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EXPANDING A GANG TATTOO REMOVAL PROGRAM FOR
SAN BERNARDINO COUNTY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Business Administration

by
Appannagari Gnanadev, M.D.

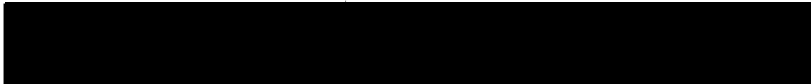
December 2001

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ABSTRACT

Research Problem: The New Beginnings Tattoo Removal program is a community service project, which does not meet the needs of the public when only operating one day per week. The research problem was to determine how to provide the necessary (but expensive) and time-consuming tattoo removal services to a population of reformed gang members in order to aid in their return as productive and useful participants in society, and determine how the program expansion should be designed and implemented to enhance its viability and effectiveness to society.

Method: The methods of research done were literature searches, including books, journals and Internet web sites. Interviews of coordinators of our existing clinic, and other tattoo removal programs in Southern California were also conducted.

Design: This thesis is presented in five chapters, including the background and history of cultural attitudes towards body art, scarification and tattoos, the history of street gangs and their influence and impact on Southern California communities, an in-depth program analysis including environmental, economic, market, performance, operations and technological aspects; an explanation of the program itself and how it will be implemented; a

discussion of budget, including personnel and supplies costs, as well as potential grantors; and concludes with suggestions for enhanced evaluation and the addition of a social/community follow-up network to be added to the expanded program.

DEDICATION

This project is dedicated to all the volunteers who spent countless hours in making the lives of these young people better and to my family at home and my team at work, without whose support and assistance I would not have been able to fulfill my dream of finishing the MBA, and to the dedicated professors at CSUSB, whose enthusiasm rubbed off on the entire class, making the whole process fun, rather than just hard work.

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CHAPTER ONE

BACKGROUND

Introduction

For most adults, adolescence is a time when one is supposed to grow into a self-reliant individual apart from their nuclear family, while at the same time attempt to fit into a group of similar individuals on their own personal journey. For many, these years are thankfully over and are remembered in retrospect from a distance and with laughter gained by adulthood and experience. The only physical reminders of this internally trying time are the errant acne scar or family photograph of wildly died hair and ridiculous outfits. However, for those where this growing up was more difficult and most drastic, more permanent marks in the form of gang related tattoos brand their skin to remind them and others of their difficult past.

San Bernardino County is a community of contrasts. On one side the community appears to be a stereotypical visage of American suburbia, with an abundance of SUVs, tract homes and Saturday afternoon soccer tournaments. However, this image of comfort and prosperity is starkly

contrasted by the proliferation of gangs and the evils they ensue, among them drugs and violence.

Tattoos are meant as life long "brands" to identify those who have joined a particular gang. Even years after an individual decides to leave the violent and anti-social gang lifestyle they retain a physical marking that makes assimilating into the mainstream more difficult. Once having abandoned the gang lifestyle, a tattoo is a stigma as it interferes with one's professional life, causes problems in a household, or becomes a threat to safety and survival. Tattoos in readily visible areas such as the face or hands often deter potential employers from employing these individuals whom they may look at as high risk or unfit to work. Removal of these reminders of the past help towards the larger goal of assimilating these individuals back into the productive community in a number of ways, including new job and educational opportunities.

Tattoo removal programs require time, effort, and cooperative efforts. Laser tattoo removal equipment is expensive and the treatment costs \$2,000 to \$5,000 per patient. Such costly procedures are unattainable for the low-to-middle income patients who are usually the candidates most in need of such treatment. Community and government participation in funding is necessary to see

such worthwhile programs come to fruition and positively alter the future of these people. The research for this project revealed that not only is community support needed for funding for tattoo removal, but a social or community network of faith-based groups, law enforcement, social service agencies and family must be established to assist former gang members to successfully assimilate into productive society, by replacing the feelings of "belonging" that gang membership once held for these individuals.

In 1996, we established a pilot "Gang Tattoo Removal Program" at San Bernardino County Medical Center (now Arrowhead Regional Medical Center or ARMC) to provide services for juveniles on probation. At that time the program provided tattoo removal for reformed gang members, especially juveniles, as part of a larger goal to assimilate these individuals back into a productive community. An \$80,000 community development grant was obtained to purchase the Nd-YAG laser. With the cooperation of police and parole organizations, local government leaders, doctors and nurses, this small, once-a-week program became so successful that the waiting list quickly grew to two years.

The program has outgrown the current resource allotment. A revision to the current protocol must be devised. The central management problem for this project states: "How do we provide the necessary (but expensive) and time-consuming tattoo removal services to a population of reformed gang members in order to aid in their return as productive and useful participants in society?" and, "How should the program be designed and implemented to enhance its viability and effectiveness to society?"

Local Gang Activity

San Bernardino County is home to nearly 1.7 million people. In 1995, the San Bernardino County Sheriff's Department estimated that we are unfortunately also home to approximately 12,000 gang members, according to a recent report by the San Bernardino County Wide Gangs and Drug Task Force of the San Bernardino County Superintendent of Schools (SBCSS) office (J. Weaver, personal communication, May 31, 2001).

The SBCSS report indicates 2,500 criminal acts in the county could be positively identified as street gang crimes; 350 of these criminal acts were homicides, attempted homicides, assaults, robberies and drive-by shootings. In 1997, there were 412 juvenile violent crime

arrests per 10,000 youths in the 10 to 17 age group. SBCSS reported that it suspects juveniles involved in gangs or gang-like activity committed many of these crimes. In 1999, 4,931 minors were booked into San Bernardino County Juvenile Hall, representing an increase of 13.8% over 1998 (J. Weaver, personal communication, May 31, 2001).

Scope and Limitations

At the current estimates of requests for services, more than 1,000 former gang members await laser tattoo removal. The clinic currently serves 300 patients per year. Expansion to three days would allow us to treat 900 patients per year. Funding currently does not completely cover the one-day a week clinic, as much of the services are donated in-kind by the hospital and surgery group, thus additional funding will be sought. As the program is set in place already, expansion will be a simple matter of logistics (the ARMC hospital clinics are full; where will we do the procedures?) and funding. Both logistics and funding could limit the scope of the expansion.

Summary of Organization of Project

We propose to expand the "New Beginnings Tattoo Removal Project" to provide free-of-charge tattoo removal

services. The procedures will be performed at the Arrowhead Regional Medical Center and will be made available to former gang members attempting to reestablish themselves in the working community of San Bernardino County. Applicants will be required to sign a waiver agreeing to complete the process of treatment and not to simply replace an old tattoo with a new one.

Our goal is for the treatment to be available three days a week. It will include a screening of the candidates, laser tattoo removal, follow up visits, and instruction on care of treated areas. In addition we will explore adding referrals to a social service agency or faith-based group for follow up on job and education opportunities.

Before expanding "New Beginnings" into a full-time service, research must be done to assess the economic and financial viability of the expansion. Research will be done on the effectiveness of other established programs nationwide. Additional grant money and staff will need to be located to further develop the existing program. The costs of purchasing new equipment and providing new services will be explored. Organizational capabilities and constraints, and financial resources and constraints will be examined to identify our strengths and weaknesses.

In addition, this study explores the demand for expansion in San Bernardino County, based on our demographic research, as well as internal resources. Competitors and/or lack of competition have been identified. Entry barriers for other groups to provide similar services will be identified. These statistics will be processed into a format to provide other communities a reference document to refer to when thinking of starting or expanding similar programs.

The quality of medical care and follow-up care are important factors to success. This report assesses both internal and external customer satisfaction.

In concluding this study, we suggest an evaluation component (intake and follow-up surveys results stored in a database) be added to the program, which should be helpful in securing future grants. The establishment of a strong formal social or community network is also proposed. This network should be comprised of faith-based groups, law enforcement, social service agencies and family, all dedicated to supporting the former gang members in successfully assimilating back into productive society. This support should help replace the feelings of "belonging" that gang membership once held for these

individuals, with feelings of worth and focus on their new lives, their "New Beginnings."

Executive Summary

The "New Beginnings Gang Tattoo Removal Program" is a community service project of the County of San Bernardino's public hospital - Arrowhead Regional Medical Center and its Department of Surgery physicians. The program currently operates one day a week. We propose to expand the program to three days per week, thereby accommodating the long list of reformed gang members waiting for this free tattoo removal service. There are no direct competitors to the Arrowhead Regional Medical Center for its indigent or low-cost care, especially in the area of laser tattoo removal. Many community agencies, such as the San Bernardino County Jobs and Employment Services Department (JESD), the Transitional Assistance Department of the Human Services System (TAD), and the Juvenile Probation Department, are involved in serving our referral population. As the number of referrals for tattoo removal is ever increasing, the program becomes ineffective with an ever-increasing waiting list. The current wait time is two years. The location for this project at the Arrowhead Regional Medical Center is ideal,

since it is centrally located for the population that is affected by gang violence in San Bernardino County.

Seed funding has been offered through the San Bernardino County Board of Supervisors. There are state funds set forth in the California Welfare and Institutions code. Numerous private grant organizations and non-profit organizations are dedicated to funding projects that improve the health and welfare of the community.

Medical procedures generally have a better outcome when performed by skilled individuals who have sufficient training and experience. Physicians, physician assistants and nurses are trained, and have had at least six years experience in the area of tattoo removal. This trained workforce leads to greater efficiency and success for the proposed expansion project.

Due to the number of personnel, organizations and institutions involved in a project such as this, a comprehensive and clear operating plan linking the various agencies together is essential for efficiency and maximum productivity. Follow-up reports and the development of meaningful statistics are difficult due to the nature of the population served by this project, but necessary for future grant applications and an internal audit of the success or failure of the project.

Despite an optimistic outlook on funding, any downturn in the local or national economy will stall or derail this project. This includes monitoring the economic stability of the Arrowhead Regional Medical Center and the funding streams coming through the County of San Bernardino. The cost of new laser equipment is very high and recurring expenses in the personnel and space costs require a steady stream of funding. The Department of Surgery at Arrowhead Regional Medical Center is able to absorb the personnel costs of a small program, but the expansion that is proposed requires the services of full-time providers. This is difficult in a year in which budgets are very tight.

The safety of the participants and of the medical personnel is of paramount importance. Members of rival gangs brought into close contact can be a recipe for a disaster. In addition to safety issues, other logistical problems exist. The gang members have to be accompanied by police officers and the regular patients in the outpatient clinic do not want to be associated with, or in close proximity to the ex-gang members in the same general area. Currently, we are able to segregate the tattoo removal patients from general patients because of the limited one day per week time slot offered; however, this will become

much more difficult as the project expands to three days per week.

The greatest aspect of this project is the actual community service of facilitating the transition of an ex-gang member from the streets to society.

The jail and welfare costs run upwards of \$40,000 to \$60,000 per year on an ongoing basis for an un-rehabilitated gang member. The cost of this project per member therefore becomes quite reasonable and cost effective. However, cost should be secondary to the improvement of those affected by gang crime in the County of San Bernardino, including both the victims and the perpetrators.

