

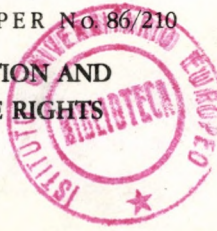
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**INDUSTRIALISATION AND  
REPRODUCTIVE RIGHTS**

by

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PREFACE

This Paper was first presented to a seminar organised by the Women's Group of the European University Institute on 12th November 1984. The author is grateful to the Women's Group for providing a forum for the ideas expressed in the paper.

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REPRODUCTIVE RIGHTS

" The central argument of reproductive rights is that reproductive issues must be viewed in their specific social, historical and institutional contexts. Further, reproduction is a fundamental human right: neither the state nor the actions of others should deny any person autonomy over their reproductive processes." (Clarke:1984:189)

Since the early nineteenth century, women's movements have advocated the right of women to have control over reproduction, specifically the right to limit family size and to space their children at intervals. From Margaret Sanger's struggle for contraception for working women in America to lawyer Giselle Halimi's defense of abortion in contemporary France, the focus of feminist movements has tended to be on avoiding compulsory motherhood. Changing public views on the rights of women, on world population growth in the III World and the diffusion of chemical and technical innovations in women's contraception methods and termination and sterilisation procedures have brought the possibility of birth control or family size limitation within the orbit of tens of millions of women across the globe. Whether these innovations are sufficiently safe, effective, cheap and accessible is a separate issue, not the subject of this paper, though it is part of the theme of reproductive freedom (Arditi, 1984; Dowie, 1979).

On the other side of the birth limitation coin, feminists in the mid-seventies were reluctant to examine the social, historical and institutional factors which impinge on women's capacity to conceive and bear the children they do wish to rear, and it is this aspect of reproductive freedom rights and freedom which merits a closer scrutiny and which is briefly addressed in this paper.

The impediments to exercising reproductive freedom are varied in level and a variety of sciences offer explanations and analyses.

There are political and economic obstacles to exercising individual reproductive freedom, for women living in states with population control policies such as China or India. In the former, sanctions, and in the latter, incentives, have been proposed to both women and men to deter them from reproducing more than a given number of children. Chronic malnutrition and underdevelopment diminish the capacities of women in very poor countries from bringing each pregnancy to fruition. At another level, particular groups of women may be targetted historically for sterilisation programmes, in states which otherwise appear to guarantee reproductive freedom. This was the case of non-Aryan women in Nazi Germany and may have been the case for black women and girls in Southern States prior to the U.S. Civil Rights movement. A third set of impediments arises when customs and religious practices treat the children of marriage differently from children born outside marriage, deterring unmarried women from pursuing wanted



pregnancies, by resort to abortion or infanticide. Fourthly, impediments to reproductive freedom can arise from biological obstacles: low fertility levels in men, or women having a diminishing capacity to conceive, carry or give birth to healthy children.

In the meantime infertility has become a big business in the U.S. with test-tube babies, in-vitro fertilisation and surrogate motherhood proposed as often commercialised alternatives to infertile companions and partners. The emphasis would seem to be moving away from resolving the causes of infertility to dealing with its manifestations.

Until very recently, medical sciences had almost exclusive monopoly on this fourth type of obstacle. Infertility was often presumed to be an immutable and natural biological state arising from defects in women more often than men. Medical science can now offer resolutions to some types of infertility by surgical intervention, and hormone treatment, and despite popular myths, women in medical science are no longer considered the sole causes of a couple's inability to conceive. Once infertility could, to an extent, be treated, the problem naturally arose of whether it could be prevented and what were the causes.

There is a growing body of evidence, much of it at the speculative stages, that industrial environments lower fertility. One such study (Castleman: 1982) noted a decline in American male fertility over the last 50 years. An examination of sperm from otherwise healthy young American college boys detected several classes

of toxic substances in their sperm, including DDT and solvents. In this paper I review this evidence, setting it in the context of the reproductive rights of women and men.

