see if you can't pull this program together." And that's when he went far and wide and recruited us, and the farm labor people, and everybody else and put together a big team, and started sending us out, all over the country in this. I worked in Washington with John Newdorp from December of '48 til March of '49. And at that time what we were doing was we started paying for medical care for disabled miners. We did it from Washington. We called doctors in Pittsburgh and all over, and we had a big directory. We were running a nerve center of qualifications, you know. And we were actually authorizing medical care.

D: And this was focused on

K: Disabled mine workers.

D: People, particularly, who were, there was this big rehab program was at the center of this, wasn't it?

K: Beginning, yeah.

D: They were sending people out to Vallejo, and different places like that.

K: Well, that was a little bit later on. We hadn't developed that yet. This was just the early beginnings of medical care and they had a plan. Because Lorin, I remember, one day I was still in the Cancer Institute, to show you my connection. And Lorin and I and Les Falk, who was then in the Public Health Service as well. We used to have lunch together; they used to come to my house. They didn't have any, their wives were not in Washington; mine was. My wife would cook dinner, you know. And we kept together for a long time. And when I was with the Cancer Institute, Lorin, called me, and he said he was going to visit Ken Pohlmann, who was already with the fund, to present a mine workers' health program draft. That he was with the Public Health Service then. He was one of the people that Parran obviously knew about, who was trying to help the Mine Workers. So we sat down and from my experiences with the farm workers of Yakima, I had some, you know, I had some knowledge of how to organize rural medical care and stuff. So I was in on the conversation before there was, before there was a health program, when Lorin presented the blueprint to Ken to try to sell it, to get the story going. So everybody knew what needed to be done. And that business of authorizing out of Washington, it was just a temporary measure, while we were getting things started. See, the Mine Workers were getting a little anxious, you know. They had a lot of struggles to get this welfare fund started, you know, strikes maybe, and lawsuits and everything else. So they wanted to get something, you know, going. So at any rate, after doing that, Warren Draper asked me whether I'd like one of the regional jobs. The first thing he wanted me to do, was to train. That's when they first started that. When Warren came, they started, you're right, we started Vallejo. And we had trainloads of, do you have that story, where a hundred miners would be picked up in all these towns. We have pictures in Alabama, of the guys being window loaded, with bed sores.

D: Yeah.

K: Pull them out of the hollows

D: Oh, the case finding must have been gruesome.

K: You'd never get, you'd never get an ambulance down there. You had to have people carry them on their backs, you know. And they sent them to Vallejo, where Garfield, Garfield set up the rehabilitation center, you know, Kaiser.

D: Yeah, Kaiser.

K: And Herm Cabot was the Medical Director, great guy. He'd be a good guy to interview if you could find him. And they were afraid that these guys would die on the train, because some of them had fever, you know. So they hired me. Would I like to work as a train doctor, you know? And I said, "Sure." I was anxious to work for the Mine Workers, no matter what I did. I was then with the Cancer Institute, you know. So he hired me to do that. But he never let me do that because then they needed me for something else. They needed me for this authorizing. And I never did make a trip. But he warned me. He said, "You come and work for me, you're going to be gone, Allen. You're going to be gone from home three weeks out of the month, you know, with these people." So they got somebody else to do that. And they kept doing that for, for years and years, you know, sending miners out there. And we got a lot of good results. Then they developed centers in New York, you know, where Howard, you ought to talk to Howard Rusk about it. Do you know him?

D: No.

K: Do you know who he is?

D: No.

K: Howard Rusk is a good friend of Warren Draper's. He must be eighty. He's head of the Medical Institute of Rehabilitation in New York City, the one that Bellview sponsors. He's emeritus there now. He's written a book about medical rehabilitation, which he gives a lot of credit to the Mine Workers, for pioneering that work. If you have a chance to talk to him, I think, he'd be delighted to talk to you, Alan. He won't talk to you about black lung.

D: Well, see, that's the problem, I'm sort of, I'm pretty tightly focused on it.

K: He will talk to you about occupational injuries.

D: But somebody should talk to this guy.

K: Well, anyway, so I start working, and he, he assigns me, eventually, decides that I'll go to Alabama.

D: How was that decided? You were just assigned.

K: Well, there were two vacancies. And I was one of the later ones. He had Asa Barnes was going to Louisville. John Winebrenner was going to, Winebrenner is still alive by the way.

D: Oh, really?

K: He's in Knoxville.

D: Okay. Is he still, he is in Knoxville still?

K: Yeah, he's still there. Another guy, John Winebrenner's going to Knoxville. A guy named Herb Scheffer was supposed to go to Alabama. John Morrison was going to Charleston. Lorin was going to Morgantown. Lorin started out being a regional director in Morgantown. Deane Brooke was going to Beckley, I think he died, Deane Brooke. And Les Falk was going to Johnstown, Pennsylvania. A guy who was a Public Health Service officer [inaudible] went to Pittsburgh. And Dorsey went to Denver. There was ten of us. I think that's ten. I may have missed one. Anyway, and they were all booked, the ten. And I was doing this central authorization, maybe work on the trains. I was sort of like an extra utility outfielder there. And then it turned out that the guy who was supposed to go to Pittsburgh quit. He didn't want to work. He decided to leave after a few minutes. And Les Falk asked to go from Johnstown to Pittsburgh, so that opened Johnstown up. And then the guy who was in Alabama quit. So Draper said, "Allen, I've got two openings. One's in Johnstown, Pennsylvania, one's in Birmingham, Alabama. Which would you like to have?" I said, "I'd go to Birmingham."

D: Why?

K: Well. I, my kids were, my son was just a year old, you know. And I figured I didn't know much about Birmingham, I know about the south, you know. I wasn't naive about that. But I thought being in an urban center would be more, more acceptable to us. Because you know, we had lived in, you know, like Washington and places like that rather than Johnstown. I knew that Johnstown would be somewhat smaller and not quite the same kind of town. And I'm not sorry. Sixteen years I lived there.

D: God, all right. So you go to Birmingham. When do you get there?

K: All right. I got there in March of 1949.

D: Okay. Now when you get to Birmingham, obviously you confront this whole situation. Let's start with the industry. To what extent did Tennessee Coal and Iron dominate that industry?

K: Pretty big. It was a big dominator of everything.

D: Everything?

K: Including the health, the health program of the mines.

D: And did you, so I, because I don't have that much of this clear, so there were not really a significant number of small independent mine operators that you really had to deal with. The big captive operations of the steel industry really covered the, really dominated the scene there?

K: We had to deal with the U.S. Steel Corporation for a couple of reasons. First of all, they had employed, their medical director by the way, was the, had been the medical director for Gorgas, I think it was, or somebody, in the Panama Canal. He did great, Lloyd Nolan.

D: Nolan. Nolan was still, he was still there, huh?

K: Yeah.

D: He was the grand old, he set up that program in around 1910.

K: And at one time it was targeted as the best industrial medical program for miners anywhere in the country. See, they had these clinics all over, and they had family practice, and they had home visits, public health nurses, sanitation. They had a whole lot of stuff. It was a good program. But when I got there, it was already the age of collective bargaining. And everybody was bargaining for benefits like the Mine Workers. And the Steel Workers, see, had not yet achieved them. See the TCI company had, they, you know, like maybe they had 25,000, they had 25,000 coal miners, but they had a hell of a lot more steel workers.

D: Yeah.

K: They didn't have any union benefits, you know, for health.

D: But they were sending everybody through the company health care system?

K: Yes. In other words they'd pay to check-off. Remember the old check-off that the miners got? Well, I came down there to intervene in the kind of medical care the miners were getting. In organizing, no longer would it be dominated by these company contracts, see. Black lung was working in the background.

D: Just let me clarify that. The TCI, they were different from a lot of other miner operators in that they had a medical staff, like with the docs, they were not independent practictioners on contract per capita.

K: They had a few. But mostly they were employees.

D: I would assume

K: They were employees. They were employees.

D: They were a staff

K: Yes, sir.

D: Direct employees of TCI. Okay.

K: They probably still have them there.

D: And they worked out of this, then they had what amounted to a real health care system, right? They have this big central hospital.

K: A hospital, and they have family clinics around.

D: So they would have little clinics in the mine camps.

K: Right.

D: And then they would use it as a center for secondary and tertiary services, they'd ship them back to the, what's now called the Nolan Hospital?

K: Right, right.

D: And that was then at least when it was built, and I assume it was then when you arrived, that was the biggest hospital in the state of Alabama. Is that right? Three hundred and twenty beds or something like that.

K: That may be true. I didn't know that.

D: It was. That was one of their bragging points.

K: Hillman Hospital wasn't there yet. You may be right.

D: Well, it was a big hospital.

K: Whatever, yeah. And it was a giant in industry, all over the world, all over the United States. Anyway, when I'd got there, see, here's this, here's this, this guy comes down here, you know, from up east to Alabama. He was going to change all of that for the coal miners, you see. Well, the coal miners, see, had an [inaudible] relationship with U.S. Steel. They no longer were checked off, like they had been, you know, with a buck a month, or two bucks a month for this system we've talked about. And, I was going to take care of their care. I was going to pay doctors for their care, see. And I was going to establish the policies and the quality control, and take a look at what was going on and be sure it was okay and things like that. They didn't like that.

D: What? The miners didn't like that?

K: No. U.S. Steel.

D: U.S. Steel didn't like that.

K: They didn't like that. As a matter of fact, what happened was they, they, I'm trying to remember how this actually came about. I met with them because they did not want me to pay doctors for medical care for coal miners because they thought that if I did that, they would run into problems. They actually told me this in a meeting. I asked for a meeting to discuss this with Doctor Nolan, on how we were going operate. And so they bring in the director of industrial relations. He did all the talking, not me. It wasn't a health discussion. And they admitted very frankly, they said, "Look, we've got this hospital. If you want to pay, pay for this hospitalization, I'll give the bill to the miner, like I give them bills now. And he can go get that money from you, see. And you can't pay us directly. We don't want to negotiate with you. We don't want you to look at our hospital and see what's going on." I only have two reasons for that. One is obvious. But the other one is that the miner is in this bed, and the steel worker's in this bed, see. And those guy compare notes, you know, and they say, "Well, gee, this must be a big bill they're going to get, and I'm going to have to be cut for the rest of this year." And the mine worker is going to say, "I'm not going to worry about that. I don't have any bill to pay. I didn't even see the bill. I just sign it when I go out and my program pays for it." They were afraid the steel workers were going to get some bad ideas from that. They said that. So they were in the midst of getting to the negotiations,

which they finally negotiated, you know, a comprehensive Blue Cross Blue Shield contract for the steel workers. But they didn't want the comparative view of the health benefits that the miners got, where we were their advocates, and we were looking in quality, and we were looking at costs, and everything else. They didn't want the steel workers getting bad ideas.

D: Got ya. Now, just in terms of, I mean, that was quite a.

K: But there were other companies. There were other companies, too, that operated in the coal fields. And generally speaking, it didn't, it wasn't too difficult, however, to get over that hurdle. Mr. Mitch helped me with that. The union president, see, 'cause he, he himself had a hidden agenda. He wanted to get this medical care out of the hands of corporate, or of the companies, any of them.

D: For what reason?

K: Black lung.

D: Oh, really?

K: Oh, yeah.

D: He, he saw black lung as that important?

K: It wasn't called black lung.

D: Oh, what did they call it now?

K: Miners' asthma, just before the days of, you know, of the black lung movement. But he knew this was going on, see.

D: And, but that was the main reason why you wanted to change the health care system down there?

K: I would say it was probably more important to him than anything else. And we had trouble with that.

D: Really?

K: Because when we started, see, then we got to arrange with physicians and hospitals all over the state, like the other regional offices.

D: Before you, before we go on to the reorganization. Let me just, because I want to draw out some of these points a little bit. Because TCI had such a big program, I mean, it

was such a big deal, such a flagship kind of corporate program, would you say that, I mean, just in terms of, compared to the old sort contract camp doc, about whom there were notorious stereotypes, would you say, what would you say about the general competence of the medical staff of the, let's say TCI?

K: What happened to TCI. There was, there was an evolution going on in Birmingham, which most people don't realize. You know Birmingham started out, very late in the nineteenth century. There was no Birmingham during the Civil War. Did you know that?

D: Right.

K: 1885. It was a blue-collar, whorehouse, gambling, muddy streets place. And they liked it that way. The steel companies and others liked it that way, a lot of workers, you know.

D: Sure.

K: Good labor force, you know. They ran everything. And it had gone through a metamorphosis. That's not so long ago, the time we're talking about. Its only about fifty, sixty years, right? And it began to grow up. And it was always looking at Atlanta, you know. We're here two hundred miles away, and they wanted to be another Atlanta, which they never did make. Atlanta was a cosmopolitan center, arts and everything. So they tried to get out of the doldrums, and they've had that problem all, even til this day, of trying to become a first-rate American city. And without belaboring that point, the same thing was happening in the health business. They were trying to grow out of that. So they established a medical school about the same time, about we're talking 1945, see, in Birmingham. And they would try to create an academic flavor and

D: And that was a medical school, linked at the outset to the University of Alabama? That was the University of Alabama's Medical School.

K: It is. It is.

D: Well, then it was?

K: It was then. And the medical care of TCI until that time was probably not exceeded anywhere in Alabama, in terms of quality and sophistication and so on. But that was all going by the boards, see. When the medical school came, they trained residents in internal medicine, and surgery that, those were the people, we wanted to work with, see.

We wanted the broader scope, and it eventually, what happened is that it became a shifting, you know. Working for the company had its negative side, you know. For example, they were under the domination of the corporation. You could not make a diagnosis of miners' asthma or silicosis or whatever it was. Occupational disease was probably, probably the main .... What did the company do this for? Well, they wanted the workers to be healthy to work, obviously.

D: Sure.

K: But they also wanted to keep control of the workers' compensation fund.

D: Sure.

K: And that was one of them, that was looming on the horizon. They knew it existed for lots of years.

D: Now, what was the

K: So the quality of the doctors was affected, I think, by the fact, they knew if they worked with TCI, there were certain requirements that you had to meet, and they were not as free, in my opinion, to study and research and think, like they could be if they were in other circumstances. So I think.

D: So what you're saying is that, there were certain people within the medical community who wanted to get out from under the thumb of the corporation.

K: Ah, ha.

D: Okay. Now just about, but about just to get as much detail about the way TCI, the old regime, the way TCI when it was a company town, with company health care

K: Right.

D: And company everything.

K: And I think, that probably happened all over the mining fields.

D: Did, but what's interesting about them, was that they, it wasn't a real company model, but it was in a much, it was in a sense much more sophisticated. And my question is, did they do, the TCI, in the olden days, say, when you got there in the late '40s, were they, did they routinely do pre-employment and periodic examinations?

K: Oh, yes. Oh, yes.

D: Did they include in that then chest X-rays? When they were screening chests?

K: That's exactly how it is.

D: And what would do? They'd look at you, and see your lungs going to hell. And then what would they do?

K: Nothing. Because that just wasn't important [inaudible].

D: So you, you'd work up to a certain point.

K: Cover it up.

D: They wouldn't tell, did they tell these miners anything?

K: No, they did not.

D: They never said, you've got a pneumo, you've got a lot of spots on your chest.

K: Remember now. We had no law, either, then, you see. So you had no legal requirement to do anything like that. But out of, if they'd read the literature, it was no news to anybody that knew anything about scientific literature. I mean, the British already had a pneumoconiosis program going since when 1942, I think.

D: It's '43.

K: They had a federal act, see. And then their doctors, some of them knew that. But no [inaudible]

D: But the company, in U.S. Steel, obviously not some little backwoods doghole coal operator, do you think, would your hypothesis, your sense be that they knew that they were giving these guys pneumoconiosis? They were watching it develop on X-rays and in, seeing them, and they just, it was a flat-out cover-up to

K: Well, they, they knew it, but they didn't admit it. In other words they, you know, they could listen to the, to the people in the field, a few of whom are still left, who say that coal dust is not harmful. You know, it's some other thing. It's silica. And you could not work in any coal mine in Alabama. If you had to have a pre-employment examination and you showed spots on your lungs, you could not get a job. They didn't hire anyone.

D: And the miners understood that, sort of among themselves?

K: Well, they did, they did to a degree. But Mr. Mitch, who was the president of the union, he understood it very well. And that's why I said before, when I came there, frankly, they thought that this health program was going to be a godsend in the field of occupational health, especially in the terms of miners' diseases. And that gave me a problem.

D: But, before we get that. Do you think that, that was, I mean, you know the southern operators in general, fought the institution of the fund, tooth and nail.

K: Right.

D: How important, do you think, was their sense that the union, if the union took over health care, that these, these specific issues of occupational disease were going to be raised? Do you think

K: Very important.

D: So that was central to their opposition?

K: Yes. Their whole motivation for having a health program at U.S. Steel is, I said, is not altruistic, to protect the health of the miners although that was part of the need. It was to keep control over the occupational problems. They were thinking workers' compensation, you know, which is part, it was not yet under workmen's compensation action in Alabama. But they wanted to have their own doctors. So they could say, when a guy broke his leg, their doctor would decide how disabled he was.

D: Right.

K: And how much money he would get. They didn't want anybody to be independent of that.

D: Now, they'd obviously been running mines in Alabama since the 1900's, the 1910s. They had old miners who had been in the mines twenty, thirty years. Their X-rays reported disease. They were, what did they do? Did they just cut them off cold? Or did they put them down into, what you'd see in the olden days, was sometimes they'd find these guys, what they called light duty, or light work. Did they try to internally shift these people to make them watchmen, or did they just cut them off cold?

K: No. There was no light work. We tried that. There was no light work. And sure as hell they didn't have any program for removing you from exposure.

D: Right.

K: I mean, we weren't, they weren't, we weren't and they weren't even sure of the actual scientific exposure levels that we learned about later. Anyway, but no, they, you're out of luck.

D: They just, you

K: You should see in Florida now, the guys work in the citrus in Florida the same way. You get sick, you know, they don't necessarily get a lighter job or stuff like that. In fact I don't even know if they get any compensation, most of them.

