

## **Santa Cruz County Body Art Practices Report**

*“There is no known culture in which people do not paint, pierce, tattoo, reshape, or simply adorn their bodies. Whether with permanent marks like tattoos or scars, or temporary decorations like makeup, clothing, and hairstyles, body art is a way of signaling an individual’s place in society, marking a special moment, celebrating a transition in life, or simply following a fashion.”<sup>1</sup>*

### **Synopsis**

Recent concerns regarding the health effects and safety risks of body art (tattooing, body piercing and permanent cosmetics/temporary tattooing) motivated the Grand Jury to investigate the absence of regulations. During visits to several local body art studios, the Grand Jury found a wide range of adherence to health and safety codes. Despite the \$105 county “Inspection fee”, these body art establishments are not inspected by any health agency. Local health officials do not have the authority to inspect until the state regulations are in effect or a local ordinance is adopted. Most practitioners welcome regulations and even express interest in working with local health agencies. A state mandate was passed by the legislature in 1997 (Assembly Bill 186, Brown) but it has not been implemented by the state. In the absence of state regulations, local health agencies are reluctant to implement and enforce the model program of health and safety standards as recommended by AB 186. The statewide agency of local health officers offered local implementation as an option to all 58 counties. Currently, several counties are considering enacting their own standards rather than waiting for the California Department of Health Services. Santa Cruz is not one of them.

### **Background**

The popularity of tattooing and body piercing has risen and fallen over the centuries. During the late 1800s, tattooing was popular in both England and the United States among members of “high society,” including women and royalty. When newspapers and magazine articles began linking tattooing with criminals and loose morals, and the tattoo machine was invented in 1891, making the fad affordable to the working class, the era of tattooing as an upper-class art form came to an end. Tattoo artists continued to practice, but economics forced them to set up their businesses in less desirable parts of town.<sup>2</sup>

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<sup>1</sup>“Exhibition Highlights,” Body Art: Marks of Identity, American Museum of Natural History- November 1999 through May 2000.

<sup>2</sup> Kathryn Gay and Christine Whittington, Body Marks.

Over the next few decades the number of tattooed individuals steadily rose until a New York City resident contracted blood poisoning from an unsterilized tattoo needle in the late 1950s. City officials gave tattoo artists the opportunity to form an association to regulate hygienic practices within their industry. When the practitioners failed to do so, a city health code made tattooing a violation.<sup>3</sup>

In the 1960s, a hepatitis outbreak was linked to tattoo artists. Concerned with public safety, many states banned tattooing. The American Civil Liberties Union sued on behalf of tattoo artists in 2000, arguing that the ban violated the First Amendment. A Superior Court Judge agreed. In her decision to overturn the ban, the judge said the ban “promoted an underground tattoo industry with no controls.”<sup>4</sup> State governments have the right to pass legislation protecting the health, safety and general welfare of their citizens. However, state laws cannot interfere or conflict with federal laws. In this case, the ban violated the First Amendment’s protection of freedom of expression.<sup>5</sup>

During the last ten years, tattooing has become one of America’s fastest growing categories of retail business. An estimated 15,000 tattoo studios are in operation as the once-taboo practice of body art continues to gain broader social acceptance and popularity.<sup>6</sup> Even toy icon, Barbie, comes with temporary tattoos.<sup>7</sup>

Body piercing, although not as well documented as tattooing, is becoming increasingly common. Practiced throughout the world for thousands of years and traditionally performed for religious or spiritual reasons like tattooing, piercing could also signify social rank or celebrate a rite of passage.

No federal legislation covers body art practices. In some states, the health department licenses and regulates tattoo artists. Practitioners must pass an examination and pay a licensing fee.<sup>8</sup> State laws regarding tattooing differ greatly with a few serving as models for regulations. Most are completely unregulated except for the minimum allowable age.<sup>9</sup> A person under the age of eighteen must have parental (or guardian) consent for a tattoo or piercing. Violation of this penal code is a misdemeanor. Concerned with legislation regarding their profession, body art organizations report: “Many states leave regulations up to the cities, counties, and municipalities. Changes or amendments to existing laws crop up regularly. Regulations help promote professionalism, and discourage “scratchers” (non-legitimate, untrained practitioners).”<sup>10</sup>

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<sup>3</sup> Kathlyn Gay and Christine Whittington, Body Marks.

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<sup>5</sup> Brittany Sadler, “Tattooing: Safer When Legal,” The Western Front, Opinions.

<sup>6</sup> U.S. News & World Report.

<sup>7</sup> Kathlyn Gay and Christine Whittington, Body Marks.

<sup>8</sup> APT Web site, (Association of Professional Tattooists is a self-regulating association of tattoo artists who strive to make and keep their profession safe).

<sup>9</sup> California Penal Code Section 652 states: “It shall be an infraction for any person to perform, or offer to perform, body piercing upon a person under the age of 18 years, unless the body piercing is performed in the presence of, or as directed by a notarized writing by, the person’s parent or guardian.”

<sup>10</sup> APT Web site.

Tattooing has a longer history and thus has been subject to much more regulation than piercing. Only recently have states begun to pass laws requiring businesses to follow health and safety standards for piercing. Piercing done in jewelry stores, mall kiosks, hair salons and similar businesses seldom requires a license.<sup>11</sup> A piercing gun is the tool primarily used in these shops.

Body piercing is mainly performed by unlicensed practitioners. Only 13 states have regulatory authority over tattooing establishments, and only six of these states exercise authority over body piercing facilities.<sup>12</sup>

### ***Assembly Bill 186***

Authored by Valerie Brown, AB 186 is body art industry driven legislation to protect both consumers and practitioners of tattooing, body piercing and permanent cosmetics from transmission of contagious diseases obtained through cross-contamination of instruments and supplies. The law promotes sanitation, sterilization and safety standards for body art practitioners. Specifically, AB 186 requires all body art practitioners to register with their local health agency or be liable to a civil penalty of \$500 per violation. State law requires health and safety standards of each facility engaged in body art to be monitored, enforced and inspected by local county health departments.

### ***Chronology and Status of AB 186***

AB 186 was originally promoted and lobbied for by professional body art organizations. They were concerned that all practitioners be educated to the potential for disease transmission. The California Conference of Local Health Officers (CCLHO) opposed the bill because the organization felt it was poorly written and there was little or no evidence that tattooing, body piercing or permanent cosmetics caused the transmission of communicable diseases. The CCLHO said that it seemed more appropriate for the Department of Consumer Affairs to develop the program and regulations, since they did the same type of functions for barbering and cosmetology. AB 186 was voted down twice before it became a law on October 7, 1997.

