

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 907
(I-19)

Introduced by: Medical Student Section

Subject: Increasing Access to Gang-Related Laser Tattoo Removal in Prison and Community Settings

Referred to: Reference Committee K
(_____, Chair)

1 Whereas, Between 2007 and 2012, gang-related homicides were estimated to be approximately
2 13% of all homicides in the United States¹ and, while national rates of violent crime have been
3 experiencing historic lows, gang-related homicide rates have stagnated or risen²; and

5 Whereas, violent crime results in enormous health care costs, criminal justice system
6 expenditures, and productivity losses, with estimated total costs of \$5.7 million per murder and
7 \$89,250 per aggravated assault³; and

9 Whereas, Public health insurance programs reimburse the majority of insurance claims
10 pertaining to firearm-related injuries and, by extension, taxpayers bear most of the healthcare
11 costs relating to these injuries⁴; and

13 Whereas, Gang tattoos present significant barriers to gang detachment and social
14 reintegration⁵; and

16 Whereas, Gang tattoos increase risk of violent victimization⁶; and

18 Whereas, The AMA Code of Medical Ethics Opinion 8.10 states that “physicians have an ethical
19 obligation to take actions to avert the harms caused by violence and abuse” for their patients;
20 and

22 Whereas, Visible⁷ and prison⁸ tattoos are associated with higher risk for recidivism, putting ex-
23 offenders at risk for wide-ranging negative health outcomes strongly associated with
24 incarceration⁹; and

26 Whereas, Visual markers of gang affiliation are stigmatizing and can lead to discrimination in
27 employment and legal¹⁰ settings; and

29 Whereas, Everyday discrimination mediates the association between former incarceration and
30 poor mental health outcomes¹¹; and

32 Whereas, Tattoo removal can have profound social, psychological, and economic benefits for
33 formerly incarcerated and gang-affiliated individuals^{12,13}; and

35 Whereas, Removal of “branding” tattoos for victims of gang-related human trafficking facilitates
36 psychosocial healing¹⁵⁻¹⁷; and

1 Whereas, Demand for tattoo removal is reflected in the creation of free and low cost community-
2 based tattoo removal programs¹⁸, including one gang rehabilitation program that performed
3 11,834 tattoo removal procedures in 2017¹⁹; and
4
5 Whereas, The average national cost for one session of laser tattoo removal procedure in a
6 private physician's office is \$401²⁰ and an average of 7-10 sessions are required for full removal
7 of one tattoo²¹; and
8
9 Whereas, High cost of tattoo removal has led to proliferation of an unregulated market of more
10 inexpensive techniques which pose risks such as burns, dyspigmentation, and scarring²²; and
11
12 Whereas, Tattoo removal services can serve as a bridge to other rehabilitative social,
13 psychological, and educational services and opportunities²³⁻²⁵; and
14
15 Whereas, There is public support for government-subsidized tattoo removal services for
16 incarcerated and gang-affiliated populations²⁶; and
17
18 Whereas, Local law enforcement agencies have recognized the value of tattoo removal services
19 for inmates and created prison-based tattoo removal programs^{27, 28}; and
20
21 Whereas, The AMA has supported expansion of health services in prisons, such as substance
22 abuse treatment (H-430.994, H-430.987) and infant bonding programs (H-430.990), that enable
23 a more successful transition from prison to community settings; therefore be it
24
25 RESOLVED, That our American Medical Association support increased access to gang-related
26 tattoo removal in prison and community settings. (New HOD Policy)

Fiscal Note:

Received: 08/28/19

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RELEVANT AMA POLICY

Definitions of "Cosmetic" and "Reconstructive" Surgery H-475.992

Our AMA: (1) supports the following definitions of "cosmetic" and "reconstructive" surgery:

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance. (2) Our AMA encourages third party payers to use these definitions in determining services eligible for coverage under the plans they offer or administer. Citation: (CMS Rep. F, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed, A-03; Reaffirmed: CMS Rep. 4, A-13)

Preventing, Identifying and Treating Violence and Abuse E-8.10

All patients may be at risk for interpersonal violence and abuse, which may adversely affect their health or ability to adhere to medical recommendations. In light of their obligation to promote the well-being of patients, physicians have an ethical obligation to take appropriate action to avert the harms caused by violence and abuse.

To protect patients' well-being, physicians individually should:

- (a) Become familiar with:
 - (i) how to detect violence or abuse, including cultural variations in response to abuse;
 - (ii) community and health resources available to abused or vulnerable persons;
 - (iii) public health measures that are effective in preventing violence and abuse;
 - (iv) legal requirements for reporting violence or abuse.
- (b) Consider abuse as a possible factor in the presentation of medical complaints.
- (c) Routinely inquire about physical, sexual, and psychological abuse as part of the medical history.
- (d) Not allow diagnosis or treatment to be influenced by misconceptions about abuse, including beliefs that abuse is rare, does not occur in "normal" families, is a private matter best resolved without outside interference, or is caused by victims' own actions.
- (e) Treat the immediate symptoms and sequelae of violence and abuse and provide ongoing care for patients to address long-term consequences that may arise from being exposed to violence and abuse.
- (f) Discuss any suspicion of abuse sensitively with the patient, whether or not reporting is legally mandated, and direct the patient to appropriate community resources.
- (g) Report suspected violence and abuse in keeping with applicable requirements. Before doing so, physicians should:
 - (i) inform patients about requirements to report;
 - (ii) obtain the patient's informed consent when reporting is not required by law. Exceptions can be made if a physician reasonably believes that a patient's refusal to authorize reporting is coerced and therefore does not constitute a valid informed treatment decision.
- (h) Protect patient privacy when reporting by disclosing only the minimum necessary information.

Collectively, physicians should:

- (i) Advocate for comprehensive training in matters pertaining to violence and abuse across the continuum of professional education.
- (j) Provide leadership in raising awareness about the need to assess and identify signs of abuse, including advocating for guidelines and policies to reduce the volume of unidentified cases and help ensure that all patients are appropriately assessed.
- (k) Advocate for mechanisms to direct physicians to community or private resources that might be available to aid their patients.
- (l) Support research in the prevention of violence and abuse and collaborate with public health and community organizations to reduce violence and abuse.
- (m) Advocate for change in mandatory reporting laws if evidence indicates that **such** reporting is not in the best interests of patients.

Issued: 2016

Laser Surgery H-475.988

The AMA supports the position that revision, destruction, incision **or** other structural **alteration** of human tissue using laser is surgery.

Citation: (Res. 316, A-96; Reaffirmed: CSAPH Rep. 3, A-06; Reaffirmed: BOT Rep. 16, A-13)

Prison-Based Treatment Programs for Drug Abuse H-430.994

Our AMA: (1) encourages the increased application to the **prison setting** of the principles, precepts and processes derived from drug-free residential therapeutic **community** experience; and (2) urges state health departments or other appropriate agencies to take the lead in working with correction and substance abuse agencies for the expansion of such prison-based drug-free treatment **programs**.

Citation: (Sub. Res. 124, I-89; Reaffirmed: Sunset Report, A-00; Modified: CSAPH Rep. 1, A-10; Reaffirmation: I-12)

Opiate Replacement Therapy Programs in Correctional Facilities H-430.987

1. Our AMA endorses: (a) the medical treatment **model** of employing opiate replacement therapy (ORT) as an effective therapy in treating opiate-addicted persons who are incarcerated; and (b) ORT for opiate-addicted persons who are incarcerated, in collaboration with the National Commission on Correctional Health Care and the American Society of Addiction Medicine.

2. Our AMA advocates for legislation, **standards**, **policies** and funding that encourage correctional facilities to increase access to evidence-based **treatment of opioid** use disorder, including initiation and continuation of opioid replacement therapy **in conjunction with counseling**, in correctional facilities within the United States and that this apply to all incarcerated individuals including pregnant women.

3. Our AMA **supports** legislation, **standards**, **policies**, and funding that encourage correctional facilities within the United States to **work** in ongoing collaboration with addiction treatment physician-led teams, case **managers**, social workers, and pharmacies in the communities where patients, including pregnant women, are released to offer post-incarceration **treatment** plans for opioid use disorder, including education, medication for addiction treatment and **counseling**, and medication for preventing overdose deaths and help ensure post-incarceration medical **coverage** and accessibility to medication assisted therapy.

Citation: Res. 443, A-05; Reaffirmed: CSAPH Rep. 1, A-15; Appended: Res. 223, I-17

Bonding Programs for Women Prisoners and their Newborn Children H-430.990

Because there are **insufficient** data at this time to draw conclusions about the long-term effects of prison nursery programs **on** mothers and their children, the AMA supports and encourages further research on the impact of infant bonding programs on incarcerated women and their children. The AMA recognizes the prevalence of mental health and substance abuse problems among incarcerated women and continues to support access to appropriate services for women in prisons. The AMA recognizes that a large majority of female inmates who may not have developed appropriate parenting skills are mothers of children under the age of 18. The AMA encourages correctional facilities to provide parenting skills training to all female inmates in preparation for their release from prison and return to their children. The AMA supports and encourages further investigation into the long-term effects of prison nurseries on mothers and their children.

Citation: CSA Rep. 3, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17