million union members, is the first to follow the recommendation of the national AFL-CIO Executive Council that unions pool their members' health care dollars to effect change within the health care market.

The New York federation resolved in December to "embark on a comprehensive program to utilize ... the collective purchasing power of union and union-related health care dollars on behalf of the members of its affiliated unions." The resolution called for the state federation's newly created Health Care Department to "pursue the effective use of union health care purchasing power to secure high-quality, reasonably priced health care for union members, their families, and the general public." This ultimately could mean making better deals with HMOs or insurance companies, or it could mean negotiating directly with health care providers. The department is now gathering information from individual unions to see what members want.

New York labor officials were spurred to action by changes in the way the state regulates hospital fees. Until December 31, 1996, New York was one of two states in the country that set rates at which insurers had to pay doctors and hospitals for certain procedures. Typically, hospitals could count on stable rates, with yearly increases to account for inflation. HMOs, however, were exempted by the regulatory system and were able to bargain for lower rates with providers. Last year, under pressure from the insurance industry, the New York legislature decided not to re-authorize the regulatory system, making it possible for all insurers to bargain with health care providers. One consequence, observers warn, will be a competitive free-for-all that puts pressure on hospitals to cut costs.

This has prompted unions to rethink their purchase of health care through insurance companies, HMOs and other middlemen. Not only do such companies rake off about 30 percent of total premiums in profits and so-called administrative expenses, including advertising and executive salaries, but the cost-cutting pressure they exert on hospitals directly threatens union health care jobs. By pooling their purchasing power—which the federation estimates to be $10 billion annually—and negotiating directly with providers, unions can demand better quality standards and protection for union jobs.

A key collaborator with the state AFL-CIO in promoting this new approach is 1199, a New York-based union that represents 117,000 health care workers. 1199 administers its own health care plan, which covers 300,000 individuals—with no copayments or deductibles—through an elaborate network of 10,000 physicians and dozens of hospitals. If it were an HMO, it would be the eighth largest in the state—and probably the most efficient, with administrative overhead accounting for a mere 6 percent of expenses. In cooperation with the state AFL-CIO, 1199 has offered its network and its administrative expertise to any union that wants to break out of the stranglehold of for-profit insurance companies and health care providers.

—Greg Tarpinian

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THE ADVENTURES OF A HUGE MOUTH By Peter Hannan

THE FIRST STONE

TAKE A POWDER

By Joel Bleifuss

Women who frequently use talcum powder on their genital area significantly increase their risk of getting cancer. Yet despite clear evidence of an association between the mineral talc and ovarian cancer, both the U.S. Food and Drug Administration and the cosmetic industry's main trade group refuse to acknowledge these findings and to regulate the use of talc.

A 1992 study published in the medical journal *Obstetrics & Gynecology* examined the history of talc use in 235 white women with ovarian cancer and 239 white women without the disease in the Boston metropolitan area. The research team, led by Bernard Harlow of Harvard Medical School's Obstetrics and Gynecology Epidemiology Center, found that women who regularly applied talc to their genital area increased their risk of contracting ovarian cancer threefold.

In the study, 49 percent of the women with ovarian cancer and 39 percent of those without the disease reported some level of genital exposure to talc. The researchers found that the "most frequent method of talc exposure was use as a dusting powder directly to the perineum." Further, they noted that "brand or generic 'baby powder' was used most frequently and was the category associated with a statistically significant risk of ovarian cancer." Fourteen percent of the women with ovarian cancer in the study had applied talc to their perineum an estimated 10,000 or more times during the years when they were ovulating with an intact genital tract—compared to 7 percent of women without the disease.

The researchers warned that "given the poor prognosis for ovarian cancer, any potentially harmful exposures [to talc] should be avoided, particularly those with limited benefits. For this reason, we discourage the use of talc in genital hygiene, particularly as a daily habit."

The study concluded that about 10 percent of all ovarian cancer cases may be attributed to the frequent use of talc. Ovarian cancer, the incidence of which is on the rise, is the fourth deadliest cancer among women, killing about 14,000 American women each year.

Talc, a mineral related to asbestos, has been an object of scientific scrutiny for decades. As early as 1968, scientists examining cosmetic talcum products discovered that 22 of those they analyzed had, on average, a mineral fiber content of 19 percent. In 1971, researchers discovered talc particles deeply embedded in 75 percent of ovarian tumors studied.

Such evidence led the FDA in 1973 to draft a resolution that would have limited the amount of asbestos-like fibers in cosmetic-grade talc to less than 0.1 percent. But no ruling was ever made, and the cosmetics industry was left to police itself and rid baby powder and other talc products of asbestos-like fibers.

To their credit, cosmetic manufacturers appear to have reduced the volume of asbestos-like fibers found in the 77,000 metric tons of cosmetic-grade talc that the U.S. cosmetics industry uses each year—at least that's what the industry and FDA claim. But even without asbestos-like fibers, talc is a matter of concern.

In 1993, the National Toxicology Program conducted

Carcinogens in shampoos and lotions

The FDA is not doing enough to ensure that many foods and cosmetics are free of carcinogenic nitrosamines, according to William Lijinsky, the former director of the Chemical Carcinogenesis Program at the National Cancer Institute's Frederick Cancer Research and Development Center. The fewer tests that are done, the fewer problems there will be to find. "It is very logical," he explains. "If you don't look, you don't find."

FDA cosmetics researcher Donald Havery describes Lijinsky, who is now retired, as the scientist who has "done more work than anybody for testing nitrosamines for carcinogenicity." Nitrosamines are potent carcinogens that have been frequently found to contaminate shampoos and lotions (see "The First Stone," February 17).

Lijinsky says he was particularly concerned to hear FDA Commissioner David Kessler, in a November 1995 radio interview, dismiss "as myth from long ago" the role of nitrites—precursors to nitrosamines—in promoting human cancer. Lijinsky says Kessler failed to realize "that the nitrosamines are the most potent carcinogens we know and active at extremely low concentrations in animals." In a letter he wrote to Kessler in response to the radio interview, Lijinsky pointed out that nitrosamines are so carcinogenic that they "give rise to tumors within the short lifespan of a rat." And, he added, "There is no doubt that such reactions occur in humans."

Lijinsky says the level of nitrites allowed in food should be further limited, and that the FDA should closely monitor and control the level of nitrosamines—or other nitrosamine precursors, such as DEA—in cosmetic ingredients. By itself, DEA is harmless, but when combined with nitrites, it forms the