

TRANSCRIPT OF PROCEEDINGS

Ref. U20200010

IN THE CENTRAL CRIMINAL COURT

The Old Bailey
London

Before DISTRICT JUDGE VANESSA BARAITSER

GOVERNMENT OF THE UNITED STATES OF AMERICA

-v-

JULIAN ASSANGE

**MR J LEWIS QC, MS C DOBBIN & MR J SMITH appeared on behalf of the
Prosecution**

**MR E FITZGERALD QC, MR M SUMMERS QC & MS F IVESON appeared on
behalf of the Defence**

PROCEEDINGS

22nd SEPTEMBER 2020, 10.02-

1 JUDGE BARAITSER: Good morning. Please sit down. Mr Fitzgerald, can we move
2 directly to calling Professor Kopelman?

3 MR FITZGERALD: Yes. This morning we are calling Professor Michael Kopelman and I
4 hope, my Lady, you have a bundle ---

5 JUDGE BARAITSER: I do.

6 MR FITZGERALD: --- which includes his two reports ---

7 JUDGE BARAITSER: Thank you.

8 MR FITZGERALD: --- and various other materials.

9 JUDGE BARAITSER: Thank you very much.

10 PROFESSOR MICHAEL KOPELMAN, Affirmed

11 COURT USHER: Before we proceed we have got a preliminary logistical issue here in that
12 people who are joining the court electronically from the court next door by CVP can only see
13 the back of Professor Kopelman's head. They were hoping we might find some kind of way
14 of getting round that. Is there a problem?

15 JUDGE BARAITSER: Well, I think if that is the view I do not think that is a terrible view. I
16 think they can see enough of his face. I think we will carry on as we are. Now, are you
17 comfortable there? Is that water fresh that has been given to you this morning?

18 A. Yes, it is. Thank you very much.

19 JUDGE BARAITSER: Good. Is there a seat behind you if you wish to sit down?

20 A. There is a sort of seat here.

21 JUDGE BARAITSER: Well, you are very welcome to use the seat if you wish to. You may
22 be there for some time.

23 A. I will stand up for most of it but ---

24 JUDGE BARAITSER: Why do you not start standing up and then if you wish to sit down
25 we will see if we can accommodate that?

26 A. Thank you.

27 JUDGE BARAITSER: All right.

28 A. Thank you very much, my Lady.

29 MR FITZGERALD: My Lady, my learned friend and I have agreed that there is no power to
30 prevent the press from reporting whatever is said. All we would jointly do is to invite the
31 press to exercise some sensitivity about reporting some of the intimate matters which will
32 necessarily have to be gone into.

33 JUDGE BARAITSER: All right. Thank you very much for raising that.

34 Examined-in-chief by MR FITZGERALD

- 1 Q. So, are you Professor Michael Kopelman.
- 2 A. I am indeed.
- 3 Q. Yes. And is this right that you are the Emeritus Professor of Neuropsychiatry from
4 King's College, London?
- 5 A. That is correct.
- 6 Q. And you hold numerous distinctions which are set out in your first report of
7 December 2019, is that right?
- 8 A. Yes, and I did provide a short CV to the court as well.
- 9 Q. Yes, if that is necessary. And it is right you have given evidence in many cases over
10 the last three decades both for the defence and for the prosecution, is that correct?
- 11 A. That is correct.
- 12 Q. Including giving evidence for the prosecution in the case of *Dewani*?
- 13 A. That is correct.
- 14 Q. And you prepared a first report dated December 2019 - which you have in that bundle,
15 my Lady – is this right that you then found Mr Assange to be suffering from a severe
16 depressive episode with psychotic and somatic symptoms and that was in the context of a
17 history of recurrent depression?
- 18 A. Severe depressive episode with somatic symptoms in the context of a history of
19 depression and there were hallucinations present.
- 20 Q. And as to the somatic symptoms diagnostic of depression did you identify some of
21 those somatic symptoms?
- 22 A. Yes. They referred to loss of sleep, loss of appetite, weight loss, and diurnal
23 variation, the moods being particularly bad in the mornings.
- 24 Q. Yes. Those are set out in fact in your second report at paragraph 10, sub-paragraph 4,
25 is that right?
- 26 A. Yes, and I think I have mentioned them elsewhere as well.
- 27 Q. So, that was your diagnosis. You further found that there is a very high risk of suicide
28 should extradition become eminent and that is at page 35 of your first report, is that right?
- 29 A. That is my view, yes.
- 30 Q. And finally, you found that the suicide risk arises directly from Mr Assange's
31 psychiatric disorder, is that right?
- 32 A. That is correct.
- 33 Q. And do you stand by that report?
- 34 A. I stand by that report, yes.

1 Q. You then prepared a further report dated 13 August 2020 and at that stage you
2 factored in the prison conditions that he might face in the United States, is that right?

3 A. I had had more information about those prison conditions by then, yes.

4 Q. And then turning to the diagnostic aspect you took account of the improvement in his
5 condition in February and March but still found recurrent depressive disorder, is that right?

6 A. That was still my diagnosis. I thought that he had moved from being severely
7 depressed to moderately depressed by February and March. Two factors there, he had been
8 commenced on quetiapine which had suppressed the hallucinations a bit and he had been
9 moved out of the relative isolation in healthcare.

10 MR FITZGERALD: And, my Lady, the opinion in his second report is at page 16 and you
11 will find all the key conclusions there set out. So you took account of the improvement in his
12 condition. Did you also still find that there was a very high risk of suicide? Is that right?

13 A. I have always qualified my statements by saying as far as a psychiatrist can say but
14 yes, I considered the risk of suicide should extradition become imminent or actually happen
15 to be very high.

16 Q. And you have set that out in your second report in the final conclusion at paragraph
17 10 (v) at page 23.

18 A. That is correct, yes.

19 Q. And do you stand by your conclusions in that report?

20 A. Yes, I do. I said that the risk was very high because of a reported high risk of suicide
21 in US single cell segregated factors, the abundance of risk factors in his case, because of the
22 intensity of his suicidal preoccupations, and the extent of his planning and preparation, and
23 because of his acute awareness of the prospects he faces. I should perhaps say that Mr
24 Assange will be very embarrassed about this coming out in public and so I reiterate what you
25 said earlier.

26 Q. I am grateful for that. Just to deal with your methodology and approach, the
27 conclusions that you have summarised now were based on an exhaustive study of Mr
28 Assange's case, is that right?

29 A. That is correct.

30 Q. And just so that we can go through the key factors you had many visits throughout
31 2019, is that right?

32 A. That is correct.

33 Q. I think some 17 in all, is that right?

34 A. That is correct.

- 1 Q. And some three further visits in early 2020?
- 2 A. Yes. One of those was cut short but yes.
- 3 Q. You took a full family history which is set out at page, well, summarised at page 16 of
4 your opinion in the second report at paragraph 2.
- 5 A. Yes, I did.
- 6 Q. A full personal psychiatric history dating back to his twenties?
- 7 A. His personal history and his past medical and psychiatric history.
- 8 Q. And you have conducted interviews with his family and with lifelong friends such as
9 Suelette Dreyfus.
- 10 A. I assessed the mental state and then I interviewed informants. What I was doing was
11 conducting an old-fashioned Maudsley history and - as I was trained to do. One of my
12 trainers, Professor Michael Shepherd, used to want us to get school reports on all our patients
13 but as Mr Assange had been to 37 schools in Australia, I omitted that bit.
- 14 Q. Right. And you also consulted with Professor Mullen who had ---
- 15 A. Yes, I ---
- 16 Q. --- done a report on him in Australia in 1996?
- 17 A. That is right and then Professor Mullen suddenly phoned me up and said I am here for
18 a conference, can we go and see him ---
- 19 Q. Yes.
- 20 A. --- and I was very pleased to have his information about what Mr Assange had been
21 like when he was younger.
- 22 Q. Now, Professor Kopelman, I am going to have to move quiet swiftly because we are
23 under a time limit. Your findings in your opinion stage from page 16 onwards in the second
24 report, your main diagnosis there, is the recurrent depressive disorder with prominent suicidal
25 ideation, is that right?
- 26 A. That is correct, yes.
- 27 Q. In December 2019 it was severe and then of moderate severity in February to March
28 2020, is that right?
- 29 A. That is correct, yes.
- 30 Q. And you have explained the reason why. And then you said it became more severe
31 later during the lockdown, is that right?
- 32 A. Yes, I had a rather disrupted telephone conversation so it was difficult to ---
- 33 Q. Yes.
- 34 A. --- assess.

1 Q. Now, in terms of medication, you record this at page 28 of your second report, he has
2 been receiving mirtazapine, 30 milligrams, is that right?

3 A. Yes, that is correct.

4 MR FITZGERALD: It is halfway down page 28, my Lady.

5 JUDGE BARAITSER: Thank you.

6 MR FITZGERALD: Citalopram, 20 milligrams.

7 A. That is correct.

8 Q. And he had been receiving them for some time, I mean, over a year.

9 A. No. Mirtazapine for - since about June last year. Actually, May and then it was
10 stopped and then ---

11 Q. Yes.

12 A. --- re-started. Citalopram since November I believe.

13 Q. I am obliged. And then in addition quetiapine.

14 A. Quetiapine, yes.

15 Q. Quetiapine, I apologise.

16 A. Yes.

17 Q. 100 milligrams since November 2019.

18 A. Initially 50 and then it was ---

19 Q. Yes.

20 A. --- increased to 100.

21 Q. Mirtazapine and citalopram are treatments for depression, is that right?

22 A. They are indeed, yes.

23 Q. And quetiapine was introduced on your recommendation ---

24 A. Yes.

25 Q. --- and ---

26 A. Well, it seems to have been, yes.

27 Q. --- and that is a neuroleptic, is that right?

28 A. It has two functions. It is an adjunctive therapy in depression and it also has
29 antipsychotic properties.

30 Q. And was it for that reason that you recommended it?

31 A. It was indeed. Well, for both reasons actually.

32 Q. And the effects obviously of the depression you have dealt with in your report, but
33 one of the effects you record as being a lessening of mental functioning as confirmed by the
34 neuropsychological tests of Kate Humphreys. Is that right?

1 A. Mr Assange has constantly been complaining of difficulties in thinking and in
2 memorising and concentration and so I asked Dr Humphreys to do a full neuropsychological
3 assessment, which she did.

4 Q. Right. Now, you deal with the various supports for the diagnosis of depression. The
5 family history you deal with at page 16, paragraph 2. In your view is that family history
6 significant?

7 A. Well, it tells you that Mr Assange has a genetic predisposition to clinical depression.

8 Q. And as to history of suicide, is there some history of suicide in the family also?

9 A. Yes, an uncle and his maternal grandfather killed themselves.

10 Q. The personal psychiatric history you then deal with in the report from page 16 in the
11 second part of paragraph 2.

12 A. Yes.

13 Q. And you refer to a number of previous episodes. The first, if I can just summarise,
14 when he was 20 years old in 1991.

15 A. Yes, that is correct.

16 Q. When he was admitted to hospital for a week after slashing his wrist. Is that right?

17 A. As far as I could make out it was approximately a week, perhaps a bit longer, but, yes,
18 first he was admitted to a psychiatric hospital in 1991.

19 Q. And then the second episode in his mid-20s, 1994 to 1995, when he was diagnosed as
20 suffering from depression. Is that right?

21 A. Yes. I think he saw his GP, but Professor Mullen happened to see him for preparation
22 for a medico-legal report on a custody case and his report is summarised in my first report
23 and I believe it is available to the court. That is his report from 1996.

24 Q. And then there was a third episode in his early 30s, 2003 to 2005, where he saw a GP
25 for two years for depression and was prescribed Prozac. Is that right?

26 A. That is correct and that is noted in the Royal Melbourne Hospital medical records
27 where he was being seen for medical issues.

28 Q. Now, you have also referred to the fact that during his period in the embassy from
29 2012 onwards friends and indeed Dr Crosby charted a deterioration towards depression. Is
30 that right?

31 A. Yes. I think from about 2015/16 he was becoming depressed in the embassy and he
32 was seen by Dr Crosby, a Dr Fluxman, a GP, and Dr Korsinski, a therapist.

33 Q. And if we can just then deal with the time that he has been subsequently in prison at
34 Belmarsh, you deal with that at paragraphs 3 to 4 of your opinion at pages 16 to 17.

- 1 A. That is correct.
- 2 Q. And is it right that you have set out in your two reports extensive extracts from the
3 prison records in your appendices to each of your first and second reports?
- 4 A. Yes, that is correct.
- 5 Q. And you have recorded the fact that Dr Deeley put him on medication and then was,
6 in response to a letter that we have in the bundle from yourself, he was then put on
7 additionally quetiapine.
- 8 A. Well, I wrote to her on 19 November and he was started on this on the 29th, so I
9 suspect, I presume it was in response to my letter.
- 10 Q. And he has been assisted, is this right, by psychotherapy sessions with Dr Jane
11 Corson?
- 12 A. Well, she is a forensic psychologist. She has been doing counselling really.
- 13 Q. Yes. And is this right, I think you mentioned it at the start and you deal with this at
14 paragraph 8 at page 19 of the second report, that generally Mr Assange has been reluctant to
15 volunteer statements about his mental state to the prison staff.
- 16 A. Yes. I think there are a number of reasons for that, but he has been, but he talks to Dr
17 Corson and to her predecessor, Dr Baklova.
- 18 Q. Now, you have already dealt with the somatic symptoms of depression. Have they
19 been present so far as you can tell throughout?
- 20 A. Certainly throughout the time that I have been seeing him. Well, they have fluctuated
21 a bit, his (inaudible) stabilised, his appetite has fluctuated. He has had persisting problems
22 with sleep and his mood state is worst in the early hours of the morning and the early
23 morning, so that has been persistent. And these seem to have been characteristic that he has
24 had sleep and appetite disorder in each of his previous episodes of depression according to
25 the informants that I have spoken to.
- 26 Q. Yes. And then you have dealt with the fact that he reported hearing voices to you
27 and, indeed, music under the heading, "Auditory hallucinations in prison". Is that right?
- 28 A. He reported auditory hallucinations which were voices and either inside or outside his
29 head. He initially reported somatic hallucinations, funny bodily experiences, although they
30 have now disappeared, and he has had a longstanding experience of musical hallucinations
31 which may be a separate phenomenon but got worse when he was depressed and in prison.
- 32 Q. You have set that out in your report at paragraph 4 and you make the point that they
33 are congruent with his depressed mood state. Does that mean that the voices are?

- 1 A. That means the voices are things like, “You are dust. You are dead. We’re coming to
2 get you.”
- 3 Q. Yes.
- 4 A. They are derogatory and persecutory.
- 5 Q. And when you recommended that quetiapine be given, was that partly because of your
6 concern about these auditory hallucinations?
- 7 A. I told Dr Deeley that it was because it is often good in combination with a traditional
8 antidepressant in treating depression, but actually in the back of my mind, yes, I was thinking
9 it would also have suppress the hallucinations.
- 10 Q. Yes. My Lady, we have that letter to Dr Deeley in the tab 3, but I will not go into it.
11 You wrote a letter on 19 November 2019?
- 12 A. That is correct, yes.
- 13 Q. Right. And as a result of him being put on quetiapine, does that appear to have helped
14 with the auditory hallucinations?
- 15 A. It does. They seem to have diminished quite substantially. The musical
16 hallucinations have also reduced. I make the point that Oliver Sacks has commented on that
17 and the somatic hallucinations have disappeared.
- 18 Q. Now, as to the question of suicidal ruminations, has he talked frequently about suicide
19 in conversations with you and in recorded conversations with Jane Corson?
- 20 A. Frequently. He has occasionally mentioned it to nursing staff, but mainly to the two
21 of us.
- 22 Q. And you have referred to the fact that he has received assistance from Dr Corson
23 encounters with him and concerns about his depression and suicidal ideation. Is that right?
- 24 A. Yes. I separated out her comments in appendix 1 of the second report.
- 25 Q. Just very briefly, in addition to the depression, you have also referred in your opinion
26 at paragraph 6 to an anxiety disorder. Is that right?
- 27 A. That is correct. Professor Mullen picked up on that as well and Dr Corson has
28 frequently made comments in her records consistent with it.
- 29 Q. And also to PTSD, post-traumatic stress disorder. Is that correct?
- 30 A. This seems to be something, yes, a more specific problem then.
- 31 Q. At paragraph 7 of the same report and paragraph 8 you deal with the question of
32 Asperger’s syndrome, ASD, autism spectrum disorder. Is this right, that you suspected that
33 there might be an ASD disorder and you therefore had him referred to Dr Deeley, an
34 acknowledged expert on that issue?

1 A. Yes. I thought that he had Asperger traits, that was undoubted, but he also had
2 features, such as his warmth and ability to form relationships which were not characteristic
3 always of Asperger's, so I asked Dr Deeley, who specialises in this topic to see him and he
4 has now given an opinion.

5 Q. And his opinion is that he does suffer?

6 A. Yes. The court will hear from him tomorrow.

7 Q. Now, I want to move on against the background of those disorders and that history of
8 reported symptoms and ruminations to the risk of suicide. Generally, in your two reports,
9 you have talked about the high risk of suicide.

10 A. That is correct, yes.

11 Q. Is that right? Now, I just want to break it down. Will the mere fact of an order for
12 extradition be likely to lead to an imminent risk of suicide?

13 A. Well, I am saying that the risk of suicide arises out of the clinical factors, the
14 depression and the other diagnoses, but it is the imminence of extradition and/or an actual
15 extradition that will trigger the attempt, in my opinion.

16 Q. So the imminence of extradition is the first stage, but if he actually is extradited to the
17 US and is, as the defence prison experts say, confined in isolation, would the risk of suicide
18 then greatly increase?

19 A. I am sure it would. I am confident it would. I have seen what he was like in the
20 relative isolation of the healthcare cell and this, as one of them points out, will be infinitely
21 more isolated.

22 Q. All right. And I think you have referred to literature, Terry Kupers' study and other
23 studies, indicating a high risk of suicide in isolation?

24 A. Dr Kupers is an American psychiatrist with 40 years' experience and he refers to a
25 high rate of suicide in segregated patients and he explains how this happens.

26 Q. And, indeed, Professor Fazel also refers to the inappropriateness in his published
27 literature of holding people suffering from mental disorder in solitary ---

28 A. In one of his papers he seemed to be advising against the use of solitary confinement
29 in those with pre-existing psychiatric conditions.

30 Q. Now, were he to take his life, would that suicidal action be derived from and directly
31 influenced by his mental disorder, or not?

32 A. Yes. I have said that it will be borne directly out of his clinical depression,
33 exacerbated by his anxiety syndrome and his PTSD and executed with the single minded
34 determination of his ASD Asperger's.

1 Q. I am grateful. And is there literature about ASD itself can predispose greatly towards
2 self-harm?

3 A. Professor Barenkine has found that suicidal ideation is nine times as common in ASD
4 individuals than non-ASD.

5 Q. All right. Now, I just want to then summarise the position.

6 A. If I could just expand? I think the combination of the depression and the ASD, which
7 makes Mr Assange ruminate with, I put, almost obsessional rumination about this topic.

8 Q. I am very grateful. Just to summarise your paragraph 10, you there deal at 10.1 with
9 the high rates of suicide in units where he is likely to be placed. That is to say, Terry Kupers'
10 evidence and ---

11 A. That is correct.

12 Q. --- the risk of segregation and isolation generally.

13 A. Yes.

14 Q. 10.2 you deal with the context of this case, that is at page 21, my Lady, and you make
15 points about what he personally will face. Will the fact of extradition and being deprived of
16 family contact itself be a potent factor towards suicide?

17 A. Yes. He will not have visits from family and friends. He will not be able to make, or
18 he will very infrequently be able to make phone calls to his family. He will not be able to
19 call the Samaritans.

20 Q. Yes. And you have referred to the fact that in the appendix there are constant
21 references to him calling the Samaritans throughout the period that ---

22 A. That is very evident in the inmate clinical records.

23 Q. So, just summarising the risk factors at 10.3, would this be fair, it is his depression
24 which carries with it in itself a suicide risk, his Asperger's diagnosis and, in addition, the
25 likely situation in which he will find himself?

26 A. Well, it is more than that. I have culled a long list from the literature. It is true to say
27 that we cannot add these up like a mathematical prediction of his suicidal risk. All we can do
28 is note there are what I have called "an abundance of known risk factors" in Mr Assange's
29 case.

30 Q. You also refer to the fact of specific plans that he has formulated; is that right?

31 A. He has made various plans and undergone various preparations, such as he has
32 confessed to a Catholic priest who granted him absolution. He has begun to draft farewell
33 letters to his family and close friends. He has drawn up a will, and I have confirmed that
34 from the solicitors. Various preparations are in place.

1 Q. One final factor, forgetting the risk of suicide, you deal at paragraph 10(2) with the
2 risk of persistently severe clinical depression. If he is extradited, will he be exposed to severe
3 psychological suffering in any event?

4 A. I have drawn on what Dr Cooper has said, what the US experts, Sickler, Ellis, Lewis,
5 and the other lawyers, have said, and, on the basis of those, my prediction is that he will
6 deteriorate substantially, he will have persistent severe clinical depression, an exacerbation of
7 his anxiety disorder, PTSD, and suicidal ideas, and this would amount to psychological harm
8 and severe psychological suffering.

9 MR FITZGERALD: My Lady, there are two supplementary points, which have come
10 subsequent to his reports; if I can just ask those?

11 JUDGE BARAITSER: You can.

12 MR FITZGERALD: You have mentioned the prisoner reports. Were you also assisted by
13 the report of Maureen Baird, the former warden in Bureau of Prisons as to the likely fate that
14 awaits him if he is extradited?

15 A. I found that helpful, yes.

16 Q. One further point, you have seen the latest medical notes referring to an incident
17 recently where he had admitted to having a large number of paracetamol, is that right?

18 A. I only received those last night. I have not spoken to him about that incident, but
19 there is such an incident in the medical records.

20 Q. It is referred to by Dr Jane Coulson, is that right?

21 A. She spoke to him at length about it.

22 Q. Does that cause you trouble and concern in addition?

23 A. It does not take me by surprise in the light of everything I have said.

24 Q. There is one final matter I would like you to comment on, and I will invite Professor
25 Fazel and Dr Gladwell to comment on, the legal cases talk about a concept of an irresistible
26 impulse towards suicide. Is there any medical foundation for talking in terms of some
27 irresistible impulse or inability?

28 Q. This is not a medical concept. It is not something we discuss every day. As you
29 know, in other contexts we talk about loss of control or not knowing the nature of your act,
30 but an irresistible impulse is not something that we discuss in clinical practice.

31 Q. In terms of the mental disorder leading to, and reducing, inability to control a wish to
32 commit suicide, is that something doctors would recognise?

33 A. Yes, I have talked about the suicidal impulse having arisen directly out of his
34 psychiatric diagnoses; that is my preferred way of expressing it.

1 MR FITZGERALD: My Lady, that may be the subject of some legal submissions at the end
2 and I will be asking the other experts that concept too; a legal concept founded on a medical
3 fiction may not be of great assistance.

4 JUDGE BARAITSER: Thank you.

5 MR FITZGERALD: I am very grateful, Professor Kopelman. My learned friend will now
6 ask you some questions.

7 JUDGE BARAITSER: Mr Lewis, do you need to take instructions before you cross-examine,
8 or do you have all the instructions you need?

9 MR LEWIS: No, my Lady, I am happy to proceed.

10 JUDGE BARAITSER: Thank you.

11 Cross-examined by MR LEWIS

12 Q. You have a couple of bundles of documents which were served on the defence
13 yesterday afternoon in paginated form so we can refer to them more easily; there are two for
14 you and two for the judge?

15 A. I have a bundle here which I have called my prosecution bundle. If I could use this,
16 but I am sure we will be able to find equivalent places.

