“Direct Threat under the ADA”

I. Overview

A truck driver with epilepsy has a seizure while driving at work. A surgical nurse with HIV cuts herself during a medical procedure. A postal worker with post-traumatic stress disorder tells his supervisor that he may not be able to control his violent outbursts. Can an employer remove a person with a disability from a job if it is believed that the person poses a health or safety risk within the workplace?

Courts have ruled that under Title I of the Americans with Disabilities Act (“ADA”), an employer may exclude an individual from a job if that individual would pose a direct threat—a significant risk of substantial harm—to the health or safety of the individual him or herself or to others that cannot be eliminated or reduced by a reasonable accommodation. However, in order to ensure that employers do not unjustly exclude people from the workplace based on unwarranted fears, generalizations, stereotypes, or myths about a particular disability, the ADA requires that employers engage in an individualized assessment that is based on reasonable medical judgment relying on the most current medical knowledge and/or on the best available objective evidence.

This brief will review the foundations of direct threat; the current law as stated in the ADA and the EEOC regulations and guidance; the scope of direct threat, including who it applies to and where the conduct can take place; who has the burden to prove direct threat, the employer or the employee; how employers should assess the potential harm; what medical evidence should be used; and how reasonable accommodation issues affect the analysis of direct threat.

II. The Foundations of Direct Threat: The Rehabilitation Act and the Arline Decision

The foundations of the ADA’s direct threat provisions can be found in the U.S. Supreme Court’s decision in School Board of Nassau County v. Arline, 480 U.S. 273 (1987). In Arline, a teacher with tuberculosis was terminated from her elementary-school teaching position. Subsequently, she brought suit, alleging that her termination violated Section 504 of the Rehabilitation Act. Section 504 prohibits discrimination by employers receiving federal funding against otherwise qualified individuals with disabilities solely on the basis of their disability. When the case reached the Supreme Court, it presented the question of whether a person with a contagious disease was deemed a person with a disability within the meaning of Section 504, and, if so, whether such an individual is ‘otherwise qualified’ to teach elementary school. Based on her record of hospitalization, which established substantial limitations regarding her
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major life activities, the Court held that Arline was an individual with a disability.\(^5\)

After finding that an individual with a contagious disease is covered by Section 504, the Court ruled that the school district must make an individualized assessment to determine whether, despite her disability, the teacher was qualified:

The fact that some persons who have contagious diseases may pose a serious health threat to others under certain circumstances does not justify excluding from the coverage of the Act all persons with actual or perceived contagious diseases. Such exclusion would mean that those accused of being contagious would never have the opportunity to have their condition evaluated in light of medical evidence and a determination made as to whether they were “otherwise qualified.” Rather, they would be vulnerable to discrimination on the basis of mythology—precisely the type of injury Congress sought to prevent.\(^6\)

To determine whether Arline was qualified, the Court stated that the district court would need to conduct an individual inquiry to balance “protecting handicapped individuals from deprivations based on prejudice, stereotypes, or unfounded fear, while giving appropriate weight to such legitimate concerns of grantees as avoiding exposing others to significant health and safety risks.”\(^7\) The Court directed the district court to consider four factors: (1) the nature of the risk, (2) the duration of the risk, (3) the severity of the risk, and (4) the probability of the risk and likelihood of the harm.\(^8\)

The Supreme Court’s analysis in Arline has been incorporated into the ADA’s direct threat provisions, as can be seen in the ADA’s text, the EEOC’s regulations, and federal court cases focusing on direct threat.

III. Current Law
A. The ADA and Direct Threat

In the “Defenses” section, the ADA provides that, under certain conditions, covered employers may impose qualification standards that establish specific requirements for positions. Specifically, Section 12113(a) provides:

It may be a defense to a charge of discrimination . . . that an alleged application of qualification standards, tests, or selection criteria that screen out or tend to screen out or otherwise deny a job or benefit to an individual with a disability has been shown to be job-related and consistent with business necessity, and such performance cannot be accomplished by reasonable accommodation . . . \(^9\)

Section 12113(b) continues that “[t]he term ‘qualification standards’ may include a requirement that an individual shall not pose a direct threat to the health or safety of other individuals in the workplace.”\(^10\) The ADA defines direct threat to mean “a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation.”\(^11\)

B. EEOC Regulations and Direct Threat

The definition of direct threat in the EEOC’s regulations adds additional language to the ADA’s definition. The regulation states that a direct threat is “a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.”\(^12\) (Language added to the regulation is in bold)

First, the EEOC regulations state that to prove direct threat not only requires a “significant risk,” but also requires that there be “substantial harm.” So, if there is a “significant risk” that a person with epilepsy will have a seizure at work, but it cannot be shown that the seizure would cause “substantial harm,” under the EEOC’s regulation, that person would not be deemed a “direct threat.”

Second, the EEOC regulations broaden the scope of “direct threat.” Although the text of the ADA limits direct threat to the health and safety “of others,” the EEOC expands direct threat to also
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include the health and safety “of the individual.” The U.S. Supreme Court upheld the EEOC’s act to broaden the scope of direct threat to include threats to oneself in *Chevron U.S.A. Inc. v. Echazabal*, 536 U.S. 73 (2002), which is further discussed in Part IV.

