

THE POINT

The Official Newsletter for The Association of Professional Piercers

APP Attends APHA Conference

This year's annual American Public Health Association (APHA) conference was held on January 20-24, in Atlanta, Georgia. The Board again staffed a booth at the event and also convened as usual for our quarterly Board meeting.

We set up our slick black booth display with signs including the Piercee's Bill of Rights, and large color and black and white photos of modern and tribal piercees. The booth also had a continuously playing video tape on a television monitor with a gruesome clip from a news broadcast about a serious, disfiguring infection a young woman received in her ear cartilage following a piercing via stud gun. That was definitely not for the faint of heart, but got the point about safe piercing across loud and clear.

We had a booth location with great visibility right near the main entrance, and as always, received quite a bit of attention. Most of the other exhibits are very dry and serious. The APP presence provided a bit of welcome relief from the rows of medical, technical, scientific and academic companies and organizations whose booths span as far as the eye can see. We were warmly received and spoke about body piercing to literally hundreds of conference attendees over the course of the event.

continued on page 7....

Thank You to Vendors for Raffle Donations

A very special and heartfelt thank you goes out from the APP Board to all of the generous Vendors who donated raffle prizes to make the APP raffle at the Annual Conference and Expo a tremendous success.

The Vendors were incredibly giving and provided an amazing and tempting array of raffle prizes from the basic on up to the outrageously generous. The APP is truly grateful for we would not be able to provide nearly as much support to the piercing industry without receiving this vital support from our Vendors.

Historically, the raffle has proved to be one of the biggest fundraisers held by the APP, and we couldn't do it without our generous Vendors. Again, the APP salutes you, and thanks you. We genuinely do appreciate you and can't thank you enough for being so giving to the APP. We couldn't do it without you!

For future Conferences, to inspire ticket purchases and reward those who so generously donate we intend to have a Raffle Board which lists the prizes with their value, and recognizes those providing them, in advance for all to see.

To everyone who participated, each and every Vendor who gave, and to all of those in attendance who purchased raffle tickets: thanks again.

Our Top Three Donations-

Industrial Strength:

One \$10,000.00 grand prize jewelry package, and 10 \$1,000 jewelry packs, and also 10 print jobs at \$250.00. Special thanks to Industrial Strength for their extraordinary generosity and tremendous support of the APP.

Good Art:

Multiple certificates totaling over \$5,000.00 The APP salutes you for donating these great prizes.

Flaming Bones:

Ten \$100, eight \$250, two \$500, and one \$1000 gift boxes of jewelry totaling \$5,000.00. Thank you for your generous donation.

A complete list of all the Vendors who donated prizes can be found on page 14.

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ATTENTION Manufacturers and Businesses

The Point is a quarterly newsletter. It is the only newsletter dedicated to the piercing industry. We print 2000 copies of each issue, have a direct mailing list of over 750, which consist mainly of piercing, tattoo studios and health departments. The newsletters are also distributed to potential members or anyone who is interested. With the new 3-hole-punch format, it will continue to be a viable resource and should be part of your advertising budget. **The POINT** can also be viewed as PDF files on our website, increasing the visibility of your company. Nowhere else can you hit the specialized piercing market.

Advertising Specifications

Type	Inches W x H	Diagram	1 issue	6 issues
inside front cover	7.25" x 9.75"		\$400.00	\$350.00
inside back cover	7.25" x 9.75"		\$400.00	\$350.00
full page	7.25" x 9.75"		\$350.00	\$325.00
half page-horizontal	7.25" x 4.75"		\$200.00	\$180.00
quarter page	3.25" x 4.75"		\$90.00	\$80.00
double quarter column-vertical	2.25" x 4.75"		\$50.00	\$45.00

Contact Bethra Szumski at (404) 315-6925 to place your advertisement in The Point. The Point is created on a Mac using QuarkXpress 5.0, and Photoshop 6.0. Acceptable formats for ads are black and white or grayscale jpeg, gif, eps, tiff, pict, pds or PDF files. If you are sending a digital file please include or embed the fonts. Email ads as attachments to beastworks@earthlink.net or mail them on cd or zip. Camera ready art at 600 dpi or better is acceptable if you don't have a digital file. Mail to: Beast c/o Rings of Desire 1128 Decatur St. New Orleans, LA 70116. Include a self-addressed, stamped envelope if you want your media returned.

APP New Member Listing

Professional Business Members USA & International

CO	Grand Junction	Nick Pirelli	Holey Rites	1121 North Ave #C	970-242-4111
CO	Grand Junction	Heather Tobin	Holey Rites	1121 North Ave #C	970-242-4111
GA	Atlanta	Gi Gi Gits	Kolo Body Arts	1144 Euclid Ave.	404-523-1098
GA	Atlanta	Chuck McAdams	Kolo Body Arts	1144 Euclid Ave.	404-523-1098
IL	Godfrey	Richard Frueh	Dead Serious Designs	7107 Montclair Ave.	618-466-3323
IN	Ft. Wayne	Benji Tretter	Modern Primitive	2034 Broadway	260-423-2130
NC	Raleigh	Matthew Cousins	Warlocks	5535 Western Blvd. Ste. 104	919 233 9253
NC	Raleigh	Byron Wallace	Warlocks	5535 Western Blvd. St.e 104	919 233 9253
OR	Eugene	Georg P. Birns	High Priestess	675 Lincoln Rd.	541-342-6585
OR	Eugene	Joshua Bryant	High Priestess	675 Lincoln Rd.	541-342-6585
OR	Eugene	Elisa Wright	High Priestess	675 Lincoln Rd.	541-342-6585
TX	Austin	Lance Gremillion	Amillion Tattoos and BP	8556 Research Blvd. B&C	512 453-8287
TX	Fort Worth	Randy Adams	Randy Adams Tattoo & Body Piercing	6467 E. Lancaster Ave.	817 446-0272
TX	Fort Worth	Andy Martinez	Randy Adams Tattoo & Body Piercing	6467 E. Lancaster Ave.	817 446-0272
TX	Fort Worth	Jennifer Yopez	Randy Adams Tattoo & Body Piercing	6467 E. Lancaster Ave.	817 446-0272
WA	Seattle	Jeffrey 'Phish' Goldblatt	Slave to the Needle	508 65th St. N.W.	206 789-2618
Canada	Prince George, British Columbia	Craig Landon	Trend Setters	6557 Hart Highway	250 962-9262
Canada	Montreal, Quebec	Pierre Ferguson-Black	Black Sun Studios	3919 St. Denis	514 286-5259

