The Control of Reproductive Hazards in the Workplace: A Prescription for Prevention*

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As workers become more aware that occupational exposure to toxic substances can impair their ability to bring healthy children into the world, they will begin to focus on legal mechanisms for reducing reproductive hazards in the workplace. The authors explore the use of compensatory remedies and anti-discrimination laws to provide an impetus for employers to provide safe workplaces. They investigate using worker protection laws to reach psychological injuries and harm to offspring. They also survey existing preventive tools such as injunctive relief and the right to refuse hazardous work.

I

INTRODUCTION

In coming years we may see a shift in the emphasis and intensity of worker initiatives to promote health and safety in the workplace. It is becoming increasingly clear that the effects of occupational exposure to toxic substances are not confined to the worker. More and more, we are learning that occupational exposures can also impair both the health of the worker's future children and his or her ability to have those children. The practical effects of this discovery may be profound. Even if workers are willing to accept a degree of risk to their own health as a condition of employment, they may be far less willing to accept risks to their ability to bring healthy children into the world.

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Reproductive hazards may soon become a major focus of workplace health and safety. This article explores the principal regulatory and legal mechanisms available to reduce the level of exposure to reproductive hazards in the workplace, and emphasizes the steps that workers can take to set those mechanisms into motion. Its purpose is three-fold:

- to examine the utility of existing legislation designed to provide technical control of reproductive hazards;
- to describe other legal means, both public and private, for preventive action; and
- to address compensatory remedies, and examine the extent to which they provide incentives for prevention.

While this article neither exhaustively compiles all available avenues for relief, nor explores in detail all technical aspects of the remedies discussed, it does set forth a broad, practical framework designed to protect reproductive health and future generations from the hazards of workplace exposures.

II

THE NATURE OF REPRODUCTIVE HAZARDS AND THEIR EFFECTS

Those interested in preventing exposures to reproductive hazards must have a working knowledge of the kinds of hazards which may be present in the workplace. This not only will be important for those who wish to develop a comprehensive control policy, but also workers who wish to take action in response to their own exposure to reproductive hazards. Use of the available regulatory or legal mechanisms to secure abatement of a workplace hazard or to seek compensation for damage caused by past exposure requires the ability to identify the hazard and its specific effects. This information will influence the choice of the remedy or control option to be pursued and the manner in which the claim is presented.

A. Classification of Reproductive Hazards

For the purposes of this analysis, a workplace "reproductive hazard" is any worker exposure that is capable of (a) harming the fetus or prospective child of the exposed worker and/or (b) harming the reproductive system or sexual capacity of the exposed worker. In general, the former can be divided into three categories. Fetal toxins, such as

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1. This definition of "reproductive hazard" thus does not cover the transmission of a toxic substance from an exposed worker to his or her children after the children are born, as where an exposed worker brings home toxic particles that remain on his or her clothing, or where a nursing child is exposed to toxins through the milk of his or her exposed mother.
lead, act during pregnancy by passing through the placental barrier and poisoning the fetus, and can cause spontaneous abortion, stillbirth, and various neonatal deficiencies. Teratogens also act during pregnancy by passing through the placenta to the fetus, or by altering the physiology of the mother and affecting the fetus without passing through the placental barrier. Rather than "poisoning" the fetus, however, they retard or alter fetal development, and can thus damage the offspring in a number of ways, including deformity, disease, and death. Methylmercury is a common example. Germ cell mutagens change the genetic structure of a parent's reproductive cell and can also cause deformity, disease, and death. Worker exposure to anesthetic gas, for example, has been linked to dominant lethal mutation.

The interrelationship of these three categories of reproductive hazard is presently under study. In general, while teratogenic agents are usually thought to be fetotoxic as well, not all fetotoxic agents appear to be teratogenic. Teratogenic effects are largely thought to be limited to one generation, and children suffering the effects of teratogenesis are usually thought to expect no greater incidence of anomalies in their children than in the general population. More recent evidence, however, indicates that certain classic teratogens such as thalidomide may also be mutagens. If this is the case, then persons exposed to teratogens in utero may also expect a general increase in mutations among their offspring. As there has not yet been a comprehensive attempt to correlate teratogenic and mutagenic effects, it is difficult at present to determine the extent to which teratogens may also be mutagens, or to which mutagens may also be teratogens. But both are clearly capable of causing "birth defects." Further, both may be capable of causing

3. See, e.g., id. at 634-35, and the sources cited therein. For a general discussion of teratogenesis, see J. Wilson & F. Fraser, Handook of Teratology (1976-78).
5. Kurzel and Cetrulo, supra note 2, at 628.
6. See, e.g., Harbison, Teratogens, in Casarett & Doull's Toxicology: The Basic Science of Poisons 158, 167 (2d ed. 1980): "Most congenital malformations are not associated with any obvious abnormality of the chromosomes and are not heritable."
7. Thalidomide was introduced into the European market as a sedative in the late 1950's. Shortly thereafter, an association was detected between thalidomide ingestion in pregnant women and the occurrence of phocomelia (shortening or absence of limbs) among the resultant offspring. Although the drug was removed from the market in 1961, an estimated 10,000 children were ultimately deformed by thalidomide. See Harbison, supra note 6, at 169. A recent study suggests not only that thalidomide may be a mutagen, but also that its teratogenic mechanism may be mutagenic in nature. Gordon, Thalidomide Teratogenesis: Evidence for a Toxic Aren Oxide Metabolite, 78 Proceedings of the National Academy of Sciences 2445 (1981).
irreversible damage through only brief exposure. In addition to mutagens and teratogens, a number of hazards can affect reproductive health without necessarily endangering the offspring. *Gametotoxins*, for example, can impair fertility by damaging or reducing the number of sperm or ova. Other substances can upset male or female hormonal balance, thereby reducing sperm or ova production. Finally, some hazards cause reduction or loss of sexual function, through a decrease either in sexual desire or in male potency. While it is beyond the scope of this article to review the scientific data on reproductive hazards, this information may be obtained from a variety of excellent sources.

B. Damages from Exposure to Reproductive Hazards

A parent or child may suffer specific damage in a variety of ways from the different general hazards discussed above. For affected workers or their families, the ability to pursue the appropriate claim for legal or regulatory relief will depend on the capacity to differentiate among these various categories of damage. They must be able to clearly identify who is or will be injured, and what kinds of injuries have been or are likely to be incurred.

1. The Offspring

The offspring of an exposed worker will suffer the most serious

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8. As the process of mutagenesis may begin with only one cell, a one-time exposure to any germ-cell mutagen, including a teratogenic mutagen, may be sufficient to induce mutations. In the great majority of circumstances, of course, mutagenesis will not be induced by only one or a few exposures. However, any worker who is exposed risks genetic damage. In addition, depending on a number of factors (such as the stage of embryonic or fetal development and the route of maternal exposure), a non-mutagenic teratogen may induce birth defects with only limited maternal exposure. As noted by Harbison, "fetal defects may be easily produced without harm to the mother." Harbison, supra note 6, at 164.


damage from reproductive hazards. When one or both parents are exposed to a workplace reproductive hazard prior to conception, or a mother is exposed during pregnancy, the child may incur an array of injuries as the result of that exposure. In the prenatal stage, the fetus may abort or be stillborn. For example, an increased risk of involuntary abortion or stillbirth resulting from maternal exposure to lead has long been recognized.\textsuperscript{10} If the child survives the pregnancy, a parent’s past exposure to a reproductive hazard may cause premature birth or reduced birth weight. Many workplace substances, including lead, formaldehyde, and anesthetic gases have been associated with one or the other of these outcomes.\textsuperscript{11} Moreover, exposure to a mutagen or a teratogen may cause physical or mental deformities. These deformities may be obvious, or they may be “hidden,” not becoming manifest until later in life. Similarly, a child may be born with a chronic or crippling disease, or a latent disease with symptoms that do not appear for many years. For example, many daughters of women who were exposed to diethylstilbestoral (DES) during pregnancy are developing cancer as they enter womanhood.\textsuperscript{12} In addition, a parent’s exposure can cause damage to his or her child’s immune system or other physiological defense mechanisms, resulting in increased susceptibility to diseases unrelated to the exposure.

In conjunction with any one of these physical injuries the child may also suffer serious emotional damage. Children born with obvious physical deformities often suffer mental and emotional anguish as they struggle to transcend the limitations imposed by their hardships.\textsuperscript{13} A different kind of anguish may be experienced by children, such as the daughters of DES mothers, who live knowing that they might develop a devastating disease as a result of their parents’ past exposure.

A final category of damage to the offspring is that which results from the inheritance of chromosomal aberrations. Genetic mutations can be transmitted through generations. While some germ cell mutagens will cause readily apparent changes in the child of an exposed parent, others may not cause obvious deformities until future generations.\textsuperscript{14} Thus, not only may the full consequences of mutagenic

\textsuperscript{10} Clement Associates, Inc., \textit{supra} note 9, at IV-25.
\textsuperscript{11} \textit{Id.} at IV-20 to IV-22.
\textsuperscript{12} Kurzel & Cerrullo, \textit{supra} note 9, at 630 n.1.
\textsuperscript{14} Ionizing radiation, for example, is known to be a germ-cell mutagen in animals. \textit{See} Hobbs & McClellan, \textit{Radiation and Radioactive Materials}, in \textit{Casarett & Doull’s Toxicology: The Basic Science of Poisons} 497 (2d ed., 1980): “[Radiation-induced] mutations may be dom-
exposure not be felt until the birth of the grandchildren or great-grandchildren, but the child of an exposed parent must choose whether or not to risk those consequences by having children.

2. The Parents

Apart from injury to their offspring, workers themselves may be subject to various types of reproductive damage. Disruption of normal ovulation or sperm production and even full sterility are possible. Exposure to 1, 2-dibromo-3-chloropropane (DBCP), lead, and ethylene dibromide, for example, have all been reported to reduce fertility in men, while exposure to various organochlorine pesticides has been associated with impaired fertility in women. Reduced reproductive capacity can also be caused by disruption of sexual desire or sexual function, as in the cases of male exposure to kepone and carbon disulfide and female exposure to various pesticides. Reproductive hazards may also make workers less willing to conceive. For example, they may not wish to take the risks associated with exposure to mutagens or teratogens. Or a mother may decide not to conceive again after an involuntary abortion or stillbirth for fear of risking physical damage from future pregnancies.

A second category of damage common to both parents is the mental trauma they might suffer as the result of exposure to reproductive hazards. A man or a woman exposed to mutagenic or teratogenic substances must often live with the knowledge that his or her future children may be born with birth defects. Such knowledge could lead to emotional disorders or even psychoses, and may contribute to marital strife and divorce. This type of damage may be particularly severe when the exposure to reproductive hazards is discovered by the mother during pregnancy, and could possibly lead to miscarriage or voluntary abortion.