Third, the EEOC regulations state that if the threat can be “reduced” by a reasonable accommodation so that the person is no longer a significant risk of substantial harm, then there is no direct threat. This is broader than the text of the ADA, which states that the reasonable accommodation must completely “eliminate” the threat.

Additionally, the EEOC regulations set forth the standard for whether an individual is a direct threat. Under the regulations, a decision whether an individual presents a direct threat must be based on a particularized inquiry. Such a determination must be based on “an individualized assessment of the individual’s present ability to safely perform the essential functions of the job” which itself must be based on “a reasonable medical judgment that relies on the most current medical knowledge and/or on the best available objective evidence.” The assessment should consider four factors: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that the potential harm will occur; and (4) the imminence of the potential harm.

These are essentially the same four factors articulated by the Supreme Court in the *Arlene* case discussed above.

The EEOC’s Interpretative Guidance to 29 C.F.R. § 1630.2(r) emphasizes the “case by case” determination of whether an employee poses a direct threat. According to the EEOC:

> The employer should identify the specific risk posed by the individual. For individuals with mental or emotional disabilities, the employer must identify the specific behavior on the part of the individual that would pose the direct threat. For individuals with physical disabilities, the employer must identify the aspect of the disability that would pose the direct threat. The employer should then consider the four factors listed in part 1630.

The Interpretative Guidance also states that the determination must be based on individualized factual data, using the factors discussed above, rather than on stereotypic or patronizing assumptions and must consider potential reasonable accommodations.” Relevant evidence may include input from the individual with a disability, the experience of the individual with a disability in previous similar positions, and opinions of medical doctors, rehabilitation counselors, or physical therapists who have expertise in the disability involved and/or direct knowledge of the individual with the disability. An individual may not be disqualified based on fears, generalizations, stereotypes, or myths. Interestingly, many direct threat cases involve people with HIV, epilepsy, mental illness and diabetes. A common component in these cases is that there continues to be a great deal of fear, ignorance, stereotypes and stigma associated with these four disabilities which confirms EEOC’s view that employers need to engage in individualized assessments when conducting direct threat analysis.

IV. The Scope Issue: Who and Where?
A. Who: Direct Threat to Self and Others

As noted above, the EEOC regulations broaden who is covered by the ADA’s direct threat provision. Although the ADA limits direct threats to the health and safety of others, the EEOC regulations expand the definition to include a threat to one’s own health and safety. As a result, there was confusion in the workplace as to the scope of the direct threat and courts were split on this issue as well.

In 2002, the U.S. Supreme Court resolved this conflict and upheld the EEOC’s interpretation of the scope of direct threat. In *Chevron U.S.A. Inc. v. Echazabal*, 536 U.S. 73 (2002), a person with Hepatitis C sought to work at a refinery where he would be exposed to chemicals. Although Mr. Echazabal’s own physician did not believe it would be unsafe for him to work at the refinery, the employer’s physician believed the exposure to the chemicals would pose a threat to Mr. Echazabal’s health, and he was not hired for the position. Mr. Echazabal filed suit under the ADA and the employer, relying on the EEOC regulations, argued that direct threat should include threat to self and
not just a threat to others. The Supreme Court agreed with the employer and held that the EEOC regulation was permissible finding that it balances Congress’ policies that provide that individuals with disabilities have the right to work on equal terms in the workplace and that protect the safety of all employees.20 The Supreme Court also stated that to rule that employers cannot use “threat to self” as a defense would put the ADA at odds with an employer’s obligation under the Occupational Health and Safety Act (OSHA) requiring a safe workplace for employees.21 Additionally, the Court stated that the EEOC regulations contained sufficient safeguards to addresses the concern that employers will use the direct threat defense in a paternalistic way to exclude people with disabilities from the workplace. Under the EEOC’s regulation, an employer would have to demonstrate that its determination that an employee is a threat to self is based on reasonable medical judgment that relies on the most current medical knowledge and is an individualized assessment of the person’s present ability to safely perform the essential functions of the job.22

As noted above, the cases addressing the issue of off-the-job conduct have been limited to those involving public safety. Generally, courts are more deferential to employers when issues of public safety are involved. It is unclear whether courts would extend its rulings in these cases to employers outside of the public safety context.

Currently, the courts are split over who has to prove direct threat – the employer or the employee. Although the EEOC and numerous courts that have looked at this have found that direct threat is a defense, and therefore something the employer has to prove, some courts have found that direct threat is part of the employee’s requirement of showing he and she is “qualified.” According to the Seventh Circuit:

