

The POINT – official newsletter of the:

APP 
 TM ...the cutting edge of
 piercing technology

• ASSOCIATION OF
 PROFESSIONAL
 PIERCERS™

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 San Francisco, CA 94114
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LEGISLATION ALERT!

#1: After two incidents— one underage piercee and one case of hepatitis (piercing or tattoo-related)— the city of Love's Park, IL is considering a law that would prevent everyone but licensed physicians from performing tattoos, piercings, or branding. We aren't completely sure, but it would be safe to assume that the use of ear piercing guns is being excluded from this law. Similar laws are already in effect in La crosse, Wisconsin, Indiana, Dublin, Ireland, and other parts of the world.

Our opinion is that such a law would only serve to drive hack piercers and tattooists even further underground, where, free from any regulations, they have a much greater potential to spread hepatitis and other infectious diseases. It is additionally our opinion that while physicians

may indeed be able to perform a piercing or tattoo without fear of passing viruses to their clients, most do not possess the training, desire, or skill to lay down an attractive tattoo, or properly place a piercing and install appropriate jewelry. Furthermore, it is likely that doctors may be more inclined to use injectable anesthetics prior to performing a piercing— an action which inevitably results in a crooked, exceptionally deep piercing and greatly increased discomfort for the piercee. In the words of one Illinois physician, "It sounds like a veiled attempt to put those folks out of business".

Call or write to express your opinion of this ill-conceived legislation: (815) 654- 5030. City Hall is located at 100 Heart Blvd. If you live within 100 miles of the area, please make an effort to be present at any town meetings related to this issue.

#2: Not only that, but the State of California is resurrecting Bill AB3787 (now Bill 487), which was vetoed by Governor Pete Wilson only last November. The bill is no longer in its original form— after a reputed quarter of a million dollars worth of lobbying efforts, the ear-gun manufacturers have probably managed to exclude their products from the bill. Physicians are also potentially exempted from the regulations imposed by this bill. We ask— what possible good can this law do if it fails to regulate the single most damaging, consistently abused tool in use in the industry?

We suspect that the bill was vetoed because our Republican Governor wasn't told clearly enough that the law would create revenue, rather than cost the State money. We also heard that Wilson vetoed the bill in part because there was no substantiated scientific evidence to justify the fear of disease transmission by ear guns. The manufacturers pay for expensive tests which "conclusively" prove the safety of their product. Maybe they don't know what people are out there doing with their "safe" product. We have heard of victims standing in line for three hours in the hot Southern California sun to get their navels and nipples permanently scarred by

some fool with a gun. Do you suppose he's following the manufacturer's instructions? Do you suppose he cares? Put the gun in the hands of a retail salesgirl in a mall. How conscious is she of disinfection procedures? Does she care?

All of this assumes that there is, in fact, an appropriate or safe way to use these guns, when that is far from the case. The completely untrained "piercers" aren't instructed to wear disposable latex gloves for each client— they aren't even instructed to wash their hands prior to piercing! The area to be pierced is only swabbed perfunctorily with an alcohol prep pad. Alcohol will not be effective against such invaders as hepatitis, if any are present on the piercee's skin. After being swabbed, it is usually touched with both the "piercer" and the piercee's bare hands, and marked with any pen that may be handy, if it is even marked at all.

At this point, the gun— usually stored unprotected in a drawer or on the countertop itself— is loaded with the studs. The manufacturers claim that their piercing method is "sterile" because it is the blunt edge of the ear stud itself which punctures the skin. The gun "never contacts the skin". But think of what happens when one peels an orange. Microspray, consisting of minute droplets of bodily materials, is bound to occur when the object performing the piercing is not sufficiently sharp. Decently made piercing needles surpass even surgical suture needles in sharpness. Compare that to the back of an ear piercing stud. Try to imagine which would feel better for the piercee, too. And the "gun never touching the skin" concept goes out the window when we're talking nostrils or other sweaty, internal body parts that are frequently subjected to gun piercings.

