

the **POINT**

The Journal Of The APP

IN THIS ISSUE:

- Louis Rove Revealed
- New Legislation in CA
- Genital Piercings, Pt 2
- Legislation in Mexico
- Aftercare: 2 Views
- ...and more!

NOVA



Photo by Fakir Musafar



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FROM THE EDITOR



James Weber
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Those of you who have read the news circulating over the internet over the last two months on sites like www.bmezzine.com and boingboing.net will already be familiar with our cover story. Karl Rove—the man most responsible for getting George W Bush elected to two terms as US President, and “architect” to a policy that is one of the most damaging to gays and lesbians in recent memory—was raised by a man who was heavily pierced, and gay.

While undeniably newsworthy, the “outing” of Karl Rove as being raised by a heavily pierced and gay stepfather raises several issues about our industry:

Firstly, it forces us to take a closer look at our history. Not the history of the piercing and body modification practices of indigenous people that has been our focus since the term “Modern Primitive” was coined by Fakir in the late eighties, but our immediate history; the history on modern body piercing in the US. It’s not a stretch to say that body piercing in this country was essentially started by a small group of gay men, S&M enthusiasts, and a growing group of queer identified sexual minorities in California—people with the same sexual politics as those that the current political administration is continuing to try so hard to marginalize.

Which leads us to ask what our responsibilities as an industry are in exposing one of the members of the Bush inner circle as having been raised by not only a gay stepfather, but a heavily pierced—and sexually open and unapologetic—one as well. Everyone has a right to privacy, especially concerning their family, but when they are *(Continued on p2)*

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INSIDE THIS ISSUE

IN THE OFFICE	2
THE APP AT ADHA	4
AN APPROACH TO GENITAL PIERCINGS	6
NEW CALIFORNIA LEGISLATION, PART 1	10
REVEALING ROVE	12
AFTERCARE VS. CLIENT CARE	18
A HISTORY OF PIERCING AND TATTOOING LEGISLATION IN MEXICO	20
NATURAL AFTERCARE	22
ON WRITING	24

THE POINT

The Quarterly Journal of the
Association of Professional Piercers

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FULL COLOR COVER : photo of Louis Rove by Fakir Musafar, after original cover of PFIQ #17, published by Gauntlet Enterprises in 1983. Original cover designed by Jim Ward and Fakir Musafar. Re-created with kind permission.

FULL COLOR BACK COVER : PFIQ magazine covers, 1977-1998. Courtesy Jim Ward and Gauntlet.

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IN THE OFFICE



Caitlin McDiarmid
APP Administrator

(Continued from p1) part of a group that consistently and systematically seeks to limit the rights of gay, lesbian, bisexual, and transgendered citizens, do we as piercers also have responsibility to expose this hypocrisy? The gay and lesbian community has wrestled with this question ever since beginning to organize as a group. Now we, as piercers and body modification artists—and advocates of a person's right to choose what they can do with their body—are faced with the same question.

We can't forget where we came from; the fight for the right to do what we want to our bodies is the same whether we are talking about body modification or sexual identity. If nothing else, the news about Karl Rove's father is simply a reminder of that.

The pictures of Louis Rove published in PFIQ #17 were exclusively of his genitals, showcasing his extensive piercing work. Pictures of his face, which would undoubtedly help to introduce the man to those who didn't know him, are unavailable at this time. (Fakir Musafar, the original photographer of the spread, says they are in an uncatalogued archive of some 5,000 images.)

The Point goes out to not only APP Members, but to our mailing list of subscribers as well, including medical professionals, health care offices, and legislators. The inclusion of genital pictures, no matter how objective and non-erotic the context, may jeopardize the continuing distribution of information to those that want it—or need it. Additionally, the APP has many international members and subscribers, and the inclusion of uncensored pictures can get The Point stopped at customs, especially in the current political climate. This has been a difficult position to take, but one that will ensure that the APP continues to follow its mission statement, and can continue to disseminate vital body piercing information without censure—at least from outside sources.

But—as an industry comprised of, among other things, people with such an obvious contempt for authority—we couldn't *not* print the image that is the centerpiece of our cover story. Therefore, this issue will be available with two different, distinct covers.

The first, with the white cover, is the one sent out to those on the Point subscription list—APP Members, Point subscribers, etc. This allows this issue to be mailed to many readers that a picture of a heavily pierced penis on the cover may make difficult.

The second cover is available for download at www.safepiercing.org/point.html. For those of you that don't immediately recognize it, this is a re-creation of the PFIQ cover from 1983, showing a heavily pierced Louis Rove in all his glory. (The original cover can be seen at <http://modblog.bmezine.com/content/bb/pfiq17.jpg>, or can be found through links after Fakir's interview at www.boingboing.net)

There will also be a very limited number of this issue printed with the full-color cover. These will be available to APP members (email info@safepiercing.org to request your copy) with the remainder being distributed at the 2008 Conference in Las Vegas. Membership does have its privileges...

I would like to thank Jim Ward, the owner of Gauntlet Enterprises and original publisher of PFIQ (and tireless APP supporter) and Fakir Musafar, photographer for many of the early PFIQ pictorials, for their help and support in the preparing of this issue. And of course Paul King, who so eloquently put it all into context. **P**

“Being a board member of the APP is so much more work than anyone could know. However, it has been one of the most rewarding things I have done, knowing that I helped start an organization that will live on for years and help many, many people. During my term I met many people that I can call true friends. Without serving on the board I would have never met them, and for that I'm truly grateful.”

The election process has begun again for vacancies on the APP Board of Directors. The APP will be seeking 5 members of the organization to serve three year terms. Vacant positions include the President and the Secretary; two officer positions. Three other position titles will be created by the elected (and sitting) Board(s) once the elections are held. It has been decided that the members and the organization as a whole are best served if the non-officer positions develop out of the individual's talents and skills which are elected – rather than trying to elect an individual to a specific pre-set group of expectations.

“The total experience is one that is fulfilling in giving back what has been given to you, but you must realize it will take from you much more. You have to be grounded and remember why it is you are doing what you do. If it is to fulfill ego, you will not make it; if it is to give back and be a part of the community, you will; but you must remember that doing what is right is never that popular with the majority.”

I have worked with and for two different full Boards, and most recently with two additional replacement directors. While there have been differences between these groups, all I am sure would say that the APP took a lot out of them. These personal and professional struggles are often made public due to their board position(s); other times, board member have privately gone through great upheaval in their lives. We have all tried to identify things that make it easier or harder for someone to have a successful “board experience” or even complete their term. I don't think any of us have reached any real conclusions. We know it seems to help to be a studio owner – it allows you (supposedly) more time to devote to the APP, less of a financial stress when you have to travel, less of an overall burden – and yet I know the sacrifices that these business owners experience. We know it seems to help to be mature – an “elder” in our industry – and settled in one's personal and professional life. However, I have seen the most grounded individuals go through major life changes while still trying to serve. Even work-a-holics (my favorite attribute in a Board Member...) occasionally burn out.

The Board of Directors is in charge of leading and maintaining the direction of the organization for the duration of their term. They get to decide what projects the Board takes on, where they want to put their energies and resources, and they develop and

implement the Annual Conference. They can do a lot of work, or they can maintain status quo (which is still a lot of work).

“I was amazed at the way Board members could get involved, apply their individual strengths and expertise, and really get things done! I highly recommend becoming involved with the Board if you have good ideas about the direction of the organization. Because, when you serve on the Board that capability is within reach, and you can effect change in the organization.

“For example: when I was on the Board, I thought we should have more informational brochures to distribute. So I wrote them. And, I felt strongly that the APP should teach piercing techniques at conference. So I convinced the rest of the Board, compiled the PowerPoint presentations and videos, and taught the classes.

“Of course, the Board votes on major decisions, so no one individual can take the entire association down a path nobody else supports. But if you have ideas and energy, you can really make things happen. Working closely as a team with the other Board members was a fantastic experience.

“Being on the Board honed many of my professional abilities including time management, organizational skills, leadership and teamwork, as well as public speaking. I feel proud to have been able to contribute, and very fulfilled by my involvement with the APP Board. I highly recommend it.”

What does it take? How can we make it work better? Who is the best qualified? How can we make it clear what it will take from you and give to you?

“Why be an APP Board Member? Would you prefer I make a moral appeal or extol benefits?”

“Indulge me why I soapbox a bit about personal integrity... Like it or not, if you are a body piercer generating a livelihood from this profession, you are a member of this community.

“As local and state legislators write and pass laws that affect you, do you always leave it to someone else to handle? While the hack down the street butchers people, do you character assassinate with snide gossip or sit quietly in compliance? When the media sensationalizes and downright lies, smearing our community do you throw your arms up in hopeless despair? What if we all started doing things differently? What if we participated in politics and education?”

“I believe every single one of us has a responsibility to the world we live in and the community we belong to. We impact—sometimes positively, sometimes negatively—ourselves and those around us when choosing to be active or passive.

“Besides, participating gives you “bitching rights”. If you do not participate, as far as I am concerned, your opinion does not matter. Whining from “armchair quarterbacks” is inconsequential as well as annoying. If you don’t like something,

get active.”

“What of the perks for Board Members?”

*Free conference! Flight, food and hotel; all expenses paid!
Travel around the country, hell, sometimes the world, for free!*

(Lots of frequent flyer miles).

It’s a highly visible position for networking!

The satisfaction of seeing your ideas come to fruition!

Non-profit experience looks great on resumes and college entrance forms!

The joy of forming close bonds with fellow industry peers and role models!

And a deep sense of satisfaction that only comes from being of service.”

You can make a difference. In fact, you have to. Someone must lead this organization, be the voice of the industry, and participate in what is going on in our industry, in our courts, in the press, in our communities.

Is it a paid position? No. Do you get free stuff like brochures? No. Do you at least get out of your dues payment? No. How do we convince our members that they should want to be a Board Member? It sounds like a thankless job which costs the individual personally and professionally. Absolutely. It does.