D: So the work was, there was always this kind of seasonal stuff. And so you'd come back to get your job back, and they'd run you in for the X-ray, and all you knew was that you didn't get a job any more.

K: Well, if, when the union, see, the union had to bargain all this. I'm not sure, that the, that they had the right to fire you after you got on the job because you could fight that one. Now, that's, that's getting into that story. That's where the union wanted doctors to help them fight those kinds of battles. The union's motivation was to sue the hell out of them, to get as much money for their miners as they could. Now my intrepretation of that is that would be good for preventive purposes, you know what I mean. That's what workers' compensation does. That's the main goal of it, is to clean up the mines, make them safer, or any industry.

D: Preventive function.

K: But they didn't, but they wanted to sue the hell out of them. See, they wanted to get a doctor to go on record and say this is what it is, go to court because it was all tort action at that time, you know, on diseases.

D: Sue for damages.

K: Sue for damages. Get the big, get the big law suits. And give the miners something to live on, because you couldn't work out the rest of your years.

D: Now was Mitch's thinking, and the thinking of the union, there's always this tension, it seems to me, in the union's

approach to this problem, between a sort of a welfare thinking, where they think, God, we have all these poor old sick guys, coughing and hacking around and they're going to go to the poor house, so they're dragging their families, you know. They've got to be taken care of. Between just sort of stop gap income maintenance, welfare approach, versus the thinking, the sort of social insurance thinking that forcing employers to pay more for the occupational disease by paying lawsuits, benefits, or workers' comp benefits, will put a financial burden on the employer that then would force the employer to prevent the hazard. How much strategic thinking was there by the union? Do you get a sense?

K: I don't think there was. I think they realized that they needed to be strategic thinking for this reason, you know, without going into the studying, you know, into the social benefits and prevention and all that. They knew this. They saw their fathers hacking away at home. They didn't like that. They didn't want that to happen to their kids so they had a preventive interest in doing this. But it wasn't yet verbalized, see. We didn't know, see, we didn't know enough about how to legally control the exposure. That was something we really did develop better as the years went on. But they were sure as hell of the fact that whether they could do that or not, they wanted that miner to be taken care of.

D: Take care of these old guys.

K: Financially [inaudible]. And he was entitled to it.

D: So Mitch was interested in suing these guys. When did that start?

K: Well, before I came it started. I'll tell you the story. You know when Louie Friedman came to the, it'll interconnect, when Louie Friedman came to Birmingham, he came to the medical school as an assistant dean, I think it was. Roy Crocky was the dean, I don't know if you ever heard of Roy Crocky. He was a famous hematologist. And Louie came right from the [inaudible] infirmary, where he was well trained in nuclear medicine. As assistant dean, and if you know Louie, he's, you know, always promoting something. He's not satisfied to be just a doctor. This guy's got all kinds of political dreams and interests, and all kinds of. And he developed an interest in pneumoconiosis, black lung. He saw it coming.

D: How? Okay, I should talk to him about that. But just what's your sense of where he got that? Was he in touch

with the British, or he just picked up the British literature?

K: No, no, no, no. He may have read the British literature. But, no, with him, it was opportunistic, I think. I don't know how you're going to quote me on it.

D: Yeah. I may not quote you at all.

K: Huh.

D: I may not quote you at all.

K: What is it.

D: No, I don't know. Let's, go ahead.

K: So Louie saw this as an opportunity. No, I think I wouldn't mind being quoted on the fact that the union's perception of the health program in the Mine Workers was strongly influenced by a desire to do something about workers' compensation and to have honest diagnosis and honest reports in pneumoconiosis and in accidents and things like that. They saw that as one of the biggest boons that the welfare fund could offer them, that they get the doctors out from under the domination of U.S. Steel and the big corporations and send them out there. They would have like to have dominated a few. But that couldn't happen with honest doctors. I argued an honest opinion is all you're gonna get. You're not going to tell me that these guys are all Republicans and you don't want them on your Mine Workers' program, as I did one time. I said, "Hell, if you took all the Republicans in Birmingham, at that time, off of the program, you wouldn't have any decent doctors left to use." And then I'd hate to have to tell them, look there's women and children that are covered by this program, too. They've got nothing to do with black lung. The union's perception, and I wouldn't mind being quoted on this, is that they wanted that compensation and that black lung capability to be available to them, you know, to the, their miners.

D: Would you go so far as to say that there was just no instance in which a company ever, did or could diagnose, whatever they called it then, miners' asthma?

K: No. They weren't. And they're talking about it. Yet they did it in secret.

D: And would they do that? Tell the miner off the record? But they wouldn't write in the chart. This man has

K: They would not.

D: This man has pneumoconiosis.

K: There were doctors who told me they did that over at Caraway Methodist Hospital, which was another big industrially supported hospital, by other corporations. It was sort of a small scale Lloyd Nolan one.

D: Was that for Sloss-Sheffield and those guys?

K: [inaudible] in Alabama, that's where it started, you know, by the check-off through the company. I know that back in West Virginia, all of the plants in West Virginia did that. No, doctors who told me that, if they would write silicosis or pneu, they didn't use the word pneumoconiosis yet, on the chart, they'd get hauled in and balled out.

D: Oh, really?

K: By the director of the hospital. You can't put that on the chart. You'd be in trouble. So the, what they would do, they'd tell me about it. They'd say, "Look, doc, you've gotta do something with this guy. I can't help him. Get him someplace else." They would actually tell me that, right there in my office.

D: This, this is in the late '40s now, we're talking about, back in the early

K: When we started the welfare fund, see, we became the, you know, a referral system. You asked me if there were any doctors. Yes, there were, who had company ties, but were not free to, to, to speak their minds to their patients like a doctor should. And they used us to get the patient out of their hands, and into someone else's. If they could keep their jobs, if they could.

D: Yeah.

K: So. But, yes, the answer's there. There were some doctors out there, not a majority, but you know

D: Some who could see what was going on.

K: Yes. They knew what was going on. And they liked their patients, and, I mean, all doctors aren't just bastards, you know. Then they would tell them, you know, go to Koplin, let him, he'll tell you what to do. And that happened.

D: So, so, you see this system that obviously is in need of some major changes. Did, was there ever at any time any

serious consideration of setting up a union hospital, the way hospitals are set up in West Virginia and in Kentucky?

K: Ah. Was there ever, we did set up clinics.

D: Right

K: But not in the very beginning. We couldn't, we couldn't digest that. That was a little, that was a little. And you see, when we started the program, Doctor Draper was very close to the American Medical Association. He was on one of the committees for industrial medicine. And his concept was that the program will be available to all doctors in the United States, and the money, it would be a free choice. Nobody would be excluded. We would use existing hospitals and physicians, is the way he put it. And that set well in that profession. I think what he was angling for is cooperation of the doctors. He was a little afraid that he might not find enough doctors around who wanted to take care of these people, see. So we started out with a gigantic fee-for-service program, you know. Any doctor could participate. Oh, we had standards, and we could make a decision about not paying for surgery, perhaps, to a guy who didn't know how to do the surgery. We made some distinctions, but we had a list, eventually in each office of who we would pay and who we wouldn't.

D: Now that is, that is probably what got you into, as I understand, got you into enough trouble. Just, we'll pay for this, and we won't pay for that. And the excessive utilization was under review.

K: And we started setting up the list, and we had to drop guys from the list because they weren't doing the right job. And we used quality control that we had to introduce. And so there wasn't any tissue committees of any kind, back then. There was something like that but not quite. There was no outside force disciplining the doctors. So we had to set up our own controls and evaluations of utilization [inaudible]. There wasn't any utilization committees. We started our own. But at any rate so when we came there, we had to follow Draper's lead of a wide-open program, which is what we did. And it was kind of ridiculous because the first year I was in Birmingham, we sent letters to all the doctors inviting them to participate in the [inaudible], and most of them said they would. And then we asked them what specialty they were in, and we got a list printed up. And we were shocked to find we had guys listed, on the list for surgery, on the list for internal medicine, and stuff like that.

D: They must have done residencies in all of those different things.

K: Well, I never checked it that close, you know. We just asked them to send their creditenials. So we have a real screwed-up list. But, we had, the miners really had to have access, and we had got the bills flowing in. And we had a big bill paying mechanism to, but gradually we see, what happened was we started to lean and be more selective. We did more of that in Alabama than in most places.

D: And as part of that, could you then start to get rid of some of the guys who would never diagnose black lung? Never, couldn't bring themselves to make those diagnosis. I assume everybody wanted to feed at the trough, right?

K: Well, here's the way we put it to them. Doctors would come to me when they got out of residency. See Birmingham Medical School began to grind out residents. And they'd want to be in the program. And I would interview them, and I would ask them what the knew about pneumoconiosis. And they would say, "Well, I'd rather not get into it. That's Louie Friedman's bag, let him do all of that." I said, "Look, doctor."

D: Why wouldn't they want, wouldn't they sort of know.

K: They didn't want to report. They didn't want to report. And, see, Louie gave it kind of a bad name in his time because he was from, a very loud mouth and all, you know. And they didn't want to be considered. Not only that, you know, you still had the social environment, the TCI and

D: The South

K: And the company was respectable; the union was dirty, you know. And working with a dirty doctor like Louie, working with the union.

D: There must have more than a little bit of anti-semitism down there, too?

K: Oh, yeah. There was with me being Jewish. But anyway, so I, still going all right?

D: Looks like it.

K: I [inaudible] said, "Look, doctor, I'm sorry, but here's your problem. If I tell the miners they can go to you, then we're going to pay you. And you're going to do a workup on a guy who's got some kind of problem. Maybe you think it's cardiac, you're going to run into a chest X-ray. You're

going to see something that, what are you going to do, not tell the miner what you've found, that there happens to be some changes in his lungs that you know about? You cannot accept the coal miner in the coal fields, family practice, or specialist or whatever you are without having some cognizance of the normal kinds of illness that are endemic to our area. And that's one of them."

D: But was the premise that these guys did have some baseline understanding of pneumoconiosis, and they just weren't gonna get involved in the mess? Or did

K: Right.

D: So they weren't just, because this is another theme that you'll hear about -- well, the medical profession just didn't know. I mean

K: Well, that's not true.

D: Especially, I would think, in a place like Birmingham where they were sitting on top of it.

K: They knew, but they didn't want to tangle with the corporation. They didn't want to get up on the witness stand and be arguing and be faced by, say, another doctor from U.S. Steel who's [inaudible] on the witness stand.

D: So, so what, now just, Friedman started to carry

K: Well, I started telling you the story. When he was assistant dean of the medical school. He [inaudible] to this idea of black lung. Frankly, I think with him it was a method of advancing himself. He thought that he could do something to gain more stature, which is the way he conducted his whole life.

D: Sure. This was a hobby horse.

K: Money and stature.

D: And when was this? This was before you'd arrived?

K: About 1945. Let's see, I got there about '49, and there's a few years. And he went to the corporations down there. He went to U.S. Steel said, you've got a disease in your mines. You've got coal workers' pneumoconiosis. And I can help with this. I can help you figure this out or something. He didn't have any political allegiance to the union, ever. And at that point he certainly didn't. They told him, get out of here. I don't know, maybe it was because he was Jewish, or was too aggressive, or what the

hell he was. He wasn't part of, part of the first families in Birmingham, and we'd tell him that [inaudible].

D: Plus, he didn't have a cure for the disease. So what was he going to do for them?

K: Well, he would treat them and make them feel better, that's all. And he wasn't talking compensation in those days, either. So Louie gave up on the corporations. So he went to see Mr. Mitch, just before I got there.

D: Friedman went to Mitch.

K: Yes.

D: And told Mitch about this. And Mitch knew something about it already because he was no dummy.

D: I'm just, yeah, I'm just curious about that in two ways. One, I don't know, did Mitch have black lung to any extent? He'd been a union official most of his career, not a miner. So he

K: He knew about it.

D: Yeah.

K: He saw miners die of this disease.

D: Now, did you think he, or did you ever hear, or anyone ever, did you ever hear any second-hand or any other references to a big screening study, that the Public Health Service did in Alabama in the early '20s.

K: Yeah. I read that somewhere. But I don't know what the outcome was. Now Mitch wasn't there in the '20s.

D: No. No. I mean, I just was wondering if this was part of the sort of folklore, the background of this. Did you ever hear references to this?

K: Who, who sponsored that?

D: This was the, by the Public Health Service. They sent a fellow down there by the name of Meriwether. And he went through a number of the camps, Sayreton and Boothton, and a lot of these little places.

K: Well, you see

D: Carbon

K: The knowledge was there. The British information and research was there, and I imagine back then the Public Health

K: [inaudible] well, I told you that. So he went to Mitch, I believe, 'cause I wasn't there, was well aware of the pneumoconiosis, the coal workers' problems with their lungs. He knew it historically. He knew it from his background in the Mine Workers for many years. And he thought Louie made a convincing argument

D: Let's get this thing right under your chin.

K: Louis obviously made some, obviously made some convincing arguments. And so, I believe they filed some law suits.

D: There had been no suits, probably there are no suits filed until Friedman initiates

K: That I couldn't say. But I didn't know, I didn't know much about that. But I believe they filed some law suits with young Bill, as we called him, Bill's son, Mitch's son. He was an attorney for the union, and Louie trying to file some action against the, against various coal companies.

D: And did that, now did that provide the model then for how to work up patients? Was Friedman the guy who said, now here's how you work up a patient to prove it. And what did that mean? Was he, did he do

K: He did X-rays. He used his own terminology because we hadn't really had a national designed terminology yet. And he, the thing he did that was helpful in the litigation was he went to court. And he was a very outspoken witness.

D: Did he do pulmonary function testing back then? Did he do any kind of work.

K: Yeah. He did some.

D: He did functional work ups?

K: Not like we do now.

D: But he did some kind of

K: But his judgment of disability was more or less clinical judgment, rather than altogether numerical. No, no. Besides, the courts wouldn't have understood that, anyway, because we didn't have all the FEVs and all that kind of stuff well developed then. But Louie convinced Mitch and

many coal miners that he was their hope for compensation, and he became very popular with these miners when the program started to pay for medical care.

D: These suits. Now he was winning these suits, right?

K: Yeah.

D: And what kind of awards were people getting?

K: Let me back you up. See it didn't work that way entirely. In workers' compensation, as you know, the threat of a suit sometimes leads to a payoff before there's a suit, a settlement.

D: Settlement, settle out of court.

K: Miners felt they had a problem, they got to Louie. The union, I think, was their transmission for him. They go back to the company with a note. See, you had to go back to the company if you were going to file a suit. This doctor says I'm disabled fifty percent, this is the term they use, fifty percent, twenty percent, fifty percent, that would, and I'm entitled to some money. And the company doctor would examine the guy. And sometimes they'd say, "Okay, we'll give you a thousand dollars or two thousand, five hundred, whatever." And that would be the end of it, you see. So a lot of people would made some dough on this. The threat of a suit that Louie helped with, and there were very few other doctors, by the way, who would do this was enough to get some payoffs. But then they won some actual actions in court. I think, the highest one I heard, I ever heard of was like $16,500, something like that. And young Bill, Bill Mitch was the attorney, see. So we got to be kind of a tripod type relationship between Mitch Sr., his son the union lawyer, and Louie Friedman so they got to be kind of a

D: They had a little machine.

K: They got to be kind of close, friendly and close. And when I came to Birmingham, that was all they would talk about to start with, you know. Gotta get to meet Dr. Friedman, you gotta get him in the Mine Workers program, you know. Because up until then, if they used Louie for something, I don't know, I think the miner had to pay, the miner had to pay him. See, there was no welfare fund, and the union didn't have that kind of money, anyway.

D: And Friedman, he still had an academic appointment? Or he was not longer at the medical school?

K: He's no longer at the medical school. Whether he had a voluntary appointment or not, I don't know.

D: Yeah.

K: I never heard him teaching after that any more.

D: Okay.

K: I think he left the medical school and went into independent practice by himself. Well, that began the saga of the welfare fund paying Louie Friedman.

D: Okay.

K: And we actually complied with the request of the union and and gave him, paid him fees for evaluations of patients. See, we didn't have the right under the welfare fund, there wasn't any such thing as workers' compensation benefits, medical evaluations under workers' compensation. The mine workers didn't negotiate that in the contract. It was medical care, see.

D: Okay. Okay.

K: But as I told you before, a doctor seeing a miner for medical care could inadvertently become involved very easily.

D: So, that was the kind of, now I've gotten this from Kerr. That was kind of a tight rope you had to walk. You couldn't, as I understand it, look like you were just working specifically to develop legal cases or workers' comp claims. But in the course of delivering regular health care, you could do the same thing.

K: We said to the doctors, all we, we don't ask you to go to court, that's not our business. We ask you to tell the truth, and tell your patient what you found. The rest is up to you. If it's a lawyer involved and he asks you a question, that's between you and him. We don't pay for the testimony, you know, and things like that.

D: But if they wanted, short of paying for expert witnesses, if they wanted to do the most elaborate workup in the world, the only purpose of which would be to develop a workers' comp case or a law suit, that was fine with the fund?

K: Well, it didn't, yeah, we would. Except that it didn't work quite that way, because there was no such thing in those days as a specific elaborate evaluation for disability

with workers' compensation. It was still pretty ad hoc, it was still

D: Pretty subjective.

K: Yeah, pretty clinical. Yeah, you know, I think he's this disa, to say without much assuming. And even the British in those days didn't have an elaborate system like we have now for telling what percent of each of these indicators, you know, you miss out on. But, but of course we paid for a high quality workup and whatever the doctor thought was necessary. So that caused a lot of big problems, because then a lot of patients came to see Dr. Friedman. And I paid him a lot of money.

D: Starting in the late '40s?

K: Yeah. I think the last big payment that he received from us, and I can't remember exactly what date it was, that we finally, we terminated that arrangement. And that was a bloody deal.

D: And we're going to get to that in a minute.

K: The last month's payment I think to him was $24,000, in one month. And he did have an assistant at that time, I'll add that, and he had a pretty good clinic. But that was, you know, in the '60s. And geez, that was a lot of money.

