

THE POINT

ISSUE 70
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THE QUARTERLY JOURNAL OF THE ASSOCIATION OF PROFESSIONAL PIERCERS



The Association of Professional Piercers Celebrating 20 Years

- In the UK, When is Piercing Mutilation? p. 9
- Our Evolution from a Piercer's Perspective p. 31
- Trends in the Industry p. 35

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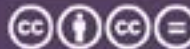
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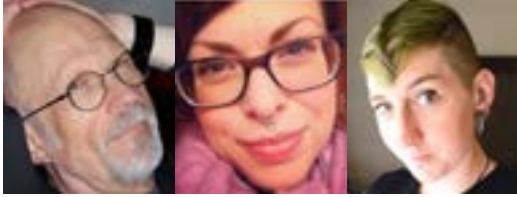
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FROM THE EDITORS



JIM WARD
KENDRA BERNDT
MARINA PECORINO
The Point Editors

Thank You Kim Zapata!

On behalf of the Board, the readership, and the new editorial team we would like to sincerely thank Kimberly Zapata. From 2009-2012 she acted as a contributing editor. During this time she authored several articles. In 2012 when her predecessor, James Weber, stepped down, she became Editor and Chief. Kimberly served as Editor from Issues #61-69 and I personally had the pleasure of working on each of those issues with her. This means it is with an extra sadness I see her step down. In the past few years Kim had become not only a colleague and boss, but a mentor and a friend. Her passion for our industry was more than apparent in each issue she spearheaded, always trying to stay on top of current issues and trends in our industry. In her time as Editor, she also saw this publication go from a print edition to a web-based publication and helped set *The Point* on an exciting new path. So Kim, from the bottom of my heart, “Thank you”! I personally wish Kim nothing but the best in the future, and I am sure that the Board of Directors, everyone in the office, and our readership echo those sentiments.

—Kendra Jane Berndt

• Jim Ward

As many of you know, Kim Zapata the previous Editor of *The Point* has stepped down to devote more time to other aspects of her life. We owe her an enormous debt of gratitude for her work and will miss her. She did an outstanding job and has left big shoes to fill. Perhaps that is why the APP Board has asked three of us to take over her duties. I will be sharing responsibilities with my co-editors Kendra Jane Berndt and Marina Pecorino.

The Point has been a part of APP history since its beginning in 1994–5, and I am thrilled and privileged to have been involved, on and off, for many years. The organization came into being through the tire-

less efforts of my Gauntlet associate, Michaela Grey, and a handful of other body mod professionals. As the pressures of government intervention reared its ugly head, these practitioners were committed to seeing that our industry would survive. The content of Issue #1 contains a great deal borrowed from Gauntlet’s piercing seminar manual.

In 1998 Gauntlet went out of business. Thankfully, by that time the APP had already become an independent entity. With Gauntlet’s demise, I withdrew into a shell. In 2003, with Issue #25, the APP reached out to me and asked me to take on the design and layout of *The Point* and to submit an article about Doug Malloy, who

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had inspired me to open Gauntlet in the first place. I continued in the designer position until 2005 when the Board decided to expand the newsletter and print it in color at which time the torch was passed to another Art Director. The printed color issues, #33 through #60, took *The Point* to a whole new level and brought it to a peak of professionalism worthy of the organization. I remained on the sidelines through much of this period, occasionally being asked to present at the annual Conference.

For Issue #41 (2007), then president James Weber asked my permission to reproduce the cover of an old issue of Gauntlet’s publication *Piercing Fans International Quarterly (PFIQ)* showing the penis piercings of Louis Rove, the gay, adoptive father of right-wing extremist Karl Rove. The only change he made was to alter the masthead to say “*The Point*” in the same font as the original magazine. This and every issue of

The Point can be viewed and/or downloaded from the APP [website](#).

Like all organizations, the APP has experienced its own financial ups and downs. In 2012 in an effort to economize, as well as to keep up with current trends, the Board made the decision to produce *The Point* in digital format only. I was approached about taking over once again as Art Director for the newsletter and gladly accepted. My first was Issue #61, and I'm still at it. I thoroughly love doing this job for an organization I deeply admire and respect, and I hope to continue to do so for many years to come.

This is a landmark year in the world of body modification. Gauntlet, the world's first body piercing studio will turn 40 and the APP will celebrate its 20th anniversary. This issue of *The Point* and the next will be dedicated to this special occasion. We encourage every reader to make the effort to attend what is sure to be a memorable event.

• Kendra Jane Berndt

"We cannot know where we are going if we do not know from where we come."

—unknown

It is an incredible honor to be saying "Hello" and officially introducing myself as one of new editorial team for *The Point*. I have had the pleasure of being a contributing editor and author for *The Point* over the past three years. Some of you may know me, however, most of you probably won't. In the grand scheme of things, I am definitely a new kid on the block. This month I celebrate five years of piercing, and I come to this industry by a different path than most. I bring with me a bachelor's degree in both science and education, with much of my past experience focusing on education in one manner or another. I had the distinguished pleasure of being chosen an AI D Scholar in 2010, and now sit on the AI D Selection Committee. I have also since been a research assistant for Paul King, and join him on the Body Piercing Archive Committee, as well as am a Super Volunteer at Conference. You will once again find me behind the registration desk this year. Come say hi! I am greatly looking forward to working with our new team, Marina and Jim, to bring you the industry's only dedicated trade journal.

In this, our first issue as a new team, we want to take you on a journey over the past two decades, as we get ready to celebrate the Association of Professional Piercers' 20th anniversary this June in Las Vegas. It is amazing to see what this industry has grown from, and I personally cannot wait to see what the future holds for both the APP and the body piercing industry as a whole.

• Marina Pecorino

Several years into my professional piercing career, I served as a Love Volunteer for the APP Conference & Exposition, 2012. I can honestly say that my life is forever changed as a result.

Despite a diverse career history and my current work in an unrelated field, the piercing industry continues to be a major passion in my life, much like it is for most of you. I am elated (and a bit nervous) to tackle this challenge and break out of my shell as part of the newest editorial team for this historic publication. I am even more thrilled to be given this opportunity during such a monumental anniversary.

In planning for this transitional issue, many new ideas have begun to hatch. Not all of these ideas will come to fruition, but our team has a shared goal to broaden *The Point* with an influx of new information and energy. We also realize the importance of honoring the history and upholding the continued mission within these pages. Current technology and the accessibility of information makes this an incredibly exciting time for the safe piercing message. Please join us in the dissemination of this message by sharing *The Point* with your colleagues, clients, and friends.



The APP wants to thank North Bay Bioscience, LLC (NBBS) and Autoclave Testing Services, Inc. (ATS) for working with us to find an efficient streamlined process for the reporting of spore tests results for the APP Members who test with them. Once the APP Member gives permission for their testing company to release spore test records to us, we will be able to review test results online.

The APP can now get information/reports on our Members who test with NBBS or ATS via an online portal. This will make maintaining records much easier and allow the APP to have immediate access to test results. Members who test with them will no longer have to send in their spore test results monthly/quarterly; instead if for some reason we are NOT seeing test results we will contact the Member.

We have also sent out an inquiry to SPS Medical in the hopes of doing something similar.



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RUNNING THE GAUNTLET

An Intimate History of the Modern Body Piercing Movement by Jim Ward

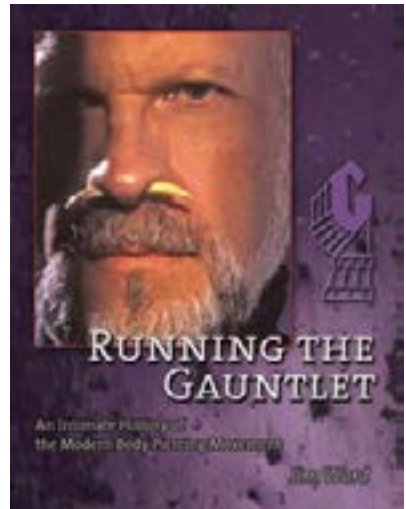
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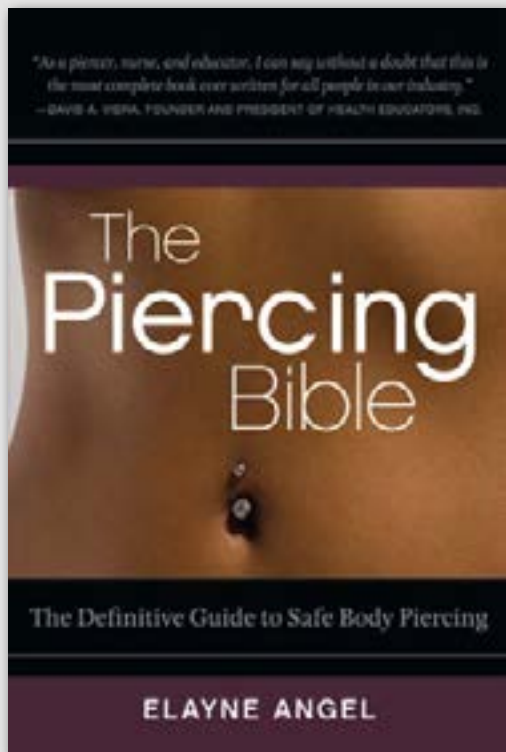
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JAMES WEBER, Former President
Association of Professional Piercers



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ABOUT THE AUTHOR - ELAYNE ANGEL has been a professional piercer for more than 20 years and has performed over 40,000 piercings. She was awarded the President's Lifetime Achievement Award by the Association of Professional Piercers in 2006 and is a contributing writer for *PAIN* Magazine. She lives in Mérida, Mexico. Visit www.piercingbible.com for more information.

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PRESIDENT'S CORNER



BRIAN SKELLIE
APP President

Sir Arthur C. Clarke's Third Law states: "Any sufficiently advanced technology is indistinguishable from magic." Had I been at Arthur's elbow as he wrote those words, I'd have suggested adding: "to the uninformed observer."

— James Randi, [WHY MAGICIANS ARE A SCIENTIST'S BEST FRIEND](#)

"As piercing professionals, what do you seek from the organization?"

It may seem from appearances that the APP has been conjuring constant advancements and results from our common mission. For more than two decades, behind the scenes this question has been the focus of enthusiastic volunteers aided by an astute administrator. We have had eight changes of leadership before our current board*, most of whom I have had the pleasure of working alongside. They have contributed significant guidance, accomplished projects, and made decisions that have helped our field grow. I thank each of you for choosing to engage. In regards to this question, progress and development is an excellent answer.

"What if a piercer exceeds the basic requirements of their APP membership agreement?"

Another very pleasing question that comes up more often than ever before is in regards to where we might go to improve upon the minimum standards. These years of educational outreach have been fruitful, and we have received outstanding applications from an increasing number of supporters. I affirm: please excel. Impress us with your intuition and invention! Sharing your ideas raises the level for all of your fellow members.

"Do you feel the need to make changes before you apply?"

I'd like to think that there are many piercers out there who are not yet members, but who meet and exceed the skills and criteria required by APP membership. The fact remains that we encourage each piercer to feel welcome to start the application process and join. Our membership committee is here to help with your questions and to facilitate the process with a regular online [APP Future Members](#) group, and round tables both at events and online.



Turquoise flower industrial by Ryan Ouellette

Participation in our educational events can demystify the technology and techniques important to our work and provide the foundational aptitudes so that you can become an APP member.

See you at Bally's in Las Vegas for our 20th Conference, June 7–12, 2015.

*The Point Spring 1994 issue lists the first Board of Directors as Crystal Cross and Richard White, Ahna Edwards, Kent Fazekas, Gahdi Elias, Michela Grey, Blake Perlinger, Rob Petroff, Maria Tashjian, and Alan Falkner.

In August of 1996, Maria and Blake stepped down and were replaced by David Vidra and Al D. Sowers.

June 1997 Kent Fazekas is named Chair

June 1998 Gahdi Elias is named Chair

From June of 1999 until June of 2002, Pat McCarty held the position of President.

As of June 2002 this position was assumed by Bethra Szumski. She sat on the board as President until June of 2005.