B. Where: Direct Threat Based on Off-Duty Conduct

Courts have held that direct threat may extend to cases where the threat stems from off-duty conduct, though, thus far, the cases are limited to unsafe, off-duty conduct by police officers with alcoholism or drug use. In Johnson v. New York Hospital, the Second Circuit held that a jury could properly consider an employee’s off-duty conduct of appearing at work intoxicated and subsequent fighting with security guards in determining whether his continued employment constituted a direct threat.23 The court found that “[t]o turn a blind eye towards such conduct is justified neither by logic nor sound policy [because the employee’s] off-duty actions are relevant to whether his employment may pose a threat to the safety of others . . . .”24 In Brennan v. New York City Police Department, a transit officer was fired after leaving his service revolver in a bag on the subway after drinking four beers at two bars.25 Subsequently, the officer filed suit under the ADA, claiming he was forced to resign because of his alcoholism.26 In its decision, the Second Circuit noted that the officer’s actions violated the rules and regulations of the New York City Transit Police Department that were “consistent with the ADA, which permit an employer to impose a job requirement that its employees ‘shall not pose a direct threat . . . ’.”27 In Mauil v. Division of State Police, a Delaware district court held that because “ensuring public health and safety is the sine qua non of [a police officer’s] job,” a state trooper’s alcoholism—including drinking while off duty and on probation—so affected his performance that he “pose[d] a considerable threat to the health and safety of the public and his fellow troopers,” such that he was not qualified.28 In McKenzie v. Benton, the Tenth Circuit, while noting that being a sheriff was an inherently dangerous job, took into account the plaintiff officer’s “reckless and dangerous” off-duty conduct, including firing her service revolver into her father’s grave when off-duty, self-inflicting wounds, and overdosing on drugs, to place the burden on the plaintiff to prove she was not a direct threat.29

V. Who has Burden of Proving Direct Threat?
The courts’ confusion stems from the language of the ADA itself, since the statute includes the direct threat language in a section entitled “Defenses,” which suggests it is a affirmative defense on which the defendant bears the burden of proof, but also classifies the direct threat analysis as a “qualification standard,” which suggests that the plaintiff bears the burden of proving that he or she does not constitute a direct threat, as part of the burden to prove he or she is qualified.

The U.S. Supreme Court has not addressed the issue of which party bears the burden of proving a direct threat, but has referred to the principle as the “direct threat defense.” The EEOC deems direct threat to be a defense for which a defendant employer bears the burden of proof.

There is a three-way split among the circuits as to the allocation of the burden to prove a direct threat. First, the Seventh, Eighth, and Ninth Circuits have held that the burden is on the employer to show a direct threat. The Second Circuit has touched on the issue, noting that the burden is on the employer, but later suggested that the issue could be open to argument. Second, in contrast, the Eleventh Circuit has stated the burden rests on the employee. Third, in a middle-ground approach, the First Circuit has developed a burden-shifting framework. It concluded that, because a plaintiff applicant/employee must show he or she is “qualified” to perform the essential functions of the position in question, if essential functions implicate safety concerns, the plaintiff must show he or she is not a direct threat; however, if the issue arises merely by way of an employer’s defense—that is, the position’s essential functions do not implicate safety concerns, the burden is on the defendant employer to show a direct threat. The Tenth Circuit follows the approach of the First Circuit. While the Fifth Circuit has yet to fully resolve the issue, precedent and several dissents support burden-shifting schemes. Of the remaining circuits, the Third Circuit has reserved judgment on the issue, and the D.C. Circuit has declined to decide the issue.

Since the Supreme Court has not ruled explicitly on which party bears the burden of proof, employers and employees should research this issue carefully when litigating a direct threat issue.

### VI. Assessing the Potential for Harm

As noted above, under EEOC regulations, an employer’s decision regarding whether an individual poses a direct threat to health or safety must be based on “an individualized assessment of the individual’s present ability to safely perform the essential functions of the job.” The individualized assessment must be based on “a reasonable medical judgment that relies on the most current medical knowledge and/or on the best available objective evidence.” The assessment should consider four factors: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that the potential harm will occur; and (4) the imminence of the potential harm.

The U.S. Court of Appeals for the 7th Circuit explored these four factors in detail in the case of Branham v. Snow. Mr. Branham claimed that his employer, the Internal Revenue Service (“IRS”), violated the Rehabilitation Act of 1973 (“Rehab Act”) when it failed to hire him as a Criminal Investigator. Mr. Branham, an individual with diabetes, worked for the IRS for twelve years before applying for this position. Due to the factually intensive individualized nature of direct threat situations, the court provided a thorough explanation of Type I diabetes and how it affects Mr. Branham:

Mr. Branham has Type I insulin-dependent diabetes, a noncurable metabolic condition characterized by elevated blood sugar (hyperglycemia). This condition requires the use of insulin to lower their blood sugar levels (the long term effects of chronically elevated blood sugar include heart disease, kidney disease, nerve disease and blindness). However, excessive use of insulin may cause too much sugar to leave the bloodstream, leading to abnormally low blood sugar levels.
(hypoglycemia). A person with mild to moderate hypoglycemia may experience symptoms including tremors, sweating, irritability, confusion and drowsiness. Eating simple carbohydrates will raise the blood sugar level in an individual with mild to moderate hypoglycemia. Severe hypoglycemia may lead to unconsciousness and convulsions and can be life-threatening.

In order to keep his blood sugar at an appropriate level, Mr. Branham follows a treatment regimen formulated by his physician, Dr. Paul Skierczynski. Mr. Branham must check his blood sugar level four to five times a day. He controls his blood sugar through the use of insulin and through diet and exercise. The readings produced by Mr. Branham's blood sugar tests dictate the amount of insulin that he must administer, as well as when and what type and amount of food he can eat. It is possible for Mr. Branham to skip or delay meals on occasion.

