

[Redacted]  
London [Redacted]  
United Kingdom

Clinic address:

[Redacted]  
London [Redacted]

T: +44 (0)20 [Redacted]  
E: [Redacted]

Dr [Redacted]  
Trauma & Psychosocial Expert

11 December 2015

To Whom It May Concern,

I hereby certify that the original of this psychosocial evaluation of Mr. Assange of which I am the author was dated 10 November 2015 and that I authored and signed the original. I understand that due to a technical issue, the date and signature do not initially appear on the transferred document.

(The evaluation in fact extended beyond the June 2015 date in my report. I continued to evaluate Mr. Assange's evolving situation, conducting two additional interviews with him in order to ensure that the previous findings (referred to in my report) remained valid.)

[Redacted]  
Dr [Redacted]

[REDACTED]  
London [REDACTED]  
United Kingdom

Clinic address: [REDACTED]  
[REDACTED].com  
London [REDACTED]

T: +44 (0)20 [REDACTED]  
E: [REDACTED]

Dr [REDACTED]  
**Trauma & Psychosocial Expert**

## **INSTRUCTIONS**

I was instructed:

- to evaluate the correlation and comparisons between his situation and a conventional prison / house arrest
- to assess the impact of his current situation on Mr Assange's health and wellbeing.
- to advise on the likely impact on him of the current arrangements if they continue

## **SUMMARY**

In view of the fact that the different components of Mr Assange's relevant history are various and unusual, I summarise the context and the key features. These are amplified later in this report.

1. His liberty has been restricted/severely restricted in a number of different ways for almost five years.
2. Mr Assange's ongoing confinement in the Ecuadorean Embassy relates to the formal protection granted by that government in recognition of Mr. Assange's apprehension that he will by one route or another be transferred to the United States to face lengthy and likely indefinite solitary confinement

3. The restriction placed upon his liberty and the uncertainties surrounding his future and complexities of his legal position have had and will continue to have a deleterious impact on his physical and mental health. Immediate steps must be taken to find a viable solution to Mr Assange's situation which is tantamount to a prisoner being detained indefinitely but without a prisoner's normal physical health care and effectively in isolation.
4. The narrow context for that deprivation rests upon a still unresolved "preliminary investigation" of an allegation (not a charge) for which he has yet to be questioned by a Swedish prosecutor who seeks his extradition to that country. No final decision has been made as to whether a prosecution will be brought against Mr. Assange.<sup>1</sup>

## **METHOD**

I interviewed Mr Assange at the Ecuadorean Embassy on five occasions between June 2014 and June 2015. The interviews lasted between one and four hours.

Mr Assange was particularly reticent that if he expressed any vulnerability or any concern that his cognitive or emotional faculties might be degraded (still more any actual degradation) as a result of his situation this would be used against him by those whom he considers to be his opponents. These issues were fundamental to the points that I needed to explore. Because of Mr Assange's understandable reluctance to disclose either factual or personal matters related to his mental health, it took considerable time to establish trust and confidence in the process, necessary for an accurate assessment. The period over which I undertook the assessment and the time taken by each interview were in consequence both lengthy.

Furthermore, in his case of particular importance given his consistent minimisation of any impact upon him, it was crucial to seek the comments of others in a position to have closely observed him over the period of time in which he had been in the Embassy; these observations being of equal or even greater importance than his own, in making an accurate assessment of Mr Assange's physical and psychological health.

I also consulted with Dr [REDACTED], a medical doctor with extensive experience in working with people who have been held indefinitely in conditions which range from

---

<sup>1</sup> "According to Swedish law, a decision to prosecute may not be taken at the stage that the preliminary investigation is currently at." Letter by Prosecutor Marianne Ny to United Kingdom Crown Prosecution Service, 19 January 2011, <http://speciali.espresso.repubblica.it/pdf/ja-foia-files.pdf> (p. 5) See also Statement by Marianne Ny to City of Westminster Magistrate's Court (4 February 2011) [The judicial authority of Sweden v Assange \[2011\] EW Misc 5 \(MC\)](http://www.judicialauthority.org.uk/Case-Julian-Assange-(Appellant)-v.-The-Prosecutor-Case-no-O-8290-14) (24 February 2011) <http://is.gd/MagCourt>. Sweden's Court of Appeal ruled on 18 November 2014 that the "the failure of the prosecutors to examine alternative avenues [to progress the investigation against Mr. Assange which came to a halt in 2010] is not in line with their obligation – in the interests of everyone concerned – to move the preliminary investigation forward" [Case Julian Assange \(Appellant\) v. The Prosecutor Case no O 8290-14](http://www.svea.se/Case-Julian-Assange-(Appellant)-v.-The-Prosecutor-Case-no-O-8290-14), Svea Court of Appeal 17/18 November 2014, (pp. 7-9)

Guantanamo Bay to immigration detention centres in the United Kingdom. A summary of Dr [REDACTED]'s findings are contained later in this report.

There is nothing clinically “wrong” with people who respond to stressful environments, situations, and relationships with depression, and other signs of distress. These responses are consistent with what one would expect of any ordinary human being whose liberty has been restricted or severely restricted over a long period of time. Their reactions are normal, not abnormal, responses. In this respect what Mr Assange was able to describe in his interviews with me was consistent with what I have observed in other detainees who I have assessed in a high-security prison or whose liberty has otherwise been severely restricted. There is clinical evidence to suggest that Mr. Assange is suffering from significant alterations to his sense of time, space and internal perceptions of his body in relationship to the external environment. These changes are all consistent with the restrictions associated with his current living situation.

The term ‘social suffering’ which has a wider sphere of reference, provides a more accurate description of Mr Assange’s condition. “Social suffering” is applied to any situation in which experiences of pain, trauma and disorder take place as a result of “what political, economic and institutional power does to people and, reciprocally, from how these forms of power themselves influence responses to social problems” (Kleinman et al.1997)<sup>2</sup> Social suffering takes place in contexts of social and material deprivation; and thus more directly concerns the damage done to a person’s sense of dignity and self-worth when the field of possibilities before him is heavily circumscribed by structural conditions that offer no means of respite or escape.<sup>3</sup>This description accurately applies to Mr Assange’s situation within the Embassy. When experience with uncontrollable events gives rise to the expectation that events in the future will also elude control, disruptions in motivation, emotion and learning may ensue. Most psychological studies fail adequately to capture and characterize the kinds of distress that are reported by long term prisoners and others whose liberty has been severely restricted.

As explained above, I considered it essential to utilise third party observations to make my assessment. I obtained authorization from the Ambassador before commencing my interviews with members of the Embassy staff. I also interviewed several of Mr Assange’s own colleagues, who have known him before and during his three and a half years at the Embassy.

I undertook this wide range of interviews in order to obtain independent observations of Mr Assange’s life in the Embassy and a complete understanding of Mr Assange and of the conditions and limitations under which he lives.

### **MR. ASSANGE'S CURRENT SITUATION**

<sup>2</sup> Kleinman, A. Das, V. and Lock, M. (eds) (1997 ) Social Suffering Berkeley:University of California Press

<sup>3</sup> Ibid.

