

**Congress of the United States**  
**Washington, DC 20515**

December 3, 2021

Mr. Jonathan McGehee  
Director of Investigations  
Georgia Composite Medical Board  
2 Peachtree Street, NW  
6<sup>th</sup> Floor  
Atlanta, GA 30303

Dear Mr. McGehee:

We write to convey to the Georgia Composite Medical Board the enclosed complaint from Dr. Tony Ogburn, Professor and Chair of the University of Texas Rio Grande Valley School of Medicine's Department of Obstetrics and Gynecology.

At the request of the Committee on Homeland Security, Dr. Ogburn reviewed records received by the Committee on Homeland Security and the Committee on Oversight and Reform as part of their joint investigation into medical treatment provided to women in U.S. Immigration and Customs Enforcement custody at the Irwin County Detention Center. The women were treated by Dr. Mahendra Amin, an obstetrician-gynecologist practicing in Douglas, Georgia.

Based on a review of the records, Dr. Ogburn concluded the care provided by Dr. Amin did not meet acceptable standards and expressed concern that:

[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.<sup>1</sup>

Given these disturbing findings, the Committees are enclosing Dr. Ogburn's full complaint and referring this matter for investigation by the Board. The Committees request to be notified when the Board concludes its investigation. Thank you for your attention to this serious matter.

Sincerely,



Bennie G. Thompson  
Chairman  
Committee on Homeland Security



Carolyn B. Maloney  
Chairwoman  
Committee on Oversight and Reform

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<sup>1</sup> See enclosure.

*Nanette Diaz Barragán*

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

*Jamie Raskin*

Jamie Raskin  
Chairman  
Subcommittee of Civil Rights and  
Civil Liberties

Enclosure

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 written in a cursive, flowing style.

Tony Ogburn, MD, FACOG