

The POINT – official newsletter of the:



• ASSOCIATION OF PROFESSIONAL PIERCERS™

519 Castro Street, Box 120
San Francisco, CA 94114
Volume 1, Issue 6
November 1995

AN OPEN LETTER TO SUPPORTERS OF THE APP

from Jeff Hunter of the Oklahoma State Department of Health

As a public health official assigned the task of proposing regulation of the piercing industry in Oklahoma, I sincerely thank you for the valuable information you have continually provided me concerning preventing disease transmission during piercing. Your organization is providing a valuable service to piercers, public health officials, legislators, and the consumer.

Oklahoma is considering regulating piercing and legalizing and regulating tattooing in order to protect the public's health. Simply mandating that tattooists and piercers follow universal precautions as developed by OSHA is not enough. Without specifying what constitutes sanitary tattooing and piercing procedures, government bodies are remiss in their duties to protect the public health. If the government is going to become involved in educating tattooists and piercers (by developing minimal sanitary standards), we are going to have to rely on consultations with professionals who are represented by organizations such as the APT and the APP. Only by becoming familiar with exactly what it is that tattooists and piercers do, can governments hope to provide enlightened legislation and regulation that serves to protect the public's health.

My experience with APP indicates that you are deeply committed to insuring that piercers are well trained, well informed, and capable of providing a safe quality service to the public. Your

commitment to education and advocacy as well as the open forum you promote in your newsletter are vital to the longevity of your art. Both in your newsletter and in personal conversations, I particularly appreciate your honesty in distinguishing between strongly held opinion and fact.

To all readers of the *Point*: If you have taken the time to read this article, may I assume that you care about the survival of the practice of piercing? If so, as a government public health official, let me encourage you to take a few actions.

First, join and support the APP. Your support of and involvement with APP demonstrates your concern for more than the bottom line and indicates your professionalism. If you intend to deal with public health and other government officials, this link demonstrates that you are part of a larger network. This is vital in establishing credibility as a professional. You will need this organization when developing grassroots advocacy or when you seek the services of a professional lobbyist. You will need this organization when you develop a problem statement and when you develop guidelines for the regulation of piercing in your area.

Second, obtain the highest quality training in preventing disease transmission in piercing that you can find. Most state health departments cannot afford to provide this service for you. Most

taxpayers do not want the government to pay to train you to perform your job safely. That is your responsibility.

Third, obtain the highest quality training and mentorship in piercing that you can find. Even if the piercing that you perform is clean, poor placement or jewelry selection can be painful and cause harm. You cannot control the quality of the piercing being performed by your competitors. If you are providing a quality service, word will get out, and you will not lack for business. Only through high quality training can you hope to provide high quality service.

Fourth, develop a well-designed statement of the problems that can occur through non-sanitary piercing practices. Establish a solution to this problem that professional body piercers can live with (i.e. minimal sanitary piercing requirements, training requirements for disease transmission, equipment requirements, etc.). Contact local public health officials until you find someone concerned about this issue. Develop a personal relationship with this person. Although Environmental Health Services with health departments usually handle inspection of facilities, you may find a more concerned individual within your state's infectious disease, STD/HIV, hepatitis B services departments. Present your proposal to this individual and develop support within the state, city, and county health departments. Also, develop support from other professional body piercers. Consider an alliance with local professional tattooists, as much legislation regarding body piercing is lumped together with regulation of tattooing.

Fifth, contact your local representative and become involved in your local political situation. Be proactive! Do not wait for the government to take action because few agencies work proactively. They will wait until there is a problem and then they will strike hard to prevent the problem from recurring (Total Ban). I know many people do not want to become involved in politics. Let me remind you, in case you are unplugged from the system, that you are living in an extremely uptight conser-

vative political environment. In general, most politicians and public health officials, as well as the politically vocal public, do not understand your desire to express your individuality through body piercing or other body modifications. They fear you and what you do. Fear easily leads to aggression. You cannot hope to obtain acceptance by the majority, nor would you probably seek it. You can, however, demand tolerance. All politics are personal, not local. Get to know your representative on a personal basis. Let your representative know your feelings on the licensing and regulation of your industry. I have known politicians to vote on bills in direct opposition to their personal feelings because of one phone call from someone in their district.