Mr. Assange constantly compared his current situation to the restrictions he was living under, first in prison and then under restrictive bail conditions, for a year and a half prior to entering the Embassy.

### 3.1 Prison and Segregation Unit HMP Wandsworth 7 December 2010 – 16 December 2010

Mr Assange was detained from December 7th to December 16th 2010 in HMP Wandsworth, a category B prison. It holds prisoners who are subject to extradition proceedings but is nevertheless a prison maintaining a severe and restrictive regime. HMP Wandsworth is the largest prison in the UK. For the two days prior to being moved to the CSU he was in 24 hour lock down other than brief periods for his meals. During his incarceration in HMP Wandsworth Mr. Assange was held in the Care and Segregation Unit (CSU) and isolated in a cell twenty-three hours a day, because of risks to his safety. He was also informed that extra security measures had been introduced in the CSU because of his presence. Calls for his assassination had been reported in the press immediately before entering the prison and after<sup>4</sup>.

Mr. Assange says that one of the Prison Governors commented that “every man has his price and these men have nothing”.

### 3.2 Bail Restrictions and Electronic Tagging (17 December 2010-19 June 2012)

Although the Crown Prosecution Service sought Mr. Assange's continued detention on behalf of Sweden, the Court granted him bail and Mr. Assange was placed under house arrest from 16 December 2010. He had some freedom of movement within certain hours of the day and access to outside space, but he was required to surrender his passport, report to police daily between 8:30-11:00 and stay at a remote fixed location belonging to a friend, given that Mr. Assange himself was not a UK resident.<sup>5</sup>

---

<sup>4</sup> Such as [http://www.youtube.com/watch?feature=player\\_detailpage&v=b-DIZvcK6Rc](http://www.youtube.com/watch?feature=player_detailpage&v=b-DIZvcK6Rc) or the article entitled “Assassinate Assange” which included a blood-splattered image of Mr. Assange in the cross-hairs of a telescopic rifle site. <http://www.washingtontimes.com/news/2010/dec/2/assassinate-assange/#ixzz37HI80zVZ> Similar statements inviting a defence of Mr. Assange's assassination have been made more recently (<http://dailycaller.com/2013/08/18/times-michael-grunwald-tweets-he-hopes-julian-assange-is-taken-out-by-a-drone-strike/>).

<sup>5</sup> Mr. Assange was required to wear an ankle bracelet, as a means of electronic monitoring, and to report to the police daily (08:30-11:00). He was also subject to a curfew, in that he was prohibited from going outside of the building he was staying in between 22:00 at night and 08:00 in the morning (10 hours in total). He was required to submit securities in the sum of GBP 350, 000. His passport was also confiscated and he was prohibited for applying for new travel documents. These bail conditions were maintained until 19 June 2012.

Mr. Assange said that his bail conditions were significantly harsher than other cases which he described as 'more serious' such as the contemporary Shrien Dewani extradition case (Dewani was a wealthy businessman charged with murder; whereas Mr. Assange had not been charged, was willing to be questioned, and is not wealthy). The comparisons and associations Mr. Assange makes between himself and other cases is illuminating and therefore is included in this report. It serves to highlight the profound sense that his case is not being seen for what it 'really' is and that he is not being treated justly.

### 3.2.1. Reporting to police daily at specified hours under house arrest

Mr Assange described his experience of reporting to the police station on a daily basis for a year and a half in the following way:

“Go to the police station every day, without exception. It is an endless grind for more than 500 days. I am in a fixed location, presenting myself at fixed times when calls for my assassination are being widely reported. I am in a state of constant high alert, personally and professionally. It is exhausting.”

“There is repeated intrusion of hostile media, mentally disturbed ‘stalkers’ and supporters waiting at the police station or attempting to enter the property of my house arrest. The ever present danger is such that it was brought up in the UK Parliament, but to no avail.”

“From 10pm to 8am I am locked down in the house. Then I need to report between 8:30 am and 11. I have to wait. It is a total disruption of ordinary everyday life. My ability to function professionally is profoundly diminished. I feel diminished as a human being. I am in the middle of nowhere. One mistake can have catastrophic consequences. Any breach - one minute late - because of roadworks, a breakdown, delay on the line - and I will be arrested and put in prison. I am not treated like a normal bail subject. The police are terrified.”

### 3.2.2. Electronic monitoring through ankle tag

Mr. Assange found the wearing of the electronic monitoring device (“manacle”) degrading and described it as the psychological equivalent of being treated like “livestock” and/or being shackled. He experienced chafing and friction from the tag, causing irritation to the skin which reduced his ability to exercise. His movement outside the physical confines of the house was barred from 10 pm to 8 am.

Electronic monitoring tags have been described by many who have worn them, including Mr Assange, as living in an “open air prison.” According to a one study, younger offenders who failed to complete their term of electronic monitoring because they cut off their ankle bracelets, are generally thought to be affected by coping difficulties.

“The monitoring device malfunctions and causes all sorts of problems. The monitoring device is galling, a surveillance unit attached to your skin. Three monitoring “relay” stations are set up by the government security contractor in the house. My whole life’s work has been in the service of fighting for liberty and the right to privacy. Now I have none.”

Mr. Assange stated that he was frequently woken in the middle of night by the security contractor to check whether he was in fact in the house, despite the device; they queried whether he was in the premises even though he himself had answered the phone. He found himself unable to sleep after these phone calls; they raised the possibility that there might be an imminent attempt to remove his house arrest and return him to prison.

### 3.3 Embassy of Ecuador to the United Kingdom (19 June 2012 - present)

Mr Assange is now living in a place designed for government work and not for residential use for over three years. He entered the Embassy to apply for political asylum, which Ecuador granted on 16 August 2012<sup>6</sup>.

Comparatively the conditions of the house arrest, although restrictive, were not of the same degree of restriction as those found within the Embassy. He does not have access to direct sunlight or any outdoors space. The Embassy has no courtyard or garden.

His present bedroom (a personal space 5.5 meters square) is just big enough for a single bed and a small cupboard for clothes. There is no room for a chair or desk. The room receives no sunlight. He has shared use of a second room, approximately 25 meters square, which has a desk, chairs and his exercise equipment, and holds his books and papers, and is where he works and eats. There is little scope for exercise other than a treadmill.

Inevitably if he can look out of a window, others can see in. Consequently the windows are under tight control. At night, Mr. Assange reports that with care he can see out without being observed if internal lights are switched off, but the constant police presence, visible from every angle has been a reminder that he is effectively under siege by the UK authorities. After the UK government announced in October 2015 that the uniformed police had been replaced with a “strengthened covert operation”, Mr. Assange said “the covert operation is at times covert in name only. They conspicuously photograph my visitors and the windows of the Embassy all day and even park in the same places as before”.

#### 3.3.1 Embassy Staff’s Experience of the Safety of the Embassy

---

<sup>6</sup> <https://www.youtube.com/watch?v=9oPfNJFo1jY>

There were and are enormous pressures being exerted upon the Embassy, the physical infrastructure of the premises (which are a conversion of a central London flat), and the staff.