Associate Members

		Member Name			
FL	Pensacola	Melanie Bagwell	The Psychedelic Shack	6707 Plantation Rd. A-2	850 479 9007
NM	Albuquerque	Aaron Riedl	Evolution	4517 Central NE	505 255-4567
NM	Santa Fe	Weston Weller	Aware	1430 Cerrillos Rd.	505 986 0013
OR	Eugene	Paul Deskinen	High Priestess	675 Lincoln Rd.	541 342-6585
OR	Eugene	Jared Hill	High Priestess	675 Lincoln Rd.	541 342-6585
OR	Eugene	Roger Johnston	High Priestess	675 Lincoln Rd.	541 342-6585
OR	Eugene	J.D. Scott	High Priestess	675 Lincoln Rd.	541 342-6585
PA	New Cumberland	Sarah Eicher	Checked Past	316 Fourth St. 2nd floor	717 774-7180
TX	Fort Worth	Stacy Morton	Randy Adams Tattoo & Body Piercing	6467 E. Lancaster Ave.	817 446-0272
TX	San Antonio	Elia Zepeda	Dandyland	1821 B Bandera Rd	210 432 5747

Corporate Members

Member Name				
JD Lorenz	Industrial Strength Corp.	1111 Regatta Square	Richmond, CA	800-339-5725 www.isbodyjewelry.com
Paul King	Cold Steel International LTD USA	610 22nd St. #101	San Francisco, CA	415-701-7233 www.coldsteel.co.uk
Grant Dempsey	Cold Steel International LTD	45-46 Millmead Ind. Ctr. Tottenham Hale, London	England	44 020 888 03334 www.coldsteel.co.uk
Gail Shub	Body Circle Designs	PO Box 6824	Seattle, WA	800 244 8430 www.bodycircle.com

Patron Members

Member Name			
Jim Ward	Berkley		CA
Dr. Rebecca King	Sacramento		CA
Betsy Reynolds	Denver		CO
Mia Siler	Detroit		MI
Glenda Ryder			glendacpfa@aol.com

Brochure Available on Troubleshooting

The APP has produced a brochure entitled Body Piercing Troubleshooting For you and your Healthcare Professional. It also includes jewelry removal tips which have been reprinted below.

It contains a section for the piercee on choosing a supportive, helpful doctor. It has a section for the doctor on troubleshooting that describes common complications with piercings and information on what has proved effective for treating them. There is also a section about jewelry removal with pictures. It shows common jewelry styles and provides printed and graphic information on their safe removal.

These brochures are available for you to distribute in your studio and/or at other community locations such as hospitals and medical facilities, jails, schools and so on. They can be viewed and purchased through the web site at: www.safepiercing.org or you can purchase them by calling the APP office at: (888) 888-1APP

The cost is \$15.00/100 2-color brochures.

Jewelry Removal

There are three basic styles of body jewelry and many variations on those styles. The three styles are a bead ring, (fig. A) captive bead (fig. B) and circular barbell/barbell (fig. C).

There is never any need to cut body jewelry for removal. Even momentary removal of jewelry from a healing piercing can result in amazingly rapid closure of the piercing, and make reinsertion difficult or impossible. Removal of jewelry in the presence of an infection may result in an abscess. In the event there is a localized, draining infection, quality jewelry should be left in place to allow for passage of matter to the surface.

On a bead ring, the bead is attached to one side of the ring. To open the ring for removal, simply twist the ring open. Grasp the ring on each side of the bead, pull gently and one end will pop out of the bead. By pushing one end away from you and pulling the other end toward you to open the ring like a spiral.



Fig. A

On a captive bead ring, the bead is held in by the tension of the ring. Grasp the ring with one hand as close to the bead as you can and with the other hand grasp the bead. Gently pull the ring and bead in opposite directions and the bead should snap out of the ring. Twist the ring a little (as in opening a bead ring) and rotate the jewelry to remove the ring.

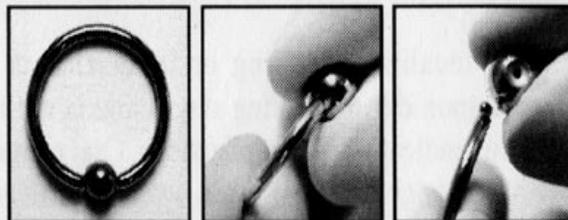


Fig. B

Barbells and circular barbells have threaded ends which can be unscrewed. Like most threaded objects, they tighten to the right and loosen to the left. On this type of jewelry one or both of the ends will come unscrewed.

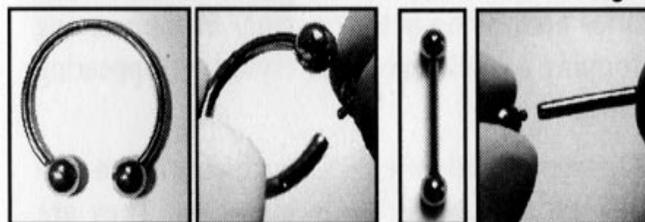
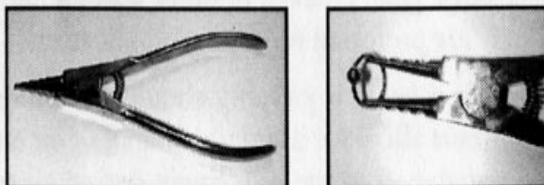


Fig. C

Ring Expanding Pliers or External Snap Ring Pliers can be used to spread a ring open enough to pop a bead in or out. Place the head of the pliers inside of the ring and gently squeeze on the handle to spread the jaws outward, opening the ring just enough to pop the ball out.