D: Sure.

K: $24,000.

D: But he was, I've seen letterhead a couple places, he did, he was a one-man operation. I don't see a whole list of names on that letterhead. It was just the Friedman Diagnostic Clinic was the

K: He had an assistant from time to time, another physician with him from time to time. That came and went. But it was not a big, it was not big, as a clinic. It was mostly, you know, technologists and laboratory and all that stuff.

D: But if the fund is delivering care for, or underwriting care for thousands of miners, and black lung is one their top priorities, I would assume that this pretty soon becomes something that's more than just Friedman. That

K: Well, that's a good story. That's what we want. It's like I said before, if any doctor was going to participate, we had to have, those doctors had to be oriented. So what we did, was we tried to involve other physicians. And we

did, much to Dr. Friedman's annoyance. And even some, even in the early days, he actually complained. And I think even the union itself felt that I might be doing the wrong thing, you know, by

D: Now, now what did that mean? Did that mean identifying other specialists, pulmonologists, or radiologists? To some intent it meant that?

K: Yes, it did.

D: What else, to what extent did it mean integrating an awareness of occupational disease into primary care so that when, in an initial encounter, between a general internist or a G.P. and a patient, that the doc would as a matter of course take a good thorough occupational history? Did you guys teach them to that sort of thing?

K: From the beginning.

D: Really? So it wasn't just a matter of shipping people off to specialists and paying a lot of

K: No, we didn't ship them off. We tried to get our local specialists to be oriented. As a matter of fact, we exposed them to the literature. Lorin sent up a barrage of stuff, I'll show you some of it, which we sent out to all of these doctors, so they could read the British literature. Lorin did a hell of a job on that. And we actually had experts come to this country, from England. We had them come to Birmingham.

D: Yeah, let's hold that, but yeah. So early on, this is a matter then of getting primary care docs oriented. And how did you guys do that? Did you have seminars for them? Did you send them forms on how to take an occupational history?

K: We sent them, we sent them the literature. We talked to them individually. And we did have occasion to expose them through conferences and things. We didn't do enough of that kind of more academic training because, see, even the medical school was a little bit leary. See, when you mentioned Friedman and the Medical School and U.S. Steel and the others, see, the medical school relied heavily when it started on voluntary faculty, you know that story

D: Sure.

K: About the metamorphosis. And who do they use in their volunteer, and they played, you know, you know they played ball with the power that be. So that they were somewhat

like many medical schools on the side of caution. The corporation was important.

D: Sure. Sure.

K: Some of them still are.

D: They know who the powers were.

K: And you know. That's just a package. But I managed to do a little teaching at the medical school in getting some of this word out. But generally speaking, we had difficulty organizing the way this should have been done in Birmingham. But Lorin established arrangements to which we invited physicians from Birmingham, like in West Virginia. He brought Gough down. Do you know who Gough is?

D: Yes. Let's save that. Yeah. Yeah.

K: So in answer to you question. It had be done with the help of Lorin and experts from abroad. Except we did have some experts from abroad come to Birmingham, too, to help us.

D: And, in the, were there also the threat of sanctions that you'd say to a primary-care doc, you know, if you can't make this sort of diagnosis, maybe you're not going to be a participating provider for us. We're going to take you off the list. Or wasn't it that straightahead? No?

K: You see. I didn't want to do that for a lot of reasons. See, we were looking for to change the whole atmosphere of the practice of medicine away from corporate domination. And we tried to cater to those doctors who were not tied to the corporations and who did not feel some pressure to be guided in their decisions by corporations. So our goal after all was to get good solid quality work. And I said, we have women, and we have children, and we had all kinds of problems, besides black lung. So I used what I would think would be a more educational approach of saying, "Now look, doc, you know, you're going to run into this. Here's the stuff, you know. You'd better take, take some notice of it." Some of them paid attention, and we had a cadre of maybe a half a dozen real strong guys who knew pneumoconiosis then and know it today. That we built in Alabama. They built them all over the country. Other doctors who did not want to get involved, they did a good job, say of managing heart disease and stuff. But if they ran into this, they transferred the patient to somebody else.

D: So, they at least refer it off. They understood enough to send it to somebody who'd take it on.

K: They didn't cover it up. That was the main, if they covered it up, it would be a problem. So that's the thing that evolved in Alabama. And that's what helped up get our legislation. Because I think, when it became known that it wasn't just Louie Friedman, it made a big difference.

D: So just, in the early days here, I mean what were your general, let's save that. Let's save that. All right, so we get to the, so Friedman is helping develop these suits, and the fund more generally is helping build a case for suits.

K: More or less, indirectly.

D: Indirectly. Because the union

K: Not officially

D: The union couldn't send people in fact. You didn't go in and testify in any of these suits. And people weren't ever paid by the fund to go in and testify?

K: I testify on the legislation.

D: Okay. Now that was my next question. So then in 19, in June of '51, there's an amendment to the workers' comp law in Alabama to cover something that has a funny name. I never, I hadn't seen this one before. They call it occupational pneumoconiosis, as though there could be any other kind of pneumoconoisis. And then, what's so interesting, is they enumerate all the, they don't list miners' asthma.

K: All of them, oh, yeah.

D: But they tick off, including anthracosis. Was that still, that term still used very much in the '40s? The one you saw a lot of

K: It got over that.

D: The one you saw up north a lot was anthraco-silicosis.

K: Yeah.

D: That was the big

K: All those terms were used interchangeably, and it was really very confusing, until the federal act was passed. But occupational pneumoconiosis was closest until, I think, the British term was coal workers' pneumoconiosis.

D: CWP

K: That is the real name.

D: But among the miners it was called just miners' asthma? Was that the, is that what people called it?

K: Right, right. Until, you know, Miller and all that bunch came along, and the black lung became the substitute term for it.

D: But the term black lung wasn't really heard until when?

K: Well, I guess, when the hell was it that Buff and all that crowd started working, and Yablonski ran for president? What year was that? Do you remember?

D: Early '70s.

K: That's about right. Late '60s.

D: But you have, just to clarify the clinical picture of this, I didn't

K: That's all right.

D: Oh, your briefcase, I'm sorry. You had guys [inaudible] who were going around and couldn't breathe, and had to sit up at night, and the rest of it.

K: Right.

D: Did you also have people who actually would bring up, besides spit up coal dust, who would bring up the black fluid when one of these

K: Sacks ruptured.

D: Yeah when one of those sacks ruptured. Did you ever see, did that part of folklore where people knew that you'd see guys bringing up this stuff that was sometimes described as ink.

K: You know, by the time I got into this in 1949 and '50, we began, we made probably a lot more progress than I realized at the time, in excluding miners from exposure through the court action I was describing. The companies

became somewhat leary after a while, you know. They saw what was happening to them. That's why they got to that compensation act. In other words they realized something was going on, and I think it may have helped in reducing the exposure. So that what we saw mainly, miners would come to see me, and I'd see them out in their local unions. And they couldn't carry on two sentences without taking a breath, you know. They were short of breath. And they'd be barrel-chested, you know. They looked somewhat, you know, like my buddy Lorin looks. And we saw some of them dying. They had them in the hospital. They had them under oxygen, and, you know, they had a horrible strangulation, really, you know, pulmonary deaths. But that began to become reduced into the '60s and '70s. We saw fewer and fewer of those. So that, I didn't see this is a, as a untreated, you know, problem, like it had been, say, in the '30s and the '40s before I came. After all, you know, by the time we started working on this in the '60s, they had reduced the coal levels, and it made a lot of difference. Coal workers' pneumoconiosis became reduced in incidence and in severity, I think, with the beginning of the union pressures that I just described, through the suits, and the law.

D: So you didn't see so many of the exteme cases where people went to the, massive fibrosis that would give them that inky, like, and inky sputum?

K: Those people who died in the hospital, occasionally we saw some of that. But mostly, I didn't see much of that, and I was glad of it.

D: Sure. So there's a movement for comp reform in '51. And you said you testified on that?

K: Didn't in Alabama. I did in Virginia, but not in Alabama.

D: And when was that?

K: I testified in Virginia in, when did I go up there? I went up there in the '60s. About 1965 I testified.

D: '65.

K: In the Virginia legislature, for passing the pneumoconiosis act in Virginia. Yes.

D: Well, they, I have yet to pin down the details of this. They apparently, they pass something in Virginia.

K: '58.

D: '58.

K: But then they rescind it.

D: Okay. So they pass it in '58, and they took it out the next year or so. And then they put it back in.

K: And then we got the whole scenario going in Virginia, see. When I got into Tennessee, I had Virginia, West Virginia and so forth. And we, I went to doctors in Kingsport and Bristol and we did the same bit, like. Only we didn't have any Louie Friedman to deal with, fortunately. We had some guys with, that were, and by that time things had changed a lot. There was some interest, they knew about Friedman. They knew about the disease. And you know, we started getting diagnoses made. And other attorneys and other people were involved, I mean. So we revived the whole question. And by then, there were politicans who ran for office from the coal areas, who knew about this. So the Virginia legislature revived that law. And I was one of the witnesses.

D: And it was in '58 they put it in the first time. 'Cause Lorin couldn't remember. He said they put it in, then they took it back out, then they put it back it in in '68.

K: '58 they took it out. And was it '68 when they put it back in?

D: Put it back in in '68.

K: Yeah. Heah.

D: But wait, you said they put it in in '58, or they took it out in '58?

K: No. Originally, they originally passed the law I think the law around '58. And then very soon after, I don't know whether it was a year or what, they knocked it out.

D: Yeah. They knocked it out.

K: Well, we put it back in again in the '60s. Yeah.

D: So, you had, but you had no role in the, the '51 Alabama lobbying?

K: That was handled very, very quietly. There was no advocacy. There was no march on Montgomery.

D: Yeah.

K: It was handled this way. The attorneys for the U.S. Steel Corporation and the other big coal owning, you know, these were captive mines, you know, sort of steel and coal. They decided that they needed to get this into the workers' compensation law because that placed a limit on their, on their liability. You know how compensation works.

D: Yeah, sure.

K: And so they made a deal, which was not a bad deal. And they said, you know, that's the way workers' compensations worked, I think, all over the world. You get some doctors and some advocates raisin' hell, and pretty soon they decide, well, we'd better institutionalize this. It's a better bet for us than to have to fight every case and to have to pay lawyers' fees, and maybe pay even more money. I don't know. So they decided between them. The attorneys for the U.S. Steel and the attorneys for the Mine Workers and some of the other corporations sat down, and they agreed on what they would accept. And that happened.

D: Yeah.

K: There was no, there was no fight that I know of. There was no, nobody, you know, advocated one way or the other. It was a sort of tacit acceptance by the corporations that they want to get rid of this Friedman around their necks, one way or the other. Of course, they didn't get rid of him at that point. But they really, they really did something which is extremely important. They made pneumoconiosis recognized by law.

D: Yeah, yeah.

K: Which it should have been years before.

D: Yeah.

K: You see.

D: No, that has always struck me, me as curious, as to why that, why that wasn't more of a breakthrough in a sense. It was a breakthrough, but it didn't lead to anything. You know, no other states jumped on the band wagon, I mean. When you look at the way, for example that, that reform is treated in the United Mine Workers Journal. There's an itsy bitsy little article about this big, says workers' compensation benefits changed in West, in Alabama or something like that. And it's kind of buried. Why didn't the union, kind of, get up and run with that?

K: I don't know. I think it was, I think it was partly, I don't, you'll have to ask Lorin. I think really, it had a lot to do with the, the spin that was put on this by the area medical administrators, the attitude of the physicians practicing in these other areas. It had to do with a whole scenerio that was really not duplicated, that I know of, anywhere else in the United States, like in Birmingham. You know, Birmingham had a Friedman, who was an irritant, which played a role. We, they had the, you know, common law suits or whatever it is, the law suits that played a role. They had us there, and myself and my staff promoting pneumoconiosis sort of, you know, backdoor ways. Teaching doctors, exposing them, all that combination existed in Alabama, to help the situation. I don't know that it existed very many other places.

D: Yeah.

K: The only other place I know we worked on that, as I told you, where I went to, Virginia. Now when, if we had had Rasmussen and people like that, you know. And he didn't get into the situation until, oh, let's see, when the heck did Don get going, somewhere in the '60s, wasn't it?

D: Early '60s.

K: That was after the hospitals were sold already, wasn't it?

D: No. He starts out, I think, when the, at the Beckley Hospital when it's still your, where it's still a union hospital.

K: Well, when you had Rasmussen and other people. I don't know how he functioned in relations to getting a state law passed in West Virginia. Did they ever have a state law on pneumoconiosis statute in West Virginia?

D: Yeah. They had that state workers' comp reform in '69.

K: '69. Well, so, that may have been partly some of the work. Maybe he testified on behalf of that. But you had to have that, you had to have that critical mass of the doctors making the pitch, the companies being socked with the, the suits which was undesirable.

D: Yeah.

K: And you had to have us in the middle, you know, kind of shepherding all these things. After all, we're paying for this service, too.

D: Yeah. Well, what seems to have been, what seems to have been the case in part why this didnt' sort of catch fire in the early '50s, was that the fund seemed to be, from what Lorin has described, very ambivalent about it, that this was just a little bit too hot to handle. That the idea was to get 40 cents a ton out of the coal operators to pay for health care. But that this was just a little bit too much. That this was, that the operators were going to really choke on this, that if they were going to be paying money, not just for health care but to have health care that generated law suits, and generated comp claims against them. It was, they felt that they were going to have to pay twice. They were going to have to pay the royalty, and then they were going to have to pay workers' comp claims, that they weren't paying.

K: That's absolutely right.

D: And there were, there were signals that came along. Lorin describes it from Roche and from Draper, that you could only go so far on this. I mean, did you, how did that kind of trickle down, or how did you get a sense of that? Did you ever, did Draper ever inform you to back off on this or to take it easy?

K: Couldn't do that. The reason he couldn't do that, is that, you know, it was part of my responsibility to satisfy the needs of the union. Now William Mitch, who was the district president, was not a amateur or lightweight in the union cirles. He was close friend of John Lewis. And frankly, if I had said to him that I can't do this any more or that I can't do that any more, he would have raised, he would have raised hell all the way on up to John L. Lewis. He would have been very incensed at that. And I think Draper realized that, and Draper didn't mind. So, I kind of got away with it, because I had the backing of that kind of union leader.

D: Mitch, Mitch was a powerful patron. Well, it's interesting, I went through the Executive, the International Executive Board minutes for October of 1951. And two things happen. One, Mitch has gone to Europe, on one of these International Confederation of Free Trade Unions and the International Miners Conference in Luxembourg. And there's reports on how there's a big discussion about lung disease there. And he also goes, I think it's at this trip, he went to Wales.

K: Yes.

D: Yes, he went to Wales, and he saw Gough.

K: Right.

D: How was that set up?

K: Louie. Louie helped with that.

D: Friedman did that. I see. And he talks about this at the International Executive Board. And Lewis says, or that least what the record shows, this is very interesting. You should tell the fund about this. And so, sure enough, Mitch, and I found Mitch's letter, Mitch writes to Roche and says, look at this, the British are compensating this. This is a major problem; it's not silicosis. And as far as I can tell, it dies there. And I mean, he reaches, he, Mitch to Lewis, to Roche. Then it doesn't, it isn't like Roche copies the letter and sends it to all the area medical officers, sends it to Draper and says, tell your area medical people to get on this right away. It just kind of, that was the way in which, apparently, what I'm hearing, that was, they would tolerate the activity in the district when you have someone like Mitch standing next to you?

K: I think you're right.

D: But they didn't want to stimulate this. They could have jumped on this and run with it in the early '50s, theoretically.

K: Well, you see, you see the, the attitudes of our medical officers were not universally the same, either. And you know, they, you see, one thing that is a problem in medical care administration with physicians at the helm, which I favor, is that sometimes they get their, they get their marching orders mixed up, if they think they're part of organized medicine. Even Draper got into this a little bit in the beginning, by the way, until the medical profession kicked him in the butt. I told you, he started out saying, use all the doctors, pay fee for service.

D: And he wanted the, like he was one of the old boys.

K: Well, not, not, no, he meant that for the benefits of the patients, too. He thought that we would get good quality, private medical-care types, to take care of our patients, not hacks, like you get at Medicaid and stuff like that. And he thought that was the way to do it, play it their way. Until he began to understand, like happens to anybody, who has inexperienced, and he didn't have much experience in this kind of business that all medical care isn't rosy. And doctors are greedy, and they do bad things. And he began to see that, and he was too much of a, he had

too much integrity to take a look, at, you know, removing a uterus from a twelve-year-old and all that kind of stuff that we ran into, and let them get away with it, see. So then he, and he went to them, in terms of quality review and stuff like that, and they refused to take the responsibility. And he, so he changed his attitude. But not all of his area medical administrators were the same way. We had a, we had a guy in Illinois, whose medical society, no, in the university, in the Illinois Medical Society has had a lot of activities over the years which have not been in the forefront of progress in medicine.

D: This was Cecil Sharpe, was that the guy?

K: No. This was after Cecil Sharpe. This was George Brothers, who's dead now. What happened was they, they got mad about George, just like U.S. Steel didn't want me to intervene in their business, because it would cause some problems with the steel workers, you know. And they wanted to send, see they wanted to send the patient the bill, and let us reimburse the patient. And we couldn't qual, we couldn't actually control or even evaluate carefully if the bill was already paid by the patient. What the hell kind of a fuss is that, you tell the doctor he did the wrong thing.

D: Yeah.

