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Body talk: Oral history methodology in the study of occupational health and disability in twentieth century British coalmining.

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The club I drank in, they used to call 'Death Row', when you were going in there was a row and there was about ten miners used to sit on that... You saw it go from ten, to nine, to eight, to seven, and they were all, in the main, mining related injuries or diseases that killed them off. And you can see the ones who were lucky to be alive mind, but they can't get the words out, they can't breathe properly... So you can see the legacy, you can see the legacy of the pit. So you can understand the anger we've got.¹

This anecdote came from Alan Napier, a former coal miner from North-east England in an oral history interview in 2004. It reveals something of the material impact of mining on the body, but also the emotional and moral dimensions the memory evoked. This chapter explores the value of oral history interviewing as a methodology in the study of occupational health and disability. It draws upon a corpus of more than 50 work-life fieldwork interviews with coal miners in North East England, Scotland and South Wales, together with some other personal testimonies and oral evidence from wider afield. The interviews were

undertaken between 2000 and 2005 and were part of a project which resulted in my book with Ronnie Johnston, *Miners' Lung* (2007).² This essay represents part of an on-going critical process over the past couple of years or so of revisiting the testimonies (and collecting some new material) in the light of further reading in oral history theory and practice and my own evolving interests in the meaning and significance of work and work-health cultures in the twentieth century.

It will be argued that oral evidence enables a refocused history centred on miners' bodies and on emotions. This methodology is capable of enriching our understanding of these encounters between work and the body, what this signified to workers and how workers were affected and reacted to risk and danger and to ensuing disability and loss. It enables us to locate those affected by chronic occupational diseases within the specific social /cultural spaces they occupied at that time. Whilst oral interview material requires critical and sensitive treatment (necessitating reflective evaluation of how memories are constructed and the past recalled), nonetheless these personal narratives provide a wide range of insights into the employment-health interaction. This can take us beyond the health and safety statistics – the 'body counts' – to deepen our understanding of work and health cultures in mining communities, the body at work, as well as the mutating identities (including impacts upon masculinity) which ensued as a consequence of a serious injury or contracting chronic occupational diseases. Emotional and moral dimensions come through such storytelling, adding another level to our understanding of what it meant to expose bodies to risk, damage and disease.

Oral history theory and practice

Oral history has a long pedigree. From its roots in oral folklore the modern practice of oral history emerged in the 1960s and 1970s with the technological breakthroughs associated with tape recording. Amongst the earliest British pioneers were those who recorded coalminers' testimonies, including Ian MacDougall in Scotland and David Smith and Hywel Francis in South Wales in the 1970s. This gets us to the first obvious *limitation* of oral history as a methodology: miners' lives have only been recorded and archived relatively recently and *new* projects are restricted to living memory – at a push now only back to the 1930s, though existing oral archives (such as the South Wales Coal Collection at Swansea University) can be researched. For health cultures in Britain, Linda McCray Beier provides a good example of this re-use of existing archived oral testimonies, as does the sociologist Michael Bloor for mining in South Wales.³ Antagonists have criticised oral history methodology on the grounds of the unreliability of memory and the subjectivity of the material. People are accused of misremembering, not telling the truth and of embellishing, distorting and exaggerating their role and sometimes their importance in the unfolding of events. Furthermore, oral historians have been accused of making more of individual and personal accounts than they merit and of over-extrapolating from a relatively small number of cases that may not be representative. The late Eric Hobsbawm was amongst the sceptics.

Partly in response to such criticisms and in order to make its position more robust oral history morphed from what has been termed 'reconstructive' oral history – typically where testimony was uncritically accepted at face value – towards more 'interpretative' approaches. The latter was influenced by the post-modernist turn and by the influential work of Italian oral historians, notably Luisa Passerini and Alessandro Portelli. What emerged was a phase of introspection in the discipline and

a more theoretically informed and methodologically rigorous oral history was the outcome. Ideas were borrowed from a wide range of social science and other disciplines – including sociology, anthropology, psychology and linguistics – and tested against the empirical evidence. Memory studies basically confirmed the fundamental reliability of memory and the subjective nature of the evidence – formerly criticised as a weakness – became recognised as a strength. Silences in life stories and misremembering were identified as being significant in their own right and judged to be full of meaning. Inter-subjectivities also became a focus.

Testimonies were observed to be composed and shaped both by the interviewers' subjectivities and in a dialogue with the interviewee (such as gender and class) as well as by the prevailing wider media and culture – what has become known as 'the cultural circuit'.⁴ It was established that repetitions, metaphors and anecdotes in oral testimonies have significance and that personal storytelling is subject to narrative structures and 'rules' that prevail within particular societies and cultures. There is a process of adaptation here as narrators gauge their immediate (the interviewer) audience and imagine their wider perceived audience (the end users and readers of the archived final product). In recalling their past in an interview context, narrators are filtering and sieving memories, constructing and composing their stories, mixing factual evidence with their own interpretations as they try to make sense of their lives in an active, dialogic and reflexive process of remembering.⁵

So, oral history scholarship and methodologies have become more sophisticated. The unique nature of oral evidence is now widely accepted and its veracity recognised. Oral historians are now much more reflexively critical of their material and recognise the influence their own subjectivities have upon the interview and how narrators position themselves in the narrative, using the encounter as a way

of projecting a sense of self. The 'new oral history' that has emerged has been much influenced by post-modernist ideas, which have been fused on to the radical tradition of oral history, pioneered by an earlier generation of socialist and feminist oral historians driven by a desire to give marginalised people a voice and a place, with an equality and democratising agenda for history. Oral historians have postulated that *what* is remembered and *how* it is recalled is significant in its own right and reveals much about how people make sense of their lives, derive meaning from the past and gain composure in the telling.