Although Mr. Branham never has experienced a severe hyperglycemic or hypoglycemic reaction, approximately once every three weeks he does suffer from minor reactions to low blood sugar, including trembling and sweating. At all times, Mr. Branham keeps with him additional insulin and a certain amount of carbohydrates, for use in the event his blood sugar level falls below an acceptable level.47

The IRS requirements for the position include operating a motor vehicle and "moderate to arduous physical exertion involving walking and standing, use of firearms, and exposure to inclement weather." IRS "Special Medical Requirements" for the position provide that:

[A]ny condition that would hinder full, efficient performance of the duties of these positions or that would cause the individual to be a hazard to himself/herself or to others is disqualifying.50

The IRS decision was based on the determination of its physician, Dr. Miller, who reviewed "Mr. Branham's medical history, the results of his medical examination and the report of his private physician."51 Mr. Branham's physician, on the other hand, "concluded that Mr. Branham could perform the duties of a criminal investigator."52

In examining the direct threat issue, the court looked closely at the four factors identified in EEOC regulations that are cited above. Regarding the duration of the risk, the IRS asserted that Mr. Branham had experienced significant long term and short-term changes in his blood glucose levels that could affect his performance. Mr. Branham and his physician acknowledged that diabetes cannot be cured but felt that Mr. Branham "has exceptional control over his blood glucose levels and has 'full awareness of all his reactions.'” As a result, Mr. Branham is able "to respond promptly to low blood sugar levels’ and there is no "real... duration of risk.” For purposes of summary judgment, the court "believe[d] that a reasonable trier of fact could conclude that the duration of any risk would not be significant.”

As for the nature and severity of the risk, the court acknowledged that the severe hypoglycemia could
cause “incapacitation, confusion, coma and death,” but noted that Mr. Branham “never has lost consciousness and he never has experienced physical or mental incapacitation as a result of mild hypoglycemia.” As a result, the court found for Mr. Branham on this issue as well.

In reference to the likelihood of the potential harm, the IRS asserted that Mr. Branham’s program of intensive treatment was “associated with increased risk” of severe hypoglycemia and that some of the job responsibilities “may increase this risk although no “statistical evidence” was provided. Mr. Branham’s physician countered this assertion by placing the risk of Mr. Branham suffering a severe hypoglycemic reaction at 0.2% per year. The court concluded that, based on Mr. Branham’s evidence, “a reasonable jury could conclude that the likelihood of the harm that the IRS fears is quite low.”

Regarding the fourth EEOC factor, the imminence of the potential harm, Mr. Branham noted that he “has never suffered any period of incapacitation or other hypoglycemic episode [at work or elsewhere] and there is no medical evidence … that he will do so in the future.” The IRS responded by stating, that, “Such an assertion is not supported by logic.” The court disagreed with the “logic” of the IRS stating:

On this record, a reasonable trier of fact could conclude that Mr. Branham can prevent severe hypoglycemia from occurring by maintaining his treatment regimen and vigilantly testing his blood sugar levels, thereby allowing himself to calculate accurately how much insulin he should administer himself and how much and what type of food he will need to ingest. On this record, a reasonable trier of fact could conclude that this practice eliminates any imminence with respect to the risk of harm. Based on its detailed direct threat analysis of the four factors, the court reversed the district court’s holding for the employer on summary judgment. The appellate court held:

On the record in this case, a reasonable trier of fact could find that Mr. Branham is qualified for the position of criminal investigator. Therefore, we must conclude that the IRS is not entitled to summary judgment on the question of Mr. Branham’s qualifications. [internal citation omitted]. Mr. Branham has raised a genuine issue of material fact as to whether he can perform the essential functions of the position of criminal investigator without becoming a threat to the safety of himself or others. On this record, the [IRS] has not established otherwise.

Branham v. Snow is noteworthy for its intense direct threat analysis. This opinion shows the importance of medical evidence and on performing the required “individualized assessment.” Almost all IRS assertions were based on its assumptions regarding diabetes in general, not on how the condition affects Mr. Branham. Due to its faulty analysis that was based on stereotypes rather than an individualized assessment based on the “best available” medical information, the appellate court held that a jury could conclude that the IRS unlawfully refused to hire Mr. Branham as a Criminal Investigator.

However, if an employer does an individualized assessment of an individual’s diabetes or other medical condition, and finds that the individual’s condition causes a direct threat, it may be justified in terminating or refusing to hire the individual. For example, in Darnell v. Thermafiber, Inc., another Seventh Circuit case involving an individual with insulin dependent Type 1 diabetes, the plaintiff admitted that his diabetes was not under control (unlike Mr. Branham). As a result, the court affirmed summary judgment for the employer after it refused to rehire the job applicant. Before applying for employment, Mr. Darnell had worked for Thermafiber as an Operator through a temporary placement agency from October 2000 through May 2001. The position requires working around heavy machinery in extremely hot conditions. Before starting work, Mr. Darnell passed a preemployment physical given by a “nurse practitioner.” In April 2001, Mr. Darnell applied for employment directly with Thermafiber. While working there, he had not had “any debilitating episodes… related to his diabetes.”