17 Q. I am going to use the page numbers in this one.

18 A. I may have to ask you ---

19 Q. That is perfectly all right.

20 A. I have not seen these at all before.

21 Q. Keep them handy because we will be referring to them.

22 A. I would like to go to the equivalent in here.

23 Q. Professor, I want to sort out a yardstick for diagnosis. It is right, is it not, that you
24 have used the World Health Organisation classification in Mental and Behavioural Disorders
25 (ICD 10)?

26 A. Could I make a comment here? I am not a great fan of what I call “those bloody
27 books” (ICD and DSM), so I make a clinical diagnosis on the basis of my clinical experience
28 and was in the research literature. What I usually do in a report is give my clinical diagnosis,
29 but then I say “what is the equivalent in ICD”, and that is what I have done. Could I also just
30 read you in anticipation of what is going to be discussed?

31 JUDGE BARAITSER: I think rather than an anticipated question, wait for the question to be
32 asked and then do your best to answer it.

33 A. OK.

34 MR LEWIS: What I have worked upon, Professor, is both your reports, for instance if we

1 look at your opinion, you have specifically relied upon the classification in ICD 10. If we
2 went, for instance at page 34 of your first report, paragraph 14.01, you say you have relied
3 upon ICD 10 F 33, do you not?

4 A. I would not say I have relied upon it. I have made a clinical diagnosis and I have told
5 you where in ICD 10 that comes.

6 Q. Let us try this, Professor, because that is the common standard or diagnosis.

7 A. Yes, I have served on a couple of ICD 11 committees, and I have to say it is a very
8 political organisation and you have a committee making a diagnostic criteria, so some are
9 better than others. There were some funny things in ICD ---

10 Q. Let us stick with it for a minute.

11 A. I know the courts like them.

12 Q. Let us stick with ICD 10 and see if you agree with this. Would you agree that the
13 classification of depressive episodes for material purpose begins at F 32? We have probably
14 all got copies of it here.

15 MR FITZGERALD: My Lady, it is at the back of our bundle.

16 MR LEWIS: It is even in the defence bundle.

17 JUDGE BARAITSER: Thank you.

18 MR LEWIS: I am going to run through them and see if you agree with me as a consultant
19 psychiatrist: "A depressive episode can be described as "mild", at F 32, "moderate" at F
20 32.1, or "severe" at F 32.2, or "severe with psychotic symptoms" at F 32.3, yes?

21 A. Yes.

22 Q. If an episode is repeated, it is described as a "recurrent depressive disorder", and
23 again can be described as "mild" (F 33), "moderate" (F 33.2) or "severe with or without
24 psychotic symptoms" (F 33.3); do you agree?

25 A. Yes, that is correct.

26 Q. I am just sorting out our yardstick for this. "Recurrent depressive episode" may be
27 subdivided "as below by specified first the type of current episode" and then "if sufficient
28 information is available, the type that predominates in all the episodes"; do you agree with
29 that? That is what it says.

30 A. Which line are you on?

31 Q. I am reading at "recurrent depressive episode" F 33.3. Let me find the exact quote.

32 JUDGE BARAITSER: It is in the defence bundle at tab 10. "Recurrent depressive disorder"
33 is at 218.

34 MR LEWIS: Yes, it has not got the introduction part in the defence. Moving on, in that

1 classification, Professor, it says “individual episodes will normally last between three and
2 12 months, and recovery is usually complete between episodes” (F 33); do you agree with
3 that?

4 A. I cannot find the place.

5 Q. Do not worry about what it says. You are an expert in this; do you agree with that
6 position?

7 A. Yes, generally. There may be relative recovery between episodes or complete
8 recovery.

9 Q. Would you agree that differentiation between the mild, moderate and severe episodes
10 rests on clinical judgment that involves the number, type and severity of the symptoms
11 present?

12 A. Yes, I would put the emphasis on “clinical judgment” there. Could I just read this
13 passage from the “introduction to DSM 4” because I think it is very pertinent? It says “this
14 was developed for use in clinical...”

15 Q. It is the old version, is it?

16 A. Yes, I suspect it is still in there, but I have not got the up-to-date book: “The
17 diagnostic...”

18 Q. Please let us know where you are reading from, Professor.

19 A. I will pass you this when I have finished.

20 Q. Thank you very much.

21 A. It says: “DSM 4 is a classification of mental disorder that was developed for use in
22 clinical educational research settings. The diagnostic categories criteria and textual
23 descriptions are meant to be employed by individuals with appropriate clinical training and
24 experience in diagnosis. It is important that DSM 4 should not be applied mechanically by
25 untrained individuals. The specific diagnostic criteria included are meant to serve as
26 guidelines to be informed by clinical judgment and were not meant to be used in a cookbook
27 fashion.” I think that is an important context to bear in mind.

28 Q. We will bear that in mind, Professor, but just help us with this: In the three varieties I
29 have described “mild, moderate and severe” depression, what are the general symptoms?
30 There are three varieties and there are some general symptoms; what are they, please,
31 Professor? No need to look it up.

32 A. I do not carry these in my head. A depressive episode should last for at least two
33 weeks. There had been no hypomanic or manic symptoms and there are various exclusion
34 clauses such as psychoactive substance use or any neurological or organic disorder. Is that

1 what you are talking about?

2 Q. Well, what I am talking about is the general criteria for a depressive episode, F32
3 must be met, and it sets out various matters such as loss of interest and employment.

4 A. Lower down, it says, there should be depressed mood to degree that is definitely
5 abnormal for the individual, loss of interest or pleasure in activities that are normally
6 pleasurable, decreased energy or increased fatigue, ability.

7 Q. Professor, rather than you read it out, I will just ask the questions and rather than read
8 it, please try and help the court with your understanding because you are an expert in this.

9 So, could you run off, then, what you think in IC10 the other common symptoms are without
10 looking at them in the book?

11 A. I am sorry, I have a clinical notion of depression. I do not carry all the ICD criteria in
12 my head, but they are things like loss of confidence and self-esteem. They are ---

13 Q. You can close the book if you want, Professor, rather than ---

14 A. No, I do not want to close it. With feelings of self-reproach. There are recurrent
15 thoughts of suicide or death. They are complaints of diminished ability to think or
16 concentrate. They are change in psychomotor activity. There is sleep disturbance of any
17 type and appetite change.

18 Q. Thank you for reading that out, Professor. Let us just try something else then. There
19 is for mild depression, what do you need as a diagnostic criteria, without looking – please,
20 because we can all read the book. We are interested in what you say and your expertise.
21 Please just tell us what you think for mild depression what ---

22 A. I have the book. You just have a photocopy of certain pages. You need four of the
23 whole bundle of symptoms to be mild depression.

24 Q. And does it not say overall in F32 for mild depression, an individual with mild
25 depressive episode is usually distressed by the symptoms and has some difficulty in
26 continuing with ordinary work and social activities, but will probably not cease to function
27 completely. Do you agree with that?

28 A. Yes. There are two versions I have in front of me and that is part of the difficulty. I
29 tend to use the research version because it is more succinct, but the more detail is in the blue
30 version.

31 Q. What I am trying to establish, Professor, it is not a trick. It is just trying to establish
32 the yardstick for your diagnosis, so we ---

33 A. The yardstick for my diagnosis is my clinical assessment and then the equivalent in
34 ICD.

- 1 Q. Well, let us just take it slowly. So, for mild, we have got and you would agree with
2 me, a person with a mild depressive episode is usually distressed by the symptoms, has some
3 difficulty in continuing with ordinary work and social activities, will probably not cease to
4 function completely. Yes, you agree with that.
- 5 A. Yes.
- 6 Q. For mild, for moderate depression, there must be at least three of the most typical
7 symptoms, but three or four of the other symptoms. You agree with that.
- 8 A. A total of six, actually, it says here.
- 9 Q. I think you will find it says a total of preferably seven. I will read it out to you.
- 10 A. This is the research version, but it says six.
- 11 Q. Right.
- 12 A. Page 83, five lines from the bottom.
- 13 Q. I wonder if you could close that for a moment.
- 14 A. No, I think it should be perfectly acceptable for me to have this in front of me.
- 15 Q. Alright, it is okay, it is a matter of weight then.
- 16 A. You have got your ---
- 17 Q. Now, let us just, let us deal, then, with moderate depression and do you agree that the
18 classification in ICD 10 for F32.1 which is moderate, it says an individual with a moderately
19 severe depressive episode will usually have considerable difficulty in continuing with social,
20 work or domestic activities.
- 21 A. Yes, that must be in the blue version, yes. It is not in the green version.
- 22 Q. So, then we come to the third classification which is severe without psychotic
23 symptoms and how many of the typical symptoms and of the common symptoms do you
24 need for that?
- 25 A. Eight.
- 26 Q. And of what intensity should they be?
- 27 A. Well, they should be present and at least significant in intensity.
- 28 Q. And it says overall, in F32.2, this is just severe without psychotic symptoms, it says it
29 is very unlikely the sufferer will be able to continue with social, work or domestic activities
30 except to a very limited extent. Would you agree with that?
- 31 A. Yes, that is correct.
- 32 Q. And then come to the final, the highest level which you found Mr Assange to be
33 suffering from which is severe with psychotic symptoms.
- 34 A. Yes.

1 Q. And it is right, is it not, that what that means is if a person is suffering from severe
2 depression as defined, but also has delusions and hallucinations, the diagnosis will be severe
3 depression with psychotic symptoms.

4 A. No, the word 'bore' is there. If you have hallucinations and they are real
5 hallucinations, then you should tick the box for psychotic. You do not have to have the
6 delusions. I have never said that Mr Assange has delusions. It is just a question that he has,
7 and there is some debate about this, real hallucinations. That is why I ticked the box for
8 psychotic, not because he had delusions and one of the oddities here – well ...

9 Q. And overall, in F32.2, it says it is very unlikely that the sufferer will be able to
10 continue with social, work – sorry, the delusions, you say he has not got delusions.

11 A. That is correct.

12 Q. But in short ---

13 A. He has suspiciousness, but they are not delusions.

14 Q. But in short, a person with psychotic symptoms is effectively unable to function. That
15 is the classification.

16 A. Well, much of the time, Mr Assange has been unable to function. He has had great
17 difficulty in concentrating and in memorising and his lawyers have found this. Now, it is not
18 true all the time, but he has been like this, particularly during the period, the second half of
19 last year.

20 Q. But I have not moved to Mr Assange yet. I just wanted to get our yardstick. We
21 agree that the classifi ---

22 A. Please bear in mind that quote that I will give you that I read out.

23 Q. Yes, but the classification for a person with severe depression with psychotic
24 symptoms is that in short, he is unable to function.

25 A. I would not say that he is completely unable to function. The significant factor is
26 whether he is experiencing psychotic phenomena, whether they be hallucinations or
27 delusions.

28 Q. Well, we will come to that in due course.

29 A. It is during the severest forms of depression people have so called psychomotor
30 retardation and they really cannot function, but I have not used that term.

31 Q. Now, Professor, is it right that you are, in fact, a neuropsychiatrist?

32 A. I am a neuropsychiatrist, but I have worked – do you have the copy of my medico-
33 legal CV which I made available?

34 Q. I do.

1 A. I also did district work, I did work for the foreign office, I saw acute patients coming
2 in to St Thomas who were out of catchment area and many of these patients, including some
3 for the foreign office, were suicidal.

4 Q. Professor, please do not try and be defensive. It is just an easy question. Is it right
5 that you are, in fact, a neuropsychiatrist?

6 A. It is correct that I am a neuropsychiatrist but I am not just a neuropsychiatrist.

7 Q. You retired from day to day practice some years ago.

8 A. No, I retired from NHS practice in 2015. I do not want to go into the NHS pension
9 scheme, but if I had stayed on, my pension, believe it or not, would have gone down for every
10 year that I stayed on.

11 Q. And is it right that neuropsychiatry is concerned with the link between mental illness
12 and organic diseases of the brain?

13 A. It is the relationship between things psychiatric and things neurological and actually it
14 can work in both directions where you do not have a brain disease, but you have a so-called
15 functional disorder. That is part of neuropsychiatry too, but as I say, I was not just a
16 neuropsychiatrist.

17 Q. We will come on to that in a moment, but for instance, neuropsychiatry deals with the
18 consequences of brain injury or epilepsy on mental illness, does it not?

19 A. Yes, and I have an interest in memory disorders.

20 Q. Now, you recommended an MRI on Mr Assange which you looked at. Was there any
21 physical abnormality in that MRI?

22 A. He had a few pinpoint areas of signal alteration, but they were normal for his age.

23 Q. So, it was a normal MRI.

24 A. It was normal.

25 Q. Thank you. Have you found any organic disease of the brain affecting Mr Assange's
26 mental health?

27 A. No, I have not postulated any organic disease.

28 Q. So, there is no neuropsychiatric reason for his depression.

29 A. No. There are people who theory about, we have theories about neuropsychiatric
30 causes of depression, but I am not postulating that.

31 Q. I just want to ask you, you have said you were not just a neuropsychiatrist, but would
32 you agree that a forensic psychiatric is a psychiatric who specialises in diagnosing people in
33 prisons and giving expert evidence in court on mental illness?

1 A. That is correct, but I have given evidence in court on many occasions for the last 30
2 years and indeed we did the *Tollman* case together and since that time, I have been rung up
3 and emailed by solicitors on about five or six occasions, telling me that there is an extradition
4 case in Wandsworth, James Lewis is the counsel, and he is very keen to have your services,
5 so I think it is a bit rich, my Lady, if you challenge my credentials.

6 Q. Well, I am not go into that.

7 JUDGE BARAITSER: How would you like to respond that, Mr Lewis?

8 MR LEWIS: I cannot respond other than you are obviously, we might say that you are more
9 of an advocate than a psychiatrist.

10 A. I want to use an unparliamentary word to that.

11 Q. Now, have you worked in a clinical setting inside a prison?

12 A. I have been in to very many prisons, including two of the segregated prisons, the
13 prisons with segregation units in this country.

14 Q. Yes. I understand that. Just let us try the question again. Have you worked in a
15 clinical setting inside a prison?

16 A. I have not been employed by a prison, no, but then, most experts who give evidence
17 to the court, including forensic psychiatrists have not been employed by a prison.

18 Q. Have you had training on spotting exaggeration or malingering in defendants in
19 criminal cases?

20 A. Spotting exaggeration and malingering is actually a big part of neuropsychiatric cases
21 and of neuropsychiatric practice and you will see in the third paragraph in my medico-legal
22 CV, I walked with, trained with some of the leading forensic psychiatrics in the 1980s. There
23 was not a CCT in those days, but I did receive training in forensic psychiatry although I do
24 not claim to be a forensic psychiatrist.

25 Q. Now, can I ask you this, Professor, to bring it to life? Are you familiar on a weekly
26 basis with people in prison who might exaggerate their conditions?

27 A. Every time I go to see someone in a prison, I am aware of the possibility they may be
28 exaggerating their condition, every time, and if you look at my medico-legal CV, you will see
29 some of the cases I have been involved in giving an expert opinion on.

30 Q. So, when diagnosing defendants in a criminal context, the phrase from Hamlet by
31 Polonius, "Though this be madness, yet there is method in it", should be borne in mind?

32 A. It should be borne in mind and I have borne it in mind in this case.

33 Q. Would you agree with this statement? The assessment of malingering or exaggeration
34 is a critical component of a forensic evaluation where external incentives can be substantial.

1 A. I would agree with that and the people instructing me over the years are aware that I
2 am aware of that factor, otherwise they would not keep instructing me.

3 Q. It is simply a quote from DSM-4, and DSM-5 where it remains as a V Code.

4 A. Right. Well, I have quoted to you the introduction to DSM-4 and I will make that
5 available to ---

6 Q. Now, I just going to repeat that ---

7 A. --- the court.

8 Q. --- because you have agreed with me. The assessment of malingering or exaggeration
9 is a critical component of a forensic evaluation where external incentives can be substantial.
10 Now, there is an obvious external incentive here, is there not, Professor?

11 A. There is indeed.

12 Q. Namely that Mr Assange avoids extradition to the United States of America.

13 A. That is correct and I have borne that in mind.

14 Q. So, you would agree in any assessment or exaggeration it is a critical component of a
15 forensic evaluation?

16 A. I would agree that it is something that you need to take account of in drawing your
17 opinion.

18 Q. Now, you mentioned your CV, you said how you knew all about it, there are
19 absolutely dozens of articles on this. Can you name some of the articles you have read it on
20 please?

21 A. Well, they – there are books on the SIRS test for example, the SIMS test. The SIRS is
22 much too long. The SIMS has some very funny items. I have read articles on malingering,
23 particularly malingering on neuropsychological assessment.

24 Q. Can you just help us with the names of ---

25 A. And I have been in many case conferences where this has been a topic of discussion.

26 Q. Yes, but the question is, Professor, just so you can help us, out of the dozens of
27 articles on this, can you name some of the articles you have read on it please?

28 MR FITZGERALD: My Lady, I hesitate, so far as I know neither of the experts that my
29 learned friend relies on have accused Mr Julian Assange of malingering. I think if they have
30 then my learned friend should refer to the passage where they do so.

31 JUDGE BARAITSER: I do not think malingering is the issue. It is external incentive is
32 what we are concentrating on at the moment.

33 MR LEWIS: It has a specific term. Malingering as I had said in DSM-5 means an
34 exaggeration. And we will come on to that during this cross-examination.

- 1 JUDGE BARAITSER: Are you dealing with external exaggeration?
- 2 MR LEWIS: I ---
- 3 JUDGE BARAITSER: Sorry, external incentive, I beg your pardon.
- 4 MR LEWIS: External incentive.
- 5 JUDGE BARAITSER: Yes.
- 6 MR LEWIS: And therefore, where there was the external incentive you have to be very
7 acutely aware that there has been no exaggeration in symptoms.
- 8 JUDGE BARAITSER: And are you saying that this witness has referred to dozens of articles
9 which he has read on this topic?
- 10 MR LEWIS: No. I am asking to show this witness' expertise, and he says he is very well
11 aware of it, to help us by naming some of the articles he has read on it.
- 12 A. Well, I am not taking an MCQ test but there are the classical articles on the Ganser
13 syndrome, on the Podola case ---
- 14 Q. Well, the Ganser syndrome has got nothing to do with it. The Ganser syndrome is
15 something completely different, is it not, Professor?
- 16 A. Neither has testing ---
- 17 Q. As you well know.
- 18 A. --- neither has testing me on what articles I have read. I am very well aware, as
19 someone who has done a lot of forensic cases, of the possibility of exaggeration and
20 malingering and that was very much in my head when I assessed Mr Assange.
- 21 Q. Well, just bear with me for a moment, let us just look at one or two of these articles.
22 If we go in volume 2, this volume here, you will not have this in your notes – madam, you
23 have it, medical volume 2, page 466 – there is an article by Dr Karen Farrell and Dr Nicholas
24 Delaney. Do you see that? From Current Psychiatry? Page 466 in the bottom right-hand
25 corner, Professor.
- 26 A. There is a picture of a woman ---
- 27 Q. Yes.
- 28 A. --- and then over the page, yes.
- 29 Q. It has got the long nose, I presume that is a ---
- 30 A. Yes.
- 31 Q. --- illusion to Pinocchio.
- 32 A. Yes. I have not read that one but ---
- 33 Q. You have not read that. Well, let us just see if you agree ---
- 34 A. --- I did, you know, I do not claim to have read every article in a book.

1 Q. No, I know, but I just want you to really see if we can agree ---

2 A. Well, I did not think I was coming here for a sort of O-Level test.

3 JUDGE BARAITSER: I think what is happening here is Mr Lewis wants to – you say you
4 have this in mind, and he wants to establish on what basis or what information you have in
5 mind at the point when you go and see Mr Assange. So, that is why he is putting to you some
6 of the propositions from these articles to see if you are aware of them and you had them in
7 mind when you interviewed, is that right, Mr Lewis?

8 MR LEWIS: It is exactly right, madam, and whether he agrees with the position and whether
9 he then puts that into effect when we go through the assessment with Mr Assange. This is the
10 groundwork.

11 JUDGE BARAITSER: So, that is the purpose of these questions.

12 A. Yes. I mean, I tried to evaluate whether Mr Assange was exaggerating, malingering,
13 by ---

14 MR LEWIS: We will come to that in a moment, Professor, if you do not mind. But I wonder
15 if we could just stick with my script at the moment which is I just want to go through some of
16 these articles to make sure we have understand the principles before we go to the actuality.

17 A. Yes. As I ---

18 Q. So, I will just go through some of the principles. So, if we go to page 468, top of the
19 second column, “Clinicians first must have the clinical acumen and expertise to identify a
20 true mental illness such as a psychosis ---

21 A. Are you saying that I do not have the expertise to identify psychosis?

22 Q. Please, Professor, just let me ask the questions. And then we drop down to the next
23 paragraph, it says, “Malingering – which is a condition, not a diagnosis – is characterised by
24 an intentional production of false or grossly exaggerated physical or psychological symptoms
25 motivated by external incentives.”.

26 A. Well, that is a definition that is in many places.

27 Q. Yes.

28 A. It is not specific to this.

29 Q. And if we go over the page to 469 and drop it down about six lines on the first
30 column, “Clinical skills alone typically are not sufficient for diagnosing or detecting
31 malingering.”. Do you agree with that?

32 A. It is very difficult. There are different opinions on this topic. Actually, it is
33 inconsistencies that often give away malingering but there are advocates who think that
34 certain kinds of malingering test are very valuable. I am bit sceptical about some of those.

1 Q. Right. So, if we drop down between the two perforations, you will see “Suspecting
2 physician must stay alert to possible motives. The patient’s presentation might provide some
3 clues when there is a marked variability such as discrepancies in the history, gross
4 inconsistencies, or blatant contradictions.”.

5 A. That is exactly what I have just said. It is often inconsistencies that give malingering
6 or exaggeration away. And as I said earlier, this is an important part of a neuropsychiatric
7 assessment, not just a forensic one.

8 Q. “Hallucinations are a” ---

9 MR FITZGERALD: Heterogeneous.

10 MR LEWIS: --- “heterogeneous experience and discerning between true vs feigned
11 symptoms can be challenging for even the seasoned clinician. It would be helpful to study
12 the phenomenology of a typical vs atypical hallucinatory symptoms. Examples of atypical
13 symptoms include; vague hallucinations.”. Do you agree with that?

14 A. Yes, in some contexts. I have not seen that any of the psychiatrists have challenged
15 Mr Assange’s hallucinations. There is debate about whether they are real hallucinations or
16 so-called pseudo-hallucinations and there is a little bit of debate about the aetiology but
17 nobody has challenged the fact that these are occurring.

18 Q. Well, that is not quite right. And in any event, Professor, your own expert, Dr
19 Mullen, does not find hallucinations in his report. But anyway ---

20 A. Well, can I, can I ---

21 Q. --- I am not going to debate this with you.

22 A. --- explain that point?

23 Q. No. I am going to ask you the questions. I am not going to debate. Let us just get ---

24 A. Well, it is – could I just register? It is not strictly accurate to say that there is
25 inconsistency between Professor Mullen and myself. I will elaborate on that if I am allowed
26 to?

27 Q. You can certainly be re-examined on it. We are going down atypical symptoms, so
28 this is sort of signposts for exaggeration. “Experience hallucinations of only one sensory
29 modality such as voices alone.”. Do you agree with that?

