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District of Arizona

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Attorneys for the United States of America

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

United States of America,

Petitioner,

v.

Aamir Hafiz Sheikh,

Respondent.

No. _____

**PETITION FOR EMERGENCY
ORDER TO PERFORM
INVOLUNTARY
MEDICAL EXAMINATIONS AND
ADMINISTER NECESSARY
HYDRATION AND NUTRITIONAL
SUPPLEMENTS**

Petitioner United States of America requests an emergency temporary order permitting the Secretary of the Department of Homeland Security (DHS), through component agencies, Immigration and Customs Enforcement (ICE) and the Public Health Service, Division of Immigration Health Services Corps (IHSC), to perform involuntary medical examinations of Respondent Aamir Hafiz Sheikh, to restrain him if he resists those examinations, and administer hydration and/or nutritional supplements to Respondent Sheikh if necessary to preserve his life.

JURISDICTION

1. This Court has jurisdiction pursuant to 28 U.S.C. § 1345 because the United

1 States of America is the Petitioner.

2 **VENUE**

3 2. Venue is proper pursuant to 28 U.S.C. § 1391(b)(2) because a substantial part
4 of the events giving rise to the claim occurred in this district, in and near the Eloy Contract
5 Detention Center, Eloy, Arizona.

6 **FACTS**

7 3. Aamir Hafiz Sheikh, A096 218 019, is a 44-year-old male who is a native
8 and citizen of Pakistan.

9 4. On May 3, 2018, an Immigration Judge ordered Mr. Sheikh removed from
10 the United States.

11 5. Mr. Sheikh was represented by counsel during his removal proceedings.

12 6. Upon information and belief, Mr. Sheikh is not currently represented by
13 counsel.

14 7. Mr. Sheikh has been detained at the La Palma Correctional Center (LPCC),
15 since August 27, 2018, pending removal from the United States.

16 8. ICE Enforcement and Removal Operations (ERO), Phoenix Field Office, is
17 actively pursuing a travel document from the consulate of Pakistan to effect the removal
18 order.

19 **Mr. Sheikh's Hunger Strike**

20 9. On March 10, 2019, Mr. Sheikh declared to LPCC medical staff that he was
21 declaring a hunger strike.

22 10. Mr. Sheikh's last meal was lunch on March 10, 2019.

23 11. Mr. Sheikh has missed 34 meals as of breakfast on March 21, 2019.

24 12. Mr. Sheikh's refusal to eat is based on his frustration that the Pakistani
25 Consulate has not yet issued him a travel document so that he can be removed to Pakistan.
26 He wants to be removed or released from detention.

27 13. On the evening of March 13, 2019, LPCC medical personnel reported that
28 Mr. Sheikh complained of abdominal pain and that he claimed to vomit after drinking

1 water.

2 14. On the evening of March 13, 2019, Mr. Sheikh was transported to the Banner
3 Casa Grande Medical Center (BCGMC) in Casa Grande, Arizona to be evaluated for
4 abdominal pain.

5 15. Upon arriving at the BCGMC, Mr. Sheikh was treated for dehydration and
6 gastritis.

7 16. On the morning of March 19, 2019, Mr. Sheikh refused to cooperate with the
8 medical staff's efforts to obtain vital signs, and refused to answer questions from medical
9 staff inquiring if he had been drinking water.

10 17. Since then, Mr. Sheikh has continued to refuse to cooperate with medical
11 staff and medical monitoring.

12 18. Since Mr. Sheikh ceased eating on March 10, 2019, both the medical staff
13 and the detention and removal staff have repeatedly tried to convince Mr. Sheikh to eat.

14 19. The medical staff has explained to Mr. Sheikh the medical necessity to eat
15 and drink to preserve his health as well as the medical risks incurred during a hunger strike.
16 Other staff members have repeatedly talked to Mr. Sheikh in attempts to convince him to
17 eat solid foods. Mr. Sheikh continues to refuse to resume eating.

