

“And I Feel Like I’m Dying from Mining for Gold”: Disability, Gender, and the Mining Community, 1920–1950

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We are miners, hard rock miners.
To the shaft house we must go.
Pour your bottles on our shoulders.
We are marching to the slow.
On the line, boys; on the line, boys.
Drill your holes and stand in line
'til the shift boss comes to tell you
you must drill her out on top.
Can't you feel the rock dust in your lungs?
It'll cut down a miner when he is still young.
Two years and the silicosis takes hold,
and I feel like I'm dying from mining for gold.
Yes, I feel like I'm dying from mining for gold.
—*Mining for Gold* (traditional song)

The front page of the tenth-anniversary edition of the newspaper the *Worker*, published in March 1932, depicted the large figure of a well-muscled miner with a drill in hand inscribing into rock the phrase “10 Years of Class Struggle.”¹ In many respects, this image is emblematic of the iconography produced by left organizations and the labor movement in North America during this period, in which representations of

1. The *Worker*, March 26, 1932.

workers (and of unions) became more masculine and massive.² The precise selection of the figure of the miner had further cultural and political resonance because this male worker was nationally, indeed internationally, recognized throughout the first half of the twentieth century as an archetype of both working-class radicalism and masculine strength.³ In fact, the former was deemed to rest on the foundation of the latter. In a seemingly contradictory juxtaposition, this kind of visual depiction of the miner took place alongside widely publicized struggles to combat unsafe and unhealthy work environments, which resulted in the impairment and premature deaths of scores of miners throughout Canada on a yearly basis. The ongoing reputation of miners as tough, working-class militants, however, was premised in part on their willingness to confront continual dangers in “the realm of uncertainty.”⁴ Yet was this contradiction so easily resolved? Did mine environments not pose serious challenges to masculine definitions of physical well-being, self-reliance, and breadwinning as well as to collective responses to the multiple “injuries” of class inequality? What was the precise historical significance of disability in a mining community?

Disability as Lived Experience and Social Phenomenon

The new disability history offers important insights into thinking about and analyzing disability in the past, “not as an isolated, individual medical pathology, but instead as a key social category on par with race, class, and gender.”⁵ As a social category, disability is deployed as a mode of historical analysis to illuminate not only the experience and representation of people who are disabled, but also broader relations of social interaction.⁶ Scholars of labor and working-class history have much to gain from this kind of approach, although with notable exceptions we have proven rather reticent to do so. It is not that physical impairment and ill health have been overlooked by labor historians; indeed, as Sarah Rose has noted in this journal, the literature is replete

2. Elizabeth Faue, *Community of Suffering and Sorrow: Women, Men, and the Labor Movement in Minneapolis, 1915–1945* (Chapel Hill: University of North Carolina Press, 1991), 69–99.

3. Thomas Klubock, for example, asserts that images of the strong and burly miner with his helmet and drill have stood as symbols of both the Chilean working class and working-class manhood. See Thomas Klubock, “Working-Class Masculinity, Middle-Class Morality, and Labor Politics in the Chilean Copper Mines,” *Journal of Social History* 30 (1996): 435–37.

4. Ian McKay, “The Realm of Uncertainty: The Experience of Work in the Cumberland Coal Mines, 1873–1927,” *Acadiensis* 16, no. 2 (1986): 3–55.

5. Catherine Kudlick, “Disability History: Why We Need Another ‘Other,’” *American Historical Review* 108 (2003): 763–93.

6. Douglas Baynton, “Disability: A Useful Category of Historical Analysis,” *Disability Studies Quarterly* 17 (1997): 82–96; Douglas Baynton, “Disability History: No Longer Hidden,” *Reviews in American History* 32 (2004): 282–93; Paul Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001); Paul Longmore and David Goldberger, “The League of the Physically Handicapped and the Great Depression: A Case Study in the New Disability History,” *Journal of American History* 87 (2000): 888–921; Jessica Meyer, “‘Not Septimus Now’: Wives of Disabled Veterans and Cultural Memory of the First World War in Britain,” *Women’s History Review* 13 (2005): 117–38; Teresa Meade and David Serlin, “Introduction,” special issue on disability and history, *Radical History Review* 94 (2006): 1–7.

with such discussions, although disability has been used primarily as a “narrative prosthesis,” as a metaphor for the evils of capitalism evidenced by hazardous working conditions and victimized workers, while “the complex and historical lives of actual disabled people . . . fall by the wayside.”⁷ And thus important aspects of working-class life remain underdeveloped, including the boundaries of working-class communities, who has counted as a worker, and the meanings of work and dependency.⁸

Occupational health and safety in the mining industry has been the subject of extensive historical inquiry with attendant consideration given to physical impairment and ill health. However, with few exceptions, the deficiencies in the literature noted above are also readily identifiable with these works. Scholars such as Alan Derickson, David Rosner, and Gerald Markowitz have deftly analyzed the efforts of mining unions to improve workplace health and safety through ongoing negotiations and interventions with mining companies and the state. Nonetheless, the focus has remained far more on policy than on people, with disabled individuals and their families in particular rendered largely invisible.⁹ There is little indication in much of this work of disability as “a lived experience and social phenomena” in mining communities.¹⁰ This literature has also overlooked another important facet of occupational health and safety, which John Williams-Searle’s excellent study of railroaders has revealed, that being the central importance of gender in shaping understandings of and responses to risk and disability.¹¹

7. Sarah Rose. “‘Crippled’ Hands: Disability in Labor and Working-Class History,” *Labor: Studies in Working-Class History of the Americas* 2, no. 1 (2005): 29.

8. Rose, “‘Crippled’ Hands,” 41.

9. See David Rosner and Gerald Markowitz, *Deadly Dust: Silicosis and the Politics of Occupational Disease in Twentieth-Century America* (Princeton, NJ: Princeton University Press, 1991); Barbara Ellen Smith, *Digging Our Own Graves: Coal Miners and the Struggle over Black Lung Disease* (Philadelphia: Temple University Press, 1987); Jack McCulloch, “Asbestos Mining and Occupational Disease in Southern Rhodesia/Zimbabwe, 1915–1998,” *History Workshop Journal* 56, no. 1 (2003): 131–52; Alan Derickson, *Black Lung: Anatomy of a Public Health Disaster* (Ithaca, NY: Cornell University Press, 1997); Richard Rennie, “The Historical Origins of Industrial Disease: Occupational Health and Labour Relations in the Flourspar Mines, St. Lawrence, Newfoundland, 1933–1945,” *Labour/Le Travail* 55 (2005): 107–42. Recent work by Arthur McIvor and Ronnie Johnston on coal miners in Scotland represents an important exception. See Arthur McIvor and Ronnie Johnston, “Voices from the Pits: Health and Safety in Scottish Coal Mining since 1945,” *Scottish Economic and Social History* 22 (2002): 111–33.