All the interviewees alluded to a shift which has taken place over time. Initially, the view was that Mr Assange needed the protection which the Embassy could provide; this appeared to alter - to the Embassy needing protection from the situation surrounding him. Individuals who showed him compassion were affected. They were afraid of coming and going from the Embassy and being approached by the UK security services.

Mr Assange's presence in the early stages brought with it the threat of invasion of the Embassy. The word "invasion" was used by many of the interviewees. Respondents described the peak threat occurring in mid-August 2012.<sup>7</sup> Mr. Assange and respondents report that at one point, 150 police surrounded the Embassy and "were descending on ropes" onto the roof adjacent to the posterior end of the Embassy. Combined with the extensive daily surveillance, this has had a major bearing on life within the Embassy for Mr Assange. Recently the fear of "invasion" has returned for the Embassy staff<sup>8</sup>.

### 3.3.1. Mr. Assange's Colleagues' Experience of the Safety of the Embassy

There is 24/7 security camera surveillance externally and in all common parts of the building, and locks on the doors. There are cameras directed at the doors of all the rooms and various alarms.

Mr Assange's visitors undergo a security check 24 hours in advance of any visit. The individual's passport is required. Their details are taken and vetted. Concerns about the security presence - which increased over the period of his stay- have inevitably had a personal and professional impact on Mr Assange and potentially on the people who elect to visit him. Visitors are anxious about information regarding visits being passed to and used by third parties including the security services.

Mr Assange says that he must shift his working and sleeping locations around the Embassy (which does not control the floor above or the floor below—both apartments have recently changed ownership) due to security. He feels that the obvious surveillance outside the Embassy is a sign that the state apparatus is "at war" with him; his view is that the conspicuous police presence is an attempt to disrupt and compromise his work, his relationship with his hosts, his intelligence sources, his organisation and the ability of his legal team to meet with him confidentially.

---

<sup>7</sup> International Business Times, 15 August 2012 'British Threaten To Invade Ecuador Embassy To Get Assange' <https://archive.is/bLIFX>; Former UK ambassador Craig Murray, 16 August 2012, <https://archive.is/dpgKM>

<sup>8</sup> See section 4.1.2. Enhanced Covert Surveillance 12 October 2015 - Present



## CORRELATION AND COMPARISONS BETWEEN HIS SITUATION AND A CONVENTIONAL PRISON/HOUSE ARREST

Mr. Assange often used his experience in prison to compare and contrast it with the restrictions on the Embassy: “Some aspects are like a prison--one depends on others for food and basic necessities and loses the ability to be self-sufficient. I can receive visitors but there are invasive security procedures.”

Two elements that are quickly observable strongly correlate with those of a conventional prison: the monitoring and surveillance of his person (and visitors); and the physical condition of confinement (ability to move freely limited by the permanent presence of law enforcement agents).

In significant aspects, Mr. Assange's situation in the Embassy is worse than a conventional prison, particularly in relation to his inability to access proper medical care (he is in need of an MRI and gengival surgery); his inability to access the outdoors without losing the protection he has been afforded (on which he has been advised that his long-term liberty depends); and the indefinite nature of the confinement.

### 4.1. Monitoring and Surveillance

#### 4.1.1. Overt Surveillance 19 June 2012 – 12 October 2015

Mr. Assange referred to news reports when he described the nature of the surveillance against the Embassy: a photograph of a police clipboard referencing the Metropolitan Police Service Counter Terrorism Command (SO20), which contained instructions to arrest Mr Assange under “any circumstances”, including diplomatic immunity. Mr. Assange referred to reports of the discovery a “listening device” in the Embassy in 2013<sup>9</sup>, the unauthorised entry of a UK “security agent” into the flat above the Embassy which belonged to a member of the UAE royal family<sup>10</sup>, records of the UK's electronic intelligence agency GCHQ spying on his organisation<sup>11</sup>, United States efforts to “entrap and infiltrate” his organisation<sup>12</sup>, as well as recent articles claiming there was internal spying against

---

<sup>9</sup> The Guardian, 3 July 2013 'Snowden row intensifies as hidden bug found in Ecuador's Embassy'

<http://www.theguardian.com/world/2013/jul/03/ecuador-microphone-bug-london-Embassy> (https://archive.is/Kar73)

<sup>10</sup> <https://archive.is/2BoIL>

<sup>11</sup> <https://theintercept.com/2014/02/18/snowden-docs-reveal-covert-surveillance-and-pressure-tactics-aimed-at-wikileaks-and-its-supporters/>

<sup>12</sup> Iceland Review, 'Iceland Minister: FBI Used Hacker to Bait WikiLeaks', 14 February 2013

[http://www.icelandreview.com/icelandreview/daily\\_news/Iceland\\_Minister\\_FBI\\_Used\\_Hacker\\_to\\_Bait\\_WikiLeaks\\_0\\_397837.news.aspx](http://www.icelandreview.com/icelandreview/daily_news/Iceland_Minister_FBI_Used_Hacker_to_Bait_WikiLeaks_0_397837.news.aspx)

him inside the Embassy<sup>13</sup>. He expressed concern about the cameras and security conditions inside the Embassy.

Mr Assange stated that there is a covert and overt surveillance operation against him at the Embassy, a fact that was recently recognised by the Metropolitan Police Service. Until October 2015, six uniformed police officers were permanently posted at the exits of the Embassy, including immediately outside the kitchen door and the bathroom window; inside the adjacent building's stairwell; and multiple police vans (clearly marked – up to eight at a time) were stationed immediately outside the Embassy. Police officers sat in the vans.

Mr Assange does not describe the police as a law enforcement operation, but rather an intelligence gathering and harassment operation. As evidence, he says that the budgetary breakdown of the police operation around the Embassy (estimated at £12.5 million to date) is exempted from disclosure under “national security” grounds<sup>14</sup>, a figure he says is equivalent to almost one hundred full-time positions.

Visitors to the Embassy must navigate three rings of surveillance: exterior police surveillance on the surrounding streets, a police presence on the steps of the Embassy and in the foyer leading to the Embassy (immediately outside its main door). CCTV cameras cover the surrounding area of the Embassy building, the foyer of the building and the lobby of the Embassy. Covert surveillance is also in place.

Police officers in the foyer would note down persons entering and exiting the Embassy in a blue log folder. One interviewee stated, “They write down detailed descriptions, identifying codes, observations and times of entry and exit. Police officers have refused visitors access to the building or questioned them before allowing them through. On one occasion police asked Embassy security guards for visitors' identity documents without their knowledge. The atmosphere is sometimes of harassment, but even when you get friendly police you always feel the violence of the situation. They are here to map every aspect of Mr. Assange's social and professional relationships”.

As a result of the permanent police presence around the Embassy, Mr Assange is constantly on high alert (my term, not his). When I was with him, he often concentrated on incidents he observed in the street which might raise “security concerns”. One interviewee commented that the clear display of emergency equipment within the Embassy appeared to suggest that the Embassy shared this fear.