A third category of damage common to both parents involves the

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17. Id. at IV-20.
18. Id. at IV-22.
19. Evidence of the probable mental and emotional effects of potential reproductive damage can be found in a number of sources. For studies detailing the psychological impact suffered by parents of children who have birth defects, see Friedrich & Friedrich, supra note 13; Taylor, Counseling the Parents of Handicapped Children, 284 BRIT. MED. J. 1027 (1982). As Taylor notes, these parents are confronted with a profound sense of failure of their reproductive expectations. A recent study also indicates substantial psychological reaction to the possibility of having passed on toxic effects to one’s offspring. See Hatcher, The Psychological Experience in Nursing Mothers Upon Learning of a Toxic Substance in Their Breast Milk, 45 PSYCHIATRY 172 (1982).
loss of a child as a result of exposure to a workplace hazard. In addition to emotional trauma, the damages here will involve a loss of companionship and a possible hesitancy to have more children. A related injury occurs to the spouse of a worker whose exposure to a reproductive hazard causes decreased sexual desire or function, or decreased reproductive capacity. The resultant lack of consortium might lead to emotional trauma, marital discord, and divorce.

Finally, a woman who is exposed to a reproductive hazard during pregnancy may suffer physical damage apart from any damage to her reproductive capacity. A miscarriage, for example, always involves the risk of serious damage to the mother. And if the fetus dies without aborting, the mother can suffer fatal hemorrhaging.

The human risks posed by reproductive hazards in the workplace are both serious and far-reaching. An effective control strategy, then, must be one that emphasizes prevention. In many cases, the most readily available mechanisms for preventive relief will be those created by federal statute. In other instances, private actions may be required.20

III

LEGISLATIVE AVENUES FOR PROTECTIVE RELIEF

Exposure to reproductive hazards may be deterred through the use of federal regulatory control mechanisms and "self-help" remedies created by federal statute. Whether existing federal statutory remedies will be effective in abating reproductive hazards will depend, of course, on the circumstances of each case. Some general advantages and disadvantages, however, can be identified at the outset. On the positive side, a regulatory statute offers an articulated federal policy of protection and the expertise and resources of a specialized federal agency. Quite often, statutory mechanisms require a smaller investment of personal resources than does a private legal action.21 In addition, the statutory mechanism sometimes offers a means for recoupment of attorneys' fees and other personal costs.22 On the negative side, the statutory process can be slow, and may provide an inadequate rem-

20. This article does not discuss the remedies that may be available under the various state statutes. In many situations, however, state legislation will provide complementary avenues of relief, and may in some cases provide relief beyond that which is available under federal statutes.

21. Where the agency response is sufficient one may be able to rely substantially on the agency's resources. Legal fees, expert witness fees, and other costs usually associated with litigation can be minimized or avoided. However, where the agency fails to act, or responds insufficiently, substantial personal expense may be necessary to secure appropriate agency action. In other situations, such as claims for discriminatory action under section 11 of the OSH Act, the regulatory statute specifically provides for legal representation of the claimant worker at government expense. 29 U.S.C. § 660(c)(2) (1976).

22. See infra notes 73 and 101.
Further, citizen participants in the regulatory process may find that their interests are subordinated to the interests of the regulatory agency.

A. Regulatory Control of Hazards

There are two comprehensive federal statutes addressing the problem of reproductive hazards in the workplace. The Occupational Safety and Health Act (OSH Act)\(^2^4\) is designed to prevent exposure to workplace hazards in general. Its principal focus is the protection of the worker, and not the protection his or her offspring. On the other hand, the Toxic Substances Control Act (TSCA)\(^2^5\) regulates the general production and use of chemical substances. Its mechanisms clearly can be utilized on behalf of both parents and offspring.

I. The Occupational Safety & Health Act

The OSH Act provides a potentially useful means of controlling reproductive hazards in the workplace. The Act contains two general regulatory provisions for the control of workplace hazards. One is the standard-setting procedure of section 6(b),\(^2^6\) and the other is the general duty provision of section 5(a)(1).\(^2^7\) As both provisions place the principal responsibility for workplace health and safety on the employer, they provide mechanisms designed to encourage employers to abate reproductive hazards before they inflict damage on workers.

a. Occupational Health Standards

Under section 6(b), the Secretary of Labor is responsible for setting new permanent health and safety standards for the workplace. The statutory description of this responsibility suggests that it can be used to develop standards which reduce reproductive hazards:

The Secretary, in promulgating standards dealing with toxic materials or harmful physical agents under this subsection, shall set the standard

\(^{23}\) Injunctive relief through the judicial process, where available, may provide a more timely abatement of a workplace hazard than statutory standard-setting procedures. Further, in most cases, statutory mechanisms will not provide compensatory relief for damages already suffered. Finally, although generalizations are difficult, the regulatory process is perhaps more susceptible to political pressures than is the judicial system, and the results are likely to reflect this fact.

which most adequately assures, to the extent feasible, on the basis of
the best available evidence, that no employee will suffer material impairment of health or functional capacity even if such employee has regular exposure to the hazard dealt with by such standard for the period of his working life.28

To the extent that they pose a danger to the health or functional capacity of the exposed worker—or, perhaps, to that worker’s future offspring—reproductive hazards are a proper subject for standard setting under section 6(b).

Physical injuries are certainly within the scope of this provision. Impairment of reproductive or sexual capacity by mutagens or other toxic substances, for example, clearly constitutes a “material impairment of . . . functional capacity.” Similarly, damage to a pregnant mother as a result of her fetus’ exposure to a teratogen is a “material impairment” of the mother’s “health.” Further, although OSHA regulations have not yet been extended to the prevention of other than physical damage, section 6(b) would appear to envisage the regulation of reproductive hazards that cause mental or emotional injury to the worker-parent. For while the OSH Act was not designed to produce a trauma-free workplace, it was intended to reduce the health risks posed by physically harmful hazards. The mental health dangers imposed by a worker’s physical exposure to teratogens or germ cell mutagens are no less a material impairment of health than a number of physical impairments—such as hearing loss—for which regulations presently exist,29 and should be given consideration in devising appropriate control mechanisms for reproductive hazards.30 Finally, the United States Court of Appeals for the District of Columbia has indicated that the

28. 29 U.S.C. § 655(b) (1976) (emphasis added). Section 6(c) provides for the imposition of an “emergency temporary standard” while the standard setting process of 6(b) is underway:

The Secretary shall provide, without regard to the requirements of chapter 5, title 5, United States Code, for an emergency temporary standard to take immediate effect upon publication in the Federal Register if he determines (A) that employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards, and (B) that such emergency standard is necessary to protect employees from such danger.


29. The occupational noise level standard is found at 29 C.F.R. § 1910.95 (1982).

30. The courts have long recognized the fact that mental and emotional trauma can grow out of physical injury, and have allowed recovery for damages for such trauma in both tort and worker compensation actions. See Millet, Recovery for Psychic Injuries under Workers’ Compensation, CASE & COM. Sep.-Oct. 1982, at 40, for a recent discussion of this topic. There is no reason to believe that Congress was unaware of this precedent when it passed the OSH Act, and there is nothing in the language of Section 6(b) to indicate a limitation to purely physical consequences of workplace exposures.
health of future worker offspring must be considered in the setting of OSH Act standards. 31

The Secretary's authority to regulate reproductive hazards is quite broad. So long as he or she pursues the goal of securing a safe and healthful workplace environment, the Secretary may embrace a variety of regulatory alternatives in setting workplace standards. Indeed, as noted by the United States Court of Appeals for the District of Columbia: "A number of the terms of the statute give OSHA almost unlimited discretion to devise means to achieve [this] Congressionally mandated goal." 32 Thus, in addition to devising standards that actually reduce workplace exposure levels—such as source limits, process changes, and protective clothing requirements—the Secretary may develop other regulations to promote employee health.

A mechanism which may prove useful in the regulation of reproductive hazards is medical removal protection (MRP). In essence, MRP involves the relocation of employees who are particularly susceptible to a hazardous exposure to another work area within the plant where the hazard is not present. MRP can also involve a layoff with pay. 33 The D.C. Circuit has approved an MRP program for lead exposure as a valid exercise of the Secretary's authority under section 6(b). 34 and the concept may well be appropriate for the protection of workers who prove to be particularly susceptible to damage from reproductive hazards. MRP programs would be sensible, however, only where their cost is exceeded by the cost of actually removing the reproductive hazard from the workplace. When properly utilized, MRP programs ap

31. The Court of Appeals for the District of Columbia recently indicated that both "workers" and "the children they will hereafter conceive" must be given consideration in the setting of permanent and temporary standards under the OSH Act. Public Citizen v. Auchter. 702 F.2d 1150 (D.C. Cir. 1983) (proceedings to set permanent standard for ethylene oxide). Although it is not clear whether a reproductive hazard which affects only future offspring is subject to regulation under the OSH Act, the court may be giving tacit recognition to the emotional damage suffered by the worker who must face the knowledge that his or her future children may be damaged by a current workplace exposure.


33. A medical removal protection provision should thus be distinguished from a simple medical removal provision, such as is mandated for vinyl chloride, 29 C.F.R. § 1910.1017(k)(5) (1982), which does not include wage or seniority protections, and from various employee exclusion policies whereby fertile workers (usually women) are simply removed from their jobs. See infra text accompanying notes 38-47 and 97-114. Current OSHA standards include MRP provisions only for asbestos, 29 C.F.R. § 1910.1001(d)(2)(iv)(c) (1982) and lead 29 C.F.R. § 1910.1025(k) (1982). OSHA has thus far declined to develop a generic MRP policy.

34. United States Steelworkers of Am., 647 F.2d 1189. In American Textile Mfrs. Inst. v. Donovan, 452 U.S. 490 (1981), the Supreme Court invalidated an MRP provision for cotton dust, noting that OSHA had failed to make a record for the connection between such a provision and a "safe and healthful work environment." Nonetheless, the court clearly left OSHA free to reinstate the MRP provision upon proper justification, and noted that such justification "very well may" exist. Id. at 539-40.
PEAR capable both of encouraging beneficial job redesign and of
facilitating worker cooperation with programs of periodic biological
monitoring.

b. The General Duty Clause

Recognizing that the section 6(b) standard-setting procedure
would be incapable of addressing all possible hazards in a timely fash-
on, Congress imposed an affirmative duty on employers to remove se-
rious hazards from the workplace even where such hazards are not the
subject of a specific OSH Act standard. Section 5(a)(1) requires that
each employer "furnish to his employees employment and a place of
employment which are free from recognized hazards that are causing
or are likely to cause death or serious physical harm to his
employees."

Protection against reproductive hazards would appear to be in-
cluded within this duty. Section 5(a)(1) was described in a Senate
Committee report to Congress as creating a "general and common duty
to bring no adverse effects to the life and health of . . . employees."
A recent decision of the Occupational Safety and Health Review Com-
mision (OSHRC) suggests that this duty extends to all recognized
hazards which "alter the physical integrity of employees while they are
engaged in work or work-related activities." A workplace hazard
which impairs the sexual or reproductive process, or which endangers
the health of the mother through damage to her fetus, is an affront to
the physical integrity of the affected worker. The scope of the general
duty clause appears slightly less broad than that of the standard-setting
mechanism of section 6(b). The general duty clause is designed to pre-
vent only serious "physical" harm. Purely emotional damage is thus
beyond its purview.