Lives could truly be saved because of this project. The key to success is the coordination with other agencies to further help our patients proceed in the right direction. For many, this service offers the first hard evidence of their physical and psychological transformation back to the mainstream; the erasure of branded markings reminding themselves and others of their troubled past.

The largest and most constant concern will inevitably be the funding. The national economy appears to be slowing down. If there is a recession, the grant money might

disappear and the providers may no longer be able to volunteer their time.

The second concern is that of physicians and other health-care providers being threatened by the gang members and/or the gang establishment. Potential reprisals against the medical personnel must be taken into consideration. If safety cannot be assured, very few providers will likely volunteer to deliver their services. Since training new personnel takes a long time and developing expertise takes time too, the loss of even a few key people can place a serious burden on this program for a foreseeable time. The Arrowhead Regional Medical Center must protect its personnel and employ all the necessary measures to ensure safety in potentially volatile situations.

After thorough research and review for this project, a protocol has been developed for the expansion of the "New Beginnings Tattoo Removal Program". Included is an emphasis on an evaluation and follow up procedure incorporating the assistance of a network of organizations. It is essential that we take advantage of our unique ability as a public hospital to provide assistance to this high-risk population. Our service is not an end to the long journey these men and women have

embarked upon; however, it provides a welcome "New Beginning".

CHAPTER TWO

PROGRAM ANALYSIS

It is important to take a look at the larger picture of the history of tattooing or marking the body, how this practice is viewed culturally, the effect of violence on the youth of our society, and how tattooing was adopted by street gangs as a required element of membership.

History of Tattoos/Cultural Influence

Cultures from all over the world have been marking themselves indelibly for centuries for decoration, status, and tribal association with the use of tattoos, scarification, flesh marking and branding. The word tattoo itself comes from the Polynesian word for scarification, "tatau" (Tattoo, n.d.).

A tattoo provides a symbol of affiliation, status, and identity within a gang. The gang tattoos may be self-applied utilizing a "hand poke" method, or commercially applied using a tattoo machine. This machine introduces indelible ink directly into the epidermal (outer) layers of the skin where it remains forever. Tattoos can be lifelong reminders of the violent life once associated with gangs.

Amy Krakow, author of *The Total Tattoo Book* states that "they existed as long as 12,000 years before Christ. Proof has been found on archaeological and anthropological digs" (Jones, 1996). It was used in ancient Hawaiian culture as marks of privilege or royalty (Kennedy, 1995). Egyptians marked their bodies with tattoos, skin cuttings and shaved heads as part of their pagan rituals (Herzig, n.d.). The Jewish religion does not condone tattoos, citing biblical and rabbinical passages, which teach against them. In addition, they are a reminder of the involuntary tattoos on their hands or stomachs inflicted by the Nazis during the Holocaust (Herzig, n.d.).

Japan has an interesting love/hate/love history of the tattooed body, the origin of which has been traced to the Jomon period [10,000 B.C. ~ 300 B.C.] (Yamada, 2000). Ancient Japanese fishermen decorated their bodies and faces to protect themselves from large fish and the designs eventually became ornamental. Between 600 and 1600 A.D. there is little mention in historical literature of tattooing; however penal tattooing, or tattooing as marks of punishment, was mentioned as methods of distinguishing social outcasts (Yamada, 2000). Consequently, these people bound together to form minority groups, suggestive of today's anti-social youth gangs.

In the fifteenth century, the people of the Ryuku Islands just south of Japan tattooed their women's hands and knuckles to make them less desirable to kidnapping for Japanese brothels - a common occurrence - as the Ryuku people knew that the Japanese did not like tattooed women. In sixteenth century Japan, the samurai soldiers had tattoos for identification after their death should they be stripped of their belongings by scavengers (Yamada, 2000).

During the Edo period it is reported that there are examples of therapeutic tattoos in the belief that the tattoo could heal the affected parts. Tattoos during this period were popular among prostitutes and were called "irebokuro". "Ire" means to insert; "bokuro" means beauty spot (Yamada, 2000).

Tattoos became penal symbols again in 18th century Japan when criminals were tattooed and ostracized from society. The tattoos were meant for identification, but the permanent marking and subsequent and final ostracization led to hopelessness and despair, resulting in further criminal activity. People became afraid of those with tattoos as this cycle continued and began to see tattooed people as criminal or evil. The 150-year custom of penal tattooing was abandoned in 1870 (Yamada,

2000). During the 19th century when Japan was attempting to become a "civilized" and accepted nation to the rest of the world, tattoos were made illegal because of the fear of alienation that existed towards the tattooed population in the Western civilization at that time. After World War II the prohibition was lifted, but many Japanese tattoo artists still do not advertise or hang signs for their studios due to its negative history. Some sub-groups in Japan are known today for their elaborate and beautiful full-body tattoos. The organized crime segment of Japan, the "Yakuza" use tattoos as marks of status, as tests to show members' strength (Yamada, 2000).

In the West, military (especially sailors), gang and motorcycle groups have used tattoos for many of the same reasons these ancient people did - permanent group bonding and identification, male virility, as magical charms, etc. Sailors believed certain tattoos kept them from drowning. During the Civil War, soldiers wore their rank on their skin (Maloney, 1994).

During World War I, tattooing became commercialized. Conditions were often unsanitary and diseases such as syphilis spread. Many states made tattooing illegal, as it was becoming a public health problem (Maloney, 1994). Today there are still concerns about the spread of

diseases such as hepatitis and HIV. Youth movements and political unrest through the later part of the 20th century has helped evolve the practice of tattooing. Anti-social and criminal gangs have adopted tattooing as forms of identification, displays of loyalty and signs of warnings to rival gangs, in addition to specific clothing, graffiti and hand signs.

Exposure to Violence

In the April 1999 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*, author Mary Schwab-Stone reported on two studies done in 1994 and 1996 on the effects of violence on urban youth. Of the 2,885 sixth, eighth, and 10th grade students in an Eastern public school system who completed the survey, Ms. Schwab-Stone states that more than one third have witnessed violent crime, including murder, and that the result of this exposure adds to additional anti-social behavior, depression, anxiety and anger. Nearly 80 percent of the students surveyed report that they also had been involved in fighting, arrest, vandalism, theft or carrying a gun. "Exposure to violence was closely associated with adolescents' externalizing behavior and, to a somewhat lesser degree, internalizing symptoms," states

Schwab-Stone. The results were replicated with the 1996 data (Schwab-Stone, 1999).

The United States Surgeon General's report on youth violence released February 17, 2001 warns that while there have been improvement in intervention and prevention, the epidemic is not over. The report reviewed trends in youth violence over the last 20 years and assessed associated risk factors, the three main factors being gangs, drugs and guns (Surgeon General, 2001).

What is a Gang?

The American Heritage Dictionary describes "gang" in several ways: a group of people who associate regularly on a social basis; a member of a criminal gang or crime syndicate; a group of convicts chained together, especially for outdoor labor; a company of men under an officer detailed to force men into military or naval service... (American Heritage Dictionary, 2000). Obviously not all gangs are violent and anti-social, but the word today conjures up fear among many with visions of drive-by shootings, drug dealing, baggy clothes, graffiti and tattoos.

Street gangs have existed for decades. The origins of African American gangs date back 75 years in Southern

California. The most frightening and well known in the Los Angeles area are the Crips and the Bloods, both African American gangs whose origins can be traced to the 1960s, sometimes involving up to three generations of family members. In Los Angeles County today there are over 300 franchises of Blood and Crip gangs and have spread to more than 100 other American cities. Drug trafficking (marijuana, LSD, PCP and crack cocaine) provides big profits to African American gangs (American Street Gang, n.d.).

Mexican gangs date back even further in the Southern California area, beginning as far back as 1900. Hispanic gangs banded together for unity, protection and socialization in the barrios. The young male members, 14 to 20 years old, have adopted property crimes as their crimes of choice (burglary, robbery, and vandalism). Committing crimes raises members' stature within the gang and imprisonment actually further improves their status. During the 1980s, gangs began to develop some structure and organization and started to expand from the inner city neighborhoods into the suburbs and also into each other's territories, resulting in assaults, auto theft, drive-by shootings and murder. Violence became a part life. Ruthless leaders emerged, as did the symbols or

"trademarks" of gang life, including graffiti, elaborate tattoos, meaningful nicknames and hand signs. The Department of Justice (DOJ) estimates there are as many as 95,000 gang members of Hispanic ethnicity in California today (American Street Gang, n.d.). Latino gangs were responsible for one quarter of all homicides in Los Angeles County in 1995 (Hayes-Bautista & Rodriguez, 1996).

Al Valdez, an investigator for the Orange County District Attorney's Office suggests in his article entitled "A History of California's Hispanic Gangs" written for the National Alliance of Gang Investigators Associations and published electronically at www.nagia.org, that gang members feel the United States stole California from Mexico and therefore feel displaced and like second class citizens. Hispanic families tend to live in the ethnic neighborhoods for generations, often the poorest parts of Los Angeles. In Mr. Valdez's article he reports that Sgt. Joe Guzman of the Los Angeles County Sheriff Department, an expert on Hispanic street gangs, explains that Mexican gangs formed in part due to economic and social conditions similar to the formation of Irish street gangs in New York in the 1800s (Valdez, n.d.). There were continuous and escalating feelings of mistrust between the Hispanic and white populations of Southern

California throughout the World Wars and the "White Flight" to the suburbs in the 50s. The number of Hispanic gangs continued to grow with dramatically increasing violence, turf wars, insults, rivalries and retaliation. Soon the word "drive-by" was added to the Southern Californian lexicon.

Asian street gangs, mainly of Vietnamese, Laotian and Cambodian descent emerged in the late 1970s and early 1980s. They were not as organized and did not initially sport tattoos, graffiti or hand signs as their trademarks. DOJ estimates 15,000 Asian gang members live in California today (American Street Gang, n.d.).

White gangs such as Hells Angels are now considered to be organized crime groups by law enforcement. Skinheads are associated with a white supremacy philosophy and commit crimes against non-whites Jewish groups, homosexuals and the homeless. They often associate themselves with neo-Nazis or the Ku Klux Klan. California DOJ estimates that there are 5,000 white gang members living in California today (American Street Gang, n.d.).

Gang violence has profoundly affected the youth of Southern California. The death rate among teenagers in Southern California is among the highest in the nation and there are many programs in effect that assist current and

prior gang members in giving up gang behavior. One such proposed program in San Bernardino County has the following goals:

- 1.) To provide personal guidance and support to at risk youth and promote social responsibility
- 2.) To reduce juvenile delinquency activity, involvement in gang related activity, use of firearms, drugs, and alcohol
- 3.) To promote health related issues, skills, and opportunities for career and employment success.

Tattoos (especially those that identify an individual with a certain street gang) become a hindrance to employment, behavior change, and even survival on the streets.

Gang identifiers include clothing, signs, symbols and/or colors and include, as we are well aware, tattoos (Walker, 2001). All these identifiers can be temporary with the exception of tattoos, being the permanent indelible reminders of gang affiliation.

