

THE POINT

The Official Newsletter of
The Association of Professional Piercers
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PRESIDENT'S CORNER — The 2004 APP Conference



Sean Christian and APP president Bethra Szumski duke it out at the opening party. —photo: Barry Blanchard

Conference seems to roll around faster and faster every year! I guess since there were only 11 months between the last two Conferences that is not entirely an illusion.

Things kicked off as usual with pre-registration Sunday evening. Stephanie of Las Vegas Registration graciously agreed to work with us again for 2004. The company no longer does registration but our group is such a favorite for Stephanie she just couldn't say no. In fact, much of the staff that comes for our registration drops other commitments to do so.

This year's Welcome Party was held on the Penthouse floor of the Monaco Tower, affording a beautiful night view of the city. Attendees supplied the entertainment by boxing in an inflated ring with enormous, oversized boxing gloves. Sean Christian did a brilliant job as MC. He convinced friend and foe alike to work it out in the ring, and accompanied the activity with a hilarious running commentary.

Monday morning things got down to business early with the majority of registrants signing in first thing (the registration team was dead on their feet by the day's end). The first

session consisted of an Orientation for conference first-timers or those who want to know what is new, and the annual Members' meeting. Sean Christian and Derek Lowe started Orientation with a meet-and-greet followed by a spirited analysis of classes and personalities that may be of interest to attendees. The Members' meeting covered the events and accomplishments of the past year and the Association's financial records.

The educational portion of conference took place daily from 10am to 6pm with two hours for lunch. This year there were 23 classes offered including Anatomy, Accounting, Aftercare, Scars, Customer Service, Anthropology, Legislation, Piercing Techniques and much more. In addition to classes several round table discussions were held. These sessions are free of charge. This year's round tables included: Extreme Piercing,

Jewelry Display, Portfolio, Everyday Ritual Process, and Anthropology.

Although it presents an amazing opportunity for wholesale purchasing, the conference's main objective is education. This would be impossible if not for the dedicated professionals who provide their expertise in order to ensure the dissemination of current information. Warmest regards go to Sky Renfro, for his continued guidance, education and support, particularly with regards to Blood Borne Pathogens Training & Certification. Deeply felt kudos to Dr. Jeff Morehouse, MD, for providing crucial Anatomy information for the last two Las Vegas conferences, and Betsy Reynolds whose continued education and outreach to the dental community has proved an invaluable asset to the entire piercing community. And, of course, big thanks to David Vidra, who works to clarify the need for proper business documentation and aseptic technique for piercers. Some of the piercers among us are, themselves, part of piercing history, and they have presented the ever-popular Anthropology class. Thanks to these individuals, including Jim Ward, Fakir, Paul King, and Blake Perlingieri.

No mention of the Conference would be complete without a deep expression of gratitude for all of the vendors who donated so generously to provide raffle prizes. This particular fundraiser is a huge support to the organization and it would not be possible without the tremendous participation of jewelry manufacturers and other vendors who give so freely. The raffle donations this year totaled nearly \$60,000.00. ►

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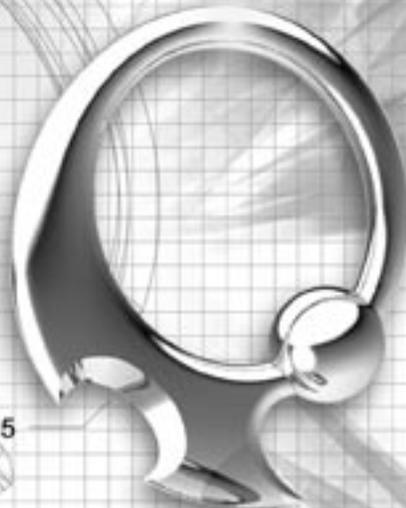
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APP Conference—2004

The top eight raffle donations—

- Industrial Strength/Flaming Bones:
gift packs totaling \$30,000.00!
- Anatometal:
gift certificates totaling \$10,000.00!
- Custom Steel:
gift certificates totaling \$3,420.00
- Good Art:
gift certificates totaling \$2,000.00
- Steel Skin:
gift packs totaling \$1,700.00
- Body Circle:
gift certificates totaling \$1,000.00
- Safe Products:
gift packs totaling \$1,000.00
- Body Vision:
gift certificates & hotel stay valued at \$900.00
- Glasswear Studios:
gift packs valued at \$800.00.

The vendors were also extremely generous with sponsorships during the course of the conference: Industrial Strength sponsored the banquet dinner, Safe Products and the Tattoo Directory sponsored the welcome party. Body Vision, Love on the Rocks, and Good Art sponsored the Coffee Cart. Professional Program Insurance Brokers, Steel Skin, and Bright Silver sponsored the Al D. Scholarships. And Industrial Strength, LLC sponsored the Members-only Techniques class. Again, our sincere thanks to all who donated and participated!

The top 25 prizes were drawn during the banquet dinner Wednesday night. The banquet dinner is an opportunity to review events over the previous year. Marriages, deaths, births and illnesses within the community were announced. All of the new members who joined during the past year were recognized. In addition, the President's award was presented to long time industry veteran, Sean Christian. Although the board is accustomed to public speaking, banquet dinner speeches are especially nerve wracking. The now-traditional appearance of a stalker during these announcements provides some welcome comic relief.

There are some individuals who seem to show up every year and make life just a little easier for all of us. Gus Diamond, formerly of Paragon in Hawaii (now residing in Florida) has offered his expertise and been our unofficial AV specialist for at least the last two years. Glen and Kelsey of Halo, Arizona so thoughtfully bring tokens of their appreciation to their countless friends. Their gifts over the years have included framed butterflies, fresh Orchids, and bath crystals, to name just a few.

Many of our volunteers are repeat offenders as well. Some are individuals who, for financial reasons, are not able to attend the whole conference but do not qualify for a full scholarship. They donate their time to help make the event a success. Others, often including previous board members, board members' staff, and general attendees are slated to attend the full conference but still work a full week on behalf of the APP. This year and previous years David Kelso has helped us greatly; last year and this year John Johnson; and this year Megan Bussart volunteered as well. Mariona Huertas-Riera watched the expo door for a shift, and also thanks go out to the young man (name unknown) who watched the door twice for us and rescued Caitlin in a time of need.