While the general duty clause requires the employer to provide a
workplace free of "recognized hazards" likely to cause serious physical
harm to his workers, the courts have not yet decided whether the OSH


39. ...
Act permits the employer to achieve compliance with the clause by excluding employees for whom a particular condition poses a hazard. This is a particularly critical question in the context of reproductive hazards control. A number of employers have implemented policies which exclude fertile females—and, in some cases, non-sterilized males—from jobs involving exposure to certain reproductive hazards. Usually instituted in the name of worker protection, employee exclusion policies appear to grow out of a combination of moral and economic concerns. While they do provide some protection for future offspring, the economic benefit of such policies inures largely to the employer, who avoids the cost of removing the reproductive hazard from the workplace while at the same time insuring against future tort liability for damages to the offspring of the exposed workers. To the extent that they discriminate against female employees, policies of this nature may violate Title VII of the Federal Civil Rights Act.

In addition, such policies may also violate the OSH Act. The American Cyanamid Company imposed a "fetus protection policy" at its Willow Island, West Virginia plant. Under the policy, female workers of child-bearing age cannot work in the plant's lead pigment department unless they have been surgically sterilized. Acting on a worker complaint, the Occupational Safety and Health Administration (OSHA) determined that the policy itself posed a hazard to the reproductive capacity of the affected female workers, and issued a citation under the general duty clause. The Occupational Safety & Health Review Commission disagreed and vacated the citation. The Review Commission reasoned that the policy cannot be considered a "hazard" under the meaning of section 5 because it is "neither a work process nor a work material" and thus cannot "cause injury or disease by operating directly upon employees as they engage in work or work-related activities." When OSHA failed to appeal this decision, the union sought review in the D.C. Circuit, where the case is now pending.

38. Reportedly, employers who have implemented exclusionary policies of this nature include: Amax, American Cyanamid, Dupont, General Motors, B.F. Goodrich, Olin, Sun Oil, Gulf Oil, Bunker Hill Smelter, Union Carbide, Allied Chemical, Monsanto, TWA, and Dow Chemical. The Lead Industries Association is reported to have endorsed this "female exclusion" approach in 1974. J. Bertin, Discriminating Against Women of Child bearing Capacity 2 (January 8, 1982) (paper presented at The Hastings Center). For a reasoned discussion of some of the social issues raised by this trend, see Bayer, Women, Work, and Reproductive Hazards, Hastings Center Report 14 (1982).

39. See infra text accompanying notes 96-113.

40. These facts are taken from the Review Commission decision in American Cyanamid Co., 9 O.S.H. Cas. (BNA) at 1597.

41. Id. at 1600. This was a two-to-one decision, with Commissioner Cottine dissenting.

42. Oil, Chemical, & Atomic Workers Union, Local 3-499 v. OSHRC, Docket No. 81-1687. On February 26, 1982, the D.C. Circuit denied American Cyanamid's motion to dismiss, but held that the American Cyanamid Co., and not OSHRC, was the proper defendant. 671 F.2d 643
Whether or not one views the Review Commission's decision as correct depends in large part on the vantage point from which one views the "fetus protection" policy. From the employer's perspective, it is possible to conclude that the policy has no impact on a worker's reproductive capacity, as it does not require anyone to seek sterilization. This was the position taken by the Review Commission, which noted that it is "impossible for an employer literally to compel employees to undergo sterilization." To the female employee, however, the policy presents the kind of Hobson's choice which is tantamount to compulsion: she must sacrifice either her job or her ability to bear children. Its effect is to encourage the sterilization of female workers.

A careful reading of the OSH Act and its legislative history indicates that the policy should be viewed from the employee's perspective. The OSH Act was designed to make the workplace safe for the worker, and not to make the worker safe for the workplace. It carries with it an underlying directive that the employer, not the employee, bear the principal responsibility for workplace safety. As American Cyanamid's female-exclusion policy shifts that burden to the employee, it would appear to violate the OSH Act. Further, the policy's discriminatory nature appears to conflict with section 2(b) of the Act, which expresses the congressional purpose "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions," and with section 6(b)(5), which requires OSHA standards to insure that "no employee will suffer material impairment of health." If an employer truly desires to implement a "fetus protection policy," he can either take the steps necessary to remove reproductive hazards from the workplace, or institute job reassignment/wage retention programs which protect the fetus without sacrificing the mother.

c. Implementation and Enforcement

So far, reproductive hazards have been given little attention under

\[\text{43. 9 O.S.H. Cas. (BNA) at 1599 n.14.}\]
\[\text{44. See Senate Report, supra note 36, at 9: "Employers have primary control of the work environment and should insure that it is safe and healthful."}\]
\[\text{45. 29 U.S.C. \$ 651(b) (1976) (emphasis added).}\]
\[\text{46. 29 U.S.C. \$ 655(b)(5) (1976) (emphasis added). The Court of Appeals for the District of Columbia has noted in dicta that "fertile women can find statutory protection from such discrimination in the OSH Act's own requirement that OSHA standards ensure that 'no employee will suffer material impairment of health.'" United Steelworkers, 647 F.2d at 1238 n.74.}\]
\[\text{47. To avoid or mitigate an adverse economic impact, employees can restructure job assignments and, in the long run, incorporate process changes that reduce or eliminate the harmful exposures. Nonetheless, the OSH Act clearly does anticipate that OSHA standards may result in economic loss to some employers, and may even result in plant closings. See Industrial Union Dep't, AFL-CIO v. Hodgson, 499 F.2d 467 (D.C. Cir. 1974).}\]
the OSH Act. To be sure, workplace exposure to DBCP has been regulated primarily because of its danger as a reproductive hazard.\textsuperscript{48} Further, while compliance with the permissible exposure level for lead will not ensure against reproductive damage,\textsuperscript{49} the lead standard does include an MRP provision intended to protect both male and female workers from reproductive effects.\textsuperscript{50} Most reproductive toxins, however, have thus far escaped regulation under either Section 6(b) or the general duty clause.

One difficulty in regulating reproductive hazards under the OSH Act is the frequent lack of conclusive evidence that a particular substance causes a particular reproductive injury. The precise human effects of many known or suspected mutagens and teratogens may be especially difficult to discern. A degree of uncertainty is almost always a part of the regulatory process, however, and was certainly present in the development of standards for the carcinogens and other toxins which are currently regulated under the OSH Act. Persuasive animal carcinogenicity, even in the absence of confirmatory epidemiological evidence, has been deemed sufficient to regulate a substance as a potential human carcinogen.\textsuperscript{51} Indeed, under OSHA’s generic cancer policy, “suspect carcinogens” are subject to regulation.\textsuperscript{52}

The OSH Act does not require certainty. Under section 6(b), the Secretary must show that it is more likely than not that a hazard presents a risk of material impairment before it may be subjected to regulation. Interpreting this section in light of Section 3(8) of the Act, the Supreme Court has added the requirement that the probable risk of

\textsuperscript{48} The standard for DBCP is found at 29 C.F.R. § 1910.1044 (1982). Appendix A to this regulation, at § II.B.2, notes: “Prolonged or repeated exposure to DBCP has been shown to cause sterility in humans.”

\textsuperscript{49} The lead standard is found at 29 C.F.R. § 1910.1025 (1982), with a specific discussion of reproductive effects at Appendix C, § II.5. The inclusion of an MRP provision intended to protect, \textit{inter alia}, against reproductive damage is a clear acknowledgment that such damage can occur under the permissible exposure levels.

\textsuperscript{50} The medical removal protection provision is found at 29 C.F.R. § 1910.1029 (1982). Although the automatic removal provisions (based on particular blood lead concentrations) will not necessarily protect against reproductive damage, the general removal provisions are applicable: “temporary medical removal may in particular cases be needed for workers desiring to parent a child in the near future or for particular pregnant employees. Some males may need a temporary removal so that their sperm can regain sufficient viability for fertilization . . .”


a hazardous occurrence be "significant." The general duty clause has been held by six circuits to regulate "reasonably foreseeable" risks. While these evidentiary burdens cannot be taken lightly, they are far from insurmountable.

The problem is not so much scientific certainty as it is emphasis. OSHA has the flexibility and the statutory mandate to develop mechanisms for legally recognizing potential reproductive hazards and to devise innovative regulatory strategies for reducing those hazards in the workplace. Opportunities for immediate action exist in both areas. Various short-term cell tests, such as the Ames assay or the sister chromatoid exchange test, may be used to target workplace chemicals for probable mutagenic effects. Although further research is warranted, regulation of a number of reproductive hazards could proceed under the present state of scientific knowledge.

Primary authority for the implementation and enforcement of sections 5(a)(1) and 6(b) rests with OSHA. Workers, however, can do much to encourage the use of these statutory procedures. In the past, the impetus for an OSHA action has often come from worker initiatives. Employees can encourage implementation of the OSH Act's provisions by supplying information regarding reproductive hazards to OSHA, by petitioning OSHA for the appropriate formal action under sections 5(a)(1), 6(b), 6(c), or 13, and, if OSHA fails to act, by filing suit to compel the Secretary of Labor to fulfill his or her obligations under the Act. A worker contemplating action under the Act, however, should base such action on potential harm to both affected workers and...
their offspring, rather than to offspring alone. In most cases this will be largely a matter of emphasis, and need not meaningfully limit the reproductive hazards subject to OSH Act regulation. As discussed above, most reproductive hazards which harm the child also harm the exposed parent, either through physical or emotional injury.58

The OSH Act does not provide for a recovery of attorneys' fees by worker participants. However, as discussed below, it does protect workers from retaliation by the employer for the exercise of their rights under the Act.59

2. The Toxic Substances Control Act

Regulation of reproductive hazards in the workplace may also be pursued through the Toxic Substances Control Act (TSCA).60 TSCA contemplates a two-tiered approach to the control of chemical toxins. It provides a mechanism for the systematic testing of potential toxins to determine whether they present a risk of injury to human health or the environment, and further provides a means to control the production or use of those substances which present an "unreasonable" risk of such injury. Congress intended that TSCA be used to regulate reproductive hazards. Section 4(b)(2)(A) is specific:

The health and environmental effects for which standards for the development of test data may be prescribed include . . . mutagenesis, teratogenesis, behavioral disorders . . . and any other effect which may present an unreasonable risk of injury to health or the environment.61

Under TSCA, a manufacturer is responsible for testing the potentially dangerous chemical substances it produces.62 For a chemical actually in use, section 4(a) requires testing where that chemical "may present an unreasonable risk of injury to health or the environment," or where the chemical is produced in substantial quantities and either "may reasonably be anticipated to enter the environment in substantial quantities" or "there . . . may be significant or substantial human exposure."63 Section 5 imposes similar requirements for new chemicals, and for existing chemicals put to significant new uses. Here, however, additional safeguards exist, as such production or new use may not be