18 20. Mr. Sheikh has been counseled that if he continues not to eat or hydrate his
19 health will be seriously jeopardized, and he will eventually die.

20 21. Mr. Sheikh has been counseled about involuntary medical monitoring and
21 restraints that may be employed to prevent injury and or death should he continue to refuse
22 monitoring and care during his hunger strike.

23 22. Mr. Sheikh has been counseled about involuntary hydration, and feeding
24 procedures that may be employed to prevent injury and or death should he continue not to
25 hydrate or eat.

26 **Medical Necessity**

27 23. This is Mr. Sheikh's fourth hunger strike at LPCC.

28 24. He previously engaged in hunger strikes from November 26, 2018 to

1 December 4, 2018, January 22, 2019 to February 1, 2019, and March 6, 2019 to March 9,
2 2019.

3 25. Each prior hunger strike ended with Mr. Sheikh consuming food.

4 26. Mr. Sheikh has a history of pancreatitis, which he developed during his
5 second hunger strike.

6 27. Mr. Sheikh has been evaluated by the mental health team in efforts to have
7 him discontinue his hunger strike.

8 28. He does not have any known psychiatric condition that would cause him not
9 to eat.

10 29. In addition to refusing meals, Mr. Sheikh is also refusing vital signs
11 monitoring, physical examination, glucose check, laboratory tests, and weight assessment.

12 30. Mr. Sheikh's weight upon arrival at LPCC on August 27, 2018, was 158 lbs.

13 31. His weight on November 26, 2018, prior to the start of his first hunger strike
14 at LPCC, on November 26, 2018, was 150 lbs.

15 32. His pre-fast weight for his most current hunger strike was 138 lbs.

16 33. As of March 18, 2019, the date he last submitted to a weight assessment, his
17 weight was 135 lbs.

18 34. This indicates a 2% loss of pre-fast weight. 10% loss of weight since his first
19 hunger strike, and 15% loss of weight since his intake at LPCC.

20 35. Mr. Sheikh claims to be intermittently drinking small sips of water, but
21 medical staff have not observed him drinking water.

22 36. He received two liters of intravenous fluid in the medical clinic on March 15,
23 2019, and again on March 17, 2019.

24 37. He claims to have urinated a small amount on March 20, 2019, but nothing
25 on March 21, 2019.

26 38. The medical clinic last documented him urinating on March 17, 2019.

27 39. He also refused to be transported to the Emergency Room twice in the last
28 five days.

1 40. Due to the inability to assess his exact medical state, there is concern of Mr.
2 Sheikh going into renal failure, liver failure, or becoming comatose due to dehydration and
3 hypotension, which could lead to his death.

4 41. It is difficult to predict for how long the human body can survive without
5 food, and if an individual does not have adequate fat stored, this time decreases
6 significantly.

7 42. If an individual goes without water for approximately eight to ten days, he
8 will suffer from dementia, delirium seizures and ultimately become unconscious.

9 43. Dehydration greatly accelerates a progressive starvation because the waste
10 that the body produces is not excreted.

11 44. Between the 15th and 30th day of a hunger strike, a patient may suffer
12 neurological symptoms severe enough to warrant hospitalization.

13 45. Medical literature reflects that metabolic imbalance caused by fasting is
14 likely to result in permanent bodily damage and/or death once weight loss reaches 18% of
15 the patient's initial weight.

16 46. Death by terminal total fasting occurs by acute depletion of thiamine, causing
17 fatal arrhythmia and/or cardiac arrest.

18 47. Medical monitoring through vital signs, laboratory tests, weight checks, and
19 physical examinations are critical to time appropriate medical interventions.

20 48. For a patient on a hunger strike, the following evaluations are necessary:
21 laboratory test at least every 48–72 hours; physical examination; urinalysis; daily weight
22 checks; and frequent taking of vital signs.

23 49. If Mr. Sheikh continues this hunger strike, he will require immediate medical
24 intervention to prevent permanent medical complications.