10. Paul Longmore and Lauri Umansky, “Disability History—From Margins to the Mainstream,” in Longmore and Umansky, *The New Disability History*, 4.

11. John Williams-Searle, “Cold Charity: Manhood, Brotherhood, and the Transformation of Disability, 1870–1900,” in Longmore and Umansky, *The New Disability History*, 157–86. There is a growing body of impressive literature on the interplay of gender and class with relation to occupational health and safety, although much of it thus far focuses on women workers. Claudia Clark, *Radium Girls: Women and Industrial Health Reform, 1910–1935* (Chapel Hill: University of North Carolina Press, 1997); Allison Heppler, “‘And We Want Steel Toes Like the Men’: Gender and Occupational Health during World War II,” *Bulletin of the History of Medicine* 72 (1998): 689–713. For one of the few studies to examine the operation of gender with relation to female and male workers, see Daniel S. Bender, “Inspecting Workers: Medical Examination, Labor Organizing, and the Evidence of Sexual Difference,” *Radical History Review* 80 (2001): 51–75; see also Daniel S. Bender, *Sweated Work, Weak Bodies: Anti-Sweatshop Campaigns and the Languages of Labor* (New Brunswick, NJ: Rutgers University Press, 2004).

Drawing upon the insights of the new disability history, this article attempts to think through research I have been doing on gold miners and silicosis and to reinterrogate some of the sources used previously for a study of gender relations in a hard-rock mining community.¹² In retrospect, I realize that issues relating to disability were far more commonplace and of greater significance than my previous analysis conveyed.¹³ To the extent that I dealt with the topic, it was more as a straightforward medical mishap than as a socially constructed condition. Thus, I return to the gold-mining camp, the Porcupine, and the nearby community of Timmins, Ontario (the scene of my historiographical crime as it were), to examine the consequences of and responses to workplace accidents and diseases over the decades from 1920 to 1950. I will argue that although multiple forms of disability resulted directly from the mining workplace, the repercussions went well beyond the workplace, into working-class households and the community. Of central concern to miners and their families was ensuring the physical well-being and continued wage-earning capacity of male breadwinners. When that was not possible, efforts were made to ensure the dignity of disabled individuals and to maintain the position of men as heads of households. Divisions between the able-bodied and the disabled were not as sharply drawn as they would be elsewhere, and this contributed to ongoing solidarity among working-class men. Yet also underpinning this was a commitment to maintaining masculine dominance in the household and the community.

Workplace Jeopardies and Their Consequences

Gold mining in the Porcupine district, which first began in 1910 and peaked in the early 1940s in terms of both production output and labor-force size, remained exclusively an adult male occupation by tradition and state regulation. Adolescent boys remained a commonplace sight in Canadian coal mines well into the twentieth century, but both unskilled and skilled labor would be performed by adult males in gold mining.¹⁴ Moreover, the only female presence permitted in this work environment

12. See Nancy Forestell, "The Miner's Wife: Working-Class Femininity in a Masculine Context, 1920–1950," in *Gendered Pasts: Historical Essays in Femininity and Masculinity in Canada*, ed. Kathryn McPherson, Cecilia Morgan, and Nancy Forestell (Toronto: University of Toronto Press, 2003), 139–57; and "Bachelors, Boardinghouses, and Blind Pigs: Gender Construction in a Multi-ethnic Mining Camp, 1909–1920," in *A Nation of Immigrants: Readings in Canadian History, 1840s–1960s*, ed. Franca Iacovetta with Paula Draper and Robert Ventresca (Toronto: University of Toronto Press, 1998), 251–89.

13. For this previous study, thirty interviews were conducted with retired miners, their spouses, and the widows of miners. In this article, I draw upon some of those interviews. Jerrold and Karen Hirsh have demonstrated that oral interviews can be a valuable source for revealing the complexity of work-related impairment and disease, even in instances in which that is not the central focus of the interviews. See Jerrold and Karen Hirsh, "Disability in the Family? New Questions about the Southern Mill Village," *Journal of Social History* 35 (2002): 919–34; see also the excellent piece by Ronnie Johnston and Arthur McIvor, "Oral History, Subjectivity, and Environmental Reality: Occupational Health Histories in Twentieth-Century Scotland," *Osiris* 19 (2004): 234–49.

14. Regulations stipulated in the provincial mining act prohibited women from performing any form of employment at a mine except office work. This same legislation restricted underground labor to males seventeen and older (after 1919, eighteen and older). Ontario, "An Act to Amend the Mining Act of

was the occasional “special guest” who went on a mine tour, usually a relative of a prominent politician or businessman. Beyond the legal prohibition on all forms of mine employment for women, mine workers retained the long-standing belief that any woman underground was a sign of bad luck, an additional perceived threat in an already risk-filled environment.¹⁵ Although gold miners in the Porcupine did not face large-scale layoffs, the imposition of part-time work, or seasonal patterns of employment that so adversely affected workers in other mining centers or other industries,¹⁶ they continued to confront dangerous and unhealthy working conditions, which resulted in physical injuries, ill health, and premature death.

Accident rates were extremely high during the initial decades of gold-mining development in the early twentieth century and improved only marginally thereafter. Prior to 1930 approximately one-third of the mining labor force in the Porcupine sustained some form of workplace injury on an annual basis. In more than half of these cases, the injuries were serious enough to warrant more than a week off work. After that point, the accident rate declined somewhat but still did not drop below the level of 25 percent until the late 1940s.¹⁷ Although the majority of injuries were often temporary, a substantial proportion of men were left with some kind of permanent physical impairment; company accident reports regularly reported amputated fingers, fractured limbs, lacerated arms and faces, and wrenched backs.¹⁸ Fatal accidents rarely occurred, yet hundreds of mine workers died in these gold fields in the first half of the twentieth century. From the 1930s onward, gold mining actually had a disproportionately higher fatality rate than other sectors of the mining industry in Ontario.¹⁹ Long after other industries became less hazardous, at least with regard to accidents, gold mining remained a “dangerous trade.”