58. See supra text accompanying notes 15-20 and the material cited therein. Lead, for example, is both a fetal toxin that can harm potential offspring and a sterilant that can cause reduced fertility in males.
59. See infra text accompanying notes 76-95.
gin until ninety days after all required testing is completed.\textsuperscript{64}

The purpose of this testing requirement is to provide the necessary data for determining whether regulation of a production or use is appropriate. Responsibility for the development of such regulations, and the enforcement of the Act in general, rests principally with the Administrator of the Environmental Protection Agency. The Administrator may impose a temporary production or use standard, pending required testing, under sections 5(e) and (f),\textsuperscript{65} file action in Federal District Court to enjoin the production or use of an "imminent hazard" under section 7,\textsuperscript{66} or impose permanent standards on production or use under section 6.\textsuperscript{67} For toxic substances generally, the Administrator must develop a permanent standard or take other decisive action if there is "a reasonable basis to conclude" that a substance poses an "unreasonable risk to health or the environment."\textsuperscript{68}

For carcinogens, mutagens or teratogens, the Administrator is given a more specific statutory directive. Section 4(f) provides that whenever there is information which indicates to the Administrator that there may be a reasonable basis to conclude that a chemical substance or mixture presents or will present a significant risk of serious or widespread harm to human beings from cancer, gene mutations, or birth defects, the Administrator shall... initiate appropriate action under [section 5, 6, or 7], to prevent or reduce to a sufficient extent such risk or publish in the Federal Register a finding that such risk is not unreasonable.\textsuperscript{69}

Section 9 of TSCA requires EPA to report findings under section 4(f) to OSHA for appropriate action, but does not affect EPA’s authority to regulate the suspect chemical itself.\textsuperscript{70}

This section potentially provides an excellent mechanism for the control of many serious reproductive hazards. To date, however, EPA has not invoked the provisions of section 4(f) for any suspected teratogen or mutagen. This appears to be a failure to fulfill a direct statutory mandate. While the language of section 4(f) arguably allows the Administrator a degree of discretion in determining whether a substance poses a significant risk, it also clearly anticipates that the Ad-

\textsuperscript{64} 15 U.S.C. § 2604(a) (1976).
\textsuperscript{65} 15 U.S.C. § 2604(e), (f) (1976).
\textsuperscript{68} 15 U.S.C. §§ 2604(f), 2605(a) (1976).
Administrator will take regulatory action in the face of scientific uncertainty. Section 4(f) requires some action whenever there "may" be a reasonable basis to conclude that a significant risk exists. Certainly, a number of teratogens and mutagens are eligible for consideration on this basis.

Here again, workers can prompt regulatory action. Citizen petitions for the issuance or amendment of production, use, or testing standards are specifically authorized by section 21 of TSCA,\(^7\) and citizens' suits to compel the Administrator to take non-discretionary action under the Act are authorized by section 20.\(^2\) Further, the award of attorneys' fees and costs to citizen participants is authorized, but not required, in many sections of the Act,\(^3\) and section 23 protects workers from retaliation for their assertion of rights under the Act.\(^4\)

We may soon learn more about the extent to which citizen involvement can motivate regulatory action against reproductive hazards under TSCA. The EPA recently declined to regulate formaldehyde as a potential carcinogen under section 4(f). Suit is being contemplated to compel the Administration to proceed with such regulations.\(^5\) The outcome of such litigation might well determine how useful 4(f) will be as a regulatory tool against teratogens and mutagens.

B. Statutory Self-Help Mechanisms

In addition to general regulatory controls, federal statutes also provide workers with avenues for individual relief. For reproductive-hazard control, the two most valuable statutory "self-help" mechanisms are the right to refuse hazardous work and the right to be free of sexual discrimination in the workplace.

\(^3\) 15 U.S.C. §§ 2605(c)(4)(A), 2618(d), 2619(c)(2), and 2620(b)(4)(C) (1976). For a detailed discussion of the award of attorneys fees under TSCA, see Environmental Defense Fund v. Environmental Protection Agency, 672 F.2d 42 (D.C. Cir. 1982).
CONTROL OF REPRODUCTIVE HAZARDS

1. The Right to Refuse Hazardous Work

The National Labor Relations Act (NLRA) and the OSH Act provide many employees a limited right to refuse to perform hazardous work. When properly exercised, this right protects an employee from retaliatory discharge or other discriminatory action for refusing hazardous work, and incorporates a remedy providing both reinstatement and back pay. The nature of this right under the NLRA depends on the relevant collective bargaining agreement, if there is one. Non-union employees, and union employees whose collective bargaining agreements specifically exclude health and safety from a no-strike clause, have the right to stage a safety walkout under section 7 of the NLRA. If they choose to walk out based on a good faith belief that working conditions are unsafe, they will be protected from retaliation by their employer. Union employees who are subject to a comprehensive collective bargaining agreement may avail themselves to the provisions of section 502 of the NLRA. Under this section, an employee who is faced with "abnormally dangerous conditions" has an individual right to leave the job site. The right may be exercised, however, only where the existence of abnormally dangerous conditions can be objectively verified.

Under a 1973 OSHA regulation, the right to refuse hazardous work extends to all employees of private employers, regardless of the existence or nature of a collective bargaining agreement. The scope of this right, however, is not yet clear. Section 11(c) of the OSH Act protects an employee from discharge or other retaliatory action arising out of refusal to perform hazardous work. The Mine Health and Safety Act, for example, has such a provision, and federal employees are afforded a right to refuse hazardous work as a matter of policy.

79. Some employees, e.g., agricultural workers and workers covered by the Railway Labor Act, are not covered by the NLRA. The OSH Act does cover agricultural workers. This article does not discuss rights to refuse hazardous work other than those available under the NLRA and OSH Act. The Mine Health and Safety Act, for example, has such a provision, and federal employees are afforded a right to refuse hazardous work as a matter of policy.
81. See, e.g., Union Boiler Co. v. NLRB, 530 F.2d 970 (4th Cir. 1975), enforcing 213 N.L.R.B. 818, 87 L.R.R.M. (BNA) 1269 (1974). However, a walkout by a minority of employees in derogation of a position taken by the union in a no-strike clause is not protected under section 7. See, e.g., NLRB v. Sunbeam Lighting Co., 318 F.2d 661 (7th Cir. 1963). For a more detailed discussion of this issue, see Ashford & Katz, supra note 76, at 803-05.
of his or her "exercise" of "any right" afforded by the Act. The Secretary of Labor has promulgated regulations under this section defining a right to refuse hazardous work in certain circumstances: where an employee reasonably believes that there is a "real danger of death or serious injury," there is insufficient time to eliminate that danger through normal administrative channels, and the employer has failed to comply with an employee request to correct the situation. In *Whirlpool Corp. v. Marshall,* this regulation was upheld by the Supreme Court. A unanimous Court held that the Secretary's action was authorized by section 11(c), and noted that the regulation "simply permits private employees of private employers to avoid workplace dangers that they believe pose grave dangers to their own safety."

Although not widely used for this purpose, the right to refuse hazardous work provides a limited means of relief for employees facing reproductive hazards in the workplace. An employee who contemplates the exercise of one of these three statutory rights should take care to ensure that his or her workplace situation meets the criteria for such exercise. The section 7 right is the broadest of the three, as it permits a subjective determination of workplace danger. As noted, however, it applies only to certain categories of employees, and contemplates "concerted action." This usually means that more than one employee must be involved, although an individual work stoppage may qualify if it is intended to serve the interests of other workers. Exercise of the section 502 right requires an objectively verifiable hazard, and thus does not protect against retaliation when the employee's subjective determination proves to have been incorrect. Under section 11(c) of the OSH

84. 29 U.S.C. § 660(c)(1) (1976). That section provides in pertinent part:

No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter.


87. *Id.*

88. See [NLRB v. Interboro Contractors, Inc., 388 F.2d 495, 499 (2d Cir. 1967). But see NLRB v. C & I Air Conditioning, Inc., 486 F.2d 977, 978 (9th Cir. 1973).]
CONTROL OF REPRODUCTIVE HAZARDS

Act, as noted by the Supreme Court, "... any employee who acts in reliance on the regulation incurs the risk of discharge or reprimand in the event a court subsequently finds that he acted unreasonably or in bad faith." Here the standard is one of reasonableness, not the correctness, of the perception of danger. Proof of the violation of an applicable OSH Act standard or general duty clause citation should provide at least a partial basis for proof of the existence of a hazard, or of the reasonableness of the perception of a hazard.91

Moreover, an employee exercising either the NLRA section 502 or OSH Act right must demonstrate that the danger was sufficiently "hazardous" to warrant such a refusal to work. Proof of an "abnormally dangerous" condition under section 502 may be particularly difficult in inherently dangerous jobs, as this section is usually applied only to conditions that are not a "normal" part of the job.92 For this reason, most reproductive hazards will probably be addressed more easily under the OSH Act right rather than under section 502. Certainly, reproductive hazards commonly present a concrete risk of a "serious" injury. The key question will be whether the hazard presents a real danger of injury before administrative procedures can be utilized. Hazards such as germ cell mutagens, which can cause serious and irreversible harm after only a short-term exposure,93 would appear to meet this criterion.

A final limitation on the right to refuse hazardous work is its uncertain applicability to injuries to a worker's future offspring. The OSH Act appears to apply only to hazards affecting the health and safety of workers. The exercise of this right must be based solely on potential damage to the worker.94 The applicable language of the NLRA is not limited to worker health and safety, however, but rather contains broad protections against discriminatory action and coercion,95 and may protect workers who refuse to perform work which is causing mental distress. Thus, a workplace teratogen may very well constitute a "dangerous" condition under sections 7 and 502.

2. The Right to Freedom from Sexual Discrimination


91. For a more detailed discussion of this issue, see Ashford & Katz, supra note 76, at 831-35.
92. See id. at 806, and the cases cited therein.
93. See supra text accompanying note 8.
94. The regulation creating the right pertains only to situations "when an employee is confronted with a choice between not performing assigned tasks or subjecting himself to serious injury or death..." 29 C.F.R. § 1978.12(6)(1) (1982) (emphasis added).
95. Section 7 of the NLRA speaks broadly of the rights of employers to organize for their "mutual aid or protection," 29 U.S.C. § 157 (1976) (emphasis added), and the overall spirit of the Act is freedom from coercion, both physical and emotional.
provides in pertinent part that "... women affected by pregnancy, childbirth, or related medical conditions shall be treated the same for all employment-related purposes ... as other persons not so affected, but similar in their ability or inability to work...". This provision, designed to protect women from sexual discrimination in the workplace, calls into question the legality of the "fetus protection" policies discussed above. An employer who excludes fertile women from a workplace because they may become pregnant discriminates against those women on the basis of their potential to become "affected by pregnancy, childbirth, or related medical conditions." A number of commentators have argued that such discrimination violates Title VII. This interpretation, if accepted by the courts, could provide female workers with a valuable tool for addressing workplace hazards.

