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Amanda Lucas, who works as a respiratory therapist, at home with her daughters Carley and Bella in Thornton, Ky. For generations, the archetypal worker was a coal miner. But today health care is the region's economic backbone.

When coal mining jobs left Kentucky, the women went to work in health care

BY CAMPBELL ROBERTSON
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FLEMING-NEON, Ky. – In the predawn hours when all is dark and quiet, Amanda Lucas leaves her house and begins the long drive to her job at a hospital an hour away.

In years past, it was the men who would empty out of the hollows of Letcher County before sunrise. All day long they would be underground, digging out coal as their fathers and often their grandfathers had done. Lucas' husband, Denley, had a job with one of the big mining companies, with good benefits and an income approaching six figures when all the overtime was added. She stayed at home to raise their four children.

"We had a good life," she said.

Then everything changed.

It has been a hot and mean summer in Letcher County, with a rash of coal mine bankruptcies and layoffs even crueler than the ones that came before. From the barstools at the American Legion post to the parking lot of the unemployment office, there was little debate: The coal business around here is going under. The only question was what would keep everyone afloat.

These days, the answer has been: women. From 2010 to 2017, Letcher County saw a greater shift in the gender balance of its labor force than almost any other county in the United States.

The share of women in the workforce rose substantially in places throughout Central Appalachia, as well as in parts of the industrial Midwest and the rural South. But few places have seen a more dramatic change than Letcher County, in hilly Eastern Kentucky, where for generations the archetypal worker was a brawny, coal-dusted man in reflective overalls. Just 10 years ago, nearly three-fifths of the workforce was male. Now the majority is female.

"The mines have shut down and the women have gone to work," said Billy Thompson, a district director of the United Steelworkers union, which represents thousands of local medical support workers. "It's not complicated at all."

There are over a thousand fewer coal mine jobs in Letcher County than there were a decade ago, and virtually all of those lost jobs were held by men. The number of mining jobs, according to state figures, fell to under 50 in 2017, from over 1,300 at the beginning of 2009. The number has inched back up; this summer it was 100.

Coal mining has always been boom-and-bust, but it is hard to shake the feeling that this might be the last bust. Some men picked up and left at word of mining jobs elsewhere, some went to work as linemen or truck drivers, and others, figuring they were too old or physically broken to start over, just dropped out of the labor force. It was as if the very identity of a Letcher County man had been declared insolvent.

"I could always tell the man who worked in the mines," said Debbie Baker, a cleaner in Whitesburg, the Letcher County seat. For one thing, "they had money."

She recalled a family who lived comfortably where she grew up; the father worked underground and his sons followed, one by one.

"The next would get old enough and get a wife and go working in the coal mines," she said. "I don't think any of the men did anything else. When the mines left, they all ended up on drugs. And their women went to work."

Women in coal country always found paying work in greater numbers during the lean times, cleaning houses or making burgers, earning enough to get the family by until the mines picked up again. When that happened – and it always did – wives often returned home or cut back on hours because they could and because someone had to, child care being an elusive commodity. But just tiding the family over is not enough anymore.

There is little hope of finding work that could replace a miner's income; women in Letcher County still on average make substantially lower salaries than men. But in a place stricken by chronic disease and opioid overdoses, there is one area where workers are in constant demand: health care. Signing bonuses for nurses can reach into the five digits.

It is impossible to miss driving into Whitesburg. Heading in from the east, there is an outpatient mental health clinic taking up a roadside mall and then, on a perch overlooking downtown, the county's major hospital, founded by the miners' union in the 1950s and recently expanded. Coming in from the west, there is a brand-new heart, vascular and neurology clinic that opened in the old Super 8 hotel building, and just beyond it is the 75,000-square-foot Mountain Comprehensive Health Corp. clinic.

This is the region's economy now, and its workforce. At the regional network of MCHC clinics alone, there are more than 110 nurses, according to Mike Caudill, the chief executive. Four of them are men.

"We wouldn't have half the nurses that we do if we still had coal mines," said Ciara Bowling. She certainly wouldn't have decided to go to work herself. As far back as she can remember, she wanted only to be a coal miner's wife.

But Bowling, 25, came out of high school into the coal bust. Her boyfriend, already laid off, drove the county roads asking about openings at the mines, while she earned their living at the dollar store, then the Pizza Hut, then the McDonald's. Most of the women she worked with were wives of out-of-work miners.

The idea was always to quit when the men found jobs. This was the arrangement articulated by a friend of Bowling, a former miner named Jody Ray Rose: "A man works and does what he's supposed to do, or has to do," Rose said, "to take care of his family."

But without the mines this was nearly impossible. Bowling and her boyfriend sold their TV and refrigerator; at one point they had their water cut off. He never found a mining job. After they split up and Bowling started seeing a new man – also looking for work underground – she enrolled at the local community college to become a medical assistant.

"Take care of your husband, that's all you want to do," she said. "But when that doesn't work out, you've got to go to work."

This is the conversation Amanda and Denley Lucas began having when the coal business started falling apart. Even before Denley was laid off, the Lucases, with four young children and a mortgage, had been watching mines shut down one after another. More than a decade after dropping out of college, Amanda, 38, raised the idea of going back to school.

"To be honest, I wasn't real crazy about it to start," her husband said, sitting with his wife in a living room noisy with children on a Fourth of July afternoon. He saw it as his obligation to ensure that she didn't have to work, an obligation he'd kept for 18 years. But she wanted this, he said, so he didn't get in the way.

