

1. Julian Assange's case is medically and psychologically complex

Julian Assange's case is a medically complex and precarious one for two key reasons:

(1) Mr Assange has been assessed as suffering "all symptoms typical for prolonged exposure to psychological torture" by the UN Special Rapporteur on Torture and his medical team.

(2) Mr Assange's medical status as torture victim is exacerbated by a history of years of medical neglect and fragile health in the Ecuadorian Embassy, as summarised in our open letter of 22 November 2019.

The finding that Mr Assange shows symptoms typical for exposure to prolonged psychological torture was arrived at by two medical experts specialised in the investigation and documentation of torture, who used a standardised medical assessment tool in line with the "Istanbul Protocol".

A medical case involving prolonged psychological torture and a history of poor health and medical neglect entails a potentially precarious interaction of psychological and medical factors, requiring specialist assessment and treatment by a multidisciplinary team of experts, including experts in psychological torture. Such team-based consultative care enables consultation and liaison among treating professionals, and is necessary to achieve best medical practice standards, including competent assessment, diagnosis and management. A prison hospital ward, such as that of Belmarsh prison, is grossly inadequate for the task.

2. A torture victim cannot be adequately medically treated in the context of ongoing torture

Further, a victim of psychological torture cannot be adequately medically treated while continuing to be held under the very conditions constituting psychological torture, as is currently the case for Julian Assange.

In May 2019 the UN Special Rapporteur on Torture Nils Melzer stated that unless the harsh and punitive conditions of Julian Assange's detention in Belmarsh prison were alleviated Mr Assange's health would deteriorate, which is precisely what has taken place. Mr Assange's health subsequently rapidly declined, such that he needed to be transferred to the hospital wing of Belmarsh Prison and medicated in order to stabilise his condition.

Professor Melzer has since noted that, rather than alleviating the conditions of Mr Assange's detention in Belmarsh prison which amount to psychological torture (arbitrariness, prolonged solitary confinement, constant surveillance, denial of the right to prepare his defence), those conditions have persisted and even intensified.

It is to be expected that when the conditions causing a patient's ill-health persist, that patient's health will continue to deteriorate. Accordingly, we reiterate that it is fundamentally incompatible with basic standards of medical care to attempt to treat a psychological torture victim while holding them in the very conditions assessed as comprising torture, and which led to the onset, persistence and severity of symptoms. For this reason alone Mr Assange must be immediately transferred from Belmarsh prison to an appropriate hospital environment.

3. Psychological torture is not 'torture light'. It causes severe and potentially irreversible harm

While it may be convenient in the short term for governments and their authorities to ignore findings that Julian Assange has been psychologically tortured, ultimately those governments do so at their own risk. Psychological torture can prove fatal. The UN Special Rapporteur on Torture has notified the authorities responsible for Mr Assange's medical and legal welfare of this reality on numerous occasions, including clearly stating the lethal risks to Mr Assange should governments continue to ignore the Rapporteur's warnings and recommendations.

Contrary to popular misconception, the injuries caused by psychological torture are real and extremely serious. The term *psychological torture* is not a synonym for mere hardship, suffering or distress. Psychological torture involves extreme mental, emotional and physical harm, which over time causes severe damage and disintegration of a number of critical psychological functions, involving emotions, cognitions, identity and interpersonal functioning.

Simply put, psychological torture is the psychological equivalent of relentless physical starvation and assault, with the irreversible damage that such deprivation and abuse entails.

Prolonged solitary confinement does not simply cause loneliness, boredom and malaise. It reduces neuronal activity in the brain, leading to severe and long-lasting brain damage, including cortical atrophy and decrease in the size of the hippocampus, the brain region related to learning, memory, spatial awareness and emotion regulation (Kim, Pellman, & Kim, 2015), and 26% increased risk in premature death (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Meaningful human interaction and mental stimulation are minimum necessary requirements for mental functioning, much as food and water are minimum necessary requirements for human physical functioning.