Oral history is a challenging medium in which to work though also an exciting and rewarding one, not least because we can shape the questions we wish to ask of our narrators and have a meaningful dialogue about the past. Written sources cannot answer back! Crucially an oral history approach provides an opportunity to focus on the personal – on what work-lives felt like and *meant* to people, thus facilitating a refocused history that can engage with and challenge stereotypes, orthodox views and hypotheses. The methodology is applied here in an investigation of occupational health and safety – the body in the workplace – in British coal mining in the twentieth century. I start with a few brief comments on British coal mining and the work-body interaction in mining occupations to set the argument in context.

Coal mining and the body in twentieth century Britain

In the first quarter of the twentieth century over a million men were employed in coal mining in Britain. The industry contracted from the 1920s, though there were still 700,000 employed in the early 1960s. Several fundamental changes occurred through the twentieth century which impacted upon miners' bodies. Firstly, the labour process

changed fundamentally with the shift from handicraft techniques – the pick and shovel – to fully mechanised cutting and power loading technology. Secondly, structures of ownership changed from private to public with nationalisation in 1947. Thirdly, the miners became exceptionally well organised, establishing one of the strongest and most militant trade unions in Britain, responsible for more around half of all working days lost in British strikes in the twentieth century.

However, what is also evident is that miners were a diverse and complex community of individuals, with markedly different coalfield cultures across the country. Recent research has done much to refine the stereotypical image of the archetypal proletarian and to establish miners as part of a very heterogeneous community, with greatly contrasting work cultures prevailing across different coalfields. The same might be said about the impact of work upon the body, because social, economic and environmental conditions varied considerably from field to field and even from pit to pit. Dusty pits, for example, had different impacts upon the body than wet pits, and narrow seams affected posture differently to high seams.

That said it is axiomatic that coal mining was amongst the most dangerous, health-eroding and life-threatening of occupations. The oft-used phrase ‘blood on the coal’ was based on harsh experience. Whilst the death toll from trauma was declining from a peak in the mid-nineteenth century as new technology developed, trade union (and public) pressure intensified and state regulation of the pits became more effective, underground working still remained a risky business. From Mines Department and Workmen’s Compensation data we know coal mining accounted for the lion’s share of Britain’s industrial accident deaths – 40-50% of the total when the industry employed about 5-7% of total employees. British miners were about four times more likely to be injured and around eight times more likely to be killed at work

than factory workers in the first half of the twentieth century. This patterning of occupational mortality characterised all coal producing nations. For example, in modern day China coal mining is more than ten times as dangerous than manufacturing.⁶

Regardless of where in the world it is carried out, underground mining is acknowledged to be one of the most dangerous occupations in which to work. It is also one of the unhealthiest, though this aspect is far less studied and still poorly understood – especially in the developing nations like India and China. Miners were prone to eye diseases from working in poor light (nystagmus), to arthritic and rheumatic diseases from damp conditions, to impact and wear and tear impairments (bursitis – beat hand and knee; tendonitis; vibration white finger). Most importantly, however, miners were very prone to respiratory disabilities – such as pneumoconiosis, bronchitis and chronic emphysema – caused by the excessive inhalation of dust whilst working. The International Labour Organisation calculated in 1994, for example, that 2.5 million miners worldwide were diagnosed with dust diseases, including pneumoconiosis – the clogging up and fibrosis of the lung tissue caused by inhaling excessive quantities of dust over time.⁷ In the modern era of coal mining in Britain since Second World War, more miners were disabled and died through chronic disease than through accidents. An editorial in the popular British magazine *Picture Post* in January 1945 brought this home poignantly by focusing on a football team in a South Wales mining community (Aberpergwm). The journalist tracked the players' deteriorating health from 1930 to the point where in 1945 none were physically able to work underground and most were disabled to varying degrees with silicosis.⁸ In Britain in the 1960s and 1970s four times as many miners died from pneumoconiosis than accidents. This was part of a wider problem with

respiratory disease due to environmental pollution and dust at work. One doctor estimated in 1950 that around 2m British people were suffering from respiratory ill-health associated with inhaling dust at work.⁹ Coughing was ubiquitous in working class communities. And after a long period of declining rates from the 1970s, pneumoconiosis incidence increased again in Britain (and the USA) from the late 1990s, linked to privatisation and a new phase of work intensification. The extent of the problem in coal mining communities is indicated in the numbers who applied for compensation after British Coal was declared negligent in court in 1998 and forced to pay compensation. The final count (by 2004) was 547,342 claims (around 300,000 by families of miners who had already died). Mining communities in the UK were absolutely decimated by respiratory disease and other disabilities. This situation was replicated across all coal mining countries – and is incomparably worse in currently industrialising places like India and China.