Therefore, removal of tattoos becomes essential. Reformed individuals no longer believe in the sentiments the designs on their bodies proclaim to be. Names on their skin no longer belong to anyone they feel close to.

Tattoos on the exposed parts of the bodies, such as face and hands, are often a hindrance to employment.

According to Allen L. Hixon (1999), street gangs have a presence in 94 percent of all U.S. cities with populations over 100,000. Los Angeles currently has more than 950 gangs, with more than 100,000 members. School systems nationwide had to cope with dress codes, metal detectors and security guards. Hixon indicates that gang activity is a pressing adolescent health problem.

Gunshot wounds are the eighth leading cause of death in the United States. Guns are used in 80 to 95 percent of gang-related homicides. "Membership in a street gang increases one's risk of violent death by 60 percent," states Hixon and he believes the proliferation of street gangs should be of great concern to health care professionals and suggests in his article that family physicians work with school officials, law enforcement, social services, and local health departments to screen, intervene or prevent such activity. Hixon (1999) states other useful interventions are gun safety classes, tattoo removal programs and emergency department crisis response teams.

The Bureau of Justice Assistance (BJA) of the United States Department of Justice published a monograph in

January 1997 entitled "Addressing Community Gang Problems: A Model for Problem Solving" (U.S. Department of Justice, 1997) in which they state that the urban violence and drug trafficking associated with gang membership should be addressed as interconnecting problems, rather than treated individually as they have been historically. They indicate that some gangs are involved in drug trafficking and some are not and that therefore it is difficult to define a "gang" from community to community, thus making it even more difficult to link gangs, drugs and violence. They state that we are not dealing with a common phenomena from city to city as gangs vary by ethnicity, age, crimes, propensity towards violence, unity and stability (U.S. Department of Justice, 1997). The solutions most communities use, as a response to gang activity is prevention, intervention and enforcement (or suppression).

Why Join a Gang?

Two theories are suggested to explain gang entry. One is "bird of a feather" or a "selection theory" that suggests youth already involved in anti-social behavior are more likely to join together as gangs. Another theory is the "socialization theory", which suggests that the youth are exposed to and pick up the antisocial behavior

after gang entry (Lahey, Gordon, Loeber, Stouthamer-Leober, & Farrington, n.d.). Gang members are more likely to come from lower socio-economic groups, high crime neighborhoods and often come from single-parent families who offer inadequate supervision, but mete out harsh discipline. They also attend school with other gang members and are exposed to the lifestyle from an early age (Lahey, et al., n.d.). Peer pressure has a stronger influence than parental discipline. Parents do not want their teenagers to smoke or drink, yet most high schoolers admit they have easy access to cigarettes and alcohol (Kittredge, 2000). Imagine the intense pressure to join a gang in affected communities!

Even though there are nine times more Latinos in California's colleges than in prisons, the exposure to the increasing gang culture in Southern California leads many to attribute negative characteristics to the larger Latino population. News and entertainment media have perpetuated this stereotype. Many young Latinos view the societal non-conformation as heroic.

In the article "The Criminalization of the Latino Identity Makes Fighting Gangs That Much Harder", authors David Hayes-Bautista and Gregory Rodriguez, believe the alienation that many Latinos feel from mainstream culture

makes gang life appealing. They state, "Gangs are the default lifestyle for those who have fallen in the cracks between mainstream Latino and Anglo cultures." The authors feel it is imperative to reinforce strong family and religious ties, as well as a healthy work ethic, to combat the destructive, deviant behavior of the minority of Latinos who turn to gangs.

Young Hispanic people not involved in gangs are tired of all the attention and focus on gangs in school and community programs. In addition to social institutions changing their focus, the media must also decriminalize Latino identity (Hayes-Bautista, n.d.).

More African American boys (23.8%) than non-Hispanic White boys (3.9%) had joined an anti-social gang by age 19 (Lahey et al., n.d.). Having friends already involved in gangs increased the likelihood of joining a gang during adolescence. With more than 65,000 youths as members of gangs, author Benjamin B. Lahey states in the *Journal of Abnormal Child Psychology* that this represents a significant public health problem. Not only victims, but also gang members are exposed to injury, incarceration or death.

Customer Analysis

The tattoo removal project is an important component of the finalization of breaking with gang lifestyles. It also affords young adults currently unemployed the ability to enter the workforce with greater ease. By eliminating these social stigmata (i.e. tattoos) careers and financial independence will replace incarceration and public assistance. Sustained improved social outcomes will be measured via follow-up agency database screen and survey response to document legal and work status. Volunteer healthcare providers and facilities will screen candidates to have their tattoos removed without financial constraints. Forecasted capacity is 900 patients per year. Projections show that this expansion project could be started within three months of funding.

External customers are those under age 18 no longer involved in gangs and involved in community activities with no arrests, warrants or probation status over the past year; and 18 to 25 year-old young adults screened via welfare and unemployment agencies. Tattoos must be gang related and priority will be given to certain individuals, i.e., a male candidate for tattoo removal shall have a tattoo on his lower arm, hand, neck, or head. A female candidate for tattoo removal shall have a tattoo that

would be visible in a professional work environment. To be eligible for participation, the presence of the tattoo must be deemed to present either a threat to the personal safety of, or an obstacle to the employability of, the candidate. Priority shall be given to candidates who have a job offer that is contingent upon removal of the tattoo.

Competitor Analysis

Simply stated, there is very little competition in providing healthcare for the uninsured. At the present time, physicians and physician assistants working at Arrowhead Regional Medical Center provide gratis gang tattoo removal on a very limited basis. His other commitments do not allow him to service more than a few patients per week. The number he currently can help does not begin to approach the at-risk population that would be served by this expanded project. This service to the community has a long waiting list even though it is not yet really well publicized. This program of gang tattoo removal would complement all existing programs.

Market Analysis

The market for gang tattoo removal is dependent upon the number of gang members in San Bernardino County and surrounding areas as well as the availability of

rehabilitation programs. As mentioned previously, nearly 600 names are on the waiting list currently. The urban gangs in San Bernardino County are offshoots of the major street gangs in Los Angeles County and Orange County. These include the Crips, the Bloods, the Vice Lords, and the Latin Kings. San Bernardino County presently has over 1,669,934 in population. (See Appendix B) The area is primarily urban with a high incidence of poverty, welfare, and drug usage. This presents an ideal environment for urban street gangs. There are very few agencies involved in rehabilitating prior gang members. This creates a great need for a program such as this. The key factor for success of this program is the ability to cooperate and share resources with other public service entities in this County. This program receives referrals from both private and public agencies. Further expanding the role of these social service agencies (as follow up and support for former gang members) is also proposed.

Other Programs Nationwide

The Internet provides a seemingly endless amount of information related to "gang tattoo removal" with 77 web pages devoted to the topic and an even more impressive

amount of literature for "tattoo removal programs" boasting more than 4,000 web pages.

Published articles devoted to the topic include:

- 1) "Preventing Street Gang Violence", Hixon, Allen L. (*American Family Physician*, 4/15/2000)

In an excerpt from this article Hixon writes, "Other useful interventions include referral to parenting skills classes, providing gun safety information, tattoo removal programs and emergency department crisis response teams. Understanding the significance of tattoos and providing laser tattoo removal when appropriate may change lives. A hospital-community response team with trained crisis counselors who are available for immediate intervention with gang members and their families may be developed and may help prevent retaliation crimes."

- 2) Sommers, Novelda (*Corpus Christi Caller-Times*, 07/26/1999)

In an excerpt from this article Sommers writes that Bandera (Texas) police officer Shannon Robles got involved in tattoo removal when she befriended an 18-year-old gang member who wanted to get out of gang life but couldn't land a job because he had obvious

tattoos. "He was a hard core gang member," said Robles, who enlisted the help of a volunteer plastic surgeon. The success story was publicized to other gang members and the program in Bandera mushroomed.

- 3) Rosenberg MD, Gary (Plastic Surgery Today, <http://www.plasticsurgery.org/innews/PSToday/95more.html>)

Rosenberg started a volunteer tattoo removal program in Palm Beach County for former gang members. To be eligible for free tattoo removal the youth had to pledge to stay out of gangs. In an excerpt Rosenberg refers to the program as a "total success." "No participant has gone back to the gang that we know of. We are helping kids who might be in trouble for the rest of their lives and giving them a chance to lead new and productive lives."

The City of San Jose established a gang diversion and intervention effort called "Clean Slate" in 1994. The Clean Slate program began as simply tattoo removal, but has evolved into offering counseling, job referrals and educational opportunities when program directors realized they were just scratching the surface of the problem. San Jose drug czar Dick De La Rosa says of the program, "The free tattoo removal represents the 'pot of gold' that the gang-troubled city can offer those willing to take the

steps to change their lives. Once they're out of the gang, job training and education can help provide them with new opportunities." De La Rosa explains that the service gives young people "the ability to dream" (Learmonth, 1997)

There are several similar laser tattoo removal programs throughout the United States operated by governmental agencies, non-profit hospitals, private clinics and churches. We have contacted several of these institutions to learn how they evaluate the effectiveness of their programs and the correlation between tattoo removal and the improved physical, mental and financial health of former gang members. Only one program keeps detailed statistics on their patients by conducting three surveys - at admission to the program, in the middle of treatment, and at the conclusion of treatment (J. Wilkerson, personal communication, March 27, 2001). Although no other program could produce "hard" measurements of success, all felt that tattoo removal made a huge difference in the lives of these young people. Many had testimonials and could site examples of those now successfully employed or in school. One interesting element to these programs is the stipulation that participants in the program "pay" for their treatment in the form of community service. Based on our preliminary

research, we believe that these types of interventions work best and would be viable components of our own program.

Other gang intervention programs exist, often in tandem with tattoo removal. Father Gregory Boyle of Los Angeles is well known in Southern California for his efforts to guide young people away from the gang lifestyle into productive lives. He began "Homeboy Industries" in 1992 which former gang members work side by side in businesses such as a bakery, silk-screening, merchandising and cleaning services. Father Boyle also created "Jobs for a Future" in 1988 to give these youth a second chance. He helps more than 300 youth each year with jobs and other support services (Kilgore, 2000). Boyle admits it is an ongoing battle and he cannot claim total success, but his faith keeps him focused on his work. As he is quoted saying, "Nothing stops a bullet like a job" (2001).

Why Remove Tattoos?

Over and over again in our research we hear young people discuss how difficult it is to get a decent job, their desire to be cleansed of reminders of an unhappy past, and their wish to assimilate into mainstream society. An older former gang member, 36-year-old "Mike"

of Los Angeles states, "All my original homies are either dead, in jail or on drugs. I'm tired, and I'm too old for this" (Woodard, 1999). Turning his life around has been difficult and time and time again it is easier to return to the comfort of his old lifestyle. "The culture is very macho-oriented," states Monique Davis of the Los Angeles City Housing Authority. "It's difficult for some people to admit they have to start over. It's exposing vulnerabilities they've spent so many years trying to cover up" (Woodard, 1999).