#### 4.1.2. Enhanced Covert Surveillance 12 October 2015 - Present

---

<sup>13</sup> <https://archive.is/2BolL>

<sup>14</sup> [https://www.whatdotheyknow.com/request/julian\\_assange\\_detention\\_costs](https://www.whatdotheyknow.com/request/julian_assange_detention_costs) Archive: <https://archive.is/4suMH>

In a statement on 12 October 2015, the Metropolitan Police Service (MPS) announced: “Covert plan at Ecuadorian Embassy strengthened after removing dedicated guards.” “A significant amount of time has passed since Julian Assange entered the Embassy, and despite the efforts of many people there is no imminent prospect of a diplomatic or legal resolution to this issue”<sup>15</sup>. The Commissioner of London's Metropolitan Police, Sir Bernard Hogan-Howe, attributed the decision to the fact that “we think the public are not necessarily supportive of it”<sup>16</sup>. The MPS statement said the decision “has not been taken lightly” and was made after discussions with “the Home Office and the Foreign and Commonwealth Office”<sup>17</sup>.

The MPS “no longer believed [the uniformed police presence to be] proportionate” but acknowledged the fact that a covert operation was already in place and that it had been “strengthened”. The cost and nature of the operation remains secret: “The MPS will not discuss what form its continuing operation will take or the resourcing implications surrounding it”<sup>18</sup>. MPS covert units known to have been operational against Mr. Assange at the Embassy include the Counter Terrorism Protective Security Command (SO20), and reportedly SS10<sup>19</sup>. The chief of the MPS stated that with the changed strategy to increase covert surveillance, savings would be “relatively small”.<sup>20</sup>

In its statement, the MPS revealed it “will deploy a number of overt and covert tactics to arrest him”. The MPS also said that it “will make every effort to arrest him” if he leaves the Embassy, including for the purpose of obtaining an MRI scan at a London hospital, which Mr. Assange's doctor has recommended in order to carry out a diagnosis.<sup>21</sup>

Mr. Assange says that he perceives the enlarged covert operation to be one of two arms of an escalation by the UK, a perspective that is reported to be shared by the Ambassador of Ecuador. Mr. Assange reports that the same day the MPS announced the intensification of its covert surveillance, the Foreign and Commonwealth Office (FCO) called a meeting with Ecuador's ambassador to London in which Ecuador the UK Government threatened that it would “review its future relations with the Government of Ecuador due to the Assange matter”. In a press conference on 14 October 2015 Ecuador's Foreign Minister Ricardo Patiño stated “We do not accept any threats from any country, no matter how important [that country is]”<sup>22</sup>. A memo by the Ambassador of Ecuador to London to a senior official of Ecuador's Foreign Office from August 2015 stated that there is a

---

15 <http://news.met.police.uk/news/covert-plan-at-ecuadorian-Embassy-strengthened-after-removing-dedicated-guards-> 132799

16 <https://archive.is/sFPkQ#selection-4449.0-4449.289>

17 <http://news.met.police.uk/news/covert-plan-at-ecuadorian-Embassy-strengthened-after-removing-dedicated-guards-> 132799

18 <https://archive.is/ciz6l#selection-274.0-274.1> See also parliamentary question of 16 October 2015

<http://www.theyworkforyou.com/wrans/?id=2015-10-09.11125.h&s=assange#g11125.q0>

19 <https://archive.is/N6LnT>

20 <https://archive.is/sFPkQ#selection-4449.0-4449.289>

21 <https://archive.is/enND1#selection-2207.172-2207.333>

22 <https://archive.is/vy0F0>

“hardening of the position of the United Kingdom in terms of relations with our country and [Minister of State at the FCO Hugo Swire] even opened the possibility of an intervention in the Embassy, because its [diplomatic] immunity is not recognised and neither is the extraterritoriality [a legal term referring to embassies being outside the jurisdiction of their host country] of the Embassy of Ecuador in London” which according to the reporter was interpreted by the Ambassador “as a threat, veiled or otherwise, to invade the Embassy”<sup>23</sup>.

Mr. Assange says “By slipping out of their uniforms and into the shadows the government has hidden its operation against me from the public eye. While there has always been a covert operation, the overt operation provided some form of public accountability. The details of the government's actions against me are now concealed using the excuse of the necessity to protect the covert operation. All that can be said publicly is that the covert operation is better resourced and less accountable. It poses a threat to me and my work that I am forced to understand and protect myself from as best I can.”

The system of surveillance as cited by Mr Assange is a constant source of psychological pressure. It is omnipresent reminder of his fundamental vulnerability in his relationship to the authorities.

#### 4.2. Physical Condition of Confinement

The ‘Embassy’ has essentially become a secure housing unit. In correctional facilities secure housing units allow for the isolation of prisoner under conditions that offer little sensory stimulation and minimal opportunities for interaction with other people. The use of word of ‘Embassy’ does not denote the intra-subjective reality of the environment and the isolation experienced by Mr. Assange. It is well documented that inmates held in restrictive environment [segregation] reported significantly higher levels of psychological distress symptoms. Mr. Assange and his team try to counteract these effects but as one member of staff put it, “we cannot be here all the time.”

On the practical reality of Mr. Assange's situation in the Embassy, one respondent said “A lot of people think this is not a jail but this IS a jail. He is deprived of his liberty. That is a prison in my definition”.

Mr. Assange has a usable living space of approximately 30m<sup>2</sup>. The Embassy is approximately 200m<sup>2</sup>. The Embassy has no outdoor space.

Mr. Assange said that “The Embassy was initially a relief from unrelenting daily stress of my bizarre house arrest conditions. But over time it has become far more difficult.”

---

<sup>23</sup> <https://archive.is/sqM3m#selection-3337.1-3343.265>

It is important to consider that from a psychological and social perspective Mr. Assange has been subject to serious restrictions on his liberty from as long ago as 2010 and, equally importantly, that there is no end in sight. The cumulative impact on him has become one of what is effectively continuous and increasingly severe incarceration.

The research literature on the effects of long term restrictions on liberty can only make a limited contribution to understanding Mr Assange's situation. In general, research using psychological tests of attitudes, skills and personality traits amongst long term prisoners does not show evidence of inevitable general psychological deterioration in custody. (Bukstel and Kilmann 1980; Walker 1987). However, it is also clear that psychological responses to confinement, and styles of coping with it, vary greatly between individuals and over time (Toch 1992). Emotional distress, anxiety and depression may be highest at the early stage of custody (Zamble and Porporino 1988). Several studies indicate that there may be an increase in introversion as the sentence lengthens (e.g. Sapsford 1978). Separation from loved ones is experienced as the greatest source of subjective distress (Richards 1978; Zamble and Porporino 1988), and prisoners may seek to cope with the emotional pain of this by self-containment and isolating themselves. Zamble and Porporino refer to the prisoner being "frozen developmentally" (p 153). He is unable to accumulate and learn from the ordinary social experiences of everyday living.