It's quite common for the spring-loaded action of the gun to jam, resulting in the stud getting stuck halfway through the piercing. People have spent hours trying to extricate various parts of themselves from this predicament.

Even assuming that all goes well with your

gun piercing, what about that jewelry? Sure, it's made of surgical stainless steel, just like body piercing jewelry. But the gold plated items are another story. The plating process is accomplished by using cyanide, traces of which remain on the jewelry. Gold is expensive, and the ear gun makers want to see a nice profit return, so much of the "gold" is 12 or even 9 karat, as thin as they can plate it. It is furthermore very difficult to plate gold directly onto steel, so an underplating of copper or nickel is often used.

The style of the stud is problematic in itself; the post is often too short to accommodate swelling for even earlobe piercings, and the butterfly backing is an effective trap for any matter that might attempt to exit the piercing. With the ragged edges of the hole created by the blunt stud, material would certainly be in want of an exit!

And how are piercees instructed to clean their new piercings? Why, with alcohol, of course! Alcohol is not strong enough to combat many harmful organisms which might lurk in a piercing (especially a piercing that's being "turned" three times a day with dirty hands!), but it is certainly strong enough to kill off the new skin cells which are attempting to regrow in the area. Is it any wonder that one piercing friendly doctor has told us that the majority of problem piercings he has treated have been earlobes pierced by guns?

But we digress. The upcoming California bill must include ear piercing guns, not only because of the menace they pose when used improperly, but because of that they pose when used "properly". The APP will have a representative present on the task force to discuss the wording and requirements of the bill. Help her out by sending to the APP mailbox any testimonies, photographs, medical statements, or other material pertinent to the problem of ear guns. Any industry that can spend a quarter of a million dollars lobbying for itself will need much more than one person's word to stop them.

L E T T E R S

Dear APP,

Could you please send my company some information on a membership? Our company is trying to get piercing regulated, similar to the tattooing laws, in the state of Hawaii. We would greatly appreciate any information in regards to any possible laws or regulations on piercing. Thank you for any and all of your help.

Ron Pucci
Skin Fantasies, Inc.
Honolulu, HI

To Whom it may Concern:

Hi. I read your article in Tattoo Revue #40 and our shop, "Future Skin" would like to sign up for APP. We've been piercing for 3 yrs in Ottawa now. For everything we use Pennington forceps, etc. Needles are all autoclaved between each client. Needles well are destroyed, put into a biohazard container. We take full precautions in what we do. I call the health board in every six months for them to do an inspection for more paperwork for us. I've enclosed a couple of pictures of our shop. I'm glad there's some kind of organization that will bring more things together.

Tanya
Future Skin
Ottawa, Ontario

(Ed. note- the wording in this letter was unclear- are needles being autoclaved and reused, or presterilized, used once, and then properly disposed of? Point readers, take note- it is impractical and unnecessarily risky to attempt to resterilize a contaminated needle. Use it once, on one person, and get rid of it!!)

APP:

I was recently reading your article in Outlaw Biker Tattoo Review #40. I was pleased to see that

there is finally an organization dedicated to providing the public with knowledge that is so incredibly important- proper sterilization methods, the dangers of cross-contamination, and general piercing safety. I was also glad to see that you are getting the word out on piercing guns-they are very dangerous and should be avoided at all costs. I am very interested in becoming a member of the Association. I have recently opened Winnipeg's first body jewelry boutique-the other piercers in Winnipeg are working out of tattoo studios. I had been piercing for quite a few years before deciding to open the boutique. At Experience the Beauty Body design we keep an exceptionally sterile working environment and take special care in informing our clients about both piercing in general and piercing aftercare. We are 100% dedicated to our clients before, during and after their piercing. Should they have any questions during the healing process we are always available for consultation. We have a large and growing clientele who have all been very pleased with both their piercing experience and the placement chosen. Our clients most often mention our sterile working environment and the easy accessibility we offer for post-piercing questions. I feel that our studio easily meets the standards outlined in the Piercee's Bill of Rights, and would like to find out more about joining your association.