Finally, if I may assist you in these matters, please contact me at the Oklahoma State Department of Health, HIV/STD Services. Attn Jeff Hunter, Special Projects Coordinator, 1000 NE 10th Street, Oklahoma City, Oklahoma 73117-1299. Phone: 405-271-4636, Fax: 405-271-5149.

FYI: SLIMY TONGUES

In the September 1995 National Geographic, there is a brief blurb about our tongues. The tongue apparently has a tinfoil-thickness of antibiotic slime known as LAP, or lingual antimicrobial peptide. When the tongue has a sore, more LAP is produced. This is personal confirmation that I've been correct in suggesting that tongue piercers dilute their Listerine with up to 75% water. We all know about alcohol's excellent degreasing capabilities. After 20 alcohol rinses a day, I'd imagine that LAP layer is pretty thin, if not gone.

This information will also be helpful when explaining why so few tongue piercings suffer from infections, when the mouth is so dirty.

Michaela Grey
Gauntlet, Inc.
San Francisco, CA

HELP WANTED/ POSITIONS SOUGHT

The Point is committed to promoting health and safety and responsible piercing practices, and one way to accomplish this goal is to connect serious apprentices with informed, thorough apprenticeships. *The Point* will also run classifieds from responsible studios seeking experienced piercers or serious apprentices. Of course, we cannot accept any responsibility for the outcome, but it is sincerely hoped that this resource will be used appropriately to further the state of the art.

My name is Tochina Hampton. I am looking for an apprenticeship with an experienced piercer. I have been a freelance piercer for two years, and in Spring 1995 I attended the Gauntlet five-day piercing Seminar.

As a responsible piercer, I want to learn proper techniques and high standards in safe and sterile practice. I have the patience, dedication, and thoroughness to be an excellent apprentice and coworker. Clear communication and mutual respect are important to me in my work relationships.

I will be available to start in June 1996, and I am willing to relocate. I am currently traveling, but I can be reached at the following address:

Tochina Hampton
1712 Jeffrey Rd, NE
Rio Rancho, NM 87124
(505) 891-1433 (leave message)

ERRATA

The piercee whose nose was broken by an ear piercing gun in Australia was erroneously named as Lynette Rose. We apologize for any misunderstanding this may have caused.

APP BUSINESS MEMBERS

The Board is pleased to present this complete listing of all APP business members. If you're not named below, you're not a member! Call any member for an application if you wish to be added to the membership listing

Board members

Crystal Cross (& Richard White: member)

Primeval Body

4647 Russell Ave
Los Angeles, CA 90027
(213) 666-9601
primeval@pacificnet.net

Ahna Edwards

Attitudes

1017 SW Morrison, Suite 312
Portland, OR 97205
(503) 224-0050

Kent Fazekas

Body Accents

5420 N College Ave, Suite A6
Indianapolis, IN 46220
(317) 259-1950
accents@indi.net

Gahdi

Mastodon Body Piercing

4683 Mission Blvd.
San Diego, CA 92109
(619) 272-1188
gahdi@ix.net.com

Michaela Grey

Gauntlet, Inc.

537 Castro
San Francisco, CA 94114
(415) 552-0505 #107
michaela@gauntlet.com

Blake Perlingieri (E Kristian, member)
Nomad
1881 Hayes
San Francisco, CA 94117
(415) 563-7771
<http://web.sirius.com/~staf/nomad/hmd/home.html>

Rob Petroff
Insane Creations
621 East William
Ann Arbor, MI 48104
(313) 332-0058

Maria Tashjian
Venus Modern Body Arts
199 E 4th St
New York, NY 10009
(212) 473-1954

Alan Faulkner
Obscurities
4000-B Cedar Springs
Dallas, TX 75219-3505
(214) 559-3706
obscure@ibm.net

Business Members

Mann Bahadur
**Johnny Two Thumbs Tattoo
and Piercing Studio**
14, Scotts Road
#04-101 Far East Plaza
Singapore 228213
Tel: 7353710

David A Vidra.
Body Work Productions
11623 Euclid Ave
Cleveland, Ohio 44106
216-421-7181
bodywork@jimisweet.com