The APP always works to keep lines of communication open with other Associations, regulatory agencies, the media etc. This year such attendee included a representative from the Alliance of Professional Tattooists, representatives from the recently-formed Italian Piercing Association, a group ►

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**At the old strip
on Fremont
Street —photo:
Barry Blanchard**

APP CONFERENCE—2004



**Left: Sky Renfro's booth with
Kristen Smith And Michael Sims
—photo: Barry Blanchard**

**Below: Dave Vidra (Bodywork
Productions) with Michael's new
baby —photo: Barry Blanchard**





Left: Barry Blanchard (from Anatometal) and girlfriend Meadow
—photo: Barry Blanchard

Below: Banquet night
—photo: Barry Blanchard



Right: Ron Garza and Dave Gillstrap at the Splash Bar —photo: Barry Blanchard

Below: Looking at this year's new additions at the vendor fair —photo: Brian G



Right: Ron Garza, Brian G and K Fly at the Splash Bar, everyone's favorite meet-and-greet place
—photo: Barry Blanchard

of NIOSH / CDC researchers, a group of health inspectors and several members of the media.

This year we added a professional photographer, Brian Kim, to take photos of body piercings. Until this time, the APP did not have our own archive of piercing photos to present when requests are made by educators, health care professionals, legislators, press, etc. Thanks to Brian Kim's expertise, we have a fine selection of beautiful piercing photos. Great job, Brian!

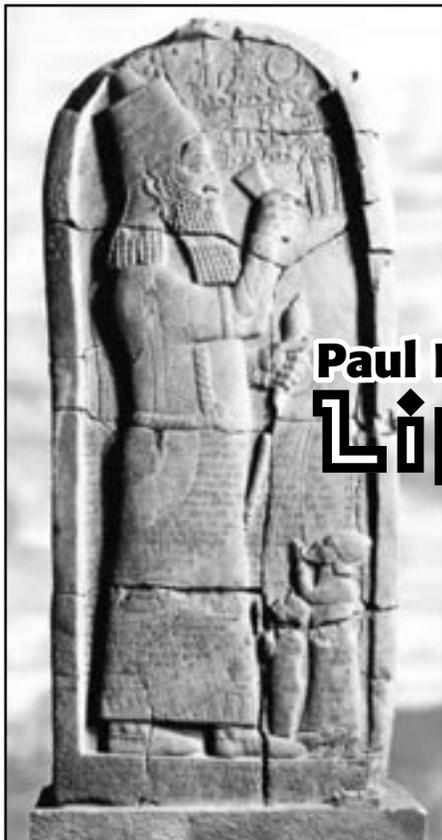
Thanks to each and every one of you who have offered your support and assistance to us during this recent conference and throughout the years.

Along with new products being presented at the Expo annually vendors are working on more and more beautiful booth presentations.

This year's prize for best multiple booth presentation went to Industrial Strength for their skull and thatched roof motif. The prize for best single booth presentation went to Liquid Glass for their streamlined look and backlit glass displays. Special mentions should also go out to Clayton, LTD for their amazingly clever jewelry displays. Their theme for 2004 was "Viva Las Vegas." Tawapa had a sideshow theme, and the Shangri-La booth provided a sense of welcome and comfort.

Great job everyone! We are making progress in further professionalizing our field and making it safer for everyone due to all of these efforts. Each individual who has participated should feel proud of their contributions and know that they are having a positive impact. Thank you! Your time, energy, and involvement are deeply appreciated. If you missed this year's conference then stay in touch so you can find out about next year's! ❖

—Bethra Szumski



Right: Kodiak man circa 1791



Paul King on Lip Piercing

Above: Babylonian King Esarhaddon of Assyria with two prisoners.

Below: Unalaskan woman and man circa 1778.



Current Western piercing culture has defined the centered piercing just under the lower lip as a “labret.” Historically, anthropologists have referred to piercings anywhere in the region of the mouth and cheek as “labrets.” For the sake of this article consider piercings currently referred to as Monroe, Beauty Mark, Madonna, Philtrum, cheek and side lip as falling into the category of labret.

Fellow piercing geeks will enjoy knowing that contrary to popular urban myth Labret is not a French word. Actually it is English derived from Latin and created some time in the 19th century¹. The “t” should be pronounced, not silent. Labret (\La’ bret\) is formed by the compounding of the Latin word labrium meaning Lip² and -et meaning “small” or “something worn on.”³ There is even an archaic form of the word “Labretifery” which means “the practice of wearing labrets.”⁴ How fancy is that? (Okay, I’m a geek).

After the 2003 APP conference in Amsterdam I traveled to Berlin to visit the Babylonian exhibit at the famous Pergamon Museum. While wandering the halls of the Mesopotamian exhibits I stumbled across a Stele from 671 BCE of King Esarhaddon of Assyria. The approximately 6 foot tall stone monument was excavated from the citadel of Sam ‘al Zinjirli. The carving depicts the King holding 2 ropes in his left hand that attach to rings in two prisoners’ lips. This is not my interpretation but the museum curator’s description listed on the artifact.

The book, *Marks of Civilization*⁵, contains perhaps the best collective information on North American labrets. The wearing of labrets was widely practiced by the Eskimos and Aleuts of Alaska in prehistoric and early post-contact eras, yet disappeared within three generations due to intense efforts on the part of Christian missionaries. One essay lists the largest labret found measured 11.9 cm and weighed 7 ounces. The first European record reporting the Aleut labret is from 1741, though we know Russian fur traders had contact before that.

The practice of wearing labrets varied all over Unalaska. In some areas only boys would get their lips pierced, while in others, only girls. In some regions the custom was to pierce infants, for others they pierced at puberty. The reasons varied as well. For a boy it could be part of his induction into manhood, for a girl, part of her coming of marrying age, and for some tribes as part of the marriage ceremonies. Most of the indigenous people believed in animal reincarnation. This sympathetic association was revealed by the wearing of a whale-tail shaped labret or paired lateral labrets imitating a walrus’ tusks.

In South America only the boys of the Suya tribe have their lips pierced. The lip plugs are painted red for confidence in speech, war, ideas, etc. Both the boys and girls get their ears pierced at adolescence. They are then expected to “listen” an act like adults, etc. The plugs are painted white for passivity, good listening.

Kichepo and Surma women of Southeastern Sudan, in Africa, have the largest lip piercings in the world. The elder more respected women will sometimes have their lips stretched over 10” in diameter! Some myths say it is to imitate birds while other stories say it’s to eat less, and thus be less of a burden, or to gossip less, or possibly

to be made less attractive to other tribes and slave traders to help prevent kidnapping.

