

The POINT – official newsletter of the:



APP

association of professional piercers

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This Year's Open Meeting: May 19-21

This special issue of the Point is primarily devoted to spreading the news about the 1997 Open Meeting of the APP. This meeting is NOT a convention. No piercing services or piercing retail will be scheduled or available at the meeting. This meeting is NOT a members-only meeting. The May Open Meeting is open to all piercing professionals, manufacturers, or serious piercing enthusiasts who want to convene for several days of serious discussion about the State of the Art (and then go play at Disneyworld/Epcot!).

☆ To avoid last year's last-minute hotel hassles, we have reserved an entire small hotel for the Meeting. The APP has reserved the centrally-located Renaissance Hotel in Orlando, Florida for the Meeting. Room rates are a very affordable \$89.00 per night + tax. We have reserved a limited number of rooms at this special group rate for several days before and after the meeting, to allow attendees the chance to mix work and play.

☆ We have an official airline! Continental Air has offered a rate of 5% off the lowest advertised rate on any airline for Point readers/APP members travelling to the meeting. See the enclosed flier for more information, and remember to give yourself at least a few extra days to play tourist!

☆ At the Meeting, we will be discussing important developments in the organization, including:

- Legislative updates from around the world
- The newly formed European APP
- Development of Industry standards
- Development of manufacturing standards (!)
- Policy & Procedure within the APP

The more heavily attended this Open Meeting is, the more sure we can be of everyone having a voice as we discuss these critical matters. Please bring your ideas and opinions to the Meeting and contribute to the solidification of our piercing community. If you have agenda topics that you want to see included at this meeting, please send a brief description of the topic to the APP mailbox.

☆ In addition to the Meeting itself, we are planning seminars and workshops on many subjects of interest to piercers, including:

- Disinfection & Sterilization
- OSHA Requirements
- Red Cross First Aid/CPR Certification and Certification Renewal
- Grounding & Bedside Manner
- Aftercare Updates and Alternative Products
- Legal Issues/Paperwork/Release Forms
- Legislative techniques and strategies
- Outreach
- Piercing-Specific Liability Insurance
- Anatomy for Piercers
- ☆ The all-inclusive cost to attend the Meeting,

seminars and workshops will be \$150.00 per person. We have confirmed several experts to lead workshops, but there are a few spaces left. If you have a special skill, such as OSHA training or a medical background, and would like to present or coteach a workshop, please contact us soon so that we may add you to the schedule.

☆ The back wall of the meeting space will play host to vendors of products used by the profession, including disinfectants, appliances, and disposable supplies. Vendors may contact us about displaying.

☆ All room reservations and room payments MUST be made by *March 1, 1997*.

☆ All seminar reservations and payments MUST be in by *April 15, 1997*.

To Sum up the expenses for the meeting:

Airfare:

Varies—5% off lowest fare on Continental

Hotel:

3 nights @ \$89—\$267

4 nights @ \$89—\$356

5 nights @ \$48—\$445

Meeting, Workshops, Seminars, Vendors:

\$150

All proceeds from the Meeting will be used for important outreach projects, including the expensive printing and mailing of procedural manuals to all State Public Health Officials.

To make all reservations, contact me as soon as possible. The hotel is comfortable but not large, and we expect attendance at this International meeting to more than fill the reserved rooms. Make sure you get your room reserved now to avoid hassles as the meeting date approaches.

I am looking forward to hearing from everyone soon. See you at the Meeting!

—Rob Petroff
Coordinating Board Member
Almighty/Insane Creations
3101 Corunna Rd
Flint, MI 48503
Ph/fax (810)341-1710
rpetroff@genesee.freenet.org

Chemical Sterilization Indicators

Autoclaves malfunction due to several faults (deteriorated gaskets, corroded venting valves, blow-off valve seal failure, corrosion of spring/ball...) unless a vigil is kept (diligently watching the pressure/temp gauges throughout each cycle), these failures can go unnoticed, potentially exposing our clients to active pathogens left behind after presoaks and ultrasonic cleaning. When a minor failure occurs during a cycle, the pressure/temperature will drop dramatically, often returning to operating temperature (unless the timer is specifically designed to only operate at the desired temperature) Critical time can be lost during the cycling time of an autoclave. Color changing strips are ineffective to determine sterilization, since they change color rapidly under almost any heat source (i.e. car windows on a warm day). The Diacks-Vacs is a chemical indicator, a chemical pellet within a glass vial. During a normal sterilization cycle, the chemical pellet will completely melt, fusing itself to the vial. Unless completely melted/fused, sterilization is incomplete. Due to the chemical composition of this pellet, it starts melting at 250° F (Diacks 250°-275°F, Vacs 275°-up) Total fusion occurs at around 30 minutes exposure to adequate temperatures. With the regular use of these ingenious devices distributed front/back/center of each load to be sterilized, a failure can easily and immediately be pinpointed and corrected.