With alarming frequency, these miners also developed the debilitating lung disease silicosis, brought on by the inhalation of fine silica dust in the workplace. Gold miners in the Porcupine were particularly susceptible to this occupational disease because the density of silica particles in district mines was the highest in Ontario. The Ministry of Health, in a medical survey conducted in the late 1920s of those min-

Ontario, 1912,” *Statutes of Ontario* (1912), chap. 21, 8 Edward VII; Ontario, “An Act to Amend the Ontario Mining Act, 1919,” *Statutes of Ontario* (1919), chap. 12, 9 George V. On child labor in coal mining, see Robert McIntosh, *Boys in the Pits: Child Labour in Mining* (Montreal: McGill-Queen’s University Press, 2000).

15. Various retired mine workers talked about this belief as being commonplace among the men with whom they worked. John Forget (born 1913) and Andrew Robinson (born 1908) in Forestell, “The Miner’s Wife” and “Bachelors, Boardinghouses, and Blind Pigs.”

16. For example, see Ian Radforth, *Bushworkers and Boss: Logging in Northern Ontario, 1900–1980* (Toronto: University of Toronto Press, 1987), 25–45; Franca Iacovetta, *Such Hardworking People: Italian Immigrants in Postwar Toronto* (Montreal: McGill-Queen’s University Press, 1992), 64–71.

17. Ontario, *Annual Report of the Workmen’s Compensation Board* (Toronto: King’s Press, 1916–1950), 35 vols.

18. Mine Accident Information, 1940–1945, Dome Mines, box 12, Public Archives of Ontario, Toronto (hereafter PAO).

19. Ontario, *Report of the Special Committee on Socio-Economic Problems of the Gold Mining Industry of Ontario* (Toronto: Queen’s Printer, 1954), 115.

ers with more than five years of work experience, discovered that 19.5 percent had some degree of this lung ailment.²⁰ Despite subsequent introduction of various preventative measures, this incurable disorder remained a serious health problem. In its earliest stages, mine workers observed little discomfort, but as the disease progressed they endured a noticeable decrease in muscle strength and an increase in shortness of breath. Of even greater consequence, silicosis predisposed men to tuberculosis, which in combination led to quite rapid physical decline and early death. This “double jeopardy,” as Gerald Markowitz and David Rosner have termed it, was prevalent among silicotic miners throughout the period.²¹ There were still others who contracted tuberculosis without the complication of silicosis, although still as a direct consequence of the mine environment. Laboring underground weakened lungs generally and therefore significantly reduced a miner’s ability to ward off such a communicable disease. Later research studies also demonstrated that working conditions directly contributed to an extraordinarily high rate of lung cancer among gold miners.²² Whereas mining accidents could strike men of all ages and work experiences, such occupational diseases were linked directly to length of service. Every additional year spent underground increased the likelihood of developing these afflictions. The projected “incubation” time gradually increased, but even by 1950, workers who started in the mines as teenagers faced the likely prospect that they would contract these lung ailments while still relatively young men in their forties. Mine workers were more likely to die from an occupational disease than an injury. This meant that although accident and disease rates diminished somewhat, job-related injury and ill health (whether temporary or permanent) were an ongoing regular occurrence. Along with this, visible signs of physical impairment and disfigurement were ever apparent.²³ One could even venture to say that it was a normal part of working life for gold miners, although by no means passively accepted.

In the initial years of the Porcupine mining camp in the 1910s and early 1920s, the consequences of job-related accidents and illness were less visible and seemingly

20. Silicotic Hazard in Ontario, February 27, 1931, Record Group 13–21–0–40, PAO. This figure concurs with the estimate provided by Alan Derickson for North American metal miners. See Alan Derickson, *Workers’ Health, Workers’ Democracy: The Western Miners’ Struggle, 1891–1925* (Ithaca, NY: Cornell University Press, 1988), 52.

21. See Gerald Markowitz and David Rosner, “‘The Street of Walking Death’: Silicosis, Health, and Labor in the Tri-State Region, 1900–1950,” *Journal of American History* 77 (1990): 532. On the incidence of tuberculosis and silicosis for Ontario miners, see Ontario, Department of Mines, *Silicosis in Hardrock Miners in Ontario* (Toronto: Queen’s Press, 1958), 53. During the period 1926–30, 82.7 percent of silicotic miners also had tuberculosis; in 1946–50, the figure was 43.6 percent.

22. Ontario, Ministry of Labour, Workers’ Compensation Board and Atomic Energy Control Board of Canada, *Study of Mortality of Ontario Gold Miners, 1955–1977* (Ottawa: Queen’s Press, July 1986). This study documented the lung-cancer rate for gold miners who entered the occupation from the period prior to 1925 up to 1955.

23. Arthur McIvor and Ronnie Johnston refer to a similar situation among coal miners in Britain. Citing a 1951/52 research study, they note how endemic coughing, spitting, and breathlessness was in mining villages and how “almost all miners bore the signs of physical damage in mutilations and blue scars across their bodies.” See McIvor and Johnston, “Voices from the Pits,” 129.

less widespread because men who were injured or who developed an occupational disease often migrated from the community. The preponderance of men (either single or married) then living without any relatives meant that most of the mine workers who were seriously hurt or unwell did not remain. Beyond any consideration of financial support, incapacitated workers usually did not have anyone to physically care for them either. Thus in such circumstances most men returned home. When that was not feasible, especially for European immigrants, who accounted for half of the workforce in the district, they migrated to the larger urban centers of southern Ontario where less physically demanding jobs and health care services were more available. These “industrial refugees,” as Alan Derickson has so aptly termed them, became the responsibility of others outside the community.²⁴