In pre-Columbian Mesoamerica the indigenous people would adorn their lips with expertly worked pieces of obsidian, semiprecious stone and gold. These lip piercings held great significance of both religious and social status and were considered objects of great beauty. See page 18 for APP's International Liaison, Alicia Cardenas' article on Mesoamerican lip piercing. She explores the question of whether or not the Olmec, (from 1100 BCE to 200 CE, the oldest known Mesoamerican advanced civilization), practiced lip piercing. If they did the Olmec would be the oldest known people to engage in labret-ifyery! ❖



¹ Collin's English Dictionary, 2000.

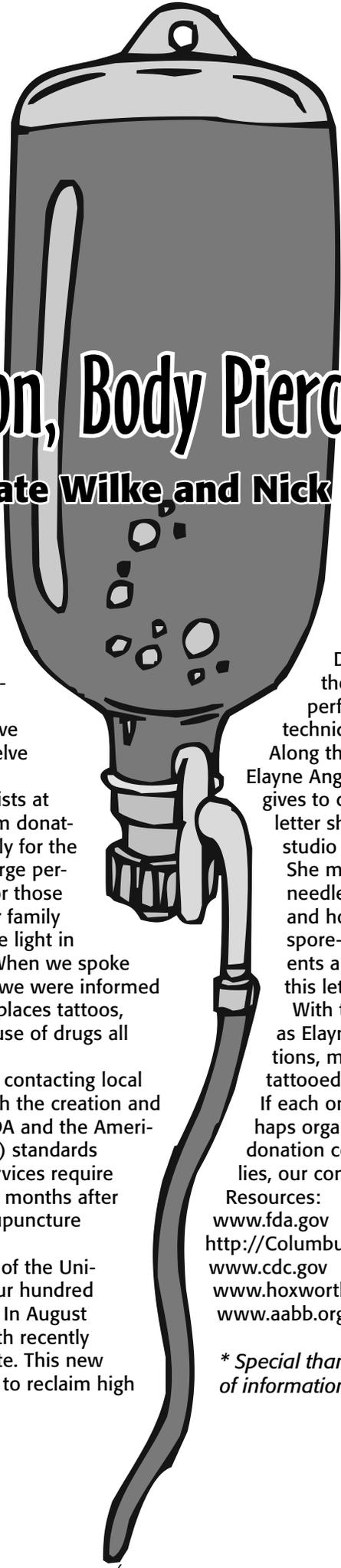
² Webster's Dictionary, 1913.

³ American Heritage Dictionary 4th edition, 2000.

⁴ www.quinion.com

⁵ Marks of Civilization, Edited by Arnold Rubin, University of California, Los Angeles, 1992. ISBN 0-930741-12-9, Essays of interest: "Labrets and Tattooing in Native Alaska" by Joy Gritton and "Women, Marriage, Mouths and Feasting: The Symbolism of Tlingit Labrets" by Aldona Jonaitis.

From the top of the page: Two renderings showing early 19th Century Eskimo adornment; woman and man from Prince William's Sound, circa 1778; Suya men



Blood Donation, Body Piercing, & Tattoos

by **Kate Wilke and Nick Wolak**

When we began researching this topic we visited the website www.fda.gov (the website of the Food and Drug Administration) and almost immediately found that there are continual recalls of blood due to “donors who have received tattoos or piercings within twelve months of donation.”

Several of the piercers and tattoo artists at our studio have also been deferred from donating. This brings about a concern not only for the community we live in that is losing a large percentage of potential donors, but also for those of us who wish to donate our blood for family and friends. Of additional concern is the light in which this discrimination takes place. When we spoke with an employee from the Red Cross, we were informed that the blood donation questionnaire places tattoos, piercings, acupuncture, and intranasal use of drugs all together in one question.

Motivated by these issues, we began contacting local and national organizations involved with the creation and finalization of these regulations. The FDA and the American Association of Blood Bank’s (AABB) standards for blood banks and the transfusion services require potential donors to wait at least twelve months after receiving a body piercing, tattoo, or acupuncture under sterile conditions.

In 2002 The Hoxworth Blood Center of the University of Cincinnati deferred almost four hundred donors because of tattoos or piercings. In August of 2003 they began to allow people with recently performed tattoos or piercings to donate. This new legislation was part of Hoxworth’s plan to reclaim high

school and college students who had been deferred for this reason in the past. Donors are eligible as long as the site of the tattoo or piercing is healed and was performed by a “state entity using a sterile technique.”

Along these lines we received an email from Elayne Angel with a letter attached that she gives to clients of hers who wish to donate. In the letter she explains the precautions taken at her studio to ensure a safe, hygienic environment. She mentions Universal precautions: single use needles and marking pens, the use of Madacide, and how supplies are sterilized in a weekly spore-tested autoclave. Elayne says that her clients are no longer deferred when she provides this letter.

With the momentum of current changes, such as Elayne’s letters and Hoxworth’s new stipulations, more opportunities are opening up for tattooed and pierced individuals to donate blood. If each one of us could take these steps also, perhaps organization requirements pertaining to blood donation could be changed to favor our clients, families, our communities and us. ❖

Resources:

www.fda.gov
<http://Columbus.redcross.org>
www.cdc.gov
www.hoxworth.org
www.aabb.org

** Special thanks to Elayne Angel for her contribution of information.*

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Tobin, Heather

Personette, Shelly

Robinson, Travis

Ward, Jim

Whitis, Tammy



APP Updates Membership Categories

One issue the Board addressed at our most recent Board Meeting was one of the APP Membership Categories.

We noted the problem because of the way "At Large" membership is defined; anyone applying for membership with over three years experience requested to be a Member At Large. There was some confusion about qualifications and issues with Business Members who have more than one studio. In order to clarify, and better accommodate piercers who work in more than one studio, the following changes were made:

- The Member at Large definition will be updated to state that the member is a person who "pierces part time, or periodically at more than one studio, and has been a professional business member for more than 3 years."
- At-large members will not have a studio listed with their name on the website.
- At-large members will receive a wallet size card instead of a certificate.
- The language "more than one year" will be eliminated from the Business Member Certificates and the "member since" lettering will be bigger.
- Business Member certificates will be updated to include the studio name and address.
- Extra studio listings will be sold to Business Members for \$25. This price will cover the additional listing(s) on the website and additional certificate(s) with each studio name and address. A processing fee of \$25 per video (one for each studio location is required) must also be charged. When additional listings are requested, we will require that each studio have at least one professional Business Member piercer per location.
- The APP will create different certificates for those who have been members for 5 years and 10 years.

In addition to being posted in the POINT, we will also send a mailing to members informing them of these changes. ❖

HAVE YOU REGISTERED TO VOTE YET?

In an important election year, the APP reminds you that a voting community is an empowered community.