Please refer to the APP Aftercare Guidelines sheets for detailed information on the approved and accepted means of optimally caring for healing piercings.

Contact Info

We wish to welcome the new Board and make sure the members know who they are and where to find them.

The newly elected APP Board has two repeat offenders. Former Outreach Coordinator, Elayne Angel, is the new Medical Coordinator, and former Secretary, Bethra Szumski, is the new President.

They can be reached at the usual places:

Bethra Szumski, President
Virtue and Vice
2271 Cheshire Bridge Road
Atlanta, GA 30324
(404) 315-6925 Tue., Thur., and Fri.
(706) 208-9588 Wed. and Sat.

Elayne Angel, Medical Coordinator and Newsletter Editor
Rings of Desire
1128 Decatur Street
New Orleans, LA 70116
(504) 524-6147

Our new Board members with contact information:

Alicia Cardenas, International Liaison
Twisted Sol
1405 Ogden Street
Denver, CO 80218
(303) 832-1311

Jason King, Vice President
23rd Street Body Piercing
411 NW 23rd Street
Oklahoma City, OK 73103
(405) 524-6824

Paul King, Treasurer
Cold Steel America
2377 Market Street
San Francisco, CA 94114
(415) 621-7233 or
(415) 933-7233

Megg Mass, Outreach Coordinator
Infinite Body Piercing
626 South Fourth Street
Philadelphia, PA 19147
(215) 923-7335

Crystal Sims, Secretary
Evolution Body Piercing
4517 Central Ave NE
Albuquerque, NM 87108
(505) 255-4567

Submissions Requested

We want everyone to know that we need, welcome, value and appreciate your input!

Submissions of all kinds are desired and accepted for the POINT. Please feel free to voice your opinions, share your knowledge, and provide other members and interested parties with the most up to date information you have. Submissions of articles printed elsewhere on relevant subjects are also desired. Just be certain to obtain permission to reprint and forward that with the article, or provide specific source contact information so that we can be sure to get permission to reprint.

The more you put into your membership, the more you will get out of it! All

of us are busy with many responsibilities. But if piercing is really the priority in your life that many of you profess, put your energy where your heart is! Participate!

The APP is a volunteer run organization. You can have a say in what gets done and how it happens by volunteering and joining in. Membership can be so much more than just a certificate you hang on the wall!

Send submissions by mail to:
Angel c/o Rings of Desire
1128 Decatur Street
New Orleans, LA 70116
or by email to: angel@ringsofdesire.com
if you have any questions feel free to call: (504) 524-6147

Classifieds

Piercer Seeks Job

PROFESSIONAL PIERCER
NEEDS A JOB!!

My name is Gato,
I have worked in Mexico for 7 years as a professional piercer (apprenticed)/ studio manager. My skills with customers, professionalism, and technique are impeccable, worked on high volume beach studio, sterile/professional atmosphere, work great with others, have portfolio, please give me a chance.
artestribales@hotmail.com

Positions Available

Manager/Bookkeeper

Desired attributes: high motivation, trustworthiness, flexibility, ability to deal with complex problems, some managerial and bookkeeping experience and/or business classes, ability to work in a casual small business environment, an affinity for natural and ethnic body jewelry, ability to drive, basic experience with small tools, a strange love for paperwork, and familiarity with Mac computers and associated programs such as: Word, QuickBooks, Photoshop, Quark or PageMaker, scanning, emailing, and website maintenance.

Please call or send your resume with references!
I'm willing to wait a long time to find the right person.
Please contact:
Erica Skadsen
ORGANIC
P.O. Box 17656
Portland, OR 97217-0656
(503) 240-0260
erica@organicjewelry.com
www.organicjewelry.com

The Psychedelic Shack in Pensacola, FL is hiring tattoo artists and APP piercers.
Medical, vacation, guaranteed salary. Drug-free ONLY.
800-804-8188.

Address Correction

This is an important correction to the address printed in THE POINT 20 on where to send spore tests, requests for subscriptions, and general information.

The APP address remains:

**Association of Professional Piercers
PMB 286
5456 Peachtree Industrial Blvd.
Chamblee, GA 30341**

(888) 888-1APP

APP Member Listing

In POINT issue #20 we printed listings of all current APP members. Now we are printing an updated listing of the new members who have been approved since the last issue.

We would like to congratulate each and every new member for making the effort to comply with all of the stringent requirements for joining. You are all at the top of your field and should feel proud of yourselves! Thank you for being members and helping to make the APP the organization that it is today.

Remember to support your fellow members and refer inquiring potential clients to others in the APP. Also, if you know of piercers who you believe would be good candidates to join, encourage them to do so. There is strength in numbers and the larger and more powerful the organization becomes, the more all of us will benefit.

Congratulations to all of you!

APP Speaks at Blood Products Advisory Committee Meeting

Less than 2 weeks before it was to take place not far from Washington DC, I heard there was an upcoming meeting of the Blood Products Advisory Committee and wrote to them immediately. I secured an invitation for a representative from the APP to attend. Patrick McCarthy prepared quickly and got a last minute flight there. He appeared before the board, on behalf of the organization and the industry to plead the case for not deferring from donating blood individuals who receive piercings done in accordance with APP standards. Nobody attended the meeting in support of tattoos, and 6 or so were there in support of not deferring for those who have received acupuncture. All three topics were covered in the same session.

He made a presentation to the board there and was very favorably received. All of their own studies regarding disease transmission of bloodborne pathogens from piercing did not show any significant risk from piercing.

In their own studies of 1400 people who were deferred from donating blood due to body piercing and returned after one year, there were

no incidences of transmission of Hepatitis A, B, or C. Two were HIV positive. One was an admitted IV drug user and the other one was very sexually active. The figures show bloodborne pathogens disease transmission is considered statistically non-significant in the pierced population, as a result of the piercing itself.