25 50. If medical intervention is required, it will be necessary to feed the patient a
26 nutritional supplement through a nasogastric tube and/or intravenous line.

27 51. If the laboratory tests reveal other conditions requiring medical attention, it
28 may be necessary to administer medications to address those other conditions

1 intravenously.

2 52. Should Mr. Sheikh refuse to cooperate with blood work and other necessary
3 medical monitoring and testing, medical soft restraints may be required to immobilize him
4 and prevent unnecessary injury to both Mr. Sheikh and the medical staff.

5 53. In light of all the circumstances above, it is medically necessary to perform
6 blood draws, laboratory analyses, urinalysis, weight checks, and routine medical
7 examinations of to monitor Mr. Sheikh's physical condition.

8 **Effect on Security and Orderly Institutional Operations**

9 54. The death of Mr. Sheikh from his hunger strike would seriously affect ICE's
10 ability to provide for the health and safety of detainees at LPCC in the following ways:

- 11 a. Perceptions may be formed by the ICE detained population that ICE will
12 simply let Mr. Sheikh die, without intervening to save him, which could lead
13 to acts of detainee violence and disruptions. The detained population, having
14 formed such a perception, could act alone or in groups to disrupt the
15 operation of LPCC.
- 16 b. Tensions between detainees and staff would be heightened, making almost
17 all aspects of the detention operation more difficult for staff to perform.
- 18 c. For a detainee to cause his own death without staff intervention would
19 undermine DHS's obligation to render appropriate medical care and prevent
20 detainee suicides.
- 21 d. Other detainees may decide to commit suicide by starving themselves.
- 22 e. Other detainees may decide that they have lost confidence in the medical
23 staff at LPCC to administer medical care. They may be reluctant to seek
24 treatment from the medical staff, reluctant to accept the treatments
25 recommended, and may decide there is a need to "second guess" the
26 judgments of the medical staff. They may simply refrain from seeking
27 treatment for their illnesses from the medical staff, leading to emergencies
28 that could have been avoided had the detainee sought medical help at an

1 earlier time.

- 2 f. Detainees who particulate in hunger strikes may severely and permanently
3 damage their health, requiring DHS to expend large sums of money for their
4 immediate and long-term medical care.
- 5 g. Other detainees may participate in hunger strikes to attempt to manipulate
6 the staff to gain various benefits and privileges.
- 7 h. Some detainees will voice threats to go on a hunger strike, gaining additional
8 staff attention, drawing staff attention away from other detainees.
- 9 i. If a detainee is permitted to die from starvation, the community's perception
10 of ICE and its staff will be adversely affected. Members of the community
11 expect that DHS will use its best efforts to preserve the lives of detainees
12 while enforcing the immigration laws of the United States.
- 13 j. The failure to provide necessary medical care could expose the United States
14 and its employees to various claims of liability and lawsuits from family
15 members of deceased detainees who assert that DHS, through ICE, should
16 have acted to forestall the detainee's physical harm or death by involuntary
17 medical treatment, which may include medical monitoring, hydration and/or
18 force-feeding the detainee. The burdens of responding to administrative
19 claims and lawsuits would result in a drain on staff time and resources and
20 distract staff from their regular duties of ensuring the safety of ICE detainees
21 at LPCC.

22 55. In light of all the circumstances above, it is necessary for the security and
23 orderly institutional operations of LPCC to administer hydration and/or nutritional
24 supplements to Respondent Sheikh in order to preserve his life.

25 CAUSE OF ACTION

26 1. The Secretary of DHS, through ICE, is authorized to provide medical
27 treatment to aliens who require treatment during removal proceedings. 8 U.S.C. § 1231(f);
28 8 C.F.R. § 241.2(a).

1 2. There are legitimate government interests in preserving life of immigration
2 detainees, maintaining security and orderly operations in immigration detention facilities,
3 and avoiding burdensome and unnecessary litigation.

4 3. There is a valid and rational connection between these government interests
5 and the above-described involuntary medical examinations, restraints, and administration
6 of hydration and/or nutritional supplements to Mr. Sheikh.