AB 186 required that the Sanitation, Sterilization and Safety Standards be submitted to the California Department of Health Services (CDHS) by July 1, 1998.

- It established a task force chaired by the president of the CCLHO, with participation by representatives of specified groups (including several California body art professionals).
- This task force recommended legislation to regulate these areas and developed a model program for California counties to follow.
- A deadline for receipt of the model program and any other recommendations was set for January 1, 1999.

<sup>11</sup> Laura Reybold, "[The Dangers of Tattooing and Body Piercing.](#)"

<sup>12</sup> CDC Web site.

- The task force completed the National Environmental Health Association (NEHA) Body Art Model Code and Guidelines.
- The CCLHO completed a draft of the standards.
- A final version was submitted to the California Department of Health Services (CDHS) for review and adoption.
- All deadlines were met.
- AB 186 stipulated that these standards be distributed to all county health departments within 30 days after the standards were adopted by the California Department of Health Services.
- In addition, AB 186 authorized the CCLHO to periodically review the adopted standards and amend them as necessary.
- In 2000 and 2001, the California Department of Health Service’s (CDHS) Division of Communicable Disease Control (DCDC) submitted an extensive regulation package based on the CCLHO standards to the Office of Regulations.
- In 2002, the CDHS Office of Regulations responded with 17 pages of comments. The Office of Regulations also questioned the CDHS’ authority and mandate pursuant to these regulations.
- According to the CCLHO, the individual assigned to work on the regulations also has many other tasks, most of which are more important – SARS, meningococcal meningitis, etc., and has not had the time to complete the response.
- By 2003, CDHS-DCDC had addressed about one-third of these concerns.<sup>13</sup>
- As of March 2004, the California Department of Health Services (CDHS) has not adopted or implemented the recommended NEHA model program of Sterilization, Sanitation, and Safety Standards established by a task force of health officials and body art professionals.

Cases of hepatitis transmission were cited to support the argument for regulations. However, the State Department of Health Services felt those cases were anecdotal, manufactured by Brown and the body art advocacy group.<sup>14</sup> Among other studies, Brown had cited the 2001 University of Texas Southwestern Medical Center findings that said patients with tattoos were nine times as likely to be infected with hepatitis C as people who were not.<sup>15</sup> The U.S. Center for Disease Control (CDC) discounted this study but is currently conducting a large study to evaluate tattooing as a potential risk factor for hepatitis C.<sup>16</sup>

The California Department of Health Services (CDHS) believes there is no compelling epidemiological evidence that the practice of body art is a public health issue. Reputable body art practitioners believe there are health risks and educate their clients. Body art practitioners realized the importance of having accurate information on hand to help others understand the truth about HIV and hepatitis transmission.<sup>17</sup>

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<sup>13</sup> Mark Starr, Acting Chief Division of Communicable Disease Control/CDHS, CCDEH Annual Conference Presentation.

<sup>14</sup> Sonoma County Supervisor Valerie Brown, (Former California Assembly Woman).

<sup>15</sup> CDC Web site.

<sup>16</sup> CDC Web site.

<sup>17</sup> APT and APP Web sites.

Because the skin serves as the body’s protective barrier, any time it is punctured (as it is in piercing or tattooing), an individual risks exposure to blood-borne infections. The U.S. Center for Disease Control (CDC) recognizes any percutaneous exposure as having the potential for transferring infectious blood and potentially transmitting hepatitis B, C or HIV. The risk of cross-contamination is present even in semi-permanent cosmetic procedures where the ink is injected only through the outer two to three layers of skin.<sup>18</sup> Anything that invades a sterile space is a potential vector for transmitting blood-borne disease.

## **Scope**

The Grand Jury’s original intent was to determine if a timeline existed for the California Department of Health to adopt standards for body art practitioners which would require all 58 counties to begin annual inspections of body art studios pursuant to AB 186 (Brown-1997). In addition, it wanted to determine the feasibility of Santa Cruz County moving ahead with its own regulations as a nearby county has done. While relevant to this subject, it is beyond the scope and jurisdiction of this Grand Jury to address the subject of religious taboos or workplace policy bias regarding body art.

## **Sources**

Interviewed:

- Five local health officials.
- One state health official.
- Proprietors/practitioners of several local body art studios, October – March 2004.
- Twelve health and legislative officials from other counties.

Toured:

- One body piercing only facility.
- Three tattoo only facilities.
- Two permanent cosmetics facilities.
- Two tattoo and body piercing facilities.

Reviewed Documents/Letters:

- AB 186 (Brown, 1997) Legislation, “Sterilization, Sanitation, and Safety Standards for Tattooing, Permanent Cosmetics and Body Piercing” developed by a subcommittee of the California Conference of Local Health officers (CCLHO) Communicable Disease Control and Prevention Committee.
- California Conference of Directors of Environmental Health Survey (CCDEH), 10 September 2003.

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<sup>18</sup>Jean-Chris Miller, [The Body Art Book](#).

California Conference of Local Health Officers (CCLHO) Sterilization, Sanitation, and Safety Standards.

CCLHO “Implementation Suggestions from the Field.”

CCLHO “Proposed Model Program.”

CCLHO letters and documents.

Excerpt from California Conference of Directors of Environmental Health (CCDEH) Annual Conference presentation: “Tattoo [sic] and Body Art Regulation in California”, 18 September 2003.

Excerpt from Santa Cruz County Health Service Agency Health Officer’s presentation: “The State of the County’s Health: 2003 Health Status Profile of Santa Cruz County”.

Form and Letter to Body Art Practitioners from Santa Cruz County Environmental Health Department, 2 December 1998.

Form and Letter to Body Art Studio owner/proprietor from Santa Cruz County Environmental Health Department, 29 June 1998.

National Environmental Health Association (NEHA) Body Art Model Code and Guidelines.

Orange County Board of Supervisors Local Ordinance No. 3927, 7 February 1995, pertaining to the regulations of tattoo establishments.

World Health Organization and the University of Regensburg, European Commission: “Review of Risks and Health Effects from Tattoos, Body Piercing, and Related Practices”, 5 May 2003.

