Dear Mr. Cuffari:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing more than 60,000 physicians and partners dedicated to the preservation and advancement of women’s health, we are writing today regarding reports of a complaint filed with your office on September 14, 2020 concerning “Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection Against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center.” The concerns raised in the complaint are alarming, especially reports of high rates of hysterectomies performed on detained immigrant women. ACOG urges your office to immediately pursue a swift and thorough investigation.

ACOG is the premier professional membership organization for obstetrician-gynecologists and consistently works toward the betterment of the profession through promoting high ethical standards, scholarship in medical science, advocacy for patients, and a commitment to changing the culture of medicine and eliminating racial inequities in women’s health outcomes. Paramount to our core values is support for access to high quality and safe health care for all women, regardless of immigration or incarceration status. We are therefore alarmed and very concerned by reports of high rates of hysterectomy procedures on detained persons held in U.S. Immigration and Customs Enforcement (ICE) custody, as well as unsafe and unsanitary conditions and denial of access to medical care.

ACOG opposes the unethical practice of reproductive coercion in any form; it is important that the federal government have access to evidence-based, medical information regarding the provision of ethical health care. To that end, I am attaching ACOG’s clinical guidance for your reference. Our guidance acknowledges the history in the United States, including the recent past, of the unethical practice of coerced or forced sterilization procedures performed on individuals without their consent. Communities of color and incarcerated individuals have been disproportionately impacted by these breeches. ACOG’s Committee Opinion 695, Sterilization of Women: Ethical Issues and Considerations, clearly states that coercive or forcible sterilization practices are unethical and should never be performed. It reads as follows:

Coercive or forcible sterilization practices are unethical and should never be performed. Ethical sterilization care requires access to sterilization for women who request it, without undue barriers. It simultaneously requires protections from unjust or coercive practices, particularly for low-income women, incarcerated women, or any women whose fertility and parenting has historically been devalued or stereotyped as problematic or in need of control or surveillance.
Other clinical guidance produced by ACOG further outlines the following gynecologic procedures, which may be performed for medically indicated reasons only after the informed consent of a patient, result in sterilization, the permanent loss of the ability to have children: bilateral tubal ligation, oophorectomy (removal of the ovaries), salpingectomy (removal of fallopian tubes), and hysterectomy (removal of part of or the entire uterus).\textsuperscript{i} In the event that a hysterectomy or other procedure resulting in loss of fertility is immediately medically necessary for the health and wellbeing of a person, adequate and full informed consent that communicates the medical need for the procedure, the potential alternatives, including no treatment, and the consequences of the procedure – such as loss of fertility, is essential.\textsuperscript{ii,iii} In addition, for people who do not speak fluent English or who prefer to communicate in another language, professional medical interpreters should be used to assist in the informed consent process.\textsuperscript{iv,vi} Specific to incarcerated individuals, ACOG’s guidance makes clear that “only rarely should incarcerated women undergo sterilization, and only after access to LARC [long-acting reversible contraception] methods has been made available and excellent documentation of prior (preincarceration) request for sterilization is available.”\textsuperscript{viii}

Thank you for your attention to this critical matter. We urge the Office of the Inspector General to conduct a swift and thorough investigation, including recommendations for any immediate and necessary corrective action. ACOG is available as a resource to provide your office with evidence-based information about the provision of ethical clinical care. Please do not hesitate to contact me or Rachel Tetlow, Director of Federal Affairs, at rtetlow@acog.org if we can answer any questions or be of further assistance.

Sincerely,

Maureen G. Phipps, MD, MPH, FACOG
Chief Executive Officer
American College of Obstetricians and Gynecologists

Enclosures:
ACOG Committee Opinion 695, Sterilization of Women: Ethical Issues and Considerations
ACOG Committee Opinion 439, Informed Consent
ACOG Committee Opinion 676, Health Literacy to Promote Quality of Care
ACOG Committee Opinion 578, Elective Surgery and Patient Choice
ACOG Practice Bulletin 208, Benefits and Risks of Sterilization


\textsuperscript{iii} Ibid.