Al D Sowers
Sin/Playspace Ltd.
616 E Pine St
Seattle, WA 98122
206-329-0324

Jeffrey Roberts
Gates Professional Body Piercing
2304 15th st
Troy, NY 12180
518-422-0018

Drew Lewis
Perforations
900 M St NW
Washington, DC 20001
(202) 289-8863
perforat@access.digex.net

Piercing-Friendly Physicians

•**Keith Medical Group.**
Dr. Erik Fleischman in particular.
6200 Wilshire Blvd., Ste. 1510, Los Angeles, CA
90048 Tel. (213) 964-1440

•**Elsie Fontanella**
Nurse
Cedar's Sinai Center for Nurses Research and
Development
Los Angeles area
(310) 855-5000

• **Dr. Ward Vaughan**
Gynecologist
1330 Amherst St.
Winchester, VA 22601
(703) 662-0711 or (703) 665-0000

•**Dr. Richard Nasca**
Orthopedic/Spine Surgery
7241 Hanover Parkway
Suite A/B
Greenbelt, MD 20770
(301) 345-8636

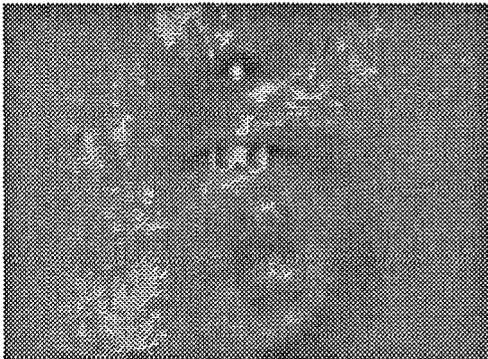
• **Shenandoah Community Health Center**
East Moler Ave
Martinsburg, WV
(304) 263-4956

• **Shenandoah First Med of Inwood**
1 Sader Drive
Inwood, WV
(304) 229-0600

• **Shenandoah Health Services**
202 Foxcroft Ave
Martinsburg, WV
(304) 267-9440

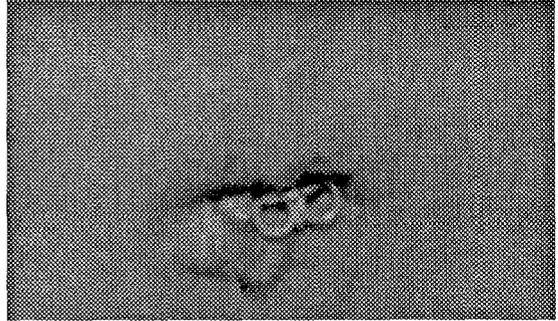
Whitney D Tope, Mphil, MD
Dermatologist
477 N El Camino Real
Suite B-303
Encinitas, CA 92024
(619) 753-1027

• We look forward to listing your establishment and adding to the resources available to piercers and piercees!

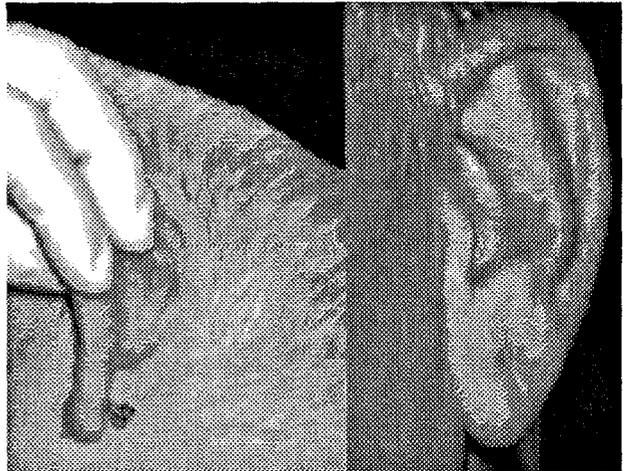


This navel was pierced with an ear piercing gun. As the navel is an "outie", it doesn't possess much extra tissue and probably shouldn't have been pierced at all. The stud is clearly too small for the already shallow piercing, and is migrating rapidly to the surface. If the stud were left in, the

inevitable result would be imbedment, as shown in this image:



This navel was also pierced with a gun. The head of the stud was pulled into the body, requiring expensive and painful surgical removal. The victim is in the process of suing the tattooist who "pierced" her with a gun. But don't think that imbedment happens only when the gun is used on the body:



This earlobe was pierced with an ear piercing gun. The head of this stud also imbedded in the tissue, but was fortunately removed without resorting to surgery. Imbedments like this are very common, even in earlobes, when guns are used "properly". Please spread the word about ear piercing guns. They're dangerous, unsanitary, and unnecessary. Don't use them, and tell your clients not to be pierced with a gun.

