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LAURE Essay

My family comes from a place that no longer exists. Tourists call it a ghost town. The baron called it Stearns after his coal company, which he also named after himself. When my family migrated to the Appalachian Mountains a quarter of a millennium ago, the land was only known as *Kentak*, the Haundosaunee word for meadow lands. Today, all that remains is a preserved park service replica of the company-owned coal town that destroyed it. It's called the Blue Heron Mining Community, and I visited once when I was eight. If I had to pinpoint where my journey to black lung research began, it was at the abyssal gate of Stearns Mine 18.

As an eight year old, what little I knew about coal I had picked up from Merle Travis songs. I had grown up “north” in Independence, Kentucky, a small town that had neither the mines nor the mountains that define southeastern Kentucky. After my grandfather died of lung cancer in 2012, I only became more distanced from my Appalachian roots. It wouldn't be until my junior year of college—an environmental justice course, out of all places—that I would start asking more questions about the company towns I visited as a child.

As a Geoffrion Family Fellow in the Altman Program on Environmental Justice, my HUM 490 seminar introduced me to environmental scholarship. Our class discussed fascinating questions about environmental futures, but few conversations ever seemed to shed light on environmental injustice in energy workers' communities. As a Kentuckian, I wished to see more academic discussions of environmental justice include rural perspectives. When my professors tasked me to explore an environmental injustice issue in my home community, I thought back to Mine 18. My family suffered occupational lung illness. Isn't occupational illness a form of

environmental injustice? When I Googled “lung illness miners Kentucky,” I had no idea what I would soon learn.

25 years ago, black lung was considered eradicated. The occupational disease, caused by overexposure to coal dust, had been mitigated through the 1969 Federal Coal Mine Health and Safety Act. Just as epidemiologists began to celebrate, the trend suddenly reversed. Today, miners are developing the preventable, deadly condition at unprecedented rates—and predominantly in former company-owned coal towns in Central Appalachia. The epidemiological explanation suggested cases were rising because of increased exposure to coal dust in shallower mines, but the explanation felt insufficient to me. If existing federal dust regulations theoretically prohibit overexposure, what sociological factors could explain why this epidemic was rising in Central Appalachia?

With the guidance of Dr. Steven Conn in the History Department, I declared black lung as my topic for my semester-long Geoffrion independent research. To first understand what already existed about black lung, I had to complete a literature review. While Miami Libraries’ OneSearch feature, JSTOR, and Google Scholar are old friends of mine, I quickly ran into problems after I got to the thirtieth source messily pasted in my Google Doc. If I was going to write a thesis-length paper, I needed a better way to organize my citations. Using the Miami Libraries Subject & Course Guide on Citation Managers, I learned about Mendeley—an invaluable tool that helped me format citations and take source notes. Additionally, in need of screen space, I began spending many evenings on the first floor of King Library using the large iMac monitors to display articles while taking notes on my personal laptop.

Over copious amounts of King Café coffee, I refined my research. The more I researched southeastern Kentucky, a town I was familiar with—Harlan, Kentucky—kept appearing as both a modern epicenter of the black lung epidemic and a major player in the movement for labor rights in the early twentieth century. I used OhioLINK to check out “They Say in Harlan County,” an oral history project, and other rare books about Appalachian life. With the understanding of black lung’s rise as a labor rights issue, I began to wonder if medical, political, and economic monopolies that existed during the previous rise of black lung in Central Appalachian company-owned coal towns had any modern legacies that drove the rise of black lung in company-owned coal towns today. Because no literature existed that covered a labor-focused history of black lung, I was challenged to go out and create the literature myself.

Thus, I interviewed Appalachian labor lawyers, Department of Labor officials, local Harlan residents, and children of black lung patients. I visited Harlan’s mines, former coal camps, and coal history sites. Visiting Harlan was the first time I had returned to southeastern Kentucky since my grandfather’s death, which raised emotional challenges as I grappled with the trauma of my own family’s history with preventable occupational illness. However, reconnecting with my roots and finding a new community in Harlan reminded me why I was in this tough research battle: I wanted to make sure no one suffers preventable occupational illness. Through my research, I argued that economic, medical, and political tactics weaponized by present-day ‘outlaw operators’ to dodge accountability for workers’ health mirror the tactics used by coal corporations 100 years ago in the same region.

Determined to make a change, I led panels on black lung at the John W. Altman conference, North American Labor History Conference, Miami’s Undergraduate Research Forum, and wrote an award-winning Op-Ed in the Lexington Herald-Leader about environmental

solutions for coal towns. Before my presentations, I went to the Makerspace and used the button press to create custom “END BLACK LUNG” buttons, which I distributed at my speeches. Whenever I see my button on a student’s backpack, I am reminded of how the Makerspace empowered me to raise awareness.

Today, I am in the ‘revise and resubmit’ phase of publishing my paper in an Appalachian studies journal. However, the fight to end black lung doesn’t end here. Because of my Miami research experience, I am pursuing a Master of Public Policy after graduation to continue the fight for health policy reform—and I proudly identify as Kentuckian.