K: The patient is already hooked with that. That's sort of a crude way of putting it. But it's a better, you can control care better if you have the payment authority as well. Well, George was working in that direction, George Brothers in Illinois. And he was based in St. Louis, but he had the Illinois program. And George talked to the physicians, and he was active in the medical society. That's what I'm trying to illustrate. And they sent a telegram to all the doctors in the state of Illinois, telling them, you are forbidden to bill a Mine Workers program. You have to bill the patient, and let the patient collect from the Mine Workers, okay. And George has this telegram in his hand, and I've got a copy of it somewhere. And he comes to Washington, to a meeting. And this guy's beside himself. George is actually trembling. What can I do? My profession says this, and I gotta do that. I don't know what to do. You know. Some of us felt like saying, you stupid ass, you know, you take care of the patients. That's what you're there for. So if you have that kind of attitude, I hope you can understand what I'm driving at. It doesn't translate easily into getting on the band wagon and trying to live with Louie Friedman, only he's getting to you, you know, all the time. You know. So some of the other area medical administrators, I, I must say, were not quite

as wedded. They didn't have the constitutional commitment as I did, see.

D: Sure

K: See, Lorin and I came from the same cloth, you know. We both had this in our heads before we even got to the cause. We were for occupational disease control. We were for rights of people looking for medical care, and all that stuff.

D: And so people like Draper and probably one group

K: Draper changed by his own experience. But George was scared.

D: But what's interesting about Draper is that for all of their ambivalence and their need to kind of tiptoe around the edges of this, in fact, 1951 is the year in which Draper tells Kerr that his job is to raise the, this issue of black lung or coal workers' pneumoconiosis. And so that was probably his sense of, well, that's as far as I go. I will get Kerr to send the message out. And if the AMO can pick it up and run with, good, and the same.

K: But he didn't instruct us to do that.

D: He didn't instruct you to. Okay.

K: No, sir. No, sir, not that I remember. And he didn't have to instruct me, anyway. But I think that may have explained some of the differences. And there were other, you see, some of the doctors picked up the same theory that Draper did. That actually to get good medical care, you had to be on good terms with the medical profession. But invariably, if they had any integrity at all, and most of them did, when they ran into these terrible problems, no matter where they came from philosophically, if they came from the army, like a lot of them did, they couldn't tolerate, you know, slipshod lousy treatment of patients, regardless of any class differences between us.

D: Sure.

K: They just couldn't tolerate that.

D: And all this unnecessary surgery.

K: And they took a hand, they took a stand. See, now black lung was not quite on top of their agenda for a social, you know, benefit that they were going to fight for.

D: Yeah. Yeah. Well, there were so many other, I mean, obviously, you had so much work cut out for you, in terms of health care.

K: Draper didn't. Draper didn't. He went to Miss Roche, and said, and I didn't know about the, I remember Mitch. But Christ, Mitch was ahead of me in this. He started this before I ever got to Alabama, you know.

D: Yeah. Yeah. And was he generally, was it just that the problem was so severe that he was sort of hit over the head with it? Or was Mitch a pretty farsighted guy?

K: Oh, no. Mitch was a giant. Mitch was a

D: Really?

K: Oh, yeah. He as way ahead of Lewis in his social policy and interests [inaudible]. And he was a hell of a tough guy to work with.

D: Really? Why?

K: Yeah. I can tell you lots of antedotes. Well, here I come, this young pup, you know. At the time I was in my thirties. He was already sixty or whatever. And I move into his district. And I come to him and I say, "I want a list of all the local unions and their officers, so I can write them a letter and tell them all about the welfare fund, and all the great things we're going to do. And I'd like you to introduce me around and take me." He said, "What do you mean? I'm not going to give you any list, that's confidential." I go to Mr. Mitch and say, "I'm trying to help these guys." "Koplin, if I give you this damn list, the next thing you're going to be running for office and give me, to get my job." He laughed, you know. But he was real leary. In fact he complained about me to Dr. Draper, that I was, was I supposed to do all that stuff, you know. And of course, Draper said yes, I was, you know. He came around. But it was an ego. He was the big master, the big boss. And I was very honest, and he and I became very good friends. But I used to come to his office every Monday morning. And he'd have like a, you'd call it a staff meeting. He didn't call it that. It was like a bull session. All of his district guys got together. And I used to sit there while they figured what were they going to do when this mine and that one shut down.

D: Oh, God.

K: And then I got a chance. They said, "Doc, what do you got to say?" And then I got a chance to give them a little

facts and information about all the things that were going on. So I played a role as a member of his staff.

D: But that would be a way also that these other district people would, this is the way other people learned about this stuff, right?

K: Yeah. But I don't think the other area docs did what I did [inaudible].

D: They weren't integrated into the, the

K: I don't think.

D: They

K: Well, some of them did. But, and I had to do it under tough circumstances. 'Cause when Louie got going, especially when we started paying him and the miners came flocking to him under the welfare fund, you know, we paid him a lot of money and the number cases began to increase. And other doctors got involved, you know, and stuff like that, you know. Louie and Mitch, I mean, hell, Louie built the new clinic, and on one wall he had William Mitch's picture and on the other wall he had John Lewis' picture. Now who the hell's clinic is this? Come on, boys, this is our place, you know. And he, he, he wined and dined the top local union leadership, you know. I don't say that with maliciousness, because it's sort of the American way, you know. He was promoting his business, and he did it very successfully. But he gave me a real pain, because I was paying off on all of this.

D: Yeah, right, right.

K: And if we get around to it, and I finally tell you how the denouement occurred. We had to stop using, it was quite a painful thing.

D: So. Oh, I just, here's this, this, we've been over some of this. But here is a case, for example. Now the law is passed in '51. Here's a letter by a fellow named J. E. Henderson in District 20, writing to John L. Lewis in March of 1952. He says, I was a miner at the Bradford mine for twenty-three years. The Jefferson County T.B. X-ray Clinic, took me out of the mines in May of 1948. I am still under them for treatment. And what it sounds like is that they would use the, the employers to some extent use, or I don't know if they used, but, miners should be screened through for T.B., the T.B. clinic, county T.B. clinic.

K: That's the Health Department.

D: And then the company, would somehow get access to the, sounds like what happened here was that the county was doing the employment screening for the companies. It says here, so then Alabama By-Products superintendent calls over to the T.B. clinic and finds out what the guy's story is. And then they don't give him a job. How?

K: Was this before he went to work?

D: This was, he tried to go back to work, and he couldn't get back in, because the, it says here, I was a member da, da, da, da, da. After three months, I asked the doctor at the T.B. clinic for a statement. After he said I didn't have T.B., he said I could do light work. And I wanted to go back to work. But Alabama By-Products superintendent called the T.B. clinic. Period. I could not go back in the mines. So they got some information from the, from this county. How pervasive was stuff like that?

K: Not much. Because the T.B. surveillance in Birmingham was not a very well developed program, but it shows you. That's a good example of how easy if was for the corporation to get confidential information which they had no right to at all, you know. Technically speaking, if the U.S. Steel Corporation's hospital Lloyd Nolan, made a, made, you know, had a patient with a diagnosis, that's not supposed to be public information. That's not supposed to go to the Department of Industrial Relations. Technically speaking, that's confidential. Otherwise, it's been the doctor and the patient, and it's supposed to be sealed up somewhere. But that's not the way they operate. And this is the same thing. Certainly, the public clinic that had that information shouldn't be revealing it to the guy's employer even if it is relevant. It's still not. We don't do that now.

D: Basically, what happened to this guy was

K: Now they sue the hell of you, if you do stuff like that.

D: And then says, then he finally gets health care under the miners' welfare fund, where he went and got a workup by a fellow named Dr. Green. And then he was told that he had silicosis.

K: Well, that's one of, that Dr. Green, I believe, is, was one of Dr. Friedman's assistants, during his string of assistants. That's a member of Dr. Friedman's staff that did that, I'm sure. There was no Dr. Green that was an internist.

D: But by the time, the upshot for this guy is by the time he's finally told he has occupational disease, the statute of limitations is passed, and he's out in the cold. I just wonder how common that

K: Oh lots, lots.

D: They would miss the deadlines.

K: I meet people all the time. I used to meet people all the time, who said, my daddy never got it because it was too late. I don't like that stuff.

D: So that was pretty widespread. That they'd

K: Yeah.

D: And I suppose that was part of the deal.

K: The point about this, Alan, is that the way in which the confidential information was at the beck and call of the corporation. Even the public agencies' information should never have been released to them. If I do X-rays, in my own clinics now which I do, the patients sign a consent. And on the consent it says that we consent to have you get the information. But you will not release this information to anyone without my permission. Now, if there's a catastrophe, you know what I mean, if I think it's a public health emergeny, and this guy is going to expose fifty school children, they're all going to get T.B. and all that kind of stuff, I may have to override that as a public health official. But not to routinely have a someone call me up and say, hey, what did you find in this guy? I won't tell them. It's kind of like with HIV. We won't tell them anything about HIV. The law is very strict about confidentiality, normal stuff. And T.B. even in those days was, you know, that was a stigma. And it was a pretty serious problem, and you don't go telling everybody that you've got T.B. So that's what that showed, how easy it was in the relationship between that and what we're talking about is that the access of corporations have to information. And it was probably the case with all the physicians who worked with them, too. Now, if they actually sent me to you as a physician to check up on me, because I claim I have black lung, you examined me, they paid you, you have to tell them. In fact, I have to sign a statement when I come to you, that you're allowed to tell them. That's what they

D: Sure, 'cause that's what they paid for it, and they consider it their proprietary information.

K: Well, you don't, if I don't sign that information, well, then they don't send me if I don't agree. Then they don't work it that way. But I have to agree, see. I have the right to agree to that.

D: In

K: Are we getting the stuff that you want now?

D: This is great. No, this is great. In November of '52, there's the first of these symposiums on pneumoconiosis at the Golden Clinic, at Ben Golden's clinic in Elkins. Did you go to that?

K: Yes, I did. Yes, I did.

D: What was that like?

K: Very good. Very good.

D: You did not go to Saranac, the Seventh Saranac Symposium?

K: No, I did not.

D: But I

K: Ben Golden was, you know, kind of a, see that was in, I believe that was something Lorin worked on. I believe that was in Lorin's area. Wasn't that in the Morgantown area?

D: It was in Elkins.

K: Yeah. That was in Lorin's bailiwick. And you see, Lorin, had the same attitude that I did, even in those days, you know, well, even before. And so what he did was he developed resources as well as I did, see, locally. And Ben Golden's Clinic was one them. So, this guy was far more, I mean, he had a much larger and better operation, I think, than Friedman had. And he instead of just playing the compensation game that Louie was playing, this guy was also trying to gain, you know, a little recognition, and you know. In fact I think he wanted some patients referred to him in the hospital, which is okay.

D: Yeah.

K: So, yeah. They in fact, if I'm not mistaken, I think we went to the hospital, and I think we saw some of the Golden Clinic patients in the hospital.

D: Golden is long gone, right?

K: Oh, yeah. I met him. He was a nice guy.

D: Now, I came across an intriguing, you probably can't shed any light on this, but I've got to ask, anyway. I ran across a very intriguing letter that Golden wrote to Congress, to the congressional, when congress starts investigating black lung in the spring of '69, when everything is exploding. Golden writes a letter to the congressional committee and says that in the 1930s, I just wonder if this had come up in the course of this early conference, if it was somehow the upshot, or somehow related. He writes a letter to Congress and says that in the 1930s John L. Lewis was going to fund him, Golden, to do work on miners' lung disease. And the money, it never happened. Somehow or other for some reason or another, they got sidetracked, and the project never got funded. What could that have been? Do you, was there any plan to pay, the fund never was going to pay for research, ight? The fund

K: Yeah, but that's long before the fund.

D: Yeah. Well, I just

K: Well, it's kind of like the Mitch story. There must have been somebody in Mitch's staff, or in the union somewhere, long before any of us got around them, you know. That's sort of a good, that's sort of a good indicator of the fact that this was no news to the union people. And there were some more, you know, more advanced thinkers, more, you know, people who understood better like William Mitch. There must have been some people like that around Lewis, who tried to do that. By the way, one thing you might want to look into, perhaps you already have, is that in the anthracite mines, they were not part of the same, this welfare fund that you're talking about. There was an anthracite welfare fund. And the Anthracite Fund put all of its money into pneumoconiosis research at the Jefferson Hospital.

D: Jefferson Medical School.

K: Now, I don't know when the hell that started but

D: Started

K: A long time before that.

D: No, that started right at the get-go. They started that in '47.

K: They did.

D: The problem there was that they upheld this notion of anthraco-silicosis.

K: Oh, yeah, yeah, yeah.

D: They stuck with that to the bitter end.

K: You had to have silica.

D: You had to have silica. And of course, you know, that was a way of containing the conception of the disease in the narrowest boundary. So they could concede only the most minimal amount of compensation.

K: Yeah. I remember Burgess Gordon. The name mean anything to you?

D: Yeah. What was your notion of those, what did you think of those guys?

K: Burgess Gordon was, that, this is really a funny story. It was really a terribly controversial business. Burgess Gordon was a sort of a company man. He didn't understand pneumoconiosis. The funny thing about all that was the company people who testified in the these various or were on the platform in these various meetings. I think Weinbrenner had a meeting like that once.

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

K: Do you know that Louie Friedman never participated in any of those meetings? He never went public with us, anywhere.

D: Now wait a minute here. Let's go back to Golden's Clinic or Golden's Symposium.

K: [inaudible]

D: Well, in 19, in November of '52, at this symposium there is a reference, I have the, I didn't bring the program, but I have the program, where there is a reference to Friedman's movie.

K: Yeah.

D: It implies that Friedman had a movie about coal disease, or something. What did, what could that have been?

K: I have no idea.

D: No idea. I don't know whether he had, what that would have been. You don't remember?

K: I never saw a movie.

D: Okay. Now I found your annual report to Draper for, reporting on '52, writing to him in '53, where you talk about the general situation in Alabama and the problems. And one of the problems related to unnecessary hospitalization was the problem of pneumoconiosis, that people were sort of bouncing in and out of the hospital. What was the nature of that problem?

K: Well, see, we didn't really have any good treatment, and we still don't. And Dr. Friedman, in being good to the miners and finding their cases and, you know, getting them compensation was also good to them in treating them in the hospital. And he had worked out a routine, which was never proven, but nobody could disprove it. I think he put him in the hospital for twenty days or something like that. And he began to have good rest, and they had, you know, broncho-dilators and positive pressure machines and all that stuff, antibiotics. He made them feel a lot better. He got them walking around. It wasn't a bad thing to do. But I don't think it was an effective therapy. It didn't, certainly, halt the progress of the disease. And you know, they started developing in those days rates of, you know, hospital days per thousand beneficiaries and things like that. And we stuck out like a sore thumb. And we started to study this. And that's when we ran across the fact that we thought that Louie was going overboard with some of these things. And I frankly didn't believe it was indicated. 'Cause none of the other doctors did that, but him. And I think it was partly, you know, helpful to him and partly political

D: Ah, now how widespread and how important was this intermittent positive pressure breathing? Was the use of oxygen a very big deal?

K: Well, they first started with oxygen, and then they did it with air. It's very commonly used now for, you know, obstructive pulmonary a disease now. But it was very widespread. In fact we used to provide pumps. First we provided the positive pressure machines, which cost about two, three hundred bucks to miners in their homes.

D: That was going to be my first question. They didn't have to be an inpatient thing, even then?

K: Right, in fact, we preferred that. And the miners had oxygen. You'd come out on the front porch out in the country, where they lived, and you'd see an oxygen tank and a guy sitting in a rocking chair, taking his positive pressure breathing with a little medicine for dilation.

D: And just how, sort of at the peak of that, in Alabama, how many guys do you think you had sitting on the porch?

K: We had, at one time, I think, something like maybe 200 or 250 of these pressure machines out to miners in their homes. Now there might have been more than that being treated in clinics and hospitals and elsewhere. But we had, had quite a few then.

D: And they were virtually all black lung cases?

K: Oh, yeah. And later we got away from the oxygen, to intermittent positive pressure pumps, where they pumped air through, which was, just so long as they could deliver the aerosol with the broncho-dilators and stuff like that.

D: Okay.

K: And it made them more comfortable, probably increased their longevity somewhat and helped them.

D: And that, then there's two things here. One is this regime that you described a minute ago, Friedman bringing them to the hospital. Was Friedman, did Friedman, particularly emphasize the positive pressure?

K: Yes. He was for that.

D: So he, that was, was that sort of helpful in that regard?

K: Yeah. It was sort of developing the idea. And then we sort of moved it from the hospital to a home setting, I think, because it was more pertinent. See, nowadays, a whole specialty has grown up of pulmonary, what do you call it, inhalation therapy, which is as bothersome as hell because it costs a fortune. If you go to a hospital, and you have an operation, they bring these people in, and they set this positive pressure up. And they try to get your lungs to reventilate and stuff like that. And it costs a hell of lot of money. I don't know, $5.00 an hour or $10.00 bucks an hour. It costs you a hun .... We used to get billed in the hospital for respiratory therapy that would be higher than the rest of the hospital bill. Now, this hospitalization problem that I mentioned, I don't know if I blamed it all on Louie or

D: Oh, no, no, no.

K: See, we had, see, Louie did this. Louie sort of used the fund to foster his, his interest, not by, see, other, if he was trying to cater to me, he could hold things down. He could be more conservative and make me happy. But he went the other way. He wanted to get the miners happy. So he did everything he could for them. And I was sort of on the other side of the street, trying to keep it from going overboard. And there were other doctors who [inaudible] and other kinds of cases because they had never been in a program like this. There was no limit at all. There was no insurance policy. There was nothing. And after while we started paying regularly by the month. We paid them these retainers. They didn't even have to submit a bill. And they could get paid well. So they never had the freedom of a comprehensive program like that before. Sometimes they went a little overboard.

D: There was this sense, was this also something that the rank-and-file had, that this was kind of this bottomless cookie jar?

K: Yeah. But they didn't look at it as a, you know, something peculiar. They looked at it as something they deserved. They fought for it, and they would like everybody to have that, you know. So would we. But we had to begin to develop controls and perhaps that was what I was telling Draper about. And finally we did, where we had people, where we had nurses visit the hospitals. We had what the now call

D: Case managers?

K: No. We had that. But we didn't call them that. Anytime somebody was admitted to the hospital, we got a notice of admission. And we had someone go and see that patient in the hospital, and we checked on them during their stay, and we checked on the plan for hospitalization. And after so many days we had somebody come back and check with the doctor. We had the kind of PRO system of utilization, of our own. Had our own nurses all over the country. There wasn't any PRO. And it was much better than the DRG and all of those things because it wasn't arbitrary in the sense that if there was something that Louie or anybody was doing that demanded a longer stay that was justified, you know, well, we knew it, and it was okay.