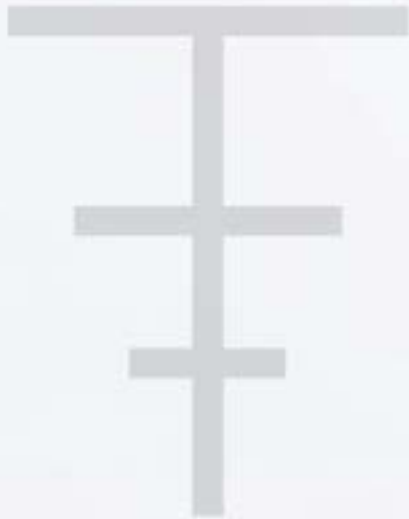
In June of 2005 Alicia Cardenas became president. She remained president until June of 2008.

James Weber succeeded the position of President from June of 2008 until June of 2011.

In June 2011 Elayne Angel took over as the President, where she served until June of 2014.

Our most recent President is Brian Skellie who has been President since June of 2014.

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WHEN IS PIERCING MUTILATION? UK CONCERN COMPLICATES A GLOBAL ISSUE



PAUL KING
APP Treasurer

The Current UK Situation

On March 19, 2015, the London Evening Standard published Martin Bentham's article online, "Women with Vagina Piercings to be Classed as FGM."¹ The tabloid article is claiming that the United Kingdom's (UK) Department of Health is requiring that healthcare professionals report known incidences of female genital piercing as "female genital mutilation." This article was and is still being widely shared in social media and has proliferated through various copycat online articles through sites such as BBC and Huffington Post, etc.² The response has been an incredulous outcry from UK piercers, other piercers worldwide, piercing enthusiasts, and even UK nurses.³

In this article, I will outline some pertinent history on the topic of "Female Genital Mutilation," particular-

ly in the UK and how it relates to female genital piercing; explain some key legal definitions and concepts; illuminate legal and ethical concerns; and suggest options for immediate responses and longer range strategies potentially affecting the Association of Professional Piercers (APP), UK piercers, global body altering industries, and other body modification communities.

A Brief Overview of "Female Genital Mutilation"

To some degree, most of us have an idea of what "female genital mutilation" is and what it is not. However, "Female Genital Mutilation" ("FGM") is a very complex subject containing passionate and sometimes conflicting beliefs. Within individuals as well as between groups, "Female Genital Mutilation" includes diverse and sometimes contradictory understandings of "Human Rights," patriarchy, feminism(s), xenopho-

bia, Islamophobia, sexism, racism, colonialism, Western ideology, economics, etc. I have studied this subject intensely for several years; I am still learning and therefore I make few claims.⁴ Most of the complexities of "FGM" are outside the scope of this article.

Throughout this paper, I use "FGM" and "female genital mutilation" in quotations. I believe the phrase and acronym are popularly recognized so I perpetuate their usage, however, with great ambivalence. I prefer and generally use "female genital alteration," ("FGA"), or even more neutral, "genital alteration."⁵ These are less biased and less reductive ways to talk about diverse procedures of the genitals that contain debated and complicated social meanings and motivations, as well as a wide range of psychological and physical outcomes. Even the term "female genital piercing" carries

¹My article won't digress into an anatomy lesson, but it is noteworthy that Western-style piercers do not pierce "vaginas." <http://www.standard.co.uk/news/health/women-with-vagina-piercings-to-be-classed-as-suffering-from-fgm-10113202.html>

²<http://www.bbc.co.uk/newsbeat/31938409>; http://www.huffingtonpost.co.uk/2015/03/18/vaginal-piercings-classed-fgm-new-nhs-guidelines_n_6892376.html; <http://www.thefrisky.com/2015-03-19/nhs-genital-piercings-count-as-female-genital-mutilation/>; <http://www.independent.co.uk/life-style/health-and-families/health-news/women-with-vaginal-piercings-will-be-recorded-as-suffering-fgm-under-new-nhs-rules-10116464.html>; <http://www.dailymail.co.uk/news/article-2999462/Women-vaginal-piercings-classed-having-suffered-female-genital-mutilation-says-Department-Health.html>; <http://www.infowars.com/uk-regulation-to-label-women-with-vagina-piercings-victims-of-genital-mutilation/>; <http://www.prisonplanet.com/uk-regulation-to-label-women-with-vagina-piercings-victims-of-genital-mutilation.html>; <http://www.telegraph.co.uk/women/womens-health/11480359/FGM-Vaginal-piercing-to-be-recorded-as-female-genital-mutilation.html>; <http://www.mirror.co.uk/news/uk-news/fgm-women-vaginal-piercings-classed-5356141>; <http://guernseypress.com/news/uk-news/2015/03/17/vaginal-piercings-classed-as-fgm/>

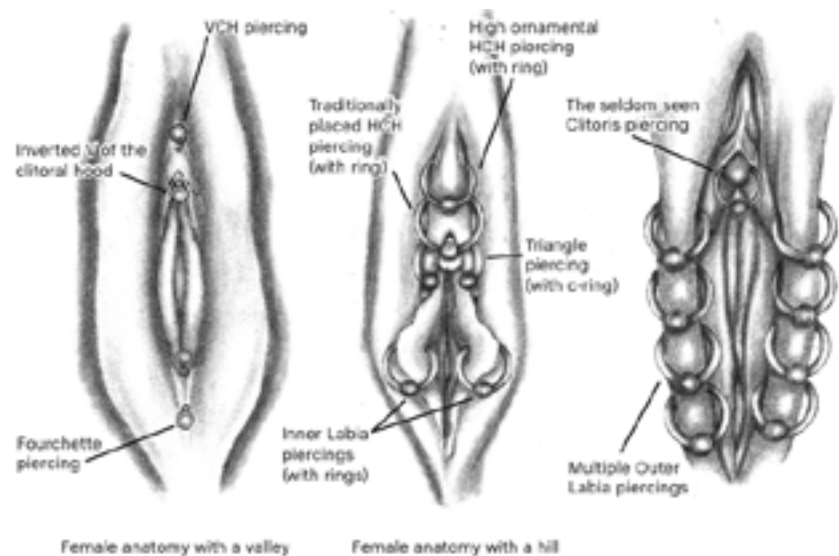
³http://www.practicenursing.co.uk/forum/topic.aspx?TOPIC_ID=23989

⁴A 60-page excerpt of my 2014 honors thesis, "Investigations of Female Genital Alteration in the US Within Nonimmigrant Communities" is pending publication for this Fall 2015, in the UC Berkeley Undergraduate Journal. http://escholarship.org/uc/our_buj

⁵I only use the language of "female genital mutilation" when specifically addressing the UN et al's "FGM eradication campaign."

problems of vagueness, which leads to confusion. As any professional and experienced piercer can tell you, not all piercings are the same; a “clit piercing” is **not** a “clitoral hood piercing.”⁶

The language and visual images used by the programs to eradicate “FGM” are so compelling and horrifying for the majority of Westerners that it becomes unimaginable to call into question data, rhetoric, or effects of this authoritative campaign.⁷ Although the United Nations (UN) agencies including the World Health Organization (WHO) have made four separate categories to differentiate the “FGM” practices, their literature describes all “FGM” practices as having the exact same physical and emotional traumas. As a result, the most invasive infibulation with clitoral excision carries the same description of trauma as the most benign prick.⁸ The UN et al. understands what they’re doing, they’re not looking for compromise; they are seeking complete eradication of all practices within one generation.⁹ Setting aside further ethical considerations of UN et al.’s campaign for the eradication of “FGM,” we will only address the repercussions from the overreaching definition of “Type IV female genital mutilation.”



Illustrations by Jennifer Klepacki from *The Piercing Bible: The Definitive Guide to Safe Body Piercing* by Elayne Angel www.piercingbible.com

The legal definitions of “FGM” includes: “Type IV is a category that subsumes all other harmful, or potentially harmful, practices that are performed on the genitalia of girls and women.”¹⁰ The UN and therefore the UK provide no qualitative or quantitative scale for “harm.” A rash, abrasion, puncture, burn, and/or contusion, etc., any injury that is a result of a deliberate action, no matter how temporary or permanent is technically “harm.”¹¹ The UN/WHO’s own documents acknowledge their definitional language for “female genital mutilation” was deliberately broad to close any poten-

tial legal “loopholes” for the practices they were trying to target.¹²

The UN/WHO have identified “female genital mutilation” as occurring in ethnic groups in or immigrated from 28 African countries as well as Iraq, Israel, Oman, United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan. I would assert that the UN/WHO never intended or considered for their definitions to include Western “normal” personal grooming practices on adult female bodies that frequently result in injuries. The UN/WHO’s stance on Western women altering their

⁶Refer to the anatomical drawings showing the variety of female genital piercings. Illustrations by Jennifer Klepacki. Used with permission of The Piercing Bible: The Definitive Guide to Safe Body Piercing. www.piercingbible.com.

⁷World Health Organization, “Eliminating Female Genital Mutilation: an Interagency Statement: UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO,” World Health Organization, (2008), 11, <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>; UNICEF, “Eradication of Female Genital Mutilation in Somalia,” United Nations International Children’s Emergency Fund, 2004, www.unicef.org/somalia/SOM_FGM_Advocacy_Paper.pdf; (For alternative narratives and standpoints to the anti-“FGM” campaign, see: Lori Leonard, “We Did It for Pleasure Only’: Hearing Alternative Tales of Female Circumcision,” *Qualitative Inquiry* 6, no. 2, 2000: 212-228, DOI: 10.1177/107780040000600203; and Hastings Center, “Seven Things You Should Know About Female Genital Surgeries in Africa,” *Hasting Center Report* 42, no. 6 (2012): 19-27, DOI: 10.1002/hast.81

⁸Ibid, 9, 11, 24.

⁹UNFPA-UNICEF, “Female Genital Mutilation/Cutting: Accelerating Change (Joint Funding Proposal),” UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting. E-book, 2012, 12, <http://www.unfpa.org/publications/female-genital-mutilationcutting-accelerating-change2012>.

¹⁰WHO, *Eliminating Female Genital Mutilation...2008*, 26.

¹¹Ibid., 26-28.

¹²Ibid.

genitalia for aesthetics using cosmetic surgical procedures was intentionally left ambiguous.¹³ To further complicate the ethics in this issue, other UN policies do not consider “traditional” genital modifications of the **male** body as “mutilation,” in fact, the UN agencies UNAIDS and WHO, fund and promote medicalized male genital alteration in the same African communities in which they seek to eradicate female genital alteration.¹⁴

Important History Relevant to the UK

The trending tabloid articles take out of context an issue with a long history. For perspective, I offer some background on the development of the UK’s “FGM” campaign. This historical timeline is by no means exhaustive:

In 1985, the UK passed its first regulation on the prohibition of mutilating female genitalia. “Mutilation” is never defined.¹⁵

In 1987, UK authorities conducted “Operation Spanner.” This investigation targeted adult male homosexuals engaged in consensual BDSM.¹⁶ Among the arrested was one of the UK’s most prominent and

historically important professional body piercers, Alan Oversby, a.k.a. “Mr. Sebastian.” His criminal activity included, “performing a [Prince Albert] piercing for the purposes of sexual pleasure...”¹⁷ All defendants pled guilty and lost all appeals, both in the UK and EU courts.¹⁸ For this article, the crucial point to understand is that UK law will disregard adult consent to criminally convict a body piercer. In the Spanner Case, guilt was determined on the subjective ideas of “harm.” Current understandings are that one can pierce at least **male** genitals for adornment, but not for sexual gratification.¹⁹

In 2003, the UK replaced its first anti-“FGM” law of 1985, with the “Female Genital Mutilation Act 2003,” but they still did not clearly define “mutilation.” In addition, the act refers to “child abuse” and the protection of “girls” throughout the document, then concludes under the definitions section 6 (1), “Girl includes woman.”²⁰ Obviously, this muddles the understanding of what constitutes “child,” “girl,” “child abuse” as well as a consenting (female) adult.²¹

In 2008, The United Nations

(UN) and the World Health Agency (WHO) released an UN inter-agency seminal work on the subject of “FGM.”²² This document contains their standpoint on the issue, definitions, and candid rationale for their language choices. This is the document that most national governments refer to when considering definitions and implementing their own programs. It is the source document from which the National Health Services (NHS) and the Information Standards Board’s program ISB 1610 draw their global statistics, UK statistical projections, and legal definitions.²³

UN et al.’s Type IV female genital mutilation is defined as “All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, **piercing**, incising, scraping, and cauterization.” This is where Western-style female genital piercing would be classed. The term “Medical” includes any procedure not necessary for physical and psychological health. Cultural and religious necessities are explicitly excluded as medically necessary. The UN et al. also specifically includes “**stretching**” and “harmful

¹³Ibid., 28.