While non-partisan in nature, the APP strongly encourages you to register to vote if you have not already done so. Provide Voter Registration forms at your studio to help your customers register to vote.

For forms, go to: <http://www.fec.gov/votregis/vr.htm> and click the "For Public Use" link.

Thinking you'll only vote on the big offices? Please remember that piercing regulations are set by your Representatives and Senators. You can help choose them!

REGISTER! VOTE!

It's your right, privilege, and obligation to make your voice heard.



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ATTENTION Manufacturers & Businesses

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

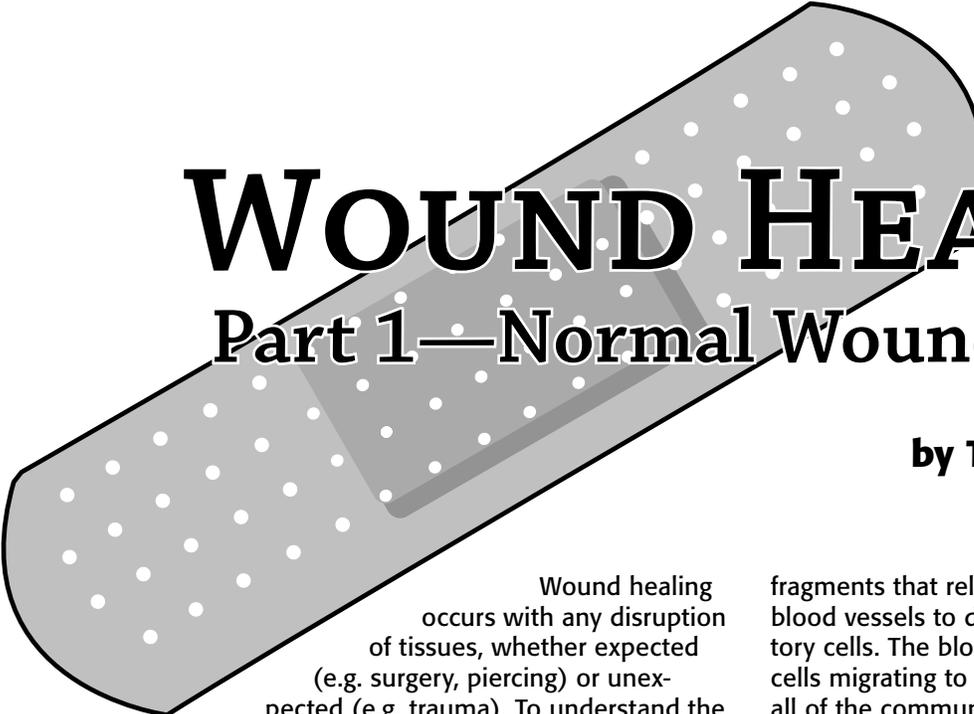
ADVERTISING SPECIFICATIONS

Size		Dimensions	One Insertion	Four Insertions
Inside Front Cover		7.25"w X 9.75"H	\$400	\$350
Inside Back Cover			\$400	\$350
Full Page			\$350	\$325
Half Page—vertical		3.25"w X 9.75"H	\$200	\$180
Half Page—horizontal		7.25" X 4.75"H	\$200	\$180
Quarter Page		3.25"w X 4.75"H	\$90	\$80
Sixth Page—vertical		2.25"w X 4.75"H	\$50	\$45

Call 1-888-888-1APP to place your advertisement in *The Point*. *The Point* is created on a Mac using Adobe InDesign, and Photoshop. Acceptable formats for ads are black and white or grayscale jpeg, gif, eps, tiff, pict, pds or PDF files. If you are sending a digital file please include or embed the fonts. Email designdept@rewardinc.com for details on sending digital files. Camera ready art at 600 dpi or better is acceptable if you don't have a digital file. APP reserves the right to edit ads.

Mail payment and artwork on CD or Zip to:

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WOUND HEALING

Part 1—Normal Wound Healing

by T.A. Culbertson, M.D.

Wound healing occurs with any disruption of tissues, whether expected (e.g. surgery, piercing) or unexpected (e.g. trauma). To understand the do's and don'ts of taking care of a healing piercing, it is important to have an understanding of how healing takes place in general.

There are three types of wound healing: primary, secondary, and tertiary. (Don't expect a lot of originality, folks!) Healing by primary intention is when the wound is repaired within hours of having occurred. This can be by mechanically bringing the wound edges together—as when a surgical incision is sutured closed—or by wound coverage with tissue—such as a skin graft on a burn.

Secondary intention allows the body to close the wound. The full-thickness soft tissue defect is kept clean and the body shrinks the size via specialized cells known as myofibroblasts, and reepithelializes it. Myofibroblasts are a hybrid of the cells that build the body's connective tissue (fibroblasts) and smooth muscle cells (myocytes). They are unique to a healing wound and are greatest in number during healing by secondary intention.

Delayed primary healing (listed here as tertiary) is how an initially-contaminated wound is treated that could have been closed primarily, were it clean. The wound is cleaned of debris (debridement) and washed clean (irrigation) and then dressing changes are performed for the next three to five days as the body finishes the “decontamination.” Then the wound is closed primarily.

The process of wound healing is divided into three phases for conceptual purposes: inflammatory, proliferative, and maturational. Phases actually overlap chronologically and occur along a continuum. The initial phase of wound healing, the inflammatory phase, has two components—hemostasis and inflammation. Hemostasis involves controlling bleeding, which is accomplished by constricting the injured blood vessels and forming a clot at the site of injury to “plug the hole.” This occurs within minutes of the injury. The nature of the clot formation process itself initiates inflammation, which is a normal part of wound healing. In fact, people who cannot mount an inflammatory response—e.g. an immunosuppressed patient—have a great deal of problems with healing. Platelets are cell

fragments that release factors for clotting and allowing the blood vessels to dilate, as well as for recruiting inflammatory cells. The blood vessels need to “leak” in order for the cells migrating to the wound to gain access and to allow all of the communicating factors into the circulation. The dilation of blood vessels accounts for the pink-to-red color that can be seen at the borders of a healing wound, and the plasma that “leaks” out is what forms the “crusties” of a healing piercing—or the fluid in a blister. The cells that migrate to the injury include: *neutrophils*—the white blood cells that form pus in an infection; *macrophages*—the only inflammatory cell critical for healing to occur; and *fibroblasts*—the cells that secrete collagen as well as other substances to regenerate connective tissue. Neutrophils kill bacteria and remove debris from the wound. Macrophages do that and so much more. They send out all kinds of factors to recruit more of themselves and fibroblasts and to signal the body to make the chemical signals, etc., to heal. This phase reaches its peak during the first 24–48 hours post-injury and continues to be the dominant process for the first week.