When Mr. Darnell applied in April 2001 for direct hire, he was required to undergo a pre-
employment physical with a physician consisting of "a urine glucose test and interview." Based on these two procedures, Thermafiber’s physician, "whose practice includes 180 diabetes patients," determined that Mr. Darnell’s "diabetes was not under control; as a result he felt there was no need to conduct further tests or review Darnell's medical chart." The physician was “shocked” by Mr. Darnell’s “disinterest” in his condition and concluded that his uncontrolled diabetes rendered him unqualified for the position as he posed a direct threat. The doctor based the conclusion on his belief that the risk of harm was “significant,” and that there was “a very definite likelihood” that “harm could occur.” The doctor stated that it was “a reasonable medical certainty that Darnell would pass out on the job ... sooner or later ...”

Mr. Darnell argued that this limited examination did not constitute an individualized assessment, that he did not pose a direct threat as he has not experienced any hypoglycemic events, and that Thermafiber failed to investigate or provide reasonable accommodations such as “additional food and water breaks.” The court did not agree with any of Mr. Darnell’s arguments stating, “where the plaintiff's medical condition is uncontrolled, of an unlimited duration, and capable of causing serious harm, injury may be considered likely to occur.” The court noted that Thermafiber’s physician assumed that the requested accommodations would be in place. The court found that harm was likely even though Darnell worked safely on the job for ten months.

The U.S. Court of Appeals for the Fifth Circuit came to a different conclusion in a case involving an individual with allegedly uncontrolled Type II diabetes. In Rodriguez v. ConAgra Grocery Product Co., the court held that the fact that the diabetes was not controlled was irrelevant as the employer did not conduct an independent, individualized assessment and based its decision on generalizations and false beliefs. The court distinguished this case from other cases involving uncontrolled diabetes by noting that this case involved an impairment that was “regarded as” being substantially limiting even though it was actually was not so limiting. Therefore, the court concluded that, “applying the supposed ‘failure to control’ rule in a ‘regarded as’ case just makes no sense.

In a case involving mental illness, Hatzakos v. Acme American Refrigeration, Inc., an "technician's helper/trainee" was placed on unpaid leave immediately after disclosing that he had depression at a meeting discussing her attendance. The leave was to last until Mr. Hatzakos’ supervisor “could speak with plaintiff's psychiatrist regarding his condition and/or a ‘light duty’ assignment could be found.” The supervisor had observed that Mr. Hatzakos seemed to be “in his own world” at times and “would stand by himself, refusing to interact with his co-workers.” Plaintiff was under treatment with a psychiatrist, allegedly for “Bipolar II Disorder, Panic Disorder without Agoraphobia, and Dependent Personality Disorder.” His physician described his condition as “stable, [but a] few times a year he experiences mild depressive episodes and brief hypo manic episodes of his mood disorder.”

The employer spoke with Mr. Hatzakos’ physician but was not “satisfied” with the doctor’s opinion as he could “not guarantee that the medications did not pose a danger to [Mr. Hatzakos], his peers and the client while performing some of the more demanding duties.” Mr. Hatzakos was then terminated for frequent absences and for posing a direct threat. The court found that the company’s attendance policies were “unclear” and held that “a reasonable trier of fact could find that plaintiff's absences did not violate Refrigeration’s "Rules of Conduct."

The court also disagreed with the employer’s assertion that Mr. Hatzakos posed a direct threat due to the inability of the doctor to “guarantee” safety. The court stated that this was not enough to show a “significant risk of "substantial harm" as the ADA requires especially as the employer failed to conduct an individualized assessment. The court stated:

Nowhere in defendants' briefs have they identified the nature of the risk posed by plaintiff's psychological disorders or medications, must less the likelihood or imminence of the potential harm... The probability of significant harm must be substantial, constituting more than a remote or slightly increased risk.
The court also held that there was evidence that the employer failed to reasonably accommodate the plaintiff before determining that he was unqualified or posed a direct threat. Although plaintiff was instructed to call in periodically to see if a “part-time position was available,” no position ever was available and plaintiff was never provided an update as to his employment status. The court that this created a question as to whether defendants “engaged in the interactive process in good faith.” For all of these reasons, the court denied the employer’s motion for summary judgment.

These cases demonstrate the importance of employers basing their decisions on an individualized assessment utilizing the “best available objective... medical evidence.” When employers base decisions on generalizations, myths, or stereotypes associated with a medical condition rather than on objective evidence, they are on shaky legal ground. However, when employers have medical evidence that demonstrates a “significant risk of substantial harm,” such as in the Darnell case, its finding that a direct threat exists is likely to be upheld. Employers must also be sure to investigate whether a reasonable accommodation can eliminate or reduce any perceived threat or enable an employee to be qualified. Failure to do so was particularly harmful to the employer in Hatzakos as was the lack of clear and consistent attendance policies.

As noted previously, employers may only request that employees undergo medical examinations and inquiries that are job-related and consistent with business necessity. This requirement is satisfied when an employer has:

[A] reasonable belief, based on objective evidence, that: (1) an employee’s ability to perform essential job functions will be impaired by a medical condition; or (2) an employee will pose a direct threat due to a medical condition.”

After basing a request for medical information on objective evidence, employers should be aware that the nature of the medical evidence relied upon is important. Employers are generally on strong ground if there is medical substantiation for the conclusion that the employee poses a direct threat to health and safety. However, when employers rely on the opinion of company doctors or on stereotypes, and ignore contrary medical opinions, especially those of treating physicians, courts are less likely to find for the employer.