Reviewed Texts:

Kathlyn Gay and Christine Whittington, Body Marks: Tattooing, Piercing, and Scarification (The Millbrook Press, Inc., 2002).

Jean-Chris Miller, The Body Art Book: A Complete, Illustrated Guide to Tattoos and Other Body Modifications, (A Berkeley Book, Berkeley Publishing, 1977).

Laura Reybold, The Dangers of Tattooing and Body Piercing, (The Rosen Publishing Group, Inc., 1996).

Beth Wilkinson, The Dangers of Tattooing Body Piercing and Branding, (The Rosen Publishing Group, Inc., 1998).

Reviewed Newspaper/periodical articles:

Brittany Sadler, “Tattooing: safer when legal,” The Western Front, Opinions, October 31, 2001.

Mareva Brown, “Fatal infection points to lax regulation of body art in California,” Sacramento Bee, August 31, 2003.

Robyn Moormeister, “Body art: how risky?” Santa Cruz Sentinel, August 24, 2003.

Shanna McCord, “Board okays free hepatitis C tests for area patients,” Santa Cruz Sentinel, January 28, 2004.

S.S. Tweeten and L.S. Rickman, “Infectious Complications of Body Piercing”. The Medical Letter, Volume 45 (November 24, 2003): 1170).

Reviewed Web sites:

[www.alllaw.com/state\\_resources/state\\_law\\_search](http://www.alllaw.com/state_resources/state_law_search)  
[www.cdc.gov/hiv/pubs/facts/transmission](http://www.cdc.gov/hiv/pubs/facts/transmission)  
[www.everytattoo.com/californialaw](http://www.everytattoo.com/californialaw)  
[www.kidshealth.org/teen/body\\_basics/body\\_piercing\\_safe.html](http://www.kidshealth.org/teen/body_basics/body_piercing_safe.html)  
[www.safepiercing.com](http://www.safepiercing.com)  
[www.safetattoos.com](http://www.safetattoos.com)  
[www.tattooartist.com/health](http://www.tattooartist.com/health)  
[www.tattoodesign.com-TattooLaws,U.S.-California](http://www.tattoodesign.com-TattooLaws,U.S.-California)

## **Findings**

1. According to California law, Health and Safety Code 119303 (a), every person engaged in the business of tattooing, body piercing, or permanent cosmetics is required to register with the health department of the county in which they are doing business.
2. Presently the Santa Cruz County Environmental Health (EH) department requires body art practitioners to register, provide a business address, obtain a copy of the department's standards (based on the AB 186 "Proposed Model Program"), commit to comply with these standards and pay a one time registration fee of \$50 as well as an annual inspection fee of \$105. These registration and inspection fees cover the EH department's administration costs.
3. According to Environmental Health, health inspections are not performed. Instead, a staff member from EH visits the body art facilities to verify that the individuals registered are still practicing body art. EH said it does not have the standards to go beyond that.
4. At eight studios visited by the Grand Jury between October 2003 and March 2004, proprietors stated they had never received a visit to check registration nor an inspection from any health agency.
5. More recently, EH said that its staff is visiting these facilities to check registration and spend time talking with body art facility owners about their concerns regarding their industry and potential public health issues.
6. Permanent cosmetic practitioners are inspected by a state health agency because they also perform other cosmetic procedures.
7. One body art practitioner said she had called the county repeatedly to obtain a copy of the standards.

8. As of January 2004, Santa Cruz County Environmental Health (EH) had registered seventeen body art practitioners: ten tattooists; two body piercers and five who apply permanent cosmetics (actually a temporary or semi-permanent tattoo).
9. Of the eleven studios advertised in a 2003 local phone directory, the proprietors of eight studios cooperated with the Grand Jury by agreeing to an interview and a tour of their facilities.
10. Health officials said they have received no complaints about any body art facility in recent years.
11. A few body art practitioners told the Grand Jury that there are a few local shops with inexperienced, even dangerous operators.
12. In a recent article in the Santa Cruz Sentinel newspaper, one body art practitioner said that some artists put making money before taking safety precautions. Another cited one studio not in compliance with the sanitation, sterilization and safety standards that “cross-contaminated everything and tattooed anyone, at any age, as long as they could pay.”<sup>19</sup>
13. A few practitioners said that much of their work was “fix it” jobs, correcting botched tattoos or piercings.
14. Health officials said they find some body art businesses but not all of them.
15. Between November 2003 and February 2004, the Grand Jury discovered at least six unregistered individuals advertising their craft:
  - One unregistered practitioner was distributing business cards on Pacific Avenue offering body piercing, branding and scarification.
  - Another advertised his craft, tattooing and piercing, on the side of a van seen parked in the Santa Cruz County Jail parking lot.
  - The third, a piercer, owns a business visited by the Grand Jury and employs an unknown number of other unregistered practitioners.
  - The fourth and fifth unregistered operators apply permanent cosmetics and were interviewed by the Grand Jury. One unregistered practitioner was not aware of AB 186 regulations, health and safety standards or screening for heart problems.
  - The sixth unregistered practitioner pierces in a downtown shop. Depending on who answered the phone at this shop, one could schedule an appointment for a piercing or be informed that the establishment sells only tee shirts.

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<sup>19</sup> Robyn Moormeister, “Body Art: How Risky?”, Santa Cruz Sentinel, 24 August 2003.



16. Currently, health officials cannot say whether unregistered body art practitioners:

- Follow any health and safety standards.
- Caution their clients about undergoing procedures while intoxicated.
- Verify minimum age requirements are met.
- Screen their clients to inquire about pre-existing medical conditions.

17. Local body art professionals say that if requirements were enforced it would drastically reduce the risk of blood-borne disease transmission like hepatitis and HIV.<sup>20</sup>

18. During the last ten years tattooing has become one of America’s fastest growing categories of retail business. An estimated 15,000 tattoo studios practice the once-taboo form of body art.<sup>21</sup>

19. Health officials said the number of shops has remained stable in Santa Cruz (County) over the last ten years.

20. Local body art professionals said they have seen an increase in both studios and practitioners in the same time.

- One long time Santa Cruz tattoo practitioner said: “Sixteen years ago, there was one (tattoo) shop and now there’s four or five.”
- Another practitioner said that the number of local tattooists and piercers had risen over the last five or six years. He estimated that personally he knew “more than twenty,” admitting that he did not know all of them.
- These numbers do not include those who apply semi-permanent tattooing/permanent cosmetics.