Remembering work-health cultures in coal mining

What then can eye witness oral testimony bring to the field and how can it add to our understanding? This kind of evidence can challenge both ‘whig’ interpretations of progressive improvement *and* structuralist prognostications about the intrinsically exploitative nature of capitalist forms of work organisation. By providing a view from the workplace we gain valuable insights into the limited effectiveness of regulatory frameworks, whilst also getting a sense of the complexity of body cultures, the interplay of identities (such as gender and class) and the agency of workers negotiating paths through prevailing exploitative social relations and managerial, productionist work cultures. A number of studies have used oral evidence to

elucidate work and occupational health in coal mining. These include studies by Francis and Smith, Bloor, Perchard, and McIvor and Johnston which focus on the UK, whilst Nichols and Khaveki have interviewed Turkish miners and Portelli coal miners in Harlan County, USA.¹⁰ The most sensitive and comprehensive study is undoubtedly that of Portelli – and this provides a model oral history project in a mining community, comprising over 200 interviews undertaken in fieldwork over more than 20 years. Health and the body are key themes in the latter monograph.

In relation to coalmining in Britain, the ‘official’ discourse in documentary evidence from the 1930s from the state, including the regulatory agency (the Mines Inspectorate), the coal companies and from the state-owned NCB, claims occupational disease and safety problems were being aggressively tackled and brought under control. And this has been accepted uncritically in some historical work – including Ashworth’s monumental history of the NCB.¹¹ The oral evidence challenges this, suggesting the reality in mines was far more complex and multi-layered. Workers were active agents in this and their reactions need to be understood within the specific cultures and ecologies of their workplaces and communities. In *Miners’ Lung*, Johnston and I argued that the private coalowners and the National Coal Board (NCB) were negligent and culpable for the dust disease epidemic and that a productionist system eroded workers’ health. Paradoxically, however, at the same time the NCB was markedly more welfarist than the private coalowners, more sensitive towards the body in the workplace and did significantly improve occupational health and safety standards, especially in the period immediately following nationalisation to the mid-1960s or so. The pioneering Mines Medical Service bears testament to this, as do the resources ploughed into dust control, for example with water infusion directly into the seam. In their oral

testimonies miners invariably spoke about the positive and ameliorative influence of state ownership. Moreover, social class and gender identities intersected in complex ways and one of things that the oral evidence has revealed is the importance of gender identities in patterning health cultures and disability. This is examined in more detail later.

Dusty work and ineffective regulation

The space in which workers toiled and the environment in which bodies were located was vividly recalled in oral testimonies. Work conditions varied widely but dust, death and disability were recurring motifs in miners' work-life narratives. In an oral interview in 1986 a worker recalled of his grandfather: 'He died from what all colliers die of, pneumoconiosis or silicosis or whatever, you know'.¹² Mostyn Moses, whose father died of pneumoconiosis at 53, went underground to work at the Pentrecalywda pit in South Wales in the late 1930s:

I was working with a collier, I was the boy like. He'd dig the coal out and I was shovelling all day, filling the dram [rail truck] with the coal, and then they'd bring another one. You couldn't see your hand in front of you. It was terrible, working like that all day.¹³

In the 1930s, huge clouds of dust were generated by the processes of drilling and shotfiring (using explosives). One Scottish miner who started work underground in 1930 recalled dry drilling operations in development work, noting 'even boring in the whin stone there you were like a baker when you came out the pits at night'.¹⁴ He went on to comment on how before nationalization it was largely private contractors

that were responsible for mine driving and that health and safety precautions were widely ignored in the push to maximise production: 'They bored these holes and fired these shots and then you went down there and swallowed that reek [dust]. They maybe had a pound a day more than you. But you were doing the slavery.'¹⁵ The use of the 'slavery' metaphor recurs across workers' interviews in recalling the pre-nationalisation era. Andrew went on, significantly, to say 'after nationalization things seemed to improve'. A Durham miner noted the dusty conditions in the 1950s where he was situated at the end of the face conveyor: 'Oh it was terrible, terrible dusty and, *oh hell*, it was black, black all day'.¹⁶ Similarly a Scottish miner, Tommy Coulter described the worse experience of dust in his working life in the pits at a three-face conveyor point intersection underground:

Now there was a fair force of air coming in and absolutely no dust suppression and it was a very dry colliery and the dust was absolutely appalling and if you went behind that loading point you just couldn't see. Again you see you became accustomed to it and that was part of the job.¹⁷

In this extract Tommy refers to the almost unconscious process of acculturation to unhealthy work conditions, something which narrators referred to frequently.

John Orr, another Ayrshire miner, who started work in the pits in 1934, recalled how miners tried to protect themselves when rock drilling:

There was no form of dust suppression of any kind, except that we all carried a big hanky, usually a big red spotted bandanna, which was soaked with water and we tied it round our mouth and throat. And at the end of a drilling cycle the front of your handkerchief was as if it had been dipped in concrete. That was

the extent of your protection. So, for my money the periods for the worst dust production was in the '30s to '40s.¹⁸

This respondent went on to recall the pressure upon production during wartime and the greater dust concentrations thrown up in some operations, including shotfiring:

When the shots went off you could not see a hand in front of your face. You had to get back in there because the air vents that were carrying the air in were all loose, torn to shreds by the blast, and the one nearest the face had to be renewed. So you had to do that choking and gasping. That was very much a contributory factor in the lung damage... Now what you have to remember is you're under pressure to get progress so it's not a matter of saying 'Well we'll wait an hour until it clears.' You're not allowed to do that. You've got to get back in there and get it moving.¹⁹

The final comment is again a recurring theme in such testimonies making explicit prevailing power relations and the restricted choices miners had within a productionist work regime where they were expected to tolerate unhealthy working conditions. Tommy Coulter recalled:

When your wages depended on what you produced that was always, whether you were conscious or not, that was always a spur, I mean if you didn't get it done, you didn't get paid, you got a minimum wage which was barely breadline stuff you know. So you had to do it, there was no alternative... We knew the rules but if we operated [by] the rules we didn't get any dough [money]²⁰.