Thank you for your time,

Jason Berezuk

Experience the Beauty Bodydesign
Winnipeg, Canada

(Ed. - I'm really pleased with the scrupulous concern for health & safety displayed in this letter. However, I must remind readers that the environment in a piercing room is not sterile, only as close to it as we are able to get. Not even a surgical operating room is sterile- there are people

in it, and people don't fit in an autoclave! The second an object is removed from a sterile package, airborne particles begin to collect on its surface. That's why sterility awareness/cross-contamination avoidance techniques are so important.)

Hello Folks,

Having just completed an apprenticeship into the practice of body piercing, I am very interested in information your organization can relate regarding the discipline. I would appreciate any documentation pertaining to your organization's concerns about the subject. At present the state of Maine does not, nor is it, considering legislation that would control the practice of body piercing. Nonetheless, I feel it important that we maintain standards and practices that allow us to perform within healthful and ethical boundaries that might make it possible to work without governmental domination, while serving our clientele and community at large.

Thanks, and in peace

James P. Talman

Biddeford, ME

Dear Sirs,

I'm a tattoo artist and body piercer. I would like to join the Association. Here where I'm located there are quite a few people that don't follow health guidelines. Right now I'm trying to at least legislate rules on the county level, if not the state level. That's why I would like to join. That way, when I'm working with the county health advisor, I can at least say that I'm in your organization, and we're all trying to legislate rules. If you could send me some info on the organization, it would be appreciated.

Thank you.

Smoking Gun Tattoos and Body Piercing

Mosinee, WI

Hi you all,

I just finished reading the article about your association for the second time. I am a semi-retired tattooist that also brands and pierces. I now only work by appointment and I am very particular about

who my clients are and why they want what they think they want. A true blue dyed in the wool Republican capitalist would judge me crazy because I care about the client enough to put my concerns about their decision to be included in my body art gallery above the almighty dollar. I have to consider their general health. I have to consider their lifetsyle, work environment, psyche and numerous other factors before I scar or tattoo them indelibly. Years ago, I felt comfortable with my decision to stop long haul trucking and settle down a tad by changing careers. My knowledge of the human anatomy and physiology, biology, psyche, limitations, etc. came from ten years of service and extensive training in the navy and army medical corps. I use a sterile technique that is maddening to most butchers and scratchers. They can't fathom why I would bother changing gloves so frequently, much less spend so much time, energy, and supplies getting the skin prepped for an invasive procedure. I could and would explain why, if they would listen. I have only trained a few other artists, because of their attention and dedication to following a proper sterile technique. During my tour in the Republic of Vietnam with the 18th MASH we had to fuck our sterile technique so often, just to save our patient's lives. But as a civilian engaging in an art form and business there is no good reason to break your sterile field or technique. I've watched scratchers cough and sneeze into their hand, on the client, and on most anything in close proximity. They have scratched their balls, ass, foot, lip, head and more in my presence while doing a procedure that could be called nothing but invasive and dangerous. I've seen the dirty wash water in the ultrasonic that remains for weeks, because the detergent that they use is more expensive than Joy or Ivory soap. I've tried to explain to them that the chemical is a detergent and not a rootin'-tootin', super-duper sterilization agent. Those individuals who practice contagion roulette are for the most part good, but greedy people. I don't publically bad mouth their practice, unless asked about them. I qualify me answers by only saying that I wouldn't let them work on me, nor will I tattoo, brand, or pierce anyone that scratchers have worked on for at least 60 days. There