As it was, they needed it. A state program for miners' families not only paid tuition but, critically, also provided money for living expenses. Amanda Lucas spent long days studying while her mother and sister-in-law helped Denley Lucas with the children.

After graduation, Amanda Lucas went straight to work as a respiratory therapist. The job comes with health insurance, but it doesn't draw the salary Denley Lucas used to earn in the mines. That is a reality common to care workers, looking after people who made more money than they likely ever will. She sees former miners suffering from black lung and other ailments she has known firsthand in her own extended family. She thinks of the work as an act of reciprocity.

"They helped us to establish everything around here, and now I can help them," said Amanda Lucas, who is now training other wives of out-of-work miners at the college. "I've always heard if you love what you do it don't seem like a job, and that's how I feel right now."

The family has learned to live on less. Denley Lucas works construction jobs when the opportunity arises, but he hasn't ruled out going back underground.

"I liked it pretty good the way it was and I'm sure she did, too," he said, nodding toward his wife. It was true that working in the mines was rough, and he appreciates his wife's success.

"I'm sure she's glad she's done what she did, and I understand that," he said. "But I did like it pretty good the way it was."

Bowling had ultimately found a life like the way it was, or the way she'd long wanted it to be. Her fiance, Blake Johnson, had found a job in the mines. Every day he went in before sunup and came home 12 hours later, exhausted and coated in coal dust.

"We as a community are so proud of our miners," Bowling said. She was sitting on a hot afternoon at the Hemphill Community Center, in a building that once housed a long-shuttered grade school. In the parking lot stands a shrine to those who died in the nearby mines, the names listed on black marble of miners "who gave so much that future generations may benefit with a better life."

Johnson's father was killed in the mines. His brother was laid off this summer, after decades with one company. He had few illusions about coal work. He wanted to go back to school himself and when he got a good job, he said, Bowling would no longer have to work. She has different ideas. "Things have just changed," she said.

She didn't drop out of school when Johnson got his mining job, as she would have done in years past. There was now the prospect of real independence, of not always having to defer to a husband because he paid the bills.

"Women now, they got a little taste of freedom," Bowling said. "Men has been able to do whatever the hell they want for so long while women has had to sit in a chair and keep their legs closed and be nice and polite. Now they don't have to."

There were plenty of men less open to change than Johnson, who had supported her going to school, she said. Her friend Rose, for example. He didn't want his wife working at all. But none of them, she said, understood how big a shift was underway.

"All these men, they just don't know what's about to happen," she said.

"They're not going to be able to sit at the house and do nothing. They are going to have to help. Because she is going to have just as much invested in their life as he does."

In August, Bowling started her long days of clinical rotations. Johnson was laid off.

"We're definitely a dying breed," he said.

California aims to put abortion pills in public universities

BY PAM BELLUCK
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At a time when conservative states are sharply limiting abortion access, California signaled a new frontier in abortion-rights Friday with the passage of legislation that would require all public universities in the state to provide medication abortion on campus.

The bill, which would use money raised from private donors to equip and train campus health centers, grew out of a student-led movement at the University of California, Berkeley, and it has sparked the introduction of a similar bill in Massachusetts.

Anti-abortion groups say they are likely to challenge the legislation if Gov. Gavin Newsom signs it into law. He has a month to decide. A spokesman declined to say what he will do, but during his campaign for governor, Newsom said he supported a similar effort.

The bill would apply to 34 campuses throughout the state, with nearly 750,000 enrolled students – 11 under the umbrella of the University of California and 23 under the California State University System. A 2018 study estimated that hundreds of students at these schools seek medication abortion each month.

"We can show the rest of the country, especially while there's these crazy abortion bans sweeping the country," said Zoe Murray, 23, a recent graduate of the University of California, Santa Barbara, who sought a medication abortion from the student health center there when she was a sophomore, but had to go off campus.

Under the bill, as of 2023, campus health centers would be required to offer medication abortion – a process that involves taking two types of pills, legally approved to terminate pregnancies that are within 10 weeks of gestation.

Private donations of about $10.3 million, which organizers say has already been raised, would be used to train staff at university health centers and to buy ultrasound machines. State law requires that insurers cover the cost of abortion.

The two California higher education systems did not take a position on the bill. They raised concerns about whether they would have to bear costs for logistics, liability or security, which they might then pass on to students.

The abortion pill method, approved by the Food and Drug Administration in 2000, now accounts for about a third of U.S. abortions, and studies have shown it to be safe and effective in most cases. The FDA requires that the first of the two drugs, mifepristone, be dispensed by a certified medical provider after a consultation, but women can then take one or both of the drugs at home.

Most campus health centers now provide gynecological exams and contraception, but refer students seeking abortions to outside clinics. Advocates for the bill argued that sending students off-campus for a process that typically involves medical visits before and after the medication was taken posed hurdles.

"The barriers are about economics and schedules and frankly also about stigma," said Marj Plumb, campaign director of JustCARE. "It's the idea that this procedure, which really is simple and really is safe, that there is something wrong that they had to go somewhere else to get this medicine."

Kristi Hamrick, a spokeswoman for Students for Life of America, contends that medication abortions are damaging to women's health.

"We also are very concerned about the conscience rights of people – students whose fees will be used to underwrite these health centers," she said.