With the transition from pick and shovel to machine cut coal – with power shearers and conveyors from the 1950s – came the generation of larger quantities of dust into the mine atmosphere. John Evans had experience of machine undercutting

and the transition to mechanical conveyors in the Ferndale pit in South Wales in this period. He recalled:

That is when the dust started – from conveyors and dry cutting the four feet six cut... Machinery made you go harder because you was allocated so much to do and you had to do it. The dust was terrible... Orthodox mining was a lot healthier..²¹

A Scottish miner commented tersely on conditions at the face when using a mechanical cutter: 'and the dust, *you just could not see*. Actually when you were eating your piece you could actually taste it in your mouth.'²² Another reflected: Now the machineman would be there, and I would be at the back of the machine, you know. And this is true, I couldn't see the machineman's light for the dust.²³

To address this, voluntary and statutory dust control methods spread after Second World War, including water infusion of seams, the use of water jets on the coal cutting and conveying machinery to suppress dust and airborne dust measuring equipment. But these were routinely subverted deep underground and far away from the regulators gaze – and health suffered as a consequence. The oral testimonies refer frequently to this gulf between legal standards and regulations on paper and the actual prevailing workplace practice and experience. Miners recalled being paid bonuses to work without any water for dust suppression and reflected on the ineffectiveness of preventative measures:

They introduced water to wet cutting, and they even tried putting soap in the water to make it soapy to stop the dust. It didn't make much difference... If it was very heavy I took the men this side of the machine. It was not always

possible because...the management was on top of me for production.

Production, production, production...²⁴

A Lanarkshire miner recalled problems with the water pressure: 'You know it was just fucking dripping out man. Dripping out the wee [small] holes... I couldn't see you from here to there.'²⁵ Some miners turned off the water and cut coal dry to avoid getting soaked and because they felt it impeded production.²⁶ Whilst the appointment of a cadre of dust suppression officers in the 1960s and 1960s helped, there continued to be systemic subversion of the regulations. One South Wales miner noted:

Well we had dust suppression officers at each pit, but most of the time they might be down underground once a month. You were lucky to see them.... *cronies of management*. We'd never seem him over a long period of time unless we had a problem and we had to force him to come down.²⁷

An Ayrshire miner had this to say about the Dust Suppression Officers: 'Coal Board employees. One of these *created* jobs... So-called Dust Suppression Officers... They would put up on the surface that the dust count in a particular section was lowered. But it was eh... It was massaged figures. It was massaged figures.'²⁸

Another Scottish miner noted: 'Believe you me there were plenty of dodges that they had for getting the dust down'.²⁹ Billy Affleck referred to one such 'dodge':

They had a wee thing like this that men carried for measuring the level of the dust right. Now the men would come in and if it was awfully stoorie [dusty] and there was a danger of the face shutting, they flung their jacket over the top of it, ken. That's the kind of tricks...They put their jacket over the top of these machines so that there was hardly any stoor going into it.³⁰

And David Guy recalled:

If a bad reading was got in a particular district, on a number of occasions the Airborne Dust Sampler would be sent back into the mine to take a further reading and he would be sent in where the coal production wasn't at its peak and even in some cases where coal production had stopped.³¹

Oral evidence thus clearly indicates the limitations of NCB dust control efforts and state regulation in the three decades or so after the Second World War. This kind of testimony can depict workers as victims of a repressive and manipulative regime in which production was placed before health, resulting in considerable bodily damage. Undeniably, management were in control, took the strategic decisions and power relations in the pit constrained choices. Moreover, the collectively negotiated payments by results wage system also constituted a powerful inducement on the men to prioritise production over health. However, it would be wrong to depict the men as totally helpless victims, lacking any control over their labour process and without some choice and agency in all this. There were cases where the men themselves colluded in cutting dry and allowing the subversion of dust measuring and control equipment because they had a stake in maximising production where wages were tied to output. The pit closure programme and the insecurity and uncertainty it engendered may well have also contributed to this attitude. This is understandable and the main culprit here was not the men themselves but the wage system that encouraged such cutting of corners, as well as the economic volatility and insecurity of the industry from the 1920s.

Men at work

The oral evidence also brought to light the existence of a machismo, individualist element in miners' culture that coexisted with the collective, class consciousness so characteristic of these militant communities. Work forged masculinities and men developed a complex relationship with dangerous, health-threatening manual work, to some extent embracing the very processes that consumed their bodies – as Connell has noted – in order to fulfil manly roles.³² Peer pressure determined that men should act in certain ways – including taking risks. The biggest earners (the 'big hewers') were exalted within working-class communities, whilst those unwilling to take risks to maximise earnings might be castigated and pilloried – as effeminate, 'cissies', 'glundies', and needing 'iron jelloids' – as a Yorkshire miner recalled in his autobiography.³³ Portelli found this too in his study of Harlan County, USA. This was tied to a powerful, pervasive and enduring work ethic. Fulfilling the breadwinner role conferred status in mining communities as Wight's important ethnographic study, *Workers not Wasters* elucidated.³⁴ The self-sacrifice of men's bodies could in turn legitimise male power within the home and family.