7 4. Mr. Sheikh has alternative means to exercise his constitutional rights.

8 5. The above-described involuntary medical examinations, restraints, hydration
9 and/or nutritional supplements of Mr. Sheikh are essential and not exaggerated.

10 **PRAYER FOR RELIEF**

11 WHEREFORE, the Government prays:

12 1. That the Court issue a Temporary Order permitting the United States,
13 through competent medical providers employed by or contracted with IHSC, to conduct
14 involuntary blood draws and weight checks, to insert urinary catheters, and perform routine
15 medical examinations on Respondent Sheikh;

16 2. That the Court issue a Temporary Order permitting the United States,
17 through competent medical providers employed by or contracted with IHSC, to restrain
18 Respondent Sheikh if he resists efforts to draw blood, be weighed, have urinary catheters
19 inserted, or have routine medical examinations conducted;

20 3. That the Court issue a Temporary Order permitting the United States,
21 through competent medical providers employed by or contracted with IHSC, to administer
22 hydration and/or nutritional supplements to Respondent Sheikh involuntary, if necessary
23 to preserve his life;

24 4. That the Court set this matter for hearing as soon as practicable so that it can
25 determine the rights of Respondent Sheikh; and

26 5. For other such relief as the Court deems appropriate.

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5 Respectfully submitted this 22nd day of March, 2019.

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ELIZABETH A. STRANGE
First Assistant United States Attorney
District of Arizona

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s/ Coleen Schoch
COLEEN SCHOCH
Assistant U.S. Attorney

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Attorneys for the United States of America

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CERTIFICATE OF SERVICE

I hereby certify that on March 22, 2019, I electronically transmitted the attached document to the Clerk's Office using the CM/ECF System for filing and mailed a copy of the foregoing First Class Mail addressed to the following CM/ECF non-registrants

Aamir Hafiz Sheikh (A096-218-019)
La Palma Correctional Center
5501 N. La Palma Road
Eloy, AZ 85131

Respondent

E. Minster
United States Attorney's Office

Civil Cover Sheet

This automated JS-44 conforms generally to the manual JS-44 approved by the Judicial Conference of the United States in September 1974. The data is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. The information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is authorized for use only in the District of Arizona.

The completed cover sheet must be printed directly to PDF and filed as an attachment to the Complaint or Notice of Removal.

Plaintiff
(s): **United States of America**

County of Residence: Maricopa

County Where Claim For Relief Arose: Pinal

Defendant
(s): **Aamir Hafiz Sheikh , Defendant Pro Per**

County of Residence: Pinal

Plaintiff's Atty(s):

Coleen P. Schoch , Assistant United States Attorney
(United States of America)
United States Attorney's Office
Two Renaissance Square, 40 N Central Ave., Ste 1800
Phoenix, Arizona 85004
602-514-7500

Defendant's Atty(s):

II. Basis of Jurisdiction: **1. U.S. Government Plaintiff**

III. Citizenship of Principal Parties
(Diversity Cases Only)

Plaintiff:- N/A
Defendant:- N/A

IV. Origin : **1. Original Proceeding**

V. Nature of Suit: **890 Other Statutory Actions**

VI.Cause of Action: **8 U.S.C. 1231(f) To provide medical treatment to alien during removal proceedings**

VII. Requested in Complaint

Class Action: **No**
Dollar Demand:
Jury Demand: **No**

VIII. This case is not related to another case.

Signature: s/ Coleen Schoch Assistant United States Attorney

Date: 03/22/2019

United States of America v. Aamir Hafiz Sheikh

No. 2:19-cv-_____

Index of Exhibits

Exhibit	Description
1	Declaration of Jason Ciliberti (Mar. 21, 2019)
2	Declaration of William Crane, M.D. (Mar. 21, 2019)

EXHIBIT 1

IN THE UNITED STATES DISTRICT COURT

In the matter of Aamir Hafiz SHEIKH (A096 218 019)