¹⁴UNAIDS & World Health Organization, “Male Circumcision,” Technical Guidance Note for Global Fund HIV Proposals, 2011.http://www.unaids.org/en/media/unaids/contentassets/documents/programmes/programmeffectivenessandcountrysupportdepartment/gfresourcikit/20110831_Technical_Guidance_Male_Circumcision_en.pdf

¹⁵Prohibition of Female Circumcision Act 1985, Chapter 38, <http://www.legislation.gov.uk/ukpga/1985/38>

¹⁶“BDSM” is the acronym for Bondage and Discipline, Sadomasochism. It is an umbrella term for a wide range of sexual play and expression considered outside mainstream sexual norms.

¹⁷Bibbings, Lois, and Peter Alldridge, “Sexual Expression, Body Alteration, and the Defence of Consent,” *Journal of Law and Society* 20, no. 3 (1993): 361, <http://www.jstor.org/stable/1410312>

¹⁸<http://www.spannertrust.org/documents/eurofinal.asp>

¹⁹Ibid.

²⁰Female Genital Mutilation Act 2003, Chapter 31, http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf

²¹Since the age of sexual consent and medical consent is 16 in the UK, clearer language that addresses the specific age would correct this problem, as an example: “under 16,” “16 through 17 years of age,” “under 18 years of age,” or “18 years of age and older.”

²²WHO, *Eliminating Female Genital Mutilation...*, 2008. (I critique this document in much greater depth in my thesis, “Investigations of Female Genital Alteration...”)

²³As an aside from our immediate issue, the 2008 UN Interagency statement on FGM is the source of the UK’s ongoing issue of whether female cosmetic surgeries are mutilation or not. (The document takes the stance those “elective” surgeries such as vaginal rejuvenation and hymen repair ARE mutilation while acknowledging many Western countries may not agree).

substances.” It also states “herbs” as well as implying chemical bleaches, depilatory creams, hot waxes, etc. when they cause any injury fall into this category.²⁴ The UN explains that they use such broad language to “close loopholes” in their campaign against “FGM.”²⁵ Of course the problem of this slippery slope argument is that they have included ANYTHING that causes ANY degree of injury to the female genitalia. This includes female genital body piercing and potentially the **reinsertion** or stretching of a female genital piercing.²⁶ Looking through medical reports for the US and Europe reveals thousands of female genital injuries, annually. Research reveals that most emergency room visits and treatments are for procedures we would never label “mutilation” such as “personal grooming” with razors, scissors, and clippers; skin bleaching; electrolysis; “Brazilian” waxing; pubic hair dyeing; and pubic hair removal with lasers or depilatory creams; etc.²⁷ Presented this way, Type IV’s all inclusiveness may seem absurd. However, the UN categories

were not intended to understand and document “our” bodies and practices; this descriptive system was intended to scrutinize “their” bodies and practices. For the law to make any sense, the allegation of “female genital mutilation” must be kept in context with the bodies being targeted as “FGM-affect.”

The 2013 UK Intercollegiate FGM report instructs authorities, including healthcare professionals, on how to identify, record, and report “FGM.”²⁸ This includes explanations for “FGM-affected” immigrant communities from the previously mentioned UN/WHO listed countries. The UK draws from this list for their statistics of probable “FGM” risk in the UK, since authorities admit there had been no prosecutions and little actual evidence to support concerns of widespread “female genital mutilation.”²⁹

On April 1, 2014, the Information Standards Board released directive ISB 1610. This document detailed information on standardized codes and procedures for healthcare workers to report incidences of “female

genital mutilation” in the UK. This guide includes UN/WHO definitions for Type I, II, and III. However, Type IV, which covers anything else, now includes “unknown” as ISB Type 9. “Type 9” mutilation means some sort of injury and/or scarring has occurred but it can’t be identified or there isn’t a clear ISB code for it. Type 9 is how “piercing” should be categorized.³⁰

In July 2014, the Department of Health issued “Recording FGM in the Patient Healthcare Record” reminding healthcare providers, particularly General Practitioners, that ISB 1610 requires mandatory reporting of “FGM” by all healthcare staff effective Sept. 1, 2014. The Department of Health has been collecting and reporting this data since then.³¹

In January 2015, the Secretary of State and Parliament released a comprehensive report, in response to a July 2014 summit, requesting greater cooperation between the departments of law enforcement, education, and healthcare to escalate the campaign against FGM in the UK.³²

On March 10, 2015, the House of

²⁴WHO, “Eliminating Female Genital Mutilation....”, 2008, 27, 28.

²⁵Ibid., 28.

²⁶All italic emphasis in this paragraph was added by the author. I include “reinsertion” since when jewelry has been taken out of a piercing, the piercing fistula starts to shrink, reinsertion in some instances may stretch the piercing channel. Generally, in a well-healed piercing and executed by an experienced piercer, changing female genital jewelry carries a remote possibility of tissue trauma; as such I did not include “jewelry changes” under Type IV.

²⁷Bjerring, Peter, Henrik Egekvist, and Thomas Blake. “Comparison of the Efficacy and Safety of Three Different Depilatory Methods.” *Skin Research and Technology* 4, no. 4 (1998): 196-199. DOI: 10.1111/j.1600-0846.1998.tb00110.x; Brunn Poulsen, Pia, and Maria Strandesen, “Survey and Occurrence of PPD, PTD and Other Allergenic Hair Dye Substances in Hair Dyes,” The Danish Environmental Protection Agency, 2013, <http://www2.mst.dk/udgiv/publications/2013/02/978-87-92903-92-1.pdf>; Glass, Allison S., Herman S. Bagga, Gregory E. Tasian, Patrick B. Fisher, Charles E. McCulloch, Sarah D. Baschko, Jack W. McAninch, and Benjamin N. Breyer, “Pubic Hair Grooming Injuries Presenting to US Emergency Departments,” *Urology* 80, no. 6 (2012): 1187-1191, DOI: 10.1016/j.urology.2012.08.025; Herbenick, Debby, Venessa Schick, Michael Reece, Stephanie A. Sanders, and J. Dennis Fortenberry, “Pubic Hair Removal among Women in the United States; Prevalence, Methods, and Characteristics,” *Journal of Sexual Medicine* 7, no. 10 (2010): 3322-30, DOI: 10.1111/j.1743-6109.2010.01935.x; Trager, Jonathan D.K. “Pubic Hair Removal: Pearls and Pitfalls.” *Journal of Pediatric and Adolescent Gynecology* 19, no. 2 (2006): 117-23. <http://www.sciencedirect.com/science/article/pii/S108331880600060X>

²⁸“Tackling FGM in the UK: an Intercollegiate Recommendations for Identifying, Recording, and Reporting,” 2013.

²⁹Ibid., 12.

³⁰Information Health and Standards Board for Health and Social Care, “ISB 1610,” 2014, <http://www.isb.nhs.uk/documents/isb-1610>

³¹<http://www.fsrh.org/pdfs/RecordingFGM.pdf>

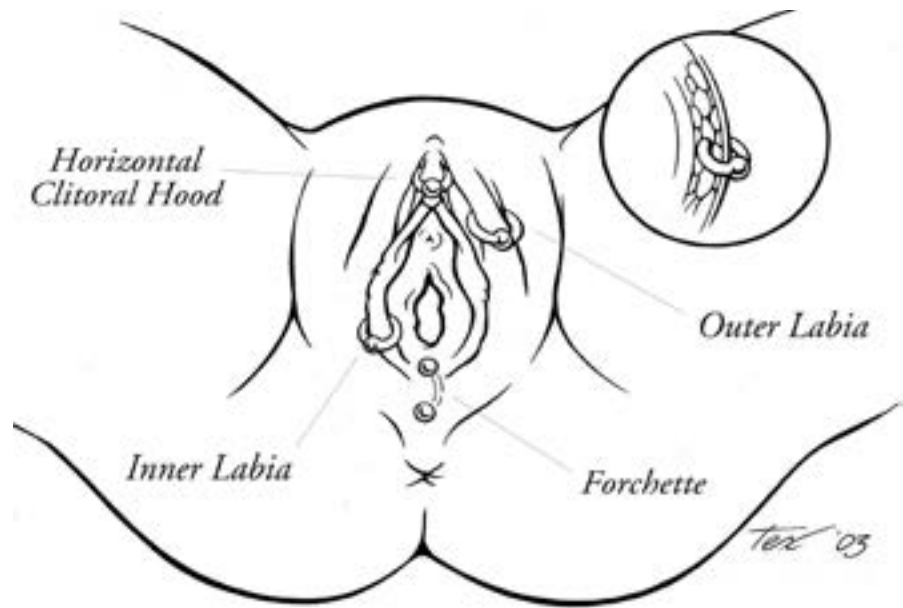
³²Secretary of State, “Female Genital Mutilation: The Case for a National Action Plan,” https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384349/FGMresponseWeb.pdf

Commons released a report titled, “Female Mutilation: Follow Up.” The Home Affairs Committee demanded that laws be clarified to include all UK female genital cosmetic surgeries on the grounds that it is hypocritical to specifically target the eradication of female genital procedures of “FGM” -identified communities both located inside and outside the UK, while allowing the rest of UK females to modify their genitals.³³ This report is likely the impetus for the Evening Standard’s article of March 17, 2015.

On March 17, 2015, The London Evening Standard’s website posted the article “Women with Vagina Piercings to be Classed as FGM.” This article appears to have ignited the current public awareness that female genital piercings could be, and perhaps have been, categorized as “female genital mutilation.” Requests have been made of the author and the paper to see if they have knowledge of any evidence that the government specifically addresses Western-style practices of female genital piercing. Most likely, the author was drawing from previous documents that generally include “piercing” as a standard example of the UN Type IV / ISB Type 9 “FGM.”³⁴

Concluding Thoughts

At the time of this writing, I have no evidence that UK authorities would interpret the piercing of a white indigenous adult female’s genitals for adornment as “female genital mutilation.” The protection of the genitals of all minors under the age of 16 is already enforced by strict regula-



tions. The UK has cultural views and therefore legal guidelines on young persons that differ from many states in the US. In the UK, persons 16 and older can consent to sex and medical treatments, without the necessity of parental consent.³⁵ Although, internationally, there exists a widely held professional ethical standard that only persons considered adults, at the “age of majority,” should have their genitals pierced. However, if a UK body piercer performed a female genital piercing on an adult woman from a UN/WHO/UK recognized “FGM-affected community” the legal outcome gets trickier to predict.³⁶ If the piercing were discovered by a healthcare provider, the situation would create an ethical dilemma for the healthcare worker, compelled by law to report any alterations. If the reported incident were investigated by law enforcement, it could lead to criminal prosecution of the body

piercer, counter staff, shop owner, and/or a friend(s) that accompanied the piercing client (anyone that “aids, abets, counsels or procures”) for violation of the Female Genital Mutilation Act 2003 carrying a penalty of a fine with up to 14 years imprisonment.³⁷ To mitigate risk, a UK piercer could refuse to pierce female genitalia, while continuing to pierce male genitalia. As another option, UK piercers could sort clients by using the same geographical criteria as the National Health Services and law enforcement; however, in practice, I doubt denying services based on country of origin would go over well. It would probably lead to accusations of xenophobia and racism.

Therein lies the crux of an ethical dilemma. Most people will not believe that every injury of the female genitals is “mutilation.” “Female genital mutilation” is understood to only happen in “FGM-affected

³³<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/961/961.pdf>

³⁴I use the APP’s definition of “body piercing” to mean: “Western-style practices of female genital piercing.”

³⁵<http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Children-under-16.aspx>; <http://www.legislation.gov.uk/ukpga/2003/42/contents>.