30 A. Sorry, can you – I am not quite sure where you are. Can you just tell me what the
31 whole ---

32 Q. I am sorry. Page 469, left hand column.

33 A. Yes. And what is the – where is the exact sentence?

- 1 Q. “Examples of atypical symptoms include”, and these are in bullet points on the left
2 hand side.
- 3 A. Ah, right, yes. Vague hallucinations.
- 4 Q. Hallucinations. “Experiencing hallucinations of only one sensory modality.”. Do you
5 agree with that?
- 6 A. Um, no, I am not sure that I do agree with that but you know, this is the sort of thing
7 we as psychiatrists take different views.
- 8 Q. And right at the bottom, just picking up, would you agree with this what the authors
9 say, last sentence in the first column, “Studies have demonstrated even higher prevalence
10 within forensic populations, which seems reasonable because evading criminal responsibility
11 is a large incentive to feign symptoms.”. Presumably, the ---
- 12 A. Yes, that is fair enough. People find hallucinations in the community in people who
13 have not even had a psychiatric diagnosis but they are more likely to be found in prisons.
- 14 Q. And then if we go to 470, “Observation” on the left hand column. I am just picking
15 up the last sentence in the first column on page 470, which is above “Bottom Line”, “By
16 observing someone in a controlled environment where there are multiple professional
17 watchful eyes, inferences will be more accurate.”. Do you agree with that?
- 18 A. Yes. I would agree that observing someone in a hospital for example, you often get
19 information that you do not get ---
- 20 Q. Yes.
- 21 A. --- if you are seeing them out-patients.
- 22 Q. And ---
- 23 A. Again, that applies in many areas of neuropsychiatry as well as forensic practice.
- 24 Q. And if we pick it up, four lines from the bottom on page 40, under “Bottom Line”, it
25 says, “Close observation and obtaining a consult are key”. Would you agree with that?
- 26 A. Close observation and what?
- 27 Q. Obtaining a consult.
- 28 A. What does that mean?
- 29 Q. I presume that is a consultation.
- 30 A. I would agree with close observation, ---
- 31 Q. Yes.
- 32 A. --- I am not quite sure what they mean by obtaining a consult.
- 33 Q. Well, we are happy with close observation.
- 34 A. Yes. Sometimes close observation is not always possible but ---

1 Q. Yes.

2 A. --- if you can closely observe that is a good thing.

3 Q. So, can we agree that the best check or control in detecting exaggeration is close
4 observation by the clinical team? Clinical team where a person is detained?

5 A. We can agree that but there are complicating factors and it is a difficult topic. I am
6 sure you have done civil litigation and you will know that in cases of head injury where
7 people are asking huge sums of money, there is often a debate about is the person
8 exaggerating, malingering, or are these real phenomenon? And different psychiatrists say
9 different things. It is difficult to get the right answer. There is no hard and fast method of
10 doing it.

11 Q. Right. But you have agreed with me that one of the best checks or controls in
12 detecting exaggeration is close observation by the clinical team when a person is. So I am ---

13 A. I do get the feeling that you are trying, Mr Lewis, with all due respect, to put words
14 into my mouth. What I have said is that ---

15 JUDGE BARAITSER: What you said was, "Yes, but there are complicating factors." That
16 was your answer to the last time that was put to you.

17 A. Yes, it is one of the ways, but there are complicating factors. Thank you, my Lady. I
18 take that point.

19 MR LEWIS: So if we can turn to your first report? We have probably got it in a number of
20 places. Whichever is most convenient.

21 A. I have got it here, yes.

22 Q. Whichever is most convenient for you, Professor.

23 A. I have got the first report here.

24 Q. And I am just going to make some general points first. In that report you rely heavily
25 on the fact that he had hidden a razor blade in his underwear and that it was discovered by
26 prison authorities who charged him with it.

27 A. Yes. I was unable to find that in the medical records. I do admit that.

28 Q. Well, where would that have come ---

29 A. He did say the same thing to Dr Corson. She consulted with other staff and he was
30 promptly put back on ACCT, so I have no reason to disbelieve it, but I do not have
31 corroboratory evidence from what I have seen. I have not seen all the ACCT records.

32 Q. Let us just see how heavily you do rely upon it. If we go, for instance, to page 12 you
33 mention it about a dozen or 15 lines down on page 12, "He told me he had been charged" (in
34 quotation marks) "with concealing a razor blade approximately a month after he arrived in

- 1 Belmarsh. He had stored it in his cell, but it was subsequently found in his pile of
2 underpants.”
- 3 A. Well, that statement is correct.
- 4 Q. I ---
- 5 A. He did tell me that.
- 6 Q. Yes, I am not saying he did not, I am not saying he did not, Professor. All right? I
7 am just saying your reliance upon it. So you have relied, you set it out at 12. If we go to
8 page 15 you mention it again, and if we go ---
- 9 A. Can you tell me where?
- 10 Q. If we go into the final paragraph beginning on 18 July.
- 11 A. Yes.
- 12 Q. And we drop down about a dozen lines, it says ---
- 13 A. Yes.
- 14 Q. --- “He mentioned again the razor blade incident and the fact he had been placed in
15 solitary confinement for four days as a result of this.” Do you see that?
- 16 A. Yes.
- 17 Q. Now, I am going to read all the passages out and then I am going to ask you a
18 question, so I must ---
- 19 A. Well ---
- 20 Q. It is just the – this is what he told you. I understand that.
- 21 A. Yes.
- 22 Q. I accept this is what he told you, Professor. And in your opinion you rely heavily on
23 this fact because if we go to your opinion we go to page 30, paragraph 3, you say, and this is
24 six lines from the bottom, “Three potential implements.”
- 25 A. Yes.
- 26 Q. I have not drawn out, because we are going to go to that separately, but it is also he
27 told you that he had been hiding a cord, which had been found, on two occasions. So what
28 you say is ---
- 29 A. No. He told me about two cords that were found on one occasion.
- 30 Q. Two cords on one occasion. Sorry. So three potential implements, a razor blade, two
31 cords, have been confiscated by the prison. You rely on that in number 3, in your third
32 paragraph in your opinion.
- 33 A. Could I just point out for the court that there was an awful lot else in paragraph 3. So
34 “rely on” is perhaps not the right phrase. It is in the context - much else.

1 Q. If we go to paragraph 9, page 33, you rely upon it again. Halfway through the
2 paragraph, just almost opposite the first perforation, “Soon after arriving at Belmarsh he was
3 found to have stored a razor blade in his cell. Two other implement of potential suicide have
4 been confiscated from his cell.”

5 A. Yes, I should have put, “He told me that soon after ---

6 Q. No, that is fine.

7 A. Yes.

8 Q. He told you. I completely agree it is a self-report. If we go to page 35 you mention in
9 paragraph 14(i), four lines down from the top of the page, you rely upon it. “A razor blade
10 was found in Mr Assange’s cell.”

11 A. Yes. I should have said he told me.

12 Q. Yes, and I am not criticising you for that because we know that is what he told you as
13 a self-report. And finally in 14(iv), halfway through, “He has had potential suicide
14 implements confiscated.” That is halfway through, that is eight lines down. Do you see that?

15 A. Yes. I should have said, “He told me.” I have to say that he, as I say, he reported this
16 also to the psychologist. She discussed it with her colleagues and got him put back on
17 ACCT.

18 Q. Yes.

19 A. So I do not know whether it is true, but I do not know that it is untrue either.

20 Q. This is what I want to examine. So you will agree with me that the assertion about the
21 razor blade is an independently verifiable incident, is it not?

22 A. It should be, yes. I have not got all the ACCT documentation available.

23 Q. We are going to go through a lot of it in a moment. Was it a broken down razor so
24 just the blade remained?

25 A. He just told me it was a blade.

26 Q. Were you told it was deliberately concealed or could it have been left intended to be
27 found?

28 A. The clear implication was it was intended not to be found but was hidden away
29 deliberately.

30 Q. Now, is it? I just want to show you, because one of these type of razors, if we go to
31 page 464 in volume 2, there is just a picture of the safety razors which are often used in
32 prisons.

33 A. Sorry. Is it ---

34 Q. It is in our volume 2.

- 1 A. Page 464?
- 2 Q. It is page – I misspoke, 764, whatever I said before. 764.
- 3 MR FITZGERALD: I have not got that either. Mine goes up to 726.
- 4 JUDGE BARAITSER: I have 764.
- 5 MR LEWIS: It was sent through last ---
- 6 A. Yes, I have got the pictures here.
- 7 Q. It is. If you do not have it, that is the final clip.
- 8 A. I have to confess I did not ask him what type of a razor it was. I understood it just to
- 9 be a razor blade.
- 10 Q. Because these ones you cannot really hurt yourself. These are specially made for
- 11 prisons and secure hospitals, are they not? You have come across them before.
- 12 A. Yes.
- 13 Q. So did you make any attempts, Professor, when writing your first statement to have
- 14 that assertion about the razor blade independently verified?
- 15 A. I am not sure. I had looked through the medical records. I have now looked through
- 16 them again and I cannot find it, but I had not looked perhaps thoroughly enough the first time
- 17 around and I did not question him on what sort of razor or razor blade it was.
- 18 Q. Now, you set out in detail in your appendix to your first report the notes from
- 19 Belmarsh prison covering a time Mr Assange said he had been charged with possession of a
- 20 hidden razor and been put in solitary confinement for four days because of it, do you not?
- 21 A. I do not know where that comes in my appendix, but ---
- 22 Q. Well, it does not come in your appendix and we are going to come to that, Professor.
- 23 A. Right, right.
- 24 Q. But you have done an appendix which sets out all the notes.
- 25 A. It does not set out all the notes. It sets out what I think is psychiatrically relevant.
- 26 Q. But when you set out this appendix, and there is no mention of the razor in the
- 27 appendix which you set out, it must have struck you as bizarre that for a person put on the
- 28 risk of suicide, or self-harm, there is no mention by the authorities or the clinical team of
- 29 finding a concealed razor blade in the notes you have transcribed.
- 30 A. When I went through them again it did strike me as odd and I wondered if there was
- 31 something I had not received. But, yes, I take the point that in this report every time I
- 32 mentioned it, I should have said, “He told me that.”
- 33 Q. That is fine. But can I just take the common sense approach that really it beggars
- 34 belief, if the circumstances were such to indicate the razor was to be used as a suicide attempt

1 that the attempt that the authorities attempt that that authorities would not put that in these
2 very detailed notes.

3 A. Well, there is some very strange things that do and do not go in the notes, but it is odd
4 that it is not there.

5 JUDGE BARAITSER: Now ---

6 A. As I say ---

7 JUDGE BARAITSER: --- is that the end of that topic because it is nearly half-past, or you
8 have finished with that topic?

9 MR LEWIS: Well, I am not quite, my Lady.

10 JUDGE BARAITSER: All right. Well, five ---

11 MR LEWIS: I am happy to break now and we will carry on after the ---

12 A. As I say, he did report it to the psychologist. She was going to discuss with other
13 prison authorities and he was put back on ACCT.

14 Q. Yes.

15 A. There is nothing in her records that it did not happen and she will probably have seen
16 more than I had.

17 Q. Well, that is a year later and it is another self-report, is it not? It is not anything which
18 the prison authorities or the clinical records have indicated.

19 A. It is not a year later.

20 Q. Well, it is January 7th.

21 A. It is about eight months later.

22 Q. January 7th.

23 A. Yes.

24 Q. And it is a self-report.

25 A. It is a self-report to her.

26 Q. Thank you.

27 A. But my point is she then discussed it with the prison authorities.

28 Q. Yes. But we are talking about you seeing him in May and he is telling you about it –
29 it has happened in April or May?

30 A. Yes. I have agreed that I should have put at each point, “He told me that.”

31 Q. Yes.

32 A. And qualified what I said in those terms.

1 Q. But did you think when you did these notes, “Well, I cannot see a mention of it. I had
2 better immediately inform the authorities at Belmarsh to make sure they are aware of such an
3 important fact.” Did that not occur to you?

4 A. No, I do not think it is my role to tell them about – I mean if it happened and they
5 knew, there is no place for me to inform them.

6 Q. Perhaps we could now take ---

7 A. He told me ---

8 MR LEWIS: My Lady, if we now take a – I am sorry.

9 WITNESS: Yes. He told me sometime after the episode had allegedly happened.

10 Q. Well, I think it was in – he told you in May.

11 A. I would have to check through the inmate records. I thought it was later than that, but,
12 yes.

13 MR LEWIS: We will take a break, Professor.

14 WITNESS: Thank you.

15 MR LEWIS: How long would my Lady like?

16 JUDGE BARAITSER: Well, it is really for the Professor.

17 MR LEWIS: 10 minutes?

18 JUDGE BARAITSER: 10 minutes, Professor?

19 WITNESS: Yes.

20 JUDGE BARAITSER: You are very welcome to wander around. You are on oath, so do not
21 ---

22 WITNESS: We will presumably have lunch at 1?

23 MR LEWIS: We will.

24 WITNESS: Yes.

25 JUDGE BARAITSER: You are welcome to wander around for 10 minutes. Please do not
26 talk to anyone because you are on oath.

27 WITNESS: No, no.

28 JUDGE BARAITSER: And just make yourself available in 10 minutes. Back at 20 to 12,
29 please. Thank you.

30 (Short adjournment)

31 JUDGE BARAITSER: Mr Lewis.

32 MR LEWIS: Professor, we have just been dealing with the razor. You also said he found
33 two cords on one occasion I think you said?

34 A. That is my understanding, it was two cords ---

- 1 Q. What were the circumstances in which those cords were found?
- 2 A. I do not actually know; he just said they had disappeared from his cell, implying that
3 someone had found them and taken them.
- 4 Q. Had they been deliberately concealed?
- 5 A. That is the clear implication of what he had been telling me.
- 6 Q. If they had been found, which indicated a potential suicide risk, it would again beggar
7 belief that the authorities would not have put that in the extremely detailed notes we have?
- 8 A. They have given a detailed summary; the notes are not always to detail, but it is
9 surprising they are not there.
- 10 Q. Professor, we would say, as you rely heavily on the hidden razor and the two hidden
11 cords as potential suicide indicators, if the circumstances of them being found do not indicate
12 a genuine suicide risk, surely that would alter your diagnosis?
- 13 A. No, it is not going to alter the fact that he has been contemplating suicide over and
14 over again. First of all, he has clinical depression and many features of, independent of
15 whether a razor was found. He describes, as has been reported in previous episodes of his
16 depression, his intense suicidal pre-occupations. He describes having started writing these
17 farewell letters and having made up a Will (and I corroborated that) and indeed there was an
18 episode the other day where I gather some pills were found in his cell, or about his being.
- 19 Q. What I am concentrating on is these factors are self-reported by Mr Assange. I want
20 to go to the clinical notes. Could I ask you, please, Professor, to have your report open at the
21 appendix? Also have open volume 1 of those documents ---
- 22 A. You mean the “inmate medical records”?
- 23 Q. Yes.
- 24 A. I would like to have my ---
- 25 Q. You can have them separately, but we have got them in this form; we have just
26 paginated the whole lot.
- 27 A. I have them in chronological order.
- 28 Q. If you have open your appendix ---
- 29 A. Could I say something by way of introduction?
- 30 Q. Certainly.
- 31 A. Obviously what I have put in my appendix is a summary of what I thought were the
32 relevant clinical factors in the inmate medical records. I have tried, as I always do, to include
33 things that fit his diagnosis, and also, my Lady, things that do not necessarily fit his
34 diagnosis. I may be taken now to all the things that do not fit, but you will have to make a

1 judgment, my Lady ---

2 JUDGE BARAITSER: It is a matter for Mr Lewis what he takes you to.

3 THE WITNESS: --- whether it is a fair synopsis or not.

4 JUDGE BARAITSER: Mr Lewis.

5 MR LEWIS: Professor, if we have our appendix open. A general question, if we look at
6 page 36, something that slightly puzzles me -- this is the record for 11 April when he is
7 admitted to Belmarsh; he goes to Westminster first I think -- “the Specialty Liaison and
8 Diversion Practitioner, Intellectual Disabilities, comments he was unable to ask about
9 thoughts of self-harm or suicide. Why have you put that in quotes?

10 A. I cannot remember what the original says. I think I may have put it in quotes because
11 that was the words used and the meaning was not entirely clear. I suspect that is the reason.

12 Q. When I read it, it reads that somehow, because of some difficulty with Mr Assange,
13 the practitioner was unable to ask him questions; is that ---

14 A. It may have been that Mr Assange was not responding to those questions.

15 Q. Let us just look at the notes, page 2, middle of the page, it says: “I was unable to ask
16 Mr Assange if he had perceptual disturbances in the form of visual or auditory
17 hallucinations”. There is nothing special in is that, is there?

18 A. No. Then he said “I was unable to ask about thoughts of self-harm or suicide”; that is
19 the bit I am quoting.

20 Q. Right. Let us move on a little.

21 A. He was also screened for intellectual disability, which I did not really understand.

22 Q. Is the fact he was unable to ask him because Mr Assange was refusing the routine
23 screening?

24 A. It may well have been. This is when he had just been taken from the embassy and he
25 may not have been cooperating; I do not know.

26 Q. The notes say under number 2: “This was due to him refusing”.

27 A. Right.

28 Q. This is routine screening for all of those on bail or in custody; this was due to him
29 refusing. Why did you omit that from your note here; any particular reason?

30 A. No particular reason. I had tried to give a fair representation, but this is not a
31 comprehensive documentation of everything that is in the records. It was not to spin at
32 things; I cannot remember why I left it out.

33 Q. At the top of page 37, 11 May, his weight was recorded, 85 kilograms, he was placed
34 on “ACCTM”; what does that acronym stand for?

- 1 A. When people who are thought to be a suicide risk are monitored.
- 2 Q. What is the actual ---
- 3 A. I cannot remember exactly, it is in Professor Fazel's report.
- 4 Q. You use it quite a lot; it appears about four or five times.
- 5 A. It is commonly used in prisons, and they talk about it as "ACCTM", and it is
- 6 monitoring ---
- 7 Q. You cannot help us with what it actually stands for?
- 8 A. I cannot remember off-hand.
- 9 Q. Assessment, Care in Custody and Teamwork?
- 10 A. Yes.
- 11 Q. It is a care planning process for prisoners identified as being at risk of suicide or self-
- 12 harm, and the Government has published policy entitled "ACCT"?
- 13 A. Yes.
- 14 Q. A very small point, but I wonder why it is there. If we look at page 37 on 12 April,
- 15 last line on the first paragraph, "he himself mentioned he might have Asperger's"; why have
- 16 you used the word "might"?
- 17 A. I would have to look back ---
- 18 Q. If it helps you, the notes are on page 9 of the bundle, middle of the page, it says: "Mr
- 19 Assange mentioned to myself he did have Asperger's. Diagnosis of when and where were
- 20 not discussed today." Do you see that?
- 21 A. Yes, I see that.
- 22 Q. It is not that he might have Asperger's, it is that he "did" have Asperger's.
- 23 A. OK, it is a small point, as you say.
- 24 Q. Mr Assange must have indicated that his Asperger's had already been diagnosed?
- 25 A. Not necessarily, he may have been going by what lots of people had told him because
- 26 it commonly gets said about him.
- 27 Q. If we also look at 12 April, page 10 in the notes; we have yours page 37, 12 April.
- 28 We see from the notes: "Is the patient at risk of self-harm? No. Suicide ideation. No.
- 29 Suicidal plans. No. Is there any intention to follow through with the plans, suicide or self-
- 30 harm? No." You have omitted a lot of that from your note of 12 April. Can you tell us why
- 31 you have not put that in?
- 32 A. These are assessments that sometimes get repeatedly put in the file and if we go back
- 33 to page 6, that had already been documented. As I say, I cannot put everything in.
- 34 Q. Also on page ---

1 A. I have put on line two, the first time it is mentioned: “Later no suicidal thoughts or
2 thoughts of self-harm were recorded”.

3 Q. Where are you reading from, Professor?

4 A. Page 37, line 2 on 11 April.

5 Q. Right. We are talking about 12 April.

6 A. Yes, I know, but some of these things in the medical records, they get regenerated
7 over and over again as if someone is just copying and pasting across, or it is just what is
8 already in the records. I do not repeat every time something gets said because my synopsis is
9 long enough already.

10 Q. That is not right, Professor, is it? If we go back to page 9, we see that 12 April has
11 started; this is definitely an entry for 12 April, or are you saying it is not?

12 A. I am saying sometimes it appears to be the case, but the same thing gets written in the
13 medical records over and over again, as if someone has just regurgitated it.

14 Q. Let us look at something that was not. If we look down on page 10, between the two
15 perforations: “In relation to his mental and psychological wellbeing, I discussed seeing the
16 psychiatrist for a review. Mr Assange said he wished to discuss with his legal team.” It is a
17 rather strange comment. That is omitted from your appendix, is it not, that he wanted to
18 discuss whether he wanted to see a psychiatrist with his legal team first. Why have you
19 omitted that from your appendix?

20 A. I did not – as I say, I do not put everything in. I did not think that that was really
21 telling us about his mental state one way or the other. You could say that indirectly it does,
22 but I do not put everything in. They are long enough, my synopsis, already.

23 Q. Well, you were told that Mr Assange reads the British Medical Journal, were you not?

24 A. I was told different things. I was told he reads the British Medical Journal. I was told
25 he reads Nature. I was told he reads New Scientist. I think it was New Scientist, but yes, I
26 have been told that.

27 Q. But you did not, nowhere in your report, in your first or second report, have you
28 commented that Mr Assange reads the British Medical Journal, have you?

29 A. I think I have put that he reads Nature because that is what I was told at the time.

30 Q. You were also told that he read – shall I show it to you? It is in your notes.

31 A. Okay.

32 Q. It is page, I will show it to you so you know what we are talking about, page 749 in
33 volume 2. You were told in one of the interviews, these are your handwritten notes, that he
34 regularly pays 749.

- 1 A. Said by Dr Dreyfuss.
- 2 Q. Yes.
- 3 A. Yes. She told me that. Someone else told me Nature. I think he told me Nature and
4 someone else told me New Scientist. I did not document it every time.
- 5 Q. Well, you did not document that at all, did you, BMJ?
- 6 A. Not the BMJ, no, but I did – there is this – someone, there is this story that he is a
7 regular reader of scientific journals which I have no reason to disbelieve but I have been told
8 different journals at different times and I did not document them all. It did seem a minor
9 matter.
- 10 Q. But, Professor, surely alarm bells must have rung then because Mr Assange, a clever
11 and articulate man, who reads the British Medical Journal, with a strong incentive to feign or
12 exaggerate symptoms and who will not see a psychiatrist until he is discussing the psychiatrist
13 with his legal team. Did that not ring any alarm bells with you as to exaggeration, potential
14 exaggeration of what he might say to you?
- 15 A. Mr Assange reads the British Medical Journal because as Joseph Farrell told me, he is
16 very preoccupied by his state of health. He is a little bit hypochondriacal and I suspect that is
17 why he read it. I did not think that there was any – I mean, it is like him, that he wants to
18 discuss with the legal team before he will do anything and I did not draw any particular
19 significance from this comment.
- 20 Q. Alright.
- 21 A. Which I do not think any of the other psychiatrists have commented on either.
- 22 Q. Let us just go on. We have dealt with 12 April. Let us just move on to 15 April and it
23 is your page 37. It is the medical notes, page 13. And if we pick it up, he is seen by a
24 consultant psychiatrist, Dr Rachel Daly, “Saw Mr Assange as on ACTT, biggest issue is
25 dental problems, currently root canal treatment re misuse on non-medical.” I suppose that is
26 the painkillers he was taking in the embassy.
- 27 A. Well, the mental state examination ---
- 28 Q. “No allergies, engaged in conversation, finds prison difficult, difficulty adjusting
29 currently back to normal life. He has been given an induction, explained about money, visits
30 and calls. Finds sleep difficult. Says mood is low but no self-harm plans, no psychotic
31 features, has good insight and cognitively, very able.”
- 32 Now, if we look at your 15 April, you do not mention any of that position which the
33 consultant has set out. Why not?

1 A. It is not for any sinister reason. I was trying to elicit the most important things which
2 to me was the sleep difficulties and the low mood. Dr Deeley, as we will come on to see,
3 always says that he has no self-harm plans and she never elicited any psychotic features, but
4 that is partly because the relationship between them has not been good, but I did record what
5 I thought was important, that the mood was low, that sleep was difficult and that they agreed
6 that he should commence mirtazapine and see a psychologist and the biggest concern was the
7 dental problem. That seemed to me the most crucial bits in that paragraph.

8 I really cannot record all for what is in here or my appendix and report would have
9 been ridiculously long.

10 Q. Just going back to one of the things we agreed earlier, that close observation is
11 extremely important in checking on things and here, we have a close observation from a
12 consultant psychiatrist. It is a pretty important observation, is it not?