are enough pathogens scrambling to enter the human body, without a scratcher's help in infusing them into himself or his clients. Since everyone in your association, as in most, has agreed to disagree, and since I find that a healthy pursuit, I have decided to disagree, however only slightly, with your goals. I mostly want to comment on, rather than take exception with, your Client's Bill of Rights. I use disposable gloves when I am working, but only for initial skin prep and instrument cleaning & packaging. I use sterile disposable gloves after I start the final skin cleaning procedure and prep, and I never touch my sterile instruments without a sterile glove on. I change if there is any doubt that the sterile field or gloves have been compromised or contaminated. A petty grump I have is that implements have to be sterilized in a very strong cleaning agent after rinsing, before they can be cleaned and sterilized. That's my two cent's worth for now, on that subject. Now to the reason I wrote. I am moving soon and I want to hear more about your organization, practices, techniques. etc., including rules and regulations that concerns our professions. Before I move, I assured my local scratchers that they could and probably would contract any and all pathogens that lurked in the serum, blood and sundry other body fluids that they are contaminating themselves and their clients with. Well enough, already. Take care and send me more info.

Sincerely,
Panama Red
Tat2s-R-Us
Dalton, GA

(Ed.- Once again, I encourage readers to acquaint themselves with the critical difference between "clean" and "sterile". Much as I admire this man's concern and scrupulous attention to cleanliness, he is NOT operating under "sterile" conditions. The "sterile field" is only in reality a very, very clean field. The piercer and piercee's presence in the room insures that we're not "free from all living matter" during the piercing.

Implements removed from sterile packages and "sterile" gloves are no longer "free from life" the very second that they touch air. The absolutely valid option to use sterile gloves is up to the piercer, but it is hoped that ordinary, nonsterile, disposable gloves are stored and handled properly, in such a way that they remain free of bloodborne pathogens, and collect only minimal airborne matter. In other words, without any cross-contamination, nonsterile gloves should theoretically be plenty clean for our purposes. And please, folks- separate facilities for each service you provide, scrub everything down manually every day, and consider buying an air cleaner! The fewer pathogens drifting around, the fewer are likely to end up inside anyone. And, as Red states, cross-contamination is the best way to insure your next trip to the hospital. Incidentally, the Bill of Rights, while certainly apropos for piercers, is aimed more at providing an easily read, easily remembered checklist for PIERCEES, so they can make a more informed decision about their next piercing. Long, detailed essays on procedure are perhaps best left to the pages of the Point, given the short attention span of many piercees!)

Dear APP,

Thank you for getting out the information in your recent issues of the Point. I've brainstormed some ideas and topics that might be relevant to discuss. Many are issues I didn't think needed to be addressed, until I traveled around the States and discovered many unsafe procedures being practiced everywhere, mainly due to unavailability of knowledge. The need for education is vital to the continuing safety of practitioners and clients in the art of piercing.

• How to properly sterilize jewelry before insertion. Also, what if you sell jewelry to a client and they intend to install it themselves? How do your recommendations differ for people at

home? What if your steel comes with buffing compound on it? Ultrasound? Scrubbing? (*Ed-how about not buying cheap, improperly polished jewelry?*) Organic materials: things you cannot autoclave or use chemicals on. Soap? Tea tree oil?

- Treatment of needlesticks. We all know it happens... what to do? Cleanse area with Betadine; review HIV/Hepatitis history with client, etc.

- Liability for selling piercing needles. Responsibility? What if you knew the customer was going to resort to a used needle or other improper instrument instead if the needles weren't available? Don't people have the right to pierce themselves?

- Standardizing aftercare! Different things work for different people. Even doctors differ in aftercare suggestions. Some recommendations are doing more harm than good! I've talked with people who were directed to smother their piercings with Neosporin and rinse with salt water only. No wonder these piercings never heal! Give clients a few options. If product A doesn't work, or the client doesn't like to use chemicals on their body, try product B. Check out your copy of physicians desk reference on the things you are recommending for your clients. Encourage your clients to do the same. Checked out Hibiclens lately? Lab technicians at UC Berkeley laughed at the idea of using this on deep puncture wounds for any length of time, even diluted. They claim it's carcinogenic!