For more information on Diacks-Vacs, contact Northbay Bioscience, Inc. at 800-289-7786.

(NOTE: Diacks-Vacs are not to be used as a substitute for spore testing, only as a daily supplement to your existing autoclave monitoring program.)

—Jeff & Rene Martin
Rites of Ascension
Nashville, TN

Sterile Gloves & Digressions

Sterile Gloves:

I would like to start off by stating how good it is to see these discussions occurring.

I agree that sterile gloves are the best way to go, however I do not think they should be mandatory. I do not agree with some of the comments by both Cheyenne and Michaela.

First off, the cost, you can get sterile gloves for \$0.70 a pair. If you pay more you are being robbed.

Secondly, one can use the sterile field which the glove package provides to lay your instruments on with out touching the instruments. This means you need only use 1 pair of sterile gloves per piercing. An increase of only \$0.70 per piercing.

Thirdly, although the gloves are being exposed to the air in the piercing room, they should only be exposed for 10 minutes, not 2 days like regular gloves. If we go through the trouble of using sterile needles, clamps, jewelry, Q-tips, and toothpicks, why not our gloves? I think that this is the best way to go. As I stated earlier I don't think that it should be mandatory, but at least discussed and aired for piercers, so they can make their own choice.

Digressions:

When I mentioned sterilizing the jewelry I did NOT mean a 10 minute soak! I mean individually packaged and sterilized jewelry. If the needle which is only in the body for a few seconds must be sterilized, why not then the jewelry? Yes people are going to stick their dirty nasty hands all over their fresh piercing, but it is the piercee's dirty nasty hands, not the hands of the manufacturer, the packaging boy, the counter person, and maybe even the piercer. How many times a week does a manufacturer cut his/her hands while making jewelry?!?

—Xeon

(xeon@silcom.com)
c/o Primeval Body
Los Angeles, CA

(Ed. note: Thank you for your comments! I feel I must clarify a few points.

• I do support the use of sterile gloves when possible. I do not think they are necessary and I do not think it is realistic or even worthwhile to make sterile gloves mandatory.

• I maintain that several pair of gloves must be used for each piercing. When you touch the piercee with the betadine, your gloves now carry bacteria from their previously unwashed skin. They should be changed before marking. During marking it is almost inevitable that you will touch a part of the piercee not cleaned by Betadine, and many piercers will also be touching a reusable, albeit disinfected, pen. The gloves should be changed prior to piercing. After piercing, the gloves may have touched the contaminated tray or sharps container, and should be changed if the piercer returns to the piercee. While breaking down the setup and disinfecting the room, no fewer than 3 other pairs of gloves will be necessary to avoid contamination of the room. None of these glove changes will be affected either way by creating sterile room setup packets. This is about basic cross-contamination.

• Air, according to many physicians, is technically considered sterile. All gloves, tissues, and other disposable supplies sold in the United States are gamma-ray sterilized prior to being sold. Until the box is opened, the contents are sterile. Once opened, 1 and most other piercers easily go through a box or more of gloves each day. Assuming that that box is stored properly and handled to avoid cross-contamination, these gloves will not be any less "sterile" than a pair of sterile gloves.

• My primary concern is that doctors, piercers, and others using "sterile" gloves will assume that the "sterile" condition of their

gloves relieves them of the responsibility to avoid cross-contamination. I have seen this occur.

• The APP suggests at least a bulk sterilization of all jewelry when it arrives at a shop. This is, however, a minimum requirement, and assumes that bulk-sterilized jewelry will be stored away from display stock, and handled only with gloves or hemostats after sterilization. In this case, a 10 minute disinfectant soak in Madacide would certainly be adequate to remove any minimal matter that was present on the jewelry. It is far preferable, however, to individually sterilize each item and store jewelry in individual sterile packets until ready to use.

