Doctors issue open letter to the Australian government: Julian Assange at risk of death in prison

17 December 2019

The following open letter has been issued to the Australian government by Doctors4Assange on behalf of more than 100 signatories. The letter and accompanying addendum has been published on Medium and medical doctors can add their name to the current list of signatories by contacting Doctors4Assange@gmail.com

To: Australian Minister for Foreign Affairs, the Hon Marise Payne
CC: Shadow Minister for Foreign Affairs, the Hon Penny Wong
Prime Minister of Australia, the Hon Scott Morrison
Leader of the Opposition, the Hon Anthony Albanese
16 December 2019
Dear Minister,
RE: MEDICAL EMERGENCY—MR JULIAN ASSANGE

We, the undersigned medical doctors, wrote to the UK Home Secretary on 22 November 2019, and to the Lord Chancellor and Secretary of State for Justice on 4 December 2019, expressing our serious and unanimous concerns that an Australian citizen, Mr Julian Assange, is at risk of death due to the conditions of his detention in a UK prison.

Our open letter received worldwide media coverage and we received letters of support from doctors and others around the world. Now, having received no response from the UK Government, we call upon you to intervene as a matter of urgency. As Australian Minister for Foreign Affairs, you have an undeniable legal obligation to protect your citizen against the abuse of his fundamental human rights, stemming from US efforts to extradite Mr Assange for journalism and publishing that exposed US war crimes.

The medical imperative to protect Australian citizen Julian Assange cannot be overstated. Our letters to the UK Government have warned of serious consequences if Mr Assange is not transferred immediately from Belmarsh Prison to an appropriate hospital setting, where he can be assessed and treated by a suitably constituted specialist medical team. Mr Assange requires assessment and treatment in an environment that, unlike Belmarsh prison, does not further destabilise his complex and precarious physical and mental state of health.

On 22 November 2019, we warned the UK Home Secretary that if such a transfer were not to take place immediately, there was a real possibility that Mr Assange would die in a UK prison. That assessment of risk was based on publicly available information dating from 2015, provided by medical experts and leading authorities in human rights and international law.

You will recall that the United Nations Working Group on Arbitrary Detention concluded in December 2015 that Mr Assange was being arbitrarily detained by the governments of the UK and Sweden. Crucially, it was made clear at the time that any continued arbitrary detention of Mr Assange would constitute torture. Medical experts have repeatedly advised the UK Government of potentially catastrophic consequences should it fail to facilitate adequate medical care for Mr Assange. As our letters of 22 November 2019 and 4 December 2019 outline, such consequences, including death, would be eminently foreseeable and attributable to the actions and inactions of the UK Government.

On 9 May 2019, UN Special Rapporteur on Torture Professor Nils Melzer interviewed Mr Assange at Belmarsh Prison, accompanied by a medical team. On 31 May 2019, Mr Melzer published his report and condemned the “collective persecution” of Mr Assange by the UK, Swedish, Ecuadorian and US governments. “Mr Assange’s health has been seriously affected by the extremely hostile and arbitrary environment he has been exposed to for many years,” the expert warned. “Most importantly, in addition to physical ailments, Mr Assange showed all symptoms typical for prolonged exposure to psychological torture, including extreme stress, chronic anxiety and intense psychological trauma.

“The evidence is overwhelming and clear,” the UN Special Rapporteur stated. “Mr Assange has been deliberately exposed, for a period of several years, to progressively severe forms of cruel, inhuman or degrading treatment or punishment, the cumulative effects of which can only be described as psychological torture.”

On 1 November 2019, Professor Melzer was forced to intervene once more: “What we have seen from the UK Government is outright contempt for Mr Assange’s rights and integrity … Despite the medical urgency of my appeal, and the seriousness of the alleged violations, the UK has not undertaken any measures of investigation, prevention and redress required under international law.” He concluded: “Unless the UK urgently changes course and alleviates his inhumane situation, Mr Assange’s continued exposure to arbitrariness and abuse may soon end up costing his life.”

These are extraordinary and unprecedented statements by the world’s foremost authority on torture. The Australian government has shamefully been complicit by its refusal to act, over many years. Should Mr Assange die in a British prison, people will want to know what you, Minister, did to prevent his death.

Lest there be any misapprehension about the reality of the medical risks facing Mr Assange, important underlying medical facts are outlined in the Addendum to this letter. These facts render Mr Assange’s continued detention in Belmarsh Prison medically reckless at best and deliberately harmful at worst.

We therefore urge you to insist upon the immediate transfer of Mr Assange from Belmarsh Prison to an Australian university teaching hospital, on urgent medical grounds, so that he can receive the assessment and treatment that he requires. We are aware of statements by Australian Prime Minister Scott Morrison that Mr Assange is “not going to be given any special treatment” and that Australia “is unable to intervene in Mr Assange’s legal proceedings.” However, the most fundamental human rights of an Australian citizen are being denied by the British government.

We demand that you exercise your diplomatic and legal powers to

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defend the rights of Mr Assange, as you have done previously for other Australian citizens detained abroad, including Melinda Taylor, James Ricketson, David Hicks and Peter Greste.

Further, Mr Assange must not face extradition proceedings for which he may well be medically unfit. At the case management hearing on 21 October 2019, Mr Assange struggled to answer basic questions regarding his name and date of birth, a potentially ominous sign with respect to his cognitive functioning and his state of health.

That we, as doctors, feel ethically compelled to hold governments to account on medical grounds speaks volumes about the gravity of the medical, ethical and human rights travesties that are taking place. It is an extremely serious matter for an Australian citizen's survival to be endangered by a foreign government obstructing his human right to health. It is an even more serious matter for that citizen's own government to refuse to intervene, against historical precedent and numerous converging lines of medical advice.

We are reliably advised that it is a well-established principle of international law—and of Australian law recognised by its own courts—that if a country's citizens face improper treatment, persecution, and human rights violations, they may be the subject of diplomatic action, at that sovereign power's discretion, to protect its citizens abroad. The Australian government must exercise that discretion and request from Britain the safe passage of Mr Assange to Australia, to protect Mr Assange and the rights of all Australian citizens.

We hope that this letter has helped to clarify the reality and urgency of the medical crisis facing your citizen, Mr Assange. We urge you to negotiate Julian Assange's safe passage from Belmarsh Prison to an appropriate hospital setting in Australia before it is too late.

As the present matter is of inherent public interest, copies of this open letter will be distributed to media outlets worldwide.

Yours faithfully,

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Please include your title, medical qualifications,* position *and expertise.

ADDENDUM TO DOCTORS' OPEN LETTER TO THE HON MARISE PAYNE MEDICAL REALITIES REGARDING JULIAN ASSANGE'S CASE

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; and

(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

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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 (Kim et al., 2015).

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