Yet with the arrival of married workers who settled permanently with resident families in the 1920s, the destructive consequences of an unsafe mine environment became increasingly apparent throughout the community as it simultaneously had an ever-greater impact on the operation of individual households. In the event of a debilitating accident or illness, most wives assumed the onerous responsibility of taking care of the incapacitated worker. In addition to all of their other domestic duties, many women undertook a variety of labor-intensive tasks in tending to their husbands, such as cooking special meals, bathing them, changing dressings, and massaging strained muscles.²⁵ Individual situations varied tremendously, but even a temporarily disabled husband created substantially more work at home. Although paid nursing care was provided by Workmen’s Compensation a year after it was first introduced in 1916, and by company medical plans after they were introduced in the late 1930s, wives still performed the bulk of this labor.²⁶ Injuries and ill health meant that women also had to carry out those household chores normally done by their husbands. Thus, when one miner sprained his back while mucking ore, his wife chopped wood and shoveled snow throughout an entire winter.²⁷ While some of these women must have felt overwhelmed by the physical and emotional demands of ministering to an ill spouse, as well as resentful about running a household on their own, in interviews they remained notably silent about this issue. The silence can be attributed, I suggest, to the gendered expectations of being a miner’s wife, which dictated that women take on these additional obligations but precluded any emotional space for them to complain about them. Moreover, these burdensome tasks were not viewed

24. Alan Derickson, “Industrial Refugees: The Migration of Silicotics from the Mines of North America and South Africa in the Early Twentieth Century,” *Labor History* 29 (1988): 66–89.

25. See interviews with: Jeanne Carver (born 1914), Kathleen Beuschamp (born 1923), and Anne Ritchie (born 1915) in Forestell, “The Miner’s Wife” and “Bachelors, Boardinghouses, and Blind Pigs.”

26. See Ontario, *Annual Report of the Workmen’s Compensation Board* (1917), 18. The Hollinger medical plan, for example, permitted nursing care for all family members, although individuals had to pay for each visit. See Medical Plans, Hollinger Employees’ Medical Services Association Rules and Regulations, 1944, F 1350, box 43, PAO.

27. See interview with Steve Deveschuk (born 1905) in Forestell, “The Miner’s Wife” and “Bachelors, Boardinghouses, and Blind Pigs.”

as extraordinary measures in a context in which temporary and permanent impairment was a “pervasive presence”; rather, such tasks represented necessary work that most wives performed at some point in their husband’s working life. Somewhat surprisingly, feminist scholars, even those who have explored life in mining communities, have largely overlooked this type of unpaid female labor as an integral aspect of caring for working adults.²⁸ Many working-class women, in Timmins at least, found this labor to be critical in getting men back to work.²⁹

In cases where men developed silicosis, tuberculosis, or a combination of the two, there was the added prospect of taking care of a husband or other family member on a longer-term basis. Because institutional care could do little to arrest the progression of these diseases anyway, many men preferred to remain at home.³⁰ The mother of one of those interviewed nursed her silicotic husband for four years and, as her daughter remembered, “tried to preserve what health he had left.” During the final months of his life, the disease had advanced to the stage where her mother could do little but “make him as comfortable as possible” as he fought for each additional breath. Similar situations were played out over and over again in homes throughout this community.³¹ In other instances, men faced the prospect of being far away from their homes for long periods of time and their wives assuming all household responsibilities on a long-term basis. Although silicosis was not infectious, doctors still advised sanatorium care on occasion. If there was a diagnosis that involved tuberculosis, patients were first “strongly urged” and by 1932 legally compelled by the provincial government to seek sanatorium treatment.³² With the nearest facility hundreds of kilometers away,³³ however, many were reluctant to go because of the expected

28. In an otherwise comprehensive discussion of domestic labor, Meg Luxton does not delve into these tasks. See Meg Luxton, *More Than a Labour of Love: Three Generations of Women’s Work in the Home* (Toronto: Women’s Press, 1980), 117–59. See also Carol Gieson, *Coal Miners Wives* (Lexington: University Press of Kentucky, 1995); Mary Murphy, *Mining Cultures: Men, Women, and Leisure in Butte, 1914–1941* (Urbana: University of Illinois, 1997); Veronica Strong-Boag, “Keeping House in God’s Country: Canadian Women at Work in the Home,” in *On the Job*, ed. Craig Heron and Robert Storey (Montreal: McGill-Queen’s University Press, 1986), 124–51. Even Susan Kleinberg, who details the effects of dangerous conditions in Pittsburgh steel mills on working-class families, does not address this issue. See Susan Kleinberg, *The Shadow of the Mills: Working-Class Families in Pittsburgh, 1870–1907* (Pittsburgh, PA: Pittsburgh University Press, 1989).

29. See interviews with Angelina Bertolo (born 1920), William Bertolo (born 1912), Maria Gagnon (born 1922), Marguerite Tremblay (born 1923), and Yvette Blanchard (born 1919) in Forestell, “The Miner’s Wife” and “Bachelors, Boardinghouses, and Blind Pigs.”

30. As previously mentioned, silicosis was an incurable chronic disease. Moreover, before the introduction of antituberculosis chemotherapy in the 1940s, medical treatment could not “cure” tuberculo-silicotic miners. See Ontario, Department of Mines, *Silicosis in Hardrock Miners*, 34.

31. Interview with her daughter Mary Bilenki (born 1921); see also interviews with Eveline Laplante (born 1911) and Emma Wagner (born 1924) in Forestell, “The Miner’s Wife” and “Bachelors, Boardinghouses, and Blind Pigs.”

32. Memo from G. C. Brink, Tuberculosis Prevention Unit, January 7, 1935, Record Group 10–106–280.110-106-280.1, PAO.

33. Until 1933 the nearest sanatorium was 400 kilometers away, in Gravenhurst; the opening of the St. Mary’s on the Lake Sanitarium in Haileybury reduced that distance to 150 kilometers.

long-term “separation from their families and friends.”³⁴ Such reticence did not prevent authorities from sending hundreds of men into institutional care for months and even years in the 1930s and 1940s.³⁵

