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 rights of an Australian citizen are being denied by the British government. We demand that you exercise your diplomatic and legal powers to demand that the UK Government ensures that Mr Assange is promptly transferred to an appropriate care facility. Failure to do so could result in irreparable harm.

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 rights of an Australian citizen are being denied by the British government. We demand that you exercise your diplomatic and legal powers to demand that the UK Government ensures that Mr Assange is promptly transferred to an appropriate care facility. Failure to do so could result in irreparable harm.

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
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,

Dr Mariagjuilia Agnoletto MD Specialist in Psychiatry ASST Monza
San Gerardo Hospital, Monza (Italy)
Dr Vittorio Agnoletto MD Università degli Studi di Milano Statale,
Milano (Italy)
Dr Sonia Allam MBChB FRCA Consultant in Anaesthesiology and
Pre-operative Assessment, Forth Valley Royal Hospital, Scotland (UK)
Dr Norbert Andersch MD MRCPSych Consultant Neurologist and
Psychiatrist, South London and Maudsley NHS Foundation Trust
(retired); Lecturer in Psychopathology at Sigmund Freud Private
University, Vienna-Berlin-Paris (Germany and UK)
Dr Marianne Beaucamp MD Fachärztin (Specialist) in Neurology &
Psychiatry Psychoanalyst and Psychotherapist (retired), Munich
(Germany)
Dr Thed Beaucamp MD Fachärztin (Specialist) in Neurology, Psychiatry &
Psychoanalytic Medicine Psychoanalyst and Psychotherapist
(retired), Munich (Germany)
Dr Margaret Beavis MBBS FRACGP MPH General Medical
Practitioner (Australia)
Dr David Bell Consultant Psychiatrist and Psychoanalyst, London (UK)
Mr Patrick John Ramsay Boyd (signed John Boyd) MRCs
MBBS FRCS FEBU Consultant Urologist (retired) (UK)
Dr Hannah Caller MBBS DCH Paediatrician, Homerton University
Hospital, London (UK)
Dr Franco Camandona MD Specialist in Obstetrics & Gynaecology
E.O. Ospedali Galliera, Genova (Italy)
Dr Sylvia Chandler MBChB MRCGP BA MA General Medical
Practitioner (retired) (UK)
Dr Marco Chiesa MD FRCPsych Consultant Psychiatrist and Visiting
Professor, University College London (UK)
Dr Carla Eleonora Ciccone MD Specialist in Obstetrics & Gynaecology
AORN MOSCATI, Avellino (Italy)
Dr Owen Dempsey MBBS BSc MSc PhD General Medical Practitioner
(retired) (UK)
Dr H R Dhammika MBBS Medical Officer, Dehiattakandiya Base
Hospital, Dehiattakandiya (Sri Lanka)
Dr Tim Dowson MBCCh MRCGP MSc MPhip Specialised General
Medical Practitioner in Substance Misuse, Leeds (UK)
Miss Kamila El-Farra MBCCh FRCCG MPhil (Medical Law and
Ethics) Consultant Gynaecologist, Essex (UK)
Dr Beata Farmanbar MD General Medical Practitioner (Sweden)
Dr Tomasz Fortuna MD RCPsych (affiliated) Forensic Child and
Adolescent Psychiatrist, Adult Psychotherapist and Psychoanalyst, British
Psychoanalytical Society and Tavistock and Portman NHS Foundation
Trust, London (UK)
Dr C Stephen Frost BSc MBCCh Specialist in Diagnostic Radiology
(Stockholm, Sweden) (UK and Sweden)
Dr Peter Garrett MA MD FRCP Independent writer and humanitarian
physician; Visiting Lecturer in Nephrology at the University of Ulster
(UK)
Dr Rachel Gibbons MBBS BSc MRCPSych. M.Inst.Psychanal.
Mem.Inst.G.A Consultant Psychiatrist (UK)
Dr Bob Gill MBCCh MRCGP General Medical Practitioner (UK)
Elizabeth Gordon MS FRCS Consultant Surgeon (retired); Co-founder
of Freedom from Torture (UK)
Professor Derek A. Gould MBCCh MRCP DMRD FRCR Consultant
Interventional Radiologist (retired); BSIR Gold Medal, 2010; over 110
peer-reviewed publications in journals and chapters (UK)
Dr Jenny Grounds MD General Medical Practitioner, Riddells Creek,
Victoria; Treasurer, Medical Association for Prevention of War, Australia
(Australia)
Dr Paul Hobday MBBS FRCPG DRCOG DFSRH DPM General
Medical Practitioner (retired) (UK)
Mr David Jameson-Evans MBBS FRCS Consultant Orthopaedic and
Trauma Surgeon (retired) (UK)
Dr Bob Johnson MRCPsych MRCGP Diploma in Psychotherapy