An employee who believes she is a victim of sexual discrimination may petition for relief under the Civil Rights Act. If she is successful, she will ordinarily be entitled to recovery of attorneys' fees and costs, as well as appropriate redress for the discrimination. There are two principal defenses to a Title VII action. One is the bona fide occupational qualification (BFOQ) defense, which requires the employer to...
demonstrate that the policy of discrimination was reasonably necessary both to "the essence of its business" and to the promotion of worker safety or efficiency. A "fetus protection" policy thus would require a strong showing that women of child-bearing capacity are unable to efficiently and safely perform their jobs. The second defense is based on business necessity, and requires the employer to demonstrate that the discriminatory policy is absolutely essential to the continuation of the business, and that the business cannot be protected through any reasonable alternative. Both defenses have been rather narrowly construed by the courts, and some commentators have concluded that an employer seeking to justify a fetal protection policy will have difficulty in successfully asserting either defense.

In the past, the business-necessity defense has been available only where the policy in question was not discriminatory on its face. Therefore, as discrimination "on the basis of pregnancy, childbirth or related medical conditions" has been specifically designated as sex discrimination under Title VII, this defense would not appear to be available where the "fetus protection" policy applies only to fertile women. Nonetheless, the Fourth Circuit has characterized one such policy as "literally expressed in gender-neutral terms," and has held that business necessity, if properly established, is an appropriate defense.

The defense arises from statutory language. Principal cases defining the defense are: Arrit v. Grisell, 567 F.2d 1267, 1271 (4th Cir. 1977); Ussery v. Tamiami Trail Tours, Inc., 531 F.2d 224, 236 (5th Cir. 1976); Hodgson vs. Greyhound Lines, Inc., 499 F.2d 859, 861-63 (7th Cir. 1974). Mattson, supra note 99, at 34, argues that the defense will not be successful in "fetus protection" cases "unless it can be shown that there is a definite nexus between pregnancy risks and job performance, as opposed to a potential risk to the fetus."

The business-necessity defense was judicially created. See Griggs v. Duke Power Co., 401 U.S. 424, 431 (1971). The Supreme Court has characterized the BFOQ defense as an "extremely narrow exception" to the prohibition against sex discrimination. Dothard v. Rawlinson, 433 U.S. 321, 334 (1977). In Albemarle Paper Co. v. Moody, 422 U.S. 405 (1975), the Court indicated that the availability of an alternative policy which would meet the same business necessity "would be evidence that the employer was using [the challenged policy] merely as a 'pretext' for discrimination." Id. at 425. In Griggs v. Duke Power Co., the Court characterized the business-necessity test as requiring a "manifest relation to the employment in question." 401 U.S. at 431. See also. Robinson v. Lorillard Corp., 444 F.2d 791 (4th Cir.), cert. denied, 404 U.S. 1006 (1971).

Again, though they do not always agree on particulars, this is the general conclusion reached by many commentators. See supra note 99.

The defense was developed by the Supreme Court in conjunction with the court's recognition that an employment practice that was neutral on its face could still violate Title VII if it was discriminatory in its effect. Griggs v. Duke Power Co., 401 U.S. at 431. The defense has not been extended to facially discriminatory policies.

In describing Olin's "fetus vulnerability" policy as "gender-neutral," the court appears to have rejected the argument that discrimination on the basis of childbearing capacity was sex discrimination on its face, and thus to have found the policy discriminatory only in its effect. As noted, application of the business-necessity defense would be consistent with such a determination of facial neutrality. The court indicated that protection of the fetus was an appropriate business purpose under that defense:
This position conflicts with that taken by some commentators, as well as with the articulated position of at least one federal district court, and appears inconsistent with the plain language of the Civil Rights Act.

One commentator, Wendy W. Williams of Georgetown University, has argued that Title VII will permit fetal protection policies only if they are applied equally to fertile employees of both sexes. Indeed, as discussed previously, scientific evidence suggests that a policy of isolating fertile women from reproductive hazards without also isolating fertile men is insufficient. A recent report of the Council on Environmental Quality summarizes the available information as follows:

The scientific basis for differential regulation is limited. Reproduction involves a wider range of processes in females than in males, and some processes in females involve critical periods of differential development. However, it does not necessarily follow that women are more sensitive to the action of any given agent. Where extensive data have been compiled on both sexes (e.g., for anesthetic gases and smelter emissions), evidence has been found for adverse effects resulting from exposure of both men and women, including some evidence for adverse fetal effects following exposure of males.

When employers realize that they may face liability as a result of the...we believe the safety of unborn children is...appropriately analogized to the safety of personal service customers of the business...We cannot believe that Congress meant by Title VII absolutely to deprive employers of the right to provide any protection for licensees and invitees legitimately and necessarily upon their premises by any policy having a disparate impact upon certain workers.

Id. at 1189. In setting forth guidelines for cases of this nature, the court indicated that the burden of establishing the defense is on the employer, that it must be established by independent, objective evidence, and that it must be supported by the opinion evidence of qualified scientific experts. The court further indicated that the employer need not show a scientific consensus, but must show that there is so considerable a body of opinion that (1) significant risk to unborn children exists and (2) such risk is confined to the exposure of women workers, that an informed employer could not responsibly fail to act. Finally, the court indicated that the defense, if established, may be rebutted by proof of acceptable alternative policies or practices.

108. See Nothstein & Ayres, supra note 99, at 306-12; Williams, supra note 99, at 667-78.

109. The Western District of Michigan has offered the following statement of the law: "...in evaluating employment practices subsequent to [the Pregnancy Discrimination Act], policies which create distinctions or discriminate on the basis of pregnancy are in violation absent a showing of a bona fide occupational qualification." Thompson v. Board of Education of Romeo Community Schools, 526 F. Supp. 1035, 1039 (W.D. Mich. 1981).

110. Although the rather direct language of the Pregnancy Discrimination Act would appear to be central to any analysis of the treatment of "fetus protection" policies under Title VII, the court does not address this language in any detail. The apparent inconsistency between it and the court's position may well be reconcilable, but the rationale for such a reconciliation does not appear to be found in the decision. Rather, the court simply notes that if it were to limit the employer to the BFOQ defense, it would "prevent the employer from asserting a justification defense which under developed Title VII doctrine it is entitled to present." 697 F.2d at 1185 n.21.

111. Williams, supra note 99.

exposure of male employees to a reproductive hazard, they may begin to provide safer work environments. As noted by Williams:

The option of excluding workers at risk may well seem less attractive in light of such evidence than it did when the employer assumed that only women workers transmitted fetal hazards. A workplace composed exclusively of sterile men and women and post-menopausal women will be unappealing to most employers. Under these circumstances, the employer may be inspired to develop solutions short of exclusion, thus not only protecting itself from liability and advancing the health of offspring but promoting the employment interests of workers as well.113

IV
OTHER MECHANISMS FOR PROTECTIVE RELIEF

In addition to specific statutory remedies, more general avenues of relief are available. The two most important of these are the equitable injunction and the collective bargaining agreement.

A. Injunctive Relief

Through injunctive relief one can, under appropriate circumstances, obtain a court order prohibiting another from taking or continuing a particular action. The injunction has often been used to protect health or safety by preventing hazardous activity or by abating hazardous conditions.114 Landowners, for example, have been granted injunctions against neighboring factories to prevent excessive noise, production of noxious fumes, and a host of other hazards.115 Although the availability of injunctive relief varies with the facts of each case, the right to an injunction is based on three factors: continuing or recurrent risk of irreparable harm, a legal duty to refrain from causing such harm, and the inadequacy of other available remedies at law.116 As a
number of reproductive hazards in the workplace appear to meet these criteria, injunctive relief may be a useful mechanism for abatement. Injunctions may prove especially valuable in dealing with hazards primarily affecting offspring, rather than parents, as most states provide rights of action for such hazards at common law.\textsuperscript{117}

A threshold question is whether federal and state statutes governing worker health and safety preclude injunctions against workplace hazards. The OSH Act clearly does not. Section 4(b)(4) of the Act expressly disclaims any attempt to "affect . . . the common law,"\textsuperscript{118} and the legislative history of the general duty clause specifically acknowledges an employer's duty under state law to provide a safe and healthful place of employment.\textsuperscript{119} In general, state workers' compensation statutes specifically preempt actions "at law" for workplace injuries.\textsuperscript{120} The unquestioned goal of workers' compensation, however, is to provide a uniform mechanism for the compensation of particular workplace injuries after they have occurred,\textsuperscript{121} and not to provide a specific mechanism for the prevention of those injuries. It is therefore reasonable to conclude that, in the absence of an express provision precluding injunctive relief, workers' compensation poses no bar to the use of the equitable injunction to abate workplace hazards. A recent commentary,\textsuperscript{122} and a recent decision of the New Jersey Superior Court,\textsuperscript{123} cusses the rationale for the standard governing the availability of interlocutory injunctions. The \textit{Restatement (Second) of Torts} sets forth a more detailed scheme for determining which factors are relevant when deciding whether to grant or deny permanent or temporary injunctions. It states:

1. The appropriateness of the remedy of injunction against a tort depends upon a comparative appraisal of all of the factors in the case, including the following primary factors: (a) the nature of the interest to be protected, (b) the relative adequacy to the plaintiff of injunction and of other remedies, (c) any reasonable delay by the plaintiff in bringing suit, (d) any related misconduct on the part of the plaintiff, (e) the relative hardship likely to result to defendant if an injunction is granted and to plaintiff if it is denied, (f) the interests of third persons and of the public, and (g) the practicability of framing and enforcing the order or judgment.

2. The appropriateness of an interlocutory injunction against a tort is determined in the light of the factors listed in Subsection (1), as presented prior to final hearing, but depends primarily upon the following special factors: (a) the extent of the threat of irreparable harm to the plaintiff if the interlocutory injunction is not granted, (b) the consequences that the interlocutory relief may have upon the defendant, (c) the probability that the plaintiff will succeed on the merits, and (d) the public interest.

\textit{Id.} \textsection 936.

\textsuperscript{117} See generally infra text accompanying notes 168-171, and the material cited therein.

\textsuperscript{118} 29 U.S.C. \textsection 653(b)(4) (1976).

\textsuperscript{119} \textit{Senate Report. supra} note 36, acknowledges "a long-established statutory precedent in both state and Federal law to require employers to provide a safe and healthful place of employment." \textit{Id.} at 10.

\textsuperscript{120} See, e.g., 81 AM. JUR. 2D, Workmen's Compensation, \textsection 52 (1976).


\textsuperscript{122} Blumrosen, \textit{supra} note 114, 64 CALIF. L. REV. at 720, 1 INDUS. REL. L.J. at 43.
CONTROL OF REPRODUCTIVE HAZARDS

are in accord with this view.

Nonetheless, the successful suit to enjoin an employer from maintaining a reproductive hazard in the workplace will demand both creativity and diligent preparation. While a state common law or statutory duty to provide a healthful workplace may not be difficult to establish, many of the hazards for which abatement is sought will be those inherent in the normal operation of the industry in question. In this situation, the maintenance of the hazard may well be consistent with the generally accepted standards of care within the industry. Although an inadequate industry-wide standard of care need not bar an action to enforce a duty to provide a healthful work environment, the courts will probably consider carefully the economic consequences of a more stringent standard. Those seeking the injunction should thus be in a position to demonstrate that abatement of the hazard will be economically viable. This will commonly require identification of the control mechanisms or alternative production methods which are available to abate the hazard, and an approximation of the costs and benefits flowing from their adoption.