Fibroblasts are the dominant cell type in the proliferative phase. They start secreting their products as soon as they settle in the neighborhood and begin to take over in that first week. At this point, they are little factories, pumping out collagen and the extracellular matrix (ECM—the fluid scaffold in which the collagen will be organized). They also send out factors to optimize wound healing, whether it be to communicate with the necessary cells or to let the body know how to respond. As the connective tissue accumulates, it can appear raised and pink and will be firm and rubbery to the touch. This is normal and is not a predictor of hypertrophic scarring or keloid formation. Soon after the fibroblasts gain their foothold, new blood vessels start to grow into the wound, establishing the circulation for the healed wound. Many more potential vessels bud off of the vessels adjacent to the wound than will be in the healed tissue. That contributes to the pink-to-red color of the healing tissue and to the fact that it oozes blood diffusely when re-injured.

Once collagen production and destruction reach a steady-state—about a week or so post-injury—the matura-

—continued on page 22

IN SEARCH OF THE OLDEST LABRET IN THE WORLD

Alicia Cardenas

Twisted Sol
Denver, Colorado



Please take into consideration that there is a dearth of written information about the actual ritual of this piercing in Meso-America. The facts are in the jewelry, the pictorial representation, and also the accounts of the Spanish Conquistadors. The older the culture is, the less information is available about it. I have been collecting pieces of this puzzle from numerous books, the codices, trips to Mexico, and oral history.

The labret piercing was a common practice amongst the people of Meso-America; it has been really difficult to decipher exactly what specific sub-culture started it. Appearance of this particular ornamentation began to flourish in the artwork and statues during the early to late Classic periods, approximately 600–900 AD.

Some of the best documentation is in the codices. The codices are ancient manuscripts with profound spiritual and historical depictions of

The evidence is in the ancient paintings and carvings and also in the written and spoken (still today) language of the Mexican people, Nahuatl

- Lip:
te, tentli
- Gold:
teocuitla
- Gold Lip Plug:
teocuitlatentetl
- Gold Lip Pendant:
teocuitlatempilolli
- Green Stone Plug:
chalchiuhtentetl
- Their lip plugs:
intenteuh

Resources:

Mexico: From Olmecs to Aztecs, by Michael D Coe
Codex Nuttal, Zelia
Aspects of Mixteca, Middle American Research Institute

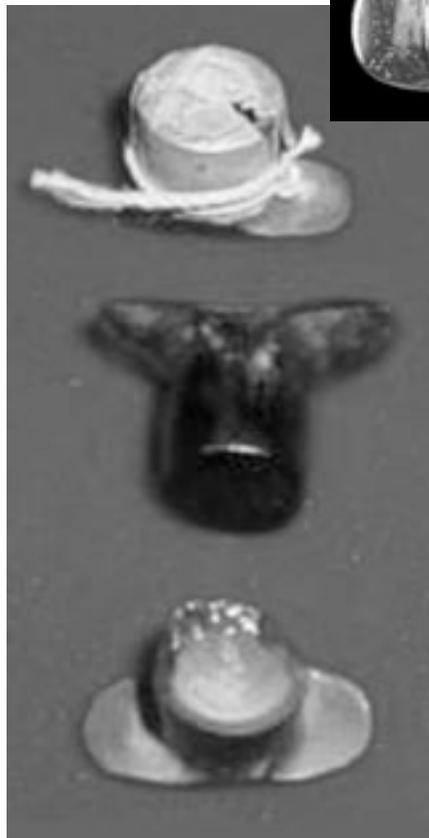
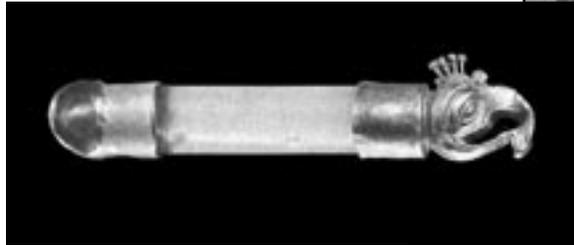
the ancient people. The codices range in age and author; unfortunately they are referred to as all the same, but there are the manuscripts the ancient people did of themselves, and also writings of the Spanish. It is very easy to tell the difference. Regardless of who was painting them, there are numerous representations of the lip piercing and the jewelry.

The piercing was a sign of nobility and masculinity. Mixteca, Toltecs, Chichimecas as well as Mexicans practiced ritualized perforation of the bottom lip ranging in sizes up to 1 inch in diameter. The piercing, although beautiful, was not solely about adornment. It was the result of a ritualized blood letting, which varied in motivation, but essentially gave a man higher status within the community. It was as common to perform this piercing on oneself (auto-sacrifice), as it was to have a local shaman perform the operation.

The procedure itself consisted of a piercing with a maguey, jade, stone, or bone instrument, and stretching or a cutting with an obsidian blade (Note: obsidian blades are 100 times sharper than a modern scalpel!) Regardless of the manner in which the procedure was performed, a large plug was left behind and worn comfortably through the duration of one's life. The labrets of these cultures are by far the most glamorous found in history, including solid gold carved pieces, jade with gold inlays, obsidian with gold, crystal with gold, bone, stone, and turquoise. They range in size and decoration, from small gauges up to one inch in diameter. The jewelry itself is of superior design regardless of its large size; it was designed so it fits the teeth and gums comfortably without destroying the gum line. In fact, the design is so great, it is now commonly being used for modern large-gauge labret jewelry.

In the history of Mexico and Middle America there are three much discussed cultures: the Olmec, the Mayan, and the Aztec. The word 'Aztecs' is a very general term for the people of the valley of Mexico during the Late Post-Classic period; it encompasses many different tribes. Mayan culture that dates even back to Late Pre-Classic to Middle Pre-Classic has many bloodletting rituals including the perforation of the tongue, nose, and ears, but did not have apparent lip piercing.

The Aztecs, having direct lineage to the Olmec, were by far the most documented wearers of this jewelry. If, in fact, the Olmec did begin this tradition, then they would be the oldest culture on the planet to participate in this modification, dating back to 1800 B.C. So far I have not been able to confirm my belief in this, but the search continues for any Olmec art that may display a lip piercing. For those who study and are interested in this research please contact me with any new findings. ❖



Opposite page: Pre-Columbian men wearing labrets in the Codex Nuttall. This page from the top: Spanish depiction of Aztec warrior wearing extremely nice labret, Spanish Codice; Gold and crystal labret with eagle carved into it, Metropolitan Museum, NYC; Solid Gold Labret with serpent and moveable tongue measuring 3/4 in diameter, Metropolitan Museum, NYC; Obsidian labrets, personal collection of the author.