13 A. Well, it is, if accurate, it is an important observation that there are no self-harm plans
14 but you know, I cannot put everything down. It is debatable whether I should have put that or
15 not in my mind.

16 Q. Okay. Well, let us go to the next one. We are going to do a few of these in detail.
17 The next line ---

18 A. As I said at the beginning, I have put down what I think is a fair synopsis of what is
19 there and her Ladyship will have to look at it and see if she thinks it is a fair summary.

20 Q. Well, let us just see whether it is fair. 17April, it is your page 37, 17 April, notes,
21 clinical notes page 17. Sorry, 14. 14.

22 A. Sorry, you are on page 14.

23 Q. 14 in the notes, 37 in your report, 17 April and if we look at what Dr Deeley says on
24 17 April, almost the last line on the page, "Mood good and will follow up. Remains on
25 ACCT." Mood good. Why did you not put mood good in your note for 17 April?

26 A. Well, I put, "He complained of a sluggish feeling on mirtazapine and had been
27 changed to zopiclone. No self-harm plans. Has met with the psychology team." As I say, I
28 do not put everything down, but yes, it is arguable that I should have put that, but I have not
29 put everything everywhere.

30 Q. I understand that. I am just drawing attention to some of these points, Professor. It is
31 not actually ---

32 A. You will find that I have ---

33 Q. Let us just go through a few more if I may.

34 A. Yes.

1 Q. If we go to the next one, 22 April. That is your page 37. It is page 17 of our, page 16
2 of our notes. So, the middle of the page and it has got, “Overview notes.”

3 A. I can see nurse who ---

4 Q. It starts off with exactly the same, little eye contact.

5 A. Yes.

6 Q. But then, when asked how things were going with you, “tough,” he responded,
7 “Expressed frustration and inability to captain his own ship, in his own words, prepare his
8 case. No legal visit. No phone credit. The SO assured him and told him he would arrange
9 credit for phone calls. Mr Assange’s main concerns are his cases, the environment, access to
10 a library, having his health checked, working in the prison, visits and phone calls.”

11 Now, that is not set out as the main concerns in your note for the 22 April, is it?

12 A. Matters like visits and other things, I mean, these are – and the library, I regarded
13 those as essentially administrative matters. I have put about the very little eye contact,
14 complaining about being out of the sun, was to be kept on ACCT. If he had made up his
15 mind to do something, there is nothing that can stop him and later that day, he was concerned
16 he should be on antibiotics, concerned about sunlight. He was evasive when asked about
17 deliberate self-harm, stressed and fed up, not obviously low, very evasive, vitamin D to be
18 ...” I was concentrating on what I considered the psychiatric and the medical factors rather
19 than the more administrative factors. I have to abbreviate somehow.

20 Q. Do these not feed into it because of you are looking at someone’s, if they are meant to
21 be so severely depressed with psychotic symptoms that they are unable to function and they
22 are concerned about their cases, the environment, getting to the library, having his health
23 checked, where he is going to work in the prison, what about his phone calls. Those are
24 wholly inconsistent with your diagnosis, are they not?

25 A. They are not wholly inconsistent and they are mainly administrative factors. I have
26 got to be somewhat succinct. I have already taken something like 10 or 15 pages in
27 abbreviating these notes. The judge would not thank me if my report had been any longer
28 than it already is. My summary of the notes is more comprehensive than in any of the other
29 psychiatric reports available. I have done my best. You could always find things that I have
30 left out that you think should be there, but I thought that those were more administrative
31 matters whereas what I focused on were the direct mood state matters.

32 Q. Well, let us look at the direct mood statements, so non-administrative matters, on 22
33 April which you have also left out. Let us turn to page 17 and pick it up at point 7, this is still
34 22 April. “Asked about my loyalties to him or the prison, who pays me. He’s not delusional,

1 all within normal questioning, although at stages he expressed thoughts there are MI5 officers
2 in the prison. Examination.”

3 So, this is a clinical examination. This is something which should have gone in.
4 “Calm and collected most of the consultation. Stressed and fed up but not obviously low.
5 Very evasive, but in what appears to be an attempt not to incriminate himself rather than
6 hiding thoughts of deliberate self-harm. No sign of perpetual (inaudible).” Drop down a few
7 more, number 4, the plan, “I do not feel that he is likely to self-harm. I believe he is low and
8 stressed and evasive in view of the high profile cases plus belief everything he tells us will
9 work against him.” That is Nicholas Taylor saying that. Now, those are matters which ---

10 A. Could I just ---

11 Q. --- should have gone in your report, should they not?

12 A. Could I just point to what I have said? They partly are but in very succinct form. “He
13 was evasive when asked about deliberate self-harm, stressed and fed up but not obviously
14 low, very evasive, vitamin D and bone profile to be tested. I do not feel he is likely to self-
15 harm.” So, in a few lines, I have given a concise account of what Nicholas Taylor has said
16 but I have not reported all of it.

17 Q. Let us look at 20 April, just dropping down to 29 April, page 37 in your report, notes
18 page 21. Let us just read, you can read what you say if you take a second to do that, and then
19 let us just see what we see in the notes.

20 A. Sorry, 29 April?

21 Q. 29 April, page 37 in your report, page 21 in the notes.

22 A. I said that a negative HIV was found. There had been a previous positive which was a
23 false alarm. I said that the previous test had been negative and he feared that he might have
24 been deliberately infected in his sleep. It was also noted that hepatitis B and C and a syphilis
25 test were negative. He reported a near death experience that morning. He wondered if the
26 CIA were finding a way to get him or to mess with his head. I noted that because it might be
27 suggestive of paranoid ideas. His main issues concerned his case being strong enough to
28 fight the hundreds of lawyers the US had working against him. He discussed his needs and
29 how he helped to be – and how he could be helped in Belmarsh.

30 Q. Let us just look at the medical notes on page 29. 29, this is above the first perforation.
31 “He appears very relaxed and considerate of his terminology and his communication ---

32 A. Sorry, is this under 15.48?

33 Q. This is under 15.48.

34 A. Yes. So, you have missed out the near death experience which I had put in.

1 Q. Well, the near death experience, well, I will just challenge you on that then, Professor,
2 because a near death experience was that he tested positive and then tested negative for a
3 potentially fatal disease, did he not? It has got nothing to do with his mental state.

4 A. Well, it is a very strange thing to say. I did not necessarily relate that to the HIV. It
5 was an odd thing and I recorded it.

6 Q. Well, it has got nothing whatsoever to do with his mental state. Anyway ---

7 A. Well, it could do because it is a very strange thing for someone to be saying. I am
8 sorry. I am a psychiatrist. I am entitled to make a judgment.

9 Q. I want to look at 29 April. Your page 37, our page 21. After he states the near death
10 experience, why do you admit from your appendix the words “he appears very relaxed and
11 considerate of his terminology and communication and importantly, he denied any thoughts
12 of self-harm”? Why do you admit that?

13 A. Um, it is arguable that I should have put in about being very relaxed and considerate.
14 I have elsewhere recorded where he does not have self-harm plans. If you look in the middle
15 of the page, I put “no self-harm plans” where Dr Deeley had evaluated him. I probably put it
16 there because I considered her assessment more important but he does not discuss self-harm
17 with many people in the prison.

18 Q. And this is Mrs Catherine Thompson, a nurse access role, and then we see at the
19 bottom of that, 15.48, at risk of deliberate self-harm, no, low suicide risk. You did not put
20 that in?

21 A. No, that is another of these computer generated assessments I think that gets
22 regurgitated. These things like risk of DSH and ---

23 Q. Right.

24 A. --- low suicide risk. I do not repeat them every time they come up.

25 Q. Now, Professor, this is the very period that he told you that he thought about suicide
26 ideas hundreds of times a day. If we just flick back keeping our finger in page 36 and 37 to
27 page 12 in your report, you will see that this is the time he is telling you, I will pick it up in
28 the middle of the paragraph, “Mr Assange” – this is about three, six, seven lines down, at the
29 end of the seventh line, “Mr Assange reiterated he thought about suicidal ideas hundreds of
30 times a day.”. Now, I am just going to ask this question. How does a relaxed and considered
31 man concerned about fighting his case, concerned about the more mundane issues in prison
32 and visits to the library, et cetera, fit with a man who claims thinking of suicide hundreds of
33 times a day?

1 A. First of all, I would point out the first time I saw Mr Assange was on 30 May so I did
2 not actually see him on 29 April. Secondly, he talks to me and he talks to Dr Corson and
3 occasionally to one or two of the other nurses about things that he does not talk about to other
4 parties, particularly to Dr Deeley. I think there are reasons for that but he has been more
5 revealing to me.

6 Q. Let us just move on then. We were back to page 37, if we flick over the page to 1
7 May, your entry for 1 May, “Mr Assange was described as medical fit for court appearance”,
8 do you see that? That is all you have written?

9 A. Yes.

10 Q. If we go to page 21, we see at 1 May medically fit for court appearance but more
11 importantly, if we drop down a few lines, consultation, this is another person, so we are
12 talking about different people observing him, Dr David Rampersad, “Seen Mr Assange at
13 reception on his way to court. Patient said he was fine. No concerns raised.”. Now, why did
14 you omit that comment from your report?

15 A. Because that was probably a very quick and superficial examination comment as he
16 was on the way to court. I do not pretend to have put every single comment into my
17 appendix but neither have any of the other psychiatrists done it anything like the detail I have
18 done it and I have put in my appendix both things in his favour and things that are not.

19 Q. But that is an important comment, do you not agree? He was fine on his way to court.

20 A. No, I do not think, I think that a quick assessment on the way to court did not strike
21 me as something that needed to go into my synopsis when I was trying to keep the synopsis
22 no longer than it already is.

23 Q. Let us look at 3 May.

24 A. Can I have another drink please?

25 Q. 3 May, your page 38, and we want notes page 24.

26 JUDGE BARAITSER: Professor, there is a bottle of water just to your left. Is that enough
27 for you?

28 A. Well, could I have a cup please?

29 JUDGE BARAITSER: Yes. Yes, we will carry on whilst we find you a cup.

30 A. Yes.

31 Q. So, what I have taken you to and we are looking now at 3 May, your page 38, you
32 have got a brief entry, “Looks very well, coherent, good car, very busy with legal work”, yes?

33 A. There are lots of entries for 3 May. I am not quite sure ---

34 Q. Well, no, I am just looking at yours first of all. That was what you wrote.

- 1 A. Sorry, I need to get back to ---
- 2 Q. But he said to Dr Philip Gagnant, another doctor, you can pick this up just above the
3 first perforation, he told the doctor he felt very low, they are trying to put him in prison for
4 life, he is feeling depressed, not suicidal.
- 5 A. Well, I omitted things that I might have put in as supporting my diagnosis. Where
6 does the “not suicidal” come?
- 7 Q. Not suicidal comes just above the, page 24, just above the first perforation. It says
8 “give more oranges and milk”.
- 9 A. Looks very well, coherent, good colour.
- 10 Q. Did you see that? Do you see? Give more oranges and milk in bold. Page 24.
- 11 A. No, I cannot see that. Oh yes, yes. I have got that.
- 12 Q. And just above that, not suicidal.
- 13 A. Feeling very low, no sex drive, not suicidal, yes.
- 14 Q. So, why did you not put that comment in? Because this is at a very relevant period of
15 your diagnosis.
- 16 A. It is still actually well before I first saw him and it is true, I omitted that, I included
17 things that might be against my argument, looks very well, coherent, good colour. So ---
- 18 Q. Well, Professor, it is not an argument. You are here as an expert to impartially help
19 the court.
- 20 A. OK. I am – I have never pretended, these are fully comprehensive documentation of
21 all that is in the medical records. If I was going to do that I might as well have photocopied
22 them and put them as a huge appendix but I do not think that would be helpful for anybody.
23 But if you do, do a synopsis, it is always going to be the case that one side or other will say
24 oh, you have left out something important. And yes, I have probably left out things that go
25 either way such as I also left out his feeling depressed, feels very low, et cetera.
- 26 Q. My point here is, Professor, when I have gone through a few of these you might
27 change your opinion, might you not?
- 28 A. I do not know. You are hoping that I will change my opinion but I – my considered
29 opinion is based on all the things that counsel for the defence mentioned. The taking the full
30 history, speaking to informants, speaking to other experts, et cetera.
- 31 Q. Well, I mean, just look at this. It just strikes me. Please, and this is in capitals as if
32 someone is shouting on the paper, give more oranges and milk.
- 33 A. That is because at the time he was not eating very much.

- 1 Q. But that is not consistent with a person unable to function because he is severely
2 depressed is it? With psychotic symptoms?
- 3 A. They were worried about his weight loss.
- 4 Q. Yes, but is that consistent, someone says please give more milk and oranges. He likes
5 them all.
- 6 A. Weight loss, in the context of depression, and it was quite a significant weight loss, is
7 a significant factor ---
- 8 Q. Do you know what his current ---
- 9 A. --- so they will give him anything that is going to help him boosting his daily intake.
- 10 Q. Do you know what his current weight is?
- 11 A. I have not – I only received the statements last night. The last time I – so I have not
12 seen the weight ---
- 13 Q. Can you tell us his ---
- 14 A. --- but the last time I saw it was about 79/80.
- 15 Q. We will come back to that in a moment. We are on 15 May now in your report. 15
16 May. We are on notes page 41.
- 17 A. Is that in ---
- 18 Q. 15 May.
- 19 A. --- 41? So, that is 41 out of 49?
- 20 Q. I am sorry if I have not made it clear. Your page 38, entry for 15 May, and in our
21 clinical notes, bundle page 41 for 15 May.
- 22 A. Yes. So, that I think goes into the next batch that I have. So, I have now got 15 May.
- 23 Q. I am just going to pick it up, “Patient complained to starve of going cold turkey as a
24 result of using a lot of co-codamol up to the recent past to relieve pain from toothache.”. And
25 then at the end of that, “Patient is on ACCT and MHK said he denied having any thoughts of
26 deliberate self-harm.”. That is 15 May. On 15 May ---
- 27 MR FITZGERALD: He puts it in.
- 28 Q. --- would the fact that he was going “cold turkey” because he is coming off co-
29 codamol used in the embassy, explain his low mood?
- 30 A. No.
- 31 Q. Let us just move on. I am conscious of the time. 18 May, your page 38, our notes
32 page 45. Last entry on the notes page for 18 May, page 45, “Denies self-harm or suicidal
33 thoughts but stated feeling in low mood due to stressful events in his life”. That is 18 May. I
34 cannot see that in your synopsis; do you know why you have missed it out?

1 JUDGE BARAITSER: I think it is there.

2 MR LEWIS: Is it?

3 THE WITNESS: I put: “low mood, denies self-harm or suicidal thoughts on ACCT.” Could I
4 just add, as I have documented in my report, Mr Assange was very reluctant to talk to some
5 of the staff about his suicidal ideas, and certainly his suicidal plans, because he feared that he
6 was going to be put on to constant watch or put into isolation. I think that is sometimes why
7 they get negative responses. I also think it depends on who he is speaking to.

8 Q. Let us just carry on a little bit: 19 May, your page 38, our notes page 48.

9 A. 19 May I have got on pages 12 to 13 of 49.

10 Q. 14 of 49 might help you. You do say “interacting with fellow cellmate, appears to
11 have been enjoying the conversations and to play pool.” In fact it is a little bit more detailed
12 than that: “Mr Assange had been observed to be up and about most part of the shift. He was
13 observed watching TV, particularly racing, in the afternoon. He has maintained good
14 interaction with fellow cellmate and appeared to have been enjoying the conversations. He
15 went to the yard for fresh air and exercise and played pool in the association room with other
16 inmates. He enquired about his medication and why he has not had it. It was explained to
17 him.” That observation, Professor, is not consistent with a man who is unable to function
18 owing to severe depression and psychotic symptoms, is it; or to thinks of suicide a hundred
19 times a day?

20 A. It does not rule out his thinking about suicide a hundred times a day.

21 Q. Come on, Professor, are you being serious?

22 A. Yes. Could I remind you that this is 19 May? I did not get to see Mr Assange until
23 30 May. My evaluations are between 30 May and December.

24 Q. I will deal with a few more of these and then we will go on to those if you want.

25 JUDGE BARAITSER: Did he answer the first part of your question: “That is not consistent
26 with someone with severe depression?” He certainly answered the second part. Did you
27 respond to that?

28 A. That would not be consistent with someone with the severest forms of depression, but,
29 as I say, I was not seeing him at that time. People with more moderate depression can get up
30 and do an activity and then they go back to their cell and collapse and feel miserable.

31 MR LEWIS: OK. 22 May: “Ward round with 12 people.”

32 A. I noted that because that is what he intensely dislikes. In my view it is a very old-
33 fashioned way of doing psychiatry, but it is partly why he has not managed to establish a
34 good relationship with Dr Deeley.

1 Q. Before we move off 20 May, if we drop down to 19:23, Sarah Morrison, she gives no
2 evidence of hallucinations or delusions during the period noted; do you see that?

3 A. Yes. I think this is one of these repetitive assessments, but he certainly was not
4 talking to nursing staff at that stage about hallucinations or delusions.

5 Q. Another comment “summary report” just below the second perforation: “Since Mr
6 Assange’s admission, he has engaged with staff; he has been polite and friendly when
7 approached. He has been complying with his medication and his dietary intake is healthy.
8 He has been attending exercise and association, and has been observed interacting well with
9 others and playing pool.”

10 A. He tells me that only played pool once, although it is recorded as “twice”; I do not
11 understand that. This was of course before he was moved on 18 July to the single cell in
12 healthcare where his mood state deteriorated. It is also before I got to meet him for the first
13 time.

14 Q. Professor, that is not in your report. Again, that omitted observation is not consistent
15 with a man who is unable to function owing to severe depression, or who thinks about suicide
16 hundreds of times a day, is it?

17 A. On 19 May, I have said that he was interacting with fellow cell mates, appeared to be
18 enjoying the conversations and played pool. As I say, I am trying to keep my comments
19 brief, but I have got the spirit of what you are saying into that brief synopsis.

20 Q. On 22 May, bundle page 53, 19 of 49, Sarah Morrison, Nurse Access Role, middle
21 between the two perforations: “He did engage, was polite throughout the assessment. He
22 was wearing prison clothing and no signs of self-neglect.” We get down to “hallucinations.
23 None. Other note: Mr Assange chose not to answer the questions for privacy reasons.
24 Patient insight of illness? Yes. Thought observations. No concerns.”

25 A. This is one of these repeat, tick box assessments, which I did not always document,
26 but I agree, and it is consistent with the way he was behaving that he would not talk about
27 certain things for privacy reasons because he was embarrassed about some of the phenomena
28 that he was experiencing and he was worried about the repercussions of admitting to suicidal
29 ideas or plans.

30 Q. Let us look at the next day, 23 May, and we will not talk about any possible tick
31 boxes; you put no entry for 23 May, have you?

32 A. I have put the 22nd and the 24th. As I say, I do not pretend to put everything. If I had
33 done it would have been a huge appendix.

34 Q. You have changed your mind, Professor - - if you have got an open mind ---

1 A. To change my mind about what?

2 Q. Your diagnosis.

3 A. These small omissions, or if you like to see them as larger omissions, is not going to
4 change my mind about the diagnosis. I am a psychiatrist, you are a lawyer; I make my
5 diagnosis on a number of criteria.

6 Q. You have already agreed with me that it is very important and that making your
7 clinical diagnosis alone is not enough and that close observation by a clinical team in a
8 controlled environment is crucially important; you have already agreed with that, Professor?

9 A. I am not sure I used the word “crucially”, I said “it is important”. The quality of the
10 assessment varies from place to place.

11 Q. These are the important independent observations which contradict self-reporting,
12 which you are relying on, do they not?

13 A. I have concluded in my synopsis things that he says or does that are positive about his
14 mental health and things that are negative. I have not included everything. I said that at the
15 beginning. This is a synopsis.

16 Q. Let us look at something else you have not included on 23 May, page 56: “Mr
17 Assange attended the Chapel this morning to do an Alpha course. He also had a video-link
18 this afternoon and attended outpatients for two appointments. He declined his lunch, but had
19 his dinner when he came back from outpatients. He complied with his medication, being
20 polite and friendly when approached. No concerns reported or observed.” Again, these are
21 inconsistent with a person suffering with severe depression, psychotic symptoms, are they
22 not?

23 A. As I say, this was before I ever saw him. He deteriorated when he was put into
24 isolation. I do not think that they exclude the diagnosis of severe depression during the
25 period I saw him, particularly after 18 July.

26 Q. 25 May, your page 39, our notes page 59 (25 of 49), you say: “I am going to die
27 because I am not eating” is your only entry?

28 A. I have put “declined medication except Fortisip and analgesics. I am going to die
29 because I am not eating.” Yes.

30 Q. Let us look at what is in the notes, stated verbatim, we agree with that “going to die
31 because I am not eating”. Staff have assured him he is not going to die because he is drinking
32 his Fortisip (this is a nutritional intake in a liquid form). “He attended exercise and
33 association and then collected his dinner on a hot plate, but [not] observed to have eaten his
34 food yet at the time of entry, declined evening medication.” Why did you omit that he had

1 attended exercise and association?

2 A. I am giving a synopsis, I am not going to put everything down. I thought it was
3 important that he declined his medication, that he took the Fortisip and he made that odd
4 statement about “I am going to die because I am not eating.” I am trying to write a synopsis.

5 Q. Professor Kopelman, I have done the first month, but I do not have time to go through
6 the next 16 or 17 months in the time allowed for me to cross-examine you, so I am going to
7 ask you some general questions on the notes. First of all, about hallucinations. I am going to
8 give you an example first, page 150 in the notes “no evidence of hallucinations” ---

9 A. What page is this?

10 Q. It is 14 of 116. There are lots of examples.

11 A. Yes, there are lots of these repeated examples of “hallucinations or delusions: No”.

12 Q. But it says “no evidence of.”

13 A. OK. Mr Assange was telling me that he was very reluctant to talk to staff about his
14 hallucinations (a) because he was embarrassed about them, but, more importantly, he was
15 worried about the consequences for his placement and care might be.

16 Q. Let me ask you this general question first. In the entirety of the notes made by the
17 clinical team, is there any observation of hallucinations?

18 A. Yes, about three times.

19 Q. You show me those, then.

20 A. I mention them in my second report.

21 Q. You certainly mention there is another self-report.

22 A. They are probably self-reports. In one case they were put in capital letters.

23 Q. Help us where that is, Professor.

24 A. 5 August, I put 6 December - I think it is 7 December - and 9 December.

25 Q. Do you have page numbers? I will get someone to look at those.

26 A. No, I have just the dates.

27 Q. So, what, the 6th?

28 A. 5 December - 5 August.

29 Q. 5 August.

30 A. I have put 6 December but I think that should have been the 7th.

31 Q. Yes.

32 A. And the 9th.

1 Q. Right. Well, we will have a look at those just when we come back from lunch. I have
2 not got them marked, so I will not waste time on trying to find them now. OK. So we need
3 not trouble with - I was going to ask you about delusions, but you do not ---

4 A. I do not believe he has got delusions.

5 Q. So we can cross ---

6 A. He is very worried about, you know, whether our discussions were being recorded or
7 not, whether that all computers should be switched off, et cetera, but I think, in the light of his
8 experiences in the embassy, that was a rational anxiety.

9 Q. Thank you. Well, I am just going to leave those for a moment. We may have to come
10 back to them after the short adjournment. Let me just move on to some different topics in a
11 moment. First of all, there is something which occurred in your examination-in-chief. You
12 said that the - I just want to pronounce it correctly - that the quetiapine was started for
13 psychotic symptoms.

14 A. No.

15 Q. That is what you said.

16 A. Dr, let us get this right.

17 MR FITZGERALD: No, he did not say that. He said he recommended it.

18 WITNESS: I recommended it as an adjunct for depression and also because I thought it
19 would help with the hallucinations. Dr Deeley's account is she started it in order to help his
20 sleep, which is probably what you are going to put to me.