DECLARATION OF Jason Ciliberti

I, Jason Ciliberti, hereby declare:

1. I am the Assistant Field Office Director (AFOD) of the La Palma Correctional Center (LPCC), Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO), Phoenix Field Office. My responsibilities as the AFOD include the supervision of the employees working in the detention and removal units at the LPCC and monitoring the care of ICE detainees at the LPCC.
2. I am providing this declaration based upon my personal knowledge and review of administrative records.
3. Aamir Hafiz Sheikh, A096 218 019, is a Pakistani national currently detained at the LPCC.
4. On May 3, 2018, an Immigration Judge ordered Sheikh removed from the United States. ERO is actively pursuing a travel document from the consulate of Pakistan to effect the removal order.
5. Mr. Sheikh was represented by counsel during his removal proceedings.
6. On March 10, 2019, Mr. Sheikh declared to LPCC medical staff that he was declaring a hunger strike. Mr. Sheikh stated that he will not eat until he is released from detention or removed.
7. Mr. Sheikh's last meal was lunch on March 10, 2019.
8. On the evening of March 13, 2019, LPCC medical personnel reported that Mr. Sheikh complained of abdominal pain and that he claimed to vomit after drinking water.
9. On the evening of March 13, 2019, Mr. Sheikh was transported to the Banner Casa Grande Medical Center (BCGMC) in Casa Grande, Arizona to be evaluated for abdominal pain.
10. Upon arriving at the BCGMC, Mr. Sheikh was treated for dehydration and gastritis.

11. On the morning of March 19, 2019, Mr. Sheikh refused to cooperate with the medical staff's efforts to obtain vital signs, and refused to answer questions from medical staff inquiring if he had been drinking water. Since then, Mr. Sheikh has continued to refuse to cooperate with medical staff in obtaining vital signs and answer questions regarding his fluid intake.
12. Since Mr. Sheikh ceased eating, both the medical staff and the detention and removal staff have tried to convince Mr. Sheikh to eat. It has been explained to Mr. Sheikh that if he continues to not eat, his health will be seriously jeopardized and he will eventually die. Despite repeated efforts to convince Mr. Sheikh to eat, he has responded that he will not eat until released from ICE custody or removed.
13. Medical staff at the LPCC has informed me that it is medically necessary to compel Mr. Sheikh to submit to vital sign checks, lab draws, and medical assessments to ensure his health and prevent his death due to medical complications related to his refusal to eat and drink.
14. The death of Mr. Sheikh, resulting from his hunger strike, would seriously affect ICE's ability to provide for the health and safety of detainees at the LPCC in the following ways:
 - a. My foremost obligation is to maintain the safety and security of the ICE detainees housed at the LPCC and provide for the health and well-being of the detainees. Perceptions may be formed by the ICE detained population that ICE will simply let Mr. Sheikh die, without intervening to save him, which could lead to acts of detainee violence and disruptions. The detained population, having formed such a perception, could act alone or in groups to disrupt the operation of the LPCC. I am concerned that hunger strikes or other disruptive or violent acts would be directed at staff, to express detainee anger, resentment, and frustration.
 - b. If such disruptive acts were to occur, tensions between detainees and staff would be heightened, making almost all aspects of the detention operation more difficult for staff to perform.
 - c. For a detainee to cause his own death without staff intervention would completely undermine DHS's obligation to render appropriate medical care and prevent detainee suicides. Other detainees may decide to commit suicide by starving themselves to death.
 - d. Other detainees may decide that they have lost confidence in the

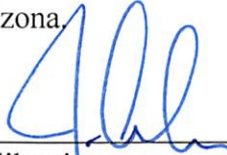
skills, ability, or willingness of medical staff at the LPCC to administer medical care. They may be reluctant to seek treatment from the medical staff, reluctant to accept the treatments recommended, and may decide there is a need to “second guess” the judgments of the medical staff. They may simply refrain from seeking treatment for their illnesses from the medical staff, leading to emergency situations that could have been avoided had the detainee sought medical help at an earlier time.

