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The High Price of Beauty

by VIRGINIA SOLE-SMITH

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Tomi Tran works as a nail technician in Raleigh, North Carolina. She pays around \$100 per week to rent a booth in a hair salon, buys all her polishes and supplies and finds her own clients, often giving free manicures at local malls and distributing fliers to drum up business. It's hard work, but Tran, 22, says it's heaven compared with her last salon job.

"It was basically a sweatshop," she explains. "I would feel lightheaded and get terrible headaches from the smell of the chemicals, and I was working around sixty-four hours a week, usually with no lunch breaks." The final straw came when Tran became sick with a stomach virus but her boss told her she would lose her job if she didn't come to work. "She told me I had to work, but I could rest in the back in between customers," she says. Tran decided to quit and risk going into business for herself so she could choose her own hours and avoid the acrylic nail products that made her so sick.

Tara Horton, 37, of Sanger, California, wishes she had dropped out of beauty school. "Out of the eleven of us training to do nails, one woman had a baby that was stillborn at eight months, and another was born all messed up with his bowels and intestinal tract on the outside of his body," she says. "I remember thinking that's a pretty high failure rate." Horton began working in salons and later lost two babies herself and was diagnosed with non-Hodgkins lymphoma. "You just don't go from being a nonsmoking, healthy, active person to dying of cancer without asking why," she says. "Now, I realize, we were standing over those chemicals all day long."

Stories like Tran's and Horton's have become rampant as the nail salon industry has exploded in the past ten years, with the number of nail technicians in America jumping 374 percent to more than 380,000 nationwide, with women making up 96 percent of the industry workforce. But "no one is really looking at these folks," says Alexandra Gorman, director of science and research for Women's Voices for the Earth, an environmental justice organization in Missoula, Montana, who co-wrote its March report called *Glossed Over: Health Hazards With Toxic Exposure in Nail Salons*. "There's a major lack of studies, so these women are going to work and having symptoms, but the authorities are telling them they're fine."

In fact, the cosmetology industry uses more than 10,000 chemicals in its products, 89 percent of which have not been evaluated for safety, according to the nonprofit Campaign for Safe Cosmetics, which corrals

available evidence in its Skin Deep database (cosmeticsdatabase.com). The polishes, acrylics and other products used in nail salons contain some twenty chemicals flagged as having "potential symptoms and health effects" by the Environmental Protection Agency. The list includes solvents like acetone, which may cause central nervous system depression, and ethyl methacrylate, linked to eye, skin and respiratory tract irritation. It also highlights chemicals banned by the European Union and since removed by international brands like OPI, Sally Hansen and Revlon. Those include formalin, which may cause asthma-like respiratory problems and cancer in high or prolonged doses, and toluene, a solvent with the potential to cause dizziness, headaches and liver and kidney damage. Perhaps most contentious of all is dibutyl phthalate, a plasticizer that makes nail polish more flexible. It has been linked to eye and upper respiratory system irritation and may be toxic to the reproductive system.

"Most kinds of house paint are less toxic than what you find in nail polish," says Cora Roelofs, ScD, an assistant professor at the University of Massachusetts, Lowell, whose research has documented acute health problems like skin irritations and asthma among nail salon workers in the Boston area. "Yet we still know very little about more serious health effects, nor do we understand how these chemicals interact with each other in the salon environment."

It's the lack of knowledge about nail polish's potential reproductive toxicity that's most chilling for advocates and salon workers. "We're seeing a substantial number of folks from the beauty industry who are concerned about whether they can work during their pregnancies," says John Meyer, MD, an assistant professor in the Division of Occupational and Environmental Medicine at the University of Connecticut Health Center. He responds to queries on a risk line run by the Connecticut Department of Health and estimates that the center receives seventy to 140 calls a year from concerned workers or their physicians. An analysis of a California occupational health hot line found that manicurists and cosmetologists were the third-largest occupational sector to call with pregnancy-related inquiries.

"Just because we don't know something is dangerous doesn't mean it's safe," says Mark Cullen, MD, director of Occupational and Environmental Medicine at Yale University School of Medicine. "These are a class of chemicals where the data is incomplete but the concern is real." Studies show that when laboratory workers are exposed to similar solvents without proper ventilation, there is a small but increased risk for miscarriages and birth defects similar to fetal alcohol syndrome, explains Dr. Meyer. Meanwhile, most research on phthalates comes from animal studies, making it difficult to predict human response.