“It’s always difficult to describe the experience of being on the APP Board to someone who has never had it. The quote that comes to mind is the old Peace Corps slogan: ‘The toughest job you’ll ever love,’ but even that doesn’t

begin to describe it.

“It’s difficult. It’s time-consuming. It’s draining—emotionally, financially, and spiritually. Our shops suffer, our social lives suffer, and it puts us at odds with our loved ones, our families, and our lovers. We donate an incredible amount of time—often at the expense of everything else in our lives—and we will be harshly criticized for most of the things we do during our term. The thanks often do not come at all.

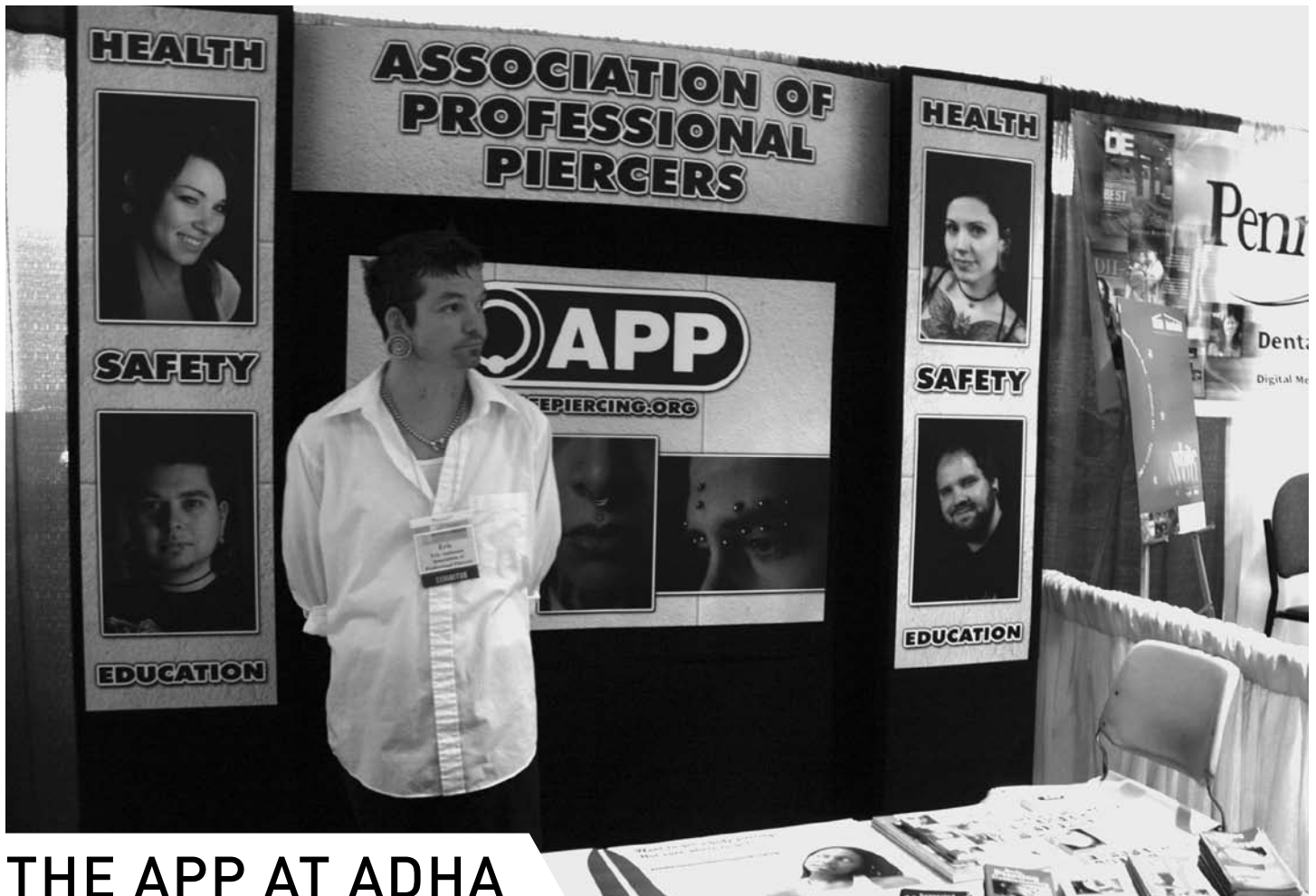
“But it’s fulfilling like nothing I’ve ever done in my life.

“We all come onto the APP Board not knowing what we’re doing—and terrified that everyone else will find out. All of us. If we are to succeed in our position, we quickly become the person that the position requires us to be. I didn’t become a Board member prepared for this job; but when I leave, I’ll be ready for anything.”

Members of the Board of Directors struggle. They often disagree. They go against personal beliefs for the greater good and betterment of the masses. They lose precious time from their families, their businesses, their loves. They lose money, idealism, ego, self righteousness, and, at times, heart. They gain lifelong friends, undying respect, new ambitions, and an experience in service which you will find nowhere else in our industry.

Nominate. Run. Vote. Participate. Yes, I am talking to you. **P**

Nominate. Run.
Vote. Participate.
Yes, I am
talking to you.



THE APP AT ADHA



Eric "Sque3z" Anderson
Outreach Coordinator
Anomaly Studios
Pasadena and Los Angeles, CA

For the first time, the APP had a booth at the American Dental Hygienists Association's (ADHA) Annual Conference, which took place in New Orleans, LA on June 22nd and 23rd.

Since it was the first time the APP had representation at a conference of dental professionals, we were prepared for the worst. Historically, body piercing is not a popular industry with the dental community as a whole. Much to our surprise, most everyone who talked with us were ecstatic that we attended, and receptive to our efforts to bridge the gap between our two communities.

The Conference was comprised of mostly hygienists, both old and new; educators; and students. Overall, we were welcomed with smiles, thanks and a lot of "It's so good to see you guys are here!" Occasionally we did get the occasional laugh or a scowl. Often we dealt with dental professionals who have concerns regarding oral piercing, in particular tongue piercings.

Hygienists that we talked to were concerned about chipped teeth, bone and gum recession, and possible infection

complications stemming from tongue piercings. These are risks and concerns that we as an industry ultimately cannot deny and avoid. These are also concerns that we need to be more aware of as a whole in our community. It starts by educating our clients of those risks prior to doing the piercing. It is our responsibility as professionals to do a thorough job explaining the risks and then assisting our client with those risks with proper placement, jewelry selection, and care.

One of the concerns raised by two hygienists from Mt. Juliet, Tennessee was on oral piercings and infective endocarditis—an infection of the lining of the heart chambers and heart valves, caused by bacteria, fungi, or other infectious agents (National Institutes of Health, Medline). They discussed what the APP website says about this infection and expressed that they felt our website was giving out ill-informed information. They had done a table presentation on oral piercing during the conference, which we unfortunately did not have an opportunity to sit in



Much to our surprise, most everyone who talked with us were ecstatic that we attended, and receptive to our efforts to bridge the gap between our two communities.

on. Its focus was on infective endocarditis patients and pre-medicating before getting an oral piercing specifically.

[Editors note: Some of their concerns may stem from recent changes made to this section, based on the new stance by the American Heart Association that prophylactic oral antibiotics are no longer suggested for all people with pre-existing heart conditions, but only suggested in certain cases. See <http://www.safepiercing.org/healthConsiderations.html> for details.]

Because of these type of health concerns associated with piercing, many of the dental professionals questioned the regulations in our industry. During the ADHA Conference their House of Delegates voted on a resolution concerning oral piercing. The House of Delegates is made up of representatives from each state that determine and vote on bylaws for the ADHA. The bylaws are agreed upon and put into the policies that the ADHA members adhere to. The bylaws that are put into the policies of the ADHA are effective almost immediately. The

ADHA has approximately 40,000 members to its organization, therefore the policies established within their organization not only affect all their members, but it is what they put into practice in their work with their (often pierced) patients.

Resolution 4 on oral piercing has been proposed by Colorado, Montana, Utah, Wyoming, Illinois, Iowa, Kansas, and the Nebraska Dental Hygienists' Associations. It reads:

"The American Dental Hygienists' Association supports educating the public and other health professionals regarding health risks of oral piercing; as well as supporting licensure and regulation of body piercing establishments."

The justification that they give for Resolution 4: "Piercings should be an individual's decision. Some piercings may be based on custom or religion. Sometimes there is a risk for potential pathological conditions or fatal consequences. It is important that we continue to identify these conditions and educate the public and other health professionals on healthier methods of oral care and/or health risks that may occur. By supporting regulating the businesses that provide piercing, we are advocating a discretionary choice with health and safety issues addressed. The Association of Professional Piercers (APP) has stringent guidelines for appropriate recommendations regarding age, consent, and health and safety."

Unfortunately, we were not there to see what the outcome was of proposed Resolution 4. No matter the outcome it is the responsibility of the APP to continue to bridge the gap between the dental professionals and our industry. Ultimately we both want the same things: our clients to be happy and healthy. Sometimes it is just a matter of reminding both of our industries of this fact.

All-in-all, it was a very positive experience and surprisingly, there were no battles or even instances where attendees spoke poorly about us or to us for what we do and who we represented. The APP made a positive first step in reaching out and will continue to do so in future Conferences. **P**

AN APPROACH TO GENITAL PIERCINGS



Elayne Angel
Yucatan, Mexico

This is the second in a series of three articles written by Elayne Angel on the topic of genital piercings. This article— in addition to part one in last issue and part three set for publication in next issue—is taken from her classes taught at the 2007 APP Conference in Las Vegas.

For most of the piercing community, Elayne needs no introduction. After working for Gauntlet throughout the eighties and early nineties, she opened rings of Desire in New Orleans in 1993, operating it for over a decade. She now resides in Yucatan, Mexico.

Elayne is credited with inventing the Fourchette and Princess Diana piercings, perfecting the Triangle (and performing one for its inventor), and also for coining the term “Lorum.” She is also credited with popularizing the tongue piercing. She claims to have performed over 40,000 piercings over her career in the piercing industry.

And, for some years now, a Google search for the phrase “Genital Piercings” turns up the Rings of Desire website first.