This is a remarkably insightful statement which summarizes the real reason for joining gangs and may be the key to a successful transition out of such lifestyles - man's basic need to "belong".

Physically removing the tattoos from the skin, while critically important to successful transition, is only one part in this important transformation. Family, friends, churches, social agencies, law enforcement and the community at large must network together to help guide these youth to new educational opportunities, jobs and situations where they can "belong" and feel strongly loyal to an other socially productive group. That is a component we suggest be explored and added to any gang reform program.

Environmental Analysis

In addition to gang-affiliated tattoos, trendy "body art" tattoos are currently on the upswing and becoming a cultural phenomenon. Rap stars, movie actors and sports celebrities are obviously and proudly tattooed. Even some groups of young, evangelical Christians are beginning to use religious tattoo symbols to express their faith (Tattoos as Evangelical Chic, 1998). It seems tattoos are making their way into mainstream America.

While gang tattooing has occurred for years to express sinister messages of warning and branding, it is interesting that tattoos have made their way to the neighbor's kid who is emulating his favorite sports star. Young, hip executives sport tattoos and in San Francisco The Hotel Triton offers a "So Hip it Hurts Tattoo and Piercing" package that includes a \$65 gift certificate at Mom's Body Shop in Haight Ashbury (The so hip, 2001). A sociology doctoral student at Louisiana State University, Lisa Romanienko, believes most of those participating in the body modification movement are expressing their alienation with Western society, stating they enhance their self-esteem by offending the mainstream American culture (Austin, 1999).

The media has influenced America's view of tattooing. Recently there has been a proliferation of tattoo magazines. *Inked* is a new magazine dedicated to tattooing African American skin (Easyriders, 1999)? Taking advantage of this trend, Stewart Superior Company is marketing tattoo stamp kits and body markers to children as young as age five. "Our products are perfectly positioned for what these kids are into," says marketing director Andre Cox. "They allow them to decorate their bodies without doing anything permanent - all the fun and none of the downside" (Stewart Superior, 2000).

Is the art of tattooing really becoming more popular, or is it just the current focus of the media? What does mainstream America (your boss, your co-workers, your neighbor, your pastor, priest or rabbi) really think of tattoos? The County of San Bernardino, the largest employer in San Bernardino County, requires its employees to cover their tattoos when working with the public, such as in the court systems.

Will this upsurge of tattoos ever become so conventional that it could make it less desirable for gang members to get rid of their tattoos, thereby making the tattoo removal program unnecessary? It is not likely. The messages portrayed by gang tattoos have so much meaning to

the gang subculture that eliminating them speaks volumes and truly does change lives. The technology of the 21st century has touched even street gangs. A list of gang web sites and their affiliated tattoo symbols can be found readily on the Internet at www.thebackup.com/trainingacademy/gangs/gt_tattoos.asp. It is helpful to law enforcement agencies to use resources such as these to help them identify gang members.

Locally, the primary governmental factors related to this program are the funding from San Bernardino County Board of Supervisors as well as funding from State of California. As previously mentioned California Welfare and Institutions Code Section 1915 applies to state sponsored gang tattoo removal programs. However, funding for this program will likely come from local sources. There are social and educational grants that will be sought to supplement local governmental sources of funding. The salaries of the nurses, clerical personnel, and medical personnel will be derived from the sources of funding. The program will be operated as a nonprofit entity. However, the program will be expected to break even at the end of every fiscal year that it is in effect.

Cultural issues are of great importance. Language is a major barrier to communicate with the youth when English

is not their primary language. The second cultural issue is the presence of two or more potential rival gang members at the same site. Proper scheduling is required in order to avoid conflicts. The third issue is the coordination with other social agencies responsible for monitoring the public service aspect of this program. They must develop a method to monitor the compliance by the enrolled youth. It will be the best way to determine whether or not the program is successful in its goal of keeping the youth of San Bernardino County out of the gang environment.

Currently 300 patients a year are being successfully treated and are able to move beyond the "gang" phase of their lives with unblemished skin. However, follow-up, either by ARMC or by the social service agencies that referred these patients is non-existent. The people involved in the program instinctively believe these patients are helped tremendously by the tattoo removal procedure and have many anecdotal examples to support their beliefs. However, no formal hard data has been gathered to support the claims, which is important to prove the success rate to secure future grants. An improved evaluation component, or performance analysis, will be an integral part of our project. We propose to use

a survey instrument three times during treatment - pre-treatment intake evaluation form, a mid-treatment face-to-face interview, and another written evaluation survey at the end of treatment, to evaluate improvements in lifestyles, job situation, attitudes, etc. of all of the enrollees. Ideally, a two-year follow-up telephone or mailed survey campaign (see example in Appendix C, Attachment H) would be needed to track success or failure of these individuals and to determine whether tattoo removal played a large part in their subsequent success or failure in changing their lives.

CHAPTER THREE

THE PROGRAM

Product

The product is health care delivery of tattoo removal services. Please see Appendix D, Attachments A and B for photographic examples of before, midway and after treatment.

Price

The service is free of charge to selected individuals meeting screening criteria. Screening for financial eligibility is conducted via social service agencies, such as the Juvenile Probation Department and the Jobs and Employment Services Department.

Place

The program will continue to take place at the Arrowhead Regional Medical Center, Department of Surgery Outpatient Clinic. The program continues to enjoy the support of County government and hospital administration.

People

The people who are essential for the continued success of this program are the physician volunteers, ARMC hospital administrators, nursing and support staff, County

Board of Supervisors, the San Bernardino County Probation Department, the Department of Social Services, the Employment Services Department and the Behavioral Services Department. This initiative also requires close coordination of law enforcement, social and healthcare agencies to screen, refer, deliver tattoo removal medical services and provide the necessary follow up and support to reduce recidivism.

Promotion

Promotion of the program is via the affiliated social agencies to communicate the need and support by engaging both the internal and external audiences. Public awareness is enhanced by local television channels (Channel 3 on cable and Channel 24 on PBS), community newspaper articles (Press Enterprise, Daily Bulletin and San Bernardino Sun), local radio public service announcements (NPR and radio stations catering to the 18 to 25 year old demographics), Internet sites, elected public official advocacy (San Bernardino County Board of Supervisors).

Public relations personnel for this project are designated via donated time from the public relations staff of the aforementioned community consortium, plus

employment will be essential to keeping a job and staying away from gangs. During this time mentoring and increased parenting will also support this change. This foundation will help each person continue to develop his or her full potential.

The referring agency also prioritizes the applicants. Those individuals under 18 years of age that meet all the inclusion criteria have first priority. Those individuals age 18 to 25 and who have a strong desire to enter the work force will receive the next priority. Each referral submitted will be categorized as to priority and then the patients will be selected. The agency will inform the patient and schedule the initial consultation.

When the patient comes in for their initial consultation, a representative must accompany them from the referring department. This is to assure that the patient knows all the necessary information and to decrease the patient's anxiety.

At the initial consultation the patient will be evaluated to assess the appropriateness of laser removal of tattoo for that patient. Depending on the colors in the tattoo, the Alexandrite Candela laser or Nd-YAG laser will be used to remove the tattoo, and a return appointment will be made. It is expected that five or more sessions

will be necessary to remove the tattoo. If during the course of treatment, the individual misses more than three appointments he or she would no longer be eligible.

Follow up is vital to the success of this program. For this reason, each agency that has referred a patient will be responsible to keep follow up data for two years. This will document the decrease in recidivism and the effectiveness of this program. As funding is critical to the continuance of this program, it will be necessary to document the benefits obtained.

Technological Considerations

Tattoos may be removed by several methods, including dermabrasion (rubbing off the outer layers of skin), staged incision (paring off several layers of skin), and tissue expansion (inflating a balloon underneath the skin in order to expand it). (See example illustrations in Appendix D, Attachment C). However, the best techniques involve the Q-switched Candela Alexandrite laser and the Q-switched Nd-YAG laser. This method allows breaking up of the pigments in the tattoo without excessive scarring.

Tattoo inks, melanin (the pigment in the skin), and oxyhemoglobin (the pigment in the blood) absorb some wavelengths of light better others. The Q-switched lasers

are all sensitive to different wavelengths of light and therefore do a better job on different color pigments in the tattoo. Most tattoos require more than one type of laser and more than just a few treatments. They may require as many as twenty treatments over a six-month period. One problem with laser removal is called "paradoxical darkening," light colors such as beige, pink and white may turn black when treated by the laser. To circumvent this problem, a small spot of color should be tested first to see whether darkening occurs. If the tattoo ink is available, the laser-ink reaction can be tested in a laboratory dish. People considering having a tattoo removed should make sure that the physician they select has training in the use of lasers and other removal techniques. Contact a local hospital, the American Society for Laser Medicine, or the American Society for Dermatological Surgery for referrals.

ARMC has the necessary personnel trained in the operation of the laser, preparation and follow-up treatment. Additional staff will be trained to maintain a three-day a week clinic.

Evaluation

Follow-up surveys for outcome measurement will be conducted by law enforcement and social service agencies via database search and employer questionnaires and by mailed surveys by the clinic program coordinator. In addition, clinical outcomes will be documented via a photo database. Candidates will sign a contract of commitment. Those who break this commitment will be disqualified from the program. The goal is to have at least 50 percent of selected individuals maintain gainful employment without gang related activity for two-year period. Productivity and quality of care on the medical side will be followed by clinical quality of care standards established at the hospital in which the program takes place.

Successful marketing of this program will result in individual and societal improvement of lifestyle and economic status. This volunteer investment will reap rich rewards for both community service participants and patients. The image of corporate participants will be enhanced. Elected officials will strengthen their ethical platform. Healthcare providers will donate skill in an era of constrained healthcare resources. It is a chance to make a difference - to add meaning to life - for all in the Inland Empire.

Implementation Plan

A. Eligibility Criteria for Referral

To become eligible for a referral into the program, a youth must:

1. Be a former gang member;
2. Be 18 years of age or younger; and
3. Have no open case in the juvenile or criminal justice system.

B. Qualifying Requirements

A parent or legal guardian must accompany the youth to all appointments. The parent or legal guardian also must sign all consent forms and other legal documents that the youth is required to sign. To qualify for free tattoo removal services, the youth must agree to the following requirements:

1. Sign an agreement to disassociate oneself from gang membership or affiliation with any gang members, and promise not to join a gang after the tattoo removal procedure is completed (see Appendix C, Attachment A).
2. Allow a photograph of the gang tattoo.
3. Enroll in school, GED classes or vocational training, and strive to achieve San Bernardino

County requirements for satisfactory attendance during the school year; or

4. If educational requirements have been satisfied, either be gainfully employed or actively seeking full-time employment.
5. Provide own transportation to all of the required appointments.
6. Sign a "hold harmless" agreement for medical malpractice, civil liability and negligence claims against the volunteers administering the program.
7. Comply with all information requests for statistical record keeping.
8. Attend the initial physician consultation and agree to undergo any lab tests recommended by the physician.
9. Agree to final verification for services provided by the physician, and sign consent or any other forms required to provide these services.