#### TOXIC SUBSTANCES

Every year tens of thousands of new chemical substances are discovered and launched on the market (Contaminated Crow:1980). They are employed in drugs, veterinary products, as food preservatives, pesticides, industrial and domestic cleaning agents, in contraceptives and a myriad of other uses. About 50,000 chemicals are in use in industry. Only a fraction of these can be fully tested and investigated and have regulated exposure levels set for them. An even smaller number are removed from the market. A case at issue currently in the European Community is the use of hormonal growth promoters in cattle rearing such as Diethylstilbestrol. This substance could pass from the cattle into our food and disturb reproductive capacities in children and adults (Bichler:1981). The types of impacts which certain toxic substances and processes can have on women's reproductive capacities vary in gravity, permanence and type. They may intervene in one or more of the ways indicated in Diagram 1.

An illustration of a reproductive problem comes from California from women living in a newly industrialised environment but not all working in industry. In San Jose County in Northern California's "Silicon Valley" 266 residents are suing the Fairchild Camera and Instrument Company over water contaminated, they



## Diagram 1

Type of Impact	Example of Hazardous Class of Substance
Disrupted Menstrual cycles	Some Solvents
Inability to conceive	Heavy metals, oestrogens
Tendency to miscarry /abort	Anaesthetic gases
Damage to foetus from exposure	Radiation, Dioxin

Stillbirth  
(Source: Hricko, Brunt, 1976)

allege, by leaks from solvent(s) from the local Fairchild factory. Among them are 22 women who suffered miscarriages. The residents include seven parents whose babies died from congenital defects and 18 whose children have heart ailments. The suspected contaminant is Trichlorethane which is a solvent commonly used in electronics production. It belongs to the Chlorinated Hydrocarbons group of substances used as industrial solvents world wide. Others in the group are Xylene, Toluene, and Benzene and women exposed to these have experienced menstrual disorders (Hricko and Brunt; 1976).

Here is how a woman worker in the West of Ireland describes her exposure to an unnamed chemical which she thinks is banned in America:

"It really affects your periods..completely irregular. I find it does..you get pains and you feel really weak, really painful..I've never seen a place like it for complaints about periods." (Harris: 1984)

In the above instance the woman was exposed to what she believed to be a substance damaging to her reproductive system. In a recent British case, a woman truck driver was NOT ALLOWED to work hauling the substance dimethylformamide (DMF) because her employer believed it could be damaging to the foetus. The woman was not pregnant and brought a case under the United Kingdom Sex Discrimination Act. She lost her case when the Tribunal ruled that an employer had the right to discriminate between employees to protect their health and safety (Gill and Whitty, 1983; 267).

Given the deeply held personal, emotional and religious feelings which women may hold concerning birth and pregnancy, it is often difficult for women to speak out without shame or fear of ridicule about menstrual cycles, miscarriage or the death of a newly born child. Outsiders may imagine it is an attempt to 'cope' or 'rationalise' a personal tragedy and may discount it as rational and legitimate cause for alarm. Indeed unless, in a given locality or amongst a given population there is a base line for menstrual cycles or miscarriage, it is impossible to find reference points against which to compare these suggestions of 'abnormal' patterns of occurrences.

If women occupationally or residentially exposed to toxic substances are complaining of such disorders, why has one not heard more about this before? One reason for this is the change in women's labour force participation and change in the types of industry undergrowing growth at present.



INDUSTRIAL RESTRUCTURING

In Europe, traditional industries like steel in Belgium and France, shipbuilding in Ireland and England, coal mining and automobile production have been undergoing crisis. Tens of thousands of jobs, often classed as skilled, have been or will be, lost. During this process of rundown of traditional industries, the supply of labour in European countries like Switzerland, Germany and France has been reduced by changes in policies towards migrant workers. With the contraction of industry, a combination of cash incentives and stricter immigration controls is being introduced to encourage male industrial migrant workers to return 'home' to North Africa and Turkey. This phenomenon is not confined to Europe. Australia and the United States have tightened up their immigration quotas for unskilled workers.

Disinvestment in some industrial sectors is accompanied by investment in others in the industrialised western economies. These newer areas include:

- electronics
- engineering and communications
- aerospace
- bulk and fine chemicals
- nuclear industry and equipments
- informatics
- energy saving equipments
- some branches of biotechnology

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In many of the older industries, women were precluded from jobs by law (mining) by custom (construction) by restrictions on night work and weight lifting (shift work in factories) or by training (craft skills in shipbuilding/engineering) Many of these regulations, rules and customs arose or were re-enforced during the 1930's (Jackson:1983) to keep women out of industrial jobs. Over the years, the conceptualisation of industrial safety and health has been based on male biology, in male-dominated branches of manufacture, pivoting around very specific industrial diseases such as those associated with mining and the asbestos industry notion of industrial 'incidents' and observable accidents. That this is the case is clear from the briefest perusal of the reports on European Health and Safety legislation produced by the European Foundation for the Improvement of Living and Working Conditions. This has had negative consequences for the researching and development of appropriate responses to the occupational health and safety environment of women workers and their reproductive rights.