D: In a May of '53 there's a sym, there's a conference in Knoxville on pneumoconiosis and workers' comp. It's put on by two parties. It's put on by the Knoxville Chest Group.

Tell me about them. And it's also put on by John Winebrenner.

K: Yeah. That's the guy I mentioned before. He was our area doctor.

D: What did you think of Winebrenner? He obviously got on board

K: Winebrenner was sort of like Draper, only not quite as much stature as Draper. He came out of the army with Draper, see. And he was extremely conservative in most things. And he was very close to the medical profession, and he believed like George Brothers did that he had a responsibility to get along with them and work with them, too. But he wouldn't go as far as George. He was like Draper. When it got to the point where something was going haywire and he didn't like what was happening in the way of medical care, he would speak up. He had that much integrity, see. Winebrenner developed some very good care in Knoxville, in that Knoxville Chest Group, for example.

D: Yeah. Did he basically help put that group together, or what?

K: No. It was already there. He may have helped, he may have encouraged them. You see the guy that was one of the leaders in that was Ben Overholt, who now is retired down in Florida. In fact he was an excellent physician. I used to use him when I came to Knoxville as my physician. And he and John got very personally friendly, you know, they used to fish and what not. This guy Overholt was way ahead of his time in the social interest he had in medicine and medical care. I mean, he was a practicing ordinary doc, but he was way out in front. In fact, having a group practice in Knoxville wasn't exactly the most conservative a pattern.

D: And what was he? A radiologist, a pulmonologist? What was his

K: Yes, he was a pulmonologist, an internist who was very good. And that was a good program. I remember that program because I remember some. That was the one I told you about before. I took physicians from Birmingham with me. We drove up together, you know, to Knoxville from Birmingham to attend that meeting, so that I exposed a few of our key practitioners.

D: And I don't have a record of the full program. Who were the, I'm told, I know that Mitch, Jr., presented a paper.

Who were the other speakers? And Friedman presented something.

K: Did Friedman present a paper at that meeting?

D: Yeah. Yeah, he did.

K: I don't remember that.

D: Here in fact, here actually is your note to Draper reporting on the conference. And I'll just read your notes here: "The most serious weakness in Dr. Friedman's position, forgetting for a moment the immature tendencies which weaken his presentation, is the lack of statistically unchallengeable data." Da da da da da. And then you go on to argue that this can't be developed in a clinical practice; that requires a research project. So you were pushing for, what were you pushing for?

K: Well, somebody had to stop and look, you know, with controls, with case controls, you know.

D: A real epidemiology.

K: Because you're fighting a hell of a war here. You're not just talking, you're not just talking about a bunch of doctors deciding on what's best medically. You talking about, to tell U.S. Steel what's best medically. And you've got legal complications, compensation and everything else. If you're going to develop a case like that, you're going to be damned sure you've got the facts. And Louie never did.

D: So he was, he was too used

K: In fact when I said he never went on like that, he'd rarely ever spoken publicly on the subject. I think Louie was really smart to know that he wasn't that well qualified.

D: He could get in over his head?

K: You're damned right.

D: What's curious about this, in part is that this is exactly the time in '53 when the union -- Kerr and others -- are starting to push the Public Health Service to do the epidimiology, to go out and estimate the prevalence. And so that was really your sense throughout the union, at the top, and in the districts, that there was a real need to figure out how big this thing was?

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

D: And so, you took these doctors there, according to your notes, there were fifty Birmingham physicians there and also several, you say, company attorneys. I mean, did this, were they converted? Were the company attorneys, stop fighting the workers' comp claims thereafter?

K: No. No.

D: They still fought the workers' comp claims tooth and nail. 'Cause you had compensation.

K: I don't remember.

D: Okay.

K: Well, we already had the law now in Alabama.

D: But they could still fight the claims, right? They could still oppose the claim.

K: They could dispute the claims. But it did not, it wasn't the same kind of a dispute. In other words, it was easy to accept the claims after workers' compensation because there was a limited amount

D: So, they just knuckled under after the law passed.

K: I think they did.

D: Now. So that, like you say, there's this movement afoot to try to get the Public Health Service off their tail and try to do some epidemiology. And Lorin Kerr is battering away at them, in Washington. And he's had meetings with some of these folks. And one upshot of that is that they, they're gonna send a couple of their people out into the field and look and see if there's really a problem. And they send down to Birmingham in July of '53 a couple of public health people, Henry Doyle and another, and a fellow named Levy, Tracy Levy, and, to investigate this possibility that there's such a thing as coal workers' pneumoconiosis. Do you remember them coming down?

K: No.

D: Because you kind of tried to steer them. They were going to visit various people. And you told them they should go talk to someone named Bruce Johnson.

K: Yes.

D: Who's a local internist

K: Yes.

D: And you sent them to a fellow named Seaburt Goodman.

K: Seaburt.

D: What were those guys like? Were they good docs? What were they like?

K: See, they were some of the new breed that we were trying introduce into the system, of taking on pneumoconiosis, taking on everything, as really well-rounded physicians. With no, you know, political aspirations, particularly for satisfying Mr. Mitch or satisfying the coal companies. They were my ace in the hole for the future. And I needed them badly, after we finally had, with passage of, parting of the ways with Louie. Because with those guys when they said it was pneumoconiosis and they told another doctor what this was all about, it counted.

D: As opposed to.

K: Now there was a professional colleague telling me. Louie is telling me that. Louie, Louie is the, you know, the big proponent for money and ego and stuff like that. But this is different. See, this is a different thing. And so we developed Seabert. He was my personal physician for a period. And we developed Bruce, who later became the first director of our first clinic down there, our first group clinic.

D: So you send Doyle to those folks, and you criticize a fellow named Russacoff, A. H. Russacoff, who apparently just denied that there was such an entity.

K: Russacoff was the darling of the coal companies. And he was in the medical school. And I guess Louie and he had some kind of history when Louie was in the medical school, years before. But Abe Russacoff was one who, you know, believed that smoking was more important. And this got to be a terrible problem with black lung, you know. [inaudible] you know about Keith Morgan and the stupidities which he's still spouting up in Canada somewhere. And Abe Russacoff was one of that type. He was very bad.

D: And was he a perennial? Was he around for years and years?

K: Yeah. Yeah.

D: Yeah. He was a kind of a fixture?

K: He had medical school status, you see, which Louie didn't have at the time. And it was part of the game he played with the coal companies. He was respectable in the coal companies.

D: Now, a one thing I just, this may be a crazy question, but I'll ask it anyway. You know, there's this long war that goes on. This kind of bureaucratic war with Lorin trying to push the Public Health Service to get off their tail and do the epidemiology. It goes on for almost ten years. And one of the ways, the strategies that they mount in the late '50s when they can't get these guys to get up and do anything is they flank them, by getting the states involved. They basically break the door open, by getting Pennsylvania, who's got Lieben in Pennsylvania to go out and do the epidemiology there. Did you try anything like that, to get the state health department in Alabama to go out and make any estimate of how big this thing was?

K: Nope. Alabama and most of the southern states, and this gets us into another long story, the history of public health in those states is the history of domination of public health by the medical associations. I've written a paper recently on the structure of local health departments in this country, which is supposed to be in very bad shape. I don't know if you've heard the future medical report. And part of that reason is the fault of the medical profession. And it's apparent that the, Alabama had probably the worst pattern of organization of public health of any state. Because the state medical society, which is not a public agency, it's not elected by the public, it's elected by the docs, they were were the State Board of Health. They were the state licensing authority. They were the state Hill-Burton authority. And they had, in other words, they were controlling the public dollars and public programs, and they had the same pattern perpetuated at the county level.

D: So they ceded the public authority to private interest entirely?

K: And it was true of other states, too. But Alabama was, they broke that pattern, eventually throughout the country. But Alabama was one of the last ones to go.

D: So you didn't have much hope for

K: So if I went to those guys, I'd be bumping back up against the TCI docs and the Birmingham Medical Society leaders and all those kinds of people that were not interested.

D: Just to make one little connection. Maybe it's assumed, but, at the, TCI docs and their colleagues were a pretty strong force in the state medical association?

K: Yeah. The, one of the guys that Louie went to originally that worked for them, as a consultant, I'm trying to remember his name, was the president of the AMA in Birmingham, a nutrition expert. I'll think of his name in a minute; I can't remember it. Anyway, Louie, Louie the, yeah, you see, you understand the social class relationships in medicine. You know, it was respectable, it was the country club, it was the right kind of people, the right. You know you were dealing with the right people when you dealt with those corporation top guys. Only later it became, you know, when the young people got excited and raised a lot of questions, it became less respectable. And we were not respectable, and Louie was the least respectable of us all. So getting Bruce Johnson in the act and Seaburt Goodman in the act was a tough job. They don't want to be tarred with that same lack of respectability that Louie had, see.

D: It's like having shit on their shoes.

K: Yeah. Yeah.

D: Okay. So this is just one of those little vignettes. Here I find a record of you in March of '54, sending some literature, some pneumoconiosis literature to a fellow named, this again picks up some of this public health stuff, a fellow named Joseph, or Charles Zukoski, of the Jefferson County Survey Health Subcommittee. You send, you try to enlighten this guy about pneumoconiosis. And I guess that what, you just tell me that was kind of an uphill

K: Well, it's an interesting guy. I wish you could have know him. See, Charlie was a maverick, too. He came from, he came from a super-wealthy Birmingham background. He was a banker, a good friend. But he had a broad vision of society [inaudible]. In fact I think when he retired from the bank, he went to work for Planned Parenthood or something. And Charlie was head of the local community chest agency that was making a health survey.
And you could talk to him about stuff. Oh, I adored him. He was
a great friend.

D: Did he get it when you sent him the stuff?

K: Well, community-wise he was able to get other communities, people, leaders to realize what was going on. But of course he didn't have a hell of a lot of influence

with the corporations, you know, on the health level and stuff like that. So I don't know what else he could do.

D: Well, one thing you send him which I found most curious of all was you sent him some Bureau of Mines information about dust control, not just about recognition of the disease and so forth and its symptoms and so forth. How much were you involved in the general issues of hazard prevention? Not with this guy Zukoski, he couldn't, he was a banker, he wasn't going to prevent any dust from flying around in the mine. Did you get information about dust control and feed it to Mitch or to any of those folks who could go in and negotiate?

K: Some, some. But no, they didn't negotiate much. They didn't do much about that.

D: That seems to me to be a real failing, that the union didn't.

K: Now, remember, now, we were under a certain amount of restraint, you know, at that time. We weren't supposed to be out there doing occupational health surveillance.

D: I didn't mean that it was a failing of yours. I mean it was a failure of the union that they didn't go to negotiate over health, over working conditions, and they might have.

K: Well, well, they did more probably, Mitch was probably more instrumental in pushing those things. But I think John Lewis figured that was the welfare fund's doing even though Miss Roche told us you're not supposed to do that. I think John Lewis knew we were doing it sort of under the table. But no, the union didn't, it didn't bargain for occupational diseases. Unions, unions only have done that in recent years, you know, I think. Don't you? They bargain for the obvious, which is accidents, which is easy to see. But you know, how can you bargain, now Mazzocchi can tell you more about this than I can. If you want to bargain about lung cancer, and you understand the problem you have with that word, or silicosis, or asbestosis, is a tough one. It takes twenty thirty years to develop, you know what I mean. So if you're sick today, who the hell are you going to blame that for, see? You have to go way back in history. And if you do get something done to prevent something today, you won't see the effect of it for many, in other words the long latency period in some of these chronic diseases makes it tough to get legislation, to document legislation which proves that it came from that occupation.

D: That's right.

K: See, we can prove in New Jersey that a lung cancer came from the chemical plants. And the only reason we can do that is we have death certificates and statistics going back over twenty or thirty years, and we can probably pin down DuPont in New Jersey as a cause of it. But you go to DuPont today and you argue for better working conditions and everything else, and hell, they've got it. They've got a medical staff. They do surveillance. They've got epidemiologists. You know what I mean. So, I think what I'm saying is that it did not come from the mine workers. It came from I don't know what, natural education of the medical profession or a general improvement in social attitudes.

D: But Mitch didn't go in and negotiate in the '50s for, of course, the problem is they had this very top-down bargaining structure where you had a national master agreement. 'Cause they could have gone in and bargained for higher levels of ventiliation, for wet methods, you know, for dust [inaudible]

K: I imagine, you could ask Lorin. I imagine he tried to stick his two cents in on that stuff, too, in terms of the collective bargaining agreement. But I'm not sure whether they ever presented that as a bargaining issue or not. I know Lorin spoke to the convention a couple times, you know.

D: That was late. That was '68. But they

K: 'Cause they got the law, see. They took it out of the collective bargaining area.

D: Well, of course, that was, the strategy was that you didn't want to negotiate something that crushed one employer under new obligations to, you know, he had to go out and put in new ventilation equipment or use water to keep down the dust, that was a cost of production that if you didn't impose it on everybody, it was going to be a competitive disadvantage for the union firms, so it had to be standardized one way or another.

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

D: But what's interesting to me just is that the hallmark of public health is prevention. And the question should have been, how do you prevent this disease? And obviously, the fund had a structural problem, is the fund was at one remove from the union. And you, there was probably a limit to what they could really do.

K: Well, you see, you have to take, as I see it, you have to take the union's priorities in context. Like if you did

it today, you know, it may not be that health care is the number one concern. I think probably today they're more concerned with job security, and unemployment, you know, and the standard of living, and stuff like that. At that particular time, you know, I can't really recreate in my head the background of what the union was fighting for, in those days, you know. If you were John Lewis and you were directing as he was and you had this welfare fund over here with these guys like Mitch around you and a few others and a few of these docs out there, which he may have known about who were sort of promoting this sort of thing, state or federal or whatever legislation might have given you a little, little sense of some, you know, relief that maybe you didn't have to go in there and bang on the table for this in collective bargaining, you know what I mean?

D: Gonna get taken care of.

K: 'Cause he had, he had more going for him than any other union hardly, with a few exceptions.

D: Yeah. Oh, all right, in May of 1954, you get a visit from, I think he must have been the first of these British tourists

K: McDonald?

D: No, this is a fellow named McCallum.

K: McCallum

D: Robert Ian McCallum.

K: Ian McCallum. Yes.

D: How useful was he?

K: Oh, very useful. In fact he taught me some things, too. What we did with him is we had a general session, I think, somewhere, but more importantly I took him to the individual physicians who were seeing these cases. And I arranged times so he could sit down in an office with a doc. And the doc would pull out thirty or forty cases and the X-rays, and they'd sit down and anlayze them.

D: You mean, like primary-care docs?

K: No, internists, pulmunologists, people who really, who really were handling cases of pneumoconiosis and who were actually involved in the legal side. And I remember sitting in one doctor's office, named Arthur Freeman. Arthur Freeman, not Friedman. Arthur Freeman was a good friend of

young Mitch; he was a neighbor. And Bill sort of, he sort of oriented him in this whole area. And he was a very good witness, too. This was one of the cadre I'm telling you about beyond Louie Friedman. And I remember sitting there, and they would put an X-ray up on the screen. And he'd look at it, and he'd say, "Well, doctor, that looks like a case of advanced chronic bronchitis, with a lot of markings on the lungs. I don't see the typical nodulation which we require under British law. You see in British law the X-ray must show those nodules to say it's pneumoconiosis, and then compensation stems from the disability and so and so. "Well, but you understand," Freeman said, "this man was very seriously disabled. I believe it came from his work." And the British doctor said, "I believe it came from his work, too, but I couldn't get him compensated in Britain." And Freeman said, "Well, I got him compensated in the United States." That was at a time when there was even confusion in that respect.

D: Yeah.

K: Do you know what I mean?

D: Well, I remember your notes on that saying something to the effect that, that it says a number of our physicians actually challenged the British worker's sole reliance on X-rays for the establishment of the disease. McCallum considers that we have gone further than the British in this respect.

K: I guess my memory served me right.

D: That's really quite remarkable. That

K: And they couldn't accomplish that, see. So they compromised on that score. The British didn't fix their legislation to do that with. And you know that was kind of hard to do because there's so many different things that can cause that shadow, you know what I mean. So you have to presume it was his occupation.

D: Well, but the thing that McCallum was big on, was standardization of the X-ray.

K: Yes, yes.

D: The international classification

K: And of course when we went to the law, we did the same thing.

D: Yeah. But did you

K: There's A readers, those B readers, remember all that stuff?

D: Yeah. Yeah. Did you folks in the aftermath of his visit, then it says here, "I believe the fund would be wise to consider acquiring the standard radiographs." Did you then get those?

K: Yeah. Oh, yeah.

D: And start using them. That was an immediate outcome of McCallum's visit?

K: Yes, yes, and we sent them to all these different docs. They cost about $60 or $70. And a lot of them got a lot of good use out of them. It was sort of a nationally, internationally accepted standard in those days.

D: But of course the question that, I could see how they'd be useful, but the question with respect to, the practical question is the relationship between an X-ray picture and extent of disability. And how you compensate when all you have is these X-ray pictures? What kind of connections did people try to make back then, between what they, whatever, however they intrepreted the mottling or the nodulation, how you jump for that to, to an assessment that somebody couldn't work any more?

K: Well

D: 'Cause that's a jump, right?

K: You can't get compensation under the compensation law in this country unless you match, match with X-ray, I don't believe. You've got to have the right magic connections, the number of nodules, the size of them, where they are. What Freeman did in that case was to get somebody compensated, more or less, you know years prior to the establishment of the federal standard. I don't know, I can't remember, where the Alabama law, I don't think the Alabama law had that specific structural visible X-ray change.

D: I can't remember.