21 MR LEWIS: I am. And in fact the dosage.

22 A. I started ---

23 Q. Quetiapine, if it is for psychotic symptoms, you usually have between 400 and 800
24 milligrams, do you not?

25 A. No, that is a high dose for someone severely psychotic. I am used to using it in
26 patients who may have other pathologies and we begin at a very low dose. The starting dose
27 I think in the BNF is 25 milligrams. We used to begin at 12.5. I suggested 12.5 because I
28 thought that Mr Assange would complain. He is very sensitive to medications and to
29 changes. I thought he was going to complain that he was too drowsy if you started him on a
30 higher dose. In fact, Dr Deeley started him on 50 milligrams which was fair enough.

31 Q. All right. Now I want to go to some other sources other than Mr Assange that you
32 based your opinion on.

33 A. Right.

1 Q. We are going to go through some of these. And I think the first source, other than
2 Mr Assange, is at your page 18 in your first report. Dr Suelette Dreyfus. Yes?

3 A. Yes, I have got her, yes.

4 Q. And can you help me with this, Professor, when I read your report, first report, I was
5 under the impression Dr Dreyfus was a medically qualified person, that is why you relied on
6 her for confirmation of Mr Assange's depression in Australia when he was in his early 20s.

7 A. Well, I never meant to convey that. She is a PhD university lecturer, or senior
8 lecturer. I have put at the top she now lectures and researches in Melbourne university.

9 Q. So anything ---

10 A. And she was involved in research on security systems, E-learning research,
11 investigating medical reporting. There is nothing there to imply she is a medical doctor.

12 MR FITZGERALD: No, it says she is a lifelong friend in the next paragraph.

13 WITNESS: Yes, she is ----

14 MR LEWIS: No, I understand that.

15 A. She is his longest known friend.

16 Q. I just want to make that absolutely clear. So anything she says about depression is
17 given from a lay perspective.

18 A. No. Yes. But it is given from the perspective of someone who, apart from his family,
19 has known him longer than anybody else.

20 Q. Yes.

21 A. That is why I interviewed her.

22 Q. But when we talk about, "She confirmed he had become depressed", that is not a
23 medical opinion, that is simply a lay way, like me saying, "Miss Dobbin was a bit depressed
24 yesterday."

25 A. You seem to be wanting to make psychiatric diagnoses much of the time, but when I
26 said, "She confirmed", I meant consistent with what he and others had told me she
27 corroborated. I did not mean and did not intend to imply ---

28 Q. OK, that is fine.

29 A --- she is, as a medical doctor, confirmed clinical depression.

30 Q. Well, we have got that clear. Now, she became friends with Mr Assange when
31 Mr Assange was 23. Is that right?

32 A. Yes. It was a couple of years after the first depression.

33 Q. And it is said he had first become depressed when he separated from his partner.
34 Now, we know that was when he was 20 years old.

1 A. Yes.

2 Q. You have got that at page – if you need to ---

3 A. No, I know that.

4 Q. It is page 7 of your report.

5 A. Yes.

6 Q. So it is clear, so that would be 1991, he is born in 1971, it is clear that Suelette
7 Dreyfus did not know Mr Assange when he is first said to have had depression.

8 A. I just said that, yes. She knew him a couple of years afterwards and she got to know
9 him well and they wrote a book together, or she was the main author, but I think he made a
10 lot of contributions.

11 Q. So if we look at page 19 and it says, “Depressions. Dr Dreyfus confirmed that
12 Mr Assange had first become depressed when he and his first partner broke up.” Now, why
13 did you not make it clear that that is not a contemporaneous or personal observation, but one
14 obviously reported to her by Mr Assange himself?

15 A. Perhaps I have misphrased that but I did not mean to deceive anybody. She got to
16 know him a couple of years afterwards.

17 MR FITZGERALD: Well, with great respect to my learned friend, the next sentence, “As far
18 as she knew” makes it absolutely clear.

19 WITNESS: Yes.

20 JUDGE BARAITSER: That is a matter of opinion. He is entitled to put that to make it clear
21 to me, in any event.

22 MR LEWIS: Yes.

23 JUDGE BARAITSER: Thank you. I have the point.

24 MR LEWIS: And I do want to make the point, Professor, when you repeat, “Dr Dreyfus says
25 he was depressed and described what could be psychotic symptoms”, it does read somewhat
26 as though this was a proper clinical diagnosis rather than a lay friend, in your second
27 paragraph there.

28 A. She subsequently saw the later depressions and she described typically that he could
29 not sleep, he stopped eating. She had to stock him up with food. Self-care became poor, not
30 washing or cleaning the house. He would complain of being foggy in the head and forgetful.
31 She described him feeling dead inside, mentally less sharp, which made him even more
32 depressed. He became fatalistic saying, “We’re all slime molds” and people could not escape
33 from their genetic patterns. I have not said there, it comes in the next paragraph, about
34 anything to do with psychosis, but the intention of that paragraph was to show that although

1 these earlier episodes were milder than what I have described more recently, there was an
2 overlap between the symptoms that she described as having occurred then and I have
3 described as having occurred more recently.

4 Q. Thank you. Professor, am I right in thinking that the only medical diagnosis of
5 depression we have is from Professor Mullen who saw Mr Assange in Australia in 1995
6 when Mr Assange was 24 years old?

7 A. We know that he was admitted to hospital, psychiatric hospital not medical hospital,
8 in the first episode for what seems to have been seven days or so.

9 Q. How do we know that?

10 A. Well, I ---

11 Q. What records do we have?

12 A. --- have been told it by his father, his mother, Dr Dreyfus; it is in Dr Dreyfus's book,
13 and it was told to Professor Mullen when Professor Mullen saw him in 1995.

14 Q. So we will just go back to the question as asked. Am I right in thinking the only
15 medical diagnosis of depression we have is from Professor Mullen who saw Mr Assange in
16 Australia in 1995?

17 A. The only documentation we have is from Professor Mullen. However, in the Royal
18 Melbourne notes there are comments about clearly depression, suicidal ideas, has been seeing
19 GP for this for two years. Started on Prozac for nine months. I tried hard to get the GP
20 records which would have given us a lot more information but they were destroyed as
21 apparently happens in the state of Victoria after seven years, or something. And once I knew
22 that Professor Mullen had been involved, because I knew him, I went for his report and also
23 discussed with him how Mr Assange had been at that time.

24 Q. Fine. I am talking about medical diagnosis. And Professor Mullen, and he said this at
25 paragraph 4 of his report, if we need to turn it up, "In 1995 Mr Assange presented as an
26 articulate young man of good intelligence." And Professor Mullen found him to have short
27 periods of mild to moderate depression and was not able to elicit any evidence for more
28 severe disturbance of mental state, such as delusions or hallucinations. Paragraph 8.

29 A. Yes. There were no delusions or hallucinations at that time, but on page 27 you will
30 see I have given a three-paragraph summary of what Professor Mullen actually said.

31 Q. But I just want to press you on that, Professor. The only medical diagnosis pre-
32 Belmarsh that Mr Assange suffered from depression is that he suffered from mild to moderate
33 episodes of depression with no psychotic features. That is right, is it not?

34 A. Yes, that is what we have.

1 Q. Yes.

2 A. There are indications in the Royal Melbourne notes that he subsequently had another
3 depression and I have no reason to disbelieve the various family members and Dr Dreyfus
4 that there was a psychiatric admission in 1991, but unfortunately we do not have the medical
5 records.

6 Q. So I just want to understand the groundwork. Pre-Belmarsh the only episodes of mild
7 or moderate depression with no psychosis.

8 A. Well, Dr Dreyfus, who has not seen him recently, later told me about hallucinations.

9 Q. We will come to that. I will say medical evidence.

10 A. We have not got medical documentation, no. It is a pity that we could not get the GP
11 records of the 1991 notes because that would have been more informative.

12 Q. So just going back to our definition we started at this morning, which you agreed, that
13 a recurrent, which is how you have diagnosed it, recurrent depressive episode be – I am
14 reading it out – may be subdivided as below by specified, first, the type of the current
15 episode, and then, if sufficient information is available, the type that predominates in all the
16 episodes.

17 A. Sorry. I think that is, you are reading from my CD rather than from what I said.

18 Q. Well, yes, I probably am.

19 A. Yes. Thank you.

20 Q. I thought you had agreed with my ICD definition; perhaps you had not.

21 A. I made qualifications about ICD.

22 Q. Right.

23 A. And I said that I am not wholly reliant on ICD in making a diagnosis.

24 Q. Because in ICD to get to F33, which is recurrent depressive episodes of severity with
25 psychotic symptoms, you have to look at other episodes and find out which one
26 predominates, do you not?

27 A. The depression was recurrent. I did not say that psychosis was recurrent, and
28 hallucinations we do have a bit of evidence from Dr Dreyfus.

29 Q. We are going to come to that because we are going to look at it in some detail from
30 your notes. I will just try and finish with Suelette Dreyfus, then, before we move on to the
31 others after lunch. So, dealing with Suelette Dreyfus, which you have just mentioned, you
32 say at page 21 of your first report, so top of the page, 21, “Dr Dreyfus said to me
33 spontaneously that if Mr Assange were to be extradited to the United States, she felt very
34 convinced he would commit suicide.” That is what is in your report.

- 1 A. Yes.
- 2 Q. Now, that is not quite what she said, is it?
- 3 A. I would have to go back to the handwritten notes.
- 4 Q. Let me help you, page 749 in volume 2. I say that, I have given you the wrong – I just
5 might have the slightly wrong reference. I will tell you what I think your notes say. Where is
6 it? Oh yes, I just had not highlighted it. It is 749 and can I just show you where it is.
- 7 A. I have just found it.
- 8 Q. What she actually said, according to your contemporaneous notes, is, “Thinks he
9 would attempt suicide.” Now, that is quite different, is it not, Professor, from, “Felt
10 convinced he would commit suicide.”
- 11 A. The way he feels about going to the US, she thinks he would attempt suicide.
- 12 Q. Attempt suicide.
- 13 A. Yes. It was said to me pretty forcibly.
- 14 Q. But you have not faithfully reproduced it, have you?
- 15 A. And then she, she became tearful at that point.
- 16 Q. But it looks like you have slightly embellished it, Professor, at the top there, “Thinks
17 he would.”
- 18 A. Well, I do not think I have because I remember her saying this to me spontaneously
19 with some conviction and you know, I was writing down as fast as I can.
- 20 Q. Yes, but surely you made your report from your notes.
- 21 A. Yes.
- 22 Q. And that is not what your notes say, is it?
- 23 A. Well, I have put in the notes, “Very convinced.” It says, “Thinks,” here, but she was
24 convinced.
- 25 Q. Notwithstanding it is not in your notes.
- 26 A. Notwithstanding that I was, no, it is not there in the handwritten version.
- 27 Q. Let us just look at her second report, your second report, when you also deal with her.
28 In your second report, because you have a telephone conversation with her, do you not?
- 29 A. Yes, from Australia.
- 30 Q. And if we look at your second report, it is page 8 of your second report, in the middle
31 of the page, “Further interview with Dr Suelette Dreyfus.”
- 32 A. Yes.
- 33 Q. Now, first of all, this is after she had visited Mr Assange in prison, is it not?

1 A. No, I do not think she has visited Mr Assange in prison. She came to Europe for a
2 conference. She flew through Heathrow. She spent one night with a friend in London and
3 she was going back, actually, to Gatwick and I met her briefly at Victoria station, but she did
4 not, on that occasion, visit Mr Assange in Belmarsh.

5 As you know, it can be very difficult getting into Belmarsh and she was only
6 fleetingly in the country. I do not think she has visited him in all the time he has been at
7 Belmarsh.

8 Q. Now, you say in your notes here, we talk about – the first, “When I was in Australia
9 in January, I telephoned Dr Dreyfus again,” blah-blah-blah, “Asked her more about what Mr
10 Assange had told her about the hallucinations which she had mentioned to me briefly during
11 my previous interview. Dr Dreyfus stated that these hallucinations occur only at periods
12 when he was most depressed and stressed.”

13 A. Yes.

14 Q. Now, let us just have a look at what you say in the contemporaneous notes, page 753.
15 It starts with, “Suelette Dreyfus by phone.” This is the January. You see that?

16 A. Yes.

17 Q. It is almost at the top. “Possibly talking about music, not all the time and only in
18 periods of high stress,” so two points there, Professor. First, she is talking about hearing
19 music ---

20 A. Later on I go on to say, “Just muff of voices.”

21 Q. I accept that, but here, she tells you about music, hearing music, and only in periods
22 of high stress. You do not mention music and you say, “At periods when he was most
23 depressed and stressed,” so why have you added in, why have you not mentioned the music
24 and why have you added in ‘depressed’?

25 A. She had told me in the previous interview that when he was most depressed and she
26 was clearly indicating to me, I mean, I think she was using ‘stressed’ and ‘depressed’
27 interchangeably in this context. The music may be a rather separate phenomenon so I did not
28 think it was necessary to mention here. I was trying to dig to see if I could get any more
29 information about the voices, but, in fact, I did not get any more from what she told me the
30 first time around.

31 Q. And she had no recollection of the content, did she?

32 A. She did not remember the content of the voices, no.

33 Q. Just tell us what the audible hallucinations, the content of the audible hallucinations
34 Mr Assange described to you he was suffering from.

1 A. Well, they were derogatory and persecutory and they say things like, “You are dust.
2 You are worthless. You are dead. You had better kill yourself.” These are documented at
3 various points in my report.

4 Q. We will have a look at that. I just want to have the ---

5 A. But I did not get that from her.

6 JUDGE BARAITSER: Mr Lewis, it is just after one. Is that a convenient – have you got a
7 question or two you want to finish with for this topic?

8 MR LEWIS: No, we will stop there, madam.

9 JUDGE BARAITSER: Now, Professor Kopelman, I understand there is a friend that you
10 want to speak to over lunch. You are perfectly entitled to do that and it is someone who is
11 observing the proceedings. All I would say is you remain on oath over lunch. Please do not
12 discuss the content of your evidence before this court to anyone at all.

13 WITNESS: I usually keep myself to myself, which is probably wisest, thank you.

14 JUDGE BARAITSER: It is entirely a matter for you. As I say, you are certainly not
15 prohibited from speaking to other people, but just not about this case.

16 WITNESS: Can I just ask what time the afternoon session is? From two to four or two to
17 4.30.

18 JUDGE BARAITSER: The time, the end time remains open, I am afraid, but we will resume
19 just after two o’clock this afternoon. Thank you very much.

20 MR LEWIS: With luck, Mr Fitzgerald will have no re-examination, so it will be short.

21 JUDGE BARAITSER: Did you hear that, Mr Fitzgerald?

22 MR FITZGERALD: I think that is unlikely.

23 JUDGE BARAITSER: Alright, just after 2 o’clock.

24 (Luncheon adjournment)

25 JUDGE BARAITSER: Thank you very much. Mr Fitzgerald, just in case I forget, the press
26 have asked for a copy of Professor Kopelman’s statement. The defence have not provided it.
27 Is there any reason why not otherwise the court will do it?

28 MR FITZGERALD: Yes, we would oppose that. At this stage we would invite you to hear
29 submissions as to whether it is necessary to see the whole report.

30 JUDGE BARAITSER: Ah, all right.

31 MR FITZGERALD: Yes.

32 JUDGE BARAITSER: We will park that issue.

33 MR FITZGERALD: Yes. So, it is something with respect we would wish to address you in
34 some detail.

1 JUDGE BARAITSER: I see. All right. Thank you.
2 A. May I make a comment? I mean ---
3 JUDGE BARAITSER: Not on that issue if you would not mind.
4 A. All right.
5 JUDGE BARAITSER: Mr Lewis. Can I just remind you then by my reckoning that you
6 have had about 2 hours 20 minutes.
7 MR LEWIS: I have.
8 JUDGE BARAITSER: You have about an hour and 40 to go. Thank you.
9 A. Could I just comment on Suelette Dreyfus? Admittedly, there is an apparent
10 discrepancy in what I wrote but I was very struck by how she said she thought she would – he
11 was going to commit suicide and then promptly burst into tears. I mean, I think that is what
12 led me to ---
13 MR LEWIS: OK.
14 A. --- think she was convinced that it would happen.
15 Q. In fact, just on that, picking that up, it would help us, Professor, if you could with my
16 Lady’s leave, I use the Latin, if you could give us the episoma verba, ie, the actual words
17 used when Mr Assange described his auditory hallucinations.
18 A. Well, they are ---
19 Q. Rather than the – you see, I want them in quotes.
20 A. Well, they are in quotes in several places in both my reports. So, you will just have to
21 look them up.
22 Q. So, they are just in your – that is fine, I will look them up. That is fine. Thank you
23 very much.
24 A. I have noted ---
25 Q. I just wanted to make sure ---
26 A. --- that page 12, 17, 18, and 30 I think you will find them.
27 Q. That is very helpful. 12, 13 ---
28 A. 12, 17, 18, and 30.
29 Q. Thank you very much. We will do that.
30 A. But I – there may be others.
31 Q. And the other thing we picked up, the dates which you gave us for mentioning them
32 in the notes, you gave us 5 August, 6 December and 9 December. It appears that all of those
33 without turning, you can turn them up if you want, all of those are self-reports by Mr
34 Assange.

- 1 A. To various prison staff.
- 2 Q. Yes.
- 3 A. That is the point. It was not just to me that he said them.
- 4 Q. Yes, but it is not an observation, it is a self-report.
- 5 A. The nature of psychiatry is that one relies quite heavily on self-report. That is the
6 nature of psychiatry. There is no MRI scanner that will show you a hallucination. We know
7 now a little bit about what happens in a brain scanner if you are hallucinating but that is not
8 how you make the diagnosis.
- 9 Q. I am just going to turn to the next one. We have dealt with Suelette Dreyfus. I am
10 going to turn now to Stella Moris. She appears in your first report at page 22.
- 11 A. Could I just mention that she asked me ---
- 12 Q. Well, we ---
- 13 A. No, this is to do with you what you might be about to ---
- 14 Q. But this ---
- 15 JUDGE BARAITSER: Well, this is the point.
- 16 MR LEWIS: Do not pre-empt the question then please.
- 17 JUDGE BARAITSER: If you just listen to the question and then try and answer it, that is the
18 way cross-examination works rather than you guessing what the question might be.
- 19 A. This is about, this is about the revelation of my handwritten notes.
- 20 MR LEWIS: Yes, it is ---
- 21 JUDGE BARAITSER: Professor, just listen to the question and try and answer it if you can.
- 22 MR LEWIS: Yes. Now, when you met with Stella Moris, did she tell you she was the
23 current partner of Mr Assange and she was the mother of two of his children?
- 24 A. She did, yes. I did not put that in the first report because it was not known.
- 25 Q. And that is in fact if we need it, it is set out in your handwritten notes, bundle page
26 728. We do not need to turn that up.
- 27 A. Well, I am not going to dispute that.
- 28 Q. No, you said that. Now, why did you not put that in your report?
- 29 A. Because it was not known in the public domain and I discussed with the legal team
30 and we decided that we did not need to mention it. We would mention that he had a partner
31 who was strongly supportive to him and by the time of the second report she had gone public
32 about that and that is why I included it in the second report.
- 33 Q. Do you agree that fact that she was his current partner and had two children by him is
34 relevant to the risk of committing suicide?

- 1 A. Um, you mean that if you have a partner you may or you may not be more at risk?
- 2 Q. Yes.
- 3 A. Uh, yes.
- 4 Q. And in fact ---
- 5 A. And I have, I have now clearly stated that she is the partner.
- 6 Q. And in fact, Professor, it is in fact the fact that someone has got a partner and children
- 7 is what is described as by psychiatrists as the best known protective factors against suicide.
- 8 A. Well, in some studies they say that actually married people sometimes suicide more
- 9 than non-married.
- 10 Q. But you do not even mention the two children in your report do you?
- 11 A. I do mention but in another context. At that point I did not reveal that she was the
- 12 mother of his two children.
- 13 Q. And you must admit, it must be terribly relevant because even if we go a page and a
- 14 couple of pages back, page 19, in relation to Ms Dreyfus, and I am picking it up on the third
- 15 paragraph from the bottom, he, that is Mr Assange, told Dr Dreyfus that what stopped him
- 16 from suicide was the fight for his son's safety and wellbeing. He could not leave his son
- 17 unprotected.
- 18 A. That was early on the first son that ---
- 19 Q. I know that, Professor, but what I am saying is, it is an obvious relevant factor to put
- 20 in your report that his partner and two children, is it not?
- 21 A. This was not in the public domain at that point and she was very concerned about
- 22 privacy so we decided not to put it in. As soon as it became in the public domain I included
- 23 it.
- 24 Q. But your duty to the court overrides your duty of embarrassing Mr Assange, does it
- 25 not? Why did your duty to the court not take first place?
- 26 A. Well, I did not think that this was absolutely critical in any way with respect to my
- 27 diagnosis or the suicidal risk, and I did actually discuss how to state this with the legal
- 28 advisors.
- 29 Q. But it is no good just speaking to the defence lawyers. You are an expert to the court,
- 30 Professor, you should have told the Judge but this is not – had it not come into the public
- 31 domain we would never have known about it.
- 32 A. Well, you would have known that he had a partner and that he had two children.
- 33 Q. I am not going to accept that.
- 34 A. That – well, that is in ---

- 1 Q. I am not going to accept that from you ---
- 2 A. --- that is in the first report.
- 3 Q. But what I am saying is why did you not? You know your duty, your first duty is to
- 4 the court and it does not matter whether it is embarrassing or confidential, is it not?
- 5 A. Yes, OK, but she was very concerned about privacy and I was trying to respect that.
- 6 Q. But it is a relevant factor. How could you not put in a relevant factor in your report?
- 7 A. But ---
- 8 Q. All you have said, page 8, this is your new report, “Subsequently, Mr Assange
- 9 commenced a close relationship with another woman which is of continuing huge importance
- 10 and support to him”, this is the first report. “This woman has remained very supportive and
- 11 greatly helped his morale in the embassy. She has two children.”. That is what you ---
- 12 A. Yes, that is what I put.
- 13 Q. But I just find it astonishing, Professor, that when we are dealing in this paragraph at
- 14 page 22, interview with Ms Moris, you did not lead with it saying she is his partner and
- 15 mother of two of his children.
- 16 A. Well, maybe I did not perform my duty to the court there but I was trying to be
- 17 diplomatic and respect her privacy.
- 18 Q. All right. And is it not the fact that she is also his partner relevant to her
- 19 independence and the weight of what she says?
- 20 A. Um, that might be the case, yes. It depends what she is saying that that might
- 21 contribute to.
- 22 Q. Because she is naturally going to want to say helpful things to Mr Assange, is she
- 23 not?
- 24 A. Yes.
- 25 Q. And the court should be aware of that when assessing the veracity of her account to
- 26 you. Do you agree?
- 27 A. Yes, but we do know, the court did know from that report and they now know anyhow
- 28 because it is in the second report, that she was his partner and they did know from that report
- 29 that she had worked closely with him.
- 30 Q. All right.
- 31 A. So, she would have some loyalty from that fact alone.
- 32 Q. Thank you. Page 22 of your report when dealing with Stella Moris, what you say, and
- 33 this is opposite the second perforation, four lines up from the bottom of that paragraph, Miss

- 1 Moris definitely believed that Mr Assange would commit suicide if he were to lose the case.
 2 That is what you say.
- 3 A. Um, this is the bottom of page 22?
- 4 Q. 23, I am sorry, Professor. Mrs Moris definitely believed ---
- 5 A. Yes, yes, I have got it now.
- 6 Q. --- he would commit suicide if he were to ---
- 7 A. Yes.
- 8 Q. Now, that is not what it says in your notes is it?
- 9 A. Um ---
- 10 Q. Let me help you. It is our bundle page 738, what she actually said according to your
 11 contemporaneous notes on page 7 – it is “Believes he would definitely be a suicidal risk if he
 12 loses his case.”. Do you see that?
- 13 A. Yes.
- 14 Q. Now, that is not the same as - someone being a suicidal risk is not the same as
 15 someone would, “I definitely believe Mr Assange would commit suicide.”. That is putting it
 16 much higher, is it not?
- 17 A. Well, the “definitely” is there. Um, commit suicide, suicidal risk, I do not think in
 18 this if he were to lose the case, I do not think that, that I have, that is very different. Um, she
 19 said “it definitely”, she said if he is going to lose, “if he loses the case”, OK, I put be a
 20 suicidal risk in one place, would commit suicide in the other, but I took those as meaning the
 21 same.
- 22 Q. But why did you not put it down so the court can evaluate whether it is right or not?
 23 Because I would put to you, Professor, that there is a quantitative difference between “would
 24 commit suicide” and “a suicidal risk”.
- 25 A. Yes, OK, perhaps I should have – well, I should have used the exact words that she
 26 had used but her meaning was clear to me.
- 27 Q. All right. Now, there is also a passage, still on page 23, there is a passage about
 28 keeping the radio on, do you see that? It is the paragraph above, “The embassy felt like a
 29 time walk “.
- 30 A. Yes.
- 31 Q. “In March 2018, Mr Assange’s calls were blocked out. He feared being listened to,
 32 kept the radio on”. Now, if we look at page 736 of your contemporaneous notes ---
- 33 A. So, what page is it in terms of my numbering?
- 34 Q. I am awfully sorry. I think it is 5. I think you have got handwritten 5 ---

- 1 A. Yes.
- 2 Q. --- on the top. There is a heading “Hallucinations”. And Stella Moris told you, five
3 lines up from the bottom in your handwritten notes, “Not aware of hallucinations”. Do you
4 see that?
- 5 A. I do not see it but I know that it is there.
- 6 Q. Well, let me just ---
- 7 A. I know that it is there.
- 8 Q. You know that it is there.
- 9 MR LEWIS: Do you have that, my Lady?
- 10 JUDGE BARAITSER: Yes, I have it.
- 11 MR LEWIS: Right. That is not in that paragraph and it is a very important point, is it not,
12 Professor?
- 13 A. It is an omission, yes. I was surprised that she said that, that she had only visited him
14 five times in Belmarsh. She had usually gone along with the children. So, he may have
15 decided not to tell her. Ideally, I would have put that in but I was trying to be concise.
- 16 Q. I do not understand, concise?
- 17 A. OK.
- 18 Q. She said, “Not aware of hallucinations.” It is a material fact. You do not put it in. Is
19 that because it did not suit the case you are advocating for?
- 20 A. No, it is an error of omission.
- 21 Q. Can I ask you this? At page 7 of your report, Mr Assange told you his son changed
22 his name because of assassination threats against his father. That is six lines up from the
23 bottom on page 7. Do you see that?
- 24 A. Yes.
- 25 Q. “The son had changed his name as a result of assassinations threats against his
26 father.” However, that is not consistent with the notes you have taken from Miss Moris. If
27 we go to page 731, which is page number 3, and about five lines down, “J shocked when he
28 saw” – I cannot read that, something “last year. Came out in 2010.” I presume that is his son
29 came out to England in 2010. Then, “Women stalkers - changed name because of this.” So
30 what Stella Moris is saying is that Mr Assange’s son changed his name because of women
31 stalkers. Do you see? That is what you were told.
- 32 A. He would be very embarrassed about this coming out. He did not want all this in the
33 public domain. I reported on page 7 what he told me, not what ---

1 Q. I completely understand that, Professor. He told you that, but then we have an
2 inconsistency from someone else. Why did you not point it out so that the court can evaluate
3 the weight of his self-reporting?

