

Congress of the United States
Washington, DC 20515

December 3, 2021

The Honorable Alejandro Mayorkas
Secretary of Homeland Security
Washington, DC 20258

Dear Secretary Mayorkas:

The treatment of migrants in Immigration and Customs Enforcement (ICE) detention, particularly medical care provided to those in custody, has been a longstanding concern of the Committee on Homeland Security and the Committee on Oversight and Reform. In conducting oversight of this critical issue, the Committees have uncovered troubling information regarding medical treatment provided by Dr. Mahendra Amin to female detainees in ICE custody at the Irwin County Detention Center (ICDC). We write to share this information with you, to demand that Dr. Amin never treat anyone in ICE custody again, and to request a briefing on the steps the Department of Homeland Security (DHS) is taking to ensure that migrants receive appropriate medical care while in the Department's custody.

Unfortunately, issues related to the quality of care at ICE detention facilities are longstanding. In September 2020, the Committee on Homeland Security published several findings in its Majority Staff Report entitled "ICE Detention Facilities: Failing to Meet Basic Standards of Care."¹ The Report highlighted concerning issues uncovered during staff visits to facilities, including deficiencies in the medical, dental, and mental health care available to migrants held in ICE detention.²

Also in September 2020, the Oversight Committee released a Majority Staff Report entitled "The Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors."³ This report highlighted troubling findings from Oversight Committee staff inspections at ICDC and other DHS facilities, including several serious health and safety issues at ICDC that the Committee referred to the DHS Inspector General for further investigation.⁴

¹ "ICE Detention Facilities: Failing to Meet Basic Standards of Care," COMMITTEE ON HOMELAND SECURITY MAJORITY STAFF REPORT (Sept. 21, 2020).

² *Id.*

³ "The Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors," Committee on Oversight and Reform (Sept. 2020) (online at <https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-09-24.%20Staff%20Report%20on%20ICE%20Contractors.pdf>).

⁴ Letter from Chairwoman Carolyn B. Maloney, Committee on Oversight and Reform, to Inspector General Joseph V. Cuffari, Department of Homeland Security (Nov. 18, 2019) (online at <https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2019-11-18.CBM%20to%20Cuffari%20-%20DHS%20IG%20re%20StaffDels.pdf>); Letter from Chairwoman Carolyn B. Maloney, Committee on Oversight and Reform, and Chairman Jamie Raskin, Subcommittee on Civil Rights and Civil Liberties, to Inspector General Joseph V. Cuffari, Department of Homeland Security (Sept. 15, 2020) (online at <https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-09-15.CBM%20Raskin%20to%20Cuffari-ICE%20re%20Irwin%20County%20Medical%20Reports.pdf>).

Just days before the release of these reports, allegations surfaced that several women held at ICDC, operated by LaSalle Corrections (LaSalle), had hysterectomies and other surgical procedures performed on them by Dr. Amin without their consent.⁵ In light of these troubling allegations, the Committees sent joint requests for records to ICE and LaSalle to assess the gynecological care received by women held at ICDC.⁶ After LaSalle refused to produce these documents voluntarily, the Committee on Homeland Security issued a subpoena to compel production.⁷

Medical records produced by LaSalle were reviewed by Dr. Tony Ogburn, Professor and Chair of the University of Texas Rio Grande Valley School of Medicine's Department of Obstetrics and Gynecology. Although Dr. Ogburn could not conclude whether patients received unwanted hysterectomies, he found that Dr. Amin did not meet acceptable standards of care. These concerns were so serious that Dr. Ogburn submitted a letter of complaint regarding Dr. Amin to the Georgia Composite Medical Board (enclosed). Troublingly, Dr. Ogburn found that Dr. Amin "was not up to date with current evidence-based guidelines," engaged in a "pattern of performing the same surgery - D&C, laparoscopy (LSC) - on many patients no matter what their condition was," and performed evaluation and treatment that "did not address [the patient's] primary issue" but "instead he did a variety of tests and surgery that did them little or no good, and potentially caused harm."⁸

Dr. Ogburn concluded:

[Dr. Amin] was not competent and simply did the same evaluation and treatment on most patients because that is what he knew how to do, and/or he did tests and treatments that generated a significant amount of reimbursement without benefiting most patients.⁹

We applaud your decision to discontinue the immigrant detention contract with ICDC and welcome your May 20, 2021, directive to review and enforce health and safety standards at DHS detention facilities. We also appreciate DHS's recent production of documents that the Committees first requested in September 2020. However, serious questions remain. For example, we are concerned that Dr. Amin may have been performing unnecessary surgical procedures to defraud DHS and the Federal government without consequences. We are also concerned that people at other detention facilities may be receiving similarly inappropriate or inadequate medical treatment. DHS has thus far identified only two detention facilities as

⁵ Dickerson, Caitlin, "Inquiry Ordered Into Claims Immigrants Had Unwanted Gynecological Procedures," THE NEW YORK TIMES (Sept. 16, 2020). <https://www.nytimes.com/2020/09/16/us/ICE-hysterectomies-whistleblower-georgia.html>. (online at <https://www.nytimes.com/2020/09/16/us/ICE-hysterectomies-whistleblower-georgia.html>).

⁶ Letter from Chairman Bennie G. Thompson, Committee on Homeland Security, Chairwoman Carolyn B. Maloney, Committee on Oversight and Reform, Chairwoman Kathleen Rice, Subcommittee on Border Security, Facilitation, and Operations, and Chairman Jamie Raskin, Subcommittee on Civil Rights and Civil Liberties, to Tony Pham, ICE, Rodney Cooper, Executive Director, LaSalle Corrections, and Phil Bickman, Warden, ICDC (Sept. 21, 2020).

⁷ Committee on Homeland Security and Committee on Oversight and Reform, Press Release: *Chairs Thompson and Maloney Announce Subpoena Regarding Allegations of Mistreatment at Irwin County Detention Center* (Nov. 25, 2020) (online at <https://oversight.house.gov/news/press-releases/chairs-thompson-and-maloney-announce-subpoena-regarding-allegations-of>).

⁸ See enclosure.

⁹ *Id.*

unsuitable for housing ICE detainees after more than six months of review, even though the Committees' investigations have identified serious concerns about many others.¹⁰

Accordingly, we ask you to provide the Committees with a briefing by December 16, 2021 to answer the questions below.

First, has DHS reviewed treatment provided by Dr. Amin to women in ICE custody? If so, what is the status and outcome of that review?

Second, has DHS made any referrals to law enforcement or the Department of Justice related to the conduct of Dr. Amin? Is DHS aware of any such investigations by criminal or civil authorities?

Third, what steps is DHS taking to ensure that migrants held in ICE custody receive proper medical care? What steps is DHS taking to ensure that other doctors are not providing substandard care or engaging in unethical practices when treating migrants in ICE custody?

Finally, the Committee on Homeland Security requested a briefing on August 10, 2021, on DHS's efforts to review the suitability of detention facilities. To date, DHS has not fulfilled this request. We ask that you ensure the Committees receive this briefing without further delay.

Thank you for your prompt attention to this matter.

Sincerely,



Bennie G. Thompson
Chairman
Committee on Homeland Security



Carolyn B. Maloney
Chairwoman
Committee on Oversight and Reform



Nanette Barragán
Chairwoman
Subcommittee on Border Security,
Facilitations, and Operations



Jamie Raskin
Chairman
Subcommittee of Civil Rights and
Civil Liberties

Enclosure

¹⁰ Alejandro N. Mayorkas, Memorandum for Tae Johnson, Acting Director Immigration and Customs Enforcement, (May 20, 2021).