K: Requirement. And what Freeman got was legitimate under the Alabama law. It was a clinical impression. And if you did a pulmonary function test, see, that in itself wouldn't solve the problem 'cause you could find that guy had all kinds of pulmonary disability and you could prove the case. He was pulm, he was disabled. But in Britain he had to meet

those X-ray standards. And I think when the federal law was passed, they had to, you ought to ask Lorin that, they had to, they had to lean on something. Otherwise, everybody would argue it was subjective, you know, and the doctors are ripping us off and all that stuff. No, there is no direct, no, there is no, unequivocal correlation between the X-ray findings and the disability.

D: Yeah, yeah. I came across a curious thing in 19, later in 1954, a fellow named Dr. Gil Douglas Jr. Ring any bells?

K: Yeah.

D: Sends Mitch Sr. a copy of a recent piece in JAMA that, that was about the emotional aspects of, remember that stuff, of miners' respiratory disorders. How important was this kind of psychogenic interpretation? You know, this seems to go around in the mid-50s. There was a fellow named Princi at Kettering.

K: Oh, [inaudible] Kettering. He was extemely damaging.

D: This is something the industry picked up and ran with in the mid-50s?

K: Yes. Princi was at, he, we had him at some meetings we had. I think it was at the APHA. Princi was terribly destructive about that. I mean, he was claiming that there weren't, it wasn't really disability, but it was stress and things like that that caused a miner to have these symptoms. And they really didn't have the disease that they thought they had. And this guy Gilbert Doublas was a bit of a maverick, too. And, I think, he probably was, was one of those guys that reacted against Louie Freidman. I know he reacted against me, too because I challenged him one time. He was an internist. I challenged him one time on some patients. I don't mean when I say challenged that I wrote him letters that said, you stupid ass, what did you do this for? I just sent him a little note, and doctors weren't used to that in those days. Nowadays, they get more than they really need. But, you know, it's a question about the clinical signs [inaudible] had such and such and complications and I'd like to be, I'd be appreciative if you told me your rationale for doing this. I didn't accuse him of doing anything wrong. I just wanted more information. He didn't like that. That was surveillance, and he didn't like that very much. And I used to do a lot of that. Til PRO and everything else saw it, and took the monkey off our backs. And he didn't like that. He didn't like me. He didn't like Louie. He wrote me a letter one time in which he said, nothing to do with this pneumoconiosis, but I think it's revelant to the, your question. He said, "Dr. Koplin,

I know what you're trying to do, in improving the standards, and I think it's well worth while. But there's a better way to do that. I think you ought to quit working for the Miner Workers' and come practice with us in Birmingham. And set up your own practice in your own office and show us by example what a good practice should be."

D: Did he mean that? Or was he just taunting you?

K: I don't know. He was just taunting me as usual. Anyway, so, Douglas, I did, I'd forgotten about him. He was no big part of my life. But Douglas was sort of a nuisance. I don't know.

D: But the, the issue of, I mean, how widespread, would this emotional argument be actually worked up and used in individual cases? We're not going to give this guy comp.

K: We disposed of it rapidly. It didn't give us, didn't give us very, very much difficulty at all. I don't think it caused any real problems because it was ridiculous. I mean, here we're arguing on one side, you gotta have all these findings in your lungs and it's definite, and somebody's talking about emotion. Well, if the pulmonary function tests show it, and the X-rays show it, what the hell else do you need?

D: Yeah. And you were

K: Unless the guy didn't work in a coal mine.

D: And you guys were doing the pulmonary function tests systematically?

K: Oh, yes. By then, as time went on, more and more and more and more.

D: Okay. Now at some point, again, I, it's always curious to me, how the people at the top, kind of tiptoed around the edge of the occupational disease question as it bore on the matter of workers' comp. And I get, I get a little glimpse of this, I found out, you got a request, I didn't bring it with, no, I didn't bring it with me, where Draper had apparently asked you for information about, what he called silicosis workers' comp claims. Like he wanted some quantitative data, is what it sounded like -- about how many claims were being paid, or something of that nature, yeah, and your responding to him. You didn't have very good data on the question.

K: Well, I would have had to get it from Bill Mitch, I guess. 'Cause I never had the information on the claims. I

had the information on the patients and their illnesses. And if, you know, but how many got paid off and all that stuff I didn't have.
D: It seems to me, your response was something like that you'd gone to the state and tried to get some numbers and didn't really have much for you. And what's curious was I just thought, it was curious that Draper was asking for this. I thought they tried to steer clear of this sort of thing?

K: Well, maybe, maybe that's the aftermath, when did he write to, when did Miss Roche write to, you know, hear from Mr. Mitch?
D: But, yeah. That was late '51, late '51.

K: Well, that's a long time after that, isn't it? Well, I don't know maybe Lorin put him up to that. That's a good way to get, maybe he wanted to get Draper more involved, see.

D: Could be.

K: I don't know much about that.

D: Did, among these British tourists, did you, I'm not sure what their whole itinerary was. Did you have with, when Gilson came, did he come down to Alabama in the fall of '55?

K: Nope.

D: He didn't come down.

K: I'm not sure. I'm really not sure.

D: Did you go to

K: I thought I went up to Virginia to see him, West Virginia or something.

D: Well, he, in the fall of '55, among other things, he went to this International Association of Industrial Accidents Boards and Commissions in Chicago.

K: Yes. Yes.

D: Did you go to that?

K: No. But he came in, came into the coal fields somewhere.

D: Ah, ha.

K: Where else did he go? Do you know?

D: I don't know. That's what I, that was my question. But you did see him?

K: Oh, hell, yes. I sat and talked with him for hours. I think he came to Beckley. What year was that?

D: '55.

K: Yes. That's before what's his name. That's before Rusmussen [inaudible]. That's when the miners still owned the hospitals. Yes, I think, I'm pretty sure he came to Beckley because I remember Al Kistin was there at the time. He was chief of medicine at the Beckley Hospital, yeah. And I remember sitting with him and chatting with him, about this. He was wonderful. See, he was a researcher. And he was, he was really chuckling about the things he'd run into in the United States about this, you know. 'Cause he really didn't have enough understanding of the history of what we were going through. But he said, "I can't understand in the United States, everybody's talking about compensation in the United States. I want to talk about the disease, and how it starts, and you know, how it develops and the pathology and all that. We don't have that problem in England, you know. If somebody thinks he has pneumoconiosis, and he goes and we have this criteria we use. And he goes to government coal board physician, he certifies him, and that's the end of it. But your doctors in this country, they're so preoccupied with compensation." Well, what he didn't realize was that we didn't have a national system of standards and a commitment from the government that this is it, see. So I remember chatting with him, and he said, "It's very diverting to have to try to talk to you guys about what the disease is and ..."

D: It must have seemed quite backward to him.

K: It did. Very backward. He didn't say that, he was very much of a gentleman. But that's what was happening. And I remember talking to him. And he was, you know, very impressive. Years later, by the way, when Buff started his round robin back in the '70s, you know.

D: '60s. Yeah.

K: Yeah. He got some whole-lung sections from, I think he got them from Gilson or somewhere.

D: Gough had thousands of them.

K: Gilson worked with Gough, didn't he?

D: They were both, yeah, in the

K: Both in the mi, he was later. I think Gilson followed. Didn't Gilson follow Gough as director of that unit? Yeah. Gough made a whole lung sections, right. I'm mixing them up. But, but what's his name, Buff, got some of those whole long sections. And I remember, he'd speak, and he's speak to the workers, he's speak to the miners, you know. And he'd stand up there, and he'd pull out one of these whole-lung sections immersed in some kind of plastic. And he'd throw it out at the audience, you know. It was black and crumbly. He'd throw it out at the audience. They wouldn't expect it. And they'd catch it and everything. That's what your lung looks like. He was quite a character, Buff. That's why I remember a little antecdote about those whole-lung sections. Yeah, I think Gilson talked about that.

D: Now in February of, or somewhere around February of '56, must have been just prior to that, Friedman has been dropped as a provider. This is, yeah, well, what happened? How did this come to a head, and then

K: Well, you see, we were, after all, we were providing, this whole thing has to be understood as a medical care program to start with. It's a health, health benefit program, not as a search for solving the problem of pneumoconiosis, which frankly, was more of a contribution, I think, in the history of preventive medicine in the United States than the medical care program. Well, the medical care program did a lot of innovative things, but, everybody was doing different things like that. But nobody was doing what we were doing in compensation. There were, there was a piper to pay, you know. The coal industry was paying the royalty. We'd run short of money, or we'd get slim, and Lewis had to go bargain for more money. And we had cost con, cost problems to deal with, you know. We had to look at cost preventive [inaudible] and things like that. And we were getting socked in Birmingham. We had the highest utilization of hospitalization, the highest cost per beneficiary, the highest drug bill of anybody, you know. Louie used to sock people with drugs, and we paid for them, too. And we had the number one, we were the spotlight of the ten areas, on all these damn things. And I was conducting a campaign to improve utilization review, cut down, reduce the length of stay. And I did. I reduced all those things. We shifted away, almost entirely from fee for service, in those years, putting people on what we called fee for time or retainers. And Louie was on one, too. But Louie was a big thorn in our side, because if Louie could dump people in the hospital and get away with it because he was a friend to the union. It was hard for me to, you know,

to put the criteria forward with other physicians as well, even in the same hospital. So I had to get on Louie's case. And we did, and we argued about overutilization, overworkup, overhospitalization, throwing the book at people, all that kind of stuff. Of course, I had another agenda in mind. He was really diverting me from my plan. I'm not talking about pneumoconiosis now. I had other doctors making [inaudible]. He was diverting me from my plan to improve the organization of medical services. You asked me, did we built hospitals before? Well, we built clinics, not hospitals. And I wanted to get some group clinics started. And I wanted to get some doctors to join together. But this constant Louie Friedman problem on the side, let alone, let alone the pneumoconiosis battle, which we did not depart from, was a terrible, terrible thing to overcome. If anybody had to come to work for me, like in a clinic, and you know become closely associated, improve quality, and try to develop a team concept and everything else. But Friedman, I mean, am I going to get along with him? And you know, do I got to do what he does and all things [inaudible] turn. So we had that, that was a hidden problem. But the cost problem was killing us. I told you it was $24,000 a month at that time. So we went to Louie Friedman, and we discussed costs with him, and stuff like that, you know. Louie Friedman by that time, I think, was a very prominent political guy. He didn't just zero in on me. He was a good friend of the governor, you know. What was his name? Folson, Jim Folson, he was a big supporter of, Louie Friedman used to be one of his agents, bag man. He was, for insurance premiums and everything else. He'd go to Montgomery regularly and be with Big Jim, you know. So he was feeling his oats. He was very powerful. And you know, he had Lewis' picture there, and Mitch's picture there in the office. He had a nice clinic. He was riding the crest of the wave. And he was making me pay through the nostrils. So I challenged him. And I, I wasn't doing this just on my own, you know, decision. I was being pushed by other people above me, too.

D: Draper wanted this put under control. Did he, specifically want Friedman out, or

K: Oh, no, no, no. Draper did not bring that up. Draper was a wonderful boss. He gave you the authority. But you had to produce, or he'd give you questions about it. Oh, he was a marvelous person to work for. I mean you bust a gut for guys like that, you know. [inaudible] So I, we argued and we fought and we discussed and we had correspondence and everything. And finally, I guess it was at one point, and I remember, I had an assistant. We all had medical administrators who were not physicians and this one, I want to tell you about him. [inaudible] still around. And he, I

remember, my assistant was with me this day in Louie's office, and he said, "Allen, you don't seem to [inaudible]." You know there was a period when Louie and I became personal friends, too. We used to go out together and have dinner together, his girlfriend and my wife and everything else. But I had to put an end to that pretty fast because I could see what was happening to that. He was playing that up, you know. He was dropping my name here and there. And that didn't help me any. So I finally said, "Louie, we can't continue this any more. This is not working. It can't be done this way. You gotta change, or something else is going to have to be done." He said, "Well, if you don't want me to continue doing this stuff, write me a letter, tell me to stop, and that will, that will be the end for both of us." And my assistant jumped up out of the chair, like he was shot out of a cannon. "Okay, Dr. Koplin, let's go." Just like that.

D: Who was this?

K: Sam Householder. You want to see him. You'll have to go down to Texas. And he grabbed me by the arm, you know. Because Sam was having to do, Sam was the business man, he was having to look at the bills, he had to analyze all this stuff.

D: He was the one who was actually picking up the tab.

K: Well, Sam was the one who could see, you know, he could see the trees, I was seeing the forest, and getting the policies. Sam was the one paying the bills. And we did that. So we wrote him a letter, and that started a saga. Sam actually volunteered to deliver it in person. Did the thing stop?

D: No, I'm just checking to see how much tape we've got. We're good.

K: He delivered the letter in person to Louie, and we gave him a deadline about, I don't know, a month from then.

D: This is right around the end of '55 or somewhere in there?

K: Well, whatever date, yeah. I don't remember, I forgot it.

D: See, I have it as an aftermath kind of thing here. He's already out by the time I got him here.

K: Oh, boy. That started a real, real blowup. I went to the union, went to Mr. Mitch, right away, told him. I said

we can't do this any more, Mr. Mitch. It's costing too much money, putting a lot of pressure on us. We have other doctors who can handle the compensation problem. It's advanced now, pretty far, and that's the end. Well, there's going to be some hell to pay over this. I don't think it's fair. And you're not treating him fair. You've always had it against him. And blah, blah, blah, blah, blah. And of course his whole staff, and everybody was all down on me. My name was mud in that office. I don't remember whether he wanted Draper to fire me or he caused any problems for me, if he did. He probably did.

D: Well, okay.

K: But we stuck to our guns and the real problem behind, see, I wasn't going to go to sleep was that Louie had a lot of following among the miners who he'd helped, you know. So we started a whole round robin of meetings we scheduled in local unions. I used to have, I guess I've been to a thousand local union meetings in Birmingham. And we knew them all. And so I scheduled meetings of the local union people to come in, and I'm not sure whether it was this [inaudible] or not. And I started a whole round robin, bringing the boys in from the locals. What the hell happened? Dr. Friedman, he's been a good friend, why'd you stop him? So I tell them about this and about that.

D: And they were all universally defending Friedman? Was Friedman

K: Well, I would say that. See, when I'd made this step, I calculated it very carefully. By this time Louie's political fortunes with the governor and everything had made him less enthusiastic. So he wasn't in his office quite as often as previously. Some of the miners were beginning to recognize that, you know, maybe he wasn't everything he was cracked up to be. They began to see through him a little bit, his opportunism. And the reason I say that is, I had a fellow that worked for me who was an ex-local union president. And he had, he did the rehab work for me. And he had a very good feel for about what the miners were thinking.

D: What was his name?

K: Sam Littlefield. He's dead now. Sam was a district president in Alabama by the way.

D: Littlefield, yeah.

K: He got killed by the way. He got killed in Washington at a hotel or something. It was a kind of a robbery. So

Sam was feeling the pulse for me. And I'd say to him, "Sam, if I move in on Louie now, what do you think the reaction would be? Sometimes I hear a lot of complaints from over here and over there. It looks to me like the situation is all in flux right now." See. So I waited, you know, and I tried to get a good reading. I didn't have a poll taken or anything like that. I was trying to evaluate whether the rank-and-file coal miners would be up in arms or whether they would be neutral, or whether they would back me. I don't think, I felt they'd back me. So I think they were sort of in an inquiring mood at the time. And then they came to see me. You got some other facts there?

D: Well, I'm just curious. 'Cause, one thing it says here, I don't know how closely this is related, but I just wonder how this cleaved, how this issue broke racially? Because it says here, I've got this letter from Mitch to Earl Houcke, in February, personal letter, and it says one particular thing that's developed is the racial issue which is a hot burning matter in Alabama. There's not question that Koplin is being advised by certain negroes. Were there blacks who were

K: About Louie Friedman?

D: Yeah. The blacks didn't like Friedman. Was he a racist? Or was he not treating them well? Or what was

K: I didn't know he ever did that [inaudible]. So Mitch was against that?

D: Well, Mitch wrote to Houcke. He didn't write to, I don't have anything to Lewis or

K: He accused me of being in bed with the blacks?

D: That's what it says here. It says, "There's no question that Koplin, Dr. Koplin, is being advised by certain negroes as to everything being said and done in various local unions." Da, da, da, da, da. "He questioned me recently as to whether I sent certain representatives to certain local unions, which carried the inference that I was only sending them out in opposition to him." But see, he backs up. Then he said, "And I had not such thought. We think he made, but then he says, we think he made a mistake in cutting Friedman off." But then he defers. He says here, "Our work is contract work. We do not handle the affairs of, or in any way interfere with, the medical department of the fund." In other words, he sort of says, it's Koplin's decision to make, but we disagreed with him.

K: Well, that there is about racialism is really very dirty. The old man, the old man is capable of that. It was interesting that Friedman, in his political development or his backing, he wasn't particularly [inaudible] You may have there. You see, Mr. Mitch had made a big commitment to Dr. Friedman, I think from the very beginning. And maybe encouraged him a great deal, maybe promised him some things. Although he could not really speak for me, because he didn't even know me when it started. And it may very well be that he had some sense of guilt about this when Louie ended, see. Because he, he didn't like it, and, although I could convince him I thought that he wasn't going to lose what he wanted in the way of compensation, you know, and other things that happened. He may have had to say something in a conciliatory fashion to Louie. And he may have had some concern about the miners also being upset. And I'm not so sure, but what some of this may have been generated, this racial thing, may have been generated by Louie. Maybe Louie was the one who put that idea in his head about the black miners. I'll tell you about the black miners, though. The black miners were my best friends among the miners. The reason for that was that I had no racial problems. I'm using an antecdote. I took my son to a union meeting every once in a while. He used to every Satur, my Saturdays were never my own. I always went to union meetings. And you know, in those days, in the '50s especially, the unions had blacks and white sitting on different sides of the hall. The union did not permit racial discrimination in work, or in the contract, it was all one union. But they did not interfere with the segregation in Alabama in the union hall. They even had separate bathrooms, in fact. And my kid is eight years old, you know, and we're talking and he whispers to me, he says, and I'm up there speaking. He says, I got to go to the bathroom, so I point to the back of the room. So my kid gets up walks to the back, and walks into the black bathroom. So a couple guys up in the front they kind of smiled and [inaudible] black and white guys a friend of mine. And he went back and got Mike [inaudible] and not cause any problems. But the point of that story is, I had no prejudice in my family, in my son, and they knew it. And they knew it. Plus the fact that their services were segregated in hospitals, in offices, everywhere. And if a guy built a brand new clinic -- Louie didn't do this -- he would use the old furniture from his, the castoff furniture from the old clinic and put that in the black section of his clinic. Because that's what they were more comfortable with, they'd tell me. Come in the back entrance, all that kind of nonsense.