4 A. Because I did not want to go into details about his son, his son has a private life of his
5 own, and I did not think this was relevant to a report on Mr Assange senior.

6 Q. You accept it is an inconsistency in the account he gave you compared with what
7 Miss Moris said.

8 A. They may not be inconsistent. There may be an element of truth in both. I did not
9 pursue that because his son's actions were not part of what I was interested in and I was
10 happy to respect his son's privacy.

11 Q. Thank you. And one of the other people you rely upon seemingly at length is the
12 report by Mr Nils Melzer. At page 24, halfway down the page you start and he goes on for
13 another two pages.

14 A. Well, when you say I rely upon, it was given to me as part of the documentation.
15 Mr Melzer is not a psychiatrist, he took a psychiatrist and another doctor with him and I have
16 summarised what he said, but when you say rely upon, this was not an important factor in my
17 coming to my conclusions.

18 Q. Do you accept that his report is neither balanced nor accurate?

19 A. I think that depends on your perspective.

20 Q. Well, let us just have a look at it, shall we? It starts at page 767 in volume 2. He
21 sends this to the secretary of state for the Foreign and Commonwealth Affairs, who then was
22 Mr Jeremy Hunt.

23 A. Yes.

24 Q. Now I am just going to take you to the second page, bundle page 768. This is what he
25 says. He is talking about Mr Assange's history. Do you have it, my Lady?

26 JUDGE BARAITSER: Yes, I do, thank you.

27 A. What in terms of his numbering, page?

28 MR LEWIS: His numbering is 2.

29 A. Yes.

30 Q. You have it separately, yes. Just let us pick it up four lines down. Well, at the top.
31 "He was forcibly taken into police custody", about four lines down. "On that same day
32 Mr Assange was taken to Westminster magistrate's court where a judge convicted
33 Mr Assange for bail violation almost seven years earlier without allowing him sufficient time
34 for the preparation of his defence, refusing to consider important evidence suggesting a

1 conflict of interest to another judge involved in that proceedings,” that was the chief
2 magistrate, “and personally insulting Mr Assange as a narcissist who cannot go beyond his
3 own self-interest.”

4 A. Well, in my own version I have highlighted this and I have put a question mark and an
5 exclamation mark about it. I did not know if this was true. It seemed all a bit extreme to me.

6 Q. And let us just read on a bit. “On 1 May 2019, Mr Assange was sentenced at
7 Southwark crown court to 50 weeks, nearly the maximum provided by law, which the UN
8 Working Group on Arbitrary Detention issued a press statement on 3 May described as
9 disproportionate to the minor gravity of the offence. The sentencing judge”, I will be
10 corrected, I think that is the senior circuit, the resident judge at Southwark, “The sentencing
11 judge reportedly read from a pre-typed judgment without even considering the detailed
12 mitigating evidence presented by Mr Assange’s defence counsel as to the real risk of serious
13 harm which his compliance with the term of bail would have exposed him to.”

14 A. Well, I agree this is really a political document and there are lots of political experts
15 who have been talking to the court. I did summarise and abbreviate it, but, as I say, in my
16 own version I have put exclamation marks and I am not relying on it in order to make a
17 psychiatric diagnosis.

18 Q. Because I could be wrong because the passages I have read out you do not actually
19 repeat in your statement, do you?

20 A. Probably because I thought they were a bit politically biased and not relevant to my
21 role as a psychiatrist.

22 Q. I am just looking for the question mark you said about ---

23 A. It is not in your version. It is on my version.

24 Q. Oh, I see. So in our report you have not mentioned it at all what I have just read out.

25 A. Sorry. In this?

26 Q. I am looking at your synopsis, or extract, you quote in length, pages 24, 25 and 26.

27 You do not ---

28 A. That particular passage?

29 Q. I cannot see it.

30 A. Well then, it is not there. I put an exclamation mark against it and I did not quote that
31 passage probably because it seemed to me political rather than psychiatric.

32 Q. Well, we cannot see that exclamation mark, can we, or the quotation? No.

33 A. No, but if I have not put it in the report, that is why I have not put that comment in the
34 report.

1 Q. Let us just look at it a bit more. Page 771 at (a), 3(a), “Prolonged arbitrary
2 confinement by the United Kingdom and Sweden”, and drop down a few lines in 3(a).
3 “However, there is compelling evidence that the Swedish and British prosecuting authorities
4 through concerted actions and omissions have deliberately created and maintained a long-
5 term situation rendering Mr Assange unable to travel to Sweden for additional questioning
6 and to comply with British bail conditions without simultaneously having to expose himself
7 to the materially unrelated risk of onward extradition or surrender to the United States and,
8 thereby, to a real risk of serious violations of his human rights.” It does not sound very
9 objective or unbiased to me.

10 A. But I have not quoted that section and the reason I have not quoted it was because it
11 was political ---

12 Q. Yes.

13 A. --- rather than anything medical.

14 Q. But it is no good, when parts of them are obvious, palpable nonsense, you then quote
15 the other bits and seem to rely upon them.

16 A. I quoted the bits. He took two doctors, one of whom was a psychiatrist, with him and
17 I quoted that seemed to be about psychiatry. When you say I rely upon them, I have put it in
18 as information. I am not heavily dependent on this section.

19 Q. Let us just look at page 773. It is within the paragraph we were looking at, 3, it is at
20 (c), page 7 of his report, picking it up halfway down. I am going to read another couple of
21 passages. “On 11 April 2019, the Ecuadorian authorities suspended Mr Assange’s
22 Ecuadorian citizenship, terminated his diplomatic asylum and invited British police to arrest
23 him inside the embassy without any form of due process, without adequate advance
24 notification and without any apparent medical necessity or other material urgency.”

25 A. I cannot see that in my report. The reason I did not put it in was because it was
26 political. I was trying to focus on the medical and the psychiatric issues. I feel the political
27 aspects of that report are matters for the various experts in academic government officials,
28 academic politicians to comment on. I have not included those bits in my report because they
29 are not relevant to a medical psychiatric report.

30 Q. And this bit at (d). “There is abundant evidence”, I am reading at (d), “Sustained and
31 unrestrained public mobbing, intimidation and defamation in the United States, the United
32 Kingdom, Sweden and Ecuador. There is abundant evidence that, since August 2010, the
33 governments of the United States, the United Kingdom, Sweden and since May 2017
34 Ecuador have progressively either acquiesced in, consented to, instigated, or even initiated or

1 actively contributed to a sustained and restrained campaign of public mobbing, including
2 intimidation and defamation against Mr Assange, consisting of a constant stream of public
3 statements not only by the mass media and influential private individuals, but also by current
4 or former political figures and senior officials of various branches of government, including
5 judicial magistrates personally involved in the proceedings against Mr Assange. These
6 statements have ranged from deliberate ridicule, insult and humiliation to distorted reporting
7 and misleading criminal accusations, open threats and instigation of violence, to repeated
8 calls for assassination and murder.” I mean this is ---

9 A. I have not included those. I do not see why you are cross-examining me on
10 something I have not included. The people you need to cross-examine about are the various
11 professors of government, various professors of politics who have been called to this court.

12 Q. Because ---

13 A. If we look at what I have quoted, I quoted from a strictly physical point of view
14 several aspects of Mr Assange’s health.

15 Q. No, I can see ---

16 A. The next paragraph is information received after the visit, progressive server
17 psychological suffering, physically confined. Then I go on to prolonged involuntary
18 confinement and the situation of arbitrary confinement affects a person. I have then gone on
19 to the aspects of oppression. He is making various accusations here. Then I have gone on to
20 the key motive effects of a prolonged period of time with chronic anxiety, stress, deprivation,
21 sense of humiliation, isolation, vulnerability, powerlessness. I have then quoted what he says
22 about extradition, then I have talked about conditions of detention and treatment.

23 JUDGE BARAITSER: All right Professor, I have the report in front of me. I know what you
24 have included.

25 A. The point I am making ---

26 MR LEWIS: So, Professor, what I am saying is ---

27 A. --- is that I have only quoted aspects which seemed to me relevant to psychiatry and
28 medicine. I have not quoted his more purely political aspects, and even on the medical ones
29 he is not a doctor. I do not rely on this, in your phrase.

30 Q. My point is, Professor, so there is no mistake, that you have cherry picked the bits out
31 of it without giving the context that this is a biased and unobjective report by someone.

32 A. I have cherry picked the bits out of it that seemed to me relevant to psychiatry and
33 medicine. I have omitted the bits that seemed to me political.

1 Q. All right. We will leave that for a moment now. So, as far as you are concerned, I
2 will just finally put this to you, do you say this is a balanced and accurate report worthy of
3 reliance in any part?

4 A. I cannot comment on the political parts; that is not my expertise. In terms of the
5 psychiatry, there are points there about the effects of long-term isolation which are relevant.
6 I am not saying that this is a balanced medical or psychiatric opinion.

7 Q. Thank you. Now, I am going to go on to your diagnosis and whether he is able to
8 function properly. Now, Professor Kopelman, the judge has had the advantage over the last
9 two weeks of seeing Mr Assange in person, and it may be the court finds that he had no
10 difficulty in following the proceedings and giving instructions. Now, would you agree with
11 me that that is wholly inconsistent with someone who is moderately severely depressed and
12 with psychotic symptoms?

13 A. Can we go back a step? I was seeing him between May 30th and December when I
14 thought he was severely depressed, suicidal and was experiencing hallucinations and/or
15 pseudo-hallucinations; that is the period I am talking about.

16 Q. He is much better now?

17 A. I have said that in February/March he had moderately severe depression. I would add
18 that Professor Mullen saw him in September 2019 and he agreed there was severe depression.
19 Dr Deeley has seen him, thinks that he had severe depression, it is now moderately severe.
20 Professor Fazel also diagnosed currently moderately severe depression. I thought that was
21 what Dr Blackwood was saying, although, on second reading, I am not quite clear what he
22 was saying.

23 Q. Let us have a look. I put in the papers some transcripts, so we can assess his ability to
24 function, to some extent, on what was said in the court. I want to ask you about these.
25 Page 418, Volume 2, a selection of pages from the transcript. We have a book of transcripts,
26 I have only taken out a few pages. You will see on the top right-hand corner I have put the
27 date ---

28 A. 7 September.

29 Q. Do you see that?

30 A. Yes.

31 Q. This is the first day before this court, a fortnight ago today. The judge: "I am going to
32 formally identify, please listen carefully, OK. Would you confirm your full name?...THE
33 DEFENDANT: Yes, that is right...date of birth...yes, that is right." There is a formality gone
34 through, we go over the page, the Court Usher asks Mr Assange, line 18: "If you do

1 consent”, this is about consent to extradition, “are you prepared to consent to extradition?

2 THE DEFENDANT: I do not. COURT USHER: Are you prepared to consent to...or not?

3 THE DEFENDANT: No.” There is no doubt that Mr Assange a fortnight ago was fully
4 aware of what was going on in court?

5 A. You were earlier implying that there was something wrong with being a professor of
6 neuropsychiatry. Could I say as a professor of neuropsychiatry that I cannot evaluate his
7 mental and cognitive state from what is in here. He made a few comments on some
8 long-standing semantic knowledge that he has replied appropriately to the judge for. That
9 does not mean that his cognitive state is normal.

10 Q. Let us analyse that. You have already agreed with me the person who is even
11 moderately severely depressed - I can go back to the DSM - has a limited ability to function?

12 A. Yes, but that means in the world generally. This does not constitute the basis for
13 cognitive assessment, cognitive opinion.

14 Q. Let us try a few more, I want to go through half a dozen or so, page 482, at line 26:
15 “THE DEFENDANT: Your Honour, I think this is nonsense...I am sorry, Mr Assange, I am
16 terribly sorry, it is not for you to interrupt these proceedings.” Again that shows that Mr
17 Assange was carefully at that stage following proceedings, does it not?

18 A. It shows that he was aware of what was going on, yes.

19 Q. Going over the page, 16 September, page 483, this is Mr Smith or myself putting
20 something to the witness, line 18: “So this is a week or so before...published on 1
21 September, do you see that chronologically? Yes. THE DEFENDANT: I am sorry, but I did
22 not hear... that was a week before, that was maximising what... you read a statement from.”
23 Again it does appear from that interjection that the defendant was paying close attention to
24 what was going on in court, does it not?

25 A. He was paying attention. He has his semantic memory, his knowledge of the past
26 facts and information he has relatively preserved, but it does not mean that his memory and
27 concentration, his episodic continuing memory, his concentration is as it normally is. You
28 cannot make inferences on that.

29 Q. Are you really trying to help the court, Professor? Rather than arguing the case, does
30 this not demonstrate that he is closely following the proceedings?

31 A. I am trying to explain that there is only limited information that can be derived from
32 these very brief interjections that he makes.

33 Q. Let us have a look, page 484, same day. What happens is that I read out “impact”
34 when it should have been “input”, or the other way round, I say “if I have read that wrongly”;

1 Mr Assange: “I think it was more political as well.” Again, it demonstrates a very close
2 attention to the evidence which is being given?

3 A. He is attending; he has semantic knowledge of what went on at that time. I cannot
4 comment on how his everyday episodic memory and his attention would be on formal tests.

5 Q. Let us go to page 486, I am cross-examining Mr Ellsberg, line 23 the judge says: “Mr
6 Fitzgerald will allow you to say anything else you wish relevant to this cross-examination.”

7 Mr Assange: “Ma’am...through rhetorical sleight of hand...no, sorry, as before, Mr Assange,
8 you have lawyers to represent you, you speak through them. It is the Federal report all over
9 there... I am going to ---” Mr Assange: “If you look at his rhetorical sleight of hand... Mr
10 Assange, we have had this conversation before, please do not put...” Mr Assange: “There
11 will be worldwide headlines and I can never get rid of them... Mr Assange... they are going to
12 affect my reputation and needs to be corrected immediately.” The judge then speaks. Mr
13 Assange: “The harm to me will be irreversible.” This shows a very close and accurate ability
14 to follow the proceedings and understand what is going on. It is not consistent, I would
15 respectfully suggest to you, Professor, of someone who is suffering from severe to moderate
16 depression and unable to follow the proceedings.

17 A. I was talking about severe depression up to December last year. I and various others
18 diagnosed moderate depression in February/March. I do not think that any of these
19 comments exclude the possibility of moderate depression. What I do think they show is a
20 little bit of his ASD Asperger’s. He has been known in court to argue with judges before and
21 I think this is slightly inappropriate and perhaps reflects that ASD.

22 Q. The fear expressed in your report, quoting Dr Humphreys at page 5 of your second
23 report, between the two perforations: “Dr Humphreys expressed very significant concerns
24 about Mr Assange’s ability to engage effectively in the legal process, particularly as his
25 cognitive function was likely” in her opinion “to become even worse under the stress of a
26 courtroom.” That has not materialised, has it?

27 A. No. She saw him at the beginning of January; that was her view at the time; I am
28 summarising her report.

29 Q. What is your view now, having read those transcripts as an unbiased expert trying to
30 help the court? Do you think he is unable to effectively engage in the legal process?

31 A. No, he is engaging in the legal process at the moment. Whether he is functioning
32 optimally, whether his scores would have come back to normal, I do not know. It is actually
33 quite important to note, *a propos* of what was discussed it morning, that Dr Humphreys did
34 administer tests of malingering, faking, exaggeration, and, despite doing very poorly -- failed

- 1 his IQ on most of her tests -- he passed the two tests of performance validity.
- 2 Q. That is not right, is it? Which malingering test? Is that the Minnesota test?
- 3 A. No.
- 4 Q. Which test was it then? You tell me was the name of the test that is used for
- 5 malingeringers.
- 6 A. I think she used the TOMMs and something else.
- 7 Q. That is not a malingeringer's test.
- 8 A. I am sorry, but I am an expert in neuropsychiatry and neuropsychology, and those are
- 9 tests that are commonly used for malingering in cognitive testing; I am sorry, you are quite
- 10 wrong.
- 11 Q. We will come to it.
- 12 A. The TOMM is called the Test of [Memory] Malingering; that is its name.
- 13 Q. We will come back to it, Professor, if we have got time. I want to move on because
- 14 the time is being.
- 15 A. It is the TOMM.
- 16 Q. Whatever your diagnosis previously was, do you accept at the moment he fits only
- 17 mild to moderate depression, as defined in F 32?
- 18 A. No, I have not examined him recently. In order to give an opinion like that, I would
- 19 need to examine him.
- 20 Q. I want to move to another topic now, "prison conditions"; we need to turn up your
- 21 second report. In your second report you spend quite a lot of time from page 9 onwards, you
- 22 go through the statement of Eric Lewis, page 10 the statement of Joel Sickler, go right
- 23 through on page 11; page 12, the statement of Nancy Ellis; also Thomas Durkin and Lindsay
- 24 Lewis going over to page 13. You deal at length with the defence position on prison
- 25 conditions; do you not?
- 26 A. Yes. I only recently received the full set of Mr Kromberg's declarations.
- 27 Q. As an expert to the court, and giving both sides of the story, why did you not ask for
- 28 them earlier?
- 29 A. I suppose I could have done. I mean, I was only aware of them when I read the
- 30 responses by these parties to Mr Kromberg.
- 31 Q. You were certainly on notice that all these positions were under fierce contradiction
- 32 by the American evidence, were you not?
- 33 A. I am aware that he has given a very different point of view.

1 Q. Because I will just, and I am not going to ask you to turn it up, but so to show you on
2 notice, Eric Lewis' fourth statement which you quote from, paragraph 20, comments on GK
3 and mental health. Paragraph 21, comments, that is Gordon Kromberg one on mental health.
4 Paragraph 34 he comments on Gordon Kromberg mental health. Comments on Gordon
5 Kromberg first at paragraphs 35 and 36. Joel Sickler at paragraph 6 reviews all the findings
6 of the US government in the matter. Paragraph 15, he says, "I must respectfully disagree
7 with Mr Kromberg's claims in relation to healthcare."

8 Lyndsay Lewis, paragraph 14, deals with the assertions in the US government as
9 made. Paragraph 68, she deals with the Cunningham litigation. I mean, all these you were
10 on notice of, that there was a fierce dispute of fact about prison conditions, were you not?

11 A. Well, there is a disagreement and that will be debated in this court by the US lawyers,
12 some of whom I believe have appeared already, and by Mr Kromberg.

13 Q. Now, as an objective impartial expert, why did you not refer to the American
14 evidence on this point?

15 A. I am not sure I had it at that stage. I do have it now. I also have the report by the
16 psychologist, Dr Leukefeld, but I did not have it when I wrote this report.

17 Q. Because you rely heavily in your opinion on what these defence experts say, do you
18 not?

19 A. Yes.

20 Q. And just going through that to give us a flavour, page 17, paragraph 4. These are in
21 your findings and diagnostics and you, at page 17, paragraph 4, you rely on Mr Sickler. At
22 page 18, paragraph 5, again, you rely on Mr Sickler at the end of that paragraph. Paragraph
23 6, you rely on all the defence lawyers, Lewis, Sickler, Ellis and Lewis. That is at the very
24 bottom of page 18, paragraph 6. Paragraph 9, you rely upon Sickler, Ellis and Lewis. At
25 page 20 in your findings, you rely heavily on all the US lawyers cited above, those are the
26 defence lawyers. At 10.1 on page 20, you rely on Dr Kupers.

27 A. Kupers, yes.

28 Q. Kupers, who gave evidence in the ECHR case of *Ahmad*, do you know that?

29 A. No, I did not know that but I have read his paper. I have read also a paper by Dr
30 Haney, Dr Craig Haney.

31 Q. And at 10.2, page 21, you rely upon, this is the context of the case, the reports of
32 Lewis, Sickler, Ellis, Durkin, Lewis, Kupers, relied on heavily on there, and then, you also
33 rely upon, at paragraph 10.3, you say he is facing a potential life sentence.

1 A. Yes, well, can I just comment that I have done extradition cases before as you know.
2 I have heard similar remarks from other US experts about the US prison conditions in other
3 cases. It is quite remarkable how many US lawyers are willing to testify against the
4 conditions which says something, and this is - so I have heard them before and ultimately,
5 this aspect of the case is something that this court will have to hear from those experts and
6 hear from Dr Kromberg, no, Mr Kromberg, and make its mind up about. I accept that.

7 Q. Because, Professor, as you rightly say, you cannot determine these issues, can you?

8 A. No. I have to rely on US experts and they have to debate with Mr Kromberg what the
9 situation is.

10 Q. We are agreed so far, but let us do step 2. Why not try and help this court and say that
11 if a court finds the defence position reliable, this will be the effect, but on the other hand, if
12 the court finds the government position reliable, the effect will be this. Do you follow?