Neurology & Psychiatry (Psychiatric Institute New York) MA (Psychol)
PhD (Med Computing) MBCS DPM MRCS Consultant Psychiatrist
(retired); Formerly Head of Therapy, Ashworth Maximum Security
Hospital, Liverpool; Formally Consultant Psychiatrist, Special Unit,
C-Wing, Parkhurst Prison, Isle of Wight (UK)
Dr Lissa Johnson BA BSc (Hons, Psych) MPsych(Clin) PhD Clinical
Psychologist (Australia)
Dr Anna Kacperek MRCPsych Consultant Child and Adolescent
Psychiatrist, London (UK)
Dr Jessica Kirker MBCCh DipPsychiat MRCPSych FRANZCP
MemberBPAS Psychoanalyst and Consultant Medical Psychotherapist
(retired) (UK)
Dr Willi Mast MD Facharzt für Allgemeinmedizin, Gelsenkirchen
(Germany)
Dr Janet Menage MA MBCCh General Medical Practitioner (retired);
qualified Psychological Counsellor; author of published research into
Post-Traumatic Stress Disorder (UK)
Professor Alan Meyers MD MPhI Emeritus Professor of Paediatrics,
Boston University School of Medicine, Boston, Massachusetts (United
States)
Dr Salique Miah BSc MBCCh FRCEM DT&MH ARCS Consultant in
Emergency Medicine, Manchester (UK)
Dr David Morgan DClinPsych MSc Fellow of British Psychoanalytic
Society Psychoanalyst, Consultant Clinical Psychologist and Consultant
Psychotherapist (UK)
Dr Helen Murrell MBCCh MRCGP General Medical Practitioner,
Gateshead (UK)
Dr Alison Anne Noonan MBBS (Sydney) MD (Rome) MA (Sydney)
ANZSJA IAAP AAGP IAP Psychiatrist, Psychoanalyst, Specialist Outreach Northern Territory, Executive Medical Association for Prevention of War (NSW) (Australia)
Dr Alison Payne BSc MBChB DRCOG MRCGP prev FRNZGP General Medical Practitioner, Coventry; special interest in mental health/trauma and refugee health (UK)
Dr Peter Pech MD Specialist in Diagnostic Radiology (sub-specialty Paediatric Radiology), Akademiiska Sjukhuset (Uppsala University Hospital), Uppsala (Sweden)
Dr Tomasz Piercioneck MRes MBBS MRCPsych PGDip (UK)
Professor Allyson M Pollock MBChB MSc FPFP FRCPG FRCP (Ed) Professor of Public Health, Newcastle University (UK)
Dr Abdulbasat Ravalia FRCA Consultant Anaesthetist (UK)
Dr med. Ulrich Raupp MD Specialist in Psychotherapy, Child Psychiatry and Child Neurology; Psychodynamic Supervisor (DGSv) Wesel, Germany (Germany)
Professor Andrew Samuels Professor of Analytical Psychology, University of Essex (recently retired); Honorary/Visiting Professor at Goldsmiths and Roehampton (both London), New York and Macau City Universities; Former Chair, UK Council for Psychotherapy (2009–2012); Founder Board Member of the International Association for Relational Psychoanalysis and Psychotherapy; Founder of Psychotherapists and Counsellors for Social Responsibility (UK)
Mr John H Seurr BSc MBBS FRCS Consultant General and Vascular Surgeon, University College Hospital, London (UK)
Dr Peter Shannon MBBS (UWA) DPM (Melb) FRANZCP Adult Psychiatrist (retired) (Australia)
Dr Gustav Sikora MD PhD F Inst Psychoanalysis Fellow of British Psychoanalytic Society Specialist Psychiatrist (diploids obtained in Poland and registered in the UK); Psychoanalyst; currently in private practice (UK and Poland)
Dr Wilhelm Skogstad MRCPsych BPAS IPA Psychiatrist & Psychoanalyst, London, United Kingdom (UK and Germany)
Dr John Stace MBBS (UNSW) FRACGP FACRRM MHA (UNSW) Country Doctor (retired), Perth (Australia)
Dr Derek Summerfield BSc (Hons) MBBS MRCPsych Honorary Senior Clinical Lecturer, Institute of Psychiatry, Psychology & Neuroscience, King’s College London (UK)
Dr Rob Tandy MBBS MRCPsych Consultant Psychiatrist in Psychotherapy & Psychoanalyst; Unit Head, Psychoanalytic Treatment Unit, Tavistock and Portman, London; City & Hackney Primary Care Psychotherapy Consultation Service, St Leonard’s Hospital, London (UK)
Dr Noël Thomas MA MBChB DCH DobsRCOG DTM&H MFM Hon General Medical Practitioner; homeopath; has assisted on health/education projects in six developing countries Maesteg, Wales (UK)
Dr Philip Thomas MBChB DPM MPHil MD Formerly Professor of Philosophy Diversity & Mental Health, University of Central Lancashire; Formally Consultant Psychiatrist (UK)
Dr Gianni Tognoni MD Istituto Mario Negri, Milano (Italy)