D: And how much could, how much did you guys confront that and deal with that?

K: Well, let me finish. So in getting into that, I want to do something about that. I wasn't going to get his help 'cause I don't think he'd want to stir that up. He was afraid of that. I talked to the black coal miners [inaudible] and that's how we got to be friends. I said, "Tell me, what should I do? How would you handle this?" And some of them, by the way, were very prominent. Some of them ran the local unions. They couldn't bring themselves to elect a black man in those days, president of a local. So they'd have a white president, with a black man doing all the brain work and making all big decisions, and helping the miners and they followed him.

D: The custom usually was, they'd have a white president and a black vice president

K: He'd be vice-president. So I asked him, he said, "Look, doc, don't get into that. We have had it so bad down here. We've been treated so shabbily. Get us good care. Make the doctors white or black and they're mostly white, give us good care. Pick the best you can. We want the same benefits the white guys get. But don't fuss about what floor we're on or what room we're in. If it's some place that's abominable, or terribly dirty, or jeopardize our health, make them fix it. But don't argue segregation. That is not your fight. That's a community fight. We'll get to that eventually." Which they did, and they wiped it all out. So I would be advised by these people about everything like that. But it wasn't that they, they never advised me about Louie Friedman, and all that kind of stuff. But I knew, when I made my move, see, that I, that those people were not going to jump on annbody's bandwagon to cut my throat, if I stopped using Friedman. So in other words, I knew I had their support. And that was about 30% of the members. And they were, they were very good. Because I had some, I had some anger during this period, and the guys would get together, and they'd mouth off, about whether I was going to do something, you know. And I don't know what the hell they were doing. I'm sure some of them were in the Klu Klux Klan. It wasn't, not that the miners would lean toward it, in fact they opposed it. But these were normal Birmingham workers. They could be anything as far as I could tell. And I remember my wife told me I was on vacation, or I was on a vacation trip. She said, "So and so called you, he was one of the black guys, and he wanted you to know that they were going to watch your house during the next few days. 'Cause they heard some nastiness going on around the union and hall and tell your wife to stay inside." With any problem, they gave her a number to call. "But we're going to be out there watching your house." How about that?

D: Did you

K: What would they have done? Burned a cross? Or thrown a bomb? Or, my God.

D: I don't know. But what's so strange about this is that, you know, you could say, well, you know, you're this outside New York, this New York Jew. On the other hand, what was Friedman? I mean he was another Jewish guy. So you can't sort of, if you think of it as a klan thing, you know, where do they start?

K: I don't know.

D: But it does suggest that, I mean, it does suggest that there was a loyalty to Friedman in this, that were some people who just thought he had won the comp law for them or something.

K: That's right.

D: And there was loyalty.

K: I realized that, that it was going to be a tough problem to get through. However, unions came in one at a time, maybe three or four or five guys and asked me what the score was. And I saw that they got the full story, and I explained to them how much money we were paying him. Now, that made a lot more sense. If I had, and I did this in other kinds of issues, if I had to explain quality control, which I had to do, by the way, with black [inaudible], extremely difficult to do, to explain to a bunch of workers. But money is a lot easier to explain. And I told them about the hundreds of thousands of dollars this guy was getting from the Welfare Fund and all that, the poor coal miner, especially the black guy, he could understand that very well. And I remember, just to finish this story, with one guy, a white guy, and I said to him, you know, I gave him the story of about overutilization. It's hard, you know, it's hard, we didn't get this across, but, I learned how to do it. Overutilization is using beds that other people should be using, and taking money really that should be spread to everybody, there's only so much money, and you have to bargain for it. And you know, Mr. Lewis' got to fight for that extra dime or whatever. He could appreciate that. And I remember one guy said to me, "Wait a minute, doc," he said, "We've all heard your story. I just want to ask you one question. Would you say that Dr. Friedman was infringing on the fund?" Those were his exact words. I said, "Yes, exactly." "Okay, fellas, I'm satisfied, let's go home." And that's the way it went. And eventually by the way, Mr. Mitch realized, and I think he even realized when he wrote that letter, it wasn't the end of

pneumoconiosis. His son realized it. His son, by the way, never challenged me in this case. Oh, no, Bill didn't challenge me. 'Cause [inaudible] was a pain in the ass, too. You see, if something went wrong in a case legally, Louie would chastise Bill for it, in front of his father. He did that all the time. And Mr. Mitch was that kind of a father, by the way, he was a rascal, a bastard, to his kids. He was tough on all his kids. He was a rascal with everybody. But he was loving. I really looked on him as a sort of a father but a really challenging man to work with, for many reasons. And Bill wasn't always crazy about that behavior because, see, he was using his work in pneumoconiosis to sort of manipulate Bill, like he was trying to manipulate me. So, I [inaudible], so I hadn't seen [inaudible] and eventually what happened, to end this story, is that Mr. Mitch and I became good friends again after maybe six or eight months. And that bond was very strong.

D: And Friedman, how long before that had Friedman left town?

K: Oh, quite some time. Quite an interesting sidelight on that by the way, some years ago, I don't know if it was Hank Allai had something to do with this or these other union presidents, but, the, somebody complained in the union to Mr. Mitch that he was no longer seeing people, and there was a problem. It wasn't long before Mr. Mitch's picture wouldn't be in his office. And Mr. Mitch, I don't know how he handled this. But I gather it was great consternation, of how the hell was he going to get back from Louis. So he picked one of his top district officials, a guy who later became a district president, Lewis Murr, who I knew very well, who was a very decent guy. And he said, he said "You've got to get my picture out of there, and that's orders." So he went down there and he went down one day and took, he picture out of his office.

D: Oh, God.

K: That's sort of the symbol of the end of the Louie Friedman story.

D: Let me stop for ... In July of 1956, an article appears in Coal Age, about the research activities of an outfit called the Southern Research Institute.

K: Yes.

D: In Birmingham. For whom the key fellow at least with regard to this work is a man named Howard Skipper.

K: Yes.

D: And they describe a number of the activities of this institute. One was, they are trying to corroborate a claim, made by a fellow, Evans in England that there was something in coal, vitricin, which is a substance that was present, particularly present in the coal in Alabama, that would inhibit the development of pneumoconiosis. Sounds like a bitter end argument against conceding there was such a thing as coal workers' pneumoconiosis. And they had, what's interesting is they're reporting to Coal Age that they had undertaken this research project to prove that this was a miracle [inaudible] substance. And this particular coal wasn't going to cause any disease. And they have to, they admit openly, that they didn't find any suppport for this hypothesis. Did you, did you have any dealings with these people?

K: Only that I knew some of their scientists. In fact, one of them was a neighbor of mine in Birmingham. And it was supposed to be a pretty reputable place. But I think their support was largely industrial.

D: Alabama

K: It was considered a pretty sound operation. And if that's the conclusion they came to, obviously they had integrity, too.

D: Yeah. Well, apparently they were largely sponsored by Alabama Power.

K: Yeah. It's interesting that they would, well, Alabama Power was a coal, you know, coal operator, too.

D: Sure. So they did, first they had this vitricin study. Then they report that they were doing inhalation studies. They were feeding, they were giving mice dust to breathe, coal dust to breathe, trying to find out what the threshold dose of coal dust was. Are you familiar with that work at all?

K: I don't think that ever became anything.

D: It doesn't sound like it did. But the other thing they seemed to do was more mundane, a kind of contract work, where they did dust analysis for coal operators. Do you know what the extent of the operations were on that, in that regard?

K: No, but I wish I did because that probably was more important. In other words, they were getting ready to,

maybe they were trying to come up with some kind of threshold for prevention. I don't know.

D: Some kind of a standard, yeah. Well, it wasn't clear to me. I was going to ask you, whether you knew anything about it.

K: No. I really, I really didn't get involved with them very much. And I don't think they wanted to get involved with me particularly.

D: Oh, that's not too surprising. All right, I think actually I'm going to move along pretty quickly here. Among these British tourists, did you have Fletcher, did you have Charles Fletcher come down?

K: No. No, not that I remember.

D: Did you ever meet Fletcher?

K: No. I don't think so.

D: How about Gough? Did you meet Gough?

K: I can't remember. I'm getting mixed up between Gilson and Gough.

D: Gilson came in '55. Gough came in, he was around in early, in early '58.

K: Where did he go? Does it say?

D: Well, he was in Pittsburgh among other places, and I imagine he

K: I don't think I met him.

D: No?

K: I don't think I met him.

D: Okay. Now we're going to leap ahead, or I don't know, are there things that I'm missing here in the late '50s. Did you

K: You know that racial, let me tell you about that racial thing; it's sticking in my head a little bit. Damn, Mr. Mitch came to Birminghan in the 1931 or 2 from Indiana. It was not the most welcomed job in the Mine Workers. It was tough to handle, because it had a lot of, you know, first of all it had blacks, and it had a lot, there were racial problems in Alabama for many years, you know, at that time.

And in Indiana, he had familiarity with, he was not a member of, I don't ever think, the Klu Klux Klan.

D: The Klan was very powerful in Indiana.

K: But he had staff who were in the Klu Klux Klan.

D: In Indiana?

K: Yes.

D: And he knew it?

K: Yes. And I knew it. And they admitted it. And they talked about it like it was Hugo Black's experience, you know. He was a member of the Klan in Alabama, you know, Hugh Black?

D: Yeah.

K: Like it was a necessity for, you know, power structure involvement, for political acceptance

D: Like being in a club.

K: Well, more than a club. It was a political necessity, for getting along with people and stuff like that. And I would from, you know, the kind of jokes and the things that went on, you know, it's a big tip-off, I looked at your letter there. Did you notice how he spells negro? It's pretty obvious that he had some of that in his makeup, some of that built-in racism that so many people have and he picked up in Indiana. He may have been given to accepting this, this nonsense, you know, about a racial thing. Koplin was too close. And as a matter of fact, he exhibited in body language, you know how people are when they have a slight racist feeling. You get to a local union meeting, and somehow you don't respond quite the same way if it's a black question. There's a little more of a sharpness in your tone. He was like that, see, and I never was. And I think that he knew that. He recognized that, and he may have felt that in a way this was somewhat, it was a threat to him, you know. I think he would have said, if you could get him to speak on the subject, that he probably thought, that he probably thought that the blacks could relate to me better than they could to him, in some areas. You know. In communication, and things like that.

D: But, he did jump on the, just to take this back to the question of occupational disease. He did, Mitch did early on seize on the issue of occupational disease and, and an awful lot of blacks had black lung.

K: Yes. He was not, it was nothing to do, there was nothing in that that had anything to do with that kind of a racial picture. He wasn't talking about occupational disease for only one group of people. Obviously, he was talking about all of them. He represented all the miners.

D: Yeah.

K: And I'm not trying to say he was a racist, in an obvious sense. But I'm trying to say that he was, he had some of that in his makeup. He may have been willing to listen to some of this bologna about, you know, black miners were sort of disloyal or cutting Louie Friedman or something. Whatever it is, I'm surprised to hear that. I never heard that before. If that's all they could dredge up, it wasn't very much. And even he didn't dredge it up very, very, very [inaudible].

D: Well, the other thing that is interesting, I suppose for Mitch as a politican, is that, and these things again they go together, the employers early on recognize in the '30s, when the union is resurging in Alabama after being crushed in the early '20s. The, the employers early on realize that blacks are much more pro-union than whites. And they flip their hiring policies around. The union had been, or the makeup of the workforce had been half or more black through the '30s. And then, starting in the late '30s they start re, they start going after whites, hiring whites. That suggests a couple things. One would be that Mitch couldn't control hiring. So he says, "Well, look, I, looking at what's going to be increasingly a white union, we'll have to deal with white issues." And second it meant that workers who had been, that the blacks would more likely to have black lung. Because they'd been there longer, they'd gotten in earlier, and they have the dustier jobs, right? They were likely to have been shoveling coal and getting hired for the dusty parts. He may have started to see the issue as something for which, he might have stared to see the issue as a union politician as a black issue. And if the blacks were not going to be around so much any more, they were going to be weeded out, and he had to deal with his new constituency, increasingly white, that he should deal with this. Now of course, that doesn't make sense in the sense of why he would then fight to defend Friedman. Because if it was a dying issue, why he would stick up for Friedman. It sounded just more like, he had a lot of problems down there. He was loyal to Friedman in some way. Friedman had helped him with workers' comp., and so he was going to kind of stick with his guns.

K: And I think maybe along with that, he probably felt that he didn't want me to stir up too many things, whatever they were.

D: Yeah. Yeah.

K: For fear that this might surface, that this black and white issue might somehow

D: But the issue might cleave on those lines.

K: Get mixed up, get mixed up in the middle of it, somehow.

D: That it would break and

K: And then I, you see, you see, he was a southerner in many ways, like many southerners, that don't, they're afraid of the white folks like me, who inadvertently, without going out on the, you know, stump for equal rights and the way we deal with blacks, which is different, may inadvertently create problems for them by comparison. People don't do that.

D: Yeah. Yeah. Show off his insensitivity

K: When I came down here, for example, when I talked to some doctors about a patient. I said, "Look, then Ben, Mrs...." This guy I knew very well, in fact he was from Chicago, and he was jewish. I said, "Ben, you know Mrs. so and so was in to see me. She's worried about this orthopedic, you know, this fracture that you've been working on. And I don't have any criticism, or anything, but I just wonder if you could tell me a little bit more about it so I could talk to her about, you know, and maybe support what you're trying to do." "Oh," he said, "I'll be glad to, Allen. But listen," he said, "We don't talk about negro women. We don't call them Mrs. down here. It's not the way we do things." I said, "Ben, I know how they do things down here, and I don't do things like that. As far as the union's concerned everybody's the same." But that was a guy, you see, who was catering to the local prejudice in [inaudible] and not using the word Mrs. the way he would have, which would have singled him out as being different. And that, if you lived the South, you know, that's kind of a key test that you have to go through.

D: Sure.

K: No so much today. But in those days, when you came south, they kind of looked you over. They wanted to know where you're from, and who was your father? And what do you

think about these niggers down here, you know? They kind of try to zing you with that one.

D: See how you respond to that stuff.

K: And if you say, well, you know, I'm with you on that, buddy. [inaudible] and whatever it is gets your licenses, get your poll tax, or whatever. But they, they, I felt compassion for those people because they were so frightened by this whole question that they didn't know how to react like normal human beings, you know. And if you didn't give them that kind of reassurance, you know. It's like, that's the best I can say on it. Okay.

D: I want to ask about this long-delayed federal prevalence study, that takes place in '63 and '64. A piece of that was done in Alabama, right? You had, you had some people [inaudible]

K: Yeah. Yeah.

D: And you attend a meeting in November of '62 in Charleston, West Virginia, where they're going to plan this thing out. I don't know whether they're actually planning it, or they're just going to tell you what

K: Henry Doyle was there, wasn't he?

D: Well, it was Doyle, the people who ran the project, at the very top was a fellow named Clark Cooper.

K: I was there, because I remember very distinctly that he made, he remarked that the mechanization, the mechanization in a coal mines had produced a tremendous amount of coal dust and that the, this was not dealing with the final you know, subject you were talking about. But he was saying that the new coal-cutting machines create some much dust that they could only be used in about 70% of their capacity, or they would completely destroy these people's lungs with their coal dust.

D: Who said that?

K: Henry Doyle.

D: In public, at the meeting?

K: Yes. Yes.

D: In November of '62

K: I'm pretty sure I heard that from him.

D: Wow.

K: So they had, and they still had, I think they still have that attitude. They had to cut back on the maximum production of the coal-cutting machinery because they couldn't tolerate the dust that it made. I remember that.

D: What

K: And they did that. They didn't have any trouble with that. Did they? It took them a long time to get to do it. But the final, that wasn't after the law. That was before the law.

D: Right. '62. They then did a piece of that down in Alabama. Do you remember that at all? Did they interact with you? Or

K: No. I was, I think I saw him in Charleston, over at that Charleston meeting.

D: But then they didn't, they came down and did some X-rays, right, or they did some screening? I don't know whether it's '63 or '64.

K: Somehow I wasn't involved in that. I don't remember.

D: Okay. So you leave Alabama in when?

K: Well, 1964 I started to move, in 1965. Yeah, I moved to Knoxville, Tennessee, in 1964. And I moved my family out in '65. We didn't have a house.

D: And what, what activities, once you moved to Knoxville, what activities related in black lung did you engage in?

K: Well, there was a whole new ball game because the medical care for the miners that I was responsible for extended all the way up into Kentucky. I spent more time working in Kentucky than I did in Tennessee, where we didn't have that many coal miners. And I worked in East Kentucky in the hospitals. And my job was, as I told you before, to help see the hospitals were sold in 1964-65, and I was part of the sale, really. The Presbyterians were the mediators in arranging the sale. And I was one of the products, in the deal, that they wanted a favorable area medical administrator in Knoxville. Then they got started because they were going to have trouble. And they wanted the Miner Workers' fund to keep funding them as well as they could. See, before that, we were underwriting them 100% in paying

the bill. But now I had a contract with them, and they were afraid of the guy that
they had before.

D: Who was that?

K: Winebrenner.

D: Winebrenner. What happened to Winebrenner?