To be a 'big hewer' was exalted and such men were revered within the community. In the process, health and safety standards could be compromised. Bodily damage in this productionist and competitive work culture was culturally incentivised. The blue coal embedded scars on miners bodies (that George Orwell famously described as 'Roquefort cheese') were signifiers of manliness. Miners tried to outdo each other and produce more. A Scottish miner reflected: 'Very competitive. He [referring to a fellow miner present] was in a team, they were nutters... "Who's the better shoveller?" "Ah can shovel harder than you" '.³⁵ This led to a fight between friends whilst they were on holiday together. A miner was asked about working hours and responded:

A: Phoar, I've seen me work weeks and weeks, five twelve hour shifts... going back on the Saturday and Sunday... I was breathing this foul [air] twice as much as what other people were because some wouldn't do it... I was daft really but, it paid off, because I made more money.³⁶

The narrator, had emphysema and his father had died of chronic (100%) silicosis. Another reflected proudly on how the work honed his body: 'I was drawing 100 hitches a day. No kidding you I was like steel. I was a hard man then'.³⁷ And Tommy Coulter recalled:

We were a bit macho and we thought we were the greatest and we knew that was the case... if there was any fisticuffs involved we were quite able to do the business because we're hardy buggers and we fought, ah dare say something like soldiers.³⁸

And in his autobiography, a South Wales miner (Bert Coombes) noted that although not immune to fear, the daily exposure to risks hardened men up: 'These near escapes make us nervous for a while, especially if we think what might have happened. For some time we see danger in every stone, *then become hardened again*'.³⁹

The oral evidence in coal mining also pointed to the active and progressive role of the miners' unions, at the national, regional and workplace levels in campaigning on prevention and compensation – and within the workplace to maintain solidarity, police the regulations and change attitudes to health and safety. They were a pivotal countervailing force. The unions challenged the entrenched machismo culture and acculturation into accepting high levels of risk. The workmen's inspectors played the key protective role at the coal face. As a South Wales miner put it: 'It was union pressure that was responsible for the improvements'.⁴⁰ There

were tensions and conflicts in this, however and it could not be read that workers automatically followed union policies, especially when this clashed with their proclivity to maximise earnings in an industry dominated by payments by results wage systems. This could lead to vertical 'alliances' between management and men against the 'health and safety bureaucracy'. Thus the Mines Inspectors were distrusted, as one miner noted: 'he was the enemy in your mind, holding you back'⁴¹ and dust suppression officers – there ostensibly to police the regulations on maximum permissible dust levels – could be seen as interfering 'officialdom'. This anecdote by a Scottish miner is revealing:

Q. Was there a dust suppression officer in your pit?

A. He [the Dust Suppression Officer] come down... "Arco stop that machine there's too much dust, too much dust." Right stop the machine. "You're cutting too much dirt." I said "I'm cutting dirt" I says "I admit I'm cutting dirt but it's a bad roof and I've got to leave so much coal on the roof. If I lift that up you'll not can keep me going in timber [supports]." So I crawled away up to the top road to the phone and I phoned the manager. "That's my machine stopped." "What's wrong?" "Oh", I says, "The Dust Suppression Officer's stopped my machine because there's too much dirt, and you know the position, if I bring that machine up you'll not keep me going in wood [supports]." "Aye [Yes]. Tell the Dust Suppression Officer to get up to this phone." I crawled away down. "You're wanted on the phone." So he goes up and I presume the manager gave him hell. So, I'm sitting at this machine idle, [the Dust Suppression Officer] comes down, "Right Arco start your machine." "Oh no... I'm cutting too much dirt." "Come on get it started." "No, no you stopped it. I'm cutting too much dirt." "No, eh, eh, start your machine." [laughs] So of course I had to

start the machine. So, that's nationalisation. Jobs for the boys. Jobs for the boys.⁴²

Miners were enmeshed within the dual exploitative pressures of a productionist culture and gendered ideologies that exalted the tough, risk-taking, competitive, Stakanovite worker. The miners' unions might challenge this, but also at times tolerated it and legitimised it – as, for example, in their support for the system of extra payments for working in dust. At the point of production there was a tension between protecting the body, conserving labour power, and taking risks and pushing bodies to the limit to maximise production and hence earnings. This was related to pressure to perform as men. This was a very macho community – as were all heavy industrial communities of this era where employment was dominated by men. Portelli found this too in his magisterial oral history of miners in Harlan County, USA, arguing that managerial exploitation in a free enterprise milieu met what he terms 'a cultural disposition' on the part of the men to maximise earnings and demonstrate their manliness.⁴³ In a similar vein an African American coal miner reflected in his autobiography:

I couldn't wait to go into a coal mine and work with real men. A new word meaning masculine power and strength described my feelings. I felt macho...I would be twenty years old in four months. For the first time in my life I felt like a man.⁴⁴

In the USA, the UK and elsewhere, the outcome was levels of death and disability unrivalled in any other working class communities.