LETTERS

Dear APP:

This letter is in regards to the Apprenticeship over the Novice Piercer question. I've heard many piercers bad-talk everything about someone who hasn't served an apprenticeship under a "Master" piercer. I would like a response on the way that you view this because I have seen as many, if not more, problem piercings from the so-called "piercer" who has served an apprenticeship. Does this apprenticeship mean that you do not make mistakes, or have problem piercings?

I view all good piercers as "Piercer", and then the elite like Michaela, Jim Ward and Fakir are "Masters" and deserve the title, but still these individuals are modest enough to admit anyone can have a problem piercing. I totally agree that having a "Senior" or "Master" piercer on your shoulder for at least a year is a bonus, but does that mean that all the piercings a Novice Piercer accomplishes successfully will amount to nothing because he/she has never served an apprenticeship under someone?

I've found that the people qualified to teach are overbooked and the ones that are out offering are not qualified. There should be a test or observation by the APP Board to give some kind of backing credentials to teach or oversee someone. The terms "Master" or "Senior" are just words. Only a few people deserve the authentic term "Master". I truly believe that a caring, always learning, understanding so-called "Novice" piercer should be considered a competent piercer as long as he/she is there for piercee's questions, aftercare, and maintains a constant level of learning.

There is a definite problem of people lying about credentials, unprofessional conduct, and lack of skill and knowledge, but there is undoubtedly a bigger problem with people who apprentice under someone (who might not be qualified to begin with) telling and misinforming people that

they're the only people to go to because they are the only "professionals" and everyone else (hundreds of good piercings or not) are hacks. This is like saying that a surgeon with thirty years of experience is a competent surgeon even though 70% of his patients die on the operating table.

Neil Pokriefka
Wicked World
Isla Vista, CA

Dear Mr. Pokriefka,

I am in receipt of your letter, and I am in almost total agreement with you. I want to thank you for taking the time to open this important dialogue.

I can only speak for myself when I say that any piercer should be judged first and foremost by their willingness to continue learning. The day to day behavior of a piercer speaks much louder than their credentials, whatever they may be. No matter what their experience level, their technical ability, the prominence of their name in the field, when a piercer sits back and says there is nothing more to learn about their craft— they've blown it totally. Ego breeds carelessness, arrogance, and dangerous risk-taking. In that respect, I feel that someone who's been piercing for two months stands a fair chance of being a more responsible and competent piercer than some "master" who's floating a few feet off the ground with a swelled head.

The APP board members often lament the widespread abuse of the term "certification", when of course there is no such thing. This mirrors your concerns about "master" and "piercer" and "novice" as being commonly abused or misunderstood terms. It may help you somewhat to know some history. I think that abuse of the term "apprenticeship", rather than the actual apprenticeship, is the real heart of the problem.

When Jim first started Gauntlet 20 years ago, he was practically the only piercer around. As Gauntlet gradually grew, it became necessary for him to teach others his skills. He instituted an in-

house apprentice program which Gauntlet still follows today— up to two years of in-depth, very closely supervised training from one or more supervisors who themselves were highly trained the same way. Apprentices start with several months of counter experience, observe piercings, perform insertions, and then gradually begin to perform heavily supervised piercings. I feel extremely fortunate to have served a Gauntlet apprenticeship, and I do feel that a properly designed apprenticeship does tend to give a piercer a distinct advantage. It can be perilously easy for a lone piercer to fall into bad habits without even knowing it. Prior to working at Gauntlet, I was myself a solo piercer, and while I thought myself very responsible at the time, I was in retrospect quite horrible.

Accompanying the apprenticeship program, Jim devised the terms Apprentice, Piercer, Senior Piercer, and Master Piercer. These were intended to be used internally in Gauntlet (remember, there was no competition at the time!) and also to provide customers with some idea of the experience level of their piercers. I worked hard for many years to earn my Gauntlet Master Piercer certificate and am very proud of it, but I strongly feel that it holds little to no relevance outside of Gauntlet and it would never occur to me to call myself a "master" piercer out of this in-company context. I would hope that apprentices trained by other piercers would feel the same way about their title.