It was held that the company complied with the ADA in Ward v. Merck & Co., when it terminated a pharmaceutical company chemist with mental illness, including anxiety and panic disorders, for failing to comply with the company’s demand for a fitness for duty evaluation. Mr. Ward’s co-workers & supervisors became concerned about his performance and behavior when “Ward began to engage in strange behavior” including having a “temper tantrum,” walking around like a “zombie,” and causing a disruptive “episode in Merck’s cafeteria” that resulted from a “brief psychotic disorder.” As a result of Mr. Ward’s behavior, his difficulties interacting with others, and his limited productivity and participation at work, Merck requested that he undergo a fitness for duty evaluation with the company’s physician. Mr. Ward refused, was suspended without pay, and terminated when he did not respond to a follow-up letter insisting that he undergo the examination.

The court held that Merck’s requirement for the fitness for duty examination did meet the “business necessity” test under the ADA. The court placed the burden of proof on Merck to show that Mr. Ward posed a direct threat and found that the possible “threats to employee safety” based on the conduct cited above “were sufficient to meet the business necessity element...”

Whether the employer used the “best available objective medical evidence” was at issue in Taylor v. USF-Red Star Exp. Inc. In Taylor, a fork-lift driver experienced two seizures that were deemed to be consistent with a seizure disorder. Taylor informed Red Star of his seizure disorder and, according to Red Star, stated that he had been diagnosed with “infantile epilepsy.” Based solely on this
diagnosis, Red Star did not allow Taylor to return to work for 18 months. During this time, several physicians evaluated Taylor’s condition. Twice, Taylor was examined by medical professionals who cleared him to work, but reversed their opinion after speaking with a physician retained by the company. Red Star attempted to justify its refusal to return Taylor to work based on his statement that he had “infantile epilepsy.”

However, the Third Circuit Court of Appeals found that Red Star’s belief that Taylor was unable to work was not based on Taylor’s alleged comment, but rather on the assessments of doctors who were reporting to, and retained by, Red Star. Thus, the court held that Red Star violated the ADA when it refused to allow Taylor to return to work because it regarded him as being disabled. This case demonstrates the EEOC Guidance caveat mentioned earlier about the dangers of employers relying solely on company physicians and ignoring contrary opinions. It was clear to the court that Red Star’s refusal to let the employee return to work was based on the assessment of doctors who were reporting to, and retained by, the company. The court also utilized the company doctor to get other doctors to change their medical opinions and the court found for the employee as a result.

The objectivity of an employer’s decision was also at issue in Justice v. Crown Cork and Seal Co. In Justice, an electrician had a stroke causing vertigo, a feeling of movement when there is none. The condition caused Justice to appear unsteady to others; but he had no difficulty walking or standing. Essential functions of Justice’s job at Crown Cork and Seal Co. (“Crown Cork”) included climbing ladders, walk on catwalks, and use power presses and cutters. Early opinions by doctors employed by Crown Cork enforced a work restriction preventing Justice from working at unprotected heights over six feet. Mr. Justice was able to work as an electrician with this restriction for two years and encountered no problems until a new supervisor came on board and had concerns. After observing Justice, the new supervisor became concerned that Justice may pose a threat to the safety of himself as his imbalance might cause his to fall. At the company’s request, Justice went through several medical evaluations to determine his ability to fulfill his job duties. A second evaluation conducted by a physical therapist initially cleared Justice to work but recommended that he use safety equipment. However, the physical therapist then changed her opinion after visiting the work site and speaking with company personnel, eventually recommending that Justice find employment somewhere else where it would be safer. Finally, Crown Cork’s medical director examined Justice’s records and restricted Justice from jobs that “require[d] him to maintain balance, work at heights, [or] work near moving equipment.” Based on these results, Crown Cork involuntarily reassigned Justice to a janitorial position. Mr. Justice felt that this action constituted discrimination and filed a Charge of Discrimination at the Equal Employment Opportunity Commission (EEOC). The case eventually went to the Tenth Circuit Court of Appeals where the issue of whether Mr. Justice was able to work safely as an electrician was examined. The court found that the fact that Mr. Justice was able to work as an electrician with a modified duty of no work at unprotected heights” for two years leading to the inference that he was able to do the electrician job despite this restriction.” The court felt that the company did not base its decision on the “best available objective evidence” stating that, “There is … evidence that these hazards were imagined or exaggerated, and that Crown’s purported reliance on Justice’s medical restrictions was a pretext masking Crown’s irrational fears about Justice’s condition. As a result, the court found for Mr. Justice on summary judgment.