But this lack of data allows the industry to dismiss health issues out of hand. "There are no risks to these products if you use them safely," says Doug Schoon, vice president of science and technology for Creative Nail Design, a leading manufacturer of professional nail products. "It's a misconception to say these products haven't been studied. They've been looked at by the leading experts in the world and found to be safe."

By "leading experts in the world," Schoon means the Cosmetic Ingredient Review, which he describes as "famous for being fair and honest." The CIR is a panel of scientists funded by the industry's Cosmetic, Fragrance and Toiletry Association (CFTA) who assess the safety of ingredients used in cosmetics. They're quick to distance themselves from the manufacturers: "The industry gets the privilege of paying to support us, but that's pretty much it," says Alan Andersen, PhD, the board's director and scientific coordinator. "I think it's actually quite an unfair leap to suggest that there is any influence. Our situation closely parallels the situation at the FDA, where companies pay user fees for safety assessments of medical devices. Would you say the industry is controlling the FDA?"

Well, you might. "The CIR has this weird semi-deputized status with the FDA," explains Mark Schapiro, author of *Exposed: The Toxic Chemistry of Everyday Products and What's at Stake for American Power*. "The FDA doesn't have the manpower to do their own safety assessments, so they rely on the CIR for all their data." Indeed, an FDA spokesman who preferred not to be named is quick to give the CIR his blessing: "They're really good about being objective; I've never seen any bias. The system does work, though it might feel a little bit weak to consumers."

"A little bit weak" is putting it mildly. Even if the CIR "doesn't hesitate to tell a company if an ingredient is unsafe," as the FDA spokesman claims, that company is on the honor system to heed its advice--the panel has no authority to restrict the use of a product. It's clear the industry has a seat at the table. After all, it's their table; CFTA and CIR share office space and support staff in Washington. "When I attended the CIR's assessment of dibutyl phthalate, the room was full of PR folks and a CFTA lobbyist dominated the meeting," says Bryony Schwan, a founding member of Campaign for Safe Cosmetics. "He was sitting there doing calculations on the back of a napkin, dismissing any data that conflicted with his point of view."

The numbers tell the rest of the story. While the European Union's Cosmetics Directive has banned some 1,200 chemicals, the FDA has restricted only nine for use in cosmetics. "The EU appears to have more authority," admits the FDA spokesman. "The burden of the FDA is that we must demonstrate an ingredient is harmful as used before we can ban it." The CIR has concluded that it has insufficient data on the safety of an additional 119 chemicals but balks at the idea of regulating them per the precautionary principle. "Ours is a risk assessment approach, and it requires data," says the CIR's Andersen.

When it comes to nail salons, the FDA is quick to point out that any health risks presented by a hazardous working environment are out of its jurisdiction--even if the hazards are posed by cosmetics. This responsibility is shared between the Environmental Protection Agency (EPA), which regulates indoor air quality, and the Occupational Safety and Health Administration (OSHA), which sets permissible exposure limits for all the chemicals nail salon workers use.

The EPA first took an interest in nail salons when Asian community groups around Houston approached its regional office with concerns. The Region 6 office published *A Guide to Protect the Health of Nail Salon Workers and Their Working Environment* in May 2004, which outraged the industry. "It's a ridiculous piece of garbage," Schoon said of the brochure. "The EPA was very embarrassed and pulled it off their website." Region 6's Nail Salon Project was transferred to the DC office, and in March a revised manual, *Protecting the Health of Nail Salon Workers*, appeared. This time, "we involved all the stakeholders," says Clive Davies, coordinator of the project, including Schoon and the Nail Manufacturers' Council, another industry association.

Their influence is palpable. The 2004 manual stated, "Nail salon products may contain many potentially harmful chemicals that can be a major cause of occupational asthma as well as other health and environmental concerns." The updated version takes a different stance: "Products that nail salon workers use are critical to performing high-quality services, and indeed, without them, these services would not be possible." It later adds a caveat: "If proper care is not taken, overexposure may occur and could result in adverse health effects, such as skin irritation, allergic reaction, or serious eye injury."