C. Referral Process

1. Informational brochures will be distributed to high schools, middle schools, law enforcement agencies, the Multi-Agency Gang Task Force, the

Department of Juvenile Justice, the Juvenile State Attorney and Public Defender's offices, the Juvenile Court and the Arrowhead Regional Medical Center.

2. The youth or the youth's parent or legal guardian must contact an intake agency to request to participate in the program.
3. The intake agency obtains the necessary documentation to verify that the youth meets the eligibility criteria: youth is 18 years of age or younger; youth has no case pending against him/her in the juvenile or criminal justice system; and youth is enrolled in an educational program, i.e. middle or high school, G.E.D. program, or vocational training. NOTE that although the youth promises to strive to achieve San Bernardino County requirements for satisfactory attendance during the school year and--if educational requirements have been satisfied--youth promises to be gainfully employed or seeking full-time employment, the intake agency will not be required seek to verify this information nor will he/she attempt to enforce the youth's promises.

4. The intake agency provides the youth with the Participation Agreement (Appendix C, Attachment A) and answers any questions the youth may have before asking him/her to sign it. Among other things, the agreement contains a promise to disassociate from gang membership or affiliation with any gang members, and a promise not to join a gang after the tattoo removal procedure is completed.
5. The youth signs the Participation Agreement (Appendix C, Attachment A), and then the intake agency representative formally witnesses the signature in writing. The youth is provided with a copy of the document to serve as a reminder of the promises contained within.
6. The tattoo is photographed and the picture will be maintained in the program candidate's file at the intake agency.
7. The intake agency makes a referral to the Gang Tattoo Removal Program coordinator at the Arrowhead Medical Center who is designated to work with Gang Tattoo Removal Program candidates.

8. Within one week of the referral, the intake agency will complete the Checklist (Appendix C, Attachment B), and mail the original to:
Arrowhead Regional Medical Center, Attn: Gang
Tattoo Removal Program Coordinator, 400 N.
Pepper Ave. Colton, CA 92324.
9. The intake agency places a copy of the Checklist in the candidate's file and maintains the file in a manner consistent with ARMC's policies and procedures to ensure the preservation of the youth's confidentiality.

D. Intake Process

1. The program coordinator's receipt of the Checklist from the intake agency serves as evidence that the candidate has met the screening eligibility criteria and the qualifying requirements.
2. Arrowhead Regional Medical Center's program coordinator contacts the candidate to schedule an intake appointment.
3. The youth attends the appointment at Arrowhead Regional Medical Center and completes the initial evaluation. (Appendix C, Attachment E)

4. The program coordinator contacts the physician's office to schedule an appointment for the candidate.

E. E. Medical Procedure

1. The youth attends the initial medical consultation with the physician or physician assistant who assesses the candidate's case and explains the laser procedures.
2. The youth completes any necessary paperwork, including a consent form, a hold-harmless agreement and the initial survey (Appendix C, Attachment D). This information will be entered into a confidential database.
3. The youth agrees to undergo all recommended lab tests and schedules necessary appointments with the physician's staff or other medical facility personnel.
4. The physician has the authority to assess the medical appropriateness of the procedure for each individual candidate. The physician in his/her sole discretion will give final approval for the program candidate's qualification for the Gang Tattoo Removal Program. The physician

schedules appointments for tattoo removal treatments as necessary.

F. Mid-Program

Midway during treatment, the youths will be interviewed to determine any attitude changes, difficulties or successes in their personal lives due to the tattoo removal process, and to determine if they have adequate support systems.

G. Program Closure

1. The youth participant returns to the program coordinator's office at the Arrowhead Regional Medical Center for an exit interview. The program coordinator may refer the youth to other service providers (i.e., the new community/social network) at his/her discretion.
2. The program coordinator obtains the information necessary to complete the Data Collection Form (Appendix C, Attachment C) during the exit interview. The program coordinator documents the completion and/or other outcome of the referral using the same form.
3. The program coordinator gives the youth participant an Evaluation Form (Appendix C, Attachment D). The information obtained through

- this survey will not be linked with the youth; it will be used to help administrators and practitioners improve the program and to decide whether the program should be expanded further. The youth's identify shall remain anonymous.
4. The program coordinator partially completes the Checklist (Appendix C, Attachment B) within ten (10) working days of the exit interview. The Checklist cannot be fully completed until after the mailing of the completed forms (Appendix C, Attachments C & D) to the Criminal Justice Commission (see #7 below).
 5. The program coordinator retains copies of all forms in his/her possession. The program coordinator maintains the youth participant's Intake Form, Checklist and all confidential health information in a manner consistent with Arrowhead Regional Medical Center's policies and procedures regarding privacy and patient confidentiality. The Data Collection Form and the Evaluation Form shall be filed separately to preserve the youth participant's anonymity.
 6. On a quarterly basis, the program coordinator mails copies of the completed Checklists to the

appropriate intake agencies, who will place the Checklists in the corresponding youth's file.

7. On a quarterly basis, the program coordinator mails the original Data Collection Forms and the Participant Evaluation Forms (Appendix C, Attachments C & D) to the Criminal Justice Commission.

H. Extended Follow-Up

On an annual basis (for two years post service), the ARMC Tattoo Removal Clinic coordinator mails a survey (Appendix C, Attachment H) to past patients to determine how effective the tattoo removal has been in terms of employment, school, community involvement, etc., the results of which will be maintained in a confidential database on ARMC premises. This information will be helpful in the evaluation and modification of the program, plus will assist in providing data in applying for grant funding.

Financial Considerations

The total project cost during the first year is \$393,000. Revenue will include grants and donations, but is not anticipated to cover full costs of the program. The first table under Appendix A breaks down the details of

income and expenses in a budget. The cost to purchase new laser machine is approximately \$176,000. Salary expense is \$190,000. Cost of rental space, supplies and miscellaneous expenses is \$27,000. We applied for a Community Development Block Grant (CDBG) of \$276,000 from Economic and Community Development Department of San Bernardino County and were approved for \$35,000. This grant will help cover the cost of equipment and part of the cost of personnel. We are also applying for grants from private foundations (see Appendix E). The remaining cost will be shouldered by the Department of Surgery at Arrowhead Regional Medical Center unless funds are raised from other sources.

The average life span of the laser equipment is five years. So the cash flow needs for years two to five are approximately \$ 217,000 per year. A minimum of \$100,000 revenue per year must be generated during this period to continue the program.

At the present time, personnel and supplies are donated in-kind by ARMC hospital administration and its surgery department. The community block grants of \$35,000 each year have been approved and will help to defray some of the personnel and supply costs of the program. However, since evaluation and follow up has been so neglected

during the program's first few years, it has been difficult to provide the supporting documentation necessary to actually release the block grant funding. Better evaluation and tracking in the expanded program will make this easier in the future. Medi-Cal reimbursement, Federal and State grant application, corporate donations, community service fund-raising special events (perhaps non-tattooed celebrity in-kind talent donation) and contests with donated prizes (Ontario Mills) are all possible sources of funding, in addition to continued County support and community block grants.

Staffing

It will be necessary to have at minimum one full-time physician assistant and one registered nurse for each day of the clinic, plus the oversight of one physician (usually a plastic or general surgeon trained in this technique). A part-time program coordinator who can coordinate with all intake agencies, track data, administer evaluation surveys and follow up with patients is necessary for the program to run as efficiently as possible. This person can also act as liaison to community groups, as the principal spokesperson for the media and civic groups and research grant availability. At the

present time, the physician, physician assistant and nurse are all available, trained and working one day per week in the current tattoo removal clinic. Funding for hiring the program coordinator will be sought from ARMC hospital administration (Appendix A).

Marketing

Designing, printing and distribution of posters and new brochures to area schools, churches, malls and community centers will spread the word about the service. Public service spots and grant funding, providing resources for paid advertising, are also the methods of raising awareness of the program. With the hiring of a part-time program coordinator, he or she would be encouraged to get involved in civic and philanthropic groups to raise community awareness, garner funding and support for the program.

The current program, with the full support of ARMC hospital administration and help from the Business Development Director, has benefited from the promotion of the tattoo removal clinic, resulting in a video taped story of the clinic, several newspaper articles and enhanced awareness of the program in local communities. However, ironically, this success makes it necessary to

raise more funds to care for the increased number of patients.

CHAPTER FOUR

CONCLUSION

This project, and its proposed expansion, has been a long time in development. The program fills a very pressing need in our community. It is a true public service to assist people lacking resources to obtain a service that will give them a "leg up" in their lives, obtain self-sufficiency, and re-establish family ties and a new pride in their accomplishments, which in turn help enrich our community.

Our research for this project revealed that a strong evaluation and follow up component should be a part of the program, as well as the development of a community network of support for former gang members to assist them in re-focusing their lives.

Our research has also shown that there are multiple sources for grant money. Both private and public sources of funding will be explored, and a program coordinator should be found who has grant writing experience as well as excellent grant writing skills. Strong evaluation data (proof of success) will also help to garner new financial support.

This project was preceded by the pro bono work done on a limited basis by a single physician in the near past. However, the expanded scope of this project will finally allow the larger number of people who require this procedure to obtain a means of freeing themselves from the last physical bond that links them to their pasts.

The presence of trained personnel (physicians as well as physician assistants and nurses) has greatly accelerated the rate at which this program is occurring. Attention must be given to retaining these trained people for the duration of this program.

The political establishment in San Bernardino County is strongly behind the project. The support is broad-based and does not rely upon the whim of any single participant. The Arrowhead Regional Medical Center continues to receive strong support from the San Bernardino County Board of Supervisors.

The San Bernardino County Sheriffs and Probation Departments both fully support the project and will help in maintaining the viability of the Gang Tattoo Removal (GTR) program based at the Arrowhead Regional Medical Center.

This program can be replicated by other cities and counties using the Implementation Plan on pages 51-59 of

this thesis. Public hospitals that already have surgeons and support staff trained in laser surgery, malpractice insurance and risk management plans in place, strong affiliations with community social agencies, and an administration and governmental structure committed to the success of such a program could easily implement a similar program and serve their communities in the same way.

In summary, our program fills a community and social need, the funding stream appears reasonably secure for now and in the future, the personnel involved in the project are dedicated to helping the community, the Arrowhead Regional Medical Center is excellent for this project due to its location, mission and dedicated staff and administration.

Therefore, the expanded program promises to continue to give ex-gang members a "New Beginning" in their lives and help provide them with a much brighter future.