Due to space constraints this is only a brief introduction to female genital piercings, and clearly does not include everything there is to know about these piercings. It should also be noted that this is one piercers approach to these piercings, and does not necessarily reflect the views of all piercers. Triangle, fourchette, and clitoris piercings are not covered in this discussion.

Because of tremendous variation in individual anatomy, consultation to determine suitability for most female genital piercings is necessary. One of my favorite sayings about this is, “Whoever said, ‘Ya seen one, ya seen ‘em all’ sure hadn’t seen many!” There are countless subtle distinctions, but several common “types” of female (and male) anatomy are recognized in practices of spiritual sexuality. After performing thousands of

genital piercings on women, I still occasionally see a “new” or atypical arrangement. Some women within the range of “normal female anatomy” are built *only* for outer labia piercings. Their hood tissue is unsuited to vertical and horizontal options, and essentially no inner labia tissue is present.

During the consultation, use a mirror and discuss your findings to educate your client about her own body. Explain which piercings will and won’t work for her build, and *why*. It never hurts to “plant seeds” by telling her about all the piercings to which she is suited, as she may want to return in the future for more.

“Hills” and “Valleys”

This terminology can help us to easily identify and discuss two common forms in female anatomy. These shapes could also be thought of as “innie” and “outie” anatomy, as with navels

(but it will sound more professional if described as “hills” and “valleys”).

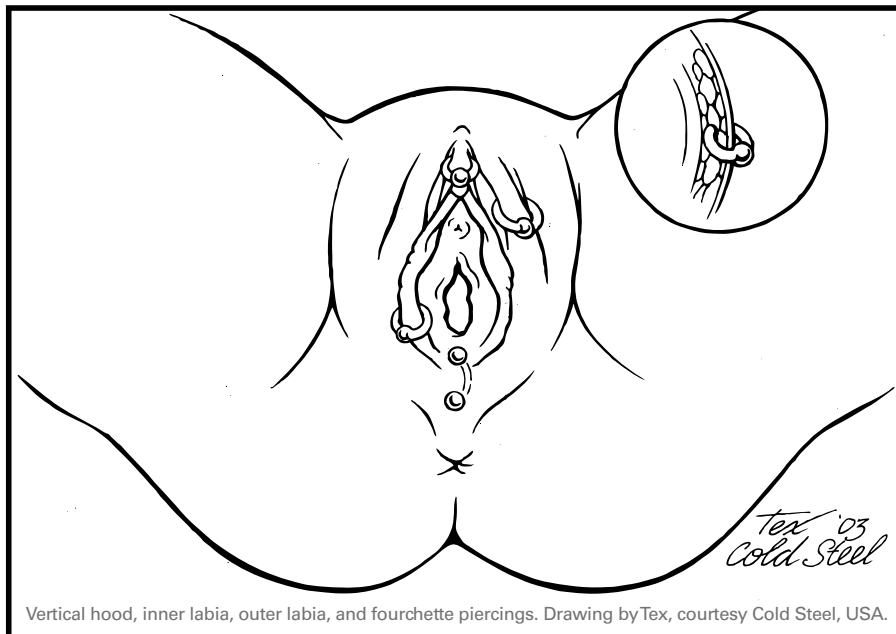
Women built with a “valley” have outer labia that are higher than the hood:

- They are built very vertically and therefore not well-suited to horizontal piercings
- Horizontal jewelry would tend to twist and turn when she closes her legs
- Often there is insufficient hood tissue to support a horizontal piercing
- Or, there is too

much outer labia and surrounding tissue, which would interfere with jewelry that is placed horizontally

Women built with a “hill” have a hood that is substantial, and higher than the outer labia:

- They are (overall) better candidates for horizontal piercings
- Check for visible vascularity at the site of the piercing, and also for pliability



Vertical hood, inner labia, outer labia, and fourchette piercings. Drawing by Tex, courtesy Cold Steel, USA.

- Even though women with hills are better candidates for horizontal piercings than those with valleys, some still get vertical placement.

Vertical Clitoral Hood: VCH

This female genital piercing is the most popular because it is quick to heal, comfortable and *enjoyable* to wear. I do far more VCH piercings than any other female genital options. The VCH is attractive and functional, and most women (about 90% or more), are anatomically suited to it. I describe the VCH as the most “bang for her buck,” because the piercing is so easy to get, but returns a maximum of pleasure. If a woman is equally suited to get a VCH and an HCH and desires a stimulating piercing, I’d generally encourage her go with the vertical, especially as an introduction to genital piercing.

Because women’s genitals are “built” vertically, the VCH piercing works *with* the anatomy, not against it (as it essentially does in HCH piercings). The jewelry rests against the clitoris, where it can provide additional sensation. Since the piercing is made through the tissue *above* the clitoris, this makes it directly stimulating without being a “serious” piercing.

To check for suitability you can do “Q-tip test” by placing a cotton-tipped swab under the hood. Remember, you’re checking for *depth*, not width. So it is okay to “de-fluff” the swab if necessary. If you can’t place a pared-down swab at least most of the way under her hood, then she is not a good candidate.

VCH PLACEMENT

The piercing is placed up from the inverted “V” of the hood, usually in a midline fold or ridge, and should be seated it at the deepest part of the overhanging fold, near where the hood tissue forms from the body. The skin is very thin here, and on most women, you can see right through it! For safety, the piercing should go a *minimum* of 3/8” from the edge of the hood.

COMMON VCH PLACEMENT ERRORS:

(Fig. A) Surface placement

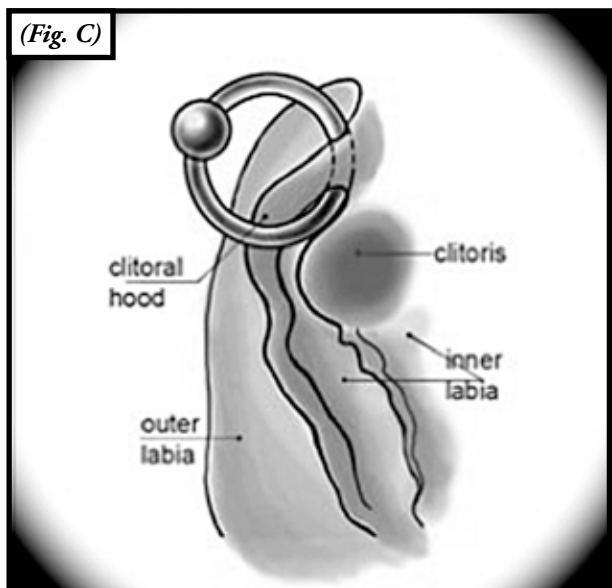
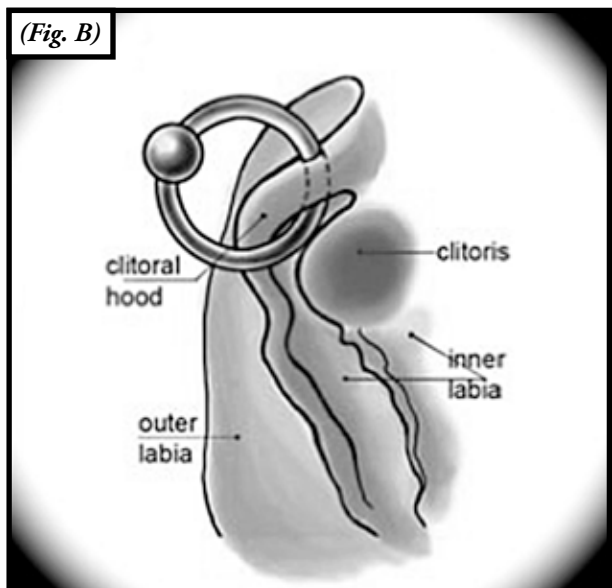
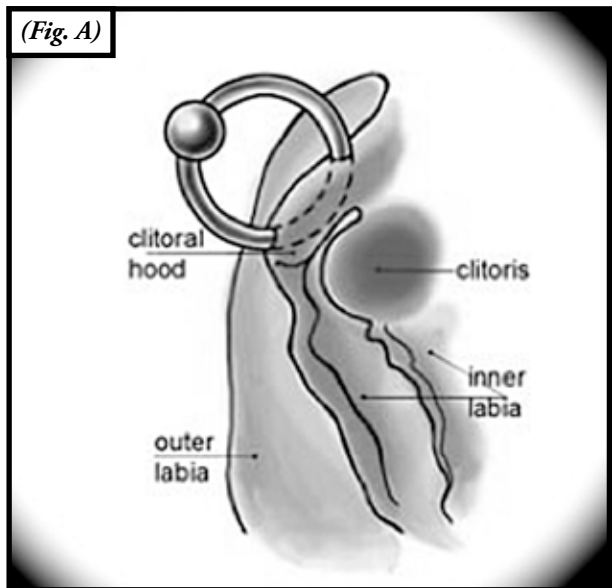
This is usually caused by improper technique and using forceps to clamp the skin above the hood. It does not go underneath the hood (against the clitoris) at all.

(Fig. B) Too shallow

This common placement error fails to place the piercing up at the “apex” of the hood (the deepest natural point). Less of the jewelry will contact her clitoris, so it is not as stimulating as it could be. A shallower piercing is less stable, and could more easily be torn out if it is too close to the edge. If a woman does not desire direct stimulation, it can be “cheated” down from the apex—if the hood is deep enough so the piercing is still be placed at least the minimum distance from the edge.

(Not pictured) Too deep

Deep VCH piercings traverse more tissue, so there is more



chance of puncturing vital anatomy. They also have a longer healing time, and a higher risk of bleeding and swelling.

CORRECT PLACEMENT

(*Fig. C*) goes at the apex—the deepest natural point under the hood.

VCH JEWELRY

Women with a “hill” will find a curved or straight bar to be most comfortable style for initial jewelry, because it won’t protrude. I like curved bars because they have a little extra room without additional length. A 3/8” post is a safe minimum length, and if it would be too long for a piercing, then she isn’t anatomically suited. Most commonly I use 7/16” and 1/2” lengths, and only rarely do I insert longer posts. The bottom ball should be fully visible at the inverted “V” of the hood, and only a millimeter or two of extra post should show. If the bottom ball is hiding up under the hood, the post is clearly too short. This does not allow sufficient room for engorgement during arousal and may cause pinching, discomfort, and healing difficulties. A snug fit is fine (and may be preferred), *later*.