³⁶There could also be a legal issue of Actual Bodily Harm, “ABH” (not related to “FGM”) if the client or piercer received sexual pleasure from the piercing process or if the piercing were performed in the context of a BDSM sexual scene. See information on the Spanner Case.

³⁷“Female Genital Mutilation Act 2003,” sections 2 and 5.

communities.” It’s common sense that Janet Jackson’s, Christina Aguilera’s, or Lady Gaga’s pierced genitalia is not “female genital mutilation,” and as such the definitions of and rules for “female genital mutilation” should not apply.³⁸ However, “common sense” is not universal; it is influenced by life experience, education, class, economics, religion, ethnicity, sex, gender, country of origin, etc. Healthcare workers, police, legislators, and the public operate under this blind bias.³⁹ Few want to admit that they see and treat others differently, that is because it directly clashes with other deeply held Western values of tolerance, decency, and fairness.

In March 2015, the UK Home Affairs Committee recognized the “double standard” of pressuring other communities to stop their “mutilation” practices while allowing UK females to have genital cosmetic surgeries. They have appealed to parliament to amend the 2003 law in order to criminalize female genital cosmetic surgery.⁴⁰ This action will likely meet allegations of patriarchy and sexism. Many Westerners fail to realize that our understandings of medicine and science (such as “necessary” or “not necessary”) as well as violence, mutilation, harm, pain, etc. are always shaped by culture. Ones most deeply held religious and moral beliefs, including notions of what is “right” or “wrong” are shaped by the culture one is born into. The dominant culture within any particular

nation is in a more powerful position to propagate its beliefs.

The UK government and anti-“FGM” organizations genuinely desire to protect immigrant women and their daughters. Most Westerners, this author included, would find it repugnant to defend the most commonly told story of a practice that physically restrains a very young girl crying against her will, to have her clitoris cut out and her vagina sewn shut, a procedure that endangers her life, sexual pleasure, and ability to procreate. However, the anti-“FGM” campaigners risk weakening their public support when they overreach their claims to consider all practices regardless of invasiveness, all females regardless of age, and all physical and psychological consequences regardless of the wide range of experiences and perceptions, as the same. Once the UN et al. labels a community as practicing “FGM,” then at the international level, those community adult women’s legal “rights” to consent to any genital alteration are stripped away.⁴¹

I’m not saying we should do nothing for individuals that want to be helped, or that we should not impose policies to protect minors, particularly in our own countries, but I do believe definitions and regulations that could specifically deny a female adult the choice to consent or not to consent to altering her genitals, whether by: piercing the genital tissue; or shaving, trimming, bleaching, dyeing, lasering, or waxing the

pubic hair; or surgically altering the appearance, etc., violate current commonly-held notions of sexual equality and fairness.

So what can be done in the UK? Ultimately, the course of action is best decided by the piercers and the women of the UK, although international piercing communities should assist when asked. Currently, an e-petition is circulating that UK citizens can sign requesting that the government legally recognizes female genital piercing is not mutilation.⁴² UK citizens can write and call their elected officials. They can email responses to all names and department heads associated with the anti-“FGM” regulations. Everyone can email news agencies that spread the story. At its source, this is an international issue that will keep occurring as a result of the definitions and policies of United Nations and the World Health Organization. Since the medical field and personal grooming industries may be affected, alliances should be sought. Body piercing communities and their allies should simultaneously apply pressure for legislative changes at both the local as well as the international levels.

As I conclude this article, I am reminded of the small group of piercers that came together in 1994, to stand up against a misguided California state bill that was going to unnecessarily burden our industry. The Association of Professional Piercers was born from this handful of determined activists. Twenty years later, the APP

³⁸These three celebrities have all gone public with their genital piercings; no “outings” were done for this article. (Vibe Magazine interview with Serena Kim) <http://brownsista.com/janet-jacksons-interview-with-vibe-vixen/>; ((christina Aguilera’s Vertical clitoral hood piercing was confirmed with Taj Waggaman, body piercer, in a personal communication, March 23, 2015); (Lady Gaga, September 12, 2011), <http://www.thesuperficial.com/photos/lady-gagas-about-to-feel-a-breeze/0913-lady-gaga-upskirt-01>

³⁹This is a link to a forum with nurses discussing the London Evening Standard “FGM” article. They expressed personal opinions on how they should interpret female genital piercing and the law. http://www.practicenursing.co.uk/forum/topic.aspx?TOPIC_ID=23989

⁴⁰House of Commons, “Female Genital Mutilation: Follow Up,” 2015, 6, 7. <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/961/961.pdf>

⁴¹WHO, “Eliminating Female Genital Mutilation...,” 2008, 10.

⁴²<http://epetitions.direct.gov.uk/petitions/75889>

has educated thousands of piercers and has helped shaped numerous city, county, state/province, and national regulations around the world. My concerns about this current issue in the UK are somewhat eased by the excitement of what the future may hold with this opportunity for the UK piercing community to unite behind a common cause.

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Illustration by Phoebe Gloeckner from *Responsible Body Piercing* courtesy of Gauntlet Enterprises

The APP Official Response on the UK Categorization of "Piercing" as "Female Genital Mutilation."

The Association of Professional Piercers does not consider elective female genital piercing to be mutilation or "Female Genital Mutilation" ("FGM"). We support the right for all adults to pierce their bodies in a safe, informed, and consensual manner when performed by a qualified practitioner under appropriate asepsis.

We are urging UK government officials to re-address the language of the current laws and regulations to clarify the confusion arising from the current definitions, including definitional section 6 (1) of the Female Genital Mutilation Act 2003, in which "Girl includes woman," as well as any "FGM" regulations that include the term "pierce," such as ISB 1610 of 2014. We are available to assist in this process.

The Association of Professional Piercers is an international non-profit organization dedicated to the dissemination of vital health and safety information about body piercing to piercers, health care professionals, legislators, and the general public. Socially and legislatively, body piercing is situated within the greater body modification community. As a result, we recognize that our role extends beyond the discipline of body piercing. Our position on body art practices such as tattooing, cosmetic tattooing, branding, scarification, suspension, and other forms of body modification is as follows:

We support the right for all adults to adorn or modify their bodies in a safe, informed, and consensual manner when performed by a qualified practitioner under appropriate asepsis. While the APP does not directly regulate, perform outreach, or offer procedural guidelines on practices other than body piercing, we support health and safety organizations that do. Our most fundamental principles as expressed in our environmental criteria and ethical standards extend to the greater body modification community and its practices.

ANNOUNCING THE APP BODY PIERCING ARCHIVE



PAUL KING

Committee Chairperson & APP Treasurer



Anyone who has sat in on one of my classes knows my passion for recovering and preserving our community's history. Historic Western attitudes of pathology and shame led to the loss of much of our history. I am filled with honor and excitement to publicly announcement the Association of Professional Piercer's newest committee, the Body Piercing Archive (BPA). The formation of the Body Piercing Archive was authorized by the Association of Professional Piercers' Board of Directors in June 2014. We have been working behind the scenes on establishing a committed team of workers, an organizational structure, and some preliminary goals.

Mission Statement:

"The mission of the Body Piercing Archive is to select, collect, document, preserve, exhibit, and interpret the personal, social, and material evolving histories of Body Piercing to ensure these artifacts are available to present and successive generations."

For those familiar with archival collections, the goals laid out in this mission statement are daunting, requiring a commitment of time, training, and resources. We are proceeding methodically by rolling out the archive as manageable and contained projects.

Our first major short-term projects will be the organizing and cataloging of the APP's corporate internal records as well as developing two public exhibits during the APP 2015 conference. In honoring the APP's 20th anniversary, we will display the last 20 years' development of our conference, outreach, and education. In addition, we will honor the passing of a piercing pioneer, Raelyn Gallina, with a memorial exhibit.

At this time, we are actively seeking loaned or donated items of importance pertaining to the APP's history as well as Raelyn Gallina's personal life and piercing career. Please contact us if you have any images, material

items, ephemera, correspondences, and/or stories that you feel may be of interest to the BPA.

Some archives place a greater emphasis and dedication of resources to preserving and protecting objects at the expense of creating access to historical knowledge. Preservation will certainly be an important element of our efforts; however, early on we decided we wanted to focus our initial attention on projects that allow for community usage. Someday, the BPA committee and APP Board of Directors may consider a permanent facility; however, this is not a realistic goal today. For now, we will busy ourselves with getting a digital online archive developed for and promoted to the body piercing community, including professionals, researchers, and the general public. If the inaugural exhibitions of 2015 are well received, we will continue each year with new display themes as part of the annual conference experience. Additionally, part of our medium-range goals is to form and build alliances with established archives that already have or are committed to receive collections of our history. We will be announcing some exciting collaborative developments very soon!

The Body Piercing Archive committee would like to give a special thank you to Barry Blanchard and Tod Almighty for their service and support. The richness and diversity of the history of body piercing can only be preserved and shared with community participation.

Contact information:

Please direct all general inquiries to:

- Body Piercing Archive: archive@safepiercing.org
- Future website: www.bodypiercingarchive.org

Current Committee members:

- Paul R. King—Committee Chair & APP Treasurer
- Brian Skellie—Committee Member & APP President
- Matte Erickson—Committee Member
- Becky Dill—Committee Member
- Kendra Berndt—Committee Member & *The Point* Co-Editor

THE POINT—PAST & PRESENT



KENDRA JANE

The Point—Managing Editor of Content & Archives

If we look hard enough we can find patterns, cycles and trends in everything; music, food, or cars, all trends have a cyclic nature and none more so than fashion. One of the first people to try to rationalize these trends was the fashion historian James Laver. In 1937 he drew up a timeline of how style is viewed over time, which subsequently became known as Laver's law.

Why is this all important; what was happening 20 years ago in the fashion and music industry? Well, 20 years ago Aerosmith became the first major band to premiere a song on the World Wide Web. An important milestone to our industry for many reasons. With Aerosmith's record release came the video for their smash song "Cryin'", during which it is staged that Paul King pierces Alicia Silverstone's navel. He had previously pierced her navel. The video features a close up of a healed navel piercing. Whether Paul was aware of it at the time or not, he had just had a huge impact on fashion. Consequently, also influencing the popularity of body piercing, body jewelry, and the safe piercing message.

As piercing started to enter the fashion world, a higher demand was born and the growth of the current piercing

movement began. Even 20 years ago, professional piercers were concerned with jewelry standards and aseptic technique, as well as the experience and care clients were receiving. These piercers formed the Association of Professional Piercers. Employees from Gauntlet Inc., Body Manipulations, Primeval Body, and Nomad all came together with a common goal. From that common goal came the first publication of their newsletter *The Point*.

Flash forward 20 years and this is Issue #70; an issue with a new editorial team and new ideas. But before we get on with the new content in this issue, let us take a look back to Issue #1. This simple black and white newsletter addressed important issues, such as the piercee's bill of rights, still relevant today.

The Point evolved to a glossy printed publication, and from there to the fully web-based publication you are reading now. Over the past 20 years we have broached many topics and showcased creativity and innovation. *The Point* will always strive to keep the body piercing industry as educated as possible.

The next pages are an exact reprint of the premier issue of *The Point*.



The POINT — official newsletter of the:

APP™ ...the cutting edge of
piercing technology

• ASSOCIATION OF
PROFESSIONAL
PIERCERS™

519 Castro Street, Box 120
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Welcome to *The Point!*

Body piercing as an ancient tradition has finally entered into mainstream culture, and today, there are professional piercing studios who provide expert service under conditions which exceed hospital sterilization procedures.

America's leading studios — where staffs range from 4 to over 40 — have collaborated and consolidated health and safety information, techniques and ethics, and have formed the APP. Our primary objectives are to disseminate information, educate the public, set the standards under which body piercing is safely exacted, and protect the piercee.

In every major city, main streets are filled with people out for a quick buck. Hair salons, clothing stores, head shops and the like plague our profession. Improper training and lack of sterilization under these conditions often leads to disaster. Hence, the need for professional mobilization has become obvious. The result of our efforts is over twenty years of cumulative experience and information that will directly benefit our profession, and, most importantly, the public.

The Point is a quarterly publication which we intend to serve as a forum for information; all contributions are welcome. Its

pages will reflect updated health and safety information, editorials and columns by doctors and people in the medical community, as well as contributions from professional piercers, helpful hints and the like.