The harm in question should be carefully described. While injury to reproductive health is clearly "irreparable," in that it cannot be adequately compensated by monetary damages, the risk of that injury must be concrete and demonstrable, not merely speculative. In the case of mutagens and teratogens, then, plaintiffs may need to present a quantitative estimate of increased human risk in the workplace. If the increased risk to the individual worker is small, all similarly situated workers within the industry could be joined in a class-action suit.

Finally, plaintiffs will need to show the inadequacy of other available remedies. Compensatory remedies are usually inadequate to address continuing hazards, as effective compensation necessarily

124. The principle that courts, not industry, must ultimately set legal standards finds perhaps its most famous pronouncement in the following words of Justice Learned Hand in The T.J. Hooper, 60 F.2d 737, 740 (2d Cir. 1932): "Courts must in the end say what is required; there are precautions so imperative that even their universal disregard will not excuse their omission." See also Helling v. Carey, 83 Wash. 2d 514, 519 P.2d 981 (1974) (court held ophthalmologist negligent for failing to administer glaucoma test to patient under age 40, in spite of universal practice not to test such patients).
125. Generally, courts compare the probable consequences of imposing an injunction with the probable consequences of granting other remedies. Restatement (Second) of Torts §§ 934(1), 936(1)(e).
126. The general rule that an injunction will not issue "upon mere fear, apprehension, or possibility of injury" can be found in Arkansas La. Gas. Co. v. Fender, 593 S.W.2d 122, 123 (Tex. Civ. App. 1979). For similar language in a case involving an allegation of possible exposure to future nuclear power hazards, see Mid-Hudson Nuclear Opponents, Inc. v. Consolidated Edison Co., 100 Misc. 2d 158, 162-63, 418 N.Y.S.2d, 883, 886 (1979).
involves a multiplicity of claims for the same hazard.\textsuperscript{128} Compensatory mechanisms are especially inadequate in the case of workplace reproductive hazards, since worker suits for ordinary negligence are barred by workers' compensation laws, and those laws may provide little or no compensation for reproductive injuries.\textsuperscript{129}

Plaintiffs must also demonstrate that effective relief will not be available under the OSH Act. This may require proof of OSHA’s failure to take timely and adequate steps to abate the hazard in response to a worker request.\textsuperscript{130} In addition, plaintiffs will need to demonstrate that the hazard cannot be addressed effectively through control measures less costly than those being sought.\textsuperscript{131}

In some cases, OSHA may already have made a regulatory decision regarding the hazard in question. That decision will play an important part in the action for injunctive relief. Although it will not be determinative, proof that the conduct sought to be enjoined violates an OSHA standard will be some evidence of the health effects of the exposure in question and could buttress a claim for injunctive relief. The party seeking the injunction, however, must first demonstrate why adequate relief could not be secured through an action to compel OSHA to enforce the standard.\textsuperscript{132} On the other hand, the employer may offer proof that OSHA considered the health effects of the exposure and chose not to set a standard, or set a standard deemed inadequate by the

\textsuperscript{128} See generally Blumrosen, \textit{supra} note 112, 64 \textit{CALIF. L. REV.} at 715. 1 \textit{INDUS. REL. L.J.} at 38. A scheme for evaluating the adequacy of compensatory tort mechanisms is set forth in \textit{RESTATEMENT (SECOND) OF TORTS} § 944.

\textsuperscript{129} As reproductive injury does not usually cause a loss of earning or earning capacity—except in the case of a pregnant worker forced to leave the job because of exposure to a fetal toxin, mutagen, or teratogen—compensation would probably be most often extended for loss of faculty. As reproductive damage, to worker or offspring, is not usually listed on the formal schedule, compensation would probably be extended under an “other cases” clause in the statute, where one exists. Compensation under these clauses tends to be rather low. \textit{See}, \textit{e.g.}, \textit{MASS. GEN. LAWS ANN.} ch. 152, § 36(j) (West 1981) (limiting award to $8500).

\textsuperscript{130} As a practical matter, requesting OSHA action will often precede a decision to seek injunctive relief. Thus, the adequacy or inadequacy of OSHA’s response will commonly be a matter of record. Nonetheless, Blumrosen, \textit{supra} note 112, provides a spirited and informative argument against requiring exhaustion of all OSH Act remedies as a prerequisite to injunctive relief.

\textsuperscript{131} For example, if the injunctive relief requested is the source-point control of a gaseous emission, the evidence should indicate that worker health cannot be protected through the mere installation of fans to improve workplace ventilation.

\textsuperscript{132} Where a right of mandamus against OSHA is deemed an adequate alternative remedy, \textit{see} supra note 59, an action for injunction may not lie. \textit{See generally}, \textit{2D AM. JUR. 2D Injunctions} § 43 (1969). Thus, in order to exhaust all available administrative remedies, an employee should sue for injunction only after OSHA declined to take appropriate action, or has indicated its unwillingness to enforce their standard. Alternatively, the plaintiff could join the action against OSHA with the suit for injunction and thus bring all principal parties into a single tribunal. The court could then determine the proper avenue for judicial relief. This approach, however requires the plaintiff to file the action in federal court.
exposed worker, as an argument against injunctive relief. Here again, the OSHA position may not be determinative, but the party seeking the injunction must be prepared, nonetheless, to demonstrate why OSHA’s response was inadequate, and why an action against OSHA would not suffice.\textsuperscript{133}

A practical impediment to an action for injunctive relief may be the fear of employer reprisal. It need not be. In addition to the protection against discrimination offered by the OSH Act, TSCA, and applicable collective bargaining agreements,\textsuperscript{134} recent decisions in many states have recognized an employee’s common-law right to be free from retaliatory employment practices, and have imposed tort liability on employers who engage in such practices.\textsuperscript{135} Some states have enacted “whistle blower” statutes which offer protection to employees who exercise their legal rights in job-related matters.\textsuperscript{136} Thus, a worker who brings a good-faith action to enjoin an employer from maintaining a workplace hazard may well have a right of redress if the employer retaliates. Indeed, if the worker suspects that retaliation will occur, he or she should request an injunction against retaliation in the pleadings.

B. The Collective Bargaining Agreement

Another useful preventive mechanism is the collective bargaining process. Health and safety considerations are a mandatory subject of

\textsuperscript{133} See supra note 132. An agency standard, or other evidence of regulatory action, may not always be admissible in court. The trend, however, is clearly toward admissibility. A recent survey of reported tort decisions found that such evidence was admitted in about 75% of the cases. Heaton, Allar & Maier, The Uses of Regulatory Evidence in Tort Actions: Automobiles, Consumer Products, and Occupational Safety and Health, 4 J. PRODUCTS LIABILITY 231, 252 (1981).


\textsuperscript{136} Michigan’s Whistleblowers’ Protection Act, MICH. COMP. LAWS ANN. § 15.361-369 (West 1981), for example, prohibits retaliatory action against an employee because he or she “reports or is about to report . . . a violation or suspected violation of a law or regulation . . . .” Id. § 15.362. An employee attempting to enforce an OSHA standard, or to enforce compliance with the general duty clause of Section 5 of the OSH Act, would appear to be within the purview of this protective statute.
collective bargaining. As workers learn of the potential effects of workplace hazards on their ability to bear children, they may seek to include abatement or reduction of reproductive hazards as a term of their collective bargaining agreement.¹³⁷ Union negotiators, however, should be sure not to waive the right to utilize any other avenues of relief.¹³⁸

V

COMPENSATORY MECHANISMS AS PROTECTIVE RELIEF

Prevention of damage to reproductive health is obviously preferable to monetary compensation for such damage once it has occurred. Nonetheless, actions seeking compensation for past injuries will often have the effect of preventing similar injuries in the future. The potential for such a prophylactic effect is certainly present in the case of workplace reproductive hazards. An award of monetary damages in a successful suit for serious reproductive injury is likely to be high. A 21-year-old woman who contracted vaginal cancer as a result of her mother’s exposure to DES, for example, was recently awarded $2.25 million in a claim against the manufacturer.¹³⁹ An award for congenital malformation, or for the sterility of a childless spouse, may also be substantial. The size of these awards will not go unnoticed by those who may have to pay them. As suits for reproductive hazards in the workplace become more prevalent, employers will have strong financial incentives to reduce their exposure to future liability. The critical task, of course, will be to ensure that the precautions taken are proper.

As discussed above, employers have already indicated concern over potential liability for damage inflicted on a fetus by workplace teratogens.¹⁴⁰ Rather than reducing the level of teratogenic hazard, however, many have sought merely to exclude fertile women from the workplace.¹⁴¹ Similarly, manufacturers facing potential products liability claims have lobbied for legislation which would make it more difficult to file such claims.¹⁴² If compensatory mechanisms are to

¹³⁷. This possibility was raised by Anthony Mazzocchi of the Oil, Chemical, and Atomic Workers International Union in a lecture delivered at the Harvard School of Public Health in October 1981.
¹³⁸. For a general discussion of the extent to which unions may permissibly waive the rights of its members, see Harper, Union Waiver of Employee Rights Under the NLRA: Part I, 4 INDUS. REL. L.J. 335 (1981).
¹⁴⁰. See supra text accompanying note 38.
¹⁴¹. See supra text accompanying note 39.
¹⁴². This has been an ongoing effort on both the federal and state level. The recent drive has been for the passage of a uniform federal products liability law which would preempt the common law and statutory remedies now available in the various states. The proposal is intended to benefit
serve as a meaningful incentive for prevention, action to counter such efforts may also be needed.

There are two principal means of compensation for damages resulting from exposure to workplace hazards: workers' compensation laws, and common-law and statutory tort remedies. Most workers' compensation statutes provide inadequate coverage for reproductive injuries. The tort system may thus be far more effective in preventing reproductive hazards. Four principal defendants may face tort liability for reproductive injuries: the employer, the manufacturer, and supervisor, and the medical professional.

A. Claims Against the Employer

Most claims against an employer will be based on allegations of negligence or intentional conduct. As most employee claims for negligence will be barred by workers' compensation laws, negligence actions will most commonly be filed on behalf of offspring or by spouses seeking damages for loss of consortium. A plaintiff must establish both a breach of a duty to adhere to a particular standard of care and an injury which arose as a proximate result of that breach. Mere citation of an employer's common-law duty to provide a safe and healthful workplace may not be sufficient to establish the desired standard of care. As discussed above, the maintenance of a reproductive hazard may be consistent with generally accepted industry practice. Accordingly, plaintiffs will often need to demonstrate that the standard of care imposed by law is more exacting than that practiced within the industry, as is apparent from the identity of its sponsors. The recently formed American Corporate Counsel Association, for example, endorsed the concept as one of its first acts. Group of Corporate Lawyers Endorses Federal Tort Reform, 10 Prod. Safety & Liab. Rep. (BNA) 346 (1982). The National Association of Manufacturers is sponsoring a letter-writing campaign to persuade the Administration to support the proposal. Write to DOC, White House, Industry Group Urges Companies, 10 Prod. Safety & Liab. Rep. (BNA) 383 (1982).