The final vote of the board regarding the policy should be in very soon, but they seemed very favorable if the piercings were done in licensed, inspected studios. Now that 43 states have regulations they feel more comfortable with the issue of body piercing than they used to.

We will keep you posted as we hear any news on the topic.

For the full text of the letter see page 14.

... APP attends APHA continued

Each year more and more of the conference-goers (largely medical professionals and public health workers and officials) approach with personal questions pertaining to their own interest in piercing, or they ask questions relating to piercings of a family member. We made great use of the opportunity to do a lot of educating about health and safety issues in body piercing to a broad spectrum of inquiring conference-goers. We distributed many tall stacks of APP brochures including the Aftercare Guidelines, Troubleshooting, and Choosing a Piercer pamphlets, and also Membership brochures. We gave out copies of THE POINT, and also APP Manuals on disc. We had a display of body jewelry showing appropriate quality, metals, sizes and styles for body jewelry, and to demonstrate how barbells unscrew, and how captive beads are removed, etc. The items were not for sale, being strictly for display and educational purposes. But if they were, we would have sold them all! All in all, the APHA Conference was definitely a success in our mission to disseminate information.

This article contains some new thoughts and discoveries not discussed in any lectures you may have attended at the APP conference. Discussion of Female Infibulation cannot be relegated to the past. Unlike other piercing traditions I have discussed, female infibulation, in various forms is still widely practiced today. Female infibulation has been described and recorded in three distinct practices: abrasion with suturing (sometimes with excision), chastity belts, and piercing. This article will address only the piercing aspect.

Female Infibulation, as defined by this article, involves multiple piercing of the outer labia. It does not include excision of the clitoris, clitoral hood and/or labia minora. Most western women today wear the outer labia piercings, by choice, to increase both aesthetic and physical pleasure. In Western fetish communities, when outer labia piercings are performed for chastity play the process is mutually consensual. Many Piercers today find outer labia piercings heal more quickly and with fewer problems by using barbells, curved or straight, instead of rings.

Historically, the piercing was often performed with a needle followed by thread until healing was complete. Sometimes the rings would be inserted directly afterwards or as part of the piercing process. A single ring or suture would pass through both outer labia, pulling them together and obstructing access to the vagina.

Roman reference in the 5th century BCE Herodotus says, "Ethiopians performed infibulation freely on wives." Rhodius and Fabricius d' Aquapendente refer to the use of infibulation for preservation of chastity. Celsus states, "Among

Romans occasionally posterior piercing was performed to prevent access from the rear as well."¹

In 1737, Leicester, England, George Baggerley was fined twenty schillings for sewing his wife's outer labia together with needle and thread.²

"In some other tribes in Asia and Africa, they run a ring through the tips of the opposite nymph; and this ring is so enchased in girls, that it can be removed only by filing it, or forcibly cutting it with scissors. We can imagine those shackles can be welded only by soldering, so as to unite the branches of the buckle after it has been sunk into the flesh; and this soldering can be performed only with a red-hot iron, which is laid on the buckle itself, in order to melt in the ore lead. As to the women they wear there an iron circle provided with a lock, the key of which the husband holds; for this tool supplies the place of seraglio and eunuchs, who require such expense and who cost so dear in Asia, that absolutely nobody but seigniors and princes have slaves trained for guarding other slaves; villains from among the population use those rings we have just spoken about."³ Some writings, such as this suggest that the rings were sometimes soldered shut, though an eyewitness account of this supposed process has remained elusive.

Fakir Musafar provides an Indian reference. "Tamil suitors used to demand the sewing up of the outer labia until marriage with the use of gold wire."⁴

"It is not possible to conclude whether there was a single origin or several independent origins. [Some] feel that there is sufficient evidence to assume that infibulation was

practiced in ancient Egypt, and that perhaps it is there the custom originated. Or it could have been an old African puberty rite that came to Egypt by diffusion, (infibulation is known in the Sudan as "Pharaonic circumcision" and in Egypt it is referred to as "Sudanese circumcision")."⁵

This author is opposed to any form of non-consensual genital mutilation, whether on infant boys in the U.S. or on women and young girls in some traditional African societies and extremist Muslim groups throughout the world. The practices of foreskin and clitoral hood circumcision, clitoridectomy, excision and abrasion of the vulva area followed by suturing together of both outer labia until the vaginal opening heals shut, are forced on hundreds of thousands of children today. For more information on these practices or to learn how you can help fight these human rights abuses please contact Minority Rights Group, UNESCO, and World Health Organization.

¹ Chastity Safeguards, 1947, Haldeman-Julius, pub. Girard, Kansas

² Male Infibulation, Eric John Dingwall, pg. 59 (account from "The Gentleman's Magazine and Historical Chronicle, 1737, vol. VII pp 250)

³ Recherches philosophiques sur les Americains, tome II p. 140 (Berlin 1779) author De Pauw, from Padlocks and Girdles of Chastity, 1928

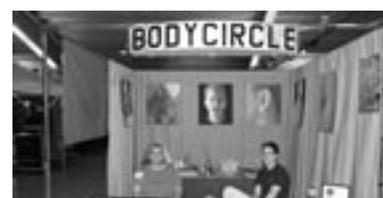
⁴ Piercing Fans International Quarterly, Issue 11, Fakir Musafar

⁵ Female Circumcision, Excision and Infibulation, History, Minority Rights Groups, Marie Assaad, 1980

My usual disclaimer: I am not an anthropologist. From time to time, there will be errors. Please be understanding and forth coming if you have information you would like to share.

Paul King c/o Cold Steel America, 1783 Haight St, SF, CA 94117

APP CONFERENCE 2002



Thanks to Barry Blanchard of Anatometal for the use of these photos from the APP Conference 2002.

Coming next issue! A full review of Conference 2002.

Post conference malaise having passed, I now have time to reflect on just what my transition from Secretary to President will mean for me and just what the next three years could be about for the APP. My experience as Secretary has given me a great inside view as to the workings of the organization that I can put to good use in my new position.