PIERCING IN THE NEWS

Body Art Series on the Discovery Channel

While Janet Jackson's nipple dominated the news recently, this news segment is actually worthy of our attention: A new four-hour Body Art series by the Discovery Channel called "Eye of the Beholder" aired recently (check your local listings and www.beholdertv.com for airdates).

Filmed around the world and at the APP conference in 2003, this well-done documentary features Fakir Musafar, Paul King, Elayne Angel, Blake Perlingieri, and David Vidra to name a few.

Part one, "Modern Primitives," initially aired on March 1, 2004, and dealt with body piercing and corseting. Part two dealt with tattooing, and parts three and four showcased body building and the biker culture.

Series correspondent, Serena Yang did a wonderful job representing the bodymod community in a positive light. In addition, there was smart editorial use of quotes from our industry's major spokespersons who portrayed piercing intelligently. This four-part series will air on Discovery and Travel Channel for the next several months...check it out.

— Blake Perlingieri

Georgia Nearly Bans Female Genital Piercing

In March of 2004 Georgia's women were faced with the possibility of losing the right to decide what is appropriate for their own bodies. Due to an amendment of legislation designed to protect girls from forced female genital mutilation (FGM) there was very nearly a total ban on genital piercings for consenting female adults! Piercers rose to the challenge of defending our rights and we were suddenly in the spotlight as a reckoning force.

The Amirah Joyce Adem Act (SB 814) was proposed as a way to protect young girls under the age of 18 from the deplorable act of FGM. This is the practice of severing, sewing, cutting, or completely removing the external female genitalia. The practice is not widespread; it is most commonly performed in approximately 11 countries that are primarily African, and usually Muslim. The act itself is to detach women sexually so as to keep women chaste until marriage, and to prevent married women from straying. In the United States, FGM is illegal under federal law, however, when Khalid Adem was accused of carrying out the act of female circumcision on his 2-year-old daughter using a pair of scissors, he was merely sentenced to probation by the state of Georgia.

In April a bill was drafted and presented to the Georgia House of Representatives requesting higher charges and penalties for those convicted of such an act. Senator Bill Heath-R sponsored an amendment to the bill adding female genital piercing to the list of punishable acts. When asked his thoughts on genital piercings for women he responded, "I've never seen such a thing... I, uh, I wouldn't approve of anyone doing it. I don't think that's an appropriate thing to be doing."

The oversight of not specifying that this was a bill designed to protect minors from non-consensual acts resulted in a fight for civil rights: equal rights for women. There was no bill ever discussed to ban genital piercings for men.

The bill with the anti-piercing amendments passed in the House completely unopposed, 160-0. The wheels were set in motion for piercers in Georgia to potentially face a mandatory 2-year prison sentence, up to a possible 20-year sentence for performing a professional genital piercing on a consenting adult woman!

Before the bill could become law it still had to pass through the Georgia General Assembly and then be signed by Governor Sonny Perdue. The race was on, and time was at a minimum. It seemed that no one really knew about what was happening. Things changed quickly as word leaked out and by late March, the Associated Press had the story and so did the public.

On March 26, 2004, phone calls began to flood the lines. Everyone wanted to know what was going on and what the piercing community was going to do about this! The forces mobilized and within hours, Brian Skellie of Piercing Experience in Atlanta had erected a web page to provide real-time updates of the happenings. Shannon Larratt of BMEzine.com also posted a link from the BME site to raise awareness and support for the cause.

Many networks including CBS, ABC, NBC, FOX, and CNN set up television crews to cover the story. Others became involved from piercing studios in the Atlanta area. Local papers, college papers at Georgia State, Emory University, Georgia Tech, and the Atlanta Journal ran the story. A popular local FM station in Atlanta, 99X, interviewed Bethra Szumski, APP President. They wanted perspectives from a representative of the piercing community, a local Atlantan, and the leader of the APP. They got all three in Bethra Szumski's take on the issue.

Senator Bill Heath declined all interviews and released no further public statements. Senator Nadine Thomas released statements that she opposed the language of the amendments. She announced an immediate effort from her and her staff to change the language of the bill, and restore its original intent. She sought to remove any reference that included female genital piercing as genital mutilation and to positively state that the procedures were acceptable for consenting adults. Even the ACLU released a statement that they would be prepared to fight for the rights of women who should be covered under the Equal Protection Clause of the United States Constitution, all the way to the Supreme Court if necessary.

The publicity helped to raise awareness and a protest was set for March 31st on the Georgia State Capital steps. There was a great turnout complete with sign-bearing protesters. The press was there to provide coverage to the public. Piercers, women's rights groups, piercees, supporters from all walks of life, and even people who were just passing by joined in and stood on the steps. The alliance from all sides showed great support for the piercing community.

The protest was a success! The bill was not passed; it died in committee on the last day of the General Assembly. Sadly, this also sacrificed the good that could have come from a bill to prevent FGM. Amirah's Voice, the group that spawned the original draft stated that they intend to bring the bill back to the table, without mention of piercing, of course, within the next year. The piercing community at large will naturally offer its support in their quest to help bring an end to the cruelty of FGM.

— Meredith Van Sickle
Virtue and Vice, Atlanta, Georgia

Below is a copy of a letter sent by the APP to Bill Heath, the author of the bill's anti-piercing amendment.

Rep. Bill Heath, District 18
Suite 501, Legislative Office Building
18 Capitol Square
Atlanta, Georgia 30334
billheath@billheath.net
(404) 656-0177

Dear Mr. Heath:

The Association of Professional Piercers (APP) is an international non-profit association dedicated to the dissemination of vital health and safety information related to body piercing to law-makers, piercers, health care providers and the general public. The group believes that it is the obligation of all individuals with any interest in body piercing to assume responsibility for their continued education. The organization dedicates itself to enabling this responsibility to be met.

The APP is outraged at the attempts to ban "female genital piercings" in the State of Georgia. While supportive of the original bill, SB 418, the APP is professionally aghast at the verbiage used in the amendment to the bill and the attempt to outlaw genital piercings in Georgia for consenting, adult women.

Aside from the very obvious sexist nature of outlawing female genital piercings alone; removing the choice from any adult to decorate and/or alter his or her own body with an established legal non-dangerous procedure goes against personal freedoms long established in this country.