— Michaela Grey)

New APP Members!

Following is a list of new business members as of October 1996. For a complete listing of business members, visit our website, or contact any member. Welcome to the APP!

M. Keith Hertell
Backbone Body Modifications
San Antonio, Tx. 78229
(210) 349-6637
backbone@txdirect.net

Robert M. Beyer
The Piercing Lounge
520 University Ave Suite 120
Madison, WI 53703
(608) 284-0870

Carrie Black
Sea-Rod Piercing
2616 N Steves Blvd
Flagstaff, AZ 86004
(520) 526-9400

Gus Diamond
Paragon
1667 Kapiolani Blvd.
Honolulu, HI 96814
(808) 949-2800

Charlotte "Chuk" Heller
Body Piercing By Chuk
211 Broadway Ave E
Seattle, WA 98102
(206) 325-0050

Teri Cameron
New Creation
631 Flume St
Chico, CA 95928
(916) 898-8287
<http://www.newcreation.com>

Darrin Walters
Darrin's Exotic Body Piercing
PO Box 6325
Concord, CA 94524
(510) 685-4221
dlwalt@ix.netcom.com

Adam Bloch/Bill Krebs
Pleasurable Piercings
417 Lafayette Ave
Hawthorne, NJ 07506
(201) 238-0305
needleboy@aol.com

Paying Attention to Detail

I have observed various piercing studios over the past four years, which I believe has greatly helped my own skills as a piercer. Observations have also brought the small variables that focus the entire piercing experience in my mind. The small variables are important, and elevate the piercing profession into a realm of skilled pro-

fession, rather than a simple service. Here are a few small details that can easily be overlooked:

Lighting is something we all take for granted, but if we can't see, we can't do a precise job. Supplemental lighting in the piercing room is important; fluorescent lights on the ceiling give light to the entire area, but can't focus an intense beam on the actual piercing area. The better we see the better our skills can be performed.

The marks we make for a piercing are the guides to a successful and attractive piercing. They show us the actual depth, angle, and safety of a piercing. I have noticed that many piercers tend to make thick dots. I feel that markings should be no bigger than the width of a Sharpie Ultra Fine Point. Marking with very light pressure on dry skin leaves a fine, distinct mark. Harder pressure will leave too much ink, allowing it to spread on the surrounding skin. A big dot may allow the client to see the marks more easily in the mirror, but it also allows for a few-millimeter margin of error. That may seem like a small amount to some, but it's enough to determine the difference between a successful piercing and one with potential problems. For example, if just a little too shallow, it may reject or be torn out. If too deep, a keloid may develop. Or, the piercing may be unattractively crooked. All of this can come from not taking the time to create small, precise, even marks. Spend the extra time to spread the skin, erase the additional ink, and make minor adjustments for accuracy. Your client will appreciate the effort.

Hair is something that most of us have. If the piercer has long hair, I believe it's very important to pull it up during each piercing procedure, because if hair is in his/her eyes, all the extra lighting and precise marks is pointless—something is obstructing his/her overall vision. It is also important that the client's hair is pulled, pinned, or clipped away from the piercing site as well, since hair is dirty and can also obstruct the piercer's view. There is nothing worse than hair getting in the way as you clean,

mark, clamp (ouch!), pierce, or insert jewelry.

The preceding small variables help refine the piercing experience for all involved, and this kind of fine tuning will make you more professional.

—Rob Cosgrove
Mystical Body
Modesto, CA

Fundraiser!

This year promises to be a legislative watershed, and the APP has promised procedural manuals to almost every State health Board, as well as International health officials. We're also hard at work producing the May Open meeting. None of this comes cheap, and our bank account contains little more than the proverbial dust and mothballs. We're not about to stand on the corner selling stale candy bars, though! The APP is currently planning a series of collectible, custom-designed prepaid phone cards! The cards are State of the Art and feature many incredibly sophisticated options, including voice mailboxes and fax on demand. We are currently accepting pre-orders for the first limited run of these cards. A 10-minute card will sell for \$10— that's not competitive, but remember it's a fundraiser! When the first 10 minutes expire, you will have the option of recharging the card for an extremely competitive 33¢/minute! Best of all, every time you recharge the card at this unbeatable rate, the APP will receive a commission and you will continue to support us in our efforts to standardize and coalesce the piercing community worldwide. Pre-orders will be accepted until February 15, 1997— after that, you'll have to wait until they're widely available!