Over the last three years I have seen a lot of progress in the right direction. Six brochures in print, a new manual now in its second revision, and a new Point publication schedule are just some of the non-conference outreach efforts of the past three years. I have seen conference become bigger and better every year, and grow into a Conference plus Vendor Faire. Further, the process of stabilization

with regard to printed policies, established procedures, improved manpower and stable finances that has taken place and will enable the APP to accomplish of a number of long term goals. Among them are the continued annual updating of the procedure manual, revision and improvement with regular updates of the web site, consistent Point publication, extended Overseas outreach with conferences, and much more.

I believe that having an elected board has been enormously beneficial to the organization. A diverse board has allowed for well-balanced group decisions and well-formulated guidelines. This dynamic has not changed with the recently-elected board. I believe that the APP membership is well represented.

As for my personal feelings about the transition, I am grateful for the

opportunity to continue to serve the APP and the community it represents. With lingering misconceptions about the APP within the piercing community and the ever-increasing need for a professional public face on the industry to the media, the medical community and legislators, the other board members and I still have our work cut out for us.

I want to give you all a reminder that your input is highly valued. We don't know what your needs or expectations of the APP are unless you tell us. Feel free to contact me or any other board member with questions, concerns, ideas, and/or input.

Looking forward to a productive term as President.

Sincerely,
Bethra Szumski

In House Manufacturing

A friend recently commented that he was surprised how many body piercing studios are also manufacturing body jewelry. Some of these are very well known; Pleasurable Piercings, Cold Steel, and who could forget The Gauntlet... But my friend seemed more interested in smaller companies that are placing greater emphasis on manufacturing for their own studios than making a name for themselves in the wholesale market. Is this a really profitable endeavor? What are the other advantages?

The truth is that several years ago producing your own jewelry was a huge advantage. In the early 1990's, there were very few manufacturers to choose from, and even fewer making jewelry that could be labeled "high quality." If you were a piercer with high standards there were only a couple of vendors you would consider, and it could take weeks or longer to get an order delivered. Piercers across the nation were longing for a company that could turn out quality jewelry fast enough to meet the demand of the people who wanted to be pierced!

My business partner, Shawn Taylor, founded his first manufacturing busi-

ness with the intent of doing just that. Shawn had experience as a piercer, and a natural talent for figuring out how things are made. However, tracking down the proper materials and equipment to make body jewelry that would meet his high standards, and finding efficient ways of doing things proved more time-consuming and expensive than he thought. By the time he had the pieces in place, other manufacturers that could produce quality items in incredible quantities had emerged and a large part of the demand was being met. Shawn changed his focus and early 1999 when he and I opened Evolution Body Piercing Studio together. We were proud to be able to open with an incredible inventory that included countless sizes that our competitors don't keep in stock and that our budget would not have allowed, had we had not had our own manufacturing facility.

Byriah Dailey, owner of Taurian Body Piercing in Houston, Texas also started making jewelry in the early 1990's because he saw that the demand was greater than the supply. He had the necessary resources, skill, and desire to make quality jewelry. But again, it took time to perfect the process. Byriah has

by Crystal Sims

had wholesale clients over the past several years, but his primary focus has been making jewelry for his own shop so that he can offer outstanding quality and service to his retail clients. If someone comes in with an urgent need for an unusual length barbell (for example), it can be made, polished and autoclaved in less than two hours!

Byriah and Shawn both emphasize that they really enjoy making jewelry. Has in-house manufacturing been profitable for these companies? With a smile, Byriah says "No, but I've created a couple of extra jobs for people who would have had a hard time finding work otherwise." Shawn notes that the market is very different now than it was when he made the decision to start making jewelry, but he believes it has been worth the investment for the personal satisfaction he gets from creating something of quality. "While the initial time and monetary investment were much larger than expected, it has been rewarding in many ways. Our body piercing studio has a huge competitive advantage, and the additional wholesale income helps make life a bit more comfortable."

Australian tea tree oil, long touted by herbal practitioners as a broad spectrum antiseptic and all-purpose healing agent, has quietly been receiving recognition for its now-proven antimicrobial properties. It has been accepted by the Australian Therapeutic Goods Administration as a topical antiseptic/antimicrobial, and is pending FDA approval as a topical antibiotic. Its applications include wound cleaning, oral hygiene, treatment of various bacterial, fungal and viral skin and gynecological complaints, and hygienic hand disinfection. Its vapors have even been incorporated into air circulation systems in hospitals and “sick buildings” to kill airborne pathogens.

What is tea tree oil?

Tea tree oil is the essential oil distilled from the leaves and terminal branch ends of *Melaleuca alternifolia*, a shrub native to the swamps of northern New South Wales (Australia). It is pale yellow or clear in color and, when of good quality, has a pleasant spicy smell. The tea tree was originally used by the Bundjalung Aborigines in this area, who applied its crushed leaves to wounds, skin infections and burns and then covered the area with a warm mud pack. As European settlers began to experiment with the local remedy, it found its way into the labs and medical journals of the time, eventually becoming an Australian standard.

The common name, “tea tree” was coined by European sailors who observed Aborigines making tea from the leaves of a similar plant, *Leptospermum*. All trees and shrubs of the *Leptospermum* and *Melaleuca* genera are commonly called “tea trees,” with over 100 varieties of tea tree in Australia. However, only the oil of the *Melaleuca alternifolia* excels for medicinal use and is controlled by the Australian Tea Tree Industry Association and by ISO and AS standards (the European and Australian equivalents of ASTM).

Even among the *Melaleuca alternifolia*, the composition and quality of the derived oil varies widely from area to area, tree to tree, and indeed between branches on the same tree. Much like

“surgical steel” and Implant Grade steel, there is a dramatic difference between Pharmaceutical Grade and common tea tree oil. Among those that meet the standard, there are still wide differences in final product quality. Only a handful of skilled producers have been able to successfully select superior trees and their seeds for cultivation, and to then oversee production to maintain and protect the quality of the volatile oil while maintaining non-invasive natural farming techniques.