J-curve jewelry is a good style for women who desire a little more sensation but don’t want to wear a ring. Also a woman built with a recessed clitoris may find it more stimulating due to the jut of the “J” shaped post. On a woman with a deep valley, a ring can be worn as safely and comfortably as a bar because it is supported and protected by the outer labia.

“Diana” Piercings (or “Princess Diana”)

Like the VCH piercing, the jewelry of the Princess Diana rests under the clitoral hood. But, instead of being placed in the center, the Diana piercings are angled off to the sides. They are usually done in pairs, and are most commonly placed at about 10 and 2 o’clock, or 9 and 3 o’clock. Many women do not have enough width to the hood to allow for this placement, so they are not nearly as popular as the VCH. Curved bars are generally used for initial jewelry.

Horizontal Clitoral Hood-HCH

This is a suitable piercing for some gals, but many women make poor candidates. In addition to the overall dimensions and height of the hood, *symmetry* and *shape* are very important anatomical factors for suitability to horizontal piercings. If a woman is not built relatively evenly on both sides, the piercing will tend to twist. This is not only uncomfortable and less aesthetically pleasing, it also leads to migration and healing complications. Height is also important—simply having “a lot” of hood tissue is not enough. A poorly defined base of the hood, or an extra fold on one side that is absent on the other can make placement difficult. Wide or flat hoods, or those that are lower in the center than they are at the sides are all poor configurations for horizontal clitoral hood (HCH) piercings.

It is extremely important to make sure you can pinch up the hood tissue *without* grabbing the clitoris beneath it! Tissue manipulation can help loosen the skin before piercing, but use

caution: you do not want to be responsible for an “accidental” clitoral piercing.

On a woman whose hood covers her clitoris completely, the HCH will *only* be aesthetic, and *not* directly stimulating. This is valid as an ornamental option, if she is otherwise suited. But you must communicate clearly with your client about what she can expect from her piercing. In this case, she could anticipate that the HCH will look nice but not impact her sensation.

HCH PLACEMENT

For an HCH to be directly stimulating, part of the clitoris needs to be *exposed* when the tissue is resting naturally, *and* the piercing must be situated so the bead touches the clitoris (*that’s* what stimulates it). The piercing should be placed at the natural folds, where the hood tissue forms from the body. It is vital to look carefully for vascularity under bright light, as veins are often found in this area. If you cannot locate a suitable spot to pierce that clearly avoids the vein, then she is not a good candidate for this placement.

HCH JEWELRY

If the clitoris is exposed and the piercing is properly placed, a captive ring or a “captive circular barbell” (a circular barbell with a captive bead placed between the two threaded ends) work best for stimulation. Shaped or textured beads can add more sensation. Watch proportions, because overly large jewelry—or outer labia—can cause twisting.

HCH TECHNIQUE

Pinch the skin up from the midline to avoid having it fold back on itself. Otherwise, you may end up with an unintentional “double piercing” that misses or “wears through” in the middle over time. If you *cannot* get the whole hood to lift above the forceps, or you can only clamp the sides of the hood together and the middle keeps slipping down and out, *abandon the piercing*.

MULTIPLE HOOD PIERCINGS

Depending on build, a woman might be able to have both HCH and VCH piercings, but it is not advisable to perform them in the same session, as they are too close together. Usually the HCH is placed in a high, ornamental position when worn with a traditionally placed VCH. Similarly, on a woman with the right anatomy, multiple horizontal hood piercings may be an option. But if they are very close together or if there is much swelling or bleeding following the first piercing, a second should not be attempted in the same session.

Outer Labia (Labia Majora) Piercing

OUTER LABIA PLACEMENT

Virtually all women have some outer labia tissue that can be pierced. They can be placed anywhere the tissue is pliable, but considerations include the overall size and shape of the area, and the way clothing covers the area. Other questions to ponder are what happens to the area when her legs are closed, and when she sits?

Outer labia piercings can frame the part of the lip that faces the floor when a woman is standing, or; they can frame the edge of the lip closer to the vaginal opening. In this position, a male partner might feel them during intercourse, and the piercings tend to fold in when her legs close. It is fine to place labia piercings directly across from one another, or they can be staggered. Some piercers (or piercees) prefer to offset them only slightly.

A higher, more visible placement is an option. A ring may almost look like it is in a hood piercing—but off to the side. Depending on her anatomy, the exact placement, and jewelry size and style, there is some chance the jewelry could touch her clitoris.

Inner Labia (Labia Minora) Piercing

Inner labia piercings are merely ornamental for many piercees; yet, for others, erotic sensation is derived. The piercings are placed on the inner labia—the thin tissue closer to the vaginal opening. Not all women are suited to inner labia piercing because some are simply too small-built. Also, asymmetry is very common, and a number of women have one inner labium that is pierceable, and one that is too small. Like the VCH, these have a four to six week healing time and tend to be very easy to heal.

Yes, there is no reason a woman cannot be pierced during her menstrual cycle. It is the body fluids of *others* that must be avoided for safety and hygiene during healing—her own are fine. One sensible reason to postpone is if her body feels more sensitive during that time.

Is it okay to pierce someone who has/had herpes?

Yes, though piercing may bring on an episode in individuals who have a history of frequent or stress-related herpes outbreaks. You may want to advise your client to see her doctor for preventive medication before piercing (such as Zovirax).

Can overweight women get genital piercings?

Some plus-size gals are suited to certain genital piercings—usually labia or VCH—if you have visibility and access. In general, heavy women tend to be built with valleys due to the fullness of the outer labia and pubic mound, which are comprised mostly of adipose tissue (fat). I have pierced women who were so large I required an “abdomen assistant” to lift pendulous tissue from the region so I could see, but the piercings healed successfully.

HINTS AND TIPS

PADS, LINERS, AND UNDIES

It is a good idea to keep a selection of sanitary pads and panty liners on hand. (Include thong-style too. This will impress and delight your thong-wearing clients.) I suggest the use of liners following all female genital piercings, even if no bleeding is apparent initially. Having the clean surface and some padding protects the piercing, as well as your clothing and furniture.

Instruct your client in their proper “installation” of the pad for optimal hygiene. To avoid touching the clean surface, her underwear should first be pulled on up to her knees (so the liner doesn’t get near dirty feet or shoes). The liner should be held only from the back or edges to keep it sanitary.

Underwear provides support, and helps to prevent undue motion of jewelry in new piercings and increases comfort. Undergarments also help to keep the area clean, and of course, it is hard to wear a panty liner without panties. This small but useful garment can also prevent your client from getting her picture in the papers with unflattering headlines.

And remember: once you do a certain amount of genital piercings, you may feel like they’re “no big deal,” but they usually are for each of your clients. Always be sensitive, patient, and supportive. Some need more handholding than others, but everyone deserves the best piercing experience you can provide. **P**

One of my favorite sayings about this is, “Whoever said, ‘Ya seen one, ya seen ‘em all’ sure hadn’t seen many!”

INNER LABIA PLACEMENT

The piercing can go anywhere along the inner lip where there is a minimum of 3/8” of tissue from the edge. Depending on anatomy and personal preference, they can go lower or higher. A single, central inner labium piercing is placed where an ear piercing would go on an earlobe shaped the same way. Multiples may be possible. It is good to work with the natural folds of the tissue if possible, and to mark both sides of the tissue for a well-placed piercing.

FAQ

Is it safe to pierce a woman during her menstrual period?

NEW CALIFORNIA LEGISLATION, PART 1



Eric "Sque3z" Anderson
Outreach Coordinator
Anomaly Studios
Pasadena and Los Angeles, CA

On August 15th, the members of the APP Board of Directors received an email from the California Department of Toxic Substances and Control (CDTSC,) regarding a new law that was passed that same day regarding lead content in jewelry.

California Health and Safety Code, sections 25214.1-25214.4.2, reads: "Effective September 1, 2007, for children's jewelry, and March 1, 2008, for all other jewelry, including body piercing jewelry. State law will prohibit persons from manufacturing, shipping, selling, or offering for sale jewelry for retail sale in California unless certain requirements are met."

This new law will apply to all places that "manufacture, ship, sell, or offer for sale jewelry; including children's jewelry and body piercing jewelry, for retail sale in California." This law is directly related to our industry and could also be quite detrimental to some manufacturers and to shops that initially pierce with jewelry not included in this Code.

The code applies to all jewelry worn by a person: "Anklets, arm cuffs, bracelets, brooches, chains, crowns, cuff links, decorated hair accessories, earrings, pins, rings, body piercing jewelry, and any beads, links, pendants, or other component of these items." Body jewelry is further defined as: "Any part of jewelry that is manufactured or sold for placement in a *new* piercing or a *mucous membrane*." According to the writers of this law, it originally came about due to a case involving a four-year-old boy from Illinois that died from an over exposure to lead caused by jewelry that he was wearing.

Initial piercing jewelry allowed by this law is defined as: "Surgical implant grade steel, titanium, niobium, solid 14k or higher white or yellow nickel-free gold, solid platinum, dense low porosity plastic, including, but not limited to, Tygon, or polytetrafluoroethylene (PTFE,) if the plastic contains no intentionally added lead; as the materials are listed."

Although most of the products that are allowed by this law are materials taken directly from the jewelry standards set forth by the APP, there are questions about criteria that the Code does answer. The definitions outlined by the Health and Safety Code are ambiguous and do not specify the grade of the metals, threading or ASTM designations. It appeared as if the CDTSC used the APP standards, without contacting the APP for their input.

After a half dozen attempts I was able to reach Ann Hanger, one of the contacts in charge of this particular law. When asked,

she stated that there was no one from our industry was involved in the wording of the new law. Ms. Hangar further stated there has been a precedent established called Proposition 65. This specifically spells out jewelry definitions for piercing jewelry and the CDTSC just cut and pasted the specific wording right from Proposition 65.