144. The right of the child to sue for his or her own damages caused by exposure of a parent to a reproductive hazard is consistent with conventional tort doctrine, and has been recognized in a growing number of jurisdictions. See infra notes 168-71 and accompanying text.
145. The right of a spouse to sue for loss of consortium is, at this point, less well-recognized. In some states an individual has an independent right of action against his or her spouse's employer for negligent or intentional impairment of the marital relationship caused by work-related injuries, even where the spouse has already received workers' compensation. Copelin v. Reed Tool Co., 610 S.W.2d 736 (Tex. 1980) (cause of action if employer's conduct intentional). In Ferriter v. Daniel O'Connell's Sons, Inc., 1980 Mass. App. Ct. Adv. Sh. 2075, 413 N.E.2d 690 (1980), the spouse and the minor children were held to have such a right. Other states have adopted a contrary position, holding that a workers' compensation statute destroys the spouse's common law action for loss of consortium. E.g., Cassaccia v. Green Valley Disposal Co., 62 Cal. App. 3d 610, 133 Cal. Rptr. 295 (1976).
146. See supra text accompanying notes 124-125.
industry. At least three approaches may aid plaintiffs in such efforts.

If the employer's conduct in exposing the worker to the hazard violated an applicable OSH Act or TSCA regulation, or any other federal or state health or safety regulation, the employer may be found negligent as a matter of law. Also, if it can be shown that the industry standard was "recognized" as hazardous within the industry, or by the employer in question, a violation of the OSH Act's general duty clause may be established. Such proof might also establish a corresponding common-law duty of care. Finally, in the absence of an existing regulatory directive or specific employer or industry knowledge, plaintiffs must challenge the adequacy of the industry standard and advocate a stricter common-law duty to protect worker health.

In addition to breach of an appropriate standard of care, the plaintiff must also establish that his or her injury was proximately caused by the exposure in question. Proof of a causal connection is difficult in any lawsuit involving environmental exposure to toxic substances. It is generally impossible to conclusively establish that a particular injury grew out of a particular exposure. However, the injured party generally need only establish the causal connection by a preponderance of the evidence. This burden, while substantial, is not impossible to meet in appropriate circumstances. Expert testimony regarding causation, however, should always be buttressed by relevant epidemiological and/or toxicological data, and medical testimony which tends to rule out other means of causation. This approach is particularly appropriate in cases involving reproductive hazards, since many of the resultant injuries are relatively rare.

In addition to claims for negligence, a worker's offspring or spouse

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147. See supra note 124.
148. Heaton, Allar & Maier, supra note 133.
149. See supra text accompanying notes 35-37.
150. Courts may be willing to impose a higher standard for reproductive hazards than for other workplace hazards, since reproductive hazards directly affect both workers and their children.
151. The appropriate standard is whether it is more likely than not that the injury in question was caused by the suspect exposure. See generally 30 AM. JUR. 2D Evidence § 1164 (1967).
153. For example, although male sterility can be caused by factors other than occupational exposure, E.g. Woolhandler, supra note 15, it is something less than an everyday occurrence. An increased incidence of sterility among male employees at a particular workplace will likely raise considerable suspicion. If the workplace environment contains a known chemical sterilant, the cases of sterility can be correlated statistically with exposure to that chemical, and other potential causes can be excluded or discounted, the evidence would arguably be sufficient to survive a defendant's motion for summary judgment or dismissal. The evidence would then be submitted to the trier of fact on the issue of probable causation and the traditional criteria—such as the credibility of lay and expert witnesses and the persuasiveness of arguments on causality—would be determinative.
may, in the appropriate case, sue the employer for intentional infliction of reproductive damage. Significantly, this may also provide the worker with a direct avenue of relief against the employer, as the right to bring suit for intentional torts is in many states not barred by workers' compensation. In addition to proof of the necessary causal connection, a successful suit for intentional tort requires proof that the defendant intended to cause the injury in question. The concept of "intentional" action, however, could be interpreted broadly in the area of toxic substance exposure. Indeed, recent cases indicate that an employer runs a significant risk of liability in intentional tort if it willfully or recklessly exposes its employees to substances which it knows to be dangerous. Further, employers have been held liable in intentional tort for fraudulently concealing from a worker the fact that he or she was suffering adverse effects from toxic substance exposure in the workplace. Similarly, an employer might also be held liable for intentionally concealing the fact of exposure itself, or the toxic nature of the exposure.

In appropriate circumstances, an employer that knowingly exposes its employees to toxic substances might also be liable for the tort of outrage, or the related tort of intentional infliction of emotional harm. In either case, liability could be imposed where the employer's action in permitting the exposure was so egregious as to exceed the bounds "usually tolerated by decent society." Imposition of such liability would appear particularly appropriate in the case of employers who willfully expose their employees to reproductive hazards with full knowledge of the potential consequences. The intentional infliction of sterility or birth defects, certainly, shocks the ordinary conscience.

A question that may come shortly to the fore is whether employees may voluntarily waive their right to sue their employer in tort for dam-

154. Although benefits provided under a workers' compensation statute are generally specified to be the exclusive remedy available to the employee for claims against the employer, many workers' compensation statutes specifically preserve an employee's right to sue the employer for intentional torts. For a discussion of cases construing these statutory provisions, see Annot., 96 ALR 3d 1064 (1979).


ages to reproductive health. May an employer require such a waiver as a condition of employment? Clearly, a worker's agreement to waive a future child's right to sue for fetal damage would be unenforceable. And, while the issue may be less clear, an employee's waiver of his or her own right to sue may be equally unenforceable. Certainly an adult may, in appropriate circumstances, agree to give up his or her right to bring an action in tort. But given the strong public policy favoring a safe and healthful workplace, and the likely inequality of bargaining power between employer and employee, a waiver secured as a condition of further employment should be viewed with disfavor by the courts.

B. Claims Against the Manufacturer

The manufacturer of a chemical substance may also be liable for damage to reproductive health caused by the use of that substance in the workplace. If such use was reasonably foreseeable at the time the product was distributed, the manufacturer could be either strictly liable or liable in negligence for the resultant damages. Proof of negligence will be difficult when the manufacturer's methods of production comport with industry standards. The plaintiff may find it necessary to advocate a common-law standard of care which is more stringent than industry practice. Breach of an applicable TSCA standard, however, may establish negligence as a matter of law. When there is no breach of statute or regulation, the most promising avenue for recovery will be an action based on a theory of strict liability, which requires proof that the product is both unreasonably dangerous and "defective." Although the elements of this cause of action vary somewhat from jurisdiction to jurisdiction, a "defect" may exist if either the manufacturer failed to take adequate steps to warn prospective users of the

158. The public policy here is similar to that which prevents divorced or separated parents from binding their children to a custody arrangement or a particular level of child support. The contractual rights of the parent in establishing an agreement on child support is inferior to the child's right to an appropriate custodial arrangement and an adequate level of support. E.g. Yee v. Yee, 48 Hawaii 439, 404 P.2d 370 (1965); Leeming v. Leeming, 87 Nev. 530, 535-36, 490 P.2d 342, 345-46 (1971); Hehr v. Tucker, 256 Or. 254, 257-58, 472 P.2d 797, 798-99 (1970). Note, however, that waiver of the right to bring a statutory wrongful death claim for the death of the child or fetus may be effective where the wrongful death statute is designed to provide compensation for damage to the child's heirs rather than for damage to the child.

159. One commentator has taken this position, noting that such a waiver is "probably against public policy and, therefore unenforceable." Stillman, supra note 97, at 16. Another, however, suggests without discussion that employers "require susceptible workers who voluntarily choose to remain in the workplace to sign a release of liability (on behalf of themselves and, if applicable, the fetus) after consultation with a physician." Nothstein & Ayres, supra note 99, at 320.

160. See supra note 124.

161. Heaton, Allar & Maier, supra note 133.
product of its potential danger, or there was an alternative method of manufacturing the product which would have avoided the danger, and the social benefit of adopting that alternative outweighed its social cost. Upon proof of a defect, the manufacturer of an unreasonably dangerous product will be held strictly liable for all damages proximately caused by the product's foreseeable use. Depending on the circumstances, such proof might also establish liability for the tort of outrage.

Products liability suits would encourage reduction of workplace reproductive hazards in two important ways. Fear of liability would prompt manufacturers to more thoroughly advise the employer of the reproductive health hazards of their products. This, in turn, should trigger the employer's fear of liability, and encourage implementation of process change or control technology in the workplace. Further, a successful products liability suit based on the "alternative method" approach should encourage the chemical industry to develop products that perform their intended function without endangering reproductive health.

C. Claims Against Supervisory Personnel

Liability for workplace health hazards need not be limited to the employer and manufacturer. In some cases supervisory personnel of the employer or manufacturer, or treating or examining physicians or nurses, may share in liability. For example, if a plant safety supervisor knows of a reproductive hazard but refuses to remedy the problem she may be personally liable for any resultant damage. Similarly, a supervising chemist who approves a particular chemical for commercial production despite doubts about its safety could be personally liable if those doubts proved justified. Key management personnel, such as cor-

162. E.g. Karjala v. Johns-Manville Prods. Corp., 523 F.2d 155, 158-59 (8th Cir. 1975); Leichtamer v. American Motors Corp., 67 Ohio St. 2d 456, 469, 424 N.E.2d 568, 578 (1981); RESTATEMENT (SECOND) OF TORTS § 402A comment j (1965). This is sometimes referred to as the "consumer expectation test": the duty to warn extends to all dangers which were not reasonably expected by a consumer putting the product to its intended use. Recently, a question has arisen as to the applicability of this doctrine where the manufacturer did not discover the danger and could not reasonably have been expected to discover it, at the time of the product's manufacture and distribution. While acknowledging that this might well be a defense to a claim for negligence, the Supreme Court of New Jersey nonetheless rejected it as a defense to a claim grounded in strict liability. The court held that a strict liability claim for failure to warn would be viable even where the manufacturer could not reasonably have known about the danger. Beshada v. Johns-Manville Prods. Corp., 10 PROD. SAFETY & LIAB. REP. 481 (BNA) (1982). Contr. Karjala, 523 F.2d at 158-59.


164. See supra text accompanying note 157.
porate officers and directors, may also face personal liability if, with knowledge of its adverse effects, they decide to sell or use a reproductive toxin.

Thus far, attempts to impose this form of personal liability have been used infrequently. This may be because plaintiffs believe that supervisors lack the personal resources to satisfy judgments and because the doctrine of *respondeat superior* ordinarily holds the employer or manufacturer liable for the acts of its agents and employees. If those in positions of responsibility know they are subject to substantial personal liability, they may agitate for management decisions that reduce the likelihood of workplace damage to reproductive health.