- e. Detainees who participate in hunger strikes may severely and permanently damage their health, requiring DHS to unnecessarily expend large sums of money for their immediate and long-term medical care.
- f. Other detainees may participate in hunger strikes to attempt to manipulate the staff to gain various benefits and privileges. For example, detainees may initiate hunger strikes to pressure staff to transfer them away from the LPCC, or to gain their release from detention. Without the ability to intervene when medically necessary, the LPCC will be forced to choose between letting the detainee die and giving in to his wishes.
- g. Some detainees will merely voice threats to go on a hunger strike, gaining additional staff attention, drawing staff attention away from other detainees.
- h. If a detainee is permitted to die from starvation, the community's perception of ICE and its staff will be adversely affected. Members of the community expect that DHS will use its best efforts to preserve the lives of detainees while enforcing the immigration laws of the United States.
- i. Under the law as I understand it, as the AFOD for the LPCC, I have an obligation to enforce the Detention Standards set forth in the Detention Operations Manual, which include an obligation to ensure appropriate medical care to detainees and to act to preserve and protect detainees' lives while they are detained at the LPCC. If detainees are not force-fed when medically necessary, the failure to provide such medical care could expose the United States and its employees to various claims of liability and lawsuits from family members of deceased detainees who assert that DHS, through ICE, should have acted to forestall the detainee's physical harm or death by involuntary medical treatment, which may include medical monitoring, hydration and/or force-feeding the detainee. Whether

or not the family members would ultimately prevail in such litigation, the burdens of responding to administrative claims and lawsuits would result in a drain on staff time and resources and distract staff from their regular duties of ensuring the safety of ICE detainees at the LPCC.

15. For the reasons stated above, the adverse effects resulting from not medically-monitoring Mr. Sheikh's condition would harm my ability to provide proper care for ICE detainees at the LPCC.
16. In my judgment, as the AFOD responsible for ICE detainees at the LPCC, to protect the health and life of Mr. Sheikh and the security and good order at the LPCC, it is imperative to medically-monitor Mr. Sheikh..
17. I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge.

Executed March 21, 2019, in Eloy, Arizona.



Jason Ciliberti
Assistant Field Office Director
Phoenix Field Office

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA**

**In the Matter of Amir Hafiz Sheikh
A# 096-218-019**

DECLARATION OF William Crane, MD

I, William Crane, Physician, hereby declare:

1. I am a Family Medicine Doctor and serve as the Clinical Director at the La Palma Correctional Center (LPCC), in Eloy, Arizona. My duties include providing medical care for detainees at the facility. I have been employed at the LPCC since March, 2018. I have been a physician since 2006, and I am licensed by the state of Arizona to practice medicine.
2. I am familiar with the case of Amir Hafiz Sheikh (Defendant). I am the supervising physician for Defendant Sheikh, and I make this declaration upon a review of Defendant Sheikh's medical record, my examination of him, and discussions with the treating medical staff at the LPCC.
3. This affidavit is made in support of the petition by the U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement (ICE) to obtain a court order for daily weight measurements, necessary physical examination, laboratory blood work and urinalysis every 48 to 72 hours. Proper medical monitoring of Defendant's state of health is necessary to ensure that medical staff can accurately assess and determine when it may be necessary to seek immediate medical intervention, such as involuntary administration of nutrients, in order to preserve

Defendant's life.