#### WOMEN IN INDUSTRY

Industrial restructuring has involved reconstituting workforces at a time of rising labour force participation among women. Throughout Europe and the U.S. the labour force participation of women has been rising, albeit more slowly in some states than others. While the proportions of women in industry in the EEC Nine member states fell between 1974 and 1978 (Eurostat; 1981, 118) the



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same shift occurred for men reflecting the impact of recession among other factors. However in specific branches of manufacturing, the proportions of women employed rose. Examples of this are to be found in nuclear fuels (France) energy (EEC 9) instrument engineering (France, Belgium and Netherlands) Office equipment (UK) and some branches of chemicals (Eurostat; 1981, 114). In the case of Ireland, clothing, textiles and engineering/electronics account for half of all women's jobs in industry (Census; 1981). The combined impact of industrial restructuring and the rising industrial labour force participation of women in certain industrial branches exposes women directly to new occupational hazards, including reproductive hazards. Equal Rights legislation furthermore, enables women to continue to hold their jobs through a pregnancy by availing of paid maternity leave. In the case of Ireland, the largest increase in labour force participation over the 1970's has been among young married women in their reproductive years (Census: 1981).

#### THIRD WORLD WOMEN

The growth in women's share of the industrial workforce in some branches of industry is not confined to the industrialised Northern Hemisphere. In newly industrialising countries and regions of the III World, women's share of industrial jobs has seen a remarkable growth. This can be observed in Brazil, on the Mexico/U.S. Border, on the North African Magreb region, and in South East Asia (Elson and Pearson; 1980) In Singapore, women

now outnumber men in the workforce and the pool of available women has been so depleted that Thai women on bonded labour contracts are being 'imported' into Singapore to do industrial work (Salama and Tissier; 1982). This is interesting in relation to earlier comments on the repatriation of male industrial workers in Europe. The appearance of women in the contemporary industrial workforces of newly industrialised regions is a relatively new phenomenon dating back a mere 20 years. The selective industrialisation of the so called III World in the above cited regions has taken the form of the establishment of subsidiaries of multinational corporations in a restricted number of product areas: electrical goods, electronics, textiles and garments, toys. Located usually in Free Trade Zones, modelled on the prototype opened in Shannon, Ireland in the early sixties, this enclave form of industrial development, in determined geographical zones, equipped with the necessary infrastructures and utilities and benefiting from a range of fiscal incentives, has contradictory consequences. On the one hand it constitutes for the countries in question a limited form of capital inflow and generator of foreign export earnings. On the other hand, the internationalisation of capital, incorporating these regions into the world capitalist market, contributes to their under and uneven development and has not significantly redressed the imbalances in industrial trade between the rich and poor regions of the globe. For women the consequences are even more contradictory. Many of the export-oriented development programmes of these newly industrialising



regions had been undertaken to mop up chronic male unemployment and emigration :the case of Ireland and Mexico.What these programmes ACTUALLY did was provide 'jobs for the girls' in many instances; contribute to the internal migration of women and increase the pool of official unemployed by the addition of unemployed or job seeking young women.

#### THE CHARACTER OF EXPORTED CAPITAL

Contrary to the much cited notion that cheap labour is the principal or sole attraction for the expansion of industrial capital to newly industrialising regions, other factors may be equally or more important. Among the latter are the tax/fiscal environments in the case of Ireland and proximity to the export markets (Mexico-U.S.) or reduced environmental costs (Calgano, Jokobowicz; 1981).

Reduced environmental costs involve dispensing with the capital costs of building pollution control and monitoring systems into the design and management costs of production, dispensing with health and safety programmes, medical insurance, or employer liability insurance programmes. These costs are rising and rising. Between 1973 and 1979, some 60% of U.S. industrial investment was destined to cover anti-pollution costs. In non-ferrous metal production, the anti-pollution costs were 22%, in paper 16% (Calgano and Jokobowicz; 1981, 86).