APPENDIX A
PROJECT COSTS

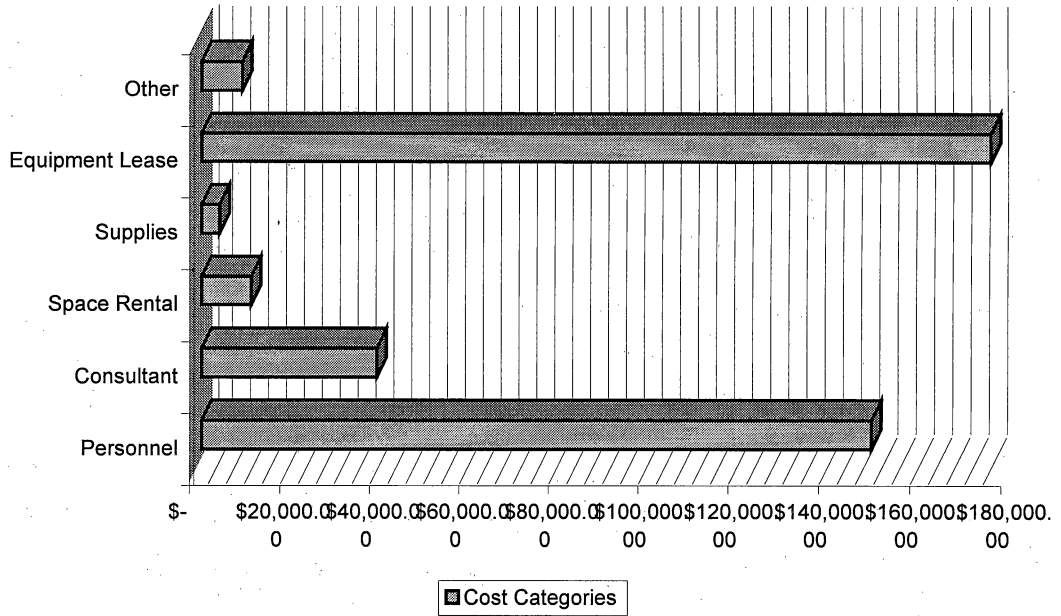
PROPOSED BUDGET:

Cost Category	CDBG Share	Other Sources	Total
Anticipated Revenue:	\$35,000	\$15,000	\$50,000
Projected Costs:			
Personnel	\$100,000	\$50,000	\$150,000
Consultant	-	40,000	40,000
Space Rental	-	12,000	12,000
Supplies	-	5,000	5,000
Equipment	176,000		176,000
Other		10,000	10,000
Total Costs	\$276,000	\$117,000	\$393,000
Projected Profit/Loss:			<\$343,000>

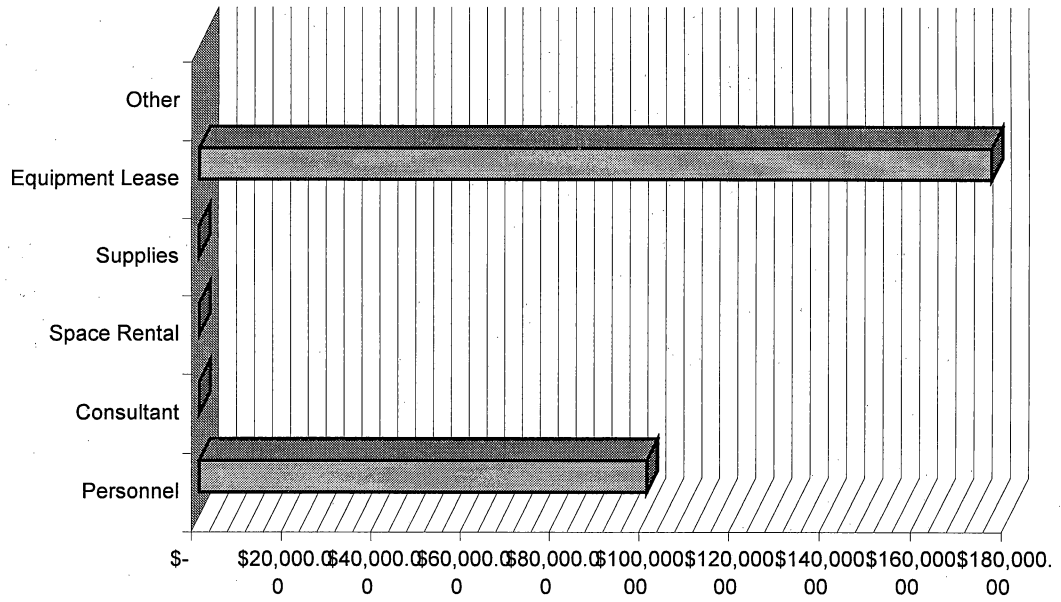
**PROPOSED STAFFING
COSTS:**

Cost Category	CDBG Share	Other Sources	Total
Physicians Assistant	70,000	-	70,000
Program Coordinator	30,000	-	30,000
Physician Supervisor	-	50,000	50,000
Nurse/Consultant	-	40,000	40,000
Total Salary Expense	100,000	90,000	190,000

Total Project Costs
\$393,000



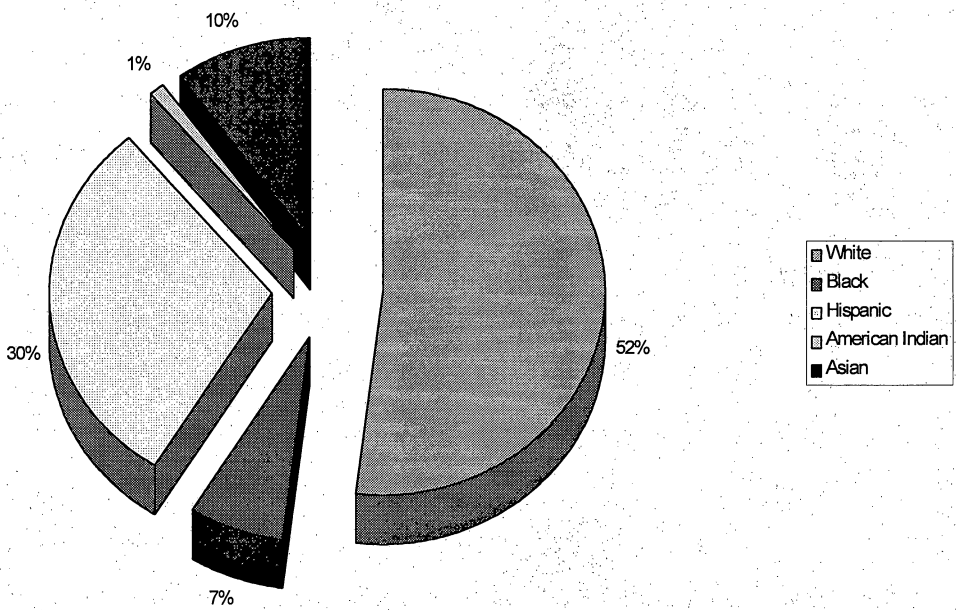
CDBG Covered Expense
\$276,000



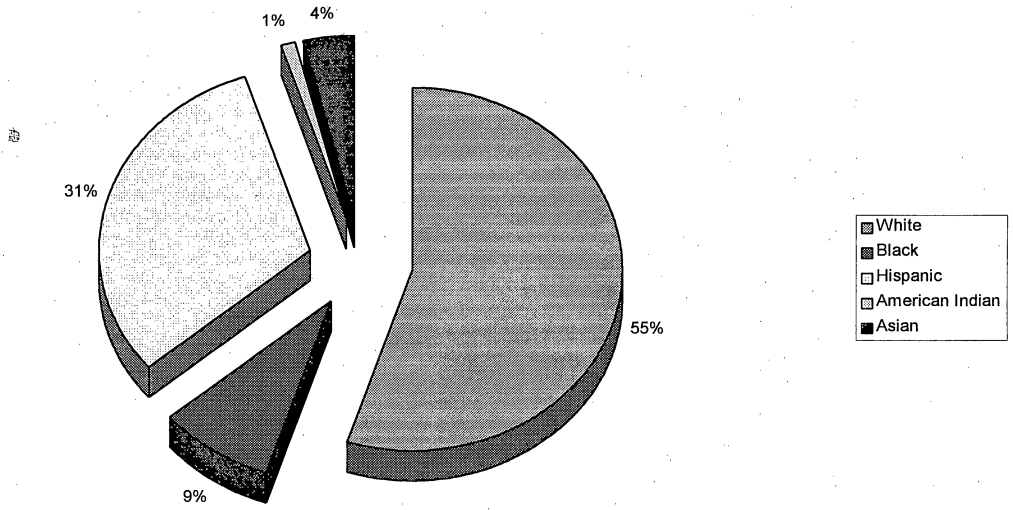
APPENDIX B
SAN BERNARDINO COUNTY
STATISTICS

Population Served	SB County	California
White	55%	52%
Black	9%	7%
Hispanic	31%	30%
American Indian	1%	1%
Asian	4%	10%
Total	100%	100%

**Ethnic Population
State of California**



**Ethnic Population Served
San Bernardino County**



APPENDIX C
PROJECT FORMS

Attachment A

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
YOUTH PARTICIPATION AGREEMENT

I would like to participate in the Gang Tattoo Removal Program.
I am _____ years old. My date of birth is _____.
I, (print full name) _____, agree to
disassociate myself from gang membership or affiliation with any
of its members.

I was formerly a member of _____.
(Name of gang)

I promise not to join a gang if and when my tattoo is removed.
I consent to having the School District's Gang Task Force Officer,
or other School District representative, take a photograph of the
tattoo, which I am requesting to have removed.

I promise to enroll in school, GED classes, or vocational training
and to strive to achieve San Bernardino County requirements for
satisfactory attendance during the school year.

Name of school or educational program: _____

If I have satisfied my educational requirements, I promise to be
gainfully employed or to actively seek full-time employment.

Name of employer: _____

I promise to donate 20 hours of community service to an agency
agreed upon by the program coordinator and myself.

I promise to provide my own transportation to all of the required
appointments.

I promise to comply with all information requests for statistical
record keeping purposes.

I promise to sign consent or any other forms required for these
services, including a "hold harmless" agreement for medical
malpractice, civil liability and negligence.

SIGNATURE DATE

WITNESS DATE

PARENT/LEGAL GUARDIAN DATE
(Required if youth is under 18 years old)

The physician in his/her sole discretion will give final approval
for the program candidates' qualification for the GTR Program.

Attachment B

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
CHECKLIST

Name of Program Candidate _____
Phone No. _____

I. School District Police Officer
This column
for date
and
initials

- Verified that program candidate meets program criteria:
 - a) Age 18 or under
 - b) No case pending in the criminal or juvenile justice system
 - c) Enrolled in educational program, working/seeking employment
- Provided program candidate with Youth Participation Agreement (Attachment A) and answered any questions
- Youth signed and officer witnessed the Youth Participation Agreement
- Gang tattoo photograph taken and placed in file
- Contacted GTR program coordinator to make referral
- Mailed the original checklist to Arrowhead Regional Medical Center and kept a copy in the program candidate's file

DATE MAILED _____

II. Program Coordinator
This column
for date
and
initials

- Called youth program candidate to make appointment for intake interview
- Conducted intake interview using program Intake Form (Attachment E)
- Contacted physician's office to schedule initial consultation
- Held exit interview and completed Data Collection Form (Attachment C)
- Administered Program Evaluation Form (Attachment D) to youth participant
- Mailed original Checklist (Attachment B) to the Intake Agency
- Mailed Data Collection and Evaluation Forms to Criminal Justice Commission
- Retained copies of forms B, C, D, & E and all confidential health information in files as prescribed by the GTR Program Guidelines

DATE MAILED _____

Attachment C

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM

DATA COLLECTION FORM

This data will be collected during the exit interview by the program coordinator. All questions are optional. The youth participant's name will not appear anywhere on this form. This information will be used for statistical purposes only and will not be used against the youth participant.