21. To comply with California law regarding tattooing or piercing, practitioners must verify that a client is of the age of majority with either valid photo identification or a parent’s notarized note.

- In seven of the nine shops offering piercing and/or tattooing, practitioners follow this law.
- In five of these establishments, proprietors photocopy the client’s identification and attach it to a release form signed by the client prior to any procedure.

22. According to the practitioners, most clients requesting permanent cosmetics are older adults. The high cost of permanent cosmetics deters younger clients. If necessary, practitioners ask for photo identification.

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<sup>20</sup> Robyn Moormeister, “Body Art: How Risky?”, Santa Cruz Sentinel, 24 August 2003.

<sup>21</sup> U.S. News & World Report.

23. For piercing, clients under the age of 18 are required to have notarized, written parental consent if the parent is not present during the procedure. One local piercer requires a notarized parent’s permission note; another requires a parent’s permission note, but does not require it to be notarized.
24. Neither the American nor the Canadian Red Cross will accept blood donations from anyone who has had a body piercing or tattoo within the previous year because both procedures can transmit dangerous blood-borne diseases.<sup>22</sup>
25. The three major viral diseases spread by blood and other body fluids are hepatitis B and C and the Human Immune-deficiency Virus (HIV).<sup>23</sup>
26. Health officials estimate as many as 8,000 people in Santa Cruz County are infected with hepatitis C, which often goes undetected in its victims for two decades. Unlike hepatitis B, hepatitis C has no vaccine. Approximately 1,300 county residents know they are infected.<sup>24</sup>
27. The California HCV (hepatitis C virus) Task Force recently called for a partnership between all Californians and public health departments, professional medical associations and other health and medical providers to take the required action to responsibly eradicate this disease as a major health epidemic.<sup>25</sup>
28. Sanitation measures employed in each of the local facilities visited by the Grand Jury include:
  - Disinfecting work surfaces between clients.
  - Frequent hand washing.
  - The use of disposable surgical gloves.
29. Sterilization of instruments in an autoclave helps prevent cross-contamination. Used in six of the eight studios visited by the Grand Jury, autoclaves are the only reliable means of sterilization recognized by the Center for Disease Control<sup>26</sup> (The two permanent cosmetic practitioners do not use an autoclave, but do use single-use needles in their work.)
30. According to the Center for Disease Control, autoclaves must be tested regularly. Use of a properly maintained autoclave is extremely important because if equipment is not properly sterilized between uses, infectious diseases can be spread.<sup>27</sup>

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<sup>22</sup> KidsHealth Web site.

<sup>23</sup> Center for Disease Control Web site.

<sup>24</sup> Shanna McCord, “Board OK’s Free Hepatitis C Tests for Area Patients,” [Santa Cruz Sentinel](#), 28 January 2004.

<sup>25</sup> Center for Disease Control Web site.

<sup>26</sup> Center for Disease Control Web site.

<sup>27</sup> Center for Disease Control Web site.

31. The threat of HIV and HCV transmission is of concern because there is no vaccine for these infectious diseases.<sup>28</sup>
32. Four of the body art studios do periodic spore testing as recommended. Other studios either depend on a calibration system to indicate the autoclave's accuracy or do not test it.
33. Local health officials said that most body art shops do a very good job of sterilizing needles. However, they do not go into all the shops.
34. Health officials said there is a potential health hazard of unsterilized needles in tattoo or body piercing establishments.
35. Student health personnel provide University of California, Santa Cruz (UCSC) students with educational pamphlets to help them make informed, healthy decisions and to reduce the risk of body art-related infection.
36. At all eight studios visited by the Grand Jury, clients must sign a release form that includes questions about blood-borne diseases.
37. Physicians and dentists advise all patients at risk for heart valve infection to use preventive antibiotics prior to any invasive medical or dental procedure. About half of the local practitioners screen for pre-existing medical conditions and recommend their clients use preventive antibiotics even though this is not covered in the standards.
38. Santa Cruz County health officials agree on the issue of pre-notification. They stated that even if the regulations had been in place, it would not have saved the life of a University of California, Davis student who died in August 2003 of a fatal infection, reportedly because he did not take his prescribed antibiotics before the procedure. The regulations specify notification after the procedure but requiring pre-notification is not in the regulations.
39. The Center for Disease Control (CDC) recommends that personal service workers who tattoo (including semi-permanent tattooing as in permanent cosmetics) and those who pierce be vaccinated against hepatitis B.<sup>29</sup> As of January 2004, only two local studios require their practitioners to be vaccinated. Many practitioners and owners of body art establishments were unaware of the need for hepatitis B vaccination.
40. Any employee with the potential for exposure to blood or other potentially infectious material is required to take Universal Precautions training annually.<sup>30</sup>

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<sup>28</sup> Center for Disease Control Web site.

<sup>29</sup> Center for Disease Control Web site.

<sup>30</sup> Occupational Safety and Health Agency Web site.

This training provides information about infection control procedures involving the use of protective barriers. These barriers include gloves, gowns, aprons, masks and protective eyewear, which can reduce the risk of exposure. These measures also include personal hygiene practices like hand washing and the disposal of contaminated materials.<sup>31</sup> In accordance with OSHA standards (Universal Precautions) and an Exposure Control Plan, the same health standards employed by physicians and dentists, safety precautions in all eight studios visited by the Grand Jury include:

- Discarding all single-use materials, including gloves, sharps and razors. Sharps are deposited in a biohazard container, which is periodically emptied at nearby medical or hazardous waste facilities.
- In studios offering tattooing or permanent cosmetics practitioners use individual disposable containers to hold ink, thus avoiding cross-contamination.

41. No piercing guns are used by any of the seventeen registered body art practitioners.

- Local health officials and professional piercers said this method is unsafe, primarily because the guns cannot be properly sterilized.
- Blood can aerosolize and contaminate the piercing gun.<sup>32</sup>
- Piercing guns can shatter tissue and cartilage.<sup>33</sup>
- Professional body artists said the guns are misused by untrained individuals, such as clerks in clothing or department stores and should be outlawed.<sup>34</sup>

42. Piercing guns are exempt from the regulations.

43. Professional body art practitioners know the health risks increase exponentially when amateurs or untrained individuals perform tattooing or piercing. People who tattoo or pierce themselves or their friends more frequently ignore sterility procedures.<sup>35</sup>

44. Important nerve tissue, muscle tissue and organs can suffer permanent injury in an improperly performed piercing.<sup>36</sup>

45. A recent review of available body piercing literature focusing on medical complications by the University of Wisconsin Department of Medicine concluded that body piercing carries substantial risk of morbidity. It also found most body piercing in the U.S. is performed by unlicensed, unregistered individuals.<sup>37</sup>

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<sup>31</sup> Occupational Safety and Health Agency Web site.