Send \$10 for each card to
APP— Attn: Phone Card Pre-order
c/o Kent Fazekas
Body Accents
5420 N College Ave Ste A6
Indianapolis IN 46220
or call (317) 259-1950 for details!

Carbamide Peroxide

Over the past few months, there has been some discussion about possible damaging effects of carbamide peroxide, the active ingredient found in oral disinfectants such as Gly-Oxide and Peroxyl. Many piercers currently suggest the use of a carbamide peroxide or hydrogen peroxide-based disinfectant as part of the aftercare regimen for oral piercings. Information gathered from various piercers, coupled with the results of several studies done by the scientific and dental communities, seem to indicate a range of opinions regarding the use of these products. At one end of the spectrum, there are those who believe that these products have very specific advantages, while at the other end, there are those who feel these products can adversely affect the healing of a new piercing. In the middle, there are those who feel that the carbamide-peroxide based products, while most likely doing no harm, may not produce any great benefits. Given the popularity of these products, some discussion of their possible benefits and/or adverse effects seems rather appropriate. Some piercers who choose not recommend a carbamide peroxide-based product contend that the strong nature of the active ingredient, in addition to the propensity for many customers to over-do aftercare instructions, may result in damage to newly forming oral tissue. Curt Warren, of Blue Boutique in Salt Lake City, Utah has consulted with several dentists and oral surgeons regarding this subject. Curt has this to say about carbamide-peroxide based products:

"Carbamide peroxide, as you know, is from the hydrogen peroxide family. The dentist that I work with agreed that it could be a very effective cleaner, if used by itself. He said that a regular "dose" of carbamide peroxide is equivalent to 2 or 3 full strength mouthwash rinses. His concern was that if it's being used in conjunction with

mouthwash, there is a great possibility of damage to new skin cells. Granted, they will regenerate, but at what cost? I discontinued suggesting Gly-Oxide in May and have seen no cleaning or healing-related problems. I have switched my oral aftercare over to the same thing that most dentists and oral surgeons suggest upon removal of wisdom teeth:

- * Mix 1/2 teaspoon of salt in a large glass of warm water, rinse three times a day.

- * Rinse with a diluted, alcohol-free mouthwash after eating or drinking anything.

My friend the dentist also said something that made a lot of sense to me: When we pierce a tongue, we are creating a very small wound, but when he removes wisdom teeth, he's creating four large, gaping wounds. The aftercare listed above has been working for several years in the world of oral and maxillofacial surgery. To me, Gly-Oxide has been a very effective cleanser, however I think it's more intense than what we honestly need.]

Many of the piercers who do suggest products such as Gly-Oxide and Peroxyl feel that they are beneficial when used properly. David Vidra of Bodywork Productions says, "It's very important to have an aftercare agent which can get into the piercing and other oral crevices and help dissolve any particles of food and other matter which might not be removed by an anti-septic mouth rinse or a sea salt rinse." His consultation with dentists and oral surgeons revealed that while carbamide peroxide-based products may not be used by those with recently extracted wisdom teeth, a prescription of oral antibiotics is fairly common, and could very well be a factor in reducing the number of infections or complications. However, David does point out that he has always suggested using less Gly-Oxide than the product's instructions indicate, and he has recently reduced the number of days he suggests using the product.

Although oral aftercare regimens may vary (and greatly in some instances), the overwhelming success in healing oral piercings does not

seem to be greatly affected. This seems to indicate that those who do not favor these products are as equally justified in their recommendations as those who do. As well as practical evidence, there is also clinical evidence which indicates that both aftercare philosophies may be acceptable.

Several studies have been done regarding the effects of carbamide peroxide on oral tissues. One study, performed by researchers at the School of Dentistry at the Medical College of Georgia, indicated that short-term carbamide peroxide use did not appear to have any damaging effects to healthy oral tissue. In the study, the participants were exposed to a 10% carbamide peroxide solution 8 hours a day for 2 weeks. Upon conclusion of the study, the oral tissues which were exposed to the solution did not appear to have been altered in any harmful manner when compared to the pre-treatment tissue. The results of this study can be found online at:

<http://www.ada.org/0996/nr-01.htm>,

and in hard copy in the August 1996 issue of the Journal of the American Dental Association (JADA).