Unfortunately, as piercing became more popular and more profitable, the field became flooded with people who use these terms without having worked to earn them, for the sole purpose of generating more income. Piercing is totally unregulated, so no one is going to stop the guy who pierces dog's nipples (!) on Venice Beach from calling himself a "master" piercer. The certification process is badly degraded as a result of unethical abuses like this.

Recently, many piercers of varying skill levels are attempting to cash in on the hunger for information by offering "apprenticeships" which often consist of little more than a few days of casual

observation. I find this trend very frustrating. As the director of Gauntlet's Seminars I am extremely forceful in stating that we are NOT offering an apprenticeship, and that it is crucial for attendees to be honest with their piercees about the level of experience they have, be it ten years or ten piercings.

Ultimately, it boils down to this: Piercing is a service profession. The real judges of our skill are our clients and our peers. A "piercer" is modest, responsible, and works hard to make piercing safe for everyone. S/he doesn't take on things s/he can't handle and remains open to new information throughout his/her career. A "senior" piercer has been around for a while, performs consistently high quality piercings, and is experienced, responsible, and ethical enough to train others. A "master" piercer has made a significant, lasting contribution to the world of piercing (as opposed to a lasting contribution to his or her bank account) and always continues to learn and absorb.

Senior and master piercers should indeed make far fewer mistakes than less experienced piercers, but as you say, no one is perfect. I'd say from my observations that a true senior or master piercer would handle his or her rare mistakes in a different way than other piercers— perhaps with more professionalism, subtlety and modesty. Whether a piercer works his/her way up on their own or within an apprenticeship, I would look for the same basic qualities. A skilled piercer should be easily recognizable as such by his or her peers, and shouldn't need a title, someone else's name, or a framed piece of paper to bolster their reputation.

I'd like to state once again that these are solely my opinions, and I welcome any feedback you may have about them. Thank you again for your comments, and I'd love to hear some more dialogue on this important issue! What does everyone else think about this controversy?

Michaela Grey
Gauntlet, Inc.
San Francisco, CA

Dear APP,

Thank you for your letter and your interest in my book (*The Fashionable Ear*). The book is presently being printed and should be released for sale very shortly.

I agree with you that ear piercing guns should not be used for piercing anything except earlobes. The ear piercing industry has made an attempt to prevent the misuse of their product.

Your position that ear piercing guns should be outlawed is interesting, but, I believe unrealistic. The use of needles in piercing would require compliance with volume 29 of the code of Federal Regulations 1910.1030, titled "Bloodborne Pathogens". Compliance with those regulations would be very expensive and require extensive training. The problem would be ensuring that all piercers actually comply with those regulations. For example, in my research I came across a medical doctor who did ear piercing with sterile needles. After doing each pierce, he wrote that he would then insert earrings purchased by the patient. Prior to inserting the earrings, he would merely soak them in alcohol for 30 minutes!

What needs to be considered is the risk of infection by using needles (as you propose) as opposed to ear piercing guns. Unfortunately, we do not live in a perfect world, and there is risk associated with virtually every activity we engage in each day. When Governor Pete Wilson vetoed AB 3787 introduced by Valerie Brown, he wrote:

There is no evidence to suggest there is a public health problem. No case of serious infection resulting from these practices has been reported to the State in recent years. In fact, the California Conference of Local Health Officers sees this bill as unnecessary from a public health perspective.

What impressed me from my research is that the ear piercing industry is engaged in an effort to improve the safety and quality of their product.

I plan on publishing an updated version of my book in several years, and I will save your material for future consideration.

Again, I appreciate your writing to me. And, I hope that many readers of my book will send me

comments, information, and material that might be included in a future edition.

Very truly yours,
Ronald D Steinbach

Ed- For the most part, this letter speaks for itself, but I would like to point out a few inconsistencies.

Rather than making an "attempt" to prevent misuse of their guns, a number of manufacturers actively promote using guns on the ear cartilage. Any child can buy a self-piercing kit, with a stud that automatically screws into the flesh overnight. We have heard that some manufacturers are developing a navel piercing gun to cash in on its popularity. This does not sound to me like an attempt to prevent abuse of their product.