<sup>32</sup> Association of Professional Piercers Web site.

<sup>33</sup> Association of Professional Piercers Web site.

<sup>34</sup> Association of Professional Piercers Web site..

<sup>35</sup> Kathlyn Gay and Christine Whittington, Body Marks.

<sup>36</sup> Laura Reybold, The Dangers of Tattooing and Body Piercing.

<sup>37</sup> S.S. Tweeten and L.S. Rickman, "Infectious Complications of Body Piercing."

46. Piercing the upper ear sometimes results in difficult-to-treat infections leading to permanent disfigurement, according to a study of an Oregon outbreak. Seven young people developed infections after upper ear piercings and were left with surgical deformities. (Doctors documented 18 other suspected cases linked to the same facility.) The infection, caused by a pseudomonas organism contaminating the disinfectant solution, moved the state to ban the type of piercing gun used on those infected. Oregon now requires ear-piercers to have basic first-aid training.<sup>38</sup>
47. Although a consistent correlation is not known between piercing and endocarditis (most commonly seen as a bacterial infection of one or more of the heart valves), the number of case reports is increasing, and a correlation may well exist.<sup>39</sup>
48. The U. S. Center for Disease Control (CDC) plays the leading role in investigating and documenting the patterns and causes of AIDS and hepatitis throughout the United States. Regarding endocarditis in a piercing-related case it said, “Until prospective randomized studies shed light on the relationship between piercing and endocarditis, prophylactic measures are indicated and should be formulated, particularly for persons at high risk, e.g., those with structural heart diseases.”<sup>40</sup>
49. In a 1999 study, the Mayo Clinic found that, in people with a body piercing, nearly one out of four patients with congenital heart disease suffered from infection as a result of the piercing. Only six percent of these patients took antibiotics preventively to fend off an infection.<sup>41</sup>
50. Recently the hand-held micro pigmentation machines used for semi-permanent cosmetics underwent a yearlong investigation by the British periodical Health and Safety Executive (HSE). This investigation showed that these machines, like piercing guns, could provide a serious health risk. This system’s inability to be adequately cleaned between clients was brought to the attention of a United Kingdom Environmental Health Service agent by a concerned registered tattooist. Health officials then visited all known users to ensure these machines were taken out of use.<sup>42</sup>
51. Currently practitioners in the body art industry are not required to complete any health and safety training. Health risks and safety measures depend on the environment in which a practitioner learns the craft and any personal desire to self-educate.
52. In addition, the Center for Disease Control (CDC), the nation’s foremost authority on communicable diseases, said that personal service workers who do tattooing or

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<sup>38</sup> Journal of American Medical Association, February 2004, and CNN Web site: “Oregon Outbreak.”

<sup>39</sup> Laura Reybold, The Dangers of Tattooing and Body Piercing.

<sup>40</sup> Center for Disease Control Web site.

<sup>41</sup> Kathlyn Gay and Christine Whittington, Body Marks.

<sup>42</sup> Health and Safety Executive Web site.

body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings.<sup>43</sup>

53. A county health official said that education is the most important public health tool.
54. The American Red Cross offers Universal Precautions courses designed to be relevant to body artists for about \$20.<sup>44</sup>
55. In the body art industry, it is customary to follow guidelines recommended by professional organizations such as the Alliance of Professional Tattooists (APT) or the Association of Professional Piercers (APP). The primary purpose of professional body art organizations is to promote education, health and safety as it concerns this industry. These organizations offer workshops that provide up-to-date information on sterilization procedures and complete infection-control guidelines.<sup>45</sup>
56. Members of APT must take a nine-hour safety seminar in microbiology and disease transmission within two years of joining and must have practiced the art for a minimum of three years in an established location. APT tries “to educate lawmakers, dispel myths and counter misinformation with researched fact.”<sup>46</sup> As of January 2004, six of the ten registered tattooists belong to APT.
57. Part of APP’s philosophy is that “piercers must act ethically, responsibly and be accountable for quality service.” The APP certifies piercers who agree to follow strict health and safety guidelines.<sup>47</sup> As of January 2004, one registered piercer said he was joining APP.
58. Posted rules in some local body art shops forbid clients to be intoxicated. However, some patients said they were intoxicated while undergoing body art procedures.
59. In one local body art studio, most of the staff is trained in Cardio-Pulmonary Resuscitation (CPR) and one practitioner is an Emergency Medical Technician (EMT).
60. In local tattoo and/or body piercing studios, practitioners learn their art through an apprenticeship or on-the-job training. Their experience ranges from four to 20 years.
61. Permanent cosmetics practitioners interviewed by the Grand Jury had experience ranging from two to 12 years. Both had completed training programs in applying permanent cosmetics. One completed coursework in a single weekend and the other

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<sup>43</sup> Center for Disease Control Web site.

<sup>44</sup> American Red Cross Web site.

<sup>45</sup> Association of Professional Piercers and Alliance of Professional Tattooists Web sites.

<sup>46</sup> Alliance of Professional Tattooists Web site.

<sup>47</sup> Association of Professional Piercers Web site.

attended a more comprehensive program that entailed 40-50 hours of coursework. Both practitioners said that the portion of their training dedicated to health and safety was minimal.

62. More stringent health and safety training is required for non-invasive procedures such as those practiced by manicurists and hair stylists. Requirements for practitioners in hair and nail salons include:

- Twenty-nine hours of health and safety training as part of a 1,600-hour program.
- Must pass both an oral and a written exam.
- The workplace is subject to an annual state health inspection.<sup>48</sup>

63. The Hazard Evaluations and Technical Assistance Branch of the National Institute for Occupational Safety and Health (NIOSH) conducts field investigations of possible health hazards in the workplace. Recently NIOSH evaluated potential occupational blood-borne pathogen exposure during body piercing. NIOSH found:

- Body piercers are at risk for infection with blood-borne pathogens through needle sticks and contact with contaminated surfaces.
- The piercers had completed blood-borne pathogen training.
- The wrong type of gloves were worn handling decontaminates.
- Studios did not have OSHA exposure control programs in place.
- Ventilation systems did not provide adequate filtration and directional airflow.