The tea trees grow in a virtual monoculture, with 36,000 plants/hectare. At the peak of their oil production (about 18 months) the branches are harvested, mulched and taken to the still. Traditionally wood-fired, tea tree stills are now run by clean burning natural gas, which heats filtered water in a steam generator. The steam is channeled directly into the distillation pot containing leaf charge, where the heat bursts the oil sacs within the leaves. The oil and steam vapors then move over condensers to cool. (Condensers are stainless steel pipes washed by fast-flowing cold water.) This effectively brings the oil and water vapors back to liquid form together. The oil separates to the top, and the water is drained off the bottom to be recirculated in the next distillation cycle. The oil is then filtered at least twice more to eliminate any remaining moisture, is tested, certified and bottled for storage. Spent tree material is then used as fertilizer, completing the production cycle.

Once distilled, tea tree oil must be stored in air tight opaque glass or stainless steel containers, as its quality degrades with exposure to oxygen and light. In addition to lowering the antimicrobial potency of the oil, oxygenation also leads to a dramatic increase in para-cymene, a skin irritant. Therefore, any products marketed in clear glass bottles are to be avoided.

What is its chemical composition and efficacy?

Medicinal tea tree oil contains over 100 organic compounds, mainly monoterpenes, sesquiterpenes and their alcohols. Although terpinen-4-ol and linalool have been isolated as the main

active antimicrobials, these have been found to work synergistically with the other compounds to produce an antimicrobial effect which exceeds that of any isolate. Attempts to create effective synthetic reproductions of the natural compound have so far been unsuccessful.

The quality of tea tree oil is generally classified by two of its main components, terpinen-4-ol, the chief wound healing and antimicrobial agent, and cineole. Although cineole is also an antimicrobial, it is generally found in negative correlation to terpinen-4-ol. In the interest of excluding inferior oils with low terpinen-4-ol and correspondingly high cineole, the Australian and European standards place a maximum on the cineole content, as well as a minimum on terpinen-4-ol. Both ISO 4730 and the Australian Standard for Oil of *Melaleuca* (AS 2782-1985 Essential Oils - Oil of *Melaleuca*, Terpinen-4-ol Type) require terpinen-4-ol levels greater than 30%, and cineole levels below 15%. Perhaps due to a misunderstanding of this standard, it was long thought that cineole was a skin irritant. However, that is now known to be false. The true irritant, para-cymene, must have levels between 0.5 and 12%, and the lower this number the better.

Although medically documented testing of tea tree oil began in 1922 and received much attention through the 1930s, research died off in with advent of penicillin and synthetic antiseptics. Documentation thereafter became spotty, with most studies presenting incomplete or anecdotal evidence. In the past ten years, however, several hundred in vitro and in vivo tests have been done using Pharmaceutical Grade Australian Tea Tree Oil, and work has been done to establish minimum inhibitory concentrations (MIC) of oil against a variety of microorganisms. (The MIC represents the lowest concentration of the alleged antiseptic which will inhibit growth of a specified microorganism.) Tea tree oil has been proven effective against a broad spectrum of microorganisms, Gram-positive and Gram-negative bacteria, fungi and yeasts, including:

continued on next page...

GRAM POSITIVE BACTERIA

MIC (% v/v)

Staphylococcus aureus	0.5-1.0
Staphylococcus epidermis	0.5-1.0
Streptococcus pneumoniae	0.25
Streptococcus faecalis	1.0
Streptococcus pyrogenes	1.0
Streptococcus agalactiae	1.25
Propionibacterium acnes	0.75
Beta haemolytic streptococcus	0.5

GRAM NEGATIVE BACTERIA

MIC (% v/v)

Escherichia coli	0.5
Klebsiella pneumoniae	1.0-2.0
Citrobacter spp.	0.5-1.0
Shigella sonnei	0.5
Proteus mirabilis	0.5-1.0
Legionella spp.	0.75-1.0
Pseudomonas aeruginosa	2.0

FUNGI MIC (% v/v)

Trichophyton mentagrophytes	0.75
Trichophyton rubrum	0.5
Aspergillus niger	1.0
Aspergillus flavus	0.25
Candida albicans	0.5
Microsporium canis	1.0
Microsporium gypseum	1.0
Thermoactinomyces vulgaris	1.25

It has also been shown effective against obligate and facultative anaerobic bacterium of the oral cavity in concentrations of +/-0.6% (depending on organism). Therefore, tea tree oil may prove a viable alternative to synthetic chemicals in our skin/oral prep and aftercare procedures.

An interesting note: While tea tree oil inhibits growth of *S. aureus* and other gram-negative bacteria tested, it does not have an equal effect on commensal (skin-friendly) resident flora, which help protect the skin from other infection. "This may afford tea tree oil a use in removing transient skin flora, while suppressing but maintaining resident flora as a protective measure against colonization by multiresistant pathogenic bacteria." (Carson & Riley, "Antimicrobial Activity of Tea Tree Oil," RIRDC Publication No. 98/70, Project No. UWA-24-A, 1998: 25.) Since tea tree is able to penetrate through several layers of skin, it also acts as a deep antimicrobial with a residual effect. Furthermore, tea tree oil is oil-based and lipophilic, it acts as an effective moisturizer. Frequent use can not only disinfect and residually protect skin, but minimize drying and cracking,

which are often cited by healthcare workers as a major reason for non-compliance with handwashing protocol.

Why have we heard so little about tea tree oil in the US?

A main reason tea tree oil has not entered our clinical supply closet is the tea tree industry's failure to supply required test results to regulatory bodies such as the FDA. Much of the existing research on *Melaleuca* has been either unpublished, is incomplete or proprietary, and was not available to external regulators. Plantations have sponsored independent testing, but often guard the results jealously. Compounding matters, FDA-required testing methods were not applicable to oil-based products. (Unlike Australia, the US does not have a wide body of oil-based pharmaceutical preparations, and accepted testing methods reflect this.)