[Editor's note: Proposition 65 is the Safe Drinking Water and Toxic Enforcement Act of 1986. It lists chemicals but doesn't seem to have a section on jewelry specifications or jewelry materials as such.]

I respectfully offered our assistance in any future writings or revisions of this law to assure that both parties will fulfill their agendas and also be protected.

I also raised the question of whether other materials could be amended into this law. The law as currently written restricts any materials not listed from being manufactured, used, or sold, even for healed piercings; and what would happen if the APP initial piercing jewelry standards (which were clearly the basis for the law's jewelry standards) were ever modified in the future? For instance, to include glass? Ms. Hangar's response was that she was not even aware that this material was being used in our practice. She stated she was further surprised to learn that no one was even researching our industry and the material(s) we

Another concern is: if other states see that this law in place in California, they may choose to adopt something similar...

use. She gave the impression that the people in charge of this law wrote it out of previous dealings with our industry years ago.

[Editor's note: They may have. After all, the State of California's Proposition AB 101 in 1994 was the inception for the Association's birth. This proposition was never passed and while it has been reborn a number of times in different forms— and worked on in conjunction with representatives of the APP — no statewide law affecting body piercing has been passed until now.]

Another concern is: if other states see that this law in place in California, they may choose to adopt something similar, as is often the case with state legislation.

Ms. Hangar provided additional contact information, and I am attempting to find whether additional details regarding threading

patterns, titanium and steel material grade specifications can be added, and how difficult it will be to add other materials to the acceptable list.

In conclusion:

As of March 1, 2008, in the state of California, it will be illegal to pierce anyone with, or to manufacture, ship, sell, or offer for sale any body jewelry (defined as jewelry placed in initial piercings or in mucous membrane sites) made from anything other than: "surgical implant grade steel, titanium, niobium, solid 14k or higher white or yellow nickel-free gold, solid platinum, dense low porosity plastic, including, but not limited to, Tygon, or polytetrafluoroethylene (PTFE,) if the plastic contains no intentionally added lead; as the materials are listed."

In the next issue of the Point, we will have an update on this topic. For more information about this law, you can visit: <http://www.dtsc.ca.gov/LeadInJewelry.cfm>. And if you want more information on the "Proposition 65", section 3.4, already in effect, you can visit: <http://ag.ca.gov/prop65/pdfs/amendedconcent.pdf>.

[Any questions or concerns regarding the APP's work on this law, please email Eric "Sque3z" Anderson at outreach@safepiercing.org.] P

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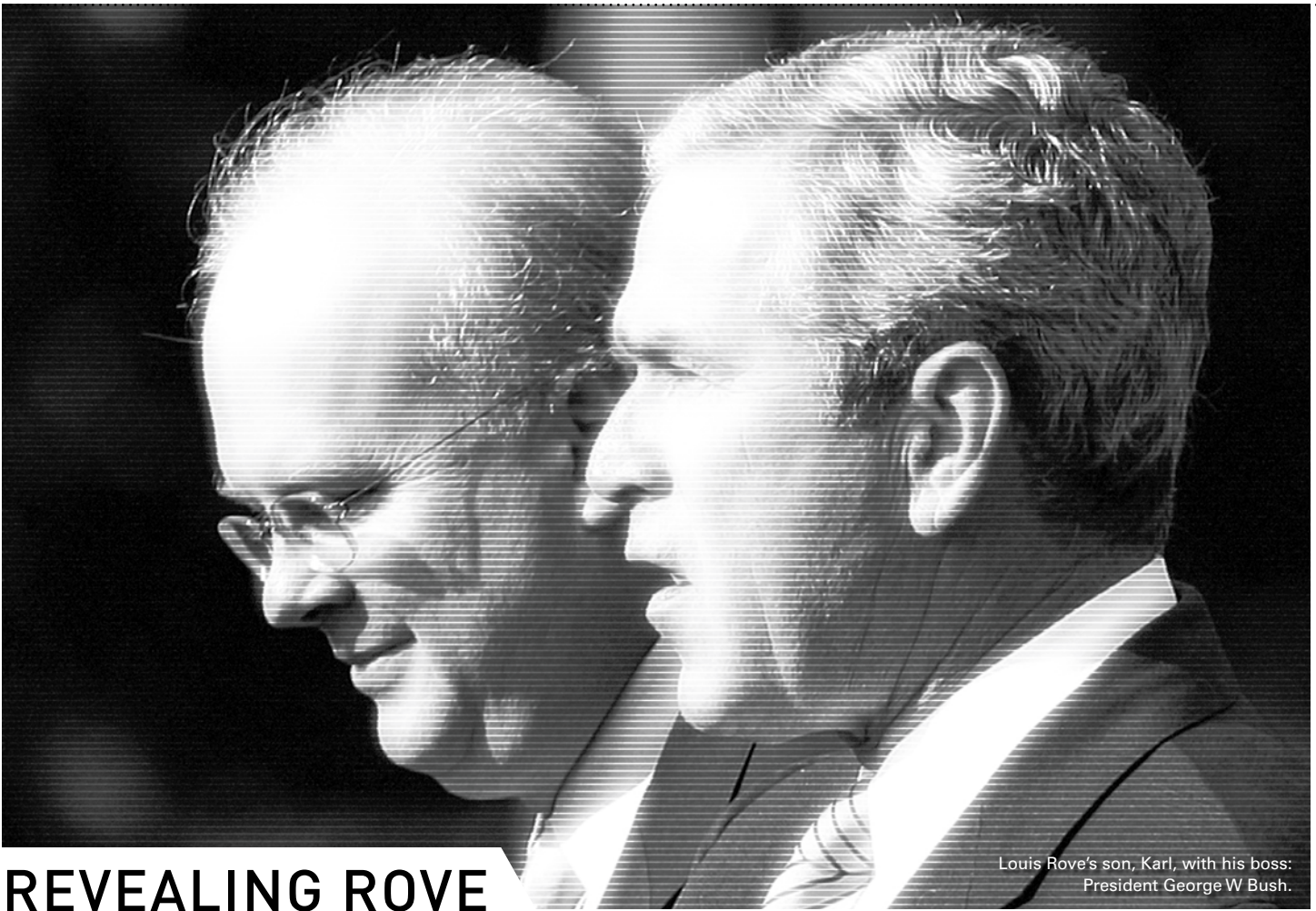
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Louis Rove's son, Karl, with his boss: President George W Bush.

REVEALING ROVE



Paul King
Cold Steel
San Francisco

August 13, 11:31am EST. President Bush acknowledges Karl Rove's resignation with both men standing on the White House lawn. Bush's deputy chief of staff and senior advisor had orchestrated George Junior's victory through two Texas Gubernatorial and two Presidential elections, largely by mobilizing the evangelical Christian voting block and tapping into the deep financial pockets of corporations. But by this time, continuing congressional investigations and ever-increasing pressure from within the GOP finally expired the professional usefulness of this thirty-four year partnership.

Meanwhile in California, "ordinary citizen" Frank Clark was watching the proceedings unfold and experienced one of those "hmm...ah-huh!" startling moments one feels when the answer to a riddle clicks perfectly into place. This epiphany was a key unlocking discarded memories from Frank's past.

"You do know who his son is, don't you? He's the chief of staff for the Governor of Texas."

This tidbit, long ago dismissed as useless banter about a mutual friend, was whispered to Frank back in the mid 1990's over brunch with Joe Koons, Louie Rove's best friend.

Louis Claude Rove was known to friends as "Louie," and to the wider piercing community of the 1980's as "Indy." This nickname was given to Louie as a child of three or four by his father, derived from his lasting obsession with the "blue man" at the circus, a sideshow performer covered in indigo-blue tattoo ink.

Like many of the early pioneers in piercing, Louie's first explorations at piercing were self-performed using a sewing needle. This was 1960; a good fifteen or sixteen years before the first professional piercing shop came into existence. In 1976, through a mutual friend, Louie met the piercing community's chief architect, Doug Malloy, who brought Louie into the folds of this underground subculture. On September 24, 1980, Louie walked into the original Gauntlet location on

You do know who his son is, don't you?
He's the chief of staff for
the Governor of Texas.

Santa Monica Boulevard in Los Angeles and received his first nipple and penis piercing from founder and Master Piercer Jim Ward. This began a maelstrom of modification. By 1983, Indy's accumulated adornments were featured on the cover and centerfold, along with a one and a half page bio in Gauntlet's magazine, *Piercing Fans International Quarterly* (PFIQ) #17. In this short period of time he had amassed an impressive thirty-seven piercings total! "Both nipples, guiche, PA, ampallang, apardravya, two dydoes, frenum, and seven-stud ladders down the bottom, top, and both sides of the penis shaft." All in 14 karat gold. And he stated plans for more! (Noteworthy is the fact that he insisted that "stone-cold sober" he did not like the sensation of getting pierced.)

Although dedicated to piercing, the permanence of tattooing left Louie hesitant. He preferred pursuing piercing for its "incomplete commitment to body modification." He took comfort in knowing he could always remove the jewelry if he decided to. But, by all accounts, Louie LOVED his piercings. He was a huge proponent of their beauty and benefits.

Piercing was more than adornment to Louie; it was a lifestyle. He frequented the local T&P (tattoo and piercing) parties, taking inspiration from other mavericks such as Jim A. and rubbing elbows with Fakir Musafar, (who photographed him for the 1983 PFIQ article).

Within just days of his revelation, Frank Clark made the difficult decision to share his discovery with the online piercing community at www.bmezine.com. This wonderfully written piece is rich with fond memories and Frank's own personal struggle to reconcile the dichotomy in an apparently mutually loving relationship between a libertarian father and his extremely powerful (some would say fascist) adopted son. The contradiction in values is less obvious than the predictable political stereotype of liberal versus conservative. It's more like principled versus

Machiavellian.