In this evaluation, NIOSH made health and safety suggestions for both studio owners and the body piercers.<sup>49</sup>

64. Even when a reputable artist under hygienic conditions performs body art and aftercare directions are followed, infection can occur because of improper hygiene in areas of the body with high bacterial content. Piercing has a greater tendency toward infection because often the piercing goes through all layers of the tissue pierced, not just through superficial skin layers. Because piercing takes weeks or months to heal, the risk of infection is prolonged.<sup>50</sup>

65. Center for Disease Control and Prevention (CDC) said, “Healing of piercing generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person’s blood or other infectious body

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<sup>48</sup> Jean-Chris Miller, [The Body Art Book](#).

<sup>49</sup> National Institute for Occupational Safety and Health (NIOSH), [Health Hazard Evaluation](#), Center for Disease Control Web site.

<sup>50</sup> Laura Reynold, [The Dangers of Tattooing and Body Piercing](#).

fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.”<sup>51</sup>

66. Reputable practitioners carefully explain aftercare instructions to each client to help prevent infection and promote healing. Following a reputable practitioner’s aftercare advice greatly improves the chances for a healthy, positive outcome.<sup>52</sup> In all of the studios visited by the Grand Jury, practitioners explain aftercare to clients in detail. They also distribute written instructions.

67. UCSC health officials said that most infection from body art is due to the patient ignoring or forgetting the aftercare advice. In addition, there is a greater incidence of infection with piercing than with tattooing.

68. Some contradictions with body art aftercare instruction exist in local shops:

- Aftercare instructions from some body art studios recommend washing with anti-bacterial soap; others insist the only aftercare cleaning should be with a saline solution made with edible sea salt dissolved in water. The saline solution cleaning procedure is also recommended by APT and APP.
- Some local practitioners recommend the use of a topical ointment such as Neosporin. Many medical authorities argue against the use of Neosporin because one of the three antibiotics it contains, neomycin, can cause an allergic reaction.

69. Non-infectious risks in body art include allergic reactions from materials used in tattooing and piercing procedures or to aftercare products to aid in healing.<sup>53</sup>

70. The greatest potential for an allergic reaction in tattooing during the procedure comes from the pigments. Tattoo ‘ink’ is a misnomer, because black is the only actual ink used in tattooing. Other colors are made from mixing dry pigments with a suspension fluid. In addition to suspension fluid, metallic salts in certain colors can cause allergic reactions. Premixed colors made from plastic-based pigments are even more likely to cause allergic reactions.<sup>54</sup>

71. Fewer than half of the local practitioners offering tattooing or semi-permanent tattooing (permanent cosmetics) offer clients a “patch test” to check for possible allergic reaction to the dye.

72. Allergic reactions during piercing come from the type of metal the jewelry is made of or the cleaning solution used. The highest grade of surgical stainless steel,

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<sup>51</sup> Center for Disease Control Web site.

<sup>52</sup> Laura Reynold, [The Dangers of Tattooing and Body Piercing.](#)

<sup>53</sup> Association of Professional Piercers and Alliance of Professional Tattooists Web sites.

<sup>54</sup> Jean-Chris Miller, [The Body Art Book.](#)



niobium, titanium and 14 or 18 karat gold are the preferred metals because they are the least reactive and won't leach impurities into the body.<sup>55</sup>

73. Many body art professionals recommend the use of skin lotion for use on the body art site. Others disagree, saying lotion has been shown to be a vehicle for bacteria, which can cause infections and scabbing.<sup>56</sup>
74. Adverse effects such as scarring or allergic reactions have been reported with the use of Q-switch lasers for tattoo removal.<sup>57</sup>
75. Medical personnel and laboratories are required by state law to report certain infectious diseases. They do not usually report all bacterial infections related to body art.
76. Infections are usually listed as reportable communicable diseases so it is difficult to track data.
77. Out of the state's standard list of reportable disease, the diseases one might conceivably contract from tattooing or body piercing are HIV or hepatitis B or C. Otherwise, the more common staph or strep bacterial infections would get reported as "occurrence of any unusual disease."
78. UCSC Student Health Services are required to report only multi-drug resistant staph infection. They see approximately four or five such cases per year.
79. Ninety percent of infections relating to body art that the Student Health Services sees respond well to antibiotics.
80. California hospitals, clinics and physicians are not required to report infections related to body art.
81. Local disease control said no cases of HIV or hepatitis have been reported. It has no methodology by which reportable cases of these infectious diseases can be investigated for possible relationship to body art.
82. The county does not do any disease surveillance of the relationship between body art and hepatitis or HIV.
83. The county health services offers free laboratory testing for hepatitis C.
84. Local health officials said that it is hard to get the data to show that there are hazards. It is hard to relate the reported infections directly back to tattooing or piercing and hard to link them one way or the other.

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<sup>55</sup> Jean-Chris Miller, [The Body Art Book](#).

<sup>56</sup> Alliance of Professional Tattooists Web site.

<sup>57</sup> [The Medical Letter](#), and AAD Web site.

85. Getting statistics is difficult so local health departments rely on certain venues of research and knowledge above and beyond their level of expertise. One of those channels of information is the California Conference of Local Health Officers (CCLHO); others are very specialized units in Sacramento within the Department of Health Services. Local health officials look to these expert entities for guidance.
86. According to one local health official, the long incubation period is part of the problem of tracking.
87. The state is developing a form for reporting the hepatitis C virus. Current state regulations require public health to report only acute hepatitis B.
88. The European Commission of the Institute for Health and Consumer Protection, reviewing the risks and health effects of body art, said that it is very likely that a great number of skin reactions related to body piercing and tattooing go unreported.<sup>58</sup>
89. In the 2003 “State of the County’s Health” presentation, the County Health Officer concluded:
- Infectious diseases will likely become a greater threat in the years ahead. Among increases in disease, hepatitis A, B, and C were noted.
  - Population dynamics and life style choices may signal worsening of the county’s health status in the years ahead unless greater efforts are made to prevent disease and improve access to health care.
  - Health system reform is imperative but not likely without more visible alarms.
  - Improvement in our local system of health care through greater cooperation and marshalling of existing resources.
90. The California Conference of Directors of Environmental Health (CCDEH) conducted an e-mail survey asking all Environmental Health agencies in the state to respond to four questions.
- A. Only 32 counties of 58 California counties complied.<sup>59</sup>
- California law requires body art practitioners to register and pay a registration fee.
  - Twenty-four of the responding counties regulate body art practitioners; eight counties do not.
  - Of the 24 counties regulating body art practitioners and/or facilities:

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<sup>58</sup> World Health Organization and the University of Regensburg, European Commission: “Review of Risks and Health Effects from Tattoos, Body Piercing, and Related Practices”. 5 May 2003.