Thus, solitary confinement can cause severe cognitive impairment, including memory, attention and concentration deficits, which may be evident within a few weeks of isolation (Benion, 2015). The person's ability to reason, think and speak can therefore become affected. There is still debate whether these structural changes in the brain are permanent or can be reversed. However, after a period of prolonged solitary confinement, once social contact is restored and treatment implemented, recovery can take years or even decades, after which harm can still persist.

Arbitrariness: According to both the UN Working Group on Arbitrary Detention and the UN Special Rapporteur on Torture, Julian Assange has experienced arbitrariness

for years. The psychological impact of arbitrariness is characterised by attacks on a person's sense of control, agency and volition, to the extent that the will to live itself can be fatally undermined. Extreme helplessness, hopelessness, destabilisation and despair, all correlates of suicide, are natural human reactions to an environment that is persistently unpredictable, unresponsive and hostile, regardless of a person's actions or efforts to influence it.

Being rendered helpless in the face of extreme threat is similarly psychologically damaging. In addition to arbitrariness, Julian Assange has been prevented from even attempting to prepare his defence, while facing a draconian 175 years in a US Supermax prison with the prospect of unending cruel inhuman and degrading treatment, for the 'crime' of publishing. In direct contravention of his human right to prepare a defence, in Belmarsh prison he has been denied access to his legal documents for months at a time, to the extent that he was forced to respond in court to a complex US indictment that he had never read. His access to lawyers has been curtailed and limited, as has his access to information to assist him to understand the US indictment against him or prepare his evidence for his legal case.

In other words, Julian Assange has been forced, day and night, to do little but wait helplessly for whatever the US government holds in store for him. Emotionally, this is akin to keeping someone bound and gagged while their assailant stands by sharpening their knives.

When a person faces imminent mortal threat in this way, perpetually activating the human fight-flight response, with its extreme arousal and fear, while being simultaneously prevented from acting in self defence, the persistent trauma, terror, helplessness and immobilisation can cause lasting psychological harm. This can include intractable hyper-vigilance to threat, a sense of constant vulnerability and danger, incessant hyper-arousal and fear, and dysregulated cognitive, emotional and social functioning.

4. Psychological torture causes physical harm

Far from being purely psychological in nature, psychological torture causes physical harm in addition to its emotional and cognitive impacts. Via immunosuppressive and cardiovascular mechanisms, persistently and chronically activated stress physiology causes susceptibility to a range of potentially catastrophic illnesses and diseases, including, but not limited to, cancer and cardiovascular pathology (Brotman, Golden & Wittstein, 2007; Reiche, Nunes & Morimoto, 2004)

With chronic and severe stress, for example, and chronically elevated levels of the stress hormone cortisol, both immune cells and brain cells can physically self-destruct, a process known as *apoptosis*. This process has been associated with both reduced brain volume and advanced progression of disease.

Cortisol also exerts other well documented immunosuppressive effects, which impair the body's ability to fight disease, and are implicated in physical aspects of ageing.

5. The medical risks facing Julian Assange are inherently unpredictable. His medical status is therefore precarious, and his removal from Belmarsh Prison is urgent

The potentially fatal medical consequences of prolonged psychological torture are inherently unpredictable, and could strike at any time. No medical assessment protocols are capable of determining precisely when and how the damaging impacts of chronically elevated stress physiology will manifest. As UN Special Rapporteur Professor Nils Melzer has stated, "Today we are at a point where he could collapse at any moment. Maybe he can hold out for another year, maybe even two. But he might also be finished tomorrow."

Accordingly, no doctor, no matter how senior, can offer any legitimate assurances regarding Julian Assange's survival or medical stability while he continues to be held in Belmarsh prison. This is particularly so given the years of fragile health caused by his arbitrary detention inside the Ecuadorian Embassy. Accordingly his medical status in Belmarsh prison is inherently precarious, and the imperative to transfer him to a university teaching hospital is urgent and vital (Kim et al., 2015).

References

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