Shannon Larratt, founder and director of BME—immediately understanding the significance of this exposé—forwarded it to the online news blog www.boingboing.net. They quickly tracked down those they could find who were connected to Louie from his piercing heyday. There have been three interviews thus far: Frank Clark, Jim Ward, and Fakir Musafar.

Only last year the book *The Architect*, a biography of Karl Rove, disclosed that Louis Rove was gay. But with an estimated ten percent of the population having homosexual tendencies, this is hardly unusual. Perhaps this is why Karl Rove's father's sexuality received barely a blip in the media? In several states, Karl Rove has helped to masterfully construct and push through some of the most damaging laws in over 100 years for Gays and Lesbians, thereby ensuring continuing discrimination in this country. Yet this recent information that Louie, the man who raised Karl, who Karl professed to love, was truly proud of his radical lifestyle and promoted the inalienable right and joy to modify one's own body and love whomever one loved. Certainly this is newsworthy. To date, in total there have been less than a dozen articles, none of which appear in major national or international news media syndications. The silence speaks volumes.

Perhaps Louie's own words from the past sum this issue up best:

"I wonder how the outside world would react to piercing, particularly at my level of attainment? Most of my friends accept me as I am. One of my very dear friends is unaware of the process through a conspiracy of silence among all of us. The problem is, while he is a fine person in many ways, he tends to pass judgment. I am willing and able to accept anyone's personal decision of right or wrong – I cannot accept a judgment as to right or wrong in any matter as personal and harmless to others, as this."

When I first started Gauntlet, the groundbreaking business that launched the piercing industry back in 1975, my primary interest and focus was on body piercing as a means of erotic enhancement. Except for the most hardcore fetishists, the vast majority of my early clients were people who quietly went about their lives with their piercings discretely hidden. If you met one on the street, you'd never know what secrets lurked beneath their clothing. One of those was Karl Rove's adoptive father Louis.

Louis could easily have passed for anyone's grandfather. His gray hair was close-cropped in a buzz cut. He was clean-shaven and wore glasses. After many years as a geologist for Getty mining, he had finally retired and was making the most of it by taking up a new passion: body piercing.

During Gauntlet's early years my mentor Doug Malloy and I started what we called the T & P group. It was a group of about 20, mostly gay guys who were into tattooing and piercing (hence the acronym). We got together about once a month for dinner and would reconvene afterward at a member's home. Once Louis had joined the group, the meetings were frequently at his lovely home in the Wilshire district of Los Angeles, not far from the Los Angeles County Museum of Art.

It was in this setting that Louis and other members got many of their piercings. Clothes would come off, and one by one they would take their turn lying on a towel or blanket on the large coffee table in the living room. Often there would transpire a little ritual that Doug called, "the laying on of hands." Various members and friends of the piercee would gather around the table placing their hands on him, reassuring him, occasionally making jokes to distract him. It was a beautiful, supportive environment in which to get pierced.

As body piercing began to grow in popularity, the group was no longer the only place to meet others who were into it. With the onset



of the AIDS epidemic and the deaths of many members of the T & P group, not to mention greater demands on my time running the business, the group gradually faded, becoming a fond memory.

I met my life partner Drew in 1988 and moved to San Francisco to be with him. Not long afterward Louis sold his house in LA and moved to Palm Springs. In the following years we talked a few times on the telephone. Shortly before he died he called me and said he wanted a photo of my pubic tattoo to show a friend. He told me that he had emphysema and was on oxygen. It was the last time we spoke.

I knew that Louis had been married and had several adult children. Until recently I never realized his adopted son was the one responsible for putting the evil Bush/Cheney regime in power, the one who has so successfully demonized gay people, knowing full well that his father was one of those he has vilified. The contrast between father and son still astounds me.

Louis was a warm, generous, caring man who just happened to march to the tune of a different drummer. On several occasions he helped me out financially when I was building my business. He regularly visited and gave comfort to AIDS patients. I rarely heard him speak ill of anyone. The world would be a better place without his son, but we could use a few more like Louis. —**Jim Ward**

As I recall, the early 1980's were the blossoming years for contemporary body piercing. Before that, in the gestation period, a tiny community of like-minded people came to be formed; that was Doug Malloy's major contribution. We had to learn what was pierceable, and how to make the piercings: tools, techniques and practical jewelry. It all had to be invented from scratch, mainly by trial and error. Our small group was passionate and hung in there together sharing with each other. I was there for the whole trip, 1972 on, adding what I had learned in my previous twenty years as a piercing enthusiast and as an avid photographer, and chronicling most of those early years.

In the early 1980's, what this small group of people in Los Angeles had achieved broke out from the confines of our limited numbers. Gauntlet was now a shop open on a major street in a major city. The only public door in all of the United States, Canada and Europe one could walk through and have just about anything on the body pierced. The underground Los Angeles public—mostly gay and /or SM players, several thousands of them—began to

flood us with requests for body piercing. Business was brisk. By 1982/1983, when Louie Rove connected with Doug Malloy and Gauntlet, the practice of body piercing was already starting to seep into mainstream culture. For a time I was in Los Angeles, piercing nearly every weekend with Jim; my ever-ready camera by my side. That's how I met Louie Rove and eventually photographed him on several occasions. He was a sweet guy, interesting, kinky and very respectful toward me. We even went to lunch together several times after I captured him on Kodachrome. —**Fakir Musafar**



Resources:

The Architect: Karl Rove and the Master Plan for Absolute Power, James Moore and Wayne Slater, Crown Publishers, September 6, 2006

www.gauntletenterprises.com - Publishers of *Piercing Fans International Quarterly* (PFIQ). Gauntlet can be contacted to request authorized copies of the original 1983 PFIQ magazine featuring Louis "Indy" Rove.

Jim Ward press regarding Louis Rove:

Karl Rove's Pierced Family Jewels, part 2: Jim Ward interview (audio), www.boingboing.net, Tuesday, August 21, 2007 <http://www.boingboing.net/2007/08/21/karl-roves-pierced-f.html>

Brandon Voss, *Father Knows Best*, www.advocate.com, October 9, 2007, http://www.advocate.com/issue_story_ektid49068.asp

The Rachel Maddow Show, Air America Radio, 08/24/07

Additionally, H/X Magazine (New York) has an article slated for their upcoming leather issue, 10/05, and Jim was contacted by a Rolling Stone fact-checker to verify that he was the Jim Ward in the BoingBoing interview. There has been no word on when that might appear.

Frank Clark press regarding Louis Rove:

Yard[D]og, A Little Bit of History, www.bmezine.com, August 18, 2007, <http://www.bmezine.com/news/guest/20070818.html>

Essay: "I'm the proud owner of Karl Rove's father's solid gold cock ring." www.boingboing.net, August 19th, 2007, <http://www.boingboing.net/2007/08/18/essay-im-the-proud-o.html>

A version of Frank's story, not including references to piercing, ran in all of the Los Angeles Newspaper Group publications including: Pasadena Star News, Whittier Daily, San Gabriel Valley, and others.

Fakir Musafar press regarding Louis Rove:

Karl Rove's Pierced Family Jewels, pt. 3: Fakir Musafar and PFIQ (audio), www.boingboing.net, August 26, 2007, <http://www.boingboing.net/2007/08/26/karl-roves-pierced-f.html> **P**



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AFTERCARE VS. CLIENT CARE

DON'T BE A ROBOT



Jesika Bornsen
Saint Sabrina's
Minneapolis, MN

Spewing your aftercare speech to each of your clients in exactly the same way can make you sound like a robot. (Although I think robots are awesome, as piercers we do not want to sound like one when talking to our clients.) After years of piercing, I have developed a new outlook on aftercare: I call it “Client Care.” It is based on the knowledge that not all suggested post-piercing wound care works for every individual. We can customize our aftercare suggestions based on what we learn about them. I believe this “Client Care” is successful because it is custom based on geographic location, general health and hygiene, age and skin care, and personality and lifestyle.

In order to successfully help your client with post-piercing wound care and healing you must first know their lifestyle. Yes, it would be nice to think that every person will follow our instructions perfectly, but the reality is all we can do is suggest a basic means of care and hope it fits into their style of living. The more you can gather about your client in the few moments you have with them, the better you will be at your suggestions for piercing aftercare.

First things to look at are **general health** and **hygiene**: How healthy is your client? Is your client restricted by obesity, age, or physical impairment? Will they be able to lean into a cup of salt water to soak their piercing? Are they physically able to shower every day? In the case of limited physical mobility, suggesting compresses instead of soaking, or a spray bottle may be necessary. Does your client have good oral hygiene? Yes, it is okay for piercers to instruct clients to buy a toothbrush, or cut back on smoking and/or chewing tobacco. Does your client have proper scalp hygiene? Tactfully remind those with long hair or dreadlocks that keeping their hair off their new ear piercing is imperative. Is your client unhealthy due to drugs, improper nutrition or stress? The suggestions we make in the piercing room with our client on the table are words that sink in; sometimes people need to be reminded to get a good nights sleep, to eat healthy foods, and to take a moment to breathe. Does your client seem to be in good mental health? Do they seem to be paying attention to your care suggestions? Take proper time with clients to be sure they understand the time and effort it takes to heal a piercing—and document on their release form the details of what you verbally suggest to them.

The next step to client care is **personality** and **lifestyle**. Does your client have kids? Will their navel piercing be affected from carrying around a child? Will they have ten minutes to spare soaking in salt water? Remind busy clients that sea salt time is sacred alone time; sea salt soaks should not be attempted while stressed or in a hurry. Moms and students often need to be

The suggestions we make in the piercing room with our client on the table are words that sink in; sometimes people need to be reminded to get a good nights sleep, to eat healthy foods, and to take a moment to breathe.

reminded to take five minutes to themselves to take care of their bodies. Let them know this is ample time to turn off their cell phone and light a candle. (You can often see the light switch go off on your clients' face when you suggest this.) Do they travel often, or are they going on vacation soon? Do they camp or hike? Will they need to take aftercare on the road? A premixed distilled jug of sea salt water set in the sun can help with this. Are they a runner, or into sports? It is easy to tell this by body structure; suggest cleaning the piercing prior to physical activity to prevent dried discharge from pulling and making exercise uncomfortable. Is your client a professional dancer, teacher, health care worker? Specific instructions may be necessary for careers involving physical contact with germ-ridden obstacles. Does your client have to wear constrictive clothing such as nylons, earphones, or facemasks? There may be different jewelry that could fit into their lifestyle more comfortably. Does your client have pets? Look for dog or cat hair. This may mean washing bedding more frequently, or limiting lap time.