- Testing your autoclave routinely for its sterilization capacity. There are tests you can send away in the mail monthly. This is absolutely necessary! Most shops do not do this! Just the indicator bars turning brown/black is not enough to ensure proper sterilization.

- Proper disposal of waste. Is it necessary to use biohazardous waste bins? (*Ed.- we've been told no- just sharps containers*) Some people are still not wearing gloves when they handle their trash bags! Where to properly dispose of sharps collectors. What happens to all the

needles in them?

- Use of marking pens. Can you reuse a pen that has marked a client's skin if that skin was unbroken and clean the mark was made? What about genital piercings?

- Define professional! You still have not come up with a working definition— the issue has only been skirted. This is not only important for use in your publication, it is relevant to its use in the entire industry. Webster's defines professional as "a person who makes some activity not usually followed for gain, such as a sport, the source of his livelihood". It would seem, then, that anyone doing piercing for a living would be called a professional. "Profession" is defined as a "vocation or occupation requiring advanced training in some liberal art or science, and usually involving mental rather than manual work....especially medicine, law, or theology". Here it seems that the "advanced training" comes into play. People who perform piercings in an anthropological context do not go through any sort of advanced training per se, nor do tattoo artists. A small surgery license for the creation of puncture wounds might be more appropriate, or an apprenticeship, but these are modern ideas being applied to a form of art that flourished for thousands of years without need for this formality. Despite this, modern health concerns are motivating practitioners to take such measures, and it appears that the call for self-regulation is becoming a necessity. I do not have a solution. However, I suggest that a professional is an individual who demonstrates skillful methods and ability, high standards of ethics, and thorough knowledge of sterilization procedures. I don't have an answer as to how one can become a "certified professional"— how do you measure degree of ethics? But I do believe that anyone practicing body piercing should strive to meet this definition for the benefit of the profession and their clients.

I also have some comments and feedback from past issues of the Point. In Issue #3, it was stated that "the only way to prepare tools

for use on a client is an autoclave". Later, the chart listed autoclaving as well as pressure cookers and dry heat as a reliable means of sterilization. What, then, is the truth? Are you 100% sure?

When referring to stainless steel, a quote was "...threadings and beads may be of 400 series steel since they won't directly contact tissue". I do not agree with this. A person may have a reaction with a bead touching their skin even if it does not go through the skin. A bead or ball often hangs quite close to the opening of a piercing. This is definitely an issue when the piercing is new or there is broken skin near the bead or ball. Also, what about soldering compounds used to affix attached beads to rings and threading to a ball? Do you know if it is safe? Are your manufacturers using solder without lead?

"In a retail/storefront context, when a multitude of goods and services are offered, it is reasonable to assume that there is a dilution of quality". This is where trouble begins. Please, try not to make such generalizations based on assumptions. While this may be the case occasionally, this is simply not true. What is sold in a retail environment, be it products or services, true, is part of the whole. However, does the inventory and products necessarily correlate to the quality of services offered in a business? It doesn't. One cannot assume that goods offered and services offered are necessarily of the same quality. Don't judge the book by its cover. As individuals interested in or currently practicing body modification, avoiding this mistake should come naturally.

"Professionals don't pierce out of head shops or salons— they work in full-service piercing studios". First, what is a professional? And couldn't there be a "full service piercing studio offered as a section of a hair salon? Second, what are you basing this statement on? In my experience, professionals in all fields work in many different contexts, for whatever reasons they may choose. Third, what if the only shop

that offers piercing in one's area happens to also offer haircuts? Isn't that also a form of body modification? Is it any more legitimate if they're offering tattoos? Or books? Or tribal artwork and artifacts? There are shops fitting these descriptions that have made mistakes, it's true. This does not mean that all of those shops are making mistakes. Understandably, a service creating punctures should allot a separate room for sterility purposes; what is sold outside of this room will therefore not affect the quality of the piercing services. Fourth, some communities simply don't have enough business for a piercing-only salon to stay afloat. Fifth, there are only so many positions available in piercing-only shops. It is a fact that there are more professionals than there are jobs in piercing-only shops. Finally, if you were a professional piercer, why wouldn't you be able to provide your services in a safe manner in a storefront that also happened to offer other products or services? Would these products somehow dilute your ability?