By setting up factories overseas in countries with paltry or minimal environmental and occupational safety laws and practices,

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these costs can be considerably reduced. Indeed the savings can be calculated for asbestos, textiles and heavy metal using industries (Castelman; 1979, 571). These costs rose sharply in the U.S. in the early 1970's, following strong occupational health and environmental lobbies both inside and outside industrial workplaces. The U.S. labour movement made inroads with the passage of the 1970 Occupational Safety Health Act 1970, the Toxic Substances Act 1976 and the Californian Occupational Carcinogens Control Act of 1977. The difference in costs of breaking one of the U.S. laws and their equivalent in a III World environment is wide ! For example, a breach of the 1977 Californian Act could cost a company \$1000, while a breach of the Mexican 1945 equivalent would cost only £45 - a saving of £955 per breach of regulations (Castelman; 1979, 577).

The proliferation of electronic, electrical and nuclear using industries generates specific hazards to the reproductive processes of women and men. The electronics and electrical industry is a most hazardous industry in the numbers of toxic substances to which an employee might be exposed. About 80% of the 600,000 Asian electronics and electrical workers are women and are young in their child bearing years (Urban Rural Mission; 1983). In the U.S. nearly half of all occupational disease reports from women workers arise from electrical and electronic manufacture (Hricko. Brunt; 1976, D-35). Electronic manufacture involves the use of acids and solvents to clean tiny computer and micro chip parts degreasing agents and fume-emitting soldering processes.



Ireland has no nuclear power industry and no nuclear power plants, thanks to a strong anti-nuclear movement between 1977 and 1980. Nevertheless, over 200 factories have licenses to use low level radiation in the production process. The protection for women workers under the law is not satisfactory. There is no safe level of exposure to low-level radiation. The medical profession concedes that, insofar as women are no longer X-Rayed in hospitals unless they can state that they are not pregnant. Pregnant women however, are not prohibited from working with low-level radiation. So called "safe" exposure levels have been set for the duration of their pregnancy and this despite a clause in the Irish Constitution which gives an absolute "right to life to the unborn".

In the U.S. the case of the American Cynamid company has become a catchword for the problems of reproductive hazards. (Mereson:1982:6) In the 1970's the company announced that only women who could prove that they were sterile or beyond the childbearing years could continue to hold jobs in the lead-using pigments area of the factory. The company told women workers that new laws would soon be drafted banning women from work in this area. Five women at the plant decided to have themselves sterilised in order to hold onto their jobs. The new rules were never made, indeed research shows that lead affects men AND women. The American Civil Liberties Union sued American Cynamid on behalf of the five women in 1980 claiming among other items, damages for the women. American Cynamid closed down their pigments division 'for

business reasons'. This is an interesting case in that the company's policy to protect the reproductive rights of women was based on the presumption that lead does not affect men. Sex-neutral health policies would have been in the interests of both men and women workers.

The extent of awareness and activity on work-hazard issues among some American trade unions is illustrated by the work of the Oil Chemical and Atomic Workers Union (OCAWU) on reproductive issues. On 26th January 1980 the OCAWU held a Conference on Reproductive Rights in Denver, Colorado. In attendance were trade unionists, lawyers, researchers, toxic substance researchers, a representative of the U.S. Department of Labour and representatives in uniform of the U.S. military. The U.S. military representative was there to defend the interests of companies with military contracts as well as the U.S. Army's own research and production facilities. The Government representative warned that women must make a choice between Equal Rights at work or reproductive rights, but not both. She presented them as mutually exclusive rights. Special protection for women contradicts Equal Opportunity legislation. Vilma Hunt, a specialist in research, a scientist specialising in agents which can damage the foetus warned women that their most vulnerable moments were during the first four weeks of pregnancy, when they were usually unaware of their state. The conflicting exhortations appeared to be a case of 'one step forward, two steps back.'



In a submission to the Commission on Health Safety and Welfare at Work in Ireland, the Council for the Status of Women proposed that substances known to be damaging to women's reproductive capacities, should be removed from the workplace (Jackson; 1981).

The Commission in its final Report stated:

" It is our view that exposure to hazardous materials should be reduced to the lowest technologically feasible level." (Commission; 1983, 226)

This of course merely begs the question of who or what determines a technologically feasible level of low exposure, and by what criteria ?