The emergence of a strong governing body (The Australian Tea Tree Industry Association) has helped rectify these inconsistencies in the past few years, coordinating independent testing and research projects and formulating promotion and export strategies. As one result, cooperating researchers have come up with an additive that makes tea tree oil soluble enough in standard testing media to perform necessary tests, but does not affect its properties. Now that independent microbiological test results are becoming available, tea tree oil's acceptance in FDA monographs may be approaching. (An FDA spokesperson stated that he cannot comment on products currently pending approval.)

Another impediment to tea tree oil's acceptance here may be the perceived superiority of synthetically produced chemicals. In a nation centered around the pharmaceutical industry, such as ours, it is doubtful that a natural product will eclipse well-supplied synthetically based ones. Scientists and consumers alike have long assumed that formulas created in a test tube are by definition both more potent and less problematic than herbal extracts. However, with growing concern over drug resistant microorganisms and a global renewal of interest in less ecologically- and biologically-damaging products, tea tree oil's renaissance may be on its way. It has been proven effective against mepirocin-

and methicillin-resistant Streptococci and *Staphylococcus aureus*, with no subsequent development of resistance to tea tree oil observed. Biodynamic and organic farming techniques have also been shown to increase the quality and efficacy of the the oil while lowering its irritation factor, further encouraging sustainable practices as economically rewarding.

What are the applications of tea tree oil to our industry?

Tea tree oil and its products have been used mainly as a wound cleanser, particularly in cases of septic or dirty wounds. Many antiseptics do not work until all debris is removed from a wound site, but tea tree seems to work better. It is an effective solvent against pus and necrotic tissue, but does not harm healthy tissue. It is mildly analgesic and non-irritating if of high quality and in proper dilution for the individual. Some reports indicate that tea tree stimulates blood flow in the capillaries, increasing oxygen and nutrient delivery to healing tissue. However, this claim could not be substantiated.

While *Melaleuca* is not yet widely available in a hygienic hand wash or skin prep that meets our procedural needs, it may be a helpful aid for clients who suspect minor infection. While of course all clients with serious concerns should seek medical attention, twice daily applications of tea tree oil to a questionable piercing site may help avoid a full outbreak. This is especially effective for piercings which seem to have pocket of chronic infection inside or next to the piercing channel. External application of tea tree oil can penetrate through the layers of skin to reach the infection, and will not harm delicate tissue.

Tea tree oil is able to penetrate unbroken skin more deeply when no moisture is present on the skin. On broken skin or mucus membranes, however, it is best to either use a water miscible form or put 6 drops in 8 ounces hot (distilled) water, and soak. For an antiseptic mouth rinse, this solution should also be effective. Several effective alcohol-free tea tree oil mouthwashes, such as Thursday Planatation's Tea Tree Mouthwash, and Jason Natural Cosmetic's Healthy Mouth Mouthwash are also commercially available.

I have been suggesting tea tree oil in our shop for the treatment of hypertrophic scarring for several years with good results. A few drops of the oil, either full strength or diluted in hot water, applied to the area twice a day has a noticeable effect for many (though not all) people within a few weeks. It has the added benefit of being antimicrobial, helping to avoid secondary infection in an irritated piercing. Recent studies confirm that the water soluble components of tea tree (terpinen-4-ol, cineole and alpha-terpineol) do inhibit the skin's inflammatory response. (No studies have yet addressed the use of tea tree oil as a scar tissue application.) For this use, then, diluting the oil in hot water may prove more effective still. Mixing tea tree oil with an organic vegetable base, such as olive or grapeseed oil is also helpful in some instances, particularly when massage is indicated (as in the case of blow-outs or older scar tissue).

Tea tree soaks and certain available washes (or tea tree oil in diluted Castille soap) may provide alternative solutions for clients who are sensitive or otherwise opposed to using commercially-produced synthetic antimicrobials like Provon and Satin. Provided the oil comes from a reputable source and is placed in a solution that is otherwise benign, tea tree oil soap products may be considered effective for piercing care.

With these suggestions, a word of caution is necessary. Poor quality tea tree oil can be very irritating. High levels of para-cymene can cause redness, irritation, burning, itching, scaling, and other reactions. Ensure the quality of the product, and do not purchase pure oil in clear bottles. (Soaps and mouth rinses containing less than 50% tea tree oil may be stored in clear containers without risk.) Store in a cool, dark place to prevent degradation after purchase. (Two to try: Nambucca Tea Tree Farms and Thursday Plantations; web addresses below.) Pesticide residue and other contaminants may also be responsible for irritation. Again, ensure that your product is organically produced and 100% pure Australian Melaleuca alternifolia, certified by the ATTIA. Several highly visible American companies have recently begun to market inferior tea tree oil

which does not (to their own knowledge) meet ISO standards. Avoid these products.

Although many studies reported no sensitization potential, approximately 10% of one study group showed allergic sensitivity to sesquiterpinoid fractions in a particular oil. This level can be controlled through distillation, and low sesquiterpinoid oils are currently on the market. Ask your producer for verification, and try different brands if allergic reaction occurs.

In higher concentrations, tea tree oil may be irritating for some individuals. Again, the irritancy factor increases with poorer quality oils. In concentrations over 50%, the irritant potential is listed as "slight," and at over 75% it becomes "mild to moderate." Many people do not develop irritation from good quality oil at 100%. However, this will depend on the individual, and higher dilutions should be used for those who show sensitivity. Remember that the hardest study organism to kill, Pseudomonas, has a MIC of 2%. So a 50% solution should be considered strong enough for most purposes. Suggest customers to do a patch test to check for allergic reaction before they start using it. (Put a drop on their inner arm; leave for 24 hours; check for irritation.) If irritation develops, either dilute the product further, use less frequently or discontinue use. It is not to be taken internally or used in the eyes.