A friend and I have come up with a method of visualization that helps keep the piercing environment free from cross-contamination. Any implement that contacts a person— gloves, swabs, etc. is considered to be contaminated. We visualize this as "red dots" (another friend uses a wet paint analogy the same way). Anything with red dots must be either disposed of properly, sterilized, or disinfected appropriately. This helps when touching anything that will not be disposed of— betadine bottles, jar lids, piercing chairs, ring expanding pliers, etc. Developing a routine and methodology will help in keeping your environment free from contamination. When in doubt, consider the implement to have red dots on it and treat it accordingly. Change your gloves often— they are cheaper than taking risks with a client's or your own health.

Sincerely,
Erica Nicole Skadsen
Subcutaneous
San Francisco

(Ed. - Whew! That's an awful lot to respond to! I'll do my best and finish it up in the next issue. We certainly appreciate any requests or calls for discussion around any piercing-related subject. We all have somewhat different methods, of course, and the APP is not a policing organization; very little of what you read here is absolute by any means. Any subscribers who wish to comment on or respond to Erica's points is encouraged to do so. I certainly have my own strong opinions on most of these subjects. For now, though, I'll just cover the most basic topics: Needlesticks— It is my opinion that they don't often happen to an alert, soothing piercer who's focused and has selected good equipment(like a firm cork)! Avoid needlesticks in the first place! But nobody's giving 100% every day, it's true. At Gauntlet, a small disposable container of bleach is kept in each room. The wound is milked into the bleach for about thirty seconds(strictly an emergency procedure!)as the piercer proceeds to the bathroom. The wound is milked and washed repeatedly with hot water and antibacterial soap, patted dry and bandaged. Is this the Medically Approved Method? We heard of it from a phlebotomist, but I don't know if it's standard procedure. The piercer may or may not choose to inquire into the health status of the piercee. In my opinion, this exercise will only make everyone involved uncomfortable, and as many people are ignorant or ashamed of any virus or bacteria they may be carrying, you can't rely on their answers anyway. Just consider being tested /treated after the appropriate waiting time (the next day for hepatitis, six months for HIV). Chances of contracting anything at all from most needlesticks is reassuringly slim.

•Chemical contents of products related to piercing: An 800 number on the label of most products will connect you to the company reps.

They can send you reams of material safety data sheets (required by the FDA, which has recalled and is reclassifying chlorhexedrine gluconate, the active ingredient in Hibiclens, Briancare, Hibitain etc.). There you can see for yourself just what is in those disinfectants and aftercare agents you've been using. Incidentally, gluteraldehydes (Cidex, Wavicide, etc.) are toxic, non-biodegradable biohazards requiring special ventilation systems to use. Think about that if you soak jewelry in it as a prep.

Defining professional: As you said yourself, Erica, anyone who hangs out a shingle and takes a five dollar bill is a "professional". There are those of us, of course, who don't like this fact at all. And, of course, most of us can agree on the basics of what makes a piercer professional, but rarely can we refine the definitions to any workable degree of clarity.

•The Point #3 stated that autoclaves, dryclaves, and pressure cookers are sterilization methods. This is all directly quoted from medical texts. Does this make them all acceptable for use by a professional piercer? The APP does not think so. A commercial autoclave reaches an intense heat and pressure which no dryclave or home cooker can match. Electrologists in California are only required to use dryclaves. I don't think that necessarily makes a dryclave the sterilizer of choice when it doesn't get much hotter than a home oven.