Disabled men; disability narratives

An oral history methodology enables exploration of the impacts of injury and disease and how workers signified the damage wrought upon their bodies and their identities. Speaking to those directly involved enables a refocused history revealing much about the emotional journeys involved in the transition from fit and able worker to

disabled and dependent, with all that represented for male identities. Occupational health and safety historians have sometimes not gone far beyond the 'body counts'. Talking to those affected takes us deep into the personal domain, informing us about impacts on the individual, the family and the community – the physical and socio-psychological effects as well as the economic ramifications of income reduction and, for many, a slide into relative poverty.

What is being recalled is frequently an intimate, personal story of damage, loss, pain, adjustment – and of mutating identities. If the traditional heavy industries like mining provided a habitat where masculinity was forged, they also had the potential to *emasculate* as encroaching disability curtailed men's capacity to perform as men – as providers and breadwinners, as sexually active partners, as supportive parents and grandparents. Lives invariably became narrowed as a consequence, with individuals, partners and families having to readjust their lives as injuries or chronic disease disabled workers.

Impacts varied across a wide spectrum, however, depending on a range of factors, including degrees of disability, capacities, age, resources and support networks. One of the recurring themes in the oral testimonies, however, was the curtailment of normal social activities, such as walking, dancing and sport as physical capacity deteriorated and mobility became restricted. A Scottish miner reflected:

I swam a lot. I played golf. I wasn't a bad golfer. ..And you cannot do them things now. You cannot compete in these things anymore. You've not got the capacity to do it. And it restricts you... Like decorating a house, I cannot hold a machine to take wallpaper off, and you get *frustrated*.⁴⁵

The reference to not being able to 'compete' is significant, given the importance of this to masculinity. Rita Moses, the wife of a South Wales miner suffering from multiple respiratory diseases noted: 'There's no quality of life for him. He loved his garden and to go for a walk and a drink. Now he can hardly do anything...' ⁴⁶ An ex-coal miner from Durham with emphysema also commented on how his condition constrained his independence and confined him to the home:

Well for a start, it's stopped us from getting out and I only get out once, once a week and I've got to be took in a car and brought back. If I walk about twelve yards, I've got to stop. That's how it's affected me. And then I've got to go to bed with that [tube]... stuck up me nose all night (laughs), so, I've really – well that's how it's affected me anyway. Before, I was an active bloke, you know.. ⁴⁷

This process of encroaching disability could trigger mutations in identities – not least of which was emasculation as male workers experienced loss of independence, a shift from an external work environment to the home and dwindling financial resources to sustain a consumption pattern commensurate with male identities – such as heavy drinking and smoking. This could be expressed as a loss of work identity and the package of intrinsic and extrinsic rewards that were associated with work (such as camaraderie; pride in the job; self-esteem). Being shifted from underground work to lighter employment on the surface was common for disabled (and older) miners. Tommy Coulter recalled:

It was a *stigma*. And then it was even worse if they'd to go to the surface. Like ma dad, he was bad wi' he's chest, he'd tae go tae the surface and it was a big blow to his *prestige*. ⁴⁸

And William Dunsmore reflected:

Being a leading man I never ever asked any man to do anything that I could not do myself, and I was embarrassed walking in the tailgate in the 1970s, and I tried to get in before the men got in because if they hear me panting they'd be saying 'he's done', which I presume I was, but I was embarrassed.⁴⁹

The repetition of the word 'embarrassed' signified the deep emotional impact of disability for this particular miner. Similarly, Marshall Wylde described his father's condition:

The horrible thing about it was that my father was a big strong stocky man... but when he used to go upstairs, he used to go down on his behind and when he used to go up he used crawl. It was all right medical, but mental, he was such a proud man and that he had to get things done for him. It was hard seeing my father deteriorate because he was a healthy man and always took an active part in his family life.⁵⁰

Again, however, there was agency here, albeit operating within the constraints of having to earn a living. For example, some miners chose to hide their disability and continue to work for as long as they could.⁵¹ George Bolton commented: 'We were all affected – you became less fit, handicapped by dust, but for as long as possible you cover it up'.⁵² John Jones continued to work for nine years after his diagnosis with pneumoconiosis in 1971. When asked why, he replied (significantly after a long pause): 'Young family. Money. Not greedy but just y'know. No money. It was a big drop in the wages see. Yeh. A minimum wage compared to a coal face worker or a hard heading man. A hell of a big difference'.⁵³ It was also customary for younger and fitter miners to help older and disabled miners with their work. As one miner recalled: 'You carried men as they got older', whilst another commented: 'When you get older in the pit the younger men kind of looked after the older ones'.⁵⁴

The oral evidence also suggests miners disabled at work were not just passive victims. They could become radicalised by their experience, becoming actively involved in the union and in compensation campaigns, for example. Community support networks were also well entrenched in mining communities, to some extent mitigating the characteristic social exclusion that Mildred Blaxter famously defined as a feature of disability.⁵⁵ The Coal Industry Social Welfare Organisation and the miners' unions were important institutions here supporting disabled miners, for example through the Miner's Institutes and clubs and the union-sponsored facilities for rehabilitation and convalescence.

Conclusion and final reflections

An oral history methodology has much potential for the development of a refocused history of mining work and the mining workplace and the multifarious impacts mining employment had upon the body. In looking over our mining project interviews again, what stands out is the frequency of stories about bodies – fit and honed bodies; diseased, disabled and injured bodies; dead bodies. Bodily damage was a recurring motif. You might expect this given our subject area of interest. However, Portelli remarked on this too in relation to Harlan County, commenting that he didn't have one respondent (out of over 200) who did not mention how the work impacted upon the body of him or herself, a relative or friend in some way.