Conversely, a different study, performed in vitro, indicated that even small concentrations of carbamide peroxide appeared to cause cell death in gingival (gum) tissue. While this experiment was only performed in a laboratory setting, and not on any actual subjects, the researchers felt their results would carry over in a "real world" situation. Whether the results can be applied to other types of healthy oral tissues is uncertain, and no indication was given within the study. At the time of the research for this article, the results of the study could be found at:

<http://www.onlinetoday.com/baylords/DentalCE/dsc/ARCHIVE/dec95/dsctipto.htm>.

(At the time this article was written, the study did not appear to still be available at this site).

Many different and valid arguments can be

made for both the use and disuse of carbamide peroxide-based products. Scientific evidence to support both arguments can also be found. This article is not intended to necessarily sway, or even reinforce, your opinion of the subject. It is intended to raise an awareness of a subject which is of concern to all piercers and provide you with a bit of information you can use to do some additional research and formulate your own, informed opinion.

—Derek Lowe

Steve's Tattoo and Body Piercing
1148 Williamson
Madison, WI
piercer@inxpress.net
with Curt Warren (Blue Boutique)

Quincy, Mass

Hello APP folks,

We are a team of professional piercers and owners of Rites of Passage: Juliette Houlne, Gabriel Beale, and Tracy McElroy. As far as we know, at least according to APP and our own standards, we are the only full-service, professional body-piercing studio in the greater Boston area. We've been established at 107 Brighton Ave in Allston, MA for three years.

Recently we received a letter from another "piercer" requesting our presence at a public hearing in Quincy MA, a slightly cosmopolitan suburb of Boston, regarding regulations on body piercing. He wanted our support in *protesting* the regulations and/or revising them to be less stringent. We have enclosed a copy of the proposed regulations along with this individual's proposed revisions.

In meeting with Quincy Public Health Commissioner Jane Gallahue prior to the public hearing, she told us that she had been in touch with the APP as well as a health official from Oklahoma (*APP's friend Jeff Hunter—ed*) and modeled the proposed regulations after APP's procedural manual.

We read these over, and needless to say, we were thrilled that a public health official with no

prior knowledge of professional body piercing went to such lengths to research this issue. We know these proposed regulations are only the first step towards the recognition of body piercing as a legitimate profession, as well as a valid public health concern on the City, State, and Federal level. We are fully supporting Commissioner Gallahue and the proposed regulations.

One can see from the proposed "changes" that the "piercer" opposing the legislation is completely unprofessional (by any reasonable standards) and in turn only gives our profession a bad name! We feel Point readers should be allowed to read some of this individual's ludicrous suggestions!

If and when these regulations take effect, it could become a moral/zoning issue, and may set precedent for Massachusetts State legislation of body piercing professionals. We will keep you updated. Thanks, and keep up the good work!

—Juliet Houlne, partner; Gabriel Beale, partner; Tracy McElroy, partner; Erin Duff, apprentice; Maria Bree, receptionist
Rites of Passage
Allston, MA

City Councillor (*sic*):

My name is XXX XXXXXX and I have been piercing for over 19 years...I practice Safe (*sic*) and Sterile (*sic*) piercing procedures and train all my students to do the same...I don't feel the City council should have the right to dictate moral standards to the parents of children that want to be pierced...I also don't understand how the Board can differentiate between an EAR (*sic*) piercing and any other type of piercing. A piercing is a piercing...the use of ear studs in Nasal (*sic*) and Cartilage piercings has been an accepted form of piercing around the world. I agree that the use of ear studs should be limited to ears in their entirety and nasal wall piercings but I do not think that the use of an ear stud should be disallowed on anything but an earlobe....(reacting to a proposal that piercers