13 A. If the court finds the defence position reliable, then yes, I do not have to change
14 anything. If they found in favour of Mr Kromberg, I would have to look again, but I have
15 seen since then further replies to Mr Kromberg and Dr Leukefeld.

16 Q. But are you not ---

17 A. I have also looked at the BLP document that gives their mental health policy that both
18 of them refer to, I think, and we can turn to that if you wish to.

19 Q. Are you trying to prejudge the issue?

20 A. No, I have just said that the, this is a matter for Mr Kromberg and Dr Leukefeld to
21 debate with Messrs Lewis, Sickler, Ellis, Durkin and Ms Lewis. The court will have to hear
22 them and decide on this.

23 Q. Now, we are going to have just a look at the American evidence in a moment because
24 we would respectfully suggest that any expert would have looked at both sides of the coin
25 and said well, if that is the case, this. If it is the other side, it has this dramatic effect. You
26 have not given the court any option, have you, if it accepts the government evidence?

27 A. I have not seen reference to this evidence in any of the psychiatric reports, so it was
28 not addressed by the psychiatric representing the US, but as I say, I received the Kromberg
29 declarations relatively late in the day and I received Leukefeld I think even later.

30 Q. When did you get Leukefeld? Have you read it?

31 A. I have read it, certainly.

32 Q. And if that is accepted as ---

33 A. It was after I wrote this report.

1 Q. If that is accepted as completely true and acceptable, the Leukefeld affidavit, that
2 must change your opinion, must it not?

3 A. Well, she relies quite heavily on the BOP policy document and also, on a book on
4 brief cognitive therapy for suicide prevention, which I have looked at, so, you know, I could
5 comment on those, but if the court finds for them, yes, but there is a debate to be had and I do
6 agree with you that those experts will have to debate this issue rather than we the
7 psychiatrists.

8 Q. Well, we are going to have a quick look at it in a moment because I have only got
9 until half past, but before we look at the prison evidence, would you agree the following?

10 JUDGE BARAITSER: You have got until 20 to in case that assists you.

11 MR LEWIS: 20 to, thank you, madam, my Lady. Would you agree this? (1) neither mental
12 health problems nor Asperger's Syndrome, if present, prevented Mr Assange's solicitation or
13 the leaking of materials from the highest level of government. The problem had no effect on
14 that.

15 A. That strikes me as an area beyond – I mean, I did not see him at that stage.
16 Comments on what he did or did not leak are for other experts.

17 Q. Let me ask you this second question then. Did his mental health problems affect, as
18 far as you are aware, his running of WikiLeaks as a global enterprise?

19 A. I would have two comments there. First of all, I described three episodes of
20 depression. One when he was 20, 21, one when he was early 20s, one when he was early 30s.
21 I described the recurrence of depression since about 2015, 2016. In other words, it was, the
22 depression was not a problem at the time he was running WikiLeaks. You could say,
23 however, that his Asperger's was manifesting itself. From what I have read, he was not
24 running the organisation optimally and it may have affected how he performed at that time,
25 but he was not suffering from depression at that time, no.

26 Q. But his mental health problems have not affected his public speaking.

27 A. No.

28 Q. They have not affected his coordination of various media outlets in dealing with and
29 disclosing the materials.

30 A. He was no doing public speaking at the times I said he was depressed and to my
31 knowledge, he has not done public speaking since he started to become depressed in 2016.

32 Q. And his mental health problems did not stop him presenting a television chat show in
33 2011 called the Julian Assange show for the TV programme Russia Today.

34 A. Yes, but that was not a time when he was depressed.

1 Q. Right, well let us ---

2 A. I have not watched any of those so I do not know he performed but I am not saying he
3 was depressed at that time.

4 Q. Now, I was going to go through some of the contrary evidence but it may not be
5 necessary. If we could just flick up, Dr Leukefeld, I think I have pronounced it correctly,
6 Leukefeld. It is page 652. In fact, if we go back to Mr Kromberg and I am just going to – I
7 just want to highlight a few, I am going to do this very quickly, Professor, because otherwise
8 we will waste time on it.

9 I am just going to take you to a few pages, then I am going to ask you for a general
10 comment. If we went to 494, paragraph 90, Mr Kromberg says ---

11 A. What is this? In his pages?

12 Q. Oh sorry, I think that is, it is GK, Gordon Kromberg 1, page 36 ---

13 JUDGE BARAITSER: Perhaps if, just for the moment, you use this bundle. That will help
14 Mr Lewis.

15 MR LEWIS: Paragraph ---

16 JUDGE BARAITSER: Can you use this bundle, just for this?

17 WITNESS: I would much rather use my own bundle if you do not mind, my Lady.

18 JUDGE BARAITSER: Well, Mr Lewis may or may not be able to find the page in your
19 bundle. He certainly has it in his bundle.

20 MR LEWIS: I think it is, it is Gordon Kromberg, paragraph 90.

21 A. Ah, well, then I can find it, yes.

22 Q. Page 36.

23 A. Yes, I have got that, yes.

24 Q. He sets out the following general information about assessed for risk of suicide
25 etcetera, suicide protocols, mental diagnosis and whether you communicated suicide risks ---

26 A. Can I comment on these? I mean you are just putting them to me, but there have been
27 – I mean, Ellis and Sickler disagree with much of what he said. Also, Maureen Baird says
28 the trouble with the suicide protocol is it depends on people self-reporting their suicide
29 inclinations.

30 Q. But I do not understand why you are arguing or advocating a case, Professor. What I
31 am putting to you, because I thought we had already agreed, you cannot make a decision on
32 this. What I am going to do is I am just going to show you the other case and ask you
33 whether it would change your opinion.

1 A. Well, I am saying that I have read other documents including Maureen Baird, and
2 these, you know, are going to qualify anything you might show me.

3 Q. So, you have already made up your mind. You do not care what the court decides.
4 This is your view and that is it.

5 A. No. It is ultimately up to the court decide between Maureen Baird and Sickler and
6 Ellis and Kromberg and Leukefeld, but you are going to put to me a load of things that
7 Leukefeld or Kromberg has said and there are replies to ---

8 Q. Well, of course there are. You have already set those out in your report, but what you
9 have not set out in your report is what Leukefeld says or Kromberg says.

10 A. I did not have, I certainly did not have Leukefeld. I did not have Kromberg at the
11 time.

12 JUDGE BARAITSER: Do you understand the process, then? What Mr Kromberg says is
13 now going to put to you and you are going to be asked that if it was the case, it was true,
14 whether or not it affects your opinion. I think that is the exercise being undertaken.

15 WITNESS: Well, if it were true, yes, but that is theoretical. The court has not yet
16 determined and I have heard counterviews.

17 MR LEWIS: But they are theoretical as well, are they not?

18 A. Well, they are matters for the court to decide, but they are there in writing in reports I
19 have seen.

20 Q. Well, I am not going to debate this with you, Professor. I am just going to say this. I
21 am not going to go through every paragraph, but would you agree, if the medical care in the
22 United States of America is sufficient, then the risks you have opined about are greatly
23 reduced, if not eliminated.

24 A. If the medical care in the United States is sufficient, but beyond the US lawyers I have
25 also seen reports from the Department of Justice Inspector General in 2017, the
26 Commissioner on Constitutional Rights in 2017, the Marshall Project in 2018, and there are
27 many people who say that the care is very much suboptimal, there is a lack of staffing, there
28 are mis-diagnoses and a lack of treatment facilities.

29 Q. So, you are now an expert on American prisons are you?

30 A. No. I am just telling you that it is not just Ellis and Sickler and Beard, there are other
31 documents out there.

32 Q. Now, turning to another subject, there is dispute as to how long a sentence he might
33 get. No one can actually say because it is up to the Judge in America. But at one end of the

1 scale we have heard evidence that the United States sentencing guidelines for level 27

2 indicate a sentence range of 70 to 87 months ---

3 A. OK.

4 Q. --- as opposed to life as you have relied on.

5 A. Well, I ---

6 Q. Does that change your opinion?

7 A. I have seen various prominent US lawyers who say that he could well spend the rest
8 of his days in a US prison.

9 Q. But your opinion, as I understand it, correct me if I am wrong, Professor, but your
10 opinion is predicated on there being segregation, social isolation, sensory deprivation and
11 lifelong sentence, that is what you say at page 23 of your second report, is that right?

12 A. Yes, if those things happen then what I said in that paragraph follows. If he ---

13 Q. But if ---

14 A. --- if he were given a brief sentence and it was in segregated conditions I think he
15 would still suffer severely but he at least would not have a lifelong detention facing him.

16 Q. So, does it come to this? If in fact he were to face five years with adequate mental
17 health, no social isolation, and no sensory deprivation, it must change your opinion?

18 A. If that were to happen but, you know, there are reports of things being promised to
19 British courts and then they do not actually happen.

20 Q. Right.

21 JUDGE BARAITSER: So, was the answer to that question if that were to happen then yes, I
22 would change my opinion? Is that your answer?

23 A. If it were, if that really were to happen I would have to look again to some aspects of
24 my opinion but I would not have to look at all of them. I mean, this is a rather theoretical
25 question. It is a pity in a way that Kromberg versus Lewis Sickler, et cetera has not been
26 resolved.

27 MR LEWIS: Let us look at Dr Rachel Daly, a consultant psychiatrist in the prison, and let us
28 just have a look at her report. It is in the defence bundle, tab 4, page 83.

29 A. I can find it somewhere.

30 JUDGE BARAITSER: Now, when you say defence bundle, you mean the black one given
31 this morning?

32 MR LEWIS: The little black one.

33 A. Is this the report dated 29 November?

1 Q. It is 29 November, so towards the end of the last year. She is at the prison and I just
2 want to ask you this. This is bundle page 83, it is the last paragraph on the first page. “With
3 respect to his mental health, there is no evidence of any psychotic disorder or thought
4 disorder.”. What do you say about that?

5 A. She has said that consistently but Mr Assange does not have a good relationship with
6 Dr Deeley.

7 Q. I see. Now, in evidence-in-chief, you said, and I just want to make sure I understand
8 it, you said that, and this is when you are asked about suicidal impulse, am I right in
9 understanding that you say the impulse to commit suicide is because of a mental disorder?

10 A. I am saying it is driven by his mental disorder ---

11 Q. Yes.

12 A. --- I think is the phrase I used.

13 Q. But you also said as I understood it the mental disorder which is now less than it was
14 before, but the impulse has got worse. And I may have not got your words right ---

15 A. No, I did not, I did not say that.

16 Q. Let us just understand ---

17 A. Can I say what I said?

18 Q. Yes, please. It is probably entirely my fault, I may not have a good note of it, we can
19 always look at the transcript, but the point is if there was a suicidal impulse as he has got
20 better the logic must be that the suicidal impulse has got less, has it not?

21 A. Well, no. What I wrote in my report for February and March is that the depression
22 had improved a little but the suicidal ideas and the sense of despair were still very much
23 there. So, in other words, the depression had ameliorated a bit but the suicidal impulse was
24 still there. It is – the old-fashioned story was that as people get better they are more likely to
25 suicide. So, yes, depression is the driving force but it is not one to one correlated with the
26 severity of depression.

27 Q. Your report where you say you think it is fairly certain he would commit suicide, that
28 is on a prediction.

29 A. Um, yes. I – what I am saying is that confronted with imminent or actual extradition I
30 have always qualified it that I am as confident as a psychiatrist ever can be, and I
31 acknowledge that psychiatrists are sometimes not very good in their predictions on this
32 matter, but that I suspect that Mr Assange with this intense suicidal preoccupation, his
33 planning, his preparation, his constant calls to the Samaritans, and the prospect of all his

1 protected factors disappearing once he gets extradited, I think he is going to find a way. And
2 he is clever enough to do so.

3 Q. Did you predict in your first report that his severe depression with psychotic
4 symptoms would actually become moderate in the next few months? Did you predict that?

5 A. I only ever talked about one psychotic symptom which was hallucinations. I did not
6 predict. I did write to Dr Deeley on the 19th, I think it was, of November, suggesting she do
7 things that might help with his mental state. And she did do those, she added citalopram, she
8 added quetiapine, and eventually he was removed from the relative isolation in a single cell in
9 the healthcare to the more general wing. And I think it is the combination of those factors
10 that have helped improve him.

11 Q. Now, he has never been referred outside the hospital for treatment has he?

12 A. No. I would be – they have an in-reach psychiatric team and he has got a
13 psychologist seeing him regularly. For someone with clinical depression, even if severe or
14 moderately severe, the usual thing is they would treat him themselves.

15 Q. But, Professor, you know jolly well that if a person is diagnosed with severe
16 depression with psychotic symptoms, he will be referred outside the hospital for treatment.

17 A. Only if there was severe psychosis or there was some diagnosis like schizophrenia.
18 Depression on its own does not usually lead to an outside referral.

19 Q. We will hear what the other doctors say on that.

20 A. Yes.

21 Q. Just give me one moment. Yes. Would you give me one moment, madam? I wonder
22 if, check if our experts want me to ask ---

23 JUDGE BARAITSER: Do you want me to rise whilst you take instructions or are you happy
24 for me to stay?

25 MR LEWIS: It will only be ---

26 JUDGE BARAITSER: I will stay here.

27 MR LEWIS: Madam, five minutes.

28 JUDGE BARAITSER: Five minutes? All right.

29 MR LEWIS: And then if we have a comfort break and then ---

30 JUDGE BARAITSER: Yes.

31 MR LEWIS: --- I will certainly finish within five minutes of that.

32 JUDGE BARAITSER: In that respect we will take the break now then. Shall we give you
33 the full 10 minutes, the last few questions from Mr Lewis, and then I will hand you directly

1 over to Mr Fitzgerald, all right? So, 10 minutes now but you probably will not get another
2 break later.

3 A. So, a 10 minute break now and then you will finish off.

4 JUDGE BARAITSER: That is correct.

5 A. Yes.

6 MR LEWIS: I will be a couple of minutes.

7 JUDGE BARAITSER: Quarter past now, so back at 25 past please for the final session.

8 Thank you.

9 (Short adjournment)

10 JUDGE BARAITSER: Thank you very much. Mr Lewis, do you have any additional
11 questions?

12 MR LEWIS: I have no further questions. Thank you.

13 JUDGE BARAITSER: Mr Fitzgerald, I assume you have had an opportunity to speak to
14 your client?

15 MR FITZGERALD: Yes.

16 Re-examined by MR FITZGERALD

17 Q. Professor Kopelman, my learned friend put to you that there was a difference of
18 opinion between yourself and Professor Mullen and you said, "It is not strictly accurate that
19 we are inconsistent or that there is an inconsistency between Professor Mullen and myself",
20 and you were cut short then. What was the point that you wished to make?

21 A. Well, the main issue, which actually I have mentioned in my more recent report, is in
22 connection with the hallucinations.

23 Q. But as to the existence of depression, is there any inconsistency between you?

24 A. With regard to hallucinations, he thought that Mr Assange was suffering from what is
25 called – used to be called - pseudo hallucinations, but he called it vivid mental imagery. I
26 think he has been experiencing both pseudo and real hallucinations. There seems to be a
27 divergence of opinion among the other psychiatrists who have seen him, but otherwise
28 Professor Mullen and I were basically in agreement. I was actually delighted that he should
29 come out and see Mr Assange with me because he is a very senior forensic psychiatrist, and
30 expert in mental phenomena and we went out to see him together in September.

31 Q. Just so that we understand those words too, though, the difference between the types
32 of hallucination.

33 A. Traditional, the real hallucinations are vivid and experienced in external space.

34 Q. So you hear them as if their voices are coming from outside. Is that right?

- 1 A. That is correct. Whereas pseudo hallucinations, or what he called vivid mental
2 imagery, he said sometimes they were coming from a deep crevice in his mind.
- 3 Q. Yes.
- 4 A. So inside his head.
- 5 Q. But both of them are real psychic phenomena, they are real.
- 6 A. Well, the important point is that they are – the content was mood congruent.
- 7 Q. Yes.
- 8 A. That they are consistent with depression.
- 9 Q. Right, and that is because of the content of what is being said.
- 10 A. The content ---
- 11 Q. The voices.
- 12 A. --- “You are dust.”
- 13 Q. Yes.
- 14 A. “You are worthless.”
- 15 Q. Yes.
- 16 A. “You’d kill yourself.” These are characteristic depressive hallucinatory experiences -
17 --
- 18 Q. Right.
- 19 A. --- consistent with a mood state.
- 20 Q. Right. Now, the second point you were asked about was, I think a textbook was put
21 to you and it said it all depends on close observation by the clinical team. Clearly the close
22 observation by a clinical team that is contemplated there is within a psychiatric hospital.
- 23 A. Ah. I do not know what was being quoted from.
- 24 Q. Yes.
- 25 A. But in general what goes on within a psychiatric hospital is usually much better than
26 what goes on in British prisons, I am afraid.
- 27 Q. Yes. The third matter you were asked about was you were asked a lot of questions
28 about the incident which Mr Assange told you about where he was charged with concealing a
29 razor blade and I just want to pause you there. My learned friend put a lot of questions to you
30 on the basis that your recording of that was uncorroborated. You understand that?
- 31 A. Yes.
- 32 Q. But if in fact it is corroborated that he was charged with concealing a razor blade,
33 would that strengthen your view?

1 A. That would certainly strengthen my view and it would mean that a lot of our
2 discussion this morning was a red herring.

3 MR LEWIS: Well, madam, I was very, very particular how I put that and the transcript will
4 show. It is in the circumstances of if it was found in circumstances which indicated a suicide
5 risk.

6 JUDGE BARAITSER: It is the concealing issue I think.

7 MR LEWIS: Yes. I was very particular how it was put and it is not as generalised as my
8 learned friend has put it to the Professor there because we do not, I think, dispute ---

9 MR FITZGERALD: Right. Can I get this down? "We do not dispute" what?

10 MR LEWIS: --- that some form of razor was found.

11 MR FITZGERALD: You could have fooled me, I have to say, from your questioning.

12 A. Yes, that was not what I inferred this morning.

13 MR LEWIS: Madam, I will make it absolutely clear. It is not in the notes. We have no
14 circumstances about it. If it was just a pure safety razor, the one showing, it will have no
15 consequence at all and that is why it did not get in the notes. I was very careful about the
16 way I put that. So it has - if it had, and you will notice the questions I put on that were very,
17 very specific.

18 WITNESS: Sir, may I in those circumstances ---

19 MR FITZGERALD: My Lady, I think my learned friend has had his chance.

20 MR LEWIS: Right.

21 MR FITZGERALD: I put to the Professor, in my view legitimately given the drift of the
22 questions this morning, that if it turned out that there was such an incident would that further
23 strengthen his view and he said yes, and I do not see why my learned friend gets up and gives
24 a speech.

25 A. It would also be consistent, entirely consistent, with what I said, which is that
26 Mr Assange also reported this to Dr Corson. Dr Corson discussed with the prison team and
27 she got him put back on to ACCT and I could see there was nothing to say that after
28 discussion with the prison team it did not happen.

29 JUDGE BARAITSER: Are you going to put evidence that he did go before a prison
30 governor, something like that?

31 MR FITZGERALD: My Lady, we are going to confirm the true situation, but I am grateful -
32 --

33 JUDGE BARAITSER: You cannot put that to the witness.

34 MR FITZGERALD: Yes.

1 JUDGE BARAITSER: You cannot?
2 MR FITZGERALD: Sorry. Yes, we are, but ---
3 JUDGE BARAITSER: So I thought you were going to produce the corroboration of the
4 charge.
5 MR FITZGERALD: Yes. My Lady, in due course ---
6 JUDGE BARAITSER: I see.
7 MR FITZGERALD: --- the matter will be clarified.
8 JUDGE BARAITSER: But not today.
9 MR FITZGERALD: But, as my learned friend said, they do not even dispute that a razor
10 blade was found.
11 MR LEWIS: We do dispute the cords. We do not accept that at all.
12 JUDGE BARAITSER: The?
13 MR LEWIS: The cords.
14 JUDGE BARAITSER: The cords.
15 MR LEWIS: Sorry.
16 WITNESS: Well, he was not charged for the cords, so that is probably ---
17 JUDGE BARAITSER: Well, this is not a round table discussion. I rather assumed you were
18 going to put corroborating evidence. You are not for today, but he has confirmed, the
19 Professor has confirmed, that if there was such corroborating evidence, his view would be
20 strengthened.
21 MR FITZGERALD: Yes.
22 JUDGE BARAITSER: That is where we are at.
23 MR FITZGERALD: Yes.
24 JUDGE BARAITSER: All right.
25 MR FITZGERALD: My Lady, that is exactly the position.
26 JUDGE BARAITSER: OK.
27 MR FITZGERALD: And then if we go on to your first report, you were asked questions
28 about paragraph 421, which includes the reference to the razor blade, but is it right that if you
29 look at paragraph 41 of that report.
30 A. Sorry, I am not quite ---
31 Q. Yes, page 34 at the bottom.
32 A. Yes.
33 Q. You are there dealing with the suffering from recurrent depression and the gravity of
34 the present episode and then you deal with a whole load of factors, including the somatic

1 symptoms, profound distress, disrupted sleep and appetite, weight loss, loss of self-
2 confidence and self-esteem. So those you would stand by that those are findings that you
3 have made from your own observations.

4 A. Yes, I would stand by that and I would add that I learned last night from the medical
5 records just sent to me that there has been an instance of hoarding of paracetamol.

6 Q. Yes. Well, if we just go on from there, there is that first one, the somatic symptoms,
7 then there is the recurrent ruminative suicidal ideas. You stand by those still?

8 A. Yes.

9 Q. And then the razor blade. We have dealt with that. And then the fact that he calls the
10 Samaritans most days. Is that documented in the appendix where you quote from the reports?

11 A. Many times. I may have missed one or two out. I do occasionally leave things out,
12 but many times it has been recorded in the medical records that he called the Samaritans, or
13 asked for the Samaritans phone and that is indeed in my synopsis and in the originals of the
14 medical records.

15 Q. Yes, and that is the basis on which you then reach your conclusion as to the high risk
16 of suicide then.

17 A. The combination of his mental state, what relatives told me, and what I had drawn
18 particularly from the two psychologists but also from elsewhere in the medical records.

19 Q. Right. Now I just want, if you can come on then to the medical records that you quote
20 your quotations from them at pages 36 onwards of your first report. It has been suggested to
21 you that you have been selective and that you have been leaving out things that do not
22 confirm the risk of self-harm, but can I just go through with you. You say at the top of page
23 37 that you report there that on that occasion, "Later, no suicidal thoughts or thoughts of self-
24 harm were recorded."

25 A. Yes. I have tried to record some of these episodes.

26 Q. Yes. I am just going to go through, if I can. Then if we look lower down, 15 April,
27 you refer to Rachel Daly's saying his mood was low and sleep difficult. You refer to that.
28 You then refer to 17 April, again you quote Dr Daly. You refer to the sluggish feeling on
29 mirtazapine, but you refer to her finding no self-harm plans.

30 A. Correct.

31 Q. And he had met with the psychology team. And then you record on 22 April, "I do
32 not feel he is likely to self-harm." That seems to be one of the staff recording that in April
33 2019. Then if we go on to page 38, 24 May, you carefully record what Dr Daly says about

1 his big issue: preoccupied with his case, eating poorly, sleeping poorly, preoccupied, low
2 mood, but then not suicidal.

3 A. Yes.

4 Q. So you record exactly what Dr Daly says. If we go down to 11 June, again you record
5 halfway down page 39, Dr Daly, “Angry in response to her suggestion that he has excess
6 visits. Gaining weight, is not suicidal, appears fine, requested to increase mirtazapine.” So
7 you record fairly and fully that although it is not a uniform picture that you are carefully
8 recording there. If we go over the page to 26 July you again record at the bottom of page 40 ,
9 “Requested Samaritans’ phone. Sleeping on floor. Complaining about single cell.
10 Participated in relaxation session but lost concentration. Seen by Dr Daly”, and then the
11 quote from her, “He is distressed by single cell but not suicidal.” And so if we go on from
12 there.