Why were we told these stories? In the process of disclosure, we were clearly told things that our narrators wished – memories were sieved and anecdotes selected, even if it meant ignoring or digressing from the question asked (explicit in the William Dunsmore dust suppression example cited earlier). Miners were not shy

in setting the agenda and exerting control over the interview. The anecdotes and stories we were told had meaning to the respondents. Many of our narrators were constructing and composing their stories to highlight social injustice, mistreatment and inequality – as Dona Maria did in Daniel James’ beautifully crafted autobiographical oral history.⁵⁶ And, directly or by association, our respondents were advocates for policy change – urging us to recognise the lessons of the past; to inform in order to prevent a repetition of this carnage or to better regulate, or more comprehensively compensate victims. There were certainly morality tales here of unscrupulous bosses (villains) pitted against exploited workers represented by ‘heroic’ trade unions – with stand-out ‘activist’ narratives venting anger and frustration, such as those by Alan Napier and Alec Mills. However, not all respondents conformed to one way of storytelling. Other alternative narrative styles were evident in the cohort too, including the ‘macho’ narrative – more individualist, placing gender over class identity and embraced unhealthy work practices (Tommy Coulter would be an exemplar) and the ‘victim’ narrative – more passive and stoic in tone; disoriented and tending to express a sense of emasculation (such as Frederick Hall).

What is also evident is that in their story-telling miners are constructing their identities – as a hard grafter, a cooperative work colleague, a good trade unionist and a ‘real man’ in stories that emphasised the work ethic and manliness in tough, dangerous and health-sapping conditions. The dignity of labour oozes through these narratives. The language expressed was indicative – for example use of the ‘slavery’ and ‘hell’ metaphors. In part this construction was influenced by the cultural circuit – narrators were trying to counteract the dominant ideology since Thatcher in the 1980s of work-shy, lazy workers relying upon corrupt and overly powerful trade

unions. Miners' narratives were constructed within this frame, but predominantly designed to refute it. As one miner put it: 'We weren't bully boys; but we stood up for our rights'.⁵⁷ What pervades these stories is an attempt to counterpoise the Thatcherite discourse and project an alternative narrative that emphasises the dignity of work and the sacrifice of bodies in an exploitative, productionist work regime.

Narrative analysis has become increasingly popular in the oral history field and Catherine Riessman is amongst those that have applied this to what she calls 'illness narratives'. She has persuasively argued that whilst it is important to unpick disability and illness narratives, they must be located in actual lived experience and that gender, social class and historical context are important in their composing.⁵⁸ Perhaps there is a need to shift from a focus on the 'essentialist' self to recognition of what Riessman terms a more 'performative self' in the oral interview encounter. Nonetheless, we can become too preoccupied with language, narrative and intersubjectivity. In relation to health and safety cultures in the North Sea Oil industry Brotherstone and Manson have recently argued:

Oral historians, as they make use of evermore sophisticated analytical techniques must not lose sight of the bigger picture, the way in which personal life stories can challenge orthodoxy and demand the construction of alternative critical narratives about the recent past and its significance.⁵⁹

Almost all the miners we spoke to had the battle scars of their work etched in the material reality of their injured and disabled bodies. And in their eloquent articulation of what this meant to them, they revealed something of themselves and much about how their bodies were affected by the productionist ethos and cultural norms of their

workplaces deep beneath the earth. Bodies, as Carol Wolkowitz has noted, ‘felt the pinch’.⁶⁰ Whether one’s interest is the narrative discourse or the material reality, personal testimony is revealing and oral history methodology deserves to be utilised more widely in the history of work and occupational health and safety. Understanding the lived experience of those impaired by occupational diseases and the meaning of risk-taking and disability in the recent past is enhanced by developing a dialogue – as oral historians – with those directly involved and affected.

¹ Alan Napier, interview SOHC/C43, 31.3.2004, Scottish Oral History Centre hereafter referred to as SOHC.

² I want to acknowledge my thanks to Ronnie Johnston (with whom I worked closely until his early retirement in January 2010), and to other SOHC interviewers on our mining project (Neil Rafeek, Hilary Young and Susan Morrison).

³ Linda McCray Beier, *For Their Own Good* (2008); M. Bloor, ‘No Longer Dying for a Living’, *Sociology*, 36, 1 (2002).

⁴ For the development of this idea see A. Thomson, *Anzac Memories* (1994) and P. Summerfield, *Reconstructing Women’s Wartime Lives* (1998).

⁵ On this see L. Abrams, *Oral History Theory* (2010); P. Thompson, *The Voice of the Past* (third edition, 2000); R. Perks and A. Thomson (eds), *The Oral History Reader* (second edition, 2006); P. Summerfield, *Reconstructing Women’s Wartime Lives* (1998).

⁶ T. Wright, *The Political Economy of the Chinese Coal Industry* (2011).

⁷ ‘Major Issues in Miners’ Health’, *Environmental Health Perspectives*, Volume 106, Number 11, 1998., p. 538.

⁸ *Picture Post*, 27 January 1945, pp.16-18. I am grateful to my colleague Steven Thompson for this reference.

⁹ Dr Barnett-Stross in *Hansard*, 30 July 1958, pp. 1,540-1.

