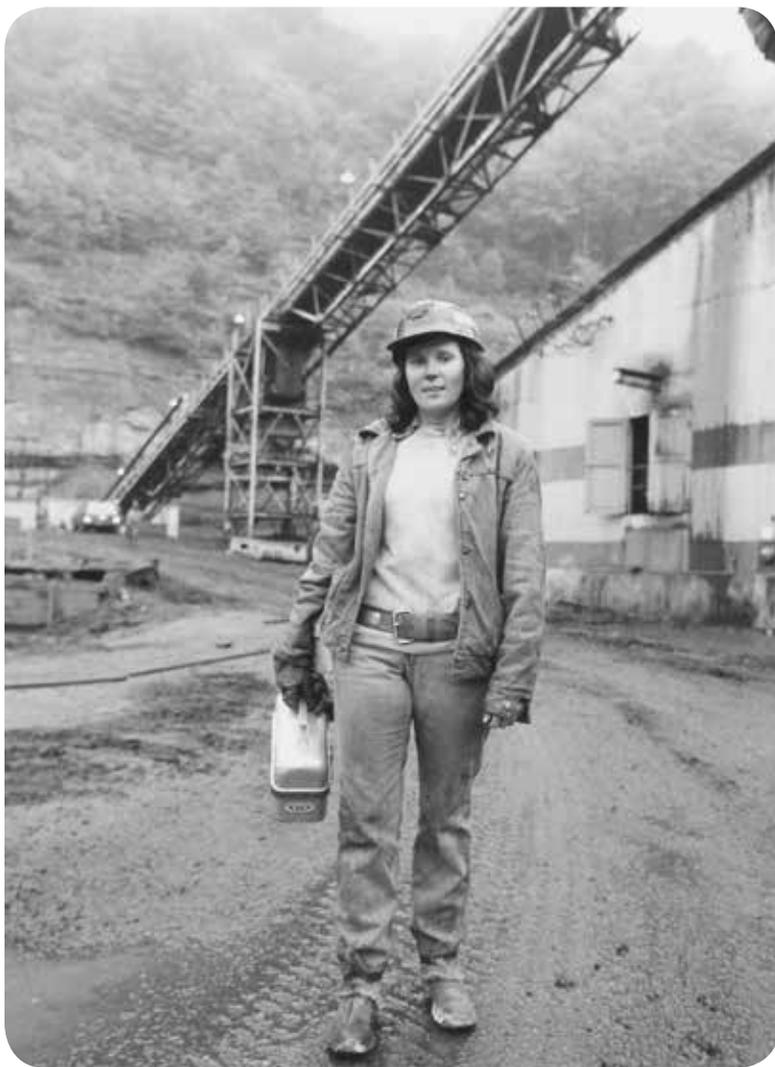


## Coal dust and camaraderie

### Tales from women working in mines

By Allison Hutchings and Bethany Applebaum



In 1979, Linda King found working as a roof bolter's helper at the Bullitt Mine in Big Stone Gap, Va., more challenging and better paying than her previous job in a garment factory. Photo by Kenneth Murray via the National Archives.

Today, women comprise a little more than 5 percent of the coal mining workforce, according to the Bureau of Labor Statistics. However, back in the 1960s and early 1970s, few women worked in the industry, and those who did typically held clerical or service positions, which often paid less than production positions. The first female coal miner was officially hired in 1973 in West Virginia.

The increased readiness of women to demand entry into a wide range of higher-wage occupations previously reserved exclusively for men, coupled

with a number of successful legal actions filed under federal or state equal employment opportunity laws, resulted in the number of women employed in coal mining doubling between 1975 and 1979, according to a 1981 article in *The Monthly Labor Review*.

In 1976, a former female miner from Kentucky, with a daughter and a nephew to raise on her own, sought a higher-paying job working in the mines. At the time, she was making \$3 per hour as a surgical technician, while the mines paid \$10 per hour.