Dr Sebastião Viola Lic Med MRCPsych Consultant Psychiatrist, Cardiff (UK)
Dr Peter Walger MD Consultant, Infectious Disease Specialist, Bonn-Duesseldorf-Berlin (Germany)
Dr Sue Wareham OAM MBBS General Medical Practitioner (retired) (Australia)
Dr Elizabeth Waterston MD General Medical Practitioner (retired), Newcastle upon Tyne (UK)
Dr Eric Windgassen MRCPsych PGDipMBA Consultant Psychiatrist (retired) (UK)
Dr Pam Wortley MBBS MRCGP General Medical Practitioner (retired), Sunderland (UK)
Dr Matthew Yakimoff BOralH (DSc) G Dip Dent General Dental Practitioner (Australia)
Dr Rosemary Yuille BSc (Hons Anatomy) MBBS (Hons) General Medical Practitioner (retired), Canberra (Australia)
Dr Felicity de Zulueta Emeritus Consultant Psychiatrist in Psychotherapy, South London and Maudsley NHS Foundation Trust; Honorary Senior Clinical Lecturer in Traumatic Studies, King’s College London (UK)
Dr Paquita de Zulueta MBChB MRCPsych MA (Cantab) MA (Medical Law & Ethics) MRCGP FRCPG PGDipCBT CBT Therapist and Coach; Senior Tutor Medical Ethics; Honorary Senior Clinical Lecturer, Dept of Primary Care & Population Health, Imperial College London (UK)
New signatories added:
Dr Victoria Abdelnur MD Specialist in Integrative Trauma Therapy (Germany and Argentina)
Dr Talal Alraubei Psychiatrist and Psychotherapist MBChB MSc MD (Austria)
Dr Ernst Berger MD Univ. Prof., Specialist for psychiatry and neurology, Specialist for child psychiatry, Psychotherapist, Former head of Human Right Commission of Austrian Ombudsman Board MUW Klinik f. Kinder- u. Jugendpsychiatrie (Austria)
Dr Brenda Bonnici, B Pharm (Hons), M Pharm (Regulatory Affairs), PhD (Neuropsychology); Consultant Patient Information (Switzerland)
Dr Stephen Caswell Clinical Psychologist BSc (Hons) MSc PGDip ClinPsych (UK)
Dr C Dassos General Practitioner M.B., B.S. (Australia)
Dr Richard Davies MPsyCh (Clinical)/PhD, Clinical Psychologist (Australia)
Dr Chrissa Deligianni MD Pediatrician (Greece)
Dr Flavia Donati MD Specialist in Psychiatry and Psychoanalyst (Rome, Italy)
Dr Donal Duffin MB MRCP (London) MRCGP Consultant Physician NHS (retired) (UK)
Dr Iris Eggeling, Specialist in Diagnostics (Radiology and Nuclear Medicine) (Germany)
Dr Leif Elinder, Medical Doctor, Specialist in Paediatric Medicine (Sweden and New Zealand)
Dr Martin Gelin, Dental Surgeon, (Sweden and Australia)
Dr William Hogan, MD, Internal Medicine (United States)
Dr Richard House, Psychotherapist (retired), Chartered Psychologist, AFBPsS Cert.Couns (UK)
Dr Vivek Jain, Primary Care Physician, Clinical Instructor, (Psychiatry residency training graduate) (United States)
Dr Kerstin Käll, MD, PhD, specialist in psychiatry, working mainly in addiction medicine at the Psychiatric Clinic, University Hospital, Linköping (Sweden)
Dr Sujeewa Indrajith Karunananda, MBBS, MD (Psychiatry) Acting Psychiatrist, District Base Hospital, Medirigiriya (Sri Lanka)
Dr Ove Johansson, Chief Medical Doctor (Överläkare), formerly at the Karolinska University Hospital (Sweden)
Dr Cath Keaney BSc MBBS DCH FRACGP (Australia)
Dr Anne Lemaire General Medical Practitioner (Belgium and Portugal)
Dr Alberto Gutiérrez Mardones, PhD, Chief Medical Doctor (Överläkare), Karolinska University Hospital (Sweden)
Dr Daniel McQueen, MRCPsych, Consultant Psychiatrist, Child and Family Department, The Tavistock and Portman NHS Foundation Trust Tavistock Centre (UK)
Dr Carine Minne FRCPsych Consultant Psychiatrist in Forensic

© World Socialist Web Site
To add your signature to the open letter, please email: doctors4assange@gmail.com

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

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 his 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 assessment and treatment by a multidisciplinary team of experts, 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, 2015).

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 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).

References


© World Socialist Web Site

To contact the WSWS and the Socialist Equality Party visit:

http://www.wsws.org