•Where professionals pierce: This is a biggie. We live in a country where people are literally piercing on street corners, boardwalks, Taco Bell bathrooms, and fruit stands. The levels of cleanliness required to perform what the APP considers a safe piercing simply cannot be maintained in such environments. The abundance of folks calling themselves professional piercers and the pervasive "simplicity" of the ear gun have led many to believe that piercing

takes little skill, requires little investment in time or money, and yields big financial returns. These are the hair salons and head shops referred to in the article. This doesn't just happen occasionally, this is the rule. Yes, certainly, some very responsible exceptions exist, but the reality is that the great bulk of the people piercing today, be it in a salon, a tattoo shop, or even a full service piercing studio, have little training, little information, and all too often little care for what they are doing. That is the unfortunate truth.

Erica, I noticed that you mentioned a bottle of Betadine in your room setup. There is a type of harmful bacteria which flourishes in povidone-iodine. Piercers should strongly consider switching over to individually wrapped swab and pad packets to prevent this contamination.

And we'll continue this next issue!

WHAT'S UP WITH NIOBIUM?

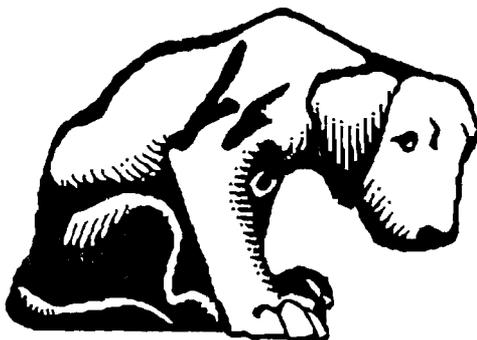
At a recent meeting, a few piercers reported that some of their clients were experiencing severe chemical reactions to niobium. Most of us present had quite the opposite experience with niobium, using it successfully with even the most sensitive piercees. Niobium is only available from three sources in this country, so it's unlikely that different grades of metal were at fault.

Barry Blanchard from Blanchard Manufacturing offered an opinion which seems quite logical. The problem seems to occur during the machining of the rings. Many manufacturers place their rings in a polishing machine, which uses polishing slurry to smooth any rough edges. The slurry impregnates the pockets and fills in any microscopic gaps. Most polishing compounds are very toxic, and if no steps are

taken to select the right compound and completely remove the excess, it's no wonder that people were having such problems with chemical reaction. Barry suggests hand polishing, or using a special type of slurry which would be less reactive. Makes sense to me.

This brings up a point I'd love to discuss. Without mentioning any brand names (no advertising!!!), we need for some manufacturers and piercers to talk about high quality versus low quality piercing jewelry. What's what? There's a lot of bad stuff out there, and it is definitely a safety issue. Write in, people!

SHOULD WE PIERCE MINORS...



...OR ANIMALS?

Many people have differing opinions on whether or not it is appropriate to pierce a minor (18 in most states, 21 in some). If you rush a minor to the hospital on a non-life threatening emergency, the hospital cannot legally treat that minor without parental consent. If a licensed doctor cannot touch a minor without parental consent, how can we, as professional piercers, pierce a minor without parental consent?

With or without consent, a younger person's body is not fully developed; many piercings aren't appropriate when growth is still occur-

ring. Witness those whose ears were pierced as babies—the holes are usually extremely low, and have to be repierced. Genitals and nipples are also not appropriate to pierce on a minor. While the growth factor plays a part here, the more pressing concerns are legal. You need to think seriously about possible governmental child abuse/molestation charges being brought against not only you, but the “consenting parent”.

Nostrils, navels, eyebrows and the like may not be considered in a sexual context, but do them without express, written and ID'd parental consent, and you could be looking at a child endangerment suit. We know of many hack piercers who are facing such charges right now.