The frequent occurrence of tuberculosis among mine workers had further implications for their families. Both women and children were placed at physical risk from the numerous miners who developed tuberculosis. In some instances, these men passed on this communicable disease to family members. Although tuberculosis was not a serious problem in the community initially, by 1935, Timmins had the highest rate in the province.³⁶ While the rate of tuberculosis elsewhere declined sharply in the 1930s and 1940s, this mining center experienced only a marginal reduction. Even by the end of the period, the incidence of this disease in Timmins continued to be almost double the provincial average.³⁷ Reports to the provincial Board of Health in the 1930s reveal that local health officials were well aware that hazardous working conditions in the mines were having a deleterious effect not only on the health of miners, but also on their families.³⁸ Concerned with the situation, the district health nurse approached local mining companies in 1933 about donating funds for tuberculosis prevention work, and with their assistance, a public health nurse was subsequently hired for this sole purpose.³⁹ Mine executives refused to publicly admit, however, that the mine environment contributed in any way to this ongoing health problem in the area. They took the position that silicotics were not the ones principally responsible for the spread of the disease; instead, “contacts” in the community, particularly family members, were infecting the men. They further suggested that a poor “home environment” rather than an unsafe workplace was the main cause of the high tuberculosis rate. A similar line of argument was later used by the mining companies to resist Workmen’s Compensation coverage of miners with tuberculosis uncomplicated by silicosis.⁴⁰ Although overcrowded housing conditions and inadequate sanitation in some areas of Timmins certainly exacerbated the situation, the mining companies chose to ignore current literature on public and industrial health that linked the mine and the household.⁴¹

34. Letter from J. H. Stovel to L. J. Simpson, February 12, 1935, File Mining Association, F 1350, box 11, PAO.

35. St. Mary’s on the Lake Sanitarium case files, 1933–1948, Record Group 10–95, PAO. There were numerous instances in which men stayed well over six months. See, for example, case file numbers 159, 206, 241, 257, 364, 385, 764, 765, and 855.

36. Provincial Board of Health, Timmins, Ontario, 1929–1943, report for October 28–November 8, 1935, Record Group 10, 30–A-3, PAO.

37. *Ibid.* See, for example, reports for October 11–15, 1932; December 10, 1932; October 10, 1933; October 28–November 8, 1935; November 1–9, 1937.

38. *Ibid.*

39. *Ibid.* See report for October 10–14, 1933.

40. *Ibid.* See report for October 28–November 8, 1935. See also, letter from J. H. Stovel to L. J. Simpson, minister of education, February 12, 1935, Ontario Mining Association file, F 1350, box 11, PAO.

41. Gerald Markowitz and David Rosner have suggested that as early as the 1910s U.S. health officials, confronted by epidemic levels of tuberculosis in many mining areas, began to move away from traditional

The financial consequences of disease and accidents were just as serious. Most households depended solely on a single male breadwinner, and if he was seriously injured or became ill, families were left potentially without any wage earner. Even the brief cessation of income could hasten a financial crisis because many lived from paycheck to paycheck. In temporary situations, it was normally left up to the wife, as the manager of the household budget, to deal with the family's financial predicament by cutting back on expenses and by asking local store owners to extend their credit,⁴² but these measures were not always sufficient. In those cases where miners suffered long-term injuries, other family members usually attempted to find employment, and if the children were young, this almost always meant the wives. Securing paid work proved to be especially difficult for these women. As I have discussed elsewhere,⁴³ the female labor market in Timmins, as in other mining centers, remained quite restricted. Although there was widespread sympathy for women with disabled husbands, they had to confront local reticence about hiring married woman. Even the Workers' Co-operative, a progressive working-class organization that operated a store in town, rarely suspended its policy of hiring single women instead of married ones in straitened circumstances. In one instance, a woman whose husband had been hurt in a mining accident wrote to the executive board of the co-op asking that an exception be made in her case, but because her husband's injuries were not deemed permanent, the request was denied.⁴⁴ Labor representatives at various points expressed public concern about the lack of employment opportunities for women in the community but framed the issue solely in terms of the repercussions for the daughters of mine workers.⁴⁵

Although workplace injuries and ill health forced the redrawing of the traditional gendered division of unpaid labor in the household, they did not result in any significant reworking of the gendered division of paid labor in the community. Indeed, on the one occasion when, in the midst of the Second World War, local mining companies considered hiring women, the presence of impaired workers played a direct role in preventing this change. Gold-mining companies were experiencing such acute labor shortages in the early 1940s that they seriously considered applying to the federal government to lift the long-standing legal ban on women's mine employment. After several months of deliberations in the fall of 1942, mining executives decided that the employment of female workers "should not [be] actively pursu[ed] except as the lesser of several undesirable alternatives." Such lack of "enthusiasm"

explanations, which focused only on poverty and personal hygiene, to working conditions in the mines. See Markowitz and Rosner, "Silicosis, Health, and Labor in the Tri-state Region," 532; see also, Derickson, *Workers' Health, Workers' Democracy*, 162–69.

42. See interviews with Edna Pulmitaka (born 1926) and Yvette Blanchard (born 1919) in Forestell, "The Miner's Wife" and "Bachelors, Boardinghouses, and Blind Pigs."

43. See Forestell, "The Miner's Wife."

44. Workers' Co-operative minutes, April 1, 1930, Ukrainian Museum (Timmins, Ontario).

45. *Porcupine Advance*, November 1, 1934; *Timmins Press*, August 19, 1935, and November 23, 1939. United Steelworkers of America, "A Submission to the Special Committee to Inquire into Socio-Economic Problems of Goldmining in Ontario, 1954," 12.

was attributed to the fact that the most pressing labor shortage, that of experienced underground workers, would not be noticeably reduced. In other mining centers such as Sudbury, corporate support for the employment of women hinged on the premise that they could free up large numbers of men then performing surface labor to work underground. Mine managers in the Porcupine, however, concluded that most of the men they employed on surface were physically unfit, because of age and/or incapacitation, to labor elsewhere.⁴⁶ Having reached such conclusions, the proposal of employing women at the local gold mines was abandoned. This decision retained the gender exclusivity of all forms of mining work in the Porcupine. What this also kept in place was the ongoing economic dependency of women in general and married women in particular.