Taking a procedure which is legal and currently done in a safe and hygienic setting, and making it illegal, will only serve to drive piercees into a situation where they are receiving piercings in a potentially unsafe setting, done by individuals – now deemed as criminals for doing what people have done legally in this country for years.

The act of piercing the genitals is for many clients a conscious act of reclaiming and redefining their bodies. Because genital piercings represent an integral facet of sexual freedom, it is important that they be available to adults who seek them.

In the interest of public safety, and personal freedom, the Association of Professional Piercers would like to clarify the facts about genital piercing and its risks. Our comments are based upon twenty years of professional experience, research and extensive clinical practice by several hundred exemplary piercers. While we are not ourselves doctors, we do work in conjunction with medical practitioners and researchers. We trust that our comments will be taken in the spirit intended, as an effort to round out the existing dialogue.

As with all piercings, genital piercings should only be performed on consenting, sober adults by a skilled and licensed (where applicable) practitioner. All piercing studios should be designed to provide a sanitary, controlled environment that conforms to appropriate local and state regulations, as well as to OSHA Bloodborne Pathogens standards. All tools, needles and jewelry must be sterile, and all needles must also be single-use. The practitioner must have specific knowledge of both aseptic technique and of the procedure at hand. He or she must also make every reasonable effort to maintain the physical and psychological comfort and safety of the client.

In this discussion, it bears mentioning that the average genital piercing customer is a more informed consumer than the usual navel, ear or tongue piercing client. While often no more complicated from a piercer's standpoint, genital piercings are a more advanced step in the mind of the piercee. Therefore those who elect to get them have usually already received and healed at least one other piercing, and are often more informed about the piercing process and aftercare. They are more likely to do advance research than are navel or facial piercing customers, and may be more likely to follow up with the piercer should questions or concerns arise.

While of course genital piercings should never be done on anyone under eighteen (even with parental consent), these piercees are generally not eighteen-year-olds who are hiding the piercing and any consequences from their parents. In fact, these piercings are more often being done on parents and other middle-aged adults, who are looking for new ways to appreciate their bodies and their relationships.

While the idea of genital piercings stirs up fears of sexual taboos and contagious diseases for some (particularly for those physicians who see only worst case scenarios), the reality is truly quite different. Genital piercings today are being performed on a wide variety of people of all ages, sexualities and professional backgrounds. When performed under hygienic conditions by ethical and educated piercers on clients who follow suggested aftercare procedures, they represent a safe and creative way to assert bodily ownership and redefine the acceptability of pleasure. It is the challenge of professional piercers and those who regulate them to assure that these piercings remain both safe and available to those who choose them.

To summarize, while the APP applauds the efforts of people like Sen. Nadine Thomas who sponsored the original bill in order to protect women and children from genital mutilation, we DENOUNCE those who are trying to prevent adult women from the right to choose to decorate and alter their bodies as they see fit. By including the piercing verbiage in the amendment, you have made a mockery of an important bill passed with female's best interests in mind – and have made it clear that women are at risk in the State of Georgia from losing their rights as free citizens.

Pakistani Steel

Most piercers use a variety of instruments in the course of their daily piercing duties and the majority of these stainless steel tools (surgical instruments) are made in Pakistan. Unfortunately, some of the tools made there are not up to the standards established by the FDA.

Since 1989, the FDA has documented, by its own and independent laboratory testing, that stainless steel surgical instruments from Pakistan fall below the quality of that which they purport or are represented to possess, as the articles fail to contain sufficient chromium to meet the grade of stainless steel specified by the manufacturer.

The entire article can be found on the web: http://www.fda.gov/ora/fiars/ora_import_ia7601.html

12/20/96—REVISION OF IMPORT ALERT #76-01, "AUTOMATIC DETENTION OF SURGICAL INSTRUMENTS FROM PAKISTAN"

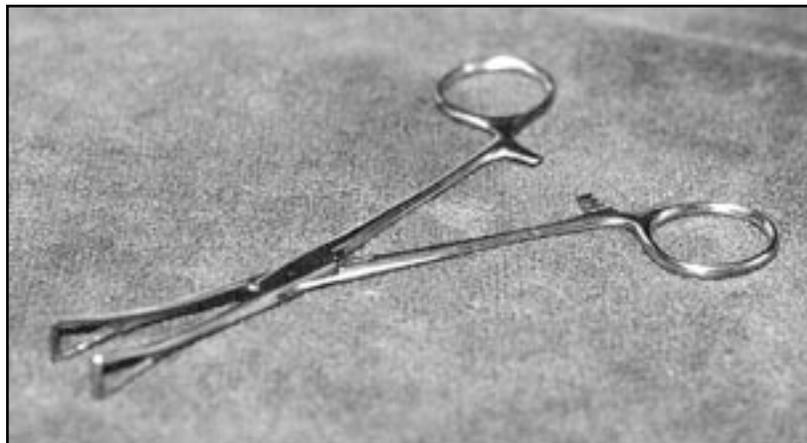
Current information from 2004 can be viewed on-line that details all of the companies involved. PROBLEM: Good Manufacturing Practice (GMP) deviations.

The article is subject to refusal of admission pursuant to section 801(a)(1) in that it appears that the methods used in, or the facilities or controls used for, the manufacture of the device do not conform to the requirements.

Analyses conducted at both the Forensic Chemistry Center and Northeast Regional Laboratory during 1991, revealed that over 40% of the stainless steel instruments sampled failed to contain a sufficient amount of chromium to meet their specified grade. Analyses also revealed great variability in chromium content within each lot sampled. Due to the widespread failure of the Pakistan stainless steel surgical instruments to contain sufficient chromium, FDA issued an import alert in 1991 for stainless steel surgical instruments manufactured in Pakistan. The import alert provided guidance that the instruments appeared to be violative under section 501(c) of the Act, as the quality of the instruments appeared to fall below that which they were purported or represented to possess.

Because of continued detentions of stainless steel instruments from Pakistan, FDA performed GMP inspections between November 1993 and March 1994, at 29 firms manufacturing stainless steel surgical instruments in Pakistan. The 29 firms inspected had previously provided analyses to establish that their entries contained sufficient chromium to overcome the appearance of a violation. The firms FDA inspected also manufactured non-stainless steel surgical instruments and were representative of the Pakistani surgical instrument manufacturing industry.

Inspections at all of the 29 firms—one hundred percent—revealed significant deviations from good manufacturing practice (GMP) regulations. FDA determined that



each of the firms inspected failed to have one or more of the controls required by the GMP regulations.

