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-:MEMORANDUM:-

TO: Dr. Wright

FROM: Dr. Lanza

DATE: September 29, 1926

SUBJECT: Health and housing conditions in Joplin, Mo.

On September 1st I visited Joplin, calling first on Mr. McKee, Metropolitan Manager. In company with Mr. McKee I visited the Golden Rod Mine at Picher, interviewing Mr. Herbert Wallower, Mr. Mills and Dr. Ralston, who is their full time physician. I called also on Mr. Cadden of the Vinegar Hill Zinc Company and Mr. Sinclair of the Federal Mining and Smelting Company; Mr. Charles T. Orr of the Athletic Mining and Smelting Company; Mr. Richard Jenkins of the local branch of the American Zinc Institute and Mr. R. B. Ageton of the Tri-State Zinc and Lead Ore Producers Association; as well as Dr. Nunnery of the U. S. Public Health Service, who is running the local clinic for chest diseases among miners for the U. S. Bureau of Mines.

There is attached hereto a detailed report on Joplin mines by Mr. Bassford. It will be noted that for all the groups the group life premiums amounted to $85,757 and the claims to $97,806 - a loss ratio of 116.8. The experience under group health was also unfavorable, the premiums amounting to $19,287, and the claims to $21,680, a loss ratio of 112.4.

Before detailing my observations on health conditions in the Joplin district I would like to call attention to the fact that during the year 1915, while still in the U.S. Public Health service, I made an extended investigation in the pulmonary diseases among the Joplin miners which investigation lasted for a year. The results of this investigation were published in Bulletin #152 of the U. S. Bureau of Mines, and Technical Paper #105 of the U. S. Bureau of Mines, and in Public Health Bulletin #85 of the U. S. Public Health Service. As I lived in Joplin for a year and maintained a clinic for pulmonary diseases the greater part of that time (in Webb City) and spent a considerable amount of time underground, I had occasion to become thoroughly familiar both with the working and living conditions of the Joplin miners and to familiarize myself with their health and social problems.

Since the time that I investigated the Joplin mines, the scene of mining activities has shifted from Jasper County, Missouri to Ottawa County, Oklahoma and the lower portion of Cherokee County, Kansas. Joplin is still the center although the actual mining is done mostly at Baxter Springs, Kansas; and Miami, Picher, Commerce and Cardin, Oklahoma. Some of the miners still maintain their homes in Webb City and Carterville in Jasper County, Missouri, being enabled to travel to and from their work daily on account of good roads.

Joplin, Mo. (Cont'd.)

The cause of the inordinate amount of pulmonary disease in the Joplin district is the fact that mining is done in very hard rock which contains over 90% free silica. The dust of this rock resulting from mining operations affects the lungs of the miners and eventually leads to tuberculosis.

In 1921 Mr. Howard Young, General Superintendent of Mines for the American Zinc, Lead and Smelting Company, called my attention to the fact that the new mines being opened in Cherokee County and Ottawa County were very wet and that there was at that time no dust problem and consequently no pulmonary disease problem connected with them. But Mr. Young pointed out that these mines would gradually become dry and that when they became dry there would be repeated the history of the Joplin district, namely a scandalous incidence of pulmonary disease among the miners. These observations have already begun to be verified.

I am familiar with the hard rock mining districts of the United States and Australia and, through reading and personal acquaintance, with conditions in South Africa and England. Nowhere else in this country nor in the other countries mentioned are there any mining districts with the health conditions that prevail in Joplin.

Returning to Joplin after an absence of 10 years I find that underground conditions have improved. The smaller mining companies are gradually being amalgamated by the larger concerns. New superintendents and managers have been brought in from other mining districts. Safety is being well looked after and water drills and other measures are being used to combat dust in the underground workings. Underground conditions therefore are considerably improved over what they used to be, and are tending to become better all the time.

A corresponding improvement in living and social conditions, however, has not occurred. I had thought that it would be impossible to get anything worse than the living conditions of the Joplin miners in the old Joplin district. My visit to the recent operations in Ottawa County compels me to admit that they are even worse than the old conditions. It is the more remarkable because the Joplin miners, to a man, are Americans, the descendents of the hill people who have worked their way westward from the Tennessee and Kentucky mountains to the Ozarks. While often ignorant, they are usually intelligent, highly individualistic and independent. All in all, they are a fine class of people. They live for the most part in one or two room shacks made out of boards or powder tins beaten flat. With the exception of a few homes in the center of Picher, there are no sewage facilities and they are supplied with water by a water wagon which makes daily trips, filling a water barrel that is to be seen outside the front entrance of each home.

The miners are well paid; practically all the work is contract work and the average wage would be around $8 a day. Ignorance and a failure

Joplin, Mo. (Cont'd.)

to appreciate more decent standards of living are to a certain extent respon sible for their living conditions, although many who live thus own motor cars. One excuse that is given for the nature of the housing conditions is that much of the lands, especially in Ottawa County, are Indian lands which are leased for mining purposes, but which cannot be sold. The temporary nature of the industry is also quoted as an excuse. These difficulties are more apparent than real and have not prevented the erection of decent homes for miners in other mining communities.