4. Defendant Sheikh is a 44-year-old male who has been detained at the LPCC since August 27, 2018, pending removal from the United States. He is a native and citizen of Pakistan.
5. Defendant Sheikh's last meal was lunch on March 10, 2019, at which point he declared he was going to hunger strike. This is his fourth hunger strike at the LPCC. He previously engaged in hunger strikes from November 26, 2018 to December 4, 2018, January 22, 2019 to February 1, 2019, and March 6, 2019 to March 9, 2019. All of the prior hunger strikes ended with him consuming food.
6. Defendant Sheikh has a history of pancreatitis which he developed during his second hunger strike.
7. Defendant Sheikh is on a self-imposed hunger strike, and with his last meal being lunch on March 10, 2019, he has missed 34 meals as of breakfast on March 21, 2019. His refusal to eat is based on his frustration that the Pakistani Consulate has not yet issued him a travel document so that he can be removed to Pakistan. He either wants to be removed or released from detention.
8. Defendant Sheikh has been evaluated by the mental health team in efforts to have him discontinue his hunger strike. He does not have any known psychiatric condition that would cause him not to eat.
9. Defendant Sheikh is not only refusing meals, he is also refusing vital signs monitoring, physical examination, glucose check, and laboratories. He is refusing weight assessment. Defendant Sheikh's weight

upon arrival at the LPCC on August 27, 2018, was 158 lbs. His weight on November 26, 2018, prior to the start of his first hunger strike at the LPCC, on November 26, 2018, was 150 lbs. His pre-fast weight for his most current hunger strike was 138 lbs. As of March 18, 2019, the date he last submitted to a weight assessment, his weight was 135 lbs., indicating a 2% loss of pre-fast weight and 10% loss of weight, after having engaged in 4 hunger strikes over the past 4 months. He is not allowing us to assess his physical condition to ensure his health and safety during the hunger strike.

10. Defendant Sheikh claims to be intermittently drinking small sips of water, but medical staff has not observed him drinking water. He received 2 liters of IV fluid in the medical clinic on March 15, 2019, and on March 17, 2019. Defendant Sheikh claims to have urinated a small amount on March 20, 2019, and nothing today, March 21, 2019; however, the medical clinic last documented him urinating on March 17, 2019.
11. He continues to voice a willingness to not eat or comply with medical care and treatment. He has refused to allow vital signs for the past 3 days. He has refused to be transported to the Emergency Room twice over the past week.
12. Assessing for declining medical condition is difficult due to patient refusing lab tests, vital signs, physical exam by medical doctors and nurses. Due to the inability to medically assess his exact medical state, there is concern of him going into renal failure, liver failure, or becoming comatose due to

dehydration and hypotension, which could lead to his death. Monitoring through vital signs, lab tests, physical exams are critical to time appropriate medical interventions.

The effect of a hunger strike on the human body

13. It is difficult to predict for how long the human body can survive without food, and if an individual does not have adequate fat stored, this time decreases significantly. If an individual goes without water for approximately eight to ten days, he will suffer from dementia, delirium seizures and ultimately become unconscious. Dehydration greatly accelerates a progressive starvation because the waste that the body produces is not excreted. Death by terminal total fasting occurs by acute depletion of thiamine, causing fatal arrhythmia and/or cardiac arrest.
14. Between the 15th and 30th day of a hunger strike, a patient may suffer neurological symptoms which are severe enough to warrant hospitalization.
15. Medical literature reflects that metabolic imbalance caused by fasting is likely to result in permanent bodily damage and/or death once weight loss reaches 18% of the patient's initial weight. As of March 18, 2019, Defendant Sheikh has 10% weight loss, after engaging in four hunger strikes over the course of four months. Defendant Sheikh has had 15% weight loss since his intake at the LPCC, on August 27, 2018.
16. The medical staff has explained to the Defendant the medical necessity to eat and drink to preserve his health and the medical risks incurred during a hunger

strike. Other staff members have repeatedly talked to Defendant Sheikh in attempts to convince him to eat solid foods. However, Defendant Sheikh continues to refuse to resume eating.