To get around some of the problems of toxic exposure and employer liability, a number of large U.S. chemical corporations have practiced genetic screening of potential and current employees. By examining blood and tissue, medical consultants to the companies hope to detect groups of workers who would be more vulnerable to certain diseases and health damage. Dow Chemicals and Du Pont have both undertaken genetic screening of workers. This has given rise to a most heated debate as to whether genetic screening is actually possible, as well as whether it is desirable, ethical or legal (New York Times; 1980). The logic of such practices is worth extrapolating. Dr John H Weisburger of the American Health Foundation suggested as far back as 1977 that hiring older employees could help resolve the problem of toxic exposure where cancer inducing agents was involved (Severo; 1980). Writing in the journal of the American Chemical Society, he stated:

"We should consider dosage and time together when selecting individuals where exposure to carcinogens

might occur...In older persons, low total doses would be possible over the remaining years of employment since the total lifespan for cancer development would be limited". (Severo, New York Times, February 3rd 1980).

Weisburger's proposal evades the Equal Opportunities dilemma by proposing that one regards older workers as expendable as far as health is concerned.

Health screening is already a standard personnel procedure for jobs across a wide spectrum of the public and private sectors. Some overseas companies in Ireland require a medical examination by the company doctor, a colour blindness test and a self declaration by potential employees that they have not ever suffered from a number of disorders such as migraine, asthma, or allergies. False information in this regard is grounds for dismissal. Genetic screening is a rather more sophisticated extension of these procedures which are already in position. The widespread use of health screening of employees as opposed to the reduction of health risk in the workplace could alter radically the health profile of industrial workforces compared to the non-employed. Thus a company employing a workforce in a given geographic area, and selecting only the most healthy, might, with effective screening, employ only the most robust and resilient persons of this catchment area. However, in the event of environmental pollution from the same plant via leakages, haulage accidents, spills and accidental air borne pollution, the surrounding population will be correspondingly MORE vulnerable, since the local residents and communities (excluding factory workers) will be composed of the very young, the elderly, the rejected employ-



ees, residents with poor health records and so on. A corollary, therefore, of screening the unhealthy OUT of one's workforce is the retention IN the community of the weaker and more vulnerable. However the

problems of evacuating such a population in the event of a toxic leak were illustrated in the case of the Union Carbide disaster in Bhopal, India as well as earlier at Three Mile Island in the U.S.

Media coverage of the accident at the Three Mile Island nuclear power plant was at pains to direct itself to the surrounding community who believed themselves to be at risk from exposure to airborne radioactive substances. A particular hazard was the release of the radionuclide Iodine which is attracted to the thyroid gland where it tends to concentrate. This would be damaging to humans as well as to the growing foetus of pregnant mothers. Following the accident, 100,000 persons evacuated themselves without official assistance. Pregnant mothers and small children were advised to evacuate themselves after a warning of the desirability of this was issued at a local Press Conference by scientist Ernest Sternglass (Sternglass; 1981). The shelter to which some mothers went was only five miles from the affected plant and well within the 'danger' zone. Government spokespeople stressed at the time and since, that no one died at Three Mile Island. This is strongly disputed by Sternglass (1981; 241-275) who alleges that attempts were made to alter the U.S. Monthly Vital Statistics on Births and Deaths. Following the 'errors' he detected in the

returns, adjustments were made to the statistics. From his own study of data from local maternity hospitals, he estimates that infant mortality rose by 93% in the months after the Harrisburg accident. Causes of infant death were: prematurity, underweight, and respiratory difficulties. It was not possible to estimate how many pregnant women sought therapeutic abortions compared to previous periods, since the data in the opinion of Sternglass, are also defective. Despite the known dangers of radiation exposure and the severity of the Three Mile Island Accident, reports of government spokespersons and the reactor owners persistently downplayed any potential for health hazard by persistent comparisons of exposure levels to that of a 'chest X-Rays' and 'Dental X-Rays' (Levidov; 1979, 85).

There is a fear that raising the theme of reproductive freedom may legitimise restricted access to comprehensive birth control services or appear to demean equal opportunity legislation. This is a real dilemma. In the case of laws to protect women's reproductive rights

"The difficulty is in identifying discriminatory legislation with a valid medical or social purpose and distinguishing it from that which merely imposes an unnecessary restriction upon equality of opportunity" (Barrett; 1978, 60).