If wearing latex gloves and using sterile needles to puncture the skin requires compliance to bloodborne pathogens regulations, why would using bare hands and a nonsterilizable, contaminated blunt instrument to puncture the skin be exempt from compliance?

Would anyone have this casual manner about unlicensed dentistry or other medical services taking place in the same horrifyingly unhygienic conditions? I doubt it.

THE APP JOINS THE A.P.H.A.

The APP is proud to announce our pending membership in the American Public Health Association. This membership will be very beneficial to us. The APHA is over 100 years old and has over 30,000 members from over 75 occupations related to public health in the US. As members we will have active representation interests at Federal, State, and Local levels of government through APHA's legislative advocacy. We will have easy access to State public health officials and play an important part in an organization at the forefront of improving the practice of public health (related to our industry) and its scientific foundation via APHA's professional affairs division, publications,

and scientific programs.

In short, the APP will be even more informed on the most current health issues related to body piercing and will have a stronger voice when speaking to the government on issues such as regulation of piercing, public awareness, and business issues.

Gahdi
Mastodon Body Piercing
San Diego, CA

APP ON THE WORLD WIDE WEB!

The APP now has a Netscape-enhanced Web Site that's packed with information, including all past issues of the Point and a resource listing with products, doctors, and more! The URL is:
<http://www.sfo.com/~app/>

All piercers and piercing related sites are encouraged to link to us. See you online!

OREGON REGULATES PIERCING!

Hello From Oregon!

I was contacted by Oregon Representative Lisa Naito a few months ago and was asked to help her and the Oregon State Health Division write a bill to regulate body piercing. It actually went well, passing the House and Senate without any problems. HB-3142 will go into effect Jan 1, 1996. All piercers and the facilities in which they work will be licensed by the State Health Division. A packet of requirements and regulations will be sent to all piercers and piercing studios. Included in this regulation are ear piercing shops that work using guns. This is a really good thing! The requirements include a list of sterilization equipment, and this expense will be very hard on the fly-by-night ear piercing shops. Most of them probably won't want to take on the cost of an autoclave, etc. The health division will begin inspection of piercing facilities in January. Shops which pass inspection will be given a document of compliance to post. I feel that

this is a very positive step in the right direction to keep body piercing in Oregon safe, sanitary, and legal. My next step in this process is to regulate piercing guns so that they are only used on ears in this state. I want to thank everyone in the APP for the support and information that has been so helpful in my work towards making this happen.

Ahna Edwards
Attitudes
Portland, OR

SOME THOUGHTS ON LUBRICATION

As we move farther from bulk supplies and more toward individual packets of supplies such as Povidone Iodine, Benzalkonium Chloride and Alcohol, I think we as piercers also need to examine that ubiquitous tube of Triple Antibiotic ointment. Rather than the bulk tube, I feel that we should be using individual packets, and a box of 100 2.7 - 3 gram packets costs little more than a tube, and we then dispose of another potential avenue for cross-contamination.

Additionally, I feel that rather than using an oil based lubricant such as a Triple Antibiotic ointment (to which many people can have allergic reactions), that a water based lubricant such as Surgilube or KY Jelly or a generic equivalent is better, both for our clients and for cleaning our tools. The oil-based lubricant will leave a coating on the tools that your ultrasound may not be able to remove on its own, thus necessitating scrubbing tools by hand after every usage, as the coating will prevent the steam of your autoclave from properly sterilizing those areas that it covers. With a water-soluble lubricant, this problem should not occur, and thus cleaning your tools is a less time-consuming task. Personally, I also dislike the prophylactic use of antibiotics, as this results in more and more strains of antibiotic resistant bacteria.

Drew Lewis
Perforations
Washington, DC

TO DO OR NOT TO DO, THAT IS THE QUESTION

As both a piercer and a licensed practical nurse, I have heard and seen very upsetting practices by "professional piercers." There are "piercers" attempting to fix severely stretched earlobes by cutting the inside earlobe tissue and suturing them to help granulate new tissue. There are also "piercers" that use biopsy needles for piercing! And then there are those "piercers" who use large gauge dermal punches to insert large gauge barbells or plugs into fresh piercings!