Harvard psychiatrist Stuart Grassian, who has been studying the effects of solitary confinement for over two decades, goes further to suggest that symptoms experienced by isolated prisoners form a distinct syndrome, closely akin to 'delirium'. That is, a constellation of symptoms occurring together and with a characteristic course over time, thus suggestive of a discrete illness... while this syndrome is strikingly atypical for the functional psychiatric illnesses, it is quite characteristic of an acute organic brain syndrome: delirium, characterised by a decreased level of alertness, EEG abnormalities ... perceptual and cognitive disturbances, fearfulness, paranoia, and agitation; and random, impulsive and self-destructive behaviour. (Grassian, 2006:338). Mr. Assange is not exhibiting such symptoms. However when one is faced with extreme isolation –indefinitely- such outcomes become a distinct possibility.

In experimental studies, "Short-term confinement appears to function as a moderate stressor which may or may not increase activity. Long-term (14-100 days) restriction of activity can best be viewed as an experiential or sensory restriction treatment that causes a relatively permanent change in [subjects'] emotional reaction to novel environments."<sup>24</sup> Non-human animal studies are often cited as having powerful correlations with human psychological and social behaviour.

## 4.2 Divergences with imprisonment

---

<sup>24</sup> The Activity-Drive Hypothesis: Effects of Activity Restriction. Lore, Richard K. Psychological Bulletin, Vol 70(6, Pt.1), Dec 1968, 566-574

#### 4.2.1. Inability to access proper medical treatment

See sections on health and well-being.

#### 4.2.2. Inability to access the outdoors

There is no possibility of Mr Assange's exercising in the open air or direct sunlight in the Embassy.

Mr. Assange reports that he has made numerous attempts through his lawyers and through representations by the Embassy of Ecuador to be able to access the open air, for example on the roof of the building adjacent to the Embassy, for an hour a day (the legal minimum for prisoners) without risking arrest, but says that British authorities have refused this possibility. One interviewee described this refusal as an attempt to "force him out of by creating the most inhuman conditions possible, without dignity."

A study conducted in 2011 found, "that compared with exercising indoors, exercising in natural environments was associated with greater feelings of revitalization and positive engagement, decreases in tension, confusion, anger, and depression, and increased energy. However, the results suggested that feelings of calmness may be decreased following outdoor exercise. Participants reported greater enjoyment and satisfaction with outdoor activity and declared a greater intent to repeat the activity at a later date."<sup>25</sup> One does not know what the long term impact will be of Mr. Assange's total inability to access outside space other than to highlight all the positive aspects that such access has on one's mental health and physical wellbeing.

#### 4.2.3. Indefinite nature of Mr. Assange's confinement

Mr Assange's situation has no end date.

The medical literature provides convincing evidence that the indeterminacy of an indefinite detention creates a degree of uncertainty, unpredictability, and uncontrollability that causes severe harm in healthy individuals independent of other aspects or conditions of detention. The harmful psychological and physical effects of indefinite detention include:

- Severe and chronic anxiety and dread;
- Pathological levels of stress that have damaging effects on the core physiologic functions of the immune and cardiovascular systems, as well on the central nervous system;

---

<sup>25</sup> Environ. Sci. Technol., 2011, 45 (5), pp 1761–1772

- Depression and suicide;
- Post-traumatic stress disorder; and
- Enduring personality changes and permanent estrangement from family and community that compromises any hope of the detainee regaining a normal life following release

Mr. Assange described his situation as follows: “My passport has been seized for five years. Since I was arrested in December 2010, British police have been assigned to report where I am, who I speak to, what I do—every single day for the past five years. I have been detained for longer than any possible sentence in Sweden even though there is no charge against me. None of the rights and protections I am entitled to are meaningfully enforced in domestic courts. I cannot exercise the asylum I have been granted as a bona fide political refugee. I cannot defend myself properly because I am not formally accused.”

## **IMPACT ON MR. ASSANGE'S PSYCHOLOGICAL HEALTH**

### *Effects of self / Autonomy*

The surveillance described earlier in this report can be viewed as incompatible with Mr Assange’s own ethos and identity when he himself is virtually under a microscope and as such is both traumatizing and destructive to his personality.

Mr. Assange is dependent on others for every object in his life, from the bringing in of food, to clothes, mail incoming and outgoing. He as well as other interviewees indicated that all proceeded in the belief that all electronic communications and phone calls were monitored by UK intelligence. In this he is thus in effect substantially disempowered and enjoys no privacy (a situation not dissimilar from that within a high security prison).

When I first visited the Embassy I noted the cluttered state of what he referred to as his working space. I commented on the clutter and asked couldn’t he see it? He replied that he ceased to “see” things in that way, that it all became a blur in the total absence of any novel sensory input. He described it as a shutting down of his visual field in relation to his physical environment.

Interviewees commented upon normal aspects of sensory experience (for example a breeze in the air) being exceptional events to be experienced rarely within the Embassy.

“In my three years inside, the walls of the Embassy are as familiar as the interior of my eyelids. I see them, but I do not see them.” He commented on how it was increasingly hard to see how objects related

to each other or to grasp the passage of time. “Nothing is before or after anything. There is a diminishing set of reference points”.

An individual’s cognitive functioning is linked to his physical activities. Individuals whose movement is restricted, can experience a slow unravelling of their cognitive faculties.

Mr Assange reports that he spent a lot of time outdoors as a child and young adult, and was a strong and energetic hiker and cyclist. Physical activity was fundamental to his sense of who he was.

When he was under house arrest, he could walk outside (he was tagged, which he found galling, but it gave him some freedom). Mr. Assange has a basic treadmill in his working space. However, using a treadmill is different from normal running and walking (one moves through space). He reported, “When you walk through the world there is a sense of things moving towards you as you move towards them. You walk towards a horizon. You can see objects at a distance which become larger as you move towards them. Time passes and space passes. Your body is getting feedback and is challenged by the terrain and sensory novelty.” For these reasons he finds the treadmill unrewarding because it only serves to reinforce that he is trapped within the embassy.

His experience within the confines of the Embassy has had a qualitatively greater impact than it might have had on a less active person. He likens it to the death of physical life.

Extensive research has centred on the interdependence of changes in the body itself and on the spatial systems of reference, especially on perceptual readjustments arising from modifications of visual and proprioceptive stimuli<sup>26</sup>. A person’s sense of bodily integrity is built up over time in a direct response to the physical environment in which he finds himself. In Mr Assange’s case the conditions of his confinement provide for little novel sensory stimulation. It is akin to a form of sensory restriction which over a period of years becomes Sensory Deprivation. Such deprivation is often observed in individuals subjected to degrading and inhuman treatment.

All of the interviewees made reference to the fact Mr Assange was becoming increasingly introverted. One put it in the following way: “He is an extremely sad person. He doesn’t laugh as he did. In the beginning he was more sociable. There are times when he seems to forget about eating. Or he does not eat all of his food. It is 2 years and how many months. Mr Assange is very strong because if it was me I would give myself up to the authorities to take me to a proper prison where I can get fresh air and look up and see the sky.”

---

<sup>26</sup> Proprioception is the process by which the body can vary muscle contraction in immediate response to incoming information regarding external forces, by utilizing stretch receptors in the muscles to keep track of the joint position in the body.



Sensory experience plays a paramount role in maintaining bodily integrity and the sense of being alive. The cumulative effect of living in an environment devoid of ordinary physical challenges such as walking up and downstairs and little in the form of novel visual stimulation (e.g being able to see the sky and look into the distance) is destructive to the felt sense of the body, and – if the conditions persist – damage to the identity.