1) Age

- a) _____ How old were you when you joined the gang?
- b) _____ How old were you when you left the gang?
- c) _____ How old are you today? Date: _____

2) Gender

- a) _____ Male
- b) _____ Female

3) Race/Ethnic Group

- a) _____ White
- b) _____ African American
- c) _____ Hispanic
- d) _____ American Indian
- e) _____ Alaskan Native
- f) _____ Asian
- g) _____ Pacific Islander
- h) _____ Other _____

4) School

- a) Name of school you currently attend OR most recently attended: _____

b) What grade level are you in now? _____

5) Outcome

Please check one.

- _____ a) Youth successfully completed program
- _____ b) Youth did not complete program

If Youth did not complete the program, please check all that apply:

Why

- _____ Case not medically accepted as per physician's decision
- _____ Changed mind
- _____ Rejoined the gang
- _____ Committed an act which led to an open case in juvenile or criminal court
- _____ Dropped out of educational program
- _____ Moved
- _____ Deceased
- _____ Other _____

When

- _____ During the initial meeting with Gang Task Force Officer
- _____ After meeting with Gang Task Force Officer but before the Intake
- _____ During the Intake with social worker
- _____ After the Intake with social worker but before meeting with the physician
- _____ After initial meeting with physician
- _____ After gang tattoo partially removed
- _____ Other _____

Attachment D

**NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
EVALUATION FORM**

Participant Program Survey

The two purposes for this survey are: (i) to allow you, the program participant, to tell us what you think about the Gang Tattoo Removal Program; and (ii) to enable the administrators of the GTR Program to improve it and to learn more about gangs. This survey does not ask you to reveal your identity and it will be filed separately from your health records. Your cooperation in completing this form to the best of your ability is appreciated.

MALE/FEMALE _____

AGE _____ DATE _____

(Please choose one)

1) How did you hear about the program? (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> Probation officer | <input type="checkbox"/> friend |
| <input type="checkbox"/> previous program participant | <input type="checkbox"/> School counselor |
| <input type="checkbox"/> Other (explain) _____ | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Law enforcement officer | <input type="checkbox"/> brochure |

2) On a scale of 1-5, 1 being simple and 5 being extremely difficult, rate the complexity of the process you went through to qualify as a program participant. (Circle one)

1 2 3 4 5

If you circled 3, 4, or 5, please explain how you would recommend that it be improved?

3) Would you recommend the program to a friend?

(Circle one) YES / NO

4) What did you like most about the program? (Not including that services were free)

5) What did you dislike most about the program? (Not including the actual tattoo removal procedure)

6) What other comments do you have about the program?

7) What other suggestions do you have to improve the program?

8) Who recruited you to join the gang?

- Friend
- Relative
- Gang member
- Other _____

9) How were you recruited to join the gang? (Check all that apply)

- Promise of financial gain
- Interest in being part of the group for social interaction
- The threat of physical force if you refused to join
- Desire for gang protection of self and/or family members
- Other reasons (please list): _____

10) What benefits did you get from being a member of the gang? (Check all that apply)

- Friendship
- Wealth
- Sense of belonging
- Access to alcohol/drugs
- Sense of power
- Other benefits (please list): _____

11) What made you decide to leave the gang? (Check all that apply)

- Threats of physical harm to self or family members
- Grew tired of lifestyle
- Plea agreement
- New or prospective employer disapproves of gang membership
- Persuaded to leave by parent, guardian, or other adult
- Participation in a community-based program
- Other reasons (please list): _____

- 12) Was membership in your gang based upon race or ethnic group?
YES / NO (Please Circle one)
If YES, please identify the race or ethnic group _____.
- 13) Was there anything that could have been done to prevent you from joining a gang?
- 14) What is your opinion of gang prevention programs currently in your area?
- 15) What do you think should be done to prevent youth from joining gangs?

Attachment E

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
INTAKE FORM

Name: _____

Address: _____

Telephone: _____ Beeper/Pager: _____

DOB: _____

School: _____ Grade: _____

Name of Parent/Guardian

Address of Parent/Guardian if different from above:

Telephone: home _____ work _____

Family Physician: _____ Telephone: _____

1) Family Background:

- a) Parents' Marital History
- b) Interpersonal relationships in family
- c) Economic, cultural, social, health, financial, religious and other factors
- d) Presence of alcoholism and/or drug abuse, suicide attempts, criminal behavior

2) Personal History of Youth:

- a) Social Functioning
- b) Sexual development and sexual history
- c) Significant medical information
- d) Presence of any psychiatric conditions
- e) Presence of substance abuse
- f) Presence of suicide attempts or ideation

3) School History:

- a) School Behavior
- b) Special Education Needs
- c) Level of Commitment
- d) Grade Point Average

4) Social History:

- a) Length of time in and out of gang
- b) Is there any contract with any gang members at the present time
- c) History of problems/Gang involvement

5) Legal Issues:

Recommendations:

Follow-up Care:

Attachment F

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
PHYSICIAN NOTIFICATION FORM

1. Name of Patient: _____
 2. Patient address: _____
 3. Patient Telephone: _____
 4. Date of Birth: _____ SSN: _____
 5. Name of High School: _____
 6. Name of Parent/Guardian: _____
 7. Parent/Guardian Address: _____
 8. Parent/Guardian Phone: _____
 9. Family Physician: _____
 - Referred to Dr. DATE: _____ TIME: _____
 11. Office Contact Person: _____
 12. Miscellaneous: _____
-

(This form to be completed by social worker & faxed to Physician's office prior to patient appointment)

Attachment G

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
Monthly Statistical Report

Month: _____

Number of Eligible Contacts: _____

Gender: Male: _____ Female: _____

Age: _____

Number of In-Eligible Contacts: _____

Gender: Male: _____ Female: _____

Age: _____

Reason for In-Eligibility: _____

Gangs Involved: _____

Please forward monthly statistical report to:

Attachment H

NEW BEGINNINGS GANG TATTOO REMOVAL PROGRAM
ANNUAL FOLLOW UP SURVEY

You were provided the laser tattoo removal services within the past two years to assist you in leaving a gang lifestyle. Please take a moment to share with us your successes and challenges since your tattoo(s) were removed. Please answer each question with detail.

Are you gainfully employed?

Are you back in school?

Have you earned your GED, High School Diploma since the tattoo removal?

Are you considering attending college?

How difficult has it been to face your former gang friends?

Please share with us how your tattoo removals have changed your life, both the good and bad aspects. (Feel free to add extra pages if necessary.)

Please return this survey in the envelope marked "Confidential" to Gang Tattoo Removal Program Coordinator, Arrowhead Regional Medical Center, 400 N. Pepper Ave., Colton, CA 92324. Thanks and continued good luck!