<sup>59</sup> California Conference of Directors of Environmental Health, Tattoo and Bodypiercing [sic] Survey Results, 10 September 2003.

- a) Thirteen do not inspect these facilities.
- b) Seven inspect once a year.
- c) One inspects four times a year.
- d) Three inspect only upon receiving a complaint.

B. The survey also asked if the counties had a local ordinance.

- Twenty-four counties (of the 32 respondents) have no local ordinance and are waiting for the state to implement AB 186.
- Six jurisdictions have local ordinances: Pasadena and Long Beach (city ordinances); Kings, Orange, Yolo and Siskiyou Counties (tattoo ordinances only).
- Four other counties are currently considering proposing a local ordinance.

91. The Grand Jury sent an e-mail questionnaire to the counties and cities that either have a local ordinance or are considering one. It found:

- All charge a one-time registration fee (between \$25 and \$50).
- Orange County charges a \$220 “health service fee” for tattoo and permanent cosmetics shops.
- All counties said they plan to use the CCLHO model program although one county suggested it would tailor it to suit its local needs. Another county will use the proposed model program with the guidance of its county health officer.
- “Low priority” and “lack of follow through” are the most common responses to a question regarding the delay in the state health department regulations.
- Most county EH departments welcome the input of body art professionals in drafting their ordinance or in augmenting the state regulations. The counties considering local ordinances have met with their local body art practitioners.

92. It has been five years since the final draft of the Sanitation, Sterilization and Safety Standards were submitted to the California Department of Health Services. Local health officials report:

- The status of implementing the standards mandated by AB 186 is not encouraging. It is a very low priority on the state level.
- Establishing a set of statewide regulations would probably take another two years at least.

93. Local health officials disagree on whether Santa Cruz County should follow the lead of the more proactive counties or localities.

- Some health officials said that they should take a strong look at the data for any significant documentation that there is a public health threat. If there

were not, they would wait for the state and hope practitioners are doing enough to protect themselves and their clients. If something came up, they say that is the time to do something.

- Another local health official said some standards should be implemented because it is only a matter of time before a problem occurs.

94. Santa Cruz health officials agree that a local interest or local advocacy group supporting the need for a local ordinance in the absence of state regulations might motivate the county to consider a local ordinance.

95. If a local ordinance were drafted, health officials said they would meet with local professional body artists. Health officials said practitioners know more about the body art industry.

96. According to one local health official, if Santa Cruz County decided to go ahead with a local ordinance, it could happen in two or three months. Local health officials would:

- Gather documentation that a significant health risk does exist.
- Present the documentation to the Board of Supervisors with a recommendation to adopt this ordinance.
- Hold public hearings.
- Return with a local ordinance.
- Put it into place.

97. Cost should not be a factor.<sup>60</sup> According to health officials, a reasonable annual inspection fee would cover costs and not be too much of an impact on body art businesses.

98. Each county evaluates the health and safety risks and their health officer then designates the risks significant enough to move forward and adopt a local ordinance. Some counties, compelled by local advocacy groups, have chosen to draft their own local ordinances. In one case, a board member suggested the county adopt a local ordinance. In other cases, a citizen's group, or medical community, or even the body art practitioners motivated the county to proceed with a local ordinance.

99. A nearby county is moving forward with a local ordinance because it has determined that until the state acts, the public should have some assurance that they will have a safe experience in the application of body art.

- Currently, this county registers both the proprietors of these studios and the individual body art operators for a fee of \$25.

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<sup>60</sup> California Health and Safety Code 119303 HS 4 (b) allows a county to charge body art facilities an additional amount if necessary to cover the cost of registering and inspecting.”

- It has registered 40 practitioners.
- The inspection fee will cover the cost of regular annual inspections of these facilities and practitioners’ work areas.
- This county’s body art ordinance would include requirements for all piercing, body piercing as well as “ear piercing only” facilities.

100. One San Francisco Bay Area county has a population size similar to Santa Cruz County and a similar number of registered body art practitioners. At present, this county does not have its own regulations but if the state does not come through soon, it said it will consider implementing a local ordinance.

- Like Santa Cruz County, it charges a one-time \$50 registration fee and does not inspect body art facilities.
- It will employ the CCLHO model program.
- It plans to confer with body art industry representatives to help draft its ordinance.

## **Conclusions**

1. Local health officials have received no complaints about body art practitioners primarily because many of the registered practitioners are conscientious, self-regulating reputable body artists.
2. With increasing numbers of people interested in wearing body art and voicing concern about their safety, it is important to have accurate information to help others understand the truth about HIV and hepatitis transmission.<sup>61</sup> Concerned body art practitioners and health practitioners provide clients with written aftercare instructions and educational pamphlets informing the public about hepatitis/HIV risks.
3. While health officials disagree about which entity should regulate, enforce and inspect body art studios, there is a real possibility for death and serious illness.
4. Even the death of the UC Davis student who reportedly did not take his prescribed antibiotics before the procedure has failed to motivate either state or local health departments to prioritize AB 186 mandates to fill “the gaping hole in the regulation of tattoo and piercing parlors”.<sup>62</sup>
5. Improperly trained artists, unsanitary conditions, unsterilized equipment, uninformed customers and the inconsistent policies regarding verifying minimum age requirements demonstrate an urgent need for regulation.

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<sup>61</sup> Laura Reybold, [The Dangers of Tattooing and Body Piercing](#).

<sup>62</sup> Mareva Brown, “Fatal Infection Points to Lax Regulations of Body Art in California,” [Sacramento Bee](#), 31 August 2003.