On February 2nd 1985 a High Court case opened in Dublin Ireland. The plaintiffs were a dairy farmer and his family. The accused were the Merck, Sharp and Dohme Chemical Corporation of New Jersey U.S. and their subsidiary plant in Ireland located in the fertile agricultural valley of the Golden Vale in Tipper-



ary. Over a period of years, the farmer's cattle have been dying of a mysterious disease. He thinks it is caused by airborne pollution coming from the factory which manufactures bulk chemicals into compounds for drugs. His cattle have given birth to monster calves, numerous multiple births, and weak calves who died at birth. During the court case, evidence was presented that Merck, Sharpe and Dohme had repeatedly emitted toxic gases into the valley above the levels permitted in their planning permission. This was occurring at a time when the hormone cycles of the cattle, both cows and bulls, had become disrupted. Mass spectrometry and lichen (botany) tests commissioned by the farmer revealed that both animal and plant life were severely polluted and poisoned by industrial chemicals. Other tests revealed traces of the lethal contaminant Dioxin in the valley. The farmer lost his case and has lodged an appeal to the Supreme Court in Dublin.

Locally, some farmers hope that this is not 'Ireland's Seveso' and have been reading the Italian events with interest. Others compare it to British Nuclear Fuels Windscale plant with its persistent leaks of radioactive substances into the Irish Sea. Yet others wonder whether chemicals which, in their opinion may have reproductive and mutagenic effects on cattle, could also be interfering with humans. The question remains unanswered. No studies of human health in the affected area have been carried out.

one of the Windscale accidents.



CONCLUSIONS

Industrialisation has always brought in its wake secondary and harmful consequences. This is not what is under discussion in this paper. The internationalisation of toxic capital is bringing to non-industrial regions of the world exposures to reproduction-damaging substances without the benefits of industrialisation, or scientific infrastructure to evaluate the merits and negatives of specific installations. The export of certain types of capital is closely connected, some would say determined by, the strength of the environmental and health and safety lobby in the industrialised countries of the Northern Hemisphere. The rise of women's share of jobs in selected industrial branches at a time when women seek equality of opportunity and the right to continue their working lives along with childrearing opens up a new set of struggles for women to create a working environment safe enough for women and for men. The relocation of industries to selected industrialising countries will transfer reproductive hazards, resisted by social movements, trade unions and civil suits in the country of origin, to areas and regions unprepared and as yet unexposed to such hazards. The location strategies of some branches of industry combined with the rise of young women in III World industrial workforces has shifted the debate on hazardous industry to a new concern for reproductive freedom in the III World. This is occurring at a time when major world organisations are concerned at the population growth of some developing countries. The matter is further complicated by the fact that in

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several of these new industrialising countries and regions: Mexico, the Philippines, and Hong Kong to an extent, the strength of the Catholic Church has blocked developments in birth control programmes. In the event of major toxic accidents, abortion is difficult to avail of and indeed might not be a chosen option among religious minded peoples in the populations at risk. In the words of Oil Chemical and Atomic Workers' Anthony Mazzochi :

"Workers are going to find out that because of their labour the children they worked for and hoped would have a better life, will instead have abnormalities. There never was an era like the eighties will be. People will see the damage that has been done " (New York Times; 1980). :E"



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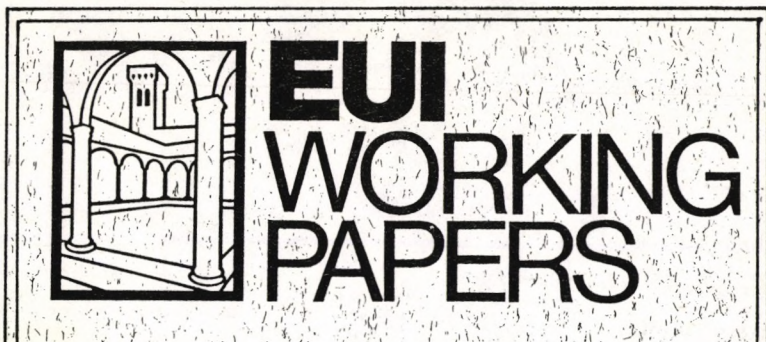
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