The absence of social and environmental stimulation has been found to lead to a range of mental health problems, ranging from insomnia and confusion to hallucinations and psychosis. Stuart Grassian, a psychiatrist specializing in conditions of confinement who has evaluated hundreds of inmates in different prisons, warns that even inmates with no prior history of mental illness can become “significantly ill” when subjected to prolonged periods of isolation.<sup>27</sup>

The current conditions in which Mr. Assange finds himself have placed him at risk of developing disturbance in the following areas.

1. Perceptual motor skills
2. Perception of Time and Temporal Sequence
3. Changes in level of consciousness
4. Level of attention, restlessness, inability to concentrate
5. Cognitive efficiency, problem solving, abstract thoughts
6. Body image disturbance
7. Sensitivity feelings
8. Somatic complaints
9. Motor Skills
10. Capacity to relate to others

Not having met Mr Assange until June 2014, when he had already been living in the Embassy for more than two years, I did not have a baseline from which to assess changes but in terms of his physical presentation I have myself observed changes in his posture, movement and muscle tone over the period of fifteen months from that date. Until June 2015, Mr. Assange felt himself to be resilient but significantly degraded (though better than others might be in the circumstances), which seemed entirely

---

<sup>27</sup> Stuart Grassian, “Psychiatric Effects of Solitary Confinement,” *Washington University Journal of Law and Policy*, vol. 22 (2006), pp. 327, 352-53.

plausible to me. Since June 2015 however his physical condition has deteriorated due to limited range of movement, inability to exercise normally and constant pain. (See appendix)

So far as an assessment of cognitive functioning beyond that which can be obtained from physical functioning, I was in large part dependent upon the observations of others which provided greater insight because of their knowledge of him from his entry into the Embassy. All interviewees describe the situation as a prison, and have all commented upon observing alterations in those areas listed 1 to 10 under Consequences above.

My assessment of Mr Assange indicated that there is reason for concern in respect of all these areas. Despite the severity of his circumstances Mr. Assange believes (a view supported by others) that he has shown considerable resilience in the face of adversity. He has re-organized his professional life to compensate for the structural limitations of his environment.

However the long term impact of his situation on physical, psychological and social well-being should not be underestimated. All the interviewees reported that they have noted significant changes in his overall appearance and general functioning that engage to different degrees each of the above 10 features.

#### *Disruption of circadian rhythm due to lack of natural sunlight*

Mr Assange's circadian rhythm has been significantly disrupted by his having had no exposure to sunlight, twilight and so on for more than 1200 days. He often goes 18 to 22 hours without sleeping, unaware of the passage of time until exhaustion overtakes him.

#### *Disruption of circadian rhythm due to chronic insecurity about going to sleep*

As an example, Mr Assange reported to me that for several weeks he experienced being woken up in the middle of the night. At first he was not sure whether he had woken up because of an external sound or a nightmare. After waking up on three consecutive nights he became convinced he was being woken by a banging on the wall or window of his bedroom. He became determined to "sleep with one eye open." On one occasion, he awoke to the same sound and checked the time - 4:01 am in the morning. Embassy CCTV footage confirmed to Mr. Assange that the bang was external: "A group of about five Metropolitan Police officers stood outside the window of the room I was sleeping in. One of officers pointed at the window. Another officer then took an object from his pocket and threw it at the window." The incident was witnessed by two observers who I interviewed, who had also seen the CCTV footage, neither of whom were Mr. Assange's colleagues. The incident has also been alluded to in media reports<sup>28</sup>.

---

<sup>28</sup> <https://archive.is/tkPBd#selection-2269.0-2283.687>

The discovery of the footage showing the British police officer throwing an object at Mr. Assange's window not only left Mr. Assange feeling targeted and harassed, it also had a profound impact on Mr. Assange's previous perception that this small room in the back of the Embassy was a "safe space" for him to sleep. The incident prompted him to move to continually shift his sleeping locations around the Embassy. Mr. Assange stated that he had come across similar intelligence tactics elsewhere, and that common practice in major surveillance operations [...]; "but breaking the Vienna Convention by physically impinging on an Embassy in aid of this goal shows how far they are prepared to go."

More significantly the incident caused Mr. Assange to feel chronically insecure about going to sleep. Compounding the incident was a disclosure that police officers were found in a room immediately above where he was sleeping which does not belong to the Embassy.<sup>29</sup> The time normally for sleeping, at night, has become a time of heightened anxiety because of the loss of control when sleeping and inability to defend against a potential threat.

What has been apparent on Mr. Assange's part when speaking about this anxiety and disrupted sleep patterns is a minimising of the effects upon him and instead, an emphasis on the degree to which he has been able to maintain vigilance in circumstances where the surveillance upon him, and the deployment of services and personnel hostile to him (for example by planting further electronic surveillance equipment at night), is an ever present threat.

A recent study showed that, "Since chronic restriction of sleep to 6 hours or less per night produced cognitive performance deficits equivalent to up to 2 nights of total sleep deprivation, it appears that even relatively moderate sleep restriction can seriously impair waking neurobehavioral functions in healthy adults. Sleepiness ratings suggest that subjects were largely unaware of these increasing cognitive deficits, which may explain why the impact of chronic sleep restriction on waking cognitive functions is often assumed to be benign. Physiological sleep responses to chronic restriction did not mirror waking neurobehavioral responses, but with cumulative wakefulness in excess of 15.84 hours predicted performance lapses."<sup>30</sup>

The observation by others of the impact upon Mr. Assange include instances of disorientation, for instance of his appreciation as to timing.

---

<sup>29</sup> <http://www.buzzfeed.com/jamesball/mr-white-and-mr-blue> (Archive: <https://archive.is/Zcz1G>)

<sup>30</sup> The Cumulative Cost of Additional Wakefulness: Dose-Response Effects on Neurobehavioral Functions and Sleep Physiology From Chronic Sleep Restriction and Total Sleep Deprivation Hans SLEEP, Vol. 26, No. 2, 2003 P.A. Van Dongen, PhD;1 Greg Maislin, MS, MA;1 Janet M. Mullington, PhD;2 David F. Dinges, PhD

## *Interaction with Others*

There is a further sense of temporal disruption that one sees in people who have been incarcerated for long periods of time. It is often described as “loss of life on the outside.” People who have been deprived of their liberty enter a different world from the one they left. They have adapted to the environment, and may have lost key relationships in the outside world, together with a critical period of adult life when they would normally have been establishing themselves in their occupations, lifestyles, relationships and bringing up young families.

Mr Assange’s step-father (who raised him) passed away in Australia on 1 April 2012 and his grandfather passed away in Australia on 2 October 2012, without Mr Assange having had the possibility of visiting them before they died or attending their funerals (both died after a long illness). He was denied an opportunity to properly mourn his loss. Mr Assange has a young family in France, as well as children in Australia to whom he has been unable to have an affective relationship whilst in the Embassy; the uncertainty as to whether reunion can ever be accomplished, and whether the development of those relationships can be restored, creates a further uncertainty.