Our price donation of ten dollars has been revised to twenty dollars a year as our format has expanded to a quarterly publication and increased circulation has become evident. Our hope is that this newsletter can mobilize and fund a widespread public service message campaign.

We wish to thank those companies and individuals who have contributed their time and energy, money and information, and brought our profession closer together.

We look forward to hearing all voices in the future. Welcome to *The Point*.

The information in this premiere issue was submitted by the following APP member businesses (in alphabetical order): Body Manipulations, Gauntlet, Inc., Nomad, Obscurities, Primeval Body, and Venus Modern Body Arts. Feel free to contact them for any additional information.

To subscribe to this newsletter fill out the form on page 11 and send it with your check or money order for \$20.00 to APP, 519 Castro St., Box 120, San Francisco, CA 94114.



April 13, 1994 The founders of APP: (standing l-r) Irwin Kane (Gauntlet, Inc.), Raelyn Gallina, Vaughn (Body Manipulations), Michaela Grey and Jim Ward (Gauntlet, Inc.), Melisa Kaye (Body Manipulations), Richard White (Primeval Body), Joann Wyman (Body Manipulations), Elizabeth (Body Manipulations), Drew Ward (Gauntlet, Inc.) - (kneeling l-r) Blake Perlingieri (Nomad), Kristian (Nomad).

ETHICS —

So many people are practicing piercing today that it is inevitable that greed or insecurity has led many to misrepresent themselves to their clientele. Just what is a "professional" piercer, anyway? Clearly, health and safety issues are a top priority for the true professional. A lack of ego or defensiveness leads to a more available, honest piercer, who is willing to learn new things without embarrassment. Technical skill is acquired over a long period of time, but so, unfortunately, are ingrained bad habits. While the qualities that define one as being truly professional may be difficult to define, it is much easier to define an unprofessional piercer.

A giveaway sign of a non-professional is misrepresentation of one's abilities. If you were doing something well, it wouldn't be nearly as important for you to have some sort of fancy title or long list of fabricated qualifications. You'd simply do good work, and let your ability speak for itself.

When a piercing establishment uses terms in their advertising such as "medically approved", or "medically trained", what does that mean? It can mean that one or all of the staff have taken first aid or CPR classes. Did one of the staff go to

nursing school for a time, or work as an EMT (ambulance attendant)? Such claims should not simply be taken at face value. If they're making a medically related claim, ask specifically what they mean. If it's "too good to be true", it probably is. Medically-related training doesn't indicate skill as a piercer. Piercing is a very specialized skill. It may, hopefully, indicate awareness of sterility issues. Would you choose a tattoo artist who is a retired nurse, and cannot draw anything more complex than a stick figure?

If piercing-related training is being offered, be sure to ask questions about the provider's accreditation! What does the fee actually get you? Anyone can offer training and make whatever claims they want about their benefits. However, part of complying with applicable laws requires the provider to be honest about what exactly you're getting for those hard-earned dollars. Laws which apply to taking money for training cover other important issues as well. If they're not operating their "training" or "school" in compliance with applicable laws, what does that say about their integrity? Can they be irresponsible about the training, yet remain safe and responsible about the piercing services they provide?

A PIERCEE'S BILL OF RIGHTS



Every person being pierced has the right...

- to be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves.
- to a sober, friendly, calm, and knowledgeable piercer, who will guide them through their piercing experience with confidence and assurance.
- to the peace of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilization and hygiene.
- to be pierced with a brand-new, completely sterilized needle, which is immediately disposed of in a medical sharps container after use on the piercee alone.
- to be touched only with freshly sterilized, appropriate implements, properly used and disposed of or resterilized in an autoclave prior to use on anyone else.
- to know that ear-piercing guns are NEVER appropriate, and are often dangerous, when used on anything other than ear lobes.
- to be fitted only with jewelry which is appropriately sized, safe in material, design, and construction, and which best promotes healing. gold-plated, gold-filled, and sterling silver jewelry are never appropriate for any new or unhealed piercing.
- to be fully informed about proper aftercare, and to have continuing access to their piercer for consultation and assistance with all their piercing-related questions.

Presented as a public service by the APP. Show your support. Please copy and distribute.

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The Basic Ten —

To begin this newsletter, we thought it would be appropriate to clarify our position on health & safety. We have compiled a list of ten absolutely minimum basic standards which we believe all responsible piercers **MUST** follow to avoid disease transmission to themselves and their clientele. All information not included in this basic list is optional. Other information is worthy of being considered, weighed, and discussed, but these ten basic requirements are **CRITICAL** and must be implemented!! Please read each of these and hopefully you too will agree:

1.) Ear piercing guns are not adequately sterilizable. I agree that because of this, and because they can cause serious, permanent damage to body parts other than earlobes, I agree not to use ear piercing guns in my practice.

We cannot stress this point enough! Although the manufacturers of the guns claim that the product is hygienic, there is always the chance of invisible blood or blood plasma microspray due to the incredibly strong spring mechanism. The practice of swabbing the area with alcohol is simply inefficient, and serves only to push the contaminants around on the skin. There is no way to autoclave these plastic guns, and the porosity and rough surface texture make excellent hiding places for bacteria.

The jewelry used in these guns is usually steel, plated with gold, and frequently underplated with nickel or copper. This can result in a metal reaction and infection for the piercee when the thin plating chips off. Furthermore, rather than being pierced with a surgically sharp needle, the tissue is brutally torn by the blunt backing of the ear stud. This is not an easier way to be pierced.

The style of jewelry is less than ideal for even earlobes, but on other body parts, it can be dangerous, debilitating, and permanently scarring. It is not unlikely that the body part pierced with an ear stud may lose all nerve sensitivity. For all these reasons, the APP is strictly opposed to the

use of ear piercing guns.

2.) I agree that all needles should be presterilized, used on one person, in one sitting ,and immediately disposed of in a medical sharps container.

One elemental aspect of responsible piercing is proper sterilization, use and disposal of the actual piercing needle. This is an aspect that piercers training in more experienced shops are usually made aware of on their first day, but many people who are piercing out there may not be aware of the risks that can come with reuse or improper use of needles.

An autoclave is a helpful appliance for a piercer to have. For those who may not be familiar with this device, it's most widely used in the medical profession for sterilization of their implements. For piercers, it's mainly used to clean implements, tools, and jewelry. It's the most desirable form of sterilization for anything else that can fit into it (trays, containers), and that can withstand this form of sterilization. The autoclave works by using heat, pressure and moisture to kill any living contaminants.

One small side note: The word "sterile," in medical terms, also refers to the elimination of airborne contaminants that are inconsequential (and impossible to avoid) for our purposes. Technically, once you open the autoclave, the outsides of your packages are no longer sterile, and when you open the packages, their contents are no longer sterile. For our purposes, if any object in question has only come into contact with air, it is still as clean.

In order to insure that the piercing needle remains as clean as possible before the actual piercing, it should be autoclaved individually and taken out of the closed package immediately before use. A good package to contain the piercing needle for sterilization is a "sterilization tube," which is commercially available. This "tube" is actually a flat piece with a window on one side, and comes in a roll that can be cut into pieces of an appropriate size. Once the contents are in the tube, it can be sealed with heat (a

household iron will work) or with autoclave tape (also commercially available). Generally, a piercer will have different sized needles, so some indication of the size (a small slip of paper) could also be contained in the package. This package will also feature some sort of indicator so it is clear that the package has been sterilized.

Once the package has been opened and the needle has been used for a piercing, the needle has been exposed to bloodborne pathogens, or "contaminated." Use of this needle on another individual at this point would expose them to anything that is in the other person's system, and the piercer would be responsible for a very severe risk to the other person's well being.

Sterilization and re-use of this needle is a suspect practice. The piercing needle, having been contaminated, can not be considered adequately cleaned by an autoclave. Matter could be trapped on the interior of the needle, and a needle will become dull with use. The small amount of money saved by reusing a needle is not worth the potential consequences.

The needle can be best disposed of in a hard, sealable container, such as a "medical sharps disposal container" (commercially available). This container should then be sterilized and disposed of as hazardous waste.

Improper use and disposal of a piercing needle is one of the most serious risks that piercer could impose on himself and his clientele. If a piercer is going to expose a piercing needle to bloodborne pathogens, knowledge of the responsible course of action is essential.

3.) I agree that all forceps, tubes, etc. are presterilized, stored in sterile bags, and used one one person, in one sitting. After one such use, they must be autoclaved.

Implements that may come in contact with a piercing (broken skin) must be as clean as possible. For forceps, nostril tubes, and NRTs, this means sterilization (autoclave), secure packaging (sterilization bags or tubes), and storage designed to minimize contact with airborne pathogens. Moisture, air, and light can all com-

promise the sterility of the implements, so keep them in a clean, dark, dry drawer. As soon as the bag is opened, airborne material begins to accumulate on the implement, so only open a package immediately prior to use.

After one use, bloodborne material is on the implement, even if none is visible. It is not acceptable to use the same pair of forceps on two people, no matter what their relationship. Even if neither of the two had any transmittable diseases, every person has very different bacteria, and the result would, at the very least, be infection.

For more information, see the clean/sterile/contaminated charts.

4.) I agree that as many supplies as possible, including corks, rubber bands, etc. should be presterilized in an autoclave or disinfected with liquids, stored in a clean, closed container, and disposed of immediately after a single use.

All tools that come in contact with the skin or jewelry (especially jewelry just inserted in to a fresh piercing) should be considered contaminated. To disinfect tools that can not be autoclaved two things must be done. First, the surface must be free of greasy ointment and/or oils from the skin that act as a barrier to non-solvent disinfectants; to do this, use a detergent soap and clean water or a common solvent such as isopropyl alcohol (only 70% strength is effective for our purposes). Soaps and alcohol should be used only as cleaning agents ; they are not antibacterial enough to combat many airborne/bloodborne pathogens. Secondly, the tools must be disinfected. A variety of products are available from medical supply companies that work effectively on the hard surfaces of tools made of brass or steel. (soft or porous surfaces like plastics are difficult to disinfect) these solutions use chemicals such as quaternary ammonium, synergistic compounds (Madacide) or glutaraldehyde (Cidex & Wavicide). When used properly, these products can effectively disinfect tools in about 10 to 20 minutes. Last but

From **STERILE** to **CLEAN** to **CONTAMINATED**

Every piercer should thoroughly grasp how their environment and the tools they use pass through stages from sterile to clean to contaminated. The chart below should help your understanding. Visualize sterile as white and contaminated as dark red with several shades in between. Always remember that when a lighter colored item comes in contact with a darker one it becomes that color, and can pass it on, until it is disinfected or sterilized.

Nothing darker than pale pink should ever come in contact with a piercing, directly or indirectly. Bare hands should avoid red items. If red items are touched, hands should be immediately washed. Dark red items should never be touched with bare hands.

• WHITE	• PALEST PINK	• PALE PINK	• PINK	• RED	• DARK RED
Sterile. No living matter. Freshly autoclaved implements, jewelry, needles, etc. in unopened, sterile bags, untouched.	Very clean. Only very small quantities of airborne matter. Sterilized implements just removed from their bags. Disinfected implements only touched with freshly	Clean. Only small quantities of airborne matter. Presterilized corks, rubber bands, non-sterile latex gloves, tissues, cotton swabs, etc. stored in protective containers and only	Not clean. Normal levels of airborne matter. Needles, forceps, corks, rubber bands, etc., after extended exposure to open air or frequent handling. Clothing, surfaces,	Dirty. High levels of airborne matter and possible presence of bloodborne matter. Floors, countertops, sinks, doorknobs, light switches, and other areas that may have	Contaminated. High levels of airborne bloodborne matter- Bodily fluids, new or old. Piercings, new or healed. Broken skin of any kind. Used piercing implements, used disposable

gloved hands, trays or surfaces immediately after disinfection/bleaching. Jewelry that has just been removed from disinfecting solution. Bagged "sterile" implements after several weeks in storage.	touched with freshly gloved hands. Surface of "sterile" field, only touched with freshly gloved hands if paper is changed daily. Needles, forceps, dissected jewelry, etc. after several minutes in open air, unused. Surface of skin immediately after Povidone-iodine prep. Hands immediately after washing with antibacterial scrub.	implements, neither contaminated with bloodborne organisms, nor recently disinfect. Unused jewelry prior to sterilization/disinfection. Piercing room furniture, etc.	been exposed to bloodborne contaminants, either directly or indirectly. Unbroken, undecayed skin. Frequently handled display jewelry. Phones. Money.	piercing needles. Previously worn jewelry.
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not least, one of the easiest and most economical disinfectants on the market is a solution of 90% water and 10% bleach. While some of them can bring tools to complete sterility in as little as 10 to 12 hours, there is too much risk of not completely killing all matter, and so this process is vastly inferior to autoclaving. Use this process only for non-autoclavable materials.