I have done research with many doctors and nurses who specialize in this procedure. They all agree on three very basic principles regarding this practice: First, these are highly specialized procedures that only a trained plastic surgeon should attempt. The suturing process that is used is a very loose suture called a purse string. This procedure rarely works; usually only scar tissue will form. Second, dermal punches are very rarely used even in the medical community due to the high amount of scar tissue that is formed afterward, and the very slow healing time that occurs when removing such a large piece of tissue. Dermal punches should be used for bone removal for biopsy only! Third, a biopsy needle is designed to remove a piece of tissue for diagnostic purposes only. This is much different from piercing. Let me explain:

Piercing needles are very similar in design to hypodermic needles. They are meant to create a small puncture wound to instill a fluid, or in our profession, to install appropriate jewelry to keep the puncture wound open. They are not meant to remove tissue in any way!

In our quest to adorn and modify our bodies, I believe we have the right to decorate our temples the way we see fit. However, as professionals, we must take caution not to act outside of our particular training. Many of my own clients want to immediately install a large gauge piercing, but we must educate them as to why they shouldn't. And

stretching a piercing can be quite gratifying, bringing much insight into one's own body. It is an exercise in patience.

We must also realize that legally, if we act as a doctor, doing procedures that require the education of a doctor, we can also be sued as a doctor. The piercing and/or stretching release your clients sign will not protect you because you have acted out of your training. If you are insured, your insurance will not cover you for the incident because you were not following the guidelines to the insurance policy. Use of a dermal punch or biopsy needle is limited to trained medical professionals only, due to the severe complications that can arise. Basically, if you use a dermal punch or a biopsy needle on your clients, you are playing with fire!

As we strive to be recognized and respected as professionals, we must also respect the professions of others and to involve them in our business. If a client truly needs their ears sutured, get to know doctor in your area to whom you can refer them. If someone insists on installing a large gauge piercing immediately, it is your responsibility to inform, educate and set limits for your clients. I have found that the respect this generates is much better than dealing with the multiple medical or legal problems that can occur. Let's all try to educate piercees as to why these practices are not responsible or safe.

David Anthony Vidra
Bodywork Productions
Cleveland, OH

MEMBERSHIP MEANS YOU!

Don't forget that this organization means nothing without your membership and active involvement. Our eventual goal is to have all professional piercers operating as APP members or at comparable standards. Contact any APP member for information and an application, or write us!

GLUTERALDEHYDES

You may be interested to know that there is a product on the market designed to measure one's exposure level to the toxic fumes emitted by gluteraldehyde-based disinfectants. Nevin's Gluteraldehyde Vapor Monitor "measures the Time-Weighted Average (TWA) of your personal exposure to gluteraldehyde vapors. Just clip the monitor to your shirt... wear it for 15 minutes... send it to Nevin for analysis. In about a week you'll receive a report indicating if your exposure is below or above acceptable limits."

This information bolsters concerns that many piercers have expressed about disinfecting piercing jewelry in gluteraldehydes prior to insertion. If you don't even have to breath it to be endangered by it, why are some piercers still putting traces of Cidex, Wavacide, and other gluteraldehyde-based disinfectants into people's bloodstreams? We can't require it, but the APP strongly suggests that Madacide be the jewelry and/or hard-surface disinfectant of choice for all professional piercers. Call Mada Medical at 800-526-6370 for more information about this nontoxic, biodegradable, chemically stable and not unpleasant-smelling product.

THREADING SURVEY

I am interested in hearing your views on internally threaded versus externally threaded barbells. Which do you prefer and why? Have you had any positive or negative experiences with either? Do you have no preference at all? Responses will be used to help shape APP policy on jewelry standards. Please send responses to:

Rob Petroff
Insane Creations
621 E William
Ann Arbor, MI 48104
Or fax me at (313) 332-0058



I'd like to get *The Point* for the next _____ years at the annual rate of \$20.00.

Name _____
Address _____
City _____ State _____ Zip _____
Country _____

Enclosed is my check/money order in US funds for \$_____.

• **ASSOCIATION OF
PROFESSIONAL
PIERCERS**

519 Castro Street, Box 120
San Francisco, CA 94114