Finally, an unsafe and unhealthy work environment had direct and adverse repercussions for the mine workers themselves. These men were not only left physically diminished for the rest of their lives (which were noticeably abbreviated anyway in cases of silicosis and/or tuberculosis), in all too many instances they also had to endure pain, discomfort, and limited mobility on an ongoing basis. Moreover, for hard-rock miners who took pride in and drew social prestige from the physical strength and agility attached to their work as well as their role as family provider, debilitating accidents and diseases seriously undermined their masculinity.⁴⁷ Gendered definitions of physical well-being, self-reliance, and breadwinning were all seriously challenged.⁴⁸ Arthur McIvor and Ronnie Johnston have insightfully pointed out a central paradox of mining work. As they suggest, a dangerous job such as this “strengthened masculine identities only to cruelly undermine them when serious injury and disease struck.”⁴⁹

46. Letter from R. E. Dye to R. Cleland, November 28, 1942, Employment of Women file, F 1350, box 22, PAO.

47. Given the time period of this study, oral testimony from disabled miners is quite limited because so many who experienced serious injuries or diseases died prematurely. Among those men interviewed, a number reported feeling “useless” while they were off work. See interviews with John Ritchie (born 1915) and Daniel Blanchard (born 1919) in Forestell, “‘The Miner’s Wife’” and “Bachelors, Boardinghouses, and Blind Pigs.” Far more extensive is the testimony of spouses, who often spoke eloquently about their husbands’ feelings of frustration and sometimes despair. See the interviews with Eveline Laplante (1911), Jean Carver (born 1924), Peggy Boychuk (born 1913), and Elsie Latimer (born 1899) in *ibid.*

48. Another significant population group that experienced noncongenital physical disabilities, of course, was soldiers. A number of excellent historical studies have examined the situation of disabled war veterans; Joanna Bourke, in particular, has observed that those who were impaired by war were not viewed by others or themselves as passive or weak, as was often the case for their civilian counterparts. Government financial and other forms of assistance for disabled veterans were also more generous. See Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain, and the Great War* (Chicago: University of Chicago Press, 1995); see also David Gerber, “Disabled Veterans, the State, and the Experience of Disability in Western Societies, 1914–1950,” *Journal of Social History* 36 (2005): 899–916; Scott Gelber, “A ‘Hard-Boiled Order’: The Reeducation of Disabled WWI Veterans in New York City,” *Journal of Social History* 39 (2005): 1616–180. An in-depth, comparative examination of the experiences of disabled veterans and industrial workers has yet to be carried out.

49. McIvor and Johnston, “Voices from the Pits,” 130.

The Meaning(s) of Disability in a “Dangerous Trade”

As one of the “dangerous trades,” gold mining was accorded at least some recognition from employers and the state as being an occupation that posed certain hazards, something that other occupations involving health risks and injuries, especially those employing women, did not receive.⁵⁰ Yet this recognition primarily took the form of modest funds and limited services provided through the Workmen’s Compensation program, introduced by the provincial government during the First World War. Considered by many historians to have been a conservative reform initiative favored by employers, Workmen’s Compensation provided financial payments, nursing care when stipulated, and by the end of the 1940s rehabilitative services for individuals designated as disabled on either a temporary or permanent basis.⁵¹

But who got to make this determination, and what precisely was the definition of disability? Following guidelines set out by the Workmen’s Compensation program, medical practitioners were the ones who principally determined the extent and duration of physical impairment or ill health according to whether or not an individual worker was “fit” for work. Until the 1940s, those physicians deciding such matters in the Porcupine district were exclusively company doctors, medical professionals hired by the mining corporations. Although physicians based their decisions on seemingly objective medical standards, it seems quite plausible that the term “fit” was open to varying interpretation. Certainly mine workers complained repeatedly that they were sent back to work while still incapacitated or were prevented from resuming employment while believing themselves physically capable to perform necessary work tasks.⁵² Union representatives argued consistently that the mining companies also played a significant role in the decision-making process by exerting pressure on the medical community to serve corporate interests.⁵³ And while physicians and administrators of Workmen’s Compensation publicly insisted that, following objective scientific criteria, a clear-cut divide was evident between the able-bodied and the dis-

50. As various feminist historians have posited, gendered beliefs about women workers and the nature of their employment, combined with the “masculinist language” of hazards, resulted all too often in job-related health problems being downplayed or overlooked in female workplaces. See Patricia Hill, “Invisible Labours: Mill Work and Motherhood in the American South,” *Social History of Medicine* 9 (1996): 235–51; Barbara Harrison, “Are Accidents Gender Neutral? The Case of Women’s Industrial Work in Britain, 1880–1914,” *Women’s History Review* 2 (1993): 253–75; Clark, *Radium Girls*.

51. See, for example, Eric Tucker, *Administering Danger in the Workplace: The Law and Politics of Occupational Health and Safety Regulation in Ontario, 1850–1914* (Toronto: University of Toronto Press, 1990); Michael Piva, “The Workmen’s Compensation Movement,” *Ontario History* 67 (1975): 39–56. In addition to compensation payments, injured or diseased workers were eligible for nursing care and, after the Second World War, physical and occupational rehabilitation services. Ontario, *Annual Report of the Workmen’s Compensation Board* (1916–1950).

52. Letter from A. S. Stuart, president, Porcupine Metal Miners, to Premier Ferguson, April 3, 1939, Ferguson Papers, Workmen’s Compensation Board, Record Group 3, PAO. Stuart cited “numerous cases” where such situations arose, especially instances where compensation was cut off prematurely. See also, *Union News*, July 10, 1937, and July 22, 1938; *Timmins Press*, April 16, 1937.

53. *Union News*, December 20, 1937, and September 30, 1938; the *Union*, May 4, 1944, and January 28, 1946.

abled, as work by Christopher Sellers has demonstrated, even leading researchers in the field of industrial hygiene during this period recognized the difficulty of making such sharp distinctions.⁵⁴

This was especially the case in instances that potentially involved an occupational disease. Although a limited number of diseases were recognized by Workmen's Compensation from the outset, silicosis and tuberculo-silicosis were included only in 1926. Even then these diseases proved to be difficult to accurately diagnose because their symptoms were similar to other pulmonary and cardiac diseases, and X-rays, which offered one of the only means of detection, were imprecise. Further, a margin of doubt remained in terms of differentiating the various stages of uncomplicated silicosis and differentiating between tuberculo-silicosis and uncomplicated tuberculosis,⁵⁵ yet such diagnoses and distinctions had a direct bearing on whether or not miners could continue working and, if they were physically incapacitated, what kind of financial support they could receive.