There is still a great deal of silicosis (dust disease of the lungs) and tuberculosis among the miners. Many cases are among men who have worked in the old Joplin district and contracted their disease there. While present underground conditions are better than they were there is nevertheless a considerable amount of the disease still being caused by dust in the working places.

Venereal disease is rampant to an extent which I am reliably informed does not exist in any other industrial community in this country. Both venereal disease and tuberculosis are bound up with the housing conditions. There are no reliable statistics on either tuberculosis or venereal disease in Ottawa County, but the local physicians assure me that venereal disease is not uncommon among the children and I was also informed that it prevails to such an extent among the adults as to influence, to a marked extent, the costs of compensation by prolonging the period of disability in accident cases. It is undoubtedly responsible for many sickness claims under our group policies.

There are five companies which represent more than one-half of the total production, all of which are group policyholders. These are the Commerce, the Golden Rod, the Federal, the Vinegar Hill, and the New Chicago. The one other large company, the Eagle Picher, is not insured with us (that is, the Eagle Picher mines are not covered by the Metropolitan). All these companies are very desirous of bringing about better conditions but all of them hesitate to take the initiative for fear that their efforts may be looked upon with suspicion by the miners and their motives questioned. This is a non-union country and the mine operators would like to see it remain so. They have been debating the possibility of inaugurating a joint, central employment office and of introducing in connection with this physical examinations and re-examinations of those employed. All the persons I interviewed expressed the hope that the Metropolitan might be able to assist them and, by taking the initiative in whatever line of activity seemed desirable, ensure the co-operation of the miners.

I expressed the opinion to the people whose names I mentioned above that if it were possible to examine men before hiring them so that men whose lungs were already damaged would be kept out of the ground, and if it were possible to re-examine them from time to time and at the same time every effort be made to make the underground working conditions as healthful as

possible, that gradually the diseased miners would be eliminated and there would be brought about a condition of affairs in which pulmonary diseases among the miners would be reduced to what may be termed a decent minimum. To this all gave unqualified assent but were more or less afraid to tackle the problem of physical examinations by themselves.

On my way back to New York I stopped off at Washington and spent the morning at the U. S. Bureau of Mines in conference with Dr. Sayers, the Chief Surgeon, and Mr. Harrington, one of the Chief Mining Engineers. The Bureau of Mines has had for sometime a medical officer stationed at Picher, who examines miners and advises them of their physical condition. This undertaking is primarily investigative and is satisfactory as far as it goes and Dr. Nunnery, (the officer in question) is doing good work and is well liked by the miners. The scope of his efforts, however, falls far short of what is necessary if continued and permanent improvement is to be secured.

Dr. Sayers and myself estimated that if Dr. Nunnery had another physician to work with him and a competent male clerk it would be possible to put the physical examination work on a sound basis and make it possible for the companies to refer men for examination to that office.

I strongly recommend that the Metropolitan give earnest consideration to the possibility of entering into a formal agreement with the U. S. Bureau of Mines, for a period of not less than 3 years, wherein the Bureau of Mines would furnish the services of one physician (Dr. Nunnery, already on the job) and carry the expenses of X-ray films and the like, which amounts to not less than $2,000 a year; while the Metropolitan furnished the services of another physician at the cost of approximately $3,600 a year, a male clerk at $1,800 a year, and incidental expenses making a total of $6,000 a year. The Bureau of Mines is willing to enter into a formal contract, and has, in its investigative work, carried out similar contracts with other corporations. The work would be under the joint supervision of the Chief Surgeon of the Bureau of Mines and the Metropolitan, and in this connection I would like to point out that I am a Consulting Surgeon of the Bureau of Mines. The combination of the Metropolitan with the Federal Government would put this work on a plane which would raise it above any suspicion on the part of either mining companies or miners and would be amply justified as far as the Metropolitan is concerned by the large interest which the Metropolitan has in that district.

The housing situation may possibly be reached through the Government which, as the leasing agent for the mining lands, may be in a position to control or influence housing. This, too, is a matter which requires educational work both among the employers and the miners.

I brought the matter of venereal diseases to the attention of the Assistant Surgeon General of the U. S. Public Health Service, who is in charge of the Division of Venereal Diseases, and he has promised to send one

of his officers to Ottawa County to see what can be done, both directly by the Public Health Service, and in co-operation with the State Department of Health of Oklahoma. I think it is entirely reasonable to assume that with the co-operation of the mine operators, the local government, the Federal Government and the Metropolitan Life Insurance Company working together on a concentrated program real improvement may be made in what is perhaps the most disgraceful industrial situation in this country. All of the people I interviewed in the Joplin district stated that what was primarily needed was someone to take the initiative and act as a uniting influence on the various agencies that were able to bring relief. This initiative, I think, could and should come from the Metropolitan.

C. H. Haag

Assistant Medical Director.