**“They say that coal mining gets in your blood, and I believe it.”**  
former female coal miner

Another woman explains, “I was divorced with two kids, making \$4 an hour, no insurance. The decision to go to work in the mine was simple: It paid more than double. By the time I retired, I was making \$140 per day.”

The work was hard, the hours long, and it could be dangerous, but these women were determined to provide a good life for their families.

By 1982, women constituted around 8.6 percent of all new underground miner hires. However, subsequent declines in the coal mining industry meant that female coal miners were often the “last hired, first fired,” according to a 1988 *Christian Science Monitor* article.

But women didn't necessarily feel unwelcome in the mines. One woman relayed that she “never had no trouble from men . . . Some guys would tell [women] which guys to avoid or who not to bother. By the time I retired, some of the men I was told not to bother became my best friends.”

Another woman recounted that although some men said they didn't want to work with her because she worked them hard, “we were like brothers and sisters, all of us.”

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Although these miners reminisce with fondness about the camaraderie they felt working in the mines, the job often took a toll on their health. They endured physical trauma, such as knee and shoulder injuries, and some suffered from black lung disease, also known as coal worker's pneumoconiosis, caused by the inhalation and accumulation of coal mine dust in the lungs.

The Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) funds black lung clinics around the country to provide medical services, outreach and education, and benefits counseling to coal miners and their families regardless of their ability to pay.

From July 1, 2014, to June 30, 2015, these FORHP-funded black lung clinics provided services to nearly 12,000 active, inactive, retired, and/or disabled coal miners, fewer than 1 percent of whom were women, according to grantees.

Although women represent a small portion of the patient population in the black lung clinics, clinic staff report that these women often differ from men in unique ways.

Laura Creager, a benefits counselor at the Coal Miners' Respiratory Clinic of Owensboro Health Muhlenberg Community Hospital, a FORHP-funded black lung clinic in Greenville, Ky., notes that the women she sees in the clinic are "exceptional historians." She says this is an asset, particularly in the context of the black lung benefits claims process, which relies "so heavily on the details of what claimants physically endured during their entire mining tenures."

Cecile Rose, MD, director of the Miners Clinic of Colorado in Denver, agrees that women miners are typically both "excellent historians and vivid storytellers. Many overcame phenomenal odds to work alongside men in a setting that wasn't always hospitable to their health and welfare."

Creager says she has noticed that female miners were less likely to smoke than male miners. Akshay Sood, MD, and colleagues at the University of New Mexico and Miners Colfax Medical Center, another HRSA-funded black lung clinic, have noticed similar trends among coal miners in the Southwest, with data



Staff of the Coal Miners' Respiratory Clinic of Owensboro Health Muhlenberg Community Hospital. Front row: Krystal Hambrick, Sanjay Chavda and Laura Creager. Back row: Sandra Gootee, Kim Brumfield, Donald Givens, Malinda Hale, Martha Roberts and Paige Bilbro.

suggesting that female coal miners are significantly less likely to have ever smoked or consumed alcohol than their male counterparts.

Creager has also observed that the women she assists who used to work in the mines "worked at faster speeds and for longer periods of time" to compensate for their smaller statures.

This was especially difficult given that equipment for women did not always exist. As one former miner recalls, for a long time, "They didn't have miners' boots for women, and the men's boots were heavy. Women didn't have any special clothing. We all wore the same equipment."

But she wasn't complaining: "They say that coal mining gets in your blood, and I believe it." 

*Allison Hutchings is a public health analyst in HRSA's Federal Office of Rural Health Policy, and Bethany Applebaum is a public health analyst in HRSA's Office of Women's Health.*

## Dig deeper

Review current federal Black Lung Clinics Program initiatives and funding opportunities at [hrsa.gov/gethealthcare/conditions/blacklung](https://www.hrsa.gov/gethealthcare/conditions/blacklung).

And read about HRSA's focus on women's health at [hrsa.gov/womenshealth](https://www.hrsa.gov/womenshealth).