There is no need to unnecessarily “drill” your clients for information; all of this can be learned within minutes of quiet conversation. Ask polite questions based on observations. If you see pet hair, ask about their pets, if you see stretch marks, inquire

if they have children. Do their clothes give away their occupation? Are they a musician? Will a guitar strap or drum playing affect their nipple piercing? Are they a student? Instill proper sleep and food intake during finals. Be curious and non-judgmental, and have fun with this! Subtly directed small talk will aid you in your client care and also make pleasant conversation while prepping for their piercing.

Keep in mind that where you are located **geographically** can also have an impact on what aftercare is best for your client. Those in dry, high altitude climates will have a harder time using soaps and may be better with a sea salt-based aftercare, whereas for clients in highly polluted cities daily soap washing should be stressed. Are natural healing alternatives readily available in your area? If so, encourage your client to research emu oil, tea tree oil, jojoba oil and other alternative care. But also be careful with this; you don't know your clients' allergies, or their scope of understanding of these products. Feel out if your client practices "natural living" prior to suggesting certain aftercare products. Those in certain areas will lean more toward natural alternatives; others will need a more aggressive aftercare. What water quality does your city have? Poor water quality can mean thirty clients in fifty with bumps on their nostril piercings, vs. two in fifty. Research your city air and water and find the WQI (water quality index) and AQI (air quality index). In these cases, distilled or filtered water or post out door activity cleaning must be stressed.

Finally, we must look at **age** and **skin care**. It is amazing what piercers can tell about a person by a one-inch square of skin on their body. Does your client wear heavy make-up? Impress upon them how they must keep it out of fresh piercings, and suggest a bezel set gem instead of prong set gem in nostrils to avoid make-up build up. Does your client have heavy acne? What type of cleansers are they using? It is important that no new soap products are suggested to any clients on prescription acne wash/medication. In these cases, suggest that your client speak with their dermatologist prior to starting any new soaps for facial piercing. Clients with new piercings should be gently reminded to change their bedding and towels frequently. Most elderly clients are set in their ways on soaps and cleansers; do not tell these clients to change! Their products have worked for them for this long and the best piercers can do is suggest an added sea salt soak or compress in their daily routine.

Remember: all we are doing is guiding. We must not expect our client to change their lifestyle completely in order to heal their piercing. A good rule of thumb is: The piercing must fit their lifestyle, their lifestyle should not have to change to fit the piercing. With this in mind clients will be more likely to learn a routine of cleansing and care that is enjoyable, time-fitting and easy. The most important thing piercers can teach a client is to take care of their body. This is different in every individual. Respecting that knowledge will allow for better client care, and will instill in your clients that you want what is best for them and their body. **P**

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Legislators, medical professionals, tattoo artists and piercers in the Chamber of Legislation.

A HISTORY OF PIERCING AND TATTOOING LEGISLATION IN MEXICO



Danny Yerna
International Outreach Coordinator
Wakantanka, Mexico City

In May of 2001, after a long struggle, Goethe Mier, Cesar Castillo, Alfredo Mata (tattoo artists), two “modification-friendly” Doctors, two legislators involved with healthcare, piercer Ana Paula Escalante and I were finally allowed to stand in front of the Chamber of Legislators in Mexico City. We were optimistic, even though we all had only 20 minutes to express our concern about what is going on in the country in our industry.

The topics we talked about were:

Why legislate Piercing and Tattooing?

We spoke on how we have estimated that, in Mexico, there are about 2,000 people doing piercings and tattoos, but only about 15% of those work in an enclosed space. From those 300, we thought only another 15% work with proper equipment. We also presented that, if there are only 2,000 persons working in our industry, and if all of them only do one piercing or tattoo a day, five days a week, there are

20,000 done a week, about 80,000 in a month and almost 1,000,000 a year. We mentioned all the people that pierce in malls and on the streets and all the risks that are involved there, as well as the importance of doing outreach with help from healthcare professionals.

Proper tools and equipment

We talked of all the equipment and tools that are required in our industry, such as examination gloves, surgical fields, needles, receiving tubes, tapers, and forceps, in addition to everything involved with tattooing.

Proper workspace

We talked to legislators about the different areas needed in a shop, such as the counter/display area, piercing area, tattoo area, cleaning/sterilization area, biohazard area and restrooms (and why all these should all be different).

The importance of a good relationship with the healthcare officials

The most important issue we spoke of was the potential risk of bloodborne pathogens transmission from people who don't have ethics, professionalism or education. We also asked for some help in getting more involved with healthcare officials to prepare educational seminars, piercing (and tattoo) licensing, studio inspection, etc.

Professional ethics.

We talked about the rights and obligations of piercers and tattoo artists. We stressed the need for release forms, aftercare handouts, and we gave some examples on how this all should be formulated. We also talked about the dangers of piercing guns and piercing minors.

We basically have to start all over again. What's worse is we have to start from less than zero.

This was all in 2001. For weeks, months and years we worked with the legislators and healthcare officials, sometimes a few weeks on a row, then a few months with no activity, then again for several weeks, and so on for the last five years. Then, in 2006, suddenly there was a lot of interest again. After working side by side with officials, giving opinions from more piercers and tattoo artists, mailing official letters, showing statements about the piercing guns, jewelry materials, tattoo ink and so on, the legislators approved part of our proposal and forced healthcare officials to draft regulations on piercing and tattooing.

In July of 2006 we finally agreed on what should be the final regulations for our industry; we felt that great improvements were made. Some of the articles that we managed to include were:

- Shops only can operate with a valid license.
- Artists have to give written aftercare instructions.
- Artists must explain risks to their clients.
- All needles may be used only once.
- All jewelry must conform to material standards as they are stated by the APP.
- No minors can get genital piercings, even with parental consent
- It is forbidden to use the Piercing Gun in any part of the body
- All artists must be vaccinated against Hepatitis.
- All artists have to take classes on First Aid, anatomy, and aseptic techniques.
- All shop must have a waiting room, counter/display area, closed work areas, a closed cleaning/sterilization area and restrooms.
- All artists must use an autoclave and test it monthly.

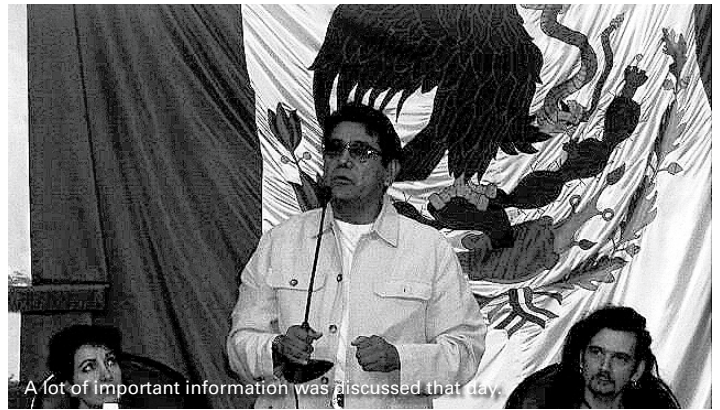
- All shops must use a biohazard waste disposal service.
- And so on, as well some sections specific to tattoo artists.

We all felt that victory was near. We were almost celebrating this success when we received information that, with the last elections, some officials from health care were changed, and that they had an official letter ready concerning our industry and legislation for it. Only the President's signature was missing...

We checked the proposed legislation and it seemed that the person that wrote the last update never read what we have been doing the last six years; all the important articles were left out, most were not even mentioned anymore! And it got even worse; this is already approved:

- We cannot pierce anyone under 18, only with parental consent
- We have to pay \$3,300 (approximately \$330 US) for a provisional license, per year for each artist.

And there are some amazing new articles that they want to include



in next legislation:

- An acceptable piercing or tattoo establishment is: a place, closed or open, moveable or unmovable.
- Needles have to be in "good shape."

We basically have to start all over again. What's worse is we have to start from less than zero.

Despite of all this, many things have changed in a good way since 2001. Many piercers have become more involved, and many have been to seminars—some to the APP conferences in Las Vegas, a few even went to Amsterdam. Many came to last year's APP Educational Seminars in Mexico (more than 100) and this year we have another 100, from all over the country, coming to take the classes and educate themselves.

We know that there will always be bad piercers. Those with no ethics, placing any kind of jewelry in the body, who will never understand what professionalism, safe and hygienic piercing is all about. But many piercers have changed their shops; some are now even cleaner than many doctor offices. Many more have autoclaves, work safely and have a lot more experience and hygiene. We are going to keep on working on this issue, but we are happy to see the progress in our field. Professionalism is increasing, and that is great to see.

And we know, with or without legislation, that we all should keep working and educating ourselves, provide the most accurate information to others, and be thankful that we can make a living doing what we love most. **P**

NATURAL AFTERCARE



John Johnson
Anomaly Studios
Pasadena & Los Angeles, CA

The word “natural” can mean many different things. Dictionary.com offers thirty-eight different definitions for natural. Of these, I consider the most relevant to our industry to be:

“Natural - having undergone little or no processing and containing no chemical additives.”

Modern body piercing has now been around long enough that certain practices are in place that piercers and customers alike have come to accept as being the standard. Presenting aftercare information from a more natural approach isn't an attempt to challenge this standard; it's an attempt at widening the range of options we have to offer our customers. Not one approach will work for everyone; our customers have much to gain if we can truly tailor their aftercare to them. More well-known chemical based aftercare options often coexist with natural alternatives in any piercing studio where piercers are educated and have the customer's needs in mind.