5.) I agree that as many supplies as possible, including corks, rubber bands, etc. should be presterilized in an autoclave or cleaned with disinfecting liquids, stored in a clean, closed container, and disposed of immediately after a single use.

Everything that might come in contact with the area to be pierced should be as clean as possible. While we can completely avoid transmission of bloodborne pathogens by remaining alert for cross-contamination, we can unfortunately only reduce or limit the amount of airborne contaminants.

Ways to minimize airborne pathogens include presterilization of corks, hair clips, wooden, handled cotton swabs, or toothpicks, or pre-soaking of rubber bands (hard-surface disinfectants are much less likely to erode the rubber than bleach) to remove all living matter. All supplies, whether or not they can be presterilized or precleaned, should be handled only with a fresh pair of gloves. Even freshly washed hands and clean gloves have airborne matter on them. All supplies should be kept in clean, closed containers made of a nonporous material to allow for easy sterilization or disinfection. Frequent exposure to air means frequent exposure to organisms which might cause illness or infection to your piercees. Since people's unwashed hands may be contaminated with bloodborne matter, any accidental handling by bare hands will contaminate your supplies. They should be thrown out, the container cleaned or sterilized, and new, clean supplies should replace the old.

For further clarification on the matter, refer to the sterile/clean/contaminated chart.

6.) I agree that new pair of latex gloves (ster-

ile or nonsterile) should be worn for every procedure, and gloves should be changed whenever the slightest chance of cross-contamination might occur.

In this day and age it seems incredible that a piercer would fail to wear gloves, or fail to change them between clients, and yet we hear stories of this time and time again! Obviously, this is a major health threat that piercers and piercees need to be made aware of. Changing your gloves between clients and when accessing or handling anything other than your client's individual set-up during the piercing will drastically lower the chance of contamination to you, your client, the piercing room, and the rest of your shop. Here are a few easy steps to stop the risk of cross-contamination:

1. Wash your hands before and after the piercing, using a disinfectant soap and warm water.
2. Always don gloves BEFORE you prep your client.
3. Always de-glove when accessing anything anywhere in your shop other than your client's individual piercing set-up.
4. Always re-glove with a NEW pair of gloves.
5. Never handle contaminated materials without gloves. (needles, bloody refuse, forceps, etc.) This includes soiled equipment being prepared for sterilization.

A quick note on Sterile vs. Non-Sterile gloves: While most of us in the piercing industry use non-sterile gloves, some prefer to use sterile gloves only. Keep in mind, however, that once you open a pair of sterile gloves and come in contact with anything previously handled, the client, and even the air in the room (with its airborne bacteria) they immediately become non-sterile.

7.) I agree that the room used for piercings, as well as the bathroom and other common areas, should be kept scrupulously clean and disinfected frequently. All surfaces should be nonporous, to allow them to be cleaned with bleach solution or other disinfecting liquids whenever cross-contamination might occur.

Because everything you touch, including doorknobs, faucets, countertops, walls, and floors, is a potential source of cross-contamination, it is critical that these areas and surfaces be regularly cleaned with a bactericidal, virucidal liquid such as bleach solution or one of the many hard-surface disinfectants. This is especially important in a piercing studio, where there is always the possibility of bloodborne contaminants being present somehow. It is also very important that piercing services not take place in the same room as hairstyling, tattooing, retail sales, or other services. The potential for cross-contamination is simply too great. Have a separate room for piercing.

8.) I agree that all jewelry contaminated with only airborne pathogens (not previously worn or contaminated) should be disinfected with a non-hazardous hard-surface disinfectant such as Madacide. I agree that all jewelry contaminated or potentially contaminated with bloodborne pathogens (previously worn by another person) should be autoclaved.

We don't know where jewelry has been. We don't know who's been wearing or handling it. We don't know what's on it. If you don't personally know that jewelry has never been worn or otherwise contaminated, treat it as potentially contaminated.

Jewelry that has never been worn doesn't have any bloodborne pathogens on it. It may be adequately disinfected with Madacide (a non-hazardous synergistic hospital level disinfection compound) or other non-hazardous hard-surface disinfectant. Formalin (formaldehyde) and, recently, gluteraldehydes, have been classified as biohazardous material, requiring special disposal and ventilation. That's not something you'd want to put into someone's bloodstream! The average disinfection time is between five and ten minutes.

Jewelry that has been worn only by the person who is now having it installed may not be hazardous to them, but certainly poses a threat to anyone else. Disinfect this type of jewelry in a

disposable plastic relish cup, to avoid contaminating your main supply.

Jewelry that has been worn by someone other than the piercee is contaminated with bloodborne pathogens, many of which won't be killed by a five-minute soak in disinfectant. Without exception, this type of jewelry **MUST** be sterilized in an autoclave. There is **NO** other way to be sure that you aren't passing along potentially deadly diseases.

For further information, refer to the sterile/clean/contaminated chart centerfold.

10.) I will only use appropriate jewelry in piercings. Appropriate jewelry is made of implant grade, high-quality stainless steel (300 series), solid 14 k or 18 k gold, niobium, titanium, platinum, or a dense, low-porosity plastic such as monofilament nylon, acrylic, or lucite. Ear studs or other jewelry designed for earlobe piercings are not appropriate jewelry for other body parts. Appropriate jewelry has no nicks, scratches, or irregular surfaces which might endanger the tissue.

What's the point of doing a clean, accurate piercing, if the jewelry that you've chosen may subject the piercee to rejection, metal reactions, infections, abscesses, tearing, swelling, keloiding, or worse? Choose your jewelry carefully. Jewelry made of metals other than those listed above literally rot when they come into contact with human bodily fluids.

Ear studs are not only ugly in other body parts, they're dangerous. The design allows for inadequate cleaning, easy tearing and snagging, and certain suffocation of pinched tissue. The thickness (16 to 20 gauge for most studs) is dangerously thin for the majority of piercings. And most are made of gold-plated aluminum or sterling silver, two highly reactive metal choices.

As regards thickness and diameter, different bodies and different piercings call for different jewelry. A ring that's the perfect size in an eyebrow can be downright dangerous in a navel, for example. Use common sense.

Thinner isn't always "better". Jewelry that's

too thin can act just like a cheese cutter, tearing its way right out of the body. Jewelry that's too thick can cause abscessing and keloiding, because the weight is cutting off oxygen supplies to the tissue. Jewelry too large in diameter is likely to get snagged on things, possibly tearing, while jewelry that's too small in diameter can keloid, or be sucked right into the body. Consider these factors when choosing an appropriate piece of piercing jewelry.

10.) I agree that it is important to be open, available, and not under the influence of legal or illegal substances which would compromise my abilities. I will seriously consider attending a one day Red Cross First Aid/CPR instruction course. I agree to meet or exceed all health, safety, and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent myself, my abilities, or my standards in any way. I agree to consider all new health & safety suggestions as they become known to me, and to make appropriate changes in my techniques as applicable. I agree that it is the moral, ethical, and professional responsibility of all piercers to continue to seek out, absorb, and share health & safety information relevant to the craft throughout their career.

Since piercing is a very specialized profession, it will be to the piercer's advantage to strive for certain personal qualities.

One aspect of this is the relationship between the piercer and piercee. It's important to remember that an individual interested in a piercing will be in need of an open and comfortable line of communication with their piercer. Every person that approaches a piercer has the right to know about the piercer's experience and training, details of how the piercing will be performed, details about sterile procedures, and how to optimally care for their piercing. Since the piercee is putting an amount of trust in the piercer, it is most ethical for the piercer to be available and honest before, during and after the actual piercing. In most cases, the piercer is

the most reliable (if not only) source of information regarding the piercing.

On a similar note, it's important for the piercer to be in good health and to be free of any substances that would hinder their abilities while piercing. A piercer can also be prepared for emergencies by regularly taking first aid/CPR training.

As a changing profession, piercing will frequently expose piercers to new options relevant to their craft. It is essential for piercers to listen to these options and acknowledge where improvements can be made.

If a piercer is able to subscribe to these simple ethics, he will be most likely to have a quality piercing service that he can offer with integrity.



MEDICAL PRODUCT/ PROCEDURE UPDATES

Air Cleaners

A new appliance has recently come to our attention: the Enviracaire portable air cleaner. It is likely that other brands are available, but check their specifications before buying. The Enviracaire is equipped with a true HEPA (High Efficiency Particulate Air) filter, the same filter used in hospitals and medical laboratories. A paper-thin sheet made of tiny glass fibers catches all airborne particles measuring .3 microns or larger- that's over 99.97% of what you'd find floating around in the average room. This drastically reduces the amount of airborne pollen, animal hair and dander, BACTERIA, VIRUSES, general dust, asbestos, mites, and odors that might settle onto your clean surfaces.

The cleaner is listed as a class 2 medical device, whatever that means. Enviracaire comes in 3 sizes, to clean anywhere from a 9' x 12' space to a 20' x 22' space, up to nine times an hour. While this air cleaner is certainly no substitute

for thorough, regular dusting and cleaning, it does seem to make a lot of sense in a piercing studio. Check it out!

Call Honeywell Environmental Air Control, Inc. at 1-800-332-1110

Madacide

There's a new hard-surface disinfectant on the block! Madacide is a synergistic compound with the active ingredients Isopropanol (15.3%) and Dowanol EB (4%). It is listed as bacteriocidal, viruocidal, tubercuocidal and fungiocidal—that makes it a hospital level disinfectant. Disinfection time is ten minutes, and the product maintains full potency for 10 months after opening. Unlike gluteraldehydes and formaldehydes, both biohazardous and nonbiodegradable, Madacide requires no special disposal or ventilation systems. It is furthermore non-toxic, non-corrosive, and non-irritating.

Madacide may be used as an ultrasonic fluid, and is available in premixed gallon bottles (suggested) and spray bottles (not suggested—the force of the spray could send particles out into the air). But the neatest thing about Madacide is that it's also available as an antiseptic hand foam. If you can put the stuff directly on your hands, I personally feel like it's the best thing yet for jewelry disinfection.

For more information, contact Mada Medical Products at 1-800-526-6370.



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

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TOTAL MEMBERSHIP DATA

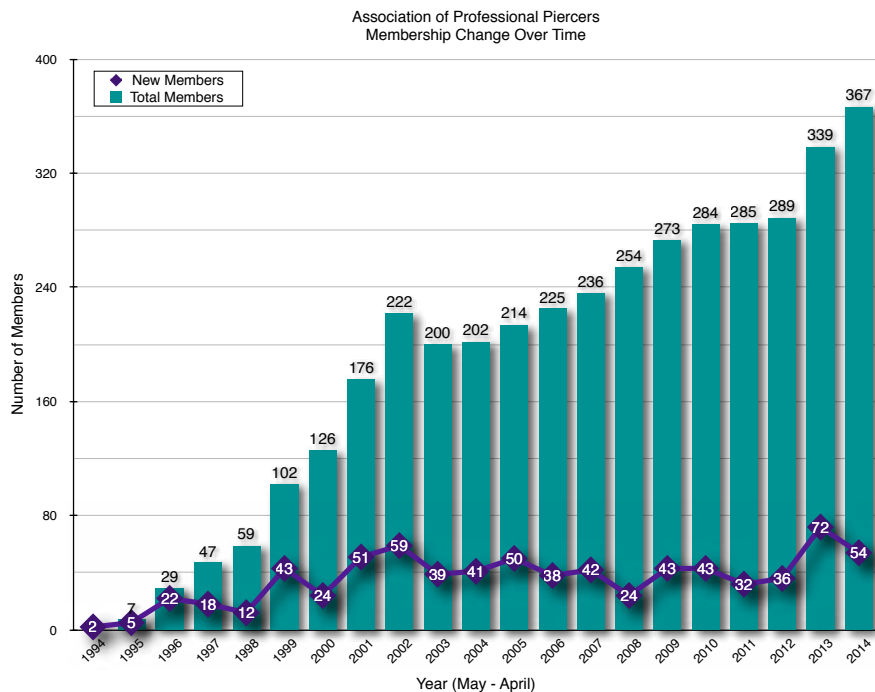


MARINA PECORINO
Photography by Marina Pecorino

In the 20 years since its inception, the Association of Professional Piercers has grown by leaps and bounds. Enrollment is ever-changing as members join, move to different membership types, and/or withdraw. Many members who leave the Association may later decide to apply again. As the APP has grown, membership types have been adjusted and re-named, and the requirements for membership have evolved. Despite this fluidity, consistent growth, rather than decline, has been experienced within the association.