APPENDIX D
ILLUSTRATIONS

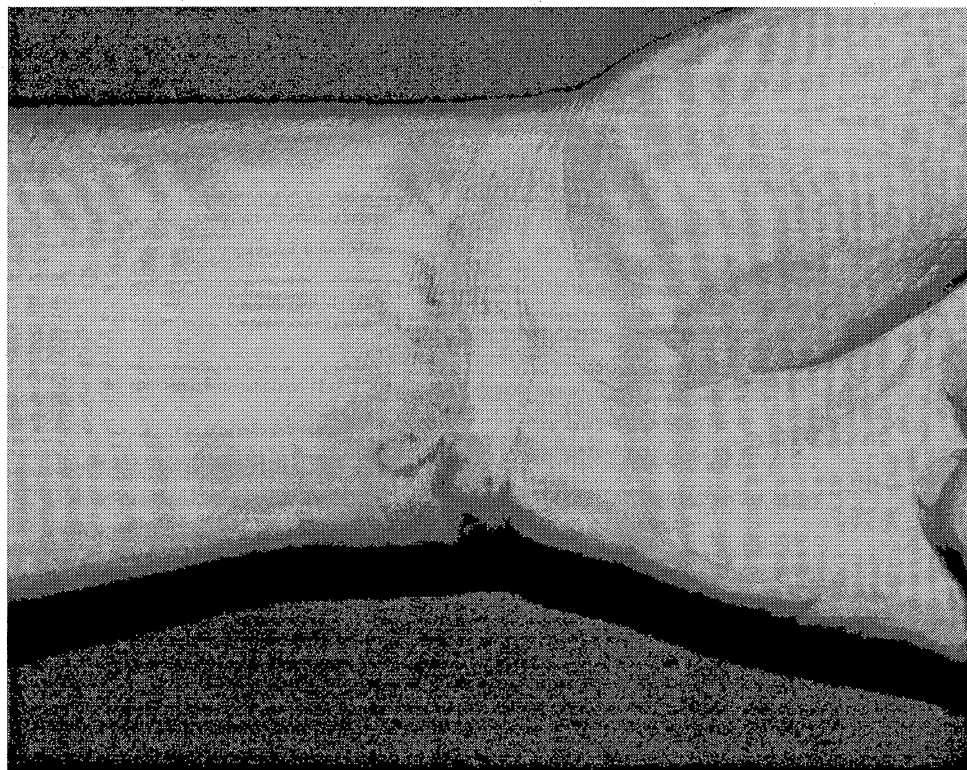
Attachment A

Example of 5 Session Result

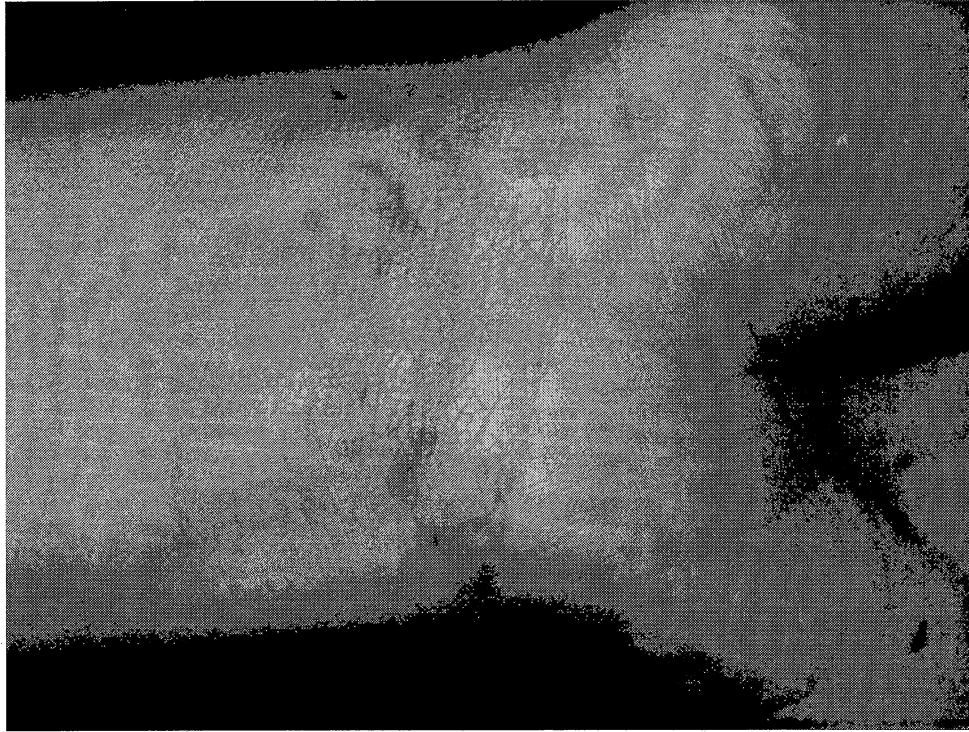
Patient #1: Before Treatment



Patient #1: Mid-treatment



Patient #1: After Treatment



Attachment B

Example of 5 Session Result

Patient #2: Before Treatment



Patient #2: Mid-treatment



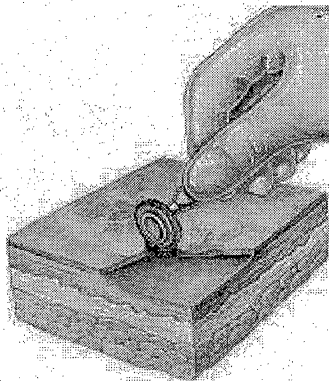
Patient #2: After Treatment



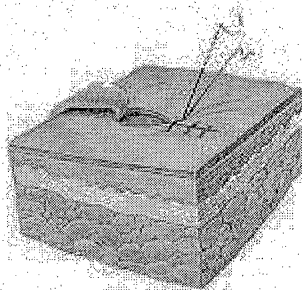
Attachment C

Illustrations of Alternative (to laser) Removal Treatments

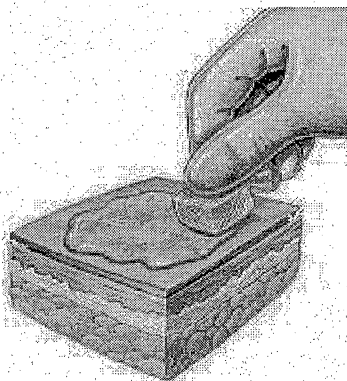
Dermabrasion



Excision



Salabrasion



APPENDIX E
PRIVATE GRANT APPLICATIONS

THE CALIFORNIA ENDOWMENT

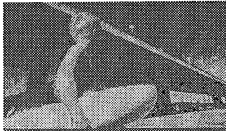
This recommended budget format is provided as a guideline for use in preparing your budget information. By following this format, you will assist us in processing your application in a timely manner. Multi-year funding is available from The California Endowment. Please add budget columns to reflect each year of funding requested from The Endowment.

Personnel	Total Budget Projected			Total	Total Requested from TCE			Total
	year 1	year 2	year 3		year 1	year 2	year 3	
line item (e.g. Program Director)								
line item								
line item								
line item								
line item Benefits (specify percentage)								
Total Personnel	\$							

Non-Personnel Capital & Equipment	Total Budget Projected			Total	Total Requested from TCE			Total
	year 1	year 2	year 3		year 1	year 2	year 3	
line item								
line item								
line item								
Sub-Total Capital & Equipment	\$							

Operating Costs	Total Budget Projected			Total	Total Requested from TCE			Total
	year 1	year 2	year 3		year 1	year 2	year 3	
line item (e.g. training, travel, etc.)								
line item								
line item								
line item								
line item								
line item								
line item Indirect costs (specify percentage)								
Sub-Total Operating Costs								
Total Non-Personnel								

* Overhead and/or administrative costs not directly associated with the proposed program are not to exceed 15% of the total program budget.



The California Endowment was established in May 1996 as a private foundation dedicated to meeting the health needs of California's diverse people on a community-based, regional level. To help achieve that goal, The Endowment has offices and staff throughout the state.

The foundation's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

Maintaining a broad definition of health, The California Endowment provides grants to organizations and institutions that directly benefit the health and well-being of all California communities and residents.



The Changing Needs of the State

The population of the state is changing dramatically. Not only is it becoming increasingly diverse, the population is also aging. These demographic shifts further challenge health systems to be more responsive to the complex needs of each community. With these challenges in mind, The Endowment has focused its resources on providing maximum benefits for California's underserved individuals and communities.

CommunitiesFirst: The California Endowment's Responsive Grant-making Program

The CommunitiesFirst responsive grant-making program focuses on three broad areas of interest: Access, Health & Well-being and Multicultural Health. These interests are the overarching target areas for The Endowment's grant-making efforts.

We believe these three areas of interest provide significant opportunities for addressing some of California's most challenging health issues. By working toward improved access, reducing health risks and achieving health equity, we can contribute to better health outcomes for all Californians.

At The Endowment, we believe that investing resources in communities can contribute to significant improvements in the health and well-being of California's underserved individuals and areas.

Because of this, **CommunitiesFirst** is rooted in two fundamental beliefs:

- 1) The role of community is central to health; and
- 2) Inclusion, partnership and community ownership, with a focus on local assets and resources, are critical to addressing issues successfully.

Collaboration and inclusion are central to the success of this concept that puts the community at the center of developing solutions for its health-related issues.



REFERENCES

- American Heritage Dictionary, 4th ed. (2000)
- Austin, E. (1999, July), Marks of mystery. Psychology Today. Retervied August 1, 2001 from http://www.findarticles.com/cf_0/m1175/4_32/55010314/p1; Internet.
- Easyriders Launches INKED Magazine for African-Americans. (1999, August). Business Wire. Retrieved on August 1, 2001 from http://www.findarticles.com/cf_0/m0EIN/1999_August_25/55552774/p1
- Hayes-Bautista, D. E., & Rodriquez, G. (n.d.) The criminalization of the Latino identity makes fighting gangs that much harder, (reprinted from Los Angeles Times, September, 1996). Retrieved on August 1, 2001 from <http://www.azteca.net/aztec/immigrat/crime.htm>
- Herzig, S. (n.d.). The tattoo is taboo. Retrieved on August 1, 2001 from <http://www.foigm.org/IMG/tattoo.htm>
- Hixon, A. L. (1999, April, 15). Preventing street gang violence, American Family Physician. Retrieved on August 1, 2001 from <http://www.aafp.org/afp/990415ap/medicine.html>
- Jones, C. (1996). The cultural art of tattoo. Retrieved on August 1, 2001 from <http://pubpages.unh.edu/~cjones/tatessay.html>
- Kennedy, E. (1995). The progression of the tattoo. Trincoll Journal. Retrieved on August 1, 2001 from <http://www.trincoll.edu/zines/tj/tj12.7.95/articles/tattoo.html>
- Kilgore, M. A. (2000) Father Gregory Boyle reclaims at-risk youth. County News Online, 32(22). Retrieved on August 1, 2001 from <http://www.naco.org/pubs/cnews/00-12-4/father.htm>

Kittredge, K. (2000) Today's Youth Face Pressures from Many Unprecedented Factors, Not Only Peers [Brown University Child and Adolescent Behavior Letter]. Retrieved on August 1, 2001 from http://www.findarticles.com/cf_0/m0537/6_16/62801482/print.html

Lahey, B. B., Gordon, R. A., Loeber, R., Stouthamer-Loeber, M., and Farrington, D. P. (n.d.). Boys who join gangs: A prospective study of predictors of first gang entry. Journal of Abnormal Child Psychology. Retrieved on August 1, 2001 from http://www.findarticles.com/cf_0/m0902/4_27/60596078/print.jhtml

Learmonth, M. (1997, February). Unmarked for life. MetroActive News & Issues. Retrieved on August 1, 2001 from <http://www.metroactive.com/papers/metro/02.13.97/tattoo1-9707.html>

Maloney, J. (1994, June). Tattoos as american material culture. Retrieved on August 1, 2001 from <http://www.wings.buffalo.edu/academic/department/anthropology/jwa/V1N3/tatoos-art.html>

Plastic surgeons perform more than nips and tucks. (n.d.). Plastic Surgery Today. Retrieved on August 1, 2001 from <http://www.plasticsurgery.org/innews/PSToday/95more.html>

Schwab-Stone, M. (1999, April). The effects of violence exposure on urban youth. Journal of the American Academy of Child and Adolescent Psychiatry. Retrieved on August 1, 2001 http://www.findarticles.com/cf_0/m2250/4_38/54405274/p1

Sommers, N. (1999, July). Clean slate granted with tattoo removal. Corpus Christi Caller-Times. Retrieved on August 1, 2001 http://www.caller.com/1999/july/26/today/local_ne/3653.html

Stewart Superior offers tweens the ultimate in tattooing. (2000, May). Playthings. Retrieved on August 1, 2001 http://www.findarticles.com/cf_0/m3196/5_98/62829012/p1

- Surgeon General: Youth epidemic is not over. (2001, March). [Brown University Child and Adolescent Behavior Letter] Retrieved on August 1, 2001
http://www.findarticles.com/cf_0/m0537/3_17/72730121/p1
- Tattoo. (n.d.). Altculture. Retrieved on August 1, 2001
<http://www.plastic.com/altculture/01/04/11/171209.shtml>
- Tattoos as Evangelical Chic. (1998, December). Christian Century. Retrieved on August 1, 2001
http://www.findarticles.com/cf_0/m1058/36_115/53542647/p1
- The so hip it hurts tattoo & piercing package at the hotel Triton. (2001, March 5). Hotel & Motel Management. Retrieved on August 1, 2001
http://www.findarticles.com/cf_0/m3072/4_216/72469304/p1
- Boyle, G. J. (2001) To Rescue Young Lives. Ripple News. Retrieved on May 23, 2001 from
<http://www.embracedbythelight.com/ripplenews/homeboy.htm>
- U.S. Department of Justice. (1997). Addressing community gang programs: A model for problem solving. (Reprinted August 1999). Washington, D.C.: GOP.
- Valdez, A. (n.d.). A history of California's Hispanic gangs. National Alliance of Gang Investigators Associations. Retrieved on August 1, 2001
http://www.nagia.org/Hispanic_Gangs/htm
- Walker, R. (2001, June). Gang identifiers. Gangs Or Us. Retrieved on August 1, 2001
<http://www.gangsorus.com/identifiers/indenttattoo.html>
- American Street gangs. (n.d.). Retrieved on August 1, 2001 from <http://www.pressenter.com/~dpedersn/>

Woodard, C. (1999, December 13). Tattoos, police records and other issues pose formidable barriers to going straight. Los Angeles Business Journal. Retrieved on August 1, 2001 from http://www.findarticles.com/cf_0/m5072/50_21/58567093/p1

Yamada, M. (2000). Japanese tattooing from past to present. Retrieved on August 1, 2001 from <http://tattoos.com/mieko.htm>