In the Embassy, Mr. Assange has no normal socialisation, (as would for example a prisoner with other prisoners). He informed me that for security reasons he had had no direct family contact and would not discuss his family further with me fearing the identity of his partner and young children be exposed and used as leverage against him. He reported that his eldest son who shared his surname had received a number of threats after Mr. Assange came to public attention, which resulted in his son having to go “into hiding”. (Online threats have been made that Mr. Assange's family should be sought out and killed to be used as leverage to get at Mr. Assange.)<sup>31</sup>

Individuals who have lost a substantial segment of their life history, in their psychological development may feel as they did on entry into prison. The importance of these developmental issues and the difficulties to which they give rise to them and to their families needs to be recognised.

From this point of view, the problems noted in the research literature on incarcerated prisoners, such as loss of outside contacts, withdrawal and self-containment and loss of learning through ordinary social experience, which may not be particularly problematic whilst in custody, may have a major and disabling impact when the individual is facing normal tasks involving resuming relationships and establishing a normal life after release.

The longer that Mr. Assange remains under these conditions the greater the risk to his ability to adapt to the complexities of ordinary living upon his release and on being able to fall back on pre-existing support structures of friends and family.

---

<sup>31</sup> <https://archive.is/52Pns>

## **IMPACT ON MR. ASSANGE'S PHYSICAL HEALTH**

The conditions of the environment of the Embassy are, from a health perspective, clearly deficient. He does not have the access to health care facilities which, for a prisoner, would be mandatory. This situation poses serious risks to his health and wellbeing in the absence of proper access to health facilities.

Interviewees commented upon the deterioration of his eyesight and of his general physical wellbeing (to which Mr Assange himself did not admit prior to the pain in his shoulder).

### *Medical Practitioners' Concerns regarding examining and treating Mr. Assange at the Embassy*

One of Mr. Assange's colleagues commented that there had been many difficulties in finding medical practitioners who were willing to examine Mr. Assange in the Embassy. The reasons given were uncertainty over whether medical insurance would cover the Embassy (a foreign jurisdiction); whether the association with Mr. Assange could harm their livelihood or draw unwanted attention to them and their families; and discomfort regarding exposing this association when entering the Embassy. One medical practitioner expressed concern to one of the interviewees after the police taking notes of his name and the fact that he was visiting Mr. Assange. One medical practitioner wrote that he agreed to produce a medical report only on condition that his name not be made available to the wider public, fearing repercussions.

### *Signs of physical deterioration (until June 2015)*

These complications have further exacerbated what was already a very limited exercise environment for Mr. Assange. Healthy adults take 7000-13,000 steps a day<sup>32</sup>. Less than 5,000 steps a day is considered to be a form of physical inactivity, or sedentarism, and is considered a major risk factor for a number of adverse health outcomes including obesity, hypertension, cardiovascular disease, diabetes mellitus and all-cause mortality.

Mr. Assange demonstrates acute awareness of his state of health, given the limited options of treatment which are available. A number of interviewees spoke of their concern that he might be “driven out” by individual or cumulative circumstances. Cumulatively, through the long-term effect of lack of access to sunlight, fresh air or exercise.

---

<sup>32</sup> Tudor-Locke C, Craig CL, Aoyagi Y, et al. How many steps/day are enough? For older adults and special populations. The International Journal of Behavioral Nutrition and Physical Activity. 2011;8:80. doi:10.1186/1479-5868-8-80

One interviewee stated that Mr. Assange's health was being used as a lever against him. In his current situation Mr. Assange says he is unable to receive emergency treatment in hospital or a diagnosis without losing his existing political asylum (thereby risking, he says, eventual life imprisonment and inhuman and degrading treatment in the United States).

Within his working space a white board sets out a complex medical emergency protocol and demonstrates the extent to which the uncertainty of his situation, including as to his physical and medical security, has already had and continues to have a detrimental impact.

#### *Deteriorations noted since June 2015*

##### a) Need for MRI and ultrasound imaging of Right Shoulder Region

Mr. Assange's physical condition has deteriorated as a result of a pain in his right shoulder region. Mr. Assange reports that the pain began in June 2015 and is limiting his range of movement and his ability to move in general. The pain is severe and growing progressively worse (it is a constant pain with 'bolts' of intensely debilitating pain), for which he is taking painkillers daily. His doctor has not been able to diagnose the problem because of the impossibility of bringing the necessary imaging equipment into the Embassy.

A letter by Dr ████████ of ████████ Private Practice dated 14 August 2015, states that, after having examined Mr. Assange on 12 August 2015, Dr. ████████ considers that there is a need for specialist opinion and imaging studies in the form of an MRI scan and ultrasound in order to diagnose the problem.

On 14 October 2015 the government of the United Kingdom confirmed press reports that it had rejected a written request by Ecuador dated 30 September 2015, for a "humanitarian safe passage" upon mutually agreed terms so that Mr. Assange can have an MRI scan on his shoulder in a hospital. The request followed Dr. ████████ letter<sup>33</sup>.

The absence of a clear cut diagnosis and standard procedures is causing extreme stress to Mr. Assange, and concerns expressed range from permanent damage to the shoulder/arm to the possibility of cancer.

##### b) Risk of Dental Abscess and need for dental surgery

---

33 <http://www.theguardian.com/media/2015/oct/15/ecuador-asks-britain-to-allow-julian-assange-safe-passage-for-mri-scan>

Mr. Assange suffers from chronic dental pain from a fractured tooth which, he comments, affects his ability to sleep and work.

Mr. Assange reports that the broken tooth (UR4) was initially fractured when he was in the SCU at Wandsworth Prison in December 2010. Mr. Assange showed me contemporaneous Wandsworth prison reports regarding Mr. Assange's receiving the attention of a dentist after a hard object had broken his upper first premolar (UR4). (Mr. Assange reports that the piece of fractured tooth disappeared from Mr. Assange's cell while he was in the showers; immediately after Mr. Assange complained to CSU staff about the object in his food). Mr. Assange says that the episode not only caused physical pain and distress, but also, in conjunction with the segregation, caused him to feel targeted and persecuted. A series of dental complications have resulted from the fracture.

Mr. Assange's dentist wrote a letter dated 31 July 2015 saying that he examined Mr. Assange on 8 May 2015. According to the letter Mr. Assange is in need of gingival surgery and root canal treatment or surgical extraction on his upper first premolar (UR4), which is fractured and at risk of dental abscess. This cannot be carried out inside the Embassy.

#### **LIKELY IMPACT ON MR. ASSANGE SHOULD CURRENT SITUATION CONTINUE**

The clear picture that emerges is that Mr. Assange's existence in the Embassy is one of isolation, profound sleep disturbance and sensory deprivation; as well as hypervigilance due to the police operation. These features taken together are features of incarceration.

Dr [REDACTED]'s Medical Findings: 17 May 2015

Dr [REDACTED] described Mr. Assange as guarded through much of the interview although he was able to smile on occasion. Mr. Assange gave no history of prior mental health problems but Dr [REDACTED] noted that Mr. Assange had observed that his speed and cognition had reduced since he was detained. Mr. Assange reported that he spoke more slowly than he used to before his detention.