Although vital statistics of membership have been documented since the beginning, records were not always as thoroughly maintained as they are now. In 2003, a reconciliation of the data was done to ensure accuracy. This resulted in the removal of members that had previously dropped their membership but not been removed from the official rolls. Enrollment numbers before this reconciliation are somewhat distorted in favor of growth. The drop in membership seen in 2003 is a visual representation of this adjustment.

2015 will mark another statistically significant shift. In the past, the membership year has been calculated from May to April. This year, the APP has decided to recalibrate using the traditional calendar year. Due to the fact that the 2014 membership year will still run until May, the membership numbers will still be relevant when compared to past



statistical data. Unfortunately, with this shift, the statistics for 2015 will be skewed due to the shortened year (June to December) as a result of this recalibration.

When viewing the data, a few significant landmarks are visible. Between 2005 and 2009, the APP experienced annual growth rates between 4.89% and 7.63% consistently. This growth then slowed somewhat until 2013, which experienced a record number of 72 new members and 17.30% annual growth. It is also very important to note that the APP is experiencing better retention of members in recent years. Some of the increased growth and maintained membership can be attributed to the spike in safe piercing education

available through social media. With this came a push toward higher standards for quality jewelry and better-educated piercing professionals. Luis Garcia and Christina Shull have provided articles for this issue explaining some of the influences that have led to growth in our industry over the past 20 years.

Until May, when the 2014 membership year officially draws to a close, it is impossible to give precise data for membership, but it is safe to say that the Association of Professional Piercers is constantly growing. As the Association continues to expand, the spread of the safe piercing message will as well. To find out more about [becoming a member](#), visit [safepiercing.org](#).

OUR EVOLUTION FROM A PIERCER'S PERSPECTIVE



LUIS GARCIA

NoKaOi Tiki Tattoo & Piercing

Though it might not seem it to some, our industry is a fairly new one. One of the things I find so amazing about body piercing is how much it has changed and evolved over the last 20 years. When I look back, I thought it would be an amusing trip down memory lane (and a good read) to recount how I've seen body piercing evolve as an industry, and how our clients and trends have evolved with it.

I began piercing in the early '90s, in fact as of December 20, 2015 it will be 25 years. At that time, very few people got pierced. You would see nostril piercings or helix piercings, navel piercings, maybe the occasional tragus or tongue piercing, but little else was prominent. Heavier piercings were generally relegated to the gay leather and fetish communities, punk rockers, and other subcultures. Keep in mind this was in the very early days of public internet use, so people had to find out about piercings from magazines or from seeing people on the street. Sure, cities like New York, San Francisco, and LA had more prominent subcultures for body piercing, but most other cities had more of a "proto" subculture when it came to body piercing. Even I had trouble getting pierced before then, having many of my piercings done during goth industrial nights at local clubs in the late '80s, or at leather parties I had snuck into.

At that time clients were almost all enthusiasts, and were always insanely grateful to have someone to help them get the piercings they wanted. They took aftercare seri-



Paul King preparing to pierce Alicia Silverstone's navel in the Aerosmith video "Cryin'"

ously and listened to what you told them to use. There was little worry about conflicting information, because there were few people giving out this information.

Most of us still pierced with clamps. Body jewelry was fairly expensive to purchase wholesale, and it was limited compared to what we can get today. Internal threading below 14 gauge was hard to come by, and there weren't as many lengths and diameter options.

The first big changes I remember came with two big public media navel piercings. The first was when Rachel from Season 3 of the *Real World* got her navel pierced on the show. The second was when Alicia Silverstone "got her navel pierced" (it was a stunt

navel) in Aerosmith's "Cryin" video (by our lovely treasurer Paul King!), both in 1993. This very visible jump into the mainstream media started body piercing's slow crawl into the limelight we see it in today. I immediately saw a jump in business and a growing interest in body piercing.

It was around this time that I also found usenet newsgroups and the group *rec.arts.bodyart*. For you young folks, usenet newsgroups were a bare bones way to communicate and interact on the early internet, similar to what *Facebook* does now, but closer to how reddit works. *Rec.arts.bodyart* was the first place I found to share and gain information and knowledge about body piercing without having to travel to a conven-

tion. Even so, things were pretty limited, and bandwidth was much lower than what we are used to today. There was no easy uploading of photos, very few people could afford digital cameras, and even scanners were still fairly pricey, so it was mostly all text-based posts back and forth. This was also when I found out about the APP, nabbing any of the few newsletters that were available.

In 1994, the first, and what I would consider the most important and influential body art website launched, *Body Modification Ezine*, or *BME*, and it was glorious. Now we (both piercers and enthusiasts) had a place at our fingertips that we could submit images and look at what everyone was doing all over the world. No more waiting for quarterly publications like *Body Play* and *PFIQ*, or the tiny bit of info you could get from tattoo magazines.

As more and more people gained cheap and easy access to the internet, *BME* grew. They added live chat functionality, a section for clients to share their experiences, a question of the day section, an extreme section for harder modifications, and even an “adult” section for the more saucy side of things. I remember spending hours on *BME* almost every day, never getting tired of everything there was to see and learn.

By the late ‘90s, it was more and more common to have clients bring in print images of things they had seen on *BME*. This is where the type of clients I’d see started to change. While many were still light piercing enthusiasts, they weren’t the die hard piercees I had become accustomed to seeing. They were much more squeamish and sensitive to the portfolios they flipped through.

It was also at this point that freehand techniques started to spread slowly out into the industry, causing a slight fuss. Many piercers, myself

included, were concerned about the safety of these new techniques, having sharps so near your fingers during the procedure. Of course, as time went on, many of us did begin to test and adopt freehand methods, seeing that there were certain benefits to be reaped, both for us and our clients.

As the early ‘00s rolled in, *BME* introduced a new companion website, *IAM.bmezine.com*. Modeled after social websites like *Livejournal*, but meant specifically for those in the body mod community. In many ways, it did things the right way before *MySpace* and *Facebook* existed. With the ability to design your own page, post diary entries, create your own forums, and easily upload images (that could also be auto submitted to the main *BME* website), it became a huge hit within the industry, and with even the lightest of piercing enthusiasts. This was also when I started attending the annual APP conference. It was amazing to have somewhere with so many piercers all in one place, all sharing and learning.

With the mid ‘00s came *MySpace* and *Facebook*, followed by *Twitter*, and the ushering in of the social media era. As more and more people joined these sites, made connections, posted photos, and shared opinions, the need for a dedicated social website started to slowly dwindle, and less and less people stayed on *IAM*.

The other thing that rolled in with the mid ‘00s was the public eye being drawn to some of the heavier things some piercers were doing, and posting for public consumption. Several piercers got themselves into some trouble here and there because of it, so many of us started to be more conservative with what we offered at our studios.

It was also in the mid ‘00s that I noticed clientele had drastically begun to change. A good portion of clients had no interest in piercing

as a whole. They instead just wanted the latest accessory. While studios had always been a retail business, this pushed piercing studios into a more retail mindset, having to really consider the full customer experience and customer service became a greater focus than it had ever been. What once had been risqué for many was now chic, and many clients wanted that chic boutique experience. With the proliferation of smartphones, clients also began to have immediate and constant access to the internet wherever they went. This brought up companies like *Yelp* in the mid to late ‘00s, where anyone could review anything, making the customer experience one of the most important things. This didn’t just go for in-shop interactions, but also for any online interactions, and even personal blogs and webpages being scrutinized by potential clients. This caused more and more of us to realize that once something is on the internet, it never really disappears.

It was also in this timeframe that freehand techniques became more standard and accepted than previously. This is partially due in turn due to the internet as well, especially with how easy it was to get information and interact with other piercers. As this information spread, more and more of us started to ditch piercing clamps, with some taking strong stands that one was better than the other (when the truth is all that matters is that the client gets a clean, safe, and properly placed piercing). It did lead to many (in my opinion) fun and amusing debates amongst us. The annual APP Conference & Exposition also had grown exponentially, with more piercers wanting to test the waters and experience what had made so many of us fall in love with that one week a year.

As the late ‘00s and early ‘10s rolled in, *Facebook*, *Twitter*, and even newer

internet based technologies like *Instagram* and *Pinterest* had all become household names. Clients could instantly save a photo they saw to their phones and bring it in. Piercers could immediately share their work and have hundreds if not thousands of people liking, tagging or repinning these images in a matter of minutes to hours. This is what still amazes me sometimes; how quickly and easily information can spread, both good and bad. This also led to the pseudo-death of *BME* and *IAM*. While many still visit the site, and even still have *IAM* accounts, *Facebook* with its ease of connection--one place where you can chat, blog, and share all aspects of your life and lifestyle--now exists and *IAM* and *BME* have suffered because of this. Similar to how small businesses have been hurt by big box stores.

And that, my babies, is the end of my recount of how I've seen our industry, clientele, and the interaction of the two change over the years. Hopefully you have not only learned that I am old as dirt, but that these changes have made for some interesting and great things happening to our industry and organization.



Shannon Larratt, founder of *BME*

PHOTO CONTEST!

The Association of Professional Piercers and the Body Piercing Archive are excited to see what photos you have in your collection. Please submit your single all-time favorite photo from the APP Conference & Exposition. This photo can be old, new, beautiful, artsy, embarrassing, hilarious, sexy, silly, of an individual or of a group, whatever... but only one.

The winner's photo will appear on the cover of *The Point!*

These photos will be on display inside the APP 20th Anniversary Exhibit. All past attendees are welcome to submit (membership is not required). All 2015 attendees may cast one vote for their favorite picture. Submissions must be high res digital, at least 300 dpi.

Submit your photo to archive@safepiercing.org by April 30, 2015

By entering, participants agree to indemnify, defend and hold harmless the Association of Professional Piercers and the Body Piercing Archive, its respective subsidiaries, affiliates, directors, officers, employees, attorneys, agents and representatives, from any and all third party liability for any injuries, loss, claim, action, demand or damage of any kind arising from or in connection with the competition (collectively, "Losses"), including without limitation any third party claim for copyright infringement or a violation of an individual's right to privacy and/or publicity right. The Contest is void where prohibited by law.

Each entrant in the Contest is responsible for ensuring that he/she/they has the right to submit the photos that he/she/they submits to the Contest per these rules.

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TRENDS IN THE INDUSTRY



CHRISTINA SHULL

Integrity Piercing

When Alicia Silverstone starred in Aerosmith's "Cryin'" video, she was a young woman dealing with heartbreak by running away and getting her navel pierced. Please note that the piercing in the video is staged as her navel had previously been pierced by Paul King. Subsequently women everywhere flocked to their local piercer for an adorable and potentially rebellious navel piercing of their own. While this was the first large-scale body piercing trend inspired by the media, this was only the beginning. This is when we started seeing body piercing trends inspired by musical celebrities. In the absence of social media, television played a large role, particularly the television station MTV.

Long before the birth of social media, MTV and its stars inspired many piercing trends. The popularity of tongue piercings surged in the '90s and can be largely credited to two European groups. Both of these groups were in frequent rotation on MTV. The first, Keith Flint, a lead vocalist for the electronic band, The Prodigy, often displayed his tongue piercing in the band's music videos and photo shoots. I personally loved The Prodigy. While I wish I could credit Keith as the inspiration for having my tongue pierced as a teenager, the credit somewhat embarrassingly must be given to Melanie Brown, aka "Scary Spice", of the Spice Girls, the second of the two MTV influences.