Perhaps the biggest drawback of the updated manual is that the EPA evaluates a chemical's health risks based on whether it exceeds OSHA's permissible exposure limits, developed for industrial settings. As Dr. Meyer notes, "These standards are designed to prevent acute problems like neurological intoxication or respiratory difficulty that develop soon after a large dose. They aren't set up to assess cancer and chronic

disease which develop from long-term, low-dose exposure." Many of the standards also haven't changed since OSHA first set limits in 1968, when the populations it studied were mostly male. "They don't take into account female reproductive health issues," says Meyer.

The one thing scientists, advocates, industry and government agencies agree on is that more education about "best practices" is crucial to avoiding, or at least minimizing, health problems. But it's a stopgap measure, passing the buck to the technicians--who have the least control over the situation. "Education only goes so far," says Meyer. "It shouldn't be incumbent on the workers to be their own protectors."

Especially because making "best practices" happen in the real world is a complicated process for this workforce, whose average salary is less than \$17,000 per year; many rent booths or work on commission, meaning traditional workers' rights laws don't protect them. About 40 percent of nail technicians are Vietnamese immigrants, many of whom don't speak much English and earn as little as \$50 for an eight- to ten-hour day.

In California, where 80 percent of the state's 80,000 technicians are Vietnamese, advocates are working on filling the research and education gaps through a coalition of nonprofits called the California Healthy Nail Salons Collaborative. They plan to publish the first baseline study of nail salon workers' health. Community advocate Lenh Tsan makes weekly visits to hundreds of salons in the Bay Area, toting a rolling suitcase filled with rubber gloves, face masks and incense to test air circulation, and collecting reports of eye infections, skin rashes, asthma, headaches, nausea and dizziness. She encourages workers and owners to come together to improve conditions, but it's slow going. "There's a lot of fear," Tsan says. "It takes several visits before they get comfortable enough to tell us what's going on."

"My community is suffering silent," says C.M. Nguyen, 47, a Vietnamese immigrant and salon worker Tsan recruited to help. "They have lots of concerns, but they don't like me to speak out." Tsan thinks the problem is partly cultural: "In Asian culture, you're taught to be very respectful of hierarchy," she explains. "It's hard for these women to speak up. So if your boss doesn't care about chemicals and safety, why should you?"

It's also just plain bad for business. Owners and workers alike are concerned about how customers will respond to nail technicians wearing carbon filter masks and gloves, as well as the expense of installing better ventilation systems. And the industry's huge growth makes for cutthroat competition. In Oakland, eleven nail salons crowd into a five-block stretch of Grand Avenue. "I'm trying to get everyone around here to agree to raise their prices by \$2, but I don't know if they'll do it," says Jeannie, a 23-year-old nail technician who runs one of the salons with her mother. They both suffer constant allergies and want to switch from generic products to safer, more expensive brands of polish and acrylic. But long work days and relentless worries about making the rent on their salon make it hard to find time or money for changes.

Non-Vietnamese salons feel the pressure too. Horton says that when she quit, her co-workers didn't want to hear it: "They like their salons, they like their gossip, they're in denial about what's going on." What many US workers do get fired up about are the "discount chop shops" stealing their business. "The technicians that are going to get sick are those girls who are normally of Oriental background. They are not well trained, they don't get the education and they have very poor work habits," says Long Island-based Debbie Doerlamm, who runs beautytech.com. Nguyen isn't surprised: "It's like a cold war between us."

The Collaborative's biggest victory is the Safe Cosmetics Act, passed by the California State Assembly in 2005 after a handful of salon workers testified--as beauty industry lobbyists passed out bags of free makeup. The law, which went into effect January 1, is the first of its kind and requires manufacturers to disclose all

potentially harmful product ingredients to the state health department. The State of Washington is considering a similar bill, and advocates hope the state-by-state approach will inspire more companies to voluntarily reformulate all their products. But there's no question that what salon workers really need is a federal law requiring the FDA, EPA and OSHA to hold the beauty industry to a much tougher standard, and more scientific research to pin down exactly what they're up against. Until then, a handful of hard-to-impose "best practices" is the only protection we can offer these workers, who didn't realize that painting nails would mean putting their health on the line.