The fundamental idea is that the body heals itself. Smaller wounds to the body can often be healed with no additional remedy from any external source. Our immune system responds to injury and illness with a series of functions to prevent infection and the spread of infection, repair damaged tissue, seal up wounds, and even remove foreign bodies. Since our state of health directly affects our immune system, the efficiency and success of healing new piercings is tied to our overall health. Piercing aftercare would be much simpler if we could just tell our clients to be healthy, but unfortunately our customers expect a little more. Written aftercare should remind customers that simply being healthy is important in the healing of their piercings. Three basic principles of healthy living are: maintaining a healthy diet (that may include multivitamins); getting plenty of sleep; and reducing stress. As piercers we're sometimes forced into the role of health counselors. All these are simple ideas our customers will understand without much explanation, and can often make a world of difference.

Most natural solutions considered for piercing aftercare are to be used externally as a soak or compress. The most common is sea salt, which has been successfully used by modern piercers for over a decade. 1/4 teaspoon of non-iodized sea salt mixed with 8oz. of warm water—distilled is best—is useful for irrigation, soothing an irritated piercing, and may significantly shorten healing times when piercings are soaked 5-10 minutes twice (or more) a day. The low expense, availability, ease of use, and reliability has made sea salt a

staple aftercare solution for many shops.

But many other options also exist. Large numbers of herbs and other substances have been used throughout history (and pre-history) to treat ailments and injuries. We now have an industry known as Natural Medicine. Natural Medicine can serve as a model, but it provides little to no research or information specific to body piercing. Body piercing is a unique wound in many ways. The best we can do is study general wound care from the natural view and look for similarities. It will be up to the piercing industry to do its own research and evaluation to determine what is best for us.

When working with herbs, some will have very specific measurements of plant to water ratios, but for most, a simple infusion of 1 ounce of herb steeped in 2 cups of hot water will work.

Many common herbs will work as soaks, compresses, and oral rinses, but some will have bitter taste and be less suitable for oral use.

*Some herbs have mild antiseptic properties that may be useful in creating a wash. Echinacea, Lavender, and Willow can be used to clean wounds. Goldenseal can be used as well and may also be used as a mouthwash. Six drops of Tea Tree Oil in eight ounces of distilled water can be used as a soak.

*GLA is an acid found in Borage seed and Evening Primrose oils and can be taken orally to help reducing swelling. Massaged into the skin, Emu oil may also reduce swelling. Some herbs that have anti-inflammatory properties are Comfrey, Chamomile, and Slippery Elm. Chamomile, Willow, and Aloe can all be made into an anti-inflammatory mouthwash.

*Some common herbs used for pain relief are Chamomile, Comfrey, Mint, and Willow.

*Used orally, Vitamins C, A, and E, and the mineral Zinc are all beneficial to the immune system and contribute to the body's ability to heal.

*Scars can be treated by massaging with Emu Oil, Evening Primrose, and Borage Seed Oils. Generally small amounts of oil should be massaged into the area twice daily.

*GLA, Zinc, and Vitamin E are taken by some people for good skin health. Supplements like these are easily found at any health food store and most groceries and pharmacies.

The natural health industry is full of options for us to look at and examine their usefulness in body piercing. The more these ideas are explored and the information is shared, the better we can help our clients and develop our own natural aftercare standards. **P**

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from a more natural approach isn't
an attempt to challenge the standard;
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ON WRITING



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Talking about music is like dancing about architecture. —Anonymous

Laurie Anderson in the movie *Home of the Brave* uses the above quote. She says it was some time before she believed that you *could* dance about architecture, and therefore talk about music. The same can be said about writing about piercing.

When I first became involved with piercing, I was very disappointed in what I saw was a shortcoming among piercers: body art participants—practitioners and collectors—seemed to lack the ability to communicate what they were experiencing, either verbally or in writing. It took me a long time to realize the reason: what we do transcends description. Piercing—and all body modification—defies language and vocabulary. Essentially, if we could adequately verbalize or write about what it is we do, we wouldn't need to do it.

I still feel this is true; in piercing and other forms of body modification the act itself eludes description and definition. There are parts that no words will do justice or will adequately describe. But what about everything else? What about *why* we do it? What issues do we struggle with as a group? As a profession? As an industry? What inspires us? What frustrates us? What motivates us to do what we do?

The rise in popularity of modern body piercing is often hard to map, but there are many undeniable turning points in our profession. Events pivotal in writing the history of our industry. One of these was the publication of the book *Modern Primitives* in 1989.

I came of age as a piercer with the publication of *Modern Primitives*. I was of the group that came between: between the last of those for whom piercing was predominantly about erotic enhancement and the introduction of body piercing to the mainstream. (This was accomplished with the next big event: Alicia Silverstone—her body double, actually—getting her navel pierced by Paul King in the Aerosmith video for “Cryin’” in the summer of 1993.)

The words and images in *Modern Primitives* changed my life. I—along with my whole generation of piercers—am testament to that fact that writing about body modification can have a powerful impact.

Back then we were still a marginalized community; the early history of our industry was written by us because the mainstream press discounted us. (I always thought it interesting that in the beginning piercing was ignored as being a practice of a few deviant minorities and therefore not worthy of mention, until it hit the mainstream when it became trivialized as simply a fad. There was a very short window where the new wave of body modification was in any way taken seriously.)

Press about piercing at that time was written by us for us: PFIQ, Body Play, Body Art and Piercing World out of the UK. For many of us—myself included—these publications opened our eyes to a completely new world. My aspirations to be as a piercer and body modification artist were directly shaped by what I read in these

publications.

And now there is the Internet. Piercers today are introduced to the world of piercing and body modification with a *flood* of information that was not readily available in years past. Sites like rec.arts.bodyart and BMEzine.com shaped body modification for the new generation. The problem in years past was too little information was available; now it's *too much* information to sort through.

Unfortunately the new era of writing still has one of the same shortcomings that the old one did: it is mostly interviews. Most writing by and about our industry consists of profiles and conversations about people in our industry. Is it any wonder then that we are an industry populated by huge egos? With the interview being the standard format for our writing we appear to value personality above all other attributes. We value identity over ideas, personality over accomplishments. Is it then a surprise we are so ego driven?

And still, even with our large numbers, the overwhelming majority of published writing in the mainstream press *about us* is not *by us*. Anyone from outside who attempts a better understanding of our industry is subjected to the worst type of writing about what we do. From the pages of fashion magazines to the books published by university publishing services they all seem to have one thing in common: they all seem to miss the mark, they miss the point, they all fall short to truly being insightful about our clients and us.

Why should they portray us accurately? The more mainstream of these publications are written with a mixture of titillation and condescension. The highbrow publications are similar, except they tend to hide it better with the sheen of academia.

There are exceptions. As piercing and other forms of modification become more commonplace, almost accepted, insightful articles are becoming more numerous. As we become more mainstream the mainstream is more able to understand us. But the same problem remains: writers from outside looking in fail to see us in themselves. They are still writing about “the other:” those exotic other people that do what they do on the fringes of culture. They fail to equate what we do to what they do and who we are with who they are.

Now more than ever it's important that we participate in the writing of our history. This is why a publication like *The Point* is so important: it allows us to write about ourselves for the peers in our industry, for those who will soon join our ranks, and those content to stand on the sidelines and watch. And yes, even for our detractors.

So write. Submit. If not here, *somewhere*. Blogging is not enough. PFIQ is no more—the last issue was #50, published in 1997. Body Art magazine ceased being published in 1996. Body Play's last print issue was published in 1999.

Don't be afraid to write, to dance about architecture, to write about piercing. To contribute to *The Point*. Submissions can be sent to medical@safepiercing.org. **P**

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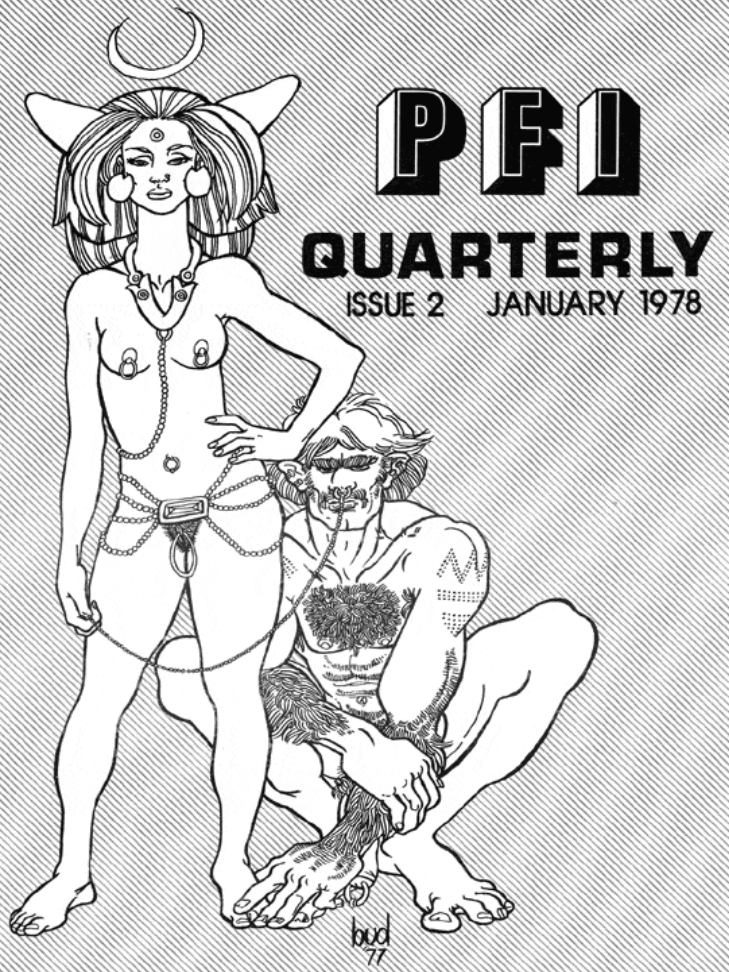
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IN THIS ISSUE:

- Photo Feature/Zubayr Meets Star
- Who's Who/Meet Carl Carroll
- A Tribute to Ethel Granger
- Kingpinned & Ringed, Part 2
- The Letters of Ellen Sunshine

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