K: He was moved to Louisville, see, where he would only have to deal with, I think, only one hospital. What's Pikeville, either, was it Pikeville or was it .... And then they moved the administrator from Louisville to I can't remember where it was. Was it Charleston, I think? There was a big round robin. But I was to get in there, to be sure, that I could deal with at least the southern chain. I'd been in the hospitals before. We all had. We had meetings there. We had black lung discussions there. Those guys are up on stuff. I mean, they were not like the ordinary run of the mining doctors, in the mining fields. They were very scientific. They did some good stuff. And of course they brought along Rasmussen, eventually, and stuff like that. But, so in the black lung world, we were home free, I think, when we got up there. First of all, we had some doctors around Knoxville who did a pretty good job. I didn't get involved in having to find doctors for miners to get a decent shake.

D: You thought this Knoxville Chest Group was okay?

K: Yeah. I know they were. And then not only that, but most of my patients, most of my clients were in the mountains, up in Harlan, Hazard, Middlesboro, Whitesburg, Pikeville, Wise, Virginia.

D: Did you have Wheelwright?

K: Yeah. Yeah.

D: I went through their records.

K: Wheelwright is in Floyd County. That's not far from the McDowell Hospital. Yeah. I spent a night, I went through a coal mine.

D: So what kind of a

K: Island Creek Coal Company.

D: Island Creek. What kind of black lung work did you do

then when you were in Knoxville? You said you testified for the Virginia workers' comp. reform.

K: Yeah. What year did I say that was? '50?

D: I thought you said '65. It doesn't pass

K: About, when I was up there, when I was up, when did it pass?

D: Well, the second time it passed was in '68.

K: Well, it was before, maybe it was in '68, that's where I was working at the time. And I, oh, by the way, we had a, we had a, we had a pneumoconiosis conference up there. Do you have a record of the one in Wise? We had a hell of a good meeting.

D: Yes. Oh, you were involved in that?

K: I was the organizer of that with Lorin.

D: Tell me about it.

K: I forgot about that.

D: So did I.

K: A delightful meeting in Wise, yeah. We had it at the university there, the branch of the University of Virginia, I think it was.

D: When was this, 1966?

K: I can't remember what year that was. We had, the Health Department came, I remember. We had, we had, all these great epidemiologists from West Virginia came, from the, you know, the what do you call it, Appalachian laboratory, came. And we had the debate going, you know, and we had the most unfortunate part of it was Keith Morgan there, who we kind of had to sit on a little bit. Lorin came. It was delightful.

D: Did it leave, now did that play because it was in, situated in Virginia, what role did that play, if any, in stimulating workers' comp. reform? Did that sort of start a fire in there?

K: It helped. It helped. It helped.

D: There were plenty of doctors there from Virginia?

K: Well, there were some already, who were sold. We had doctors like Dr. Schmidt, I remember him very distinctly, over in Bristol, who had been talked to previously by, I think, Winebrenner.

D: What was his

K: And Winebrenner was not an opponent of

D: What was Schmidt's first name?

K: Bill

D: Bill Schmidt.

K: William Schmidt. And he was, he was available for, you know, discussion. If somebody wanted to send him a patient, he'd give them an honest opinion about the diagnosis. So he was already, he was already doing it. I didn't have to convince him. Somebody else had done that. See, time had passed, there was more people involved. But I had an easy time of it. And that was a delightful conference. We did have some, you know, argument about coal, and about rank of coal, which is what this southern research thing is talking about to a degree. By the way, we had the same problem with asbestos, you know, they were talking about cryolite.

D: Chrysotile

K; Chrysotile, whatever it is. In some cases that gets to be kind of diverting, you know, from the, but I would say in general we had a very favorable reception among the doctors in the health professions in Virginia. By that time the legislature was ready to pass its own law, so when I testified, it wasn't in a hostile situation, it was a friendly situation. Of course, those laws really didn't amount to too much, because by the time they really got to, you know, you had to fight through the compensation [inaudible] in the state laws. I mean, you had to get a lawyer, and you had to go to the company and get the company to do it. It was nothing like the federal law suits. So by the time we really got moving on all that stuff, the federal law, thank goodness, came along and, you know, solved the problem for us all, made it a lot easier. That's the reason we had the federal laws. The states were not doing an adequate job, you know, the list is too long, it's too time-consuming, and so on, even in Alabama.

D: Well, now in terms of the big changes that come in in '69. You were in Knoxville at that time. Didn't Tennessee actually pass some sort of workers' comp. reform in '69?

K: Possibly. I think maybe a lot of states, I know Pennsylvania passed one in there somewhere.

D: '65. Ohio passes one in '69.

K: I, I think that played a big role in getting the federal law into effect because it was pretty obvious that there was a groundswell almost, in the coal fields. So it wasn't like the federal government was usurping, you know, or taking a flyer on something brand new. And I'm sure the states did not object that the federal government took it over. Because it was a real tough thing to administer. Then there were varying standards, you know how that is.

D: Well, let me, that was as far as I wanted to trace the narrative of events here. I wanted to ask you about the, your relationship with Lorin Kerr, when he was in Washington, and you were out in Alabama. I mean, what would you say were the most valuable things that he was doing? He was shipping out reprints of medical articles from hither and yon. He was sending around these British authrorities. What were the other kinds of things or what were the things that you valued the most in terms of the way

K: Lorin, Lorin was our, our he was our chest disease expert. And he did all the things you're talking about. And he made it a lot easier for us to get involved in stuff. And he was a great stimulus to us. And he really became Mr. Black Lung in the United States during all this period. He, he also played a role in although you're looking at black lung, remember we still had a medical care program in addition. And it was the biggest part of our activity, not black lung. And Lorin was involved in that, too. And what Lorin did for us was he was the source of super-specialists care. He made arrangements with the National Institutes of Health, which turned out to be an excellent referral source. The clinical center, are you familiar with that? Did you know this story?

D: I know some of it, yes.

K: And he got to know the scientists over there. He got to know [inaudible]. If we had problems and we needed to make a referral, we could pinpoint this doctor or that specialist or somebody over there, so that if a patient had something that was out of the ordinary, couldn't be handled locally, and was part of their study. You know to get into NIH you have to have something that fits their protocol of what their study. And he kept us abreast of that. He knew the people, even recently in the last few years, I'd asked him about stuff like that, but he's lost those contacts because he hasn't had to do that for the Mine Workers. Mine workers

had a hell of an advantage in their health program. Imagine, I used to talk to the doctors in my areas where I worked, and they didn't even know what the the hell the National Institutes of Health was. And I remember sending brochures out to them and stuff like that. And they were, but now they know. But you know, back in those days they didn't realize that. Well, they didn't want this government or charity or some damned thing.

D: But, so with regard to

K: So Lorin was our facilitator

D: Yeah. For black lung, when he would send you an article, from some British authority or something, would you then run off ten copies of it, or carry it around to local practitioners? How did it get from Washington through your office to the local practitioners?

K: You spread it to all the interested parties. You sent it to the unions.

D: To local unions?

K: Well, no, mostly to districts. And we sent it to the, sent it to the practicing doctors and anyone we thought would be interested. And I sent Bill a copy. And, yeah, Lorin, I don't know what kind of a mailing bill he had, but he sent out a hell of a stuff.

D: He was a. He was a

K: And we, and we enjoyed that.

D: Now did, did, was there any point at which the things he was sending ever get translated into rank-and-file health education, where the, the district would take it upon themselves to educate locals, and locals would educate the mememembership? Did it ever trickle down like that?

K: Lousy

D: Or did it really just go into the medical

K: We did a lousy job of it.

D: Yeah.

K: I used to go to a lot of local union meetings. And I used to tell them about it. My main text when I went to local union meeting was, what is the Welfare Fund, what does it do, how you get the benefits, who's available, you know,

and why we have a list, how we pick doctors, the qualifications. See this is all medical care now. And sometimes I'd talk about, you know, immunizations and some public health things, which is what I mostly talk about now. But mostly it was about, you know, how you used that card, and how you'd get care. And then I would get lots of questions about, well, my doctor so and so, and the patient didn't improve, and what could I do to get better care, or why can't we get a doctor here, or there or somewhere else, see. See, that was one thing about the fund's health program that was so excellent, and Lorin helped with that, too. And that is, we created services beyond what the hospitals had established. See the hospitals established medical services in them. And then when they were sold, the physicians who worked in the hospitals were no longer employed. They were free agents. And they, we moved right in as I did when I went to Knoxville, and we paid them either on a fee basis or preferably on a retainer basis. In other words, we paid them on the. Is something wrong there?

D: Oh, I'm just afraid we're running out of tape here. Okay. Go ahead.

K: Is this all the tape you've got left?

D: That's it. Yeah, so maybe I should just kind of hew to the narrow questions about black lung here. I'm sorry. Just, because, like I say, we have a limited amount of tape here. What was your sense of how important this issue was to Lewis?

K: Very important. But it wasn't the only thing he had to deal with. I mean, he was dealing, you know, during the later part of his life Lewis had some real tough problems. You know he had a new president to deal with. And he was in the background. And he was trying to get Boyle straightened out. And by the way Lorin worked with Boyle, and Lorin was not affected by the problems of Tony Boyle, as far as I can tell. I met Tony Boyle with Lorin, and Lorin continued to function very well. And I think that was because of Lorin's integrity and, you know, intelligence, and Boyle didn't monkey with him too often.

D: And your sense was that Boyle, what was impression of Boyle?

K: Ah, very, Oh, yes, I used to see him occasionally. Boyle was, I got along fine with him. But Boyle was, such a distinction between him and Lewis on division and his command of broad concepts of what he was doing. He was too personally involved in his own, you know, in his own

aggrandizement, aggrandizement. He wanted to be another John Lewis and he wasn't. That was his big problem.

D: He just did, he lacked the, what, the intelligence, or the courage or the what?

K: He didn't have the following, he didn't gain the confidence and respect of the men. I mean, Lewis, could, you know, wave his arm and create a revolution almost. But Lewis had tremendous power, and the men respected him. They'd die for him, but not this guy. He just, and he didn't realize it. You couldn't, you couldn't just walk into that man's shoes and wear them. And that was his big failing, I think. But on the other hand, he didn't bother us too much. He, I think, Lorin was a great help to us in seeing that everything continued on [inaudible]

D: Now, did you ever have any relationship with Thomas Kennedy?

K: No. Boyle brought them all down to Alabama for a meeting one time, and we got to hobnob and, you know, have some drinks and camaraderie and stuff like that. It was a very friendly, you know, visit. And I got to talk to Tom Kennedy about some things. Kennedy was a great story teller and a wonderful man, a really wonderful man.

D: Because he was really quite active on black lung.

K: He was?

D: Yes, in Pennsylvania

K: Pennsylvania, that's right.

D: Because of the hard coal. He came out of hard coal and they had

K: Wasn't he a member of the state legislature there? Or something?

D: He was a lieutenant governor.

K: Lieutenant governor, yeah. Thomas Kennedy was really a very bright guy, a different character than Tony Boyle. He was in the Lewis, he was in the Lewis mode a little bit.

D: Some of these other people. What about, you already told me about Gordon and those fellows at Jefferson. You weren't too impressed with them?

K: No.

D: How about the people within the union, the staff people who dealt with safety, who could have taken up dust issues, Evans and some of these safety people, no? Never had any dealing with any of them. What about Les Falk? I mean, he really worked hard on this issue back in the '50s.

K: Of course, Les and I were in the same boat. He was in Pittsburgh, we thought a lot alike. Les did a lot of medical care innovation, that the rest of us did not accomplish, setting up the Centerville Clinic and the Bellaire Clinic, you know, where George Goldstein was and all the stuff.

D: Russellton.

K: Yes, Russellton. And Les had a very strong ally in Jock Yablonski. And I met Jock Yablonski, and talked with Jock. He was the president of that district there, or the international board member. Jock Yablonski was a guy who knew medical care very well. He knew all these issues very well. He was really a great loss. I mean compared to this guy, there was no comparison. Yeah, I got to know Jock through Les. Jock had some intellectual qualifications, you know, he only was a rough and tumble rank-and-file coal miner guy. But Les actually educated him to the method of providing group clinic care, group practice, very well. And he was a tremendous supporter and was very helpful to us, you know, in the higher circles of the fund.

D: Well, that seems to be a common denominator, that you had active support from Mitch, despite whatever difference you may have had about Friedman, and and he had a sponsor in his. Was that not true anywhere else in the union that the district directors really got behind, the district presidents really got behind this?

K: Not to that extent. No, it wasn't. No, there were close relations between Dr. Barnes and the president of that district. Dr. Winebrenner, not directly, but indirectly through Bedford Byrd, he was a guy you may want to see some day. He's in Florida. He was Dr. Weinbrenner's assistant and became mine when I moved to Knoxville. He was a real powerhouse guy. He was a non-M.D. administrator. And he had very close ties with some of those union people in District 19, where all the trouble started. In fact we knew Albert Pass. You know Albert Pass?

D: Just the name.

K: He's the guy that's in jail, you know. He's the guy, he's the guy that arranged everything [inaudible] been

convicted. He said yeah. He's in a protected environment. But Bedford knew those union guys in District 19 very well and the rest of the district. And he had very strong support for whatever he did, Bedford Byrd, before Dr. Winebrenner. Winebrenner did not have, the other districts at the time. When I came in, they changed the whole map, and I would say, I don't really think so. I'm not sure. It may be the Dorsey did, out west. But I'm not even sure of that.

D: But the districts, the union officers in running the districts in West Virginia, for example, never really sponsored this kind of stuff and got behind it.

K: Well, let me back up. George Titler, in Beckley, was easy to deal with. I worked there one summer. They had me all over the map. And I found that George Titler understood medical care, was very supportive of the miners' hospitals and there was no, no problem in getting any kind of support for what you wanted to do. But he was not in the same class with Mitch or Yablonski, that he would think independently of something, and promote something. See Mitch promoted black lung in a big way. He helped the national campaign, although he got me and him in trouble because we had to depend on Friedman for a while. By the way, in the history of black lung there are characters like Friedman that come out I understand, in Britain and elsewhere, guys who make a living or even a big deal out of, you know, selling themselves, right, for a price. Are you familiar with that?

D: Sure

K: But I'd say that Yablonski was more of, was more intellectually committed to the whole scene. His attitude on black lung, I'm sure, was fine, though I never discussed it with him. But talking of sponsors, yes, we were lucky to have and working with Les because Les had the right attitude. Les and I came from the same background, farm labor program, you know, with Lorin. We were all out of the same mold. And we all had the same philosphies and interests. And Les did very well. The others were, there weren't any others besides us that were quite like that. But the district presidents, they got along okay, but they were not in the same class, I don't think, with the ones we had. I don't think.

D: Then you never got the sense, you know, it was a very top-down union. You never got the sense that Lewis, really, put, you know, gave them any marching orders, to make this a top priority.

K: No, but see, what I got out of Mitch and this was true of Jock and a few other people is that they had the guts. They had the guts to stand up to the old man. They didn't do it very often. Mr. Mitch used to tell a funny story about how he would argue about, I forget what it was, some kind of contractual payment, that Mr. Mitch thought was unfair. And Mr. Lewis thought should have been made. And Mitch said, "Begging your pardon." You know they treated him with great deference, begging your pardon, Mr. President, this is at a convention. But I think we ought to give this an hour. And he'd say, "Whose side are you on, Bill?" And Bill would say, "Well, yours, Mr. President." Then he backed off. But that's the way Lewis ran the show. Mitch would challenge him.

D: But the sense I always got really was that Lewis was happy to get the fund

K: Damned right.

D: And that the fund depended critically upon revenue from the royalties, and the royalties depended upon mechanization. And mechanization generated tremendous dust hazards. And so in a sense

K: Unemployment.

D: And unemployment, right. Hundreds of thousands. And so in a sense he understood that the price of the fund, in a sense was black lung.

K: I don't think I ever heard him put it that way.

D: No, I

K: But on the hand, he believed, like he believed with respect to acid rain and everything else that that price can be paid. That problem can be remedied, can be taken care of, if things are done correctly, like if you burn coal correctly. If you mine coal correctly, you shouldn't have black lung. And if you create unemployment, you should have mechanisms in our society to take care of those people.

D: But you never heard that laid out explicitly?

K: Nope. Nope.

D: And I'm still looking for evidence that the union bargained over dust control. They could have said, sure, you can mechanize all you want.

K: There's nothing in any of the contracts.

D: I haven't found it yet. But they could have done it.

K: You know, you know what you can find, though. Look at the testimony that Lewis has given over the years. I mean before Congressional committees on workers' compensation and things like that. You'll find tremendous, tremendous documentation on stuff that he put forth. But that was to get public legislation, not union contracts.

D: Yeah. Not in the

K: Coal is drenched, coal is drenched too much with the blood of the broken coal miners and the tears of their widows and orphans. That's a statement paraphrasing something that he said because I've seen enough of that. And I think maybe he decided to go public, get the public's responsible for that through the law, right, not through the contract.

D: Well, the mechanisms where there. For example, they had written into the contract that the operators had to abide by the federal safety code.

K: Yep.

D: And so if you then got language into the safety code about dust levels

K: Yep.

D: Then you would have the operators under control. I have yet to find the evidence that they worked hard to revise that. See, because they were pretty, I think pretty cynical about the Bureau of Mines. The Bureau of Mines was going to be the people promulgating the safety code. We didn't have too much hope.

K: Well, then they changed that, you know, fortunately. And I think maybe they're slipping back into it, I don't know.

D: We're about out of tape here. Anything else you'd want to, like I said we're about out of tape, is there anything you want to add about your reflections on the experience of the union with black lung in the period up through 1969.

K: Well, I'm very happy that I was involved with it. And it was really our original intent when we started the program, we were looking for medical care program development. And there's a lot about that that you haven't asked me about that we pioneered, with the, getting away

from fee for service and building clinics all over the country, in Birmingham and elsewhere. And you know, creating rather than just accepting what existed, starting with Draper. Take what's there and go with it -- we were not content with that. We improve what we found. We excluded people from our selectivity who were not qualified. Then we started bringing in people who were qualified. And then we created teams of people. And when we built, we melded them together into groups in those facilities. And those facilities are out there taking care of the public. So that was a piece other than black lung, but we expected black lung to be part of the normal, normal routine management of patients in that industry. It's like any place else, if you walked into, if you walked into [tape ended]