If you choose to try tea tree oil for yourself or your shop, Dr. David Nicolson, Chairman of the ATTIA, has this recommendation. "You should ensure that the tea tree oil is of Australian Origin, meets the ISO 4730: 1996 Oil of Melaleuca, terpinen-4-ol type (Tea Tree oil) and that you are supplied with a full certificate of analysis for the batch of oil." (personal communication)

While currently available formulations of Melaleuca do not suit all the antiseptic needs of our industry, its proven efficacy against a range of pathogens and its penetrating and skin-protective qualities make it worth keeping an eye on. As a direct application for home treatment of infection, irritation and inflammation, for natural antimicrobial soaks and mouth rinses, and as an ingredient in value-added soaps, hand washes and antiseptics, tea

tree oil represents an herbal alternative in piercing care.

If you are interested in further researching tea tree oil, the following sites may be of interest.

www.teatreefarm.com -- Nambucca Farm is a certified biodynamic, organic farm which produces some of the highest quality oil on the market (terpinen-4-ol over 37%, cineole 2%, para-cymene 1.9%). The site contains information about their plantation, suggestions for oil use, and wholesale ordering information.

www.thursdayplantation.com -- Another leader in the tea tree industry, producing oil with 36+% terpinen-4-ol, cineole <4%, and extremely low para-cymene levels. The site is a good source of general information, as well as a catalog of medical research and proven claims. Links to US distributors also available.

www.teatree.org.au -- Australian Tea Tree Industry Association site. User-friendly site explains tea tree production, uses, regulation, research and marketing, and gives insight into the state of the industry.

www.meddent.uwa.edu.au/teatree/ -- The Tea Tree Research Group's site at the Department of Microbiology, University of Western Australia, where the majority of current research is being done. General information, plus links to and abstracts from major research projects and publications. This site has the most statistics and clinical studies.

www.rirdc.gov.au -- The Australian Rural Industry Research and Development Corporation site. Search for "tea tree" and find downloadable files of major publications and independent studies.

For a complete listing of references used in the preceding article and for further reading, please contact Megg Mass at infbod@infinitebody.com. Also, if you are currently using tea tree oil in your shop or have done so in the past, and would like to contribute to a working database, please contact Megg.

List of Vendor Raffle Donations

Vendor	Donation Value	Vendor	Donation Value
Industrial Strength	\$22,500.00	P.P.I.S.	\$120.00
Good Art	\$5,100.00	Tombstone	\$100.00
Flaming Bones	\$5,000.00	Spectrum Craft Designs	\$100.00
ModBase.com	\$2,400.00	Lotus	\$100.00
Safe Products	\$1,500.00	Body Vision	\$100.00
Custom Steel	\$1,150.00	Notankhamn	\$100.00
Body Circle	\$1,000.00	H H Gold, Inc.	\$99.00
Anatometal	\$500.00	Clayton Limited Edition	\$75.00
Steel Skin, Inc.	\$500.00	Diamond Back Fashion	\$75.00
Onyx	\$500.00	Gorilla Glass	\$75.00
Glasswear Studios	\$500.00	Steal Body Jewelry	\$75.00
Morton Manley	\$380.00	Barbarella	\$60.00
Leroi, Inc.	\$241.00	Little 7	\$60.00
Abaraka	\$216.00	Tattooed Kingpin	\$55.00
Laclede, Inc.	\$200.00	Ebone Design	\$50.00
AHP Body Jewelry	\$200.00	Organic	\$50.00
The Wildcat Collection	\$190.00	Tawapa	\$50.00
Body Gems	\$150.00	Micro-Vac	\$50.00
Care-Tech	\$150.00	Artist At Large	\$50.00
Deva Rose	\$140.00	ASC Tattoo Directory	\$40.00
Zoomorphic Body	\$125.00	Abbot Ball Company	\$25.00

...BPAC Meeting continued

March 5, 2002

Linda A. Smallwood, Ph.D.
Re: Blood Products Advisory Committee,
March 14-15, 2002 Meeting

Dear Dr. Smallwood,

The Association of Professional Piercers (APP) is the only non-profit organization dedicated to health, education, and safety of piercers and the public. Please refer to our web site at www.safepiercing.org for additional information.

We are aware that you are reviewing the requirements utilized for monitoring the blood supply as regards donor acceptability. We propose a means by which we can work together to educate medical professionals and the public, and simultaneously improve the safety and availability of the blood supply.

You are no doubt aware of the tremendous growth in the popularity of body piercing nowadays. It is most unfortunately true that not all piercers are well trained, skilled, or safe. However, each piercer who is a member of our organization follows a very stringent set of hygienic guidelines. These

requirements include utilizing only single-use, sterile, disposable instruments to break the skin. The APP mandates regular spore-testing of autoclaves, the use of gloves, universal precautions, CPR/First Aid Certification, and so on.

There is virtually no risk of disease transmission as a result of a piercing by an APP member; it is the same as the risk (or lack thereof) involved in donating blood or plasma. It is a regrettable situation to discard (or defer) potential donors on the basis of a body piercing, which actually represents no compromise to the safety of those receiving transfusions. This is particularly relevant in times of a shortage in the blood supply.

We propose working together so that donation centers, including the Red Cross be permitted (via your regulations) to accept without deferral, piercees who have had their piercing performed by an APP Member piercer.

Perhaps if they were to present a copy of their release form at the donation center which shows via our logo that they were pierced by an APP member?

This arrangement would augment the blood supply by allowing donors who

have not actually sustained any exposure as a result of their piercing to donate freely. The recognition of our organization would also help to promote participation and membership which would ultimately result in more piercers and studios elevating their hygiene and safety standards. This is clearly a win/win situation.

We would be delighted to provide you with any additional information you require. Our procedure manual is available on CD and hard-copy if you would care to more closely scrutinize our safety standards and requirements. We would be pleased to forward you a copy.

We thank you in advance for your attention to this matter.

Most Sincerely,

Elayne Angel, Outreach Coordinator

Association of Professional Piercers
c/o Rings of Desire, Inc.
1128 Decatur Street New Orleans, LA
70116
www.ringsofdesire.com
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