Georgia Composite Medical Board
2 Peachtree St., NW 6th Floor
Atlanta, GA 30303

11-19-2021

Dear Medical Board,

I recently was asked to review the medical records of patients from the Irwin County Detention Center (ICDC) who received women's health care services while they were in custody at the Center. All of the patients received care with Dr. Mahendra Amin in his office and/or at the Irwin County Hospital. I reviewed the records to determine if an acceptable level of care was provided to the patients and if there were any identifiable patterns of inappropriate care. My credentials for providing such a review include being a Board-Certified Ob/Gyn since 1992 with continuous participation in maintenance of certification, and holding leadership positions in several professional organizations that develop guidelines/standards for patient care in the United States, including being past Chair of the Council on Residency Education in Ob/Gyn (CREOG), oral examiner for the American Board of Ob/Gyn, and member of the ACGME Review Committee in Ob/Gyn. I continue to have an active practice in general Ob/Gyn at the University of Texas Rio Grande Valley. Of note, I spent six years in a rural practice in Gallup, NM serving with the Indian Health Service.

I reviewed a total of 23 records including notes from the clinic at the Center, Dr. Amin's office, and Irwin County Hospital. Below is a summary of my findings:

- 1) In general, Dr. Amin's practice was not up to date with current evidence-based guidelines. Some of the most repetitive and/or egregious examples included:
 - a) He did not use any hormonal therapy other than Depo, and when Depo was used, he often used it inappropriately.
 - b) He routinely took patients to the operating room for a D&C instead of performing an in office endometrial biopsy, which is the preferred procedure for most patients. He performed sampling on most patients, many of whom did not need sampling based on age and other risks factors.
 - c) He surgically removed a number of normal, functional ovarian cysts when the recommended initial therapy is to observe for spontaneous resolution.
 - d) He rarely offered any alternative therapies for patients with abnormal uterine bleeding such as hormonal contraceptives, a levonorgestrel intrauterine device or endometrial ablation.
 - e) He did a simple hysterectomy on a patient at high risk for cervical cancer without appropriate evaluation (repeat cone).
- 2) There was a pattern of performing the same surgery - D&C, laparoscopy (LSC) - on many patients no matter what their condition was.
 - a) LSC was often not indicated at all.
 - b) He had preprinted consent forms for the procedures together which in my experience is unusual.

- c) Many of the D&C specimens had inadequate tissue, which raises the question if he was actually doing the procedure correctly.
- 3) Most/all ultrasounds (UTS) performed by him in his office had similar/same findings of “enlarged uterus and ovarian cysts”, which was then the typical indication for surgery.
 - a) Several UTS exams done in his office conflicted with computerized tomography (CT) scans and/or UTS exams that were performed in the hospital within a short time of each other. The hospital exams tended to be far less abnormal.
 - b) Few UTS exams had appropriate measurements of the structures examined, such as the uterus and ovaries, but instead just general terms such as “enlarged” and “multiple echogenic areas”.
- 4) Most patients had a diagnosis of chronic pelvic pain (CPP), dysmenorrhea and menorrhagia even if the notes from ICDC clinic did not indicate those concerns on the referral to his office.
- 5) Intraoperatively essentially all patients were diagnosed with endometriosis (with subsequent cauterization) and adhesions (with subsequent lysis of adhesions) – it is very unlikely that such a high proportion of patients would have both findings. Typically, intraoperative biopsies are done to confirm endometriosis, but I did not see any biopsies performed on these patients. In addition, images are usually obtained to document the lesions seen. No pictures were included in the files I received which does not preclude that they were done.
- 6) Patients that clearly had an indication for hysterectomy as an option did not have that option presented to them. Often evaluation/treatment did not address their primary issue with recommendations for sustainable relief but instead he did a variety of tests and surgery that did them little or no good, and potentially caused harm.

In summary the care provided by Dr. Amin did not meet acceptable standards based on the review of these records. My concern is that he was not competent and simply did the same evaluation and treatment on most patients because that is what he knew how to do, and/or he did tests and treatments that generated a significant amount of reimbursement without benefitting most patients. I am filing this complaint with the Georgia Medical Board so that these concerns can be addressed.

Please let me know if I can provide additional information.

Sincerely,

A handwritten signature in black ink that reads "Tony Ogburn MD". The signature is fluid and cursive, with the first name "Tony" and last name "Ogburn" clearly legible, followed by "MD" in a smaller, less cursive script.

Tony Ogburn, MD, FACOG