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March 6, 2008

Attorney General Michael B. Mukasey  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Dear Attorney General Mukasey,

As physicians and psychologists affiliated with the Physicians for Human Rights Asylum Network, we are writing to urge you certify for review the recent decision of the Board of Immigration Appeals in *Matter of A-T*. We are deeply concerned that, in failing to recognize past female genital cutting (FGC) as a basis for granting asylum, the BIA misunderstood and misrepresented the significant and lasting physical and mental harm suffered by women who are subjected to FGC. We are alarmed that the decision will result in future persecution and substantial, continuing harm among the many refugee women who have been subjected to this practice.

Members of the PHR Asylum Network provide *pro bono* evaluations of asylum seekers in the United States, contributing expert evidence of physical or psychological abuse suffered abroad to asylum proceedings. Prior to the decision in *A-T*, as we understand it, the BIA and the Ninth Circuit Court of Appeals recognized FGC as an appropriate basis for granting asylum because, in view of its lasting physical and mental health consequences, it constitutes a permanent and continuing form of persecution. In our opinion as health professionals, this earlier characterization, rejected by the BIA in *A-T*, accurately reflects the harmful impact of FGC on the long-term health of girls and women.

As has long been known in the medical world, and has been documented in several cases decided by the BIA and the federal courts, FGC causes permanent disfigurement and can lead to a range of long-term, significant, and even life-threatening physical complications. These include dysmenorrhea (painful periods), dyspareunia (painful sexual intercourse) and tearing of vaginal tissue during sexual relations, chronic vaginal and bladder infections, urinary incontinence and other voiding difficulties, fibrosis, keloids, sebaceous cysts, vulvar abscesses, and infertility. Women subjected to FGC can face a significantly higher risk of serious and even life-

threatening complications during labor and delivery, including a higher risk of infant resuscitation, or even death of the mother or baby due to obstructed labor. FGC also has been linked to psychological harm, including post-traumatic stress disorder, anxiety, depression, and suicidal thoughts and actions.

Fundamentally, the procedure is a gender-based form of persecution that deprives women and girls of their sexual and reproductive autonomy in cultures where women endure a wider range of restrictions and indignities and where the resources needed to adequately address the health consequences of FGC are rarely, if ever, made available. Because the BIA did not fully or accurately account for these long-term and continuing harms to the health of girls and women subjected to FGC, we urge you to certify the decision in *A-7* for review as expeditiously as possible.



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