Eyebrow piercings also seemingly hit the height of their popularity in



David Draiman, lead singer of the rock band Disturbed

the '90s and can be tied to hard rock bands featured often on MTV. Jonathan Davis, lead singer of Korn, had a signature look of three eyebrow piercings all on one side featuring captive bead rings. Sully Erna, lead singer of Godsmack, had a set of eyebrow piercings often seen with curved barbells. This is also noteworthy as piercers were starting to move away from captive bead rings and towards curved barbells for initial eyebrow piercings. So as much as these celebrities influence popular fashion and trends, the piercer behind the scenes has a lot more influence than they may realize at the time.

We have also seen very specific jewelry styles influenced by these artists. I would say the single most distinguishable jewelry trend would be that of David Draiman, lead singer of Disturbed. This hard rock band hit the height of their fame in the

early 2000s. He had paired lip piercings that featured a pair of threaded talons that hung down and tucked underneath his chin. While the popularity of paired lip piercings has made a comeback in the form of recent requests for "snake bites", David and his unique jewelry selection can be credited for the original popularity of paired lip piercings.

Moving forward through time it is worth noting Janet Jackson's "wardrobe malfunction" at the Superbowl XXXVIII as a runner up when it comes to trends in distinguishable jewelry. Most piercers will agree that at that time, nipple shields had been a rarely requested style of jewelry. A quick flash of Janet's nipple shield on national television was all it took for piercers to notice a spark in requests for this jewelry style. While this was not a huge trend and was short lived, it is also important noting that the ex-



Janet Jackson's notorious "wardrobe malfunction" at Superbowl XXXVIII

tremely brief appearance of her jewelry on an isolated occasion was enough to initiate a small trend. From a piercers standpoint this instance holds even more relevance as she was wearing a nipple shield from the jewelry manufacturing days of the Gauntlet.

MTV stars did more than just popularize piercing placements and specific jewelry styles. Two female pop stars deserve credit for inspiring a shift to more decorative jewelry. Many celebrities of their time were wearing basic jewelry styles; Lenny Kravitz wore a captive bead ring and simple stud in his paired nostrils, two members of Blink 182 wore captive bead rings in their lip piercings, Dennis Rodman wore oversized captive bead rings in his nostrils, the list could go on and on. However, two of the heavy hitting pop princesses inspired a shift from simplistic jewelry designs to more ornate and flashy pieces.

The first of these two, America's Sweetheart Britney Spears, often wore a dangle navel curve that was very different from the basic rings or standard curved barbells that other celebrities of the time were sporting. At the same

time, Christina Aguilera could be seen wearing large gemmed flowers in both her nostril and labret piercings. Seeing both of these gorgeous women wearing ornate jewelry in their music videos and photoshoots inspired average clients to upgrade to much more elaborate pieces. The increased popularity of these fancier jewelry options also

became a contributing factor to the increased demand for higher quality jewelry. As is still the case now, there were few suppliers of quality made jewelry. These same companies were the pioneers of the first "fancy" designs we saw over a decade ago.

Christina Aguilera, as previously mentioned, is the other celebrity of the late '90s who inspired a movement for larger, bolder more individualized jewelry styles and sizes. The flowers in her nostril and labret piercings showed women that they could wear something big and flashy, yet still be sexy and feminine. At the same time, Tupac was known for wearing a fairly large gem in his nostril piercing. The rising popularity of wearing larger and more decorative jewelry allowed piercers to stock a wider variety of options and increase the amount of aftermarket sales. As of more recent years this has become increasingly important.

MTV icons are not the only celebrities to be credited with setting pre-social media piercing trends. We can also thank the movie industry for some of the trends we have seen in



Lenny Kravitz



Rihanna on the cover of W Magazine

regards to piercing and jewelry. One of the most notable was the increase in popularity of nostril rings due to female characters in two major motion pictures that came out within a year of each other; Fairuza Balk's character in *The Craft* and Stacey Dash's character in *Clueless*. Many of us can clearly recall laughing at the scene where Stacey Dash's character has a wild idea to get her nostril pierced with a ring, which did not fare well with her allergies.

Celebrities still continue to inspire piercing trends, some of the more recent being requests include "spider bites" inspired by Lil Wayne's double side lip piercings. As well as an increase in tragus piercings, which some piercers credit Scarlett Johansson with. There has been a noticeable increase in double helix piercings, as many clients holdup their smartphone to display a photo of Miley Cyrus revealing two rings at the top of her ear. Since the inception of social media, piercers are seeing more trends being inspired by clever marketing and the large scale circulation of quality images. The triple forward helix trend, for example, was largely inspired by a black and white closeup photo of an unidentified ear. The timing of this previously uncredited photo aligned with the surge in popularity of Pinterest, allowed the photo to circulate, being "pinned" thousands of times.

Currently, the single most prominent media inspired piercing trend, and possibly the biggest piercing trend in piercing history, is the septum piercing, which were seldom performed in past years, by comparison to commonly performed piercings such as a nostril or navel. Septum piercings have become extremely popular over the past year or two. While Scarlett Johansson was the first A-list celebrity to be seen with a septum piercing, the initial response from the general public was less than positive. Despite this initial response, septum piercings have become the newest piercing trend almost overnight. Lady Gaga released a video of her septum being pierced, then a later video of what looks like her septum piercing being stretched. Countless models and fashion icons are being seen sporting septum jewelry. Rihanna and FKA Twigs have been photographed wearing ornate gold septum pieces. The New York Times online featured a blog titled "[This Holiday, Don't Hide the Piercings From Grandma](#)", where the author discusses her family's experience with her daughter's septum piercing. Elle.com featured a fashion blog titled "[This Septum Piercing is for You, Mom](#)".

If we did not already acknowledge the media's power in shaping the future of our industry, we cannot deny it now. We know that the media, and in particular social media, is the largest current driver of piercing trends by the dramatic influx of septum piercings and the daily occurrence of clients who whip out their phone to show us photos of what they want. Hopefully, the next step for us as an industry is to figure out how to influence trends through our interactions with these various forms of media. If the piercing industry can discover a way to deliberately and intentionally influence the media, we could have the ability to create the next piercing and jewelry trends!



Givenchy models, Fall/Winter 2015, with "piercings"

IN THE OFFICE



CAITLIN MCDIARMID
APP Administrator

I've been asked to talk about how the office has changed over the last 20 years; I can only speak to the last 12 years (as I wasn't part of the APP prior to that time), but there is still quite a lot to talk about.

At the end of 2002, I was informed that the "Body Piercing Association" was looking for clerical and administration help in Albuquerque, NM. It was at that time, I was hired as the "Administrative Assistant" on a part-time basis. My main responsibilities were to disseminate incoming emails and calls to the appropriate parties, fulfill orders that came into the office, mail out *The Point Quarterly*, and other duties as assigned. I was encouraged to learn the standard responses to common aftercare questions and the ever popular "How do I become a Body Piercer?" It was a pretty tough time for the organization. Money was extremely tight. The Board was very dedicated and paid out of their own pocket for flights, among other things. There were seven Board Members and there were no committees or other members contributing time to the work of the organization. I spent a lot of time setting up new systems for the organization of digital and physical files and learning how the organization ran. Four months later I experienced my first Conference. With all the supplies for Conference loaded into my pickup, I drove to Vegas. This was my first trip to Vegas at that.

We had 16 scheduled volunteers that year: a few Board Member's employees and six Al D. Scholars; people like Ed Chavarria and Chrissy Shull. John Johnson and David Kelso also



Conference attendees—photo by Kim Zapata

volunteered that year. I'm also pretty sure that was the year, a gentleman with a hat and a cigar saved my life by letting me know he knew a little bit about AV stuff (Gus Diamond). The Board worked the Merch Booth, and occasionally stood at a classroom or the Expo Door. We had 17 classes for 34 class hours; taught by 25 instructors.

After a year, I was writing articles for *The Point*, was responsible for the maintenance of all the databases and mailing lists, processing all orders/sales, doing basic accounting, and stocking all supplies and materials the APP utilized. I wasn't folding, addressing, and stamping *The Point* anymore – we were having a mail-house do that. I was doing all the certificates for membership and for Conferences; and all the member updates on the website, master list, and accounting system. By then I handled all incoming calls and emails, which included inquiries about membership, calls from piercees and piercers, calls from the

Press, Educators, Health Inspectors, and pretty much anyone looking for the APP. I still referred calls to the Board of Directors if they were beyond my scope of knowledge.

I made arrangements for the APP to attend a variety of health 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 found lodging in a variety of cities for Board Members who were manning these tables—and usually tying in a Board meeting at the same time.

Since we were still watching our pennies, I did a lot of comparison shopping for the APP in an effort to keep costs down and maximize the efficiency. From office supplies, to lodging, to printer costs, to postage and shipping costs, I took our financial status into account at every step.

And my duties at the Conference continued to grow.

We have struggled as an Association over the years. Twelve years ago we struggled with financial limitations, but had a dedicated, strong Board who worked together extremely well. Later, as an Association, we struggled with Board dynamics but still moved faithfully forward. The occasional industry drama threatened to derail and distract us from the mission of the APP and, while the office was certainly affected by these challenges, the work still got done. We still did outreach. We still had a conference which expanded and developed.

The office moved to Kansas when I did in 2005. My step-kids and partner became my informal assistants, helping to do mailings, stuff badge packets, research technology purchases, and maintain our computers.

Then, in a blink of an eye, a decade plus has past. The office is no longer house-bound – we have a “real” office, four walls and a lot of paper. The kids all grew up and now there’s a part-time clerk to assist with the work. *The Point* is all digital; after growing from a newsletter of a few pages of black and white to a full color Journal. I have been through seven elections, have seen Board Members come and go and return—some successful, some less so—all sacrificing personal time and all passionate about this organization. Our Officers and Board Members have grown in number, and we have all grown older. Our membership has increased substantially. Our industry has grown, survived a horrible recession, and is now thriving. People know who the APP is! There are 14 active committees, and a handful or two of sub-committees. The administrative work for the organization has grown so much I can’t list all my duties here. I believe it’s time to expand the permanent workforce of the APP, again. I am now surprised when someone calls in to ask about aftercare, as our education via social media has been so pronounced. People still call weekly asking “How do I become a Body Piercer?”

And just look at our Conference now: 60 speakers, 40 classes, and 95 class hours. It is now cool to volunteer (70+ people are now willing to give their time and effort). So maybe Paul King was right when we talked the other day about the growth of the organization. I did push for the growth of this organization and our industry. I did find new outreach avenues and thought up new projects to do. I did figure out ways to enhance our presence and encourage us to move forward with better, more efficient methods both in and out of the office. I did dream of a day when we had committees to help foster new ideas and collaborations among our members and did get to see that come to full fruition. I did push to bring in new speakers/instructors so we could provide new topics and new life to core classes. I did foster new ways of using our



Attendees to do the work of Conference – if someone is to benefit, let it be our Attendees and our Members rather than outside help. I did try to improve upon our technology as a way to minimize frustrations and delays at Conference. I did insist that the Board plan Conference earlier and set deadlines knowing it helped to organize, streamline, and promote expansion and growth. I did compile statistics, spreadsheet after crazy spreadsheet – because it’s not enough to grow; you need to show how you got there. I thought that was part of my job.

How has the office changed in the last 12 years? Completely. It’s completely changed. The growth is what we ALL wanted for the APP and our Industry—and terrifying just the same. Change is beautiful and terrifying and part of life. Yes, Paul—I pushed for all of this growth—I pushed, and you pushed—and all of us pushed; in our ideas, and our thousands of nights in front of the computer, in our crazy meetings which involved love and death and food glorious food, in our articles and our voices; in our internet face-booking re-gram posty-posts; in our countless hours in front of classes and behind tables at conferences; in our gazillion emails, google docs, and spreadsheet upon spreadsheet; in our first drafts and our final drafts – we pushed and grew and changed this organization and our industry—it was after all, our job.



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