complete a brief anatomy course)There is absolutely no need for a course of this length...we are only piercing portions of the body that are non-lethal (*sic!!*)...I apprenticed for 3 months and am considered one of the best piercers in the United States... I feel that a one-year apprenticeship is far too long.(*in response to a proposal to bar animals from studios*) ... There is no way that the Board should be able to tell anyone that isn't serving food to the public that they can't bring their pet into their establishment. I do keep my dog in the front of the store but he is not allowed in the piercing clinic...ultrasonic cleaners are jewelry cleaners. I don't understand why the Board doesn't see that this is not an acceptable way to clean anything. I use a strong antibacterial soap and a scrub brush combined with hot water and elbow grease... this cleans bacitracin, blood, and other things off the instruments better than any ultrasonic cleaner...I have been using this method for many years and have had no problems. I have an ultrasonic cleaner but I don't use it to clean anything. (*in response to a proposal to bar carpeting from piercing rooms*)...I don't understand the reasoning behind this...there is no spillage of blood so there are no problems of contamination with that.The piercings are performed in a chair and that sits on the carpet. Carpets are cleanable and there are no problems with that. The carpet issue is nitpicking and should not be an issue...The autoclaving of a rubber band will result in the rubber band melting into a rubber lump if you are lucky and catching fire and ruining the autoclave if you are not. The initial regulations stated that you should autoclave both rubber bands and corks. I recommended that they both be stricken (*sic*) from the regulations but I guess I was only half successful...As I have stated before the use of ear piercing guns to pierce cartilage and nasals (*sic*) is widespread and is considered safe by everyone but the morons at the APP. I have performed hundreds of cartilage and nasal piercings with an ear piercing gun and have never had anyone come back

to me to tell me that they have had any problems (No, but many disgruntled gun piercees of this piercer went directly to the Quincy Health Department, the whole motivation for the proposed regulations).

Ed— It is only because of space limitations that we must present a heavily edited version of this truly phenomenal letter from this "piercer." His ignorant demands are truly outrageous, and he has dragged many unknowing people, including the Boston media, into believing that the City of Quincy is attempting to ban piercing altogether, on moral grounds. In fact the proposed Quincy regulations are very similar to, and many ways superior to, the existing Oregon State regulations for piercers. Commissioner Gallahue has shown herself to be a true ally to the industry, and she will need our full support to validate her heroic efforts on our behalf. Letters of support may be sent to:

Commissioner Jane Gallahue
Quincy Health Department
c/o John F Kennedy Health Center
1120 Hancock Street
Quincy, MA 02169-4313

Latex Allergies

According to an article in the Detroit Free Press by Mark Emmons of Knight-Ridder newspapers, the incidence of severe latex allergy is on the rise. The Food and Drug Administration is seriously considering mandatory warning labels on medical products containing latex. The American College of Allergy, Asthma, and Immunology are actively campaigning to raise awareness of the problem. Allergy researchers suspect that true incidence of latex allergy is probably close to 10%. Studies indicate that between 5% and 20% of health care workers are afflicted by varying degrees of latex sensitivity.

The greater the exposure to latex, the greater the chance that someone genetically predisposed to allergy will develop increasingly severe

reactions to the latex protein. Reactions to latex include contact dermatitis, itching, swelling, redness, hives, asthma, or the worst-case scenario of anaphylactic shock—a protein reaction that can prove fatal. Sensitive piercers may want to switch to non-latex gloves, such as the nitrile gloves discussed in a previous issue of the Point, before more serious problems develop.

Wisconsin Update

Early in 1996, the Wisconsin State Assembly began discussion of Assembly Bill 733. This bill would require the regulation of tattoo establishments and tattoo artists within the state of Wisconsin. As discussion of AB 733 continued, several amendments were made. One of those amendments, Amendment Two, expanded the scope of the bill to include the regulation of body piercing establishments and body piercers. It was at this point that my attention was drawn to the legal happenings, and it's been an interesting trip so far.

The final version of AB 733 would require initial as well as yearly inspections of tattoo and piercing shops. It would also require the licensing of both the establishment and individual. The bill passed in the Assembly with little opposition. After that it moved onto a State Senate subcommittee. The meeting of the committee was open to the public, and it was at this time that concerns over the existing text of the bill were presented. In our state there was a large push from one tattoo artist to outlaw body piercing altogether, his reasoning being that body piercing is "dangerous." Fortunately, his input in this area received very little consideration. Unfortunately, however, the bill was passed through the subcommittee with the following text included:

"Body piercing" means perforating any human body part or human tissue except an ear, and placing a foreign object in the perforation in order to prevent the perforation from closing.