Therefore, FDA districts may detain surgical instruments from Pakistan without physical examination. To overcome the appearance of a violation for detained devices, documentation may be provided to FDA that the exporting firm is operating in accordance with GMP regulations.

When the FDA has been provided sufficient information to establish that a Pakistan surgical instrument manufacturer is operating in compliance with GMP regulations, the

instruments should not be detained.

In addition to a list of other specific requirements that must be submitted, a visual review of the instruments is conducted for evidence of rust, pitting, and cracked or broken pieces. A random sampling of 200 devices per 5000 should generally suffice. If six or more

units show evidence of the above defects, the lot may continue to appear in violation.

All of the firms with their names and addresses may be viewed on the web site: http://www.fda.gov/ora/fiars/ora_import_ia7601.html

Anyone using instruments from Pakistan may want to view the article to make certain their suppliers are in compliance with good manufacturing practices. ❖



Wound Healing

—continued from page 17

tional phase begins. Also known as the remodeling phase, this is when the collagen and ECM become organized along skin tension lines and increase tensile and breaking strength by doing so. By six weeks, the scar has reached 50% of its final healed strength and will be able to tolerate mild to moderate mechanical stresses without falling apart. This is why six weeks is the time when a patient is allowed to start to resume their normal activities.

As the connective tissue organizes, the scar will be seen to get paler and softer and will begin to flatten out, if all goes normally. In adults, a scar isn't fully mature until 6 months to a year after the wound heals. In children, due to their very active hormonal milieu of growth, it is often wise to wait up to 2 years before determining whether or not a scar needs to be revised. This also determines when an area is ready to be re-pierced or a piercing stretched. Until the tissue is out of the inflammatory phase completely—remember, the phases overlap one another—it will be problematic to attempt any sort of procedure. The tissue is what is referred to as "friable"—easily pulverized or crumbled. It is not resilient—it is swollen with fluid from

dilated blood vessels and the tissues are not organized. Additionally, it is already trying to heal the first wound—whether it be the piercing or prior stretching—and doesn't have the reserves to take another "attack." That is why a re-piercing for better position will likely end up migrating right to the original site (path of least resistance) and a stretching will exhibit tears and/or "blowout."

Piercings heal by secondary intention due to their very nature. They go through both layers of skin—epidermis and dermis—the intervening tissue and then back out through both layers of skin. The intervening tissue depends on the nature of the piercing: subcutaneous tissue (earlobes, surface piercings), glandular (nipples), cartilage (ear, nose), muscle (tongue) and corpus spongiosum (glans penis). Inserting jewelry is what prevents the process of wound contraction from closing off the piercing. The tract of the piercing (along the internal portion of the jewelry) will heal as the epithelium grows in from the skin edges. This partially explains why some piercings take long than others to heal—a longer distance to travel and/or a lot of mobility that shears off new, fragile epithelium.

Once a piercing has healed, it is lined by whatever epithelium is at that anatomical site. Usually, that is plain old skin. However, in sites where one end of the piercing is in the oral cavity or the urethra, then the lining is referred to as "mucosa" and has an epithelial layer specific for that area. In any case, skin or mucosa lining the piercing tract is the same as that from which it grew. Thus, the phenomenon of that which is affectionately referred to as piercing "cheese" comes into being. Our skin not only holds our insides in, it also keeps what is outside out. The epithelium is keratinized for waterproofing. Sebaceous glands secrete sebum, a fatty/waxy material that keeps skin moist and supple; and sweat glands secrete, well, sweat, for thermal regulation. This material accumulates in a piercing that is not cleaned regularly and becomes that whitish, odiferous material known to extrude from piercings long retired or around jewelry. That is just another reason why aftercare doesn't end with a healed piercing. Just as we maintain our body's skin overall, so must we maintain that of our piercings.

Piercing disrupts our protective covering and creates an injury to it and any other tissue type involved in that particular anatomical site. The body doesn't know the difference between having a needle accidentally puncture it or a piece of adornment purposefully placed in it. It responds in like manner to restore tissue continuity as best it can so we all keep our insides in, and the outsides out. Understanding the basic process of wound healing makes sense of the timing and placement of piercings and piercing aftercare. That facilitates communicating the importance of those principles to those getting pierced as well as non-piercers who may be concerned over the appearance of a healing piercing.

Next up...good wound healing gone bad: factors that affect wound healing.

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Special thanks for contributing to the POINT ❖

"WELCOME TO THE OFFICE OF THE APP"

I have decided to write this column for *The Point* to let people know a little bit about what is going on in the Office of the APP. This issue I want to introduce you to the Administrative Assistant Position and what it does. In future issues, I would like to give you a glimpse of trends, and what's on the minds of people with whom I'm talking—members, the public, and the Board.

Now that I have been with the APP over a year, I have met many of you and I am starting to feel more comfortable in my role with the APP. Many of you only hear from me at Billing time, but there is a lot more going on in the Office than just the collection of dues.

The Administrative Assistant (AA) is responsible for the maintenance of all the data bases and mailing lists. The AA handles all orders/sales, basic accounting, and keeps the APP stocked in brochures. The AA maintains *The Point* Subscription list, and handles getting *The Point* to the printer and the mailhouse. All international mailings are handled by the AA.

All certificates for membership and certificates for Conferences are prepared and mailed by the AA. All member updates on the website, the master list, and the Accounting system are also handled by the AA.

The AA handles all incoming calls and emails, which includes inquiries about membership, calls from piercees and piercers, calls from the Press, Educators, Health Inspectors, and pretty much anyone looking for the APP. If I can't handle the call, I make sure they are able contact a Board Member who can!

The AA is now making the basic arrangements for the APP to attend or be represented at conferences: including the American Public Health Association; the American College Health Association; the National Association of Local Boards of Health; and the American School Health Association.

I do my best to do a lot of comparison "shopping" for the APP in an effort to keep costs down and maximize the efficiency of the APP. From office supplies, to lodging, to printer costs, to postage and shipping costs—there's always a better and more cost effective way to do things.

The AA also does a ton of stuff for Conference (I hope you already have noticed!) every year. Like most employees, finally, the AA "does other duties as assigned."

What are APP members talking about? The Georgia female genital piercing ban; Conference; Legislation.

What are piercees talking about? Conflicting Aftercare suggestions; locating an APP member near them; age limits for getting pierced, and information on becoming an apprentice.

What is the Board up to? Conference; Rewrites of the Aftercare Brochures; Updating the Manual; Establishing new International Member guidelines; discussing In-house Blood Borne Pathogens training. ❖

—Caitlin McDiarmid



The POINT

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