As the "injuries" of class became increasingly visible in Timmins by the late 1920s, further accentuated by an underground fire in February 1928 at the district's largest mine, Hollinger, in which thirty-nine miners perished, health and safety issues became the subject of more frequent community debate.⁵⁶ This discussion operated in part as "rhetorical grist"⁵⁷ for working-class politicization, but it also involved contesting the meaning and parameters of disability itself as well as an attempt to uphold the dignity of the incapacitated workers. Working-class men alone did not participate in the discussion; working-class women also raised their voices. The latter would do so, however, within limited parameters that revealed little of their own potential or actual burdens. Altogether, working-class men and women focused on the plight of the male provider on whose vulnerable shoulders so much appeared to be at stake.

These discussions occurred against the backdrop of successive efforts to gain union recognition in the Porcupine camp, a goal that was not achieved until 1945. In

54. Christopher Sellers, *Hazards of the Job: From Industrial Disease to Environmental Health* (Chapel Hill: University of North Carolina Press, 1997).

55. See Ontario, Department of Mines, *Silicosis in Hardrock Miners*. The case files of men admitted to the St. Mary's on the Lake Sanitarium in the 1930s and 1940s reveal numerous instances of changing diagnoses, including instances in which individuals did not have an occupational disease at all but some other form of health problem. See St. Mary's on the Lake Sanitarium case files, Record Group 10–95, PAO.

56. Early in the morning of February 10, 1928, a fire started in a refuse pile on the 550-foot level of the Hollinger mine. Within minutes, dense smoke began to spread throughout the network of interconnecting passageways in the mine. Most of the 921 men on day shift were quickly alerted and managed to escape, but 59 miners were unable or incapable of making their way out and found themselves trapped underground. Intensifying the crisis, the company lacked the necessary equipment—respirators and masks—to stage a rescue attempt. Unlike coal mines, where fires were a recognized problem, such incidents were so rare in gold mining that Hollinger had considered these materials an unnecessary expense. By the time the closest source of rescue equipment arrived from the coalfields of Pennsylvania a day later, thirty-nine men had died. A provincial royal commission was subsequently formed to investigate the cause of this mine tragedy. Report of the Hollinger Mine Inquiry, Government Commissions file, Record Group 18, B-82, 1–5, PAO.

57. Rose, "Crippled Hands," 32.

this context, there is little question that continued concerns about job-related accidents and disease in various working-class publications were intended to mobilize support for the union cause. In December 1930, the *Worker* made especially clear the link between dangerous mine environments and the necessity of union support:

The wealth produced from the gold mines of Northern Ontario has been produced at the cost of a number of miners' lives, at the cost of many physical injuries to a much larger number, at the cost of that lung-rotting disease, silicosis by a still larger number of miners, and at the cost of hard back-breaking toil on the part of all workers in the industry. It is high time that these workers rallied around the Mine Workers Union (Metal Miners Section) of Canada and put up a real fight for better and safer working conditions.⁵⁸

Similar arguments were made over and over again in the next decade and a half.⁵⁹

Of additional significance, the discussion over health and safety also highlighted that the dangers of the mining workplace might befall any worker. As pointed out in the May 1936 *Union News*, the widespread use of the contract system in local mines placed continuous pressures on workers to perform even the minimum set of tasks, let alone anything beyond, in order to earn the "bonus": "Too much hurry, too much speed up makes the job dangerous for even the most experienced workmen."⁶⁰ Unlike the train men that John Williams-Searle has studied, connections would not be drawn here between disabling injury and character. There is no indication that injuries arising from mining were viewed by other workers, at least not publicly, as the result of carelessness or "manly ineptitude."⁶¹ And beyond the dangers that miners faced with regard to accidents, all recognized that they faced the ongoing risks of developing silicosis and/or tuberculosis. Mine workers continued to articulate an allegiance with, not a distancing from, disabled workers.

The wives of miners also contributed frequently to this discussion by noting that the negative consequences of workplace injury and ill health could affect any family in the community. As one woman noted in a local newspaper in July 1937: "Too many wives, mothers and children have been left to mourn the death of their men. Too many men have been crippled or left without the ability to earn a decent living for their dear ones. Too many families have been left to suffer want and misery."⁶² The regularity and unpredictability of serious mishaps in the gold mines seemingly reinforced to all wives that no one was exempt. Directing her comments to other women, one miner's wife wrote, "Do not deceive yourselves, because no man emerges

58. The *Worker*, November 27, 1930.

59. See, for example, the *Worker*, August 15, 1934, and November 9, 1935; the *Clarion*, July 31, 1937; the *Union News*, May 1936, July 10, 1937, and May 15, 1938; *Mine-Mill (CIO)*, June 13, 1945, and July 22, 1946.

60. *Union News*, May 1936. This was a local publication by the International Union of Mine, Mill and Smelter Workers, which first arrived in the Porcupine camp in 1935 and would eventually succeed in gaining union recognition a decade later.

61. Searle, "Cold Charity," 163.

62. *Union News*, July 10, 1937.

from serious injury to his health. Often than not, he is totally disabled and his capacity to enjoy the most simple things in life are forever lost.”⁶³ Still another wife later stated, “You hope and trust that somehow your husband will be luckier than the others when right down in your heart you are uneasy and constantly dread the approaching years knowing disruption to domestic calm is usually the reward for long service in the mining game.”⁶⁴

The very meaning of disability itself served as another important element of the discussion during this period, with miners and their supporters contesting the notion that job-related impairment should prevent men from performing physically challenging tasks and from maintaining their position as family provider. In the process, they were challenging what Sarah Rose has termed the “industrial body culture” increasingly prevalent in the twentieth century, which limited “work only for the fully functioning and assumed disabled bodies could not be productive.”⁶⁵ While in other occupations, workers with a physical disfigurement or impairment were ever more frequently marginalized and excluded, including by other workers in their own industry, gold miners here actively resisted this. Labor representatives in the Porcupine argued consistently that a minor permanent injury such as a crushed finger, for example, was an inevitable part of working underground for any length of time and thus an indication of experience and skill; it was not to be used as an “excuse” by mine officials to fire an employee or remove him from one of the higher-paying underground production jobs. In other cases, the point was argued that those who had experienced a more serious injury should be able to retain mine employment if only above ground.⁶⁶

The situation of miners with silicosis was given special consideration. A new state regulation in 1928 required a preemployment medical examination⁶⁷ and further stipulated that all job applicants be free of any lung diseases before being employed.⁶⁸ This new measure received little criticism, but during the same period, workers at

63. *Union News*, February 10, 1937.