17. I have personally explained to Defendant Sheikh my concerns regarding his condition and the medical risks involved with a continued lack of appropriate nourishment. That is, he risks significant metabolic changes induced by a decreased nutritional intake. If he continues to be on a hunger strike, he will reach a state of severe metabolic imbalance, with a high risk of adverse consequences such as permanent damage to his kidneys, liver, heart and the risk of death.
18. I have counseled Defendant Sheikh about the effects of self-imposed dehydration and starvation on the body. I have also informed him of involuntary hydration and feeding procedures that may be done to prevent injury and or death should he continue not to sufficiently hydrate and eat.
19. In my professional medical judgment, should he decide to continue the hunger strike, he will reach a point where he will require immediate medical intervention to prevent further deterioration and serious medical complications. Continued fasting will result in permanent damage to his internal organs and has the potential to become life threatening. Metabolic imbalance, if left untreated, will cause fatal arrhythmia or cardiac arrest. If medical intervention is required, it will be necessary to feed the patient a nutritional supplement through a nasogastric tube and or intravenous line in order to provide the

nutrition and hydration the patient needs. Also, it will be necessary to perform laboratory tests and physical evaluation to monitor and assess the patient's clinical condition. If the laboratory tests reveal other conditions requiring medical attention, it may be necessary to administer such medications intravenously.

The need for medical monitoring, to include
involuntary blood draw

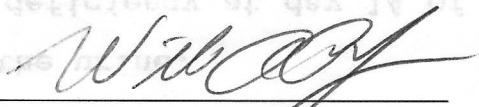
20. During the first three days of a hunger strike, the body will start using the glycogen storage in an effort to maintain glucose levels. This storage will rarely last more than 72 hours. Between day 4 and day 13, the brain and red blood cells require glucose as an energy source, and in view of depletion of glycogen storage, the body will start obtaining glucose from non-carbohydrate sources (for example muscle protein) and fatty acids. In this phase the body will experience loss of body fat, protein and total body electrolytes such as potassium, phosphate and magnesium. The body will maintain the serum electrolyte levels at the expense of intracellular stores. Between day 14 and day 34 thiamine deficiencies occur.
21. In my professional medical judgement, it is necessary to require laboratory test at least every 48 - 72 hours, physical examination, urinalysis, daily weight, and frequent vital signs for Defendant Sheikh while he is on hunger strike.. Laboratory test are needed to evaluate the metabolic state to include electrolytes and kidney function.

22. The laboratory tests that need to be obtained during a hunger strike include:
- a. Complete metabolic panel. This test reveals an increase in markers of kidney function in view of any renal injury. The panel tests include: BUN (blood urea nitrogen), creatinine level, urinalysis and proteins. It also reveals electrolyte disturbances as: potassium, phosphate, magnesium and glucose levels that can lead to heart arrhythmias.
 - b. Complete blood count. This test reveals the hemoglobin level.
 - c. Urinalysis, which reveals the presence of ketones, blood and crystals in the urine.
 - d. Thiamine levels to assess deficiency at day 14 of a hunger strike.
 - e. Electrocardiogram, if the patient shows elevated potassium, which can lead to arrhythmias.
 - f. Creatinine phosphokinase (CPK), which is an enzyme found inside muscle cells and is released into the blood, when the muscle cells rupture. The increase in CPK can reveal the presence of Rhabdomyolysis, destruction of muscle tissue.
 - g. Pre-albumin, used as a marker for nutritional status evaluation. Pre-albumin will decrease over time the longer a patient fails to consume adequate nutrition, and the pre-albumin level correlates with patient morbidity and mortality risk. Normal pre-albumin is 15-35 mg/dL. When pre-albumin falls to 5-11 mg/dL, significant morbidity risks exist and aggressive nutritional support is necessary.
23. Should Defendant Sheikh refuse to cooperate with blood

work and other necessary medical monitoring and testing, medical soft restraints may be required to immobilize him and prevent unnecessary injury to both Defendant Sheikh and the medical staff.

24. In light of Defendant Sheikh's hunger strike and refusal of medical care, in my professional judgment, it is medically necessary to administer the above mention procedures to monitor Defendant Sheikh's physical condition and ensure his health.
25. Should forced hydration be deemed medically necessary based on the medical monitoring, an amended order will be sought at that time.

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge. Executed this 21st day of March 2019, at Eloy, Arizona.



William Crane, MD

Board Certified Family Medicine
Clinical Director

La Palma Correctional Center
Eloy, Arizona