Taylor and Justice demonstrate that courts will strictly interpret the ADA’s requirement that a direct threat be based on the “best available objective medical evidence.” It was clear to the court that the employers in these cases did not meet this standard as they relied solely on their company doctors and ignored contrary opinions. In fact, these employers went even further by having their staff influencing the decisions of medical providers. As a result, the companies were found to have possibly violated the ADA.
The analysis of direct threat does not end with the inquiry of whether the person poses a significant risk of substantial harm to oneself or to others. Instead, as set forth in the text of the ADA and the EEOC regulations, an employer must determine whether the potential threat can be reduced or eliminated through the implementation of some type of reasonable accommodation. Court decisions since the passage of the ADA have provided additional interpretation of how reasonable accommodations must be incorporated into the direct threat analysis. Interestingly, although in most ADA cases, courts have required that the reasonable accommodation process be initiated by the person with the disability, courts are increasingly finding that employers have not proven a direct threat defense if they failed to consider possible reasonable accommodations that could reduce or eliminate the perceived threat.

In *EEOC v. Wal-Mart Stores*, a person with cerebral palsy applied for the positions of greeter and cashier. He was not hired and the EEOC filed suit under the ADA. Wal-Mart alleged that the applicant, who used crutches, would have caused a direct threat, with Wal-Mart’s doctor identified several safety risks. First, he alleged that the applicant was not capable of holding himself in a standing position for an extended period of time and would be a danger to himself in that he might fall or he might experience recurrent knee and back pain. Additionally, the doctor thought the applicant would be a danger to others because he is “very wide when he uses his crutches” and would pose an “obstacle” to customers. However, the applicant, in addition to using crutches, often used a wheelchair. The court found that the doctor’s direct threat analysis did not include any consideration as to whether the alleged threat the applicant posed when using his crutches could be sufficiently reduced if he had been permitted to use his wheelchair when performing the duties of greeter and cashier. Because the employer failed to incorporate reasonable accommodation into its direct threat analysis, the court found in the EEOC’s favor.

In *Taylor v. Rice*, Mr. Taylor applied to be a Foreign Service Officer, but was rejected because of his HIV status. The State Department had a policy prohibiting the hiring of people with HIV for these positions claiming that they could not perform the essential functions of the job. Specifically, the government argued that worldwide availability was an essential function of the job in question, and plaintiff’s HIV prevented him from being able to work in any post worldwide due to the greater risk of contracting disease and insufficient medical care in certain locations. Thus, the government argued that Mr. Taylor posed a direct threat to himself due to his HIV status. Mr. Taylor had identified two potential reasonable accommodations that the government had rejected: deploy him to countries that had sufficient medical care or provide him with leave to travel to a doctor when necessary to address his HIV. The D.C. Circuit Court of Appeals reversed the trial court’s entry of summary judgment in favor of the government, finding there was a question of fact whether reasonable accommodations would be able to reduce the alleged direct threat to plaintiff’s health so that there was not a substantial risk of significant harm and whether the accommodations requested for treatment would indeed result in the elimination of an essential job function. Shortly thereafter, the State Department eliminated its ban on hiring people with HIV for the Foreign Service. This case is a good example that courts generally disfavor blanket policies that fail to incorporate individualized assessments and reasonable accommodations.

In *Dark v. Curry County*, Mr. Dark, a heavy equipment operator with epilepsy, had an aura before work indicating that he might have a seizure, but he worked anyway and did not alert his employer to the aura he had experienced. Later that day, Mr. Dark had a seizure while driving at work, and although no one was hurt, the employer fired him claiming that Mr. Dark was not qualified and posed a direct threat. The court ruled that there was a genuine material issue of fact as to whether Mr. Dark was a direct threat in the workplace. Specifically, the court found that the employer needed to explore whether a reasonable accommodation, such as job reassignment or temporary medical leave, would have been able to eliminate the alleged threat in the workplace. The employer’s failure to explore potential reasonable accommodations prior to terminating Mr. Dark allowed the case to continue to proceed.

However, in some cases, courts have found that accommodations are unable to sufficiently reduce or eliminate the threat in the workplace. In *Jarvis*...
v. Potter, a U.S. Postal Service employee with post-traumatic stress disorder had previously punched a co-worker who startled him. Employee told employer that his, "PTSD was getting worse and that he could no longer stop at the first blow, that if he hit someone in the right place he could kill him, and that he could not return to the workplace and be safe." As a reasonable accommodation, Mr. Jarvis requested that his co-workers be instructed, "not to startle him or approach him from behind." USPS placed him on leave, and upon determining that the accommodation request was not reasonable he was terminated. After Mr. Jarvis filed suit, the court found in favor of the employer upholding the employer’s determination that he was a direct threat. The court relied on the prior evidence of violence and the employee’s own incriminating statements. The court stated that employers are not required to wait for a serious injury before eliminating the potential threat. In this case, the court found that the accommodation request was not realistic in a busy workplace like a post office and would not be effective in assisting the employee to act appropriately in the workplace.