64. *Beacon*, March 1942; see also *Union News*, February 10, 1937, May 7, 1938, and July 22, 1938; *Mine-Mill (CIO)*, December 7, 1944, and January 6, 1947.

65. Rose, “Crippled Hands,” 43.

66. *The Worker*, July 17, 1926, and August 3, 1929; the *Union News*, May 1936, and June 23, 1937; the *Clarion*, January 13, 1937; and *Mine-Mill (CIO)*, February 21, 1945.

67. Angela Nugent has noted that preemployment medical examinations were adopted by an increasing number of industrial corporations after 1910; they were instituted in large part to ensure that those hired by a company were “physically fit” and thus potentially reducing corporate costs arising from job-related accidents and disease. See Angela Nugent, “Fit for Work: The Introduction of Physical Examinations in Industry,” *Bulletin of the History of Medicine* 57 (1983): 578–95. In both Canada and the United States, mining was one of the only occupations for which a mandatory preemployment medical examination was stipulated by government (at the state or provincial level) and with the subsequent requirement of an annual medical screening thereafter.

68. This regulation was instituted not through Workmen’s Compensation but as part of the Ontario Mining Act. See Ontario, “An Act to Amend the Ontario Mining Act, 1928,” *Statutes of Ontario*, 1928, chap. 16, 18 George V. This amendment not only made preemployment medical exams for working miners mandatory, but also yearly X-rays.

first accepted but soon rejected efforts by mining companies, in concert with Workmen's Compensation representatives, to remove miners from underground work once some sign of silicosis had been detected.⁶⁹ The procedure followed in the late 1920s and early 1930s whereby men in the early stages of the disease could voluntarily leave mine employment with the added inducement of a lump sum from Workmen's Compensation to aid them in making a transition to another form of employment proved untenable.⁷⁰ Many discovered that once the mining companies were aware of their medical condition, they were either summarily removed from underground work or fired. Just as important, it was argued, the lump sum payment was woefully inadequate for its intended purposes. Thus, mine workers argued at length, and in the end successfully, to allow those with uncomplicated silicosis to remain on the job until it reached such an advanced stage that it interfered with their work.⁷¹ (The infectious nature of tuberculosis meant immediate removal from work.) In the process, an important distinction was drawn here between impairment and disability.

Alongside such discussions and endeavors, the local working class engaged in an extended campaign to ensure that those who were incapacitated due to serious injury or disease be able to retain a modicum of dignity as well as some degree of financial and other forms of independence. This campaign took the form of individual and collective efforts to ensure that disabled mine workers received Workmen's Compensation. This campaign proved necessary, as many men encountered difficulties qualifying for compensation because the criteria were often quite restrictive and because it was difficult to substantiate that their incapacitation was job related. Once again this was particularly the case for men with lung diseases. Mine workers and their supporters asserted that compensation was a right due to them, an acknowledgment of their contributions as male breadwinners and, more specifically, as breadwinners who had to contend with a hazardous work environment. As one May 1947 letter to a Timmins paper noted, "We miners believe this is no act of charity but money they owe us if we get injured in a mine, because we work in a very dangerous place."⁷² Although the level of financial support provided Workmen's Compensation was only a fraction of a miner's former earnings, it was at least more generous than other forms of assistance available to a disabled worker and his family.⁷³ And in the case of one of the few other alternatives, Mother's Allowance (a provincial social welfare program), not only was the provision of financial aid far lower and recipients treated, in effect, like charity cases, but also, eligibility was premised on the explicit

69. Letter from J. H. Stovel to W. C. B., March 14, 1928, Silicosis file, F 1350, box 17, PAO.

70. Ontario, Department of Mines, *Silicosis in Hardrock Miners*.

71. *Union Worker*, January 27, 1937, April 10, 1937, and July 22, 1938; *Clarion*, September 30, 1937; *Mine-Mill (CIO)*, August 28, 1944, and November 28, 1945.

72. *Timmins Press*, May 12, 1947.

73. Recipients of Workmen's Compensation received 55 percent of average weekly earnings up to 1920, when the rate changed to 66.6 percent. It remained this way until 1949, when the rate changed to 75 percent of average weekly earnings. For a summary of these and other alterations to benefit rates, see Ontario, *Report of the Royal Commission on the Workmen's Compensation Act, 1950* (Toronto: King's Printer, 1950), 52–58.

designation of the incapacitated husband as a dependent. The designation of dependent was further reinforced with this program by treating such men in the exact same manner as a minor child on all administrative matters and for the purposes of calculating the amount of the monthly allowance.⁷⁴ It is little wonder then that despite whatever shortcomings persisted with Workmen's Compensation that it represented the only acceptable option.

The archetypal figure of the miner as representative of working-class radicalism and physical strength rested on a rather fragile foundation, at least when one considers the risks posed to the health and well-being of mine workers in the Porcupine camp. The "vulnerable embodiment" of gold miners in this specific context had far reaching consequences that can only be fully understood by going beyond the workplace and into the working-class household and community. Home and work, we learn again, were intertwined, albeit in ways that historical studies have rarely addressed. The ongoing and pervasive presence of job-related disability was experienced as both an individual family burden and a collective working-class problem. Resources and rhetoric were marshaled to maintain incapacitated men as the family breadwinners and, when that was no longer possible, to retain their position as the head of household. Yet this also took place against a background whereby the willingness and ability of women to assume extraordinary responsibilities were expected and remained unquestioned and the precarious independence of injured or diseased husbands was assured due to the imposed economic dependence of wives. Moreover, while one can also observe an ongoing allegiance among working-class men regardless of physical impairment, in part resulting from the contestation over the meaning and boundaries of disability, such solidarity also directly contributed to the continuation of masculine dominance in the family and the mining camp. ■

74. On Mothers' Allowance as a form of charity that treated disabled husbands as dependents, see Nancy Christie, *Engendering the State: Family, Work, and Welfare in Canada* (Toronto: University of Toronto Press, 2000); Margaret Little, *No Car, No Radio, No Liquor Permit: The Moral Regulation of Single Mothers in Ontario, 1920–1997* (Toronto: Oxford University Press, 1998).