¹⁰ H. Francis and D. Smith, *The Fed: A History of the South Wales Miners in the Twentieth Century* (1980); Bloor, ‘No Longer Dying’; A. Perchard, *The Mine Management Professions in the Scottish Coal Mining Industry* (2007); A. McIvor and R. Johnston, *Miners’ Lung* (2007); T Nichols and E Kahveci, ‘The Condition of Mine Labour in Turkey: Injuries to Miners in Zonguldak, 1942-90’, *Middle Eastern Studies*, Vol. 31, 2, April 1995, p. 197; A. Portelli, *They Say in Harlan County: An Oral History* (2011).

¹¹ W. Ashworth, *The History of the British Coal Industry, Vol 5, 1946-1982* (1986).

¹² Economic and Social Data Service, Qualidata Archive; 100 Families Project (SN4938); Int166 David Darbishire (b1938).

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- ¹³ Cited in 'The Price of Coal', *Saga Magazine*, March 1998. Mostyn had bronchitis, emphysema and pneumoconiosis.
- ¹⁴ Andrew Lyndsay, interview SOHC/C4, 29.6.2000. 'Stoor' is a Scottish word for dust.
- ¹⁵ Andrew Lyndsay, interview SOHC/C4.
- ¹⁶ Alan Winter, interview SOHC/C42, 27.4.2004.
- ¹⁷ Tommy Coulter, interview SOHC/C21, 12.01.2005.
- ¹⁸ John Orr, interview SOHC/C3, 19.6.2000.
- ¹⁹ John Orr, interview SOHC/C3.
- ²⁰ Tommy Coulter, interview SOHC/C21.
- ²¹ John Evans, interviewed by Hywel Francis, 13 June 1973 (South Wales Coal Collection Archive).
- ²² David Carruthers, interview SOHC/C23, 12.01.2005.
- ²³ William Dunsmore, interview SOHC/C16, 11 July 2000.
- ²⁴ William Dunsmore, interview SOHC/C16. See also David Hendry, interview SOHC/C15, 05.07.2000.
- ²⁵ John McKean, Interview SOHC/C10, 29 June 2000.
- ²⁶ Billy Affleck, interview SOHC/C2; 19.06.2000; John Orr, interview SOHC/C3, 19 June 2000; Alan Napier SOHC/C43.
- ²⁷ Gareth Golier, interview SOHC/C25, 11.05.2004. Narrators emphasis.
- ²⁸ Alec Mills, commenting in interview with Harry Steel, SOHC/C9, 29.06.2000.
- ²⁹ John Orr, interview SOHC/C3.
- ³⁰ Billy Affleck, interview SOHC/C2.
- ³¹ David Guy, interview SOHC/C44, 08.03.2004.
- ³² R.W. Connell, *The Men and the Boys* (2000).
- ³³ J. Kenyon, *A Passion for Justice* (2003).
- ³⁴ D. Wight, *Workers Not Wasters* (1994).
- ³⁵ Robert Clelland, interview SOHC/C22, 12.01.2005.
- ³⁶ William Clough, interview SOHC/36, 28.04.2004.
- ³⁷ Tom McMurdo, interview SOHC/C20, 11.07.2000.
- ³⁸ Tommy Coulter, interview SOHC/C21.
- ³⁹ B. Coombes, *These Poor Hands* (1939), p. 121. My emphasis in italics.
- ⁴⁰ Howard Jones, interview SOHC/C25, 11.05.2004.
- ⁴¹ David Carruthers, interview SOHC/C23, 12.01.2005.
- ⁴² William Dunsmore, interview SOHC/C16.
- ⁴³ Portelli, *Harlan County*, (2011), p 139; 143.
- ⁴⁴ Robert Armstead, *Black Days, Black Dust: the Memories of an African American Coal Miner* (University of Tennessee Press, Knoxville, 2002), p. 91.
- ⁴⁵ Pat Ferguson, interview SOHC/C12, 05.07.2000.
- ⁴⁶ Cited in 'The Price of Coal', *Saga Magazine*, March 1998.
- ⁴⁷ Frederick Hall, interview SOHC/C41, 29.03.2004.
- ⁴⁸ Tommy Coulter, SOHC/C21.
- ⁴⁹ William Dunsmore, interview SOHC/C16.
- ⁵⁰ Marshall Wylde, SOHC/C35, 10.03.2004.
- ⁵¹ J.M. Rogan, *Medicine in the Mining Industries* (1972), p. 89.
- ⁵² George Bolton, interview SOHC/C23, 12.01.2005.
- ⁵³ John Jones, interview SOHC/C27, 15.09.2002.
- ⁵⁴ David Carruthers, interview, SOHC/C23; Harry Steel, interview SOHC/C9, 29.06.2000.
- ⁵⁵ M. Blaxter, *The Meaning of Disability* (1976).
- ⁵⁶ D. James, *Dona Marias Story* (2001).

⁵⁷ Alec Mills, interview SOHC/C1, 19.06.2000.

⁵⁸ See C.H. Riessman, *Narrative Methods for the Human Sciences* (2008).

⁵⁹ Brotherstone, T. and Manson, H., 'Voices of Piper Alpha: Enduring Injury in Private Memory, Oral Representation and Labour History', *Scottish Labour History*, 46, 2011, 71-85.

⁶⁰ C. Wolkowitz, *Bodies at Work* (2006).