**IX. Conclusion**

When Congress passed the ADA, the direct threat provision was intended to balance the employer’s interest in maintaining a workplace that is safe and healthy with the employee’s interest not to be excluded from the workplace based on fears, generalizations, stereotypes, or myths about a particular disability. Accordingly, before making an adverse decision based on direct threat, employers must engage in an individualized assessment that is based on reasonable medical judgment that relies on the most current medical knowledge and/or on the best available objective evidence. Additionally, employers should engage in the interactive process to determine whether a reasonable accommodation exists that could sufficiently reduce or eliminate the potential threat in the workplace. By conducting individualized assessments and exploring reasonable accommodation, employers will ensure that people with disabilities are not unnecessarily excluded from the workplace, while at the same time enable the employer to do what is necessary to maintain a safe and healthy workplace.
Direct Threat under the ADA

Notes (con’t)

31. Chevron U.S.A. Inc. v. Echazabal, 536 U.S. 73, 86 (2002). In Echazabal, the Supreme Court referred to direct threat as the “direct threat defense.” Id. This brief keeps with that nomenclature generally, though there is case law to the effect that direct threat is a part of the “qualified” analysis that the plaintiff is required to prove as part of his or her prima facie case. See, e.g., Waddell v. Valley Forge Dental Associates, Inc., 276 F.3d 1275, 1280 (11th Cir. 2001) (“If [plaintiff] can meet this burden [of establishing that he was not a direct threat], he is not a qualified individual and therefore cannot establish a prima facie case of discrimination.”); see also Part III.C, V.
32. EEOC’S REGIONAL ATTORNEYS’ MANUAL, PART 3: CONDUCTING LITIGATION 47 (Apr. 2005), available at http://www.eeoc.gov/litigation/manual/pdf/part3.pdf (instructing EEOC attorneys to consider a Federal Rule of Civil Procedure Rule 50(a) motion for judgment as a matter of law or a Rule 59 motion for a new trial after verdict after a loss where the defendant bears the burden of proof, including when direct threat is at issue).
35. See Sista v. CDC Ixis N. Am., Inc., 445 F.3d 161, 170 n.3 (2006) (“Although the parties disagree as to which party bears the burden of proving or disproving that an employee poses a direct threat an disagree as to whether this Court, in Lovejoy-Wilson [263 F.3d at 291–21], held that the ‘poses a direct threat defense’ is an affirmative defense to be proven by the defendant, we need not address this issue, given our resolution of the this case.”).
37. EEOC v. Amego, Inc., 110 F.3d 135, 144 (1st Cir. 1997).
38. See Jarvis v. Potter, 500 F.3d 1113, 1122 (10th Cir. 2007)
39. See Rizzo v. Children’s World Learning Ctrs., Inc. (Rizzo III), 213 F.3d 209, 213 n.4., 217 (5th Cir 2000)
40. New Directions Treatment Servs. v. City of Reading, 490 F.3d 293, 306 n.9 (2007) (“The courts have not come to an agreement . . . as to where the burden [of significant risk] lies. . . . We have previously reserved judgment on this issue when it was ‘unnecessary to decide this question,’ and do so again in this case as it would not affect our holding.” (citing Donahue v. Consol. Rail Corp., 224 F.3d 226, 230 (3d. Cir. 2000)).
41. Taylor v. Rice, 451 F.3d 898, 905 n.14 (D.C. Cir. 2006) (“In light of our disposition, we need not decide who bears the burden of proving that the plaintiff poses a direct threat to his health or safety.”).
Direct Threat under the ADA

Notes (con’t):

42. 29 C.F.R. § 1630.2(r); See also, EEOC Interpretive Guidance, supra note 20 ("Such consideration must rely on objective, factual evidence—not on subjective perceptions, irrational fears, patronizing attitudes, or stereotypes—about the nature or effect of a particular disability, or of disability generally.").

43. 29 C.F.R. § 1630.2®

44. Branham v. Snow, 392 F.3d 896 (7th Cir. 2005).


46. Branham, 392 F.3d at 899. For more information on diabetes, see the American Diabetes Association website, www.diabetes.org.

47. Branham, 392 F.3d at 899.

48. Id at 900.

49. Id.

50. Id.

51. Id.

52. Id at footnote 2.

53. Branham, 392 F.3d at 907.

54. Id.

55. Id.

56. Id at 908.

57. Id.

58. Id.

59. Id.

60. Id.

61. Id at 908-909.


63. Id at 663.

64. Id at 658-659.

65. Id at 659.

66. Id.

67. Id.

68. Id at 662

69. Id at 659-660.

70. Id at 662.

71. Id at 663.


73. Id.
Notes (con’t):

75. Id at 1-2.
76. Id.
77. Id at 3. It should be noted that EEOC Guidance states, “As an alternative to requesting documentation, an employer may simply discuss with the person the nature of his/her disability and functional limitations.” EEOC Guidance on Reasonable Accommodation and Undue Hardship, Question 6, October 17, 2002, http://www.eeoc.gov/policy/docs/accommodation.html#requesting.
78. Hatzakos, Id at 3.
79. Id at 8.
80. Id at 9.
81. Id.
82. Id.
83. Id at 10.
84. Id.
85. 29 C.F.R. § 1630.2(r).
88. See generally, EEOC Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act (ADA), http://www.eeoc.gov/policy/docs/guidance-inquiries.html.
96. Id.
98. Id. at 1082.
99. Id.
100.Id. at 1083.
101. Id. at 1084.
102.Id. at 1085.
103.Id. at 1090.
104.Id.
105. See 42 USC § 12111(3) and 29 C.F.R. §1630.2
106.477 F.3d 561 (8th Cir. 2007)
107.Id.
108.451 F.3d 898 (D.C. Cir. 2006)
109.Id. at 911-912
110.451 F.3d 1078 (9th Cir. 2006)
111.Id.
112.500 F.3d 1113 (10th Cir. 2007)
113.Id.