13 A. Could I interject a comment?

14 Q. Yes, of course.

15 A. Which is that most of what I was being asked about this morning was actually about
16 the time period when I was not even seeing Mr Assange.

17 Q. Yes.

18 A. When I describe his – you know, I would arrive, he would be asleep quite often
19 because he had not slept in the night. He would be talking slowly and softly so that I could
20 hardly hear him. He would be struggling with his memory and his concentration and telling
21 me things in a not terribly coherent roundabout fashion and jumping from topic to topic. This
22 period when I say he was severely depressed was from 18 July onwards when he was in the
23 isolated cell in healthcare.

24 Q. Exactly and that is what I now want to come on to. So there we see you recording
25 carefully and scrupulously Dr Daly’s findings, whether they are right or not, about no self-
26 harm, but then from 21 August if we look to that, 21 August, page 42, he is depressed and felt
27 vulnerable among murderers, and asked how he was doing, he replied, “Terrible. Very
28 depressed. I can’t even think properly.” 25 August requesting the Samaritans’ phone and
29 then one has the reference to diagnoses of depression being made. And then the Samaritans’
30 phone again on 26 August he requests and felt the medication not working well. 27 August
31 requested for the Samaritans’ phone, slept on the floor most nights. Requested for the
32 Samaritans’ phone which was given to him, slept on the floor as most nights again. 8
33 September, requested the Samaritans’ phone. And 16 September, just by samples. 14
34 September, requesting the Samaritans’ phone. And you have set it out at 5 October, we have

1 the fact that it was assessed as a low suicide risk at page 45, but then one has all the other
2 matters. Says he thinks of killing himself, I think, something times a day, requested to use
3 Samaritan phone. So, as you say, from July onwards one sees repetitive requests for the
4 Samaritans' phone again. 13 October.

5 A. I have not even put them all down because it gets tedious.

6 Q. Yes.

7 A. But I have put a fair sample of them.

8 Q. One sees also at 27 October, "Suicidal thoughts but denies ever having a plan. Mild
9 but definite depression and distress" and then "Denied any thoughts of self-harm but
10 continues to have his ACCD open." His mental state is struggling in a single cell. Again, 29
11 October, suicidal thoughts, Samaritan phone helps him a lot. And then one sees that the
12 psychology reports come on, 8 November, requesting a Samaritan's phone at 4 in the
13 morning. Asleep from 5. Psychology. "There is no change in his presentation, he appears
14 sad and lacking in energy. Enquired about his previous concerns around cognitive function."

15 A. Can I just mention, Baklova, the previous psychologist who he got on well with, left
16 in August and there was a time lag until about October when Dr Corson started. He took a
17 little while to warm to her and start revealing things.

18 Q. Yes. He does confide in Dr Corson, the psychology?

19 A. He does, and he says to her very much what he says to me, and he gets quite tearful
20 with her, as he appeared to be quite often when I met him.

21 Q. I am not going to go through all of those. Firstly, when you recorded Dr Daly's
22 reports consistently throughout this; is that right?

23 A. Yes, I thought it important to note her comments.

24 Q. You have also recorded the numerous times when he requested a Samaritan phone,
25 the depressive thoughts that he communicated to staff, and particularly to Jane Corson ---

26 A. Yes.

27 Q. --- and the psychologist before that. The factors of sleeping on the floor and of
28 suicidal ruminations?

29 A. I suspect that he told some nurses more than he told others, just as he told Dr Corson a
30 lot more than he told Dr Daly; it depends who he trusts.

31 Q. To the suggestion that you have been selective to the point of trying to mislead
32 anybody, what is your response?

33 A. I tried my best to give a fair synopsis. As I said at the beginning, it is up to her
34 Ladyship to compare what I have written with what is in the medical records, but you will see

1 that it is much more thorough than it is in any of the other psychiatric reports.

2 Q. My learned friend put to you “is there any record of hallucinations”, and I think you
3 said there were some references to hallucinations; is that right?

4 A. I said that there were three occasions when he had mentioned it to prison staff, not to
5 me. He said “it is self-report”; hallucinations are always self-report. Mr Assange was very
6 embarrassed to mention it. He thinks as a leader he should not be showing weakness or
7 psychiatric problems, and he was concerned that if he talked about hallucinations or suicidal
8 ideas to at least some of the prison staff he would end up being further isolated, on
9 continuous watch, and he did not want that.

10 Q. To those who he communicated to, the point you make is that they were
11 mood-congruent, that is to say congruent with a depressive mood?

12 A. The hallucinations were mood-congruent. It does not really matter whether they are
13 real hallucinations or pseudo-hallucinations ---

14 Q. Shall we not use the word “pseudo” - whether they were coming from within or
15 without.

16 A. Yes, they were congruent with his mood state. They are what you expect in
17 moderately severe or severe clinical depression.

18 Q. You also were asked questions about Suelette Dreyfus. My learned friend clarified
19 that he appreciated that she was a lifelong friend, not a doctor in the case of a treating doctor.

20 A. I have never said that she was a medical doctor.

21 Q. As I understand it, you spoke to her on two occasions, is that right?

22 A. I had a long phone call with her. Then I met her very, very briefly in Victoria Station.
23 There was one more phone call when I was just asking - he talked about a lot of technical
24 stuff and I was trying to understand the technical stuff, and then I phoned her when I was in
25 Australia in January.

26 Q. Is this right, you also consulted a book that she had written many years ago?

27 A. Yes. That implied that the depression was much longer lasting than I had originally
28 appreciated, and I did put a comment to that effect in my second report and I asked her about
29 that when I telephoned her in January.

30 Q. To the suggestion “she is just trying to help him now”, that book was written before
31 his current predicament arose, is that right?

32 A. The first edition of the book was in 1997, so long before. The most recent edition I
33 think was 2011.

34 Q. A useful, more contemporaneous source of the fact that he did have these problems of

1 depression, is that right?

2 A. Yes, and that is why I called her back about the depression because she had implied
3 the first one was rather brief, and the book implied it actually lasted the better part of six
4 months or longer; he went wandering aimlessly in the bush, sleeping out in winter and in
5 summer, only occasionally going home, and so I asked her - that was written in 1997 - this
6 happened in 1991, it was clearly contemporaneous.

7 Q. That really leads on to this point: when you deal with the three incidents, the first in
8 1991 when he slashed his wrist, from discussing that with his family, do you think what we
9 can draw a reliable conclusion or not about the fact that he was hospitalised then?

10 A. I have heard this from his mother, his father, from Dr Dreyfus, and from others.
11 Moreover, particularly important, when Professor Mullen saw him for a medico/legal report
12 in 1995, the report was 1996, it was recorded then.

13 Q. It is contemporaneously recorded that that had happened?

14 A. Yes, that is correct.

15 Q. In 1995, Professor Mullen does his report about the period from 1993 onwards, is that
16 right?

17 A. He was actually reporting in the context of a custody case, but he was talking about
18 Mr Assange's depression, of which the most recent episode had been 1993 to 1995, as I
19 understand it.

20 Q. Finally, you have seen the Royal Melbourne Hospital reports in relation to 2000 when
21 he was in his early 30s, is that right?

22 A. He was seen there from about 2000/2001 to 2006. This was for purely endocrinology
23 reasons, but they do comment on "depressed, sad mood, suicidal ideas" and seeing the GP for
24 this for two years, and the GP had prescribed Fluoxetine (Prozac).

25 Q. You have been asked questions about a number of sources, but does the picture that
26 comes across from Suelette and from Stella Moris conform with your view that there had
27 been a number of episodes of depression over the years; I think four counting the embassy as
28 well; is that right?

29 A. Yes. Stella Moris has only known him relatively recently, but I have had the history
30 of the depressive episodes, both from Dr Dreyfus and also from Mr Assange's mother, and to
31 some degree also from his father, although they were not reunited until he was 28.

32 Q. As well as of course the reports from Melbourne, and the report of Professor Mullen?

33 A. Yes, that is correct.

34 Q. Just so that it is clear, you have never suggested that he is unfit to plead at present or

1 anything of the sort?

2 A. No, I am not suggesting that. I simply raised it as an issue in my first report.

3 Q. I want to deal with these two points. Firstly this, is the fact of some degree of rational
4 thinking at some point inconsistent with suffering from depression?

5 A. No. As I say, I only used the label “psychotic” because if you have hallucinations,
6 you do not have to have all the other delusions, et cetera, then it goes in the psychotic box.
7 That is an unfortunate word. He was having “severe depression with hallucinations” is the
8 way I would prefer to call it.

9 Q. What my learned friend then did was to read out snippets if I can call it that, without
10 disrespect to him, of him saying “I do not agree to extradition” and then it was put to you “he
11 sounds rational enough, he cannot be depressed”, I think that was the broad outline of the
12 cross-examination. What is your response to that approach?

13 A. He could certainly be depressed, plus make those responses, but I took it I was being
14 asked: is he severely cognitively impaired? The answer is: it would appear that he has
15 improved somewhat since the time of Dr Humphrey’s testing, but what I would want to do, if
16 he was a patient in my clinic, is repeat that neuropsychological testing.

17 Q. You then were asked questions about Dr Humphrey’s test, and you referred to the fact
18 that inbuilt into it was the TTOM test of malingering, is that right?

19 A. It is the “Tombo” (the man’s name) “Test of Malingering” is what it is called. She
20 also used another one, I cannot remember which it was, but she used two tests that were
21 looking at exaggeration or faking.

22 Q. My learned friend put to you there was only one test of faking, which is the
23 Minnesota test; is that correct?

24 MR LEWIS: I did not put there was only one - “a test”.

25 MR FITZGERALD: Just in case it is suggested there is only one test, the Minnesota test, is
26 that correct?

27 A. I am afraid with respect to the learned gentleman, I would have to say “nonsense”.
28 The Minnesota test is used more commonly in North America than it is here. There are other
29 tests, the SURS, the SIM - there is a large literature on this topic.

30 Q. My learned friend asked you a number of questions on the issue of prison conditions,
31 so I want to be clear about this. When you wrote your first report and said that there was a
32 virtual certainty, and certainly a very high risk of suicide, you were not factoring in prison
33 conditions, you were simply looking at the fact of extradition, is that right?

34 A. Yes, I cannot say that it is certain he would do that. He said I was as certain as a

1 psychiatrist can ever be, which is quite a big qualification, but there was a very high risk that
2 if he is extradited in his then mental state, I thought that he was going to do it.

3 Q. The point I am trying to ask you about is this: my learned friend was suggesting that
4 your opinions depended on assumptions about prison conditions; when you wrote that report
5 were you making any assumptions about prison conditions in formulating that view?

6 A. Not really. I have been involved with other cases where I have seen documentation
7 about America prison conditions, but that was not entering into the factor. I had not received
8 any - and I think I made a comment in that first report that we were expecting evidence about
9 prison conditions and I would have to comment later on those.

10 Q. When you wrote your second report, you did factor in issues about the kind of
11 conditions he might face; OK?

12 A. That is correct.

13 Q. I want to deal with it in three stages. Firstly, let us forget prison conditions altogether.
14 Let us deal with the question of Julian Assange being extradited from this country to
15 America, and the fact of being extradited to the United States and being separated from his
16 family who visit him regularly here. Is that of itself likely to lead to a high risk of suicide?

17 A. Are you factoring in the depression or not?

18 Q. Yes, the depression of course, yes. The depression and the removal from this country
19 to America, forgetting prison conditions.

20 A. The depression mixed in with his anxiety and agitation I believe predisposes him
21 strongly and it is particular aspects of his depression, some of which I have summarised in
22 paragraphs 3 and 4 of my ---

23 Q. Yes.

24 A. Paragraph 10, sub-thing 3 and 4.

25 Q. Yes.

26 A. The context of the particular phenomena, mental phenomena he is experiencing in the
27 context of that depression. If extradition became imminent or were to happen, that would be
28 the trigger to a suicide attempt.

29 Q. Now the next point is let us assume that those who predict that he will be detained in
30 conditions of isolation, if he survives that long, are correct. In that situation, if he is detained
31 in conditions of isolation, such as are predicted by many of the expert witnesses, will that
32 exacerbate the risk of suicide?

33 A. It certainly would. I have seen him in just relative isolation in Belmarsh. That was
34 when he deteriorated and I think it is Mr Sickler who says that the isolation he would

1 experience in north America will be far worse than anything he has experienced in the
2 embassy or in Belmarsh.

3 Q. And, of course, you are familiar from earlier cases such as *Lauri Love* with the
4 possible effects of somebody being detained in isolation in the United States. Is that right?

5 A. Well, from the evidence we were given, yes, *Lauri Love* was never extradited.

6 Q. Yes. There are findings of the Lord Chief Justice on this issue.

7 A. That is correct and the last case that I spoke in, we were being reassured in the way
8 that Mr Kromberg has been reassuring about conditions in the MCC, and I gave evidence
9 about July the 25th and about August the 25th. That was when Jeffrey Epstein hanged
10 himself, so it just showed that those reassurances were not terribly reassuring.

11 Q. And you are aware of the fact that Chelsea Manning attempted suicide in the very
12 detention centre that Julian Assange is ---

13 A. And that is something that is fact. Mr Assange is aware of that and he is, it is
14 something that concerns him a lot. She was about to have a hearing about getting bail, I
15 think, and he said to me that, you know, if Chelsea Manning did this just a few days before a
16 potential release on bail, it just shows how awful the conditions must be.

17 Q. So, if the court finds that there is a real risk of isolation, would you invite the court
18 then to find that that will increase the risk of suicide in the United States?

19 A. That is certainly the case.

20 Q. And will it also have an effect on his mental state?

21 A. Yes. His condition, his depression will deteriorate. I think I said in the report
22 something along the lines he may then end up in a sort of permanent state of depression and it
23 will also exacerbate his anxiety, his PTSD, because he will be in a small contained cell which
24 is precisely what he does not like, and it will exacerbate his suicidal ideas.

25 Q. The next thing that my learned friend put to you, that he took you to paragraph 19 of
26 Mr Kromberg, you do not have to go to it, and him saying, "We have suicide protocols in the
27 United States," and you said, "Can I comment on those suicide protocols?" I think you were
28 stopped at that point, but I want to explore that with you.

29 Can suicide protocols prevent suicide?

30 A. No. Maureen Baird will say or she has put in her report that if someone is determined
31 enough to suicide, they will do it, and that actually is the experience everywhere. That is
32 what happens in NHS hospitals, in prisons and hospitals abroad worldwide.

33 Q. And you were also asked, so that is the protocols – yes, my learned friend then said,
34 well you made assumptions about the length of the sentence and the conditions and it is

1 possible that the sentence will be somewhere between 70 months and 87 months. Are you
2 aware of any undertakings in this case as to the length of sentence or where he will be
3 detained?

4 A. All the experts are virtually certain he will be held initially in the Alexandra jail.
5 They think he will be held under SAMS. I do not think any undertakings have been
6 mentioned.

7 Q. You are aware that in other cases, I think you were involved in the *Dewani* case, for
8 example, that undertakings have been given.

9 A. Yes, but I do not think any undertakings have been given here.

10 Q. And then finally ---

11 A. And as I mentioned, undertakings have been given in previous cases which have not
12 been fulfilled.

13 Q. Yes. And then, finally, you referred to the fact that the impulse in this case would be
14 driven by mental disorder in answer to my learned friend's question.

15 A. Yes. The other factor, it is not just the isolation, but if he were to get a prolonged
16 sentence, and I take the point that there may be debate about that, but if he were to receive a
17 prolonged or indefinite sentence, that would be very damaging to his mental state. I was a
18 co-author of the report on indefinite detention that went to the House of Lords and Lord
19 Bingham made a famous judgment about indefinite detention shall not be legal in 2004. I
20 was the co-author of that report.

21 Q. And you have summarised what led to your conclusions about the early history in the
22 reports from Melbourne Hospital, Professor Mullen and Suelette Dreyfus and as to the
23 current picture, would this be right, you have relied on the prison notes which you have set
24 out in the appendices?

25 A. Yes.

26 Q. On Jane Corson's remarks repeatedly extracted.

27 A. Yes.

28 Q. Dr Sondra Crosby, you have seen her report and you refer to that, is that right?

29 A. Yes, I more rely - in her case, what was helpful was she saw Mr Assange in the
30 embassy when I obviously did not.

31 Q. And obviously, also, Dr Deeley's report.

32 A. I have seen Dr Deeley's report and Professor Mullen's more recent report on when he
33 went to see Mr Assange with me last September.

1 Q. And indeed, to some extent, the agreement with significant aspects of your report by
2 Professor Fazel.

3 A. Yes. Well, that is for Professor Fazel to discuss, but as I understand it, he agrees with
4 depression that in February/March was of moderate severity, that there was a high current
5 suicidal risk and that this risk was likely to increase in the absence of protective factors in
6 north America although his comment was that would have to be reassessed there.

7 Q. Yes. My Lady, I think those are the only questions. My Lady, those are the only
8 matters I wish to raise.

9 JUDGE BARAITSER: Thank you very much, Professor. It has been a long day. Thank you
10 for giving up your time to give evidence to this court. Your involvement has finished. You
11 are, of course, welcome to watch the rest of the proceedings if you can find a seat, but
12 otherwise, you are very welcome to go.

13 WITNESS: Thank you.

14 (Witness withdrew)

15 JUDGE BARAITSER: Alright, so, housekeeping matters, do we now have a list going
16 forward, please?

17 MR SUMMERS: The rest of this week, madam, is as expected; the medical evidence
18 tomorrow, more medical evidence on Thursday.

19 MR LEWIS: I wonder if my learned friend could actually - I do not strive to be pedantic -
20 just read out the names and then we will have no doubt.

21 JUDGE BARAITSER: Well, hopefully it will be produced in some kind of electronic format
22 and emailed.

23 MR FITZGERALD: It is the one that we have all misheard, Dr Deeley.

24 MR LEWIS: It may be because there have been about 15 versions of it. Just two minutes,
25 just to read it out.

26 JUDGE BARAITSER: Can we have it in writing? I would like it in writing, please, rather
27 than orally.

28 MR SUMMERS: Well, the list you asked for, madam, in writing was tomorrow because we
29 are still trying to formalise next week's list, but this week's list is as it has always been.

30 MR FITZGERALD: My Lady, for tomorrow, we definitely will have Dr Deeley in the
31 morning and we hope that there will be no problem with Professor Mullen giving his
32 evidence, but it will be very late at night in Australia in the afternoon.

33 JUDGE BARAITSER: Just remind me, what did I ask for by close of business today?

1 MR FITZGERALD: I think you wanted - sorry. What I was about to tell you which is where
2 we are on agreement.

3 JUDGE BARAITSER: Thank you very much, indeed. Alright. I suppose they rather go
4 together, the agreement and the witness list, but yes, if you can read out a list then of what is
5 agreed.

6 MR SUMMERS: The witness list for this week is, madam, the medical witnesses, Deeley,
7 Mullen, Crosby, Blackwood, Fazel. Friday is Mr Eller. Next week is where we have been
8 working and there is good news, madam, and bad news. The good news is that six witnesses
9 have been agreed in full. That includes three that were on the list of witnesses who were
10 required. Those are Chomsky, Augstein and Young. From those that were previously not
11 required for cross-examination, Humphreys, Butler and Prince, they are agreed in full.

12 There are three, madam, who are going to be agreed, but are the subject of editing.
13 Adam Pearce and Goodwin Gill who were not on the list because they were not required for
14 cross-examination. Tigar who was. That, madam, is the summit of good news.

15 That leaves, madam, once we are through the medical evidence and Mr Eller, 14
16 witnesses for next week. There are three who I am happy to say that the defence will be able
17 to do without. There are, however, included in that 14, three who the prosecution previously
18 indicated they did not wish to question. That is the Spanish witnesses, Mr Martinez, Witness
19 1 and Witness 2, who are now required for cross-examination. So, madam, that is 14 for next
20 week and we, as we undertook to do so, are working on, timetabling them for next week and
21 that is what we undertook to have with you by the end of tomorrow.

22 JUDGE BARAITSER: That is very helpful, thank you very much, Mr Summers.

23 MR LEWIS: Madam, I just want to be lucidly clear. There is a divergence between what Mr
24 Summers says and what Mr Fitzgerald says. Mr Summers says it is as per the list and the list
25 tomorrow is Deeley, Mullen and Crosby. Mr Fitzgerald said just Deeley and Mullen. Is Dr
26 Crosby going to come tomorrow?

27 MR FITZGERALD: No, he is not.

28 MR LEWIS: It is very important that I know so that I can prepare, otherwise ---

29 MR FITZGERALD: Unfortunately, I will explain to my learned friend, she is not available
30 tomorrow.

31 MR LEWIS: So we have just got Deeley and Mullen.

32 MR FITZGERALD: Yes.

33 JUDGE BARAITSER: This should not arise after close of play tomorrow because that is
34 when a list going forward will be provided, within it witnesses to be called each day.

1 MR FITZGERALD: That is right. Well, my Lady, there are real problems about her being
2 able to - I understand she has professional obligations tomorrow which she cannot ---

3 JUDGE BARAITSER: Yes, but I am assuming that she is included in the medical evidence
4 which will be heard today, Wednesday and Thursday and that that will not be affected by her
5 availability.

6 MR FITZGERALD: Well, that may depend on – yes, I mean, I know that we have the two
7 psychiatrists who have been called by the prosecution available in any event, so it may be
8 that we complete the two witnesses tomorrow and then we can deal with the question of the
9 list of witnesses going forward with you tomorrow afternoon, because obviously, that is a
10 matter of concern to you to know where we are going and how we are doing globally, if I can
11 put it that way.

12 JUDGE BARAITSER: As far as Mr Lewis is concerned, just Dr Deeley and Dr Mullen
13 tomorrow.

14 MR FITZGERALD: That is right.

15 JUDGE BARAITSER: Lovely. All right. Now, dealing with this issue of the Professor's
16 report and its disclosure to the press, I wonder if I can set it up in the sense that perhaps - I do
17 not know if a member of the press is here in the court, but all I have received is a one line
18 request. I think I need, first of all, a written request with the reasons for requiring its
19 disclosure. I think that is how the Criminal Procedure Rules work. Then I need to decide
20 whether to hold a public or a private hearing in relation to the issue of disclosure and then I
21 need to hear what you have to say about it.

22 MR FITZGERALD: Well, you have our respectful submission which is that there has been
23 very full disclosure in open court of the issues. We would respectfully submit that it is not
24 necessary for the full reports to be disclosed.

25 JUDGE BARAITSER: Well, presumably you are going to argue that at some point.

26 MR FITZGERALD: Yes, of course. No, just so, in case the press want to hear what my
27 position is because they are in the next door room, it is our respectful submission that it is not
28 necessary and not appropriate that the whole medical report should be disclosed. And, my
29 Lady, I know we looked at issues concerning medical confidentiality in other contexts and
30 whether it is really necessary for the whole report to be disclosed. Given that, it includes
31 some sensitive materials which well, if it is not strictly necessary in the interests of justice or
32 for open justice then we would submit that it is not appropriate to disclose it.

33 JUDGE BARAITSER: It would be helpful to me for you to identify, given that an awful lot
34 of the report ---

1 MR FITZGERALD: Yes.

2 JUDGE BARAITSER: --- has been dealt with in open court ---

3 MR FITZGERALD: Yes.

4 JUDGE BARAITSER: --- for you to identify which aspects of the report ---

5 MR FITZGERALD: Yes.

6 JUDGE BARAITSER: --- you have particular concerns about.

7 MR FITZGERALD: Yes. Yes. Well, I think we also would need to discuss with Professor
8 Kopelman the position, his view but I know my learned friend, well ---

9 MR LEWIS: Well, madam, we are going to support the defence in this matter and there is
10 actually a lot of learning on it. I spent recently three days arguing the law on what journalists
11 can have from the court records and there