Don't think that this issue is totally a legal one; even piercers in states without any clear laws pertaining to the matter should use common sense and caution in their dealings with minors. This is a real issue of professionalism; piercing minors without express parental consent does not indicate a high level of professionalism.

A related issue is that of emancipated minors. How do we as professionals approach this issue? In the eyes of the law, they are legal adults (most are married, or have had children, many are estranged from their parents). If someone states that they are an emancipated minor, require them to provide documentation—they should carry a notarized court order. Should you pierce whatever they want pierced? My personal opinion on this matter is that most piercings would be OK, but for my own moral, safety, and legal concerns, I still wouldn't agree to pierce their nipples, genitals, and possibly even their tongue.

Minors aren't the only issue we need to discuss. It has recently been brought to my attention that “professionals” have been piercing their own and other people's pets. This is a STUPID thing to do. How would you feel if you woke up one morning to discover that you had been pierced, tattooed, or otherwise violated as you

slept? An animal does not and cannot ask to be pierced, cannot heal a piercing, and won't understand not to lick, chew, or mess with the piercing. Some may still say “It's my dog and I'll do what I want with him”. You are putting yourself as well as the animal in danger (*Ed.— yeah! Outraged citizens are going to beat you up!*). An animal doesn't understand why you're hurting them, and may turn and bite. Animals are easily susceptible to a potentially fatal infection, because they won't care for it properly. You or someone else may think it's “cool” to have a pierced pet, but you have to think about the damage—to you, your pet, your reputation, and the reputation of this industry and this artform.

Rob Petroff, Insane Creations
Burton, MI

MEMBERSHIP UPDATE

Good news for everyone who's been so patient about membership requirements: they're available! The complete application is available by request to our mailing address. But here's a brief rundown:

First, and most importantly: membership *isn't* about elevating your reputation, it's about being responsible, and setting a good example. A large, active membership body sends a clear message to health officials, legislators, insurers, and clientele that we're to be taken seriously. Membership carries a commitment to take an active role changing public perception of piercing and piercers.

Because of this, we are limiting membership in APP to those piercers who can demonstrate an awareness of and concern for minimum health, safety, and ethical guidelines. To this end, applicants will complete a brief health and safety questionnaire and sign a contract agreeing to abide by the “Basic Ten” safety requirements as detailed in issue #1 of the Point.

We also require that members have a business license or other legal acknowledgement of

their operation. We require a photograph and serial number for the autoclave in use on the premises, and we also require copies of recent spore test results for the autoclave. Members have been piercing at least one full year, and have a current Red Cross/First Aid certification. The initial membership fee varies according to the number of piercers in your shop (between \$150 and \$50 per person). Membership is renewed annually, with dues of \$50, and includes voting rights and, of course, a complementary *Point* subscription. Save your receipts when you pay for membership! We are nearing the end of our paper trail to being a tax-deductible, genuine nonprofit 501(C) organization!

Of course, nonmembers are still encouraged to subscribe to *The Point*. Our hope is that within a few years, almost all piercers will either be APP members, or will be operating at comparable standards.

PIERCING- FRIENDLY DOCTORS

We're still waiting for a response to this one. Only two or three on our list so far. Does anyone know of a doctor, nurse, acupuncturist, herbalist, or other healthcare professional who doesn't shrink from piercing-related concerns? What a great resource this list would be!

And we really mean it! We need submissions! If something bothers you, or you had a concern about a technique, attitude, or procedure, please share it with your peers. This newsletter will only be able to present the monolithic opinions of a small group, unless other opinions are brought to light. How do you feel about a certain kind of cleaning agent? Had experience with more than one brand of autoclave? Tell us about it!!! The deadline for the next issue is August 1. And please don't forget to send in photos, stories, and other documentation of bad ear gun experiences, including with earlobes!

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

Name _____

Address _____

City _____

State _____

Zip _____

Country _____

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

• ASSOCIATION OF
**PROFESSIONAL
PIERCERS**

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