6. A few practitioners fear that over-regulation of their industry might drive it underground. There are no regulations at present yet there are unregistered body artists practicing their craft. Most are legitimate, trained artists but some are “scratchers”. There is some concern that there is the potential that if left unregulated and unmonitored, the number of “scratchers” will increase.
7. Certain types of body art equipment (piercing guns and micro pigmentation machines) are unable to be properly sterilized and pose a significant health risk to our community. Unregistered practitioners who brand or scar as a form of body art contribute to this public health risk.
8. The Grand Jury’s county survey of local body art practices found a wide range of experience, training, knowledge of health effects and safety risks, as well as compliance to the standards suggested.
9. Just as there is no uniformity in the way different counties within our state regulate body art facilities or practitioners, there is no uniformity of body art health and safety standards from studio to studio within Santa Cruz County.
10. Environmental Health’s interaction with local body art practitioners is haphazard at best.
11. Some county health officials show little concern regarding body art health and safety risks.
12. Health officials from other counties are working together to move ahead by proposing local ordinances thereby protecting the health and safety of their county residents.
13. Various medical studies and professional organizations are concerned with the aerosol contamination in piercing guns and micro pigmentation machines used in semi-permanent cosmetics. They also note their inability to be properly sterilized.
14. As of January 2004, Santa Cruz County health officials have made no positive efforts to initiate protective regulations. Instead, they are waiting for the state standards and hoping local body artists adhere to health and safety standards.
15. Currently, body art practitioners of Santa Cruz County are trained in an internship-like capacity. These practitioners are not required to have any special health education or safety training as it relates to their craft.
16. Regular, unscheduled inspections can provide an added stimulus for compliance to health and safety standards.
17. Local health officials are not required to report to the state health department (or even inquire in the case of UCSC) if the infection is related to body art procedure.

18. The public health consequences of the practice of body art have not been adequately studied. Health practitioners are not required to report to the county health department any infection specifically related to body art procedures. The only reports are anecdotal.<sup>63</sup> Without collected data, there is no information to study. Without epidemiological studies to prove there is some “compelling evidence” of “a significant risk”, county health officials have failed to move ahead with regulations to ensure the health of county residents, students and visitors who frequent these establishments.
19. The 2003 “State of the County Health” presentation by county health officials supports the argument for adopting a local ordinance to cover the health and safety risks until the CDHS acts to protect public health in California.
20. If a local ordinance is proposed and adopted, the county’s cost to register practitioners and maintain data can be covered by registration fees as it is presently. An adjusted inspection fee could cover inspections.
21. In the failure to implement health and safety standards pursuant to AB 186 in a timely matter, state health officials entrusted with protecting public health have failed the citizens of California.

### **Recommendations**

1. Health officials should speak with all body art practitioners to verify minimum age requirements are being met by notarized parental consent.
2. Health officials should consider other options for collecting information about rogue body artists.
3. The Board of Supervisors should ask health officials to enforce the violation to perform body art without being registered. Currently, the penalty is \$500 per violation.
4. Public health agencies should not limit health and safety regulations to tattooing, body piercing and permanent cosmetics. They should expand the parameters of these regulations to include ear piercing as well as branding, scarification and any other body modification that might include an invasive procedure.
5. Health officials should meet with body art professionals to enlist their help in drafting a local ordinance. The Grand Jury is not proposing the Board of Supervisors and health officials adopt onerous regulations, certainly no more than those that reputable and conscientious body art practitioners would eagerly suggest if given the opportunity.

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<sup>63</sup> County of Santa Cruz, Health Services Agency, “Essential Public Health Reporting Guidelines.”

6. Health officials should compare the proposed body art health regulations and standards with those used to regulate non-invasive procedures at hair and nail salons.
7. Body art practitioners should be required to report needle sticks just as any other health practitioner does.
8. The Health Services Agency should require all health practitioners to report body art related infection.
9. As the U.C. Davis fatality sadly brought to light, AB 186 requires amending. The Board of Supervisors should petition the state legislature to amend AB 186 to require body artists to screen for pre-existing medical conditions.
10. County health officials and the Board of Supervisors should ensure that all body art studios warn the public about the mandatory use of antibiotic precautions for those individuals with pre-existing medical conditions.
11. When the body art industry becomes more regulated, either through state regulations or local ordinances, educational and training standards need to be added to existing legislation that focuses on health and safety standards. Local health agencies should require body art practitioner’s education and training as suggested by OSHA and the American Red Cross, thus discouraging inexperienced, untrained “scratchers”.
12. While the county does not collect blood donations, delegating collection to blood banks and the Red Cross instead, it should align itself with a similar cautious posture to that of the Red Cross. Both the Canadian and American Red Cross refuse to accept any blood donations from anyone who has had a tattoo or body piercing within the last year because both procedures can transmit dangerous blood-borne diseases.
13. If the health community of Santa Cruz cannot provide the scientific certainty that regulations will not prevent the transmission of infectious deadly disease, it would be prudent for public health agents to err on the side of caution.
14. Health officials should examine their data to determine the risk of exposing county residents and visitors to infectious disease through unsafe body art practices.
15. Santa Cruz County health officials should prove their commitment to protect the health and safety of its residents and visitors by joining with other county’s health officials to demand that the California Department of Health Services adopt the Sterilization, Sanitation and Safety standards as mandated by AB 186.



16. Local government should fill the void when the State of California fails to protect the health and safety of its residents. Because the California Department of Health Services has not followed the directives of AB 186, and the state local health officers agency (CCLHO) offered the county health agencies the option to adopt a local ordinance, Santa Cruz County Health Services Agency and Environmental Health should propose to the Board of Supervisors a draft ordinance which would include all the necessary elements to protect the public health.
17. The Board of Supervisors and the Health Services Agency of Santa Cruz County should be commended for establishing the program to provide free hepatitis antibody testing.
18. The Board of Supervisors should commend the individuals and groups responsible for producing educational pamphlets informing the public about the health effects and safety risks inherent in body art practices.
19. The Board of Supervisors and the Health Services Agency should commend the body art practitioners of Santa Cruz County who, in absence of a state mandate, voluntarily adhere to suggested health and safety standards to protect themselves and their clients.

### ***Responses Required***

| <b>Entity</b>                                     | <b>Findings</b> | <b>Recommendations</b> | <b>Respond Within</b>           |
|---|-----------------|------------------------|---------------------------------|
| Santa Cruz County Board of Supervisors            | All             | All                    | 90 Days<br>(September 30, 2004) |
| Santa Cruz County Health Services Agency          | All             | All                    | 60 Days<br>(August 30, 2004)    |
| Santa Cruz County Environmental Health Department | All             | All                    | 60 Days<br>(August 30, 2004)    |

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