**D. Claims Against Medical Professionals**

The medical profession, too, may bear liability for damages arising out of reproductive hazards in the workplace. Typically, a physician or nurse practitioner will see an employee periodically during the course of his or her employment. Where the employment involves exposure to a reproductive hazard, and where damage ultimately results as a consequence of such exposure, a cause of action for professional negligence may arise. A case for malpractice would require proof of three factors: that the medical professional knew, or reasonably should have known, that the worker was exposed to the hazard; that he or she had a duty to render proper medical advice or take action with regard to the exposure; and that he or she breached that duty.

In many cases, the existence of these requisite elements may depend on the relationship between the medical professional and the workplace. A physician who treats a number of workers from a particular workplace, such as a company doctor or an employee of a health-maintenance organization that has contracted to provide medical services as part of a workplace health-care plan, is likely to be in a better position to know about the various chemicals present in the workplace. Additionally, a physician or nurse who specializes in occupational health may be held to a higher standard of care than the average practitioner. The professional duty will vary with the circumstances of the case, but will probably encompass an obligation to adequately warn...
workers of the potential consequences of further exposure.\footnote{167}

\section*{E. The Expanding Tort Rights of the Child and Fetus}

Since many workers will bring compensatory actions for reproductive damage on behalf of the offspring, the growing judicial recognition of a right to recover in tort for damage to the fetus is significant. Initially, the right was limited to recovery for damages resulting from a prenatal exposure occurring \textit{after} conception.\footnote{168} More recently courts have recognized a child's right to bring suit for damages caused by parental exposure occurring \textit{prior} to conception.\footnote{169} The trend toward recognition of this right seems likely to continue, as it is consistent with the growing scientific proof that parental exposure to toxic substances can indeed affect the health of a fetus conceived years later.

The rights of the stillborn child or the child not carried to full term are more problematic. On the one hand, the fetus may be damaged as a result of a workplace exposure, but die or spontaneously abort from other unrelated causes. The fetus in this situation would have no right to recover for damage caused by the workplace exposure.\footnote{170} In many instances, however, the stillbirth or spontaneous abortion will actually be caused by the exposure. While the law is unclear, recent decisions indicate that fetal rights in this case will depend on viability: where the fetus is viable, a right of action may exist.\footnote{171} As this could leave the

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170. The argument here is that, where the prenatal injury does not cause abortion or stillbirth, the fetus suffers no actionable damage from that injury except to the extent that the injury contributes to post-natal difficulties. Perhaps because the impediments to recovery appear so strong, the question appears not to have been litigated often. However, in a dissent to \textit{Todd v. Sandridge Constr. Co.}, 341 F.2d 75, 80 n.9 (4th Cir. 1964), Judge Haynsworth cites the hypothetical case of a non-fatal prenatal injury which is eclipsed by the subsequent drowning of mother and fetus, and argues that there would be no actionable damage to the fetus from the first injury. (A cause of action for emotional damage to the \textit{parents}, however, might still lie.)

171. A majority of the reported cases allow a cause of action where the fetus was viable. For cases holding that there is no right of action if the fetus was not viable, see, e.g., \textit{Rapp v. Hiemenz}, 107 Ill. App. 2d 382, 246 N.E.2d 77 (1969); \textit{Toth v. Goree}, 65 Mich. App. 296, 237 N.W.2d 297 (1975). In both states, there is a right of action if the fetus was viable. \textit{See, e.g.}, \textit{Chrisafogeorgis v. Brandenberg}, 55 Ill. 2d 368, 304 N.E.2d 88 (1973); \textit{O'Neill v. Morse}, 385 Mich.
aborted fetus without a remedy, an expansion of fetal rights may be warranted if fetal damage from workplace hazards is to be adequately addressed.

VI

THE USE OF SCIENTIFIC AND TECHNICAL INFORMATION AS AN AID TO PROTECTIVE MECHANISMS

As discussed at the outset, effective use of the various avenues of preventive and compensatory relief outlined above will require the ability to identify reproductive hazards and their specific effects. In many cases, it will also require the ability to acquire and disseminate relevant scientific and technical information in timely fashion.

Federal agencies are useful as sources of information on reproductive hazards. Reproductive hazards potentially can be regulated by a variety of federal agencies. The most likely sources of regulation are: the EPA under TSCA, the air, water, and pesticide acts; the Food and Drug Administration under the Food, Drug, and Cosmetic Act; the Consumer Products Safety Commission under the Consumer Products Safety Act; and OSHA under the OSH Act.

Other federal agencies, such as the National Institute for Occupational Safety and Health (NIOSH), compile and maintain relevant information on toxic substances. Where not protected by federal privacy or trade secret laws, such information may be obtained either through written request or the Freedom of Information Act.

Information obtained from an agency may shed light on whether an employer or manufacturer recognized the potential danger of a particular workplace hazard prior to exposing workers. Section 8(e) of TSCA, for example, requires the manufacturer of a chemical substance "who obtains information which reasonably supports the conclusion that such substance... presents a substantial risk of injury to health" 130, 188 N.W.2d 785 (1971). See also Annot., 84 A.L.R.3d 411 (1978). The existence and extent of the right will vary with the wording of the applicable wrongful death statute, and may be influenced by inheritance statutes which treat the rights of heirs of the unborn or stillborn. Where no action is allowed on behalf of the fetus, the parents may still have an action for emotional damages, and the mother may have an action for physical damages. 172. 15 U.S.C. §§ 2601-2629 (1976).


to "immediately" provide such information to EPA. Information supplied in accordance with this section could prove valuable to a prospective plaintiff in a products liability action.

In some situations workers may be able to compel a federal agency to compile information on their behalf. Section 20(a)(6) of the OSH Act, for example, authorizes an employee, through his or her employee representative, to request that NIOSH investigate the potential health effects of a suspected workplace hazard. Such investigations, termed "Health Hazard Evaluation Surveys," could provide useful information for future remedial action. Even if the results of the survey do not prompt regulatory action they may provide a basis for a worker's refusal to perform hazardous work or for private injunctive relief. Additionally, they may prove helpful in future actions for compensatory relief.

The timely dissemination of data is equally important. From a practical and legal standpoint, dissemination of data about potential reproductive hazards to those who may have a duty to alleviate such hazards may lead to abatement. For example, OSHA or EPA may find it more difficult to avoid the regulation of a particular chemical exposure if the agency is presented with detailed information regarding the risk posed by such exposure. Similarly, an employer or manufacturer who is provided with such information may not be able to justify a subsequent failure to reduce or eliminate the exposure. The dissemination of relevant information to these potential defendants will be helpful in establishing future tort actions. More importantly, it may tend to facilitate the correction of workplace reproductive hazards before litigation becomes necessary. Dissemination of information may also establish a medical malpractice case. Where a physician or nurse is not familiar with the various occupational exposures within a workplace, there may be no duty to provide medical advice regarding those exposures. The worker/patient can impose such a duty, however, by informing the medical professional about the specific exposures and requesting information about their impact on reproductive health.

A word of caution is appropriate here. A worker who is aware of the potential consequences of occupational exposures may find her right to tort relief barred or restricted by defenses predicated on such knowledge. Depending on the law of the jurisdiction and the circumstances of the case, a plaintiff may be frustrated by claims of compara-

tive negligence, contributory negligence, or assumption of risk.\(^{183}\) Further, she may be unable to successfully maintain a products liability action under the “failure to warn” doctrine.\(^{184}\) Since prevention is the goal, however, the risk is acceptable. If a worker instigates the appropriate preventive measures after learning of the existence of a reproductive hazard, future action for compensation may not be necessary.

VII

Conclusion

The remedies outlined above, if properly utilized, can do much to reduce occupational exposure to reproductive hazards. But the effort cannot be piecemeal. These various actions will provide incentives for change at different levels of the industrial process. Their integrated use will bring about the most meaningful and pervasive reduction of damage to reproductive health.

Industrial control of reproductive hazards—whether through the reduction of exposure from existing processes or through a shift to less hazardous technology—will come in two principal ways. Either industry will change on its own in response to economic constraints, or it will change in compliance with government regulation. Both the OSH Act and TSCA provide attractive avenues for regulatory relief, as both articulate a comprehensive federal policy for the control of occupational toxins. Nonetheless, the limitations of the regulatory process and the apparent unwillingness of OSHA and EPA to act aggressively against

\(^{183}\) These defenses will always be available in a negligent design case. Although the negligence of the plaintiff is ordinarily not a defense to a strict liability action, there are some limitations to this doctrine. \(\text{See, e.g., Sanford v. Chevrolet Div. of General Motors Corp., as reported in 10 PROD. SAFETY & LIAB. REP. (BNA) 252 (Ore. 1982), where negligence not involving the negligent failure to discover the dangerous condition was held to reduce the plaintiff’s aware under Oregon’s comparative negligence law. Further, as discussed in the following note, assumption of risk remains a viable defense to a strict liability action.}

\(^{184}\) The fact that the plaintiff knows of the dangerous condition might well constitute assumption of risk, which is the defense both to negligence and strict liability actions. \(\text{Restatement (Second) of Torts } \S 402A, \text{ comment n (1965). Further, it might obviate the argument that the manufacturer’s failure to warn was the proximate cause of injury. See Martinez v. Dixie Carriers, Inc., 529 F.2d 457 (5th Cir. 1976); Burton v. L.O. Smith Foundry Products Co., 529 F.2d 108 (7th Cir. 1976); Cunningham v. Charles Pfizer and Co., 532 P.2d 1377 (Okl. 1975). But see Micallef v. Michie Co., 39 N.Y.2d 376, 384 N.Y.S.2d 111 (1976), where the court held that the manufacturer could be held liable for negligent misdesign even where the plaintiff knew of the danger if the manufacturer could reasonably have guarded against the problem. See also Palmer v. Massey-Ferguson, Inc., 3 Wash. App. 508, 476 P.2d 713 (1970), where the court came close to favoring a policy that would reject assumption of risk in products liability cases, id. at 517, 476 P.2d at 718-19.}

It seems to us that a rule which excludes the manufacturer from liability if the defect of the design of his product is patent but applies the duty if such a defect is latent is somewhat anomalous. The manufacturer of the obviously defective product ought not to escape because the product was obviously a bad one. The law, we think, ought to discourage misdesign rather than encouraging it in its obvious form.
reproductive hazards suggest the need to pursue other avenues of control. The available "self help" mechanisms—both for prevention and compensation—can provide an important complement to agency regulation. On the one hand, they can provide economic—and, in the case of injunctive relief, judicially-imposed—incentives for changes in industrial behavior. On the other hand, by focusing on a particular problem, they can bring about comprehensive regulation.

In utilizing and refining the various regulatory and legal mechanisms discussed here, however, one should not lose sight of the underlying political context. These remedies developed, in large part, out of a strong and organized concern for workplace health and safety. Without a concentrated effort to maintain that level of concern, we could see some of these avenues of relief narrowed, or even eliminated. It is perhaps the extent to which they can be used as political, as well as legal, tools that will ultimately determine whether they can safeguard the reproductive health of workers and their offspring.