November 9, 2009

Hon. Peter Van Loan Minister of Public Safety

## RE: Health status of Mohammad Mahjoub - 162 days on hunger strike

Dear Minister Van Loan,

As health professionals, we are deeply concerned about the health status of Mohammad Mahjoub, who is detained at the Kingston Immigration Holding Centre (KIHC) under a security certificate. After more than 5 months of a liquids-only hunger strike, we have serious reasons to believe that Mr. Mahjoub will die or, at minimum, be permanently impaired if he remains on hunger strike much longer

As of today (November 9, 2009) Mohammad Mahjoub has been on hunger strike for 162 days. During all this time he has been drinking only orange juice, apple juice and water.

On October 15, the physician who has been monitoring Mr. Mahjoub's health on behalf of KIHC, Dr. Allen McBride, testified before the Federal Court that he had "grave concerns" about Mr. Mahjoub's health. More specifically, Dr. McBride expressed fear that Mr. Mahjoub would die if his hunger strike continued. At that point Mohammad Mahjoub had already lost about 25% of his body weight since the beginning of the hunger strike. Prolonged undernutrition forces the body to catabolise, or "eat" itself, first fat, then lean muscle and finally vital organs such as the heart, liver and kidneys.

Based on multiple scientific studies of the effects of long-term caloric deficiency states in the context of famines, anorexia nervosa or disease-related cachexia, we believe that Mr. Mahjoub is at imminent risk of severe hypotension, bradycardia, cardiac arrhythmia, renal failure, and a variety of other potentially life-threatening disorders. We are particularly concerned about the risk of sudden death due to cardiac arrhythmia as this is a common complication of prolonged, severe undernutrition that frequently occurs without warning while the person is still apparently functional (i.e., able to walk and communicate.)

Death often occurs even in young, otherwise healthy people after prolonged self-starvation (e.g., young women with anorexia). Mohammad Mahjoub is at even greater risk because he is 50 years old, has hepatitis C, and was subjected to torture in his country of origin. In addition he has been detained for over 9 years, often in solitary confinement, and has been on lengthy hunger strikes on several occasions. These antecedents increase the likelihood that Mr. Mahjoub may experience life-threatening consequences.

In 2000-2002, over a hundred Turkish political prisoners on a similar hunger strike, consisting of sweetened lemonade, salt and water, died after periods varying between 130 to 250 days, with the maximum number of deaths occurring at about 170-180 days. Hundreds of other hunger strikers on this fruit juice and water diet sustained long-term disability, notably brain damage.

As health professionals, we call upon you to immediately take the necessary measures to enable Mohammad Mahjoub to put an end to his hunger strike, so as to avoid the very real possibility that he might suffer permanent impairment or death.

Sincerely,

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cc Barbara Jackman, barrister and solicitor Adriel Weaver, barrister and solicitor Richard Comerford, CBSA Paul Porrior, CBSA Elliott Gray, KIHC Cathie Kench, KIHC Kimberly Poirier, KIHC Please respond to:

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