Dr [REDACTED] reported that Mr. Assange described his mood as "flat" when asked, but admitted to feeling "bleak" on some occasions, and that these periods could last for 1-2 days at a time.

Mr. Assange when asked specifically regarding thoughts of self-harm said that he was despairing at times, and he does on occasion feel self-destructive but has never acted out in a manner that would cause him or anyone else harm. Dr [REDACTED] noted that there was an obvious effort on Mr. Assange's part to minimise his symptoms of depression and anxiety including any notion of self-harm. Mr. Assange reiterated that he fears medical information about him will be used against him, and that he cannot appear "weak" in his current circumstances. Dr [REDACTED] is of the opinion that replies to his questions about his mood and feelings are therefore likely to be an under-estimate of his true feelings. In my opinion he does have a degree of suicidal ideation but his children are a strong protective factor, and objectively the risk of self-

ham is low. Mr Assange admitted to worrying about a range of issues and found it difficult to stop worrying about them; he was not able to relax.

Dr. ██████ concluded that, moreover the circumstances in which Mr Assange finds himself is similar to others who have been indefinitely detained; there are various legal proceedings under way to set aside the threat of deportation, future detentions or extradition, but there is no sign when these may be concluded and whether they will end in his favour. Dr. ██████ stated that the ongoing uncertainty about if and when Mr Assange may be able to go free is a potent ongoing stress to his mental health, and is akin to that suffered by detainees in Guantanamo Bay, or administrative detention of stateless asylum seekers in immigration detention and removal centres. Many such people state this is the worst aspect of their detention, they cannot allow themselves to have any hope, and some have been in this state of limbo for years on end. Dr. ██████ noted that Mr Assange scored 15 out of 20 on The Patient Health Questionnaire (PHQ-9) The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression:

- 1) The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.
- 2) The tool rates the frequency of the symptoms which factors into the scoring severity index Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation. A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.

A score of 15 indicates that Mr. Assange suffers from Major Depression (moderately severe). A score of 20 indicates that the patient is suffering from Major Depression (severe) requiring immediate treatment with antidepressants and psychological therapy.<sup>34</sup>

Dr ██████ took blood for a number of baseline tests (blood count, liver and kidney function, thyroid function, cholesterol and glucose. These were normal apart from Mr. Assange's cholesterol being raised.

A mini mental state examination (MMSE) was conducted and Mr Assange scored 30/30. The MMSE is effective as a screening tool for cognitive impairment with older, community dwelling, hospitalized and institutionalized adults. It is unlikely to have any real clinical utility at this point in Mr. Assange's case. However it does provide a base line for future monitoring of Mr. Assange's cognitive functioning should there be any gross deterioration. What is far more revealing at this stage is Mr. Assange's self report regarding his cognitive function. A recent example was when he was invited to participate on a panel at the UN. It was only afterward that he became aware that he lost complete lack of time even though he was looking directly at the clock. He was supposed to speak for 15 minutes but went on for 35 minutes cutting into the time of his co-panelists which included the ambassador, a UN independent expert and his lawyer. For a man who prides himself on his capacity to speak publically this was a deeply distressing experience. He reported that this is not something that would have ever happened to him before.

Dr. ██████ holds the opinion Mr Assange's mental health is highly likely to deteriorate over time if he remains in his current situation. Such highly stressful circumstances, with no end in sight, can lead to unpredictable and sometimes very destructive consequences for individuals. They may become very ill

---

34 (Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616.)



mentally and carry out desperate acts to try and gain relief. He urged therefore that his current circumstances are resolved as quickly as possible.

## **RECOMMENDATIONS AND CONCLUSION**

Mr Assange's mental health is highly likely to deteriorate over time if he remains in his current situation. Such highly stressful circumstances, with no end in sight, can lead to unpredictable and sometimes very destructive consequences for individuals. They may become very ill mentally and physically and carry out desperate acts to try and gain relief. It is urgent that his current circumstances are resolved as quickly as possible. At a minimum, it is recommended that his urgent medical complaints regarding the pain in his shoulder be investigated with appropriate equipment; and the dental surgery that has been prescribed be performed.<sup>35</sup>

The Embassy is not a medical setting. The only way Mr. Assange can access either urgent medical care or investigations would be to place himself in the hands of the British authorities. Mr. Assange is in an invidious position of having to decide between his physical health and the risk of being extradited to the United States. His inability to access proper medical care and assessment- without placing himself into the hands of the authorities- transforms each physical complaint no matter how simple into something that could have catastrophic consequences either for his health or his liberty. He lives in a state of chronic health insecurity.

Mr. Assange needs- at the bare minimum- access to fresh air, sunlight and exercise space on a daily basis. Mr Assange has been living under very restrictive conditions for over forty months. The unusual circumstances place Mr. Assange in a precarious situation. The effects of the situation on Mr. Assange's health and well-being are serious and the risks will most certainly escalate with the potential to becoming life threatening if current conditions persist.

---

<sup>35</sup> Steps have been taken to diagnosis and treat the shoulder. Investigations are ongoing

## APPENDIX 1

### **SUMMARY OF RISKS ASSOCIATED WITH MR. ASSANGES CURRENT CIRCUMSTANCES:**

- Temporal disruptions (loss of life on the outside)
- Spatial disruptions (“death of physical life”) [sensory deprivation]
- Mr Assange is at serious risk of losing the will to move.
- Stress and anxiety triggered by: a) uncertainty of the situation; b) Indefinite nature of the situation; c) feelings of being “at war” / targeted and persecuted / subjected to a psychological harassment campaign; d) the difficult conditions of the confinement; e) hostile media
- Deterioration of physical condition [a. general deterioration due to the circumstances – inability to access fresh air, direct sunlight over a long period of time; b) medical condition as yet undiagnosed: inability to exercise, chronic pain]
- Psychological effects of chronic pain in the absence of proper opportunities for diagnosis and treatment
- Destruction of the felt sense of the body, damage to identity (if conditions persist) [Sensory deprivation]
- Disorientation [chronic sleep restriction, sensory deprivation]

### **PSYCHOLOGICAL EFFECTS OF INDEFINITE DETENTION INCLUDE:**

- Severe and chronic anxiety and dread; [indefinite nature of the detention]
- Pathological levels of stress that have damaging effects on the core physiologic functions of the immune and cardiovascular systems, as well on the central nervous system; [indefinite nature of the detention]
- Depression or suicide [indefinite nature of the detention]
- Post-Traumatic stress disorder;
- Enduring personality changes and permanent estrangement from family and community that compromises any hope of the detainee regaining a normal life following release [indefinite nature of the detention] (eg introversion)
- Isolation (varying degrees of the following observable by those around him):
- Perceptual motor skills
- Perception of Time and Temporal Sequence
- Changes in level of consciousness
- Level of attention, restlessness, inability to concentrate
- Cognitive efficiency, problem solving, abstract thoughts

- Body image disturbance
- Sensitivity feelings
- Somatic complaints
- Motor Skills
- Capacity to relate to others