Needless to say, I was more than a little concerned, as this wording made it legal to pierce any part of the ear (helix, tragus, antitragus etc.) with an ear-piercing gun. Once out of subcommittee, the bill moved along to the Senate where, as in the Assembly, it passed with little resistance.

Within the text of the bill, it was stated that the specific regulations and licensing requirement would be written by members of the Department of Health and Family Services (DHFS). Our first step was to contact DHFS and express our interest in being involved in the formulation of the specific regulations. Fortunately, the director of the project, Elmo Smyth, was elated to have our help. He was not shy about admitting that they really had no idea where to go with the regulations. At the first meeting with Elmo it was decided that we would form a committee consisting of body piercers, tattoo artists, and various state employees involved in public health, to work on the regulations. The committee was to consist of myself and Melissa Strobbe (owner/piercer, Tie Me Down; Milwaukee, WI) representing body piercing, Steve Gold (owner/tattooist, Steve's Tattoo and Body Piercing; Madison, WI) and Scott Verville (owner/tattooist, American Tattoo Studio; Waukesha, WI) both representing tattooing, as well as a registered nurse, director of a state-run laboratory, an epidemiologist, and several state health inspectors.

Initially, a rough draft was constructed by Elmo Smyth, based upon information he gathered on his own and that which was provided to him from various sources. He used existing regulations from various states, counties, and cities as well as information from the APP Procedural Manual. That first draft, which was rather crude, was sent to each member of the committee to be

reviewed. Then, at our first meeting in November we went through the first half of the bill and discussed our concerns and comments, editing it as agreed upon by the committee. We were fortunate that the people on the committee, while still being a bit shocked by tattooing and piercing, were very interested in doing what was best for the public's health. One very good change came out of the first meeting. We were able to change the definition of body piercing to include all parts of the body except the EARLOBE. Yes! I was, and have to admit still am, a bit apprehensive about our "right" to do this, as that particular definition is "hard coded" into the bill itself. However, the director of the project said it was well within the range of the committee.

At the beginning of December we had our second meeting. At this time we quickly reviewed the changes made the first time and made some additional changes to that material. We also edited the second half of the bill, again, making quite a number of changes. A section of major concern in the second half of the bill related to "temporary licenses." As it stands, it will be rather difficult for traveling artists/piercers to simply show up at a fair, carnival, etc. and performing tattooing or piercing without very extensive planning.

In February we will have our third, and possibly final, meeting to discuss any other issues. Within the next week or so I should be receiving the most recent revision of the bill. Upon receipt, I will be happy to distribute it to anyone wishing to review. In fact, I will be mailing/faxing it to several people for the purpose of reviewing and obtaining their input. There are a few points in the bill which I feel could have been done in a more thorough manner, but I feel that what we have is a very solid set of regulations which does a good job of laying down minimum health and safety requirements for body piercing (and tattooing also).

Once everyone is satisfied with the draft, it

will have to be reviewed one more time by the "higher ups," and, if all is in order, will be implemented. This will require license applications to be mailed to existing shops throughout the state. All members of the committee are currently working on compiling the names and addresses of all shops and practitioners we come across. The exact licensing fees have not been determined, although all of us on the committee who are in the body art profession have indicated that we wouldn't mind paying a higher fee to help insure the regulations are adequately enforced.

If anyone has any further questions or comments, please feel free to contact me. I'll be happy to distribute copies of the final draft and relay any information or tips we discovered during this process. For us, this has been a pretty easy and painless process. I doubt that everyone will have it as "easy" as we did. However, if you are able to demonstrate that you are an intelligent, informed professional, and your primary concern is the health and safety of your clientele, I think you will gain the respect and cooperation you will need. Best of luck to everyone.

Derek Lowe
Steve's Tattoo and Body Piercing
1148 Williamson
Madison, WI 53703
Tel: (608) 251-6111
Fax: (608) 251-7262
email: piercer@inxpress.net

(ed. note: Derek's efforts to monitor and influence the legislation in his State have been truly exemplary. We are extremely fortunate to have his passion, drive, and intelligence at our disposal. The response we received from Wisconsin health officials at the recent APHA convention was effusive and respectful, and we can only thank Derek for his example to them of a true professional piercer. Thanks, Derek!)

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**Association of
Professional Piercers**

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