

## 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)

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

Whereas, violent crime results in enormous health care costs, criminal justice system expenditures, and productivity losses, with estimated total costs of \$5.7 million per murder and \$89,250 per aggravated assault<sup>3</sup>; and

Whereas, Public health insurance programs reimburse the majority of insurance claims pertaining to firearm-related injuries and, by extension, taxpayers bear most of the healthcare costs relating to these injuries<sup>4</sup>; and

Whereas, Gang tattoos present significant barriers to gang detachment and social reintegration<sup>5</sup>; and

Whereas, Gang tattoos increase risk of violent victimization<sup>6</sup>; and

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

Whereas, Visible<sup>7</sup> and prison<sup>8</sup> tattoos are associated with higher risk for recidivism, putting ex-offenders at risk for wide-ranging negative health outcomes strongly associated with incarceration<sup>9</sup>; and

Whereas, Visual markers of gang affiliation are stigmatizing and can lead to discrimination in employment and legal<sup>10</sup> settings; and

Whereas, Everyday discrimination mediates the association between former incarceration and poor mental health outcomes<sup>11</sup>; and

Whereas, Tattoo removal can have profound social, psychological, and economic benefits for formerly incarcerated and gang-affiliated individuals<sup>12,13</sup>; and

Whereas, Removal of “branding” tattoos for victims of gang-related human trafficking facilitates psychosocial healing<sup>15-17</sup>; and

Whereas, Demand for tattoo removal is reflected in the creation of free and low cost community-based tattoo removal programs<sup>18</sup>, including one gang rehabilitation program that performed 11,834 tattoo removal procedures in 2017<sup>19</sup>; and

Whereas, The average national cost for one session of laser tattoo removal procedure in a private physician's office is \$401<sup>20</sup> and an average of 7-10 sessions are required for full removal of one tattoo<sup>21</sup>; and

Whereas, High cost of tattoo removal has led to proliferation of an unregulated market of more inexpensive techniques which pose risks such as burns, dyspigmentation, and scarring<sup>22</sup>; and

Whereas, Tattoo removal services can serve as a bridge to other rehabilitative social, psychological, and educational services and opportunities<sup>23-25</sup>; and

Whereas, There is public support for government-subsidized tattoo removal services for incarcerated and gang-affiliated populations<sup>26</sup>; and

Whereas, Local law enforcement agencies have recognized the value of tattoo removal services for inmates and created prison-based tattoo removal programs<sup>27, 28</sup>; and

Whereas, The AMA has supported expansion of health services in prisons, such as substance abuse treatment (H-430.994, H-430.987) and infant bonding programs (H-430.990), that enable a more successful transition from prison to community settings; therefore be it

RESOLVED, That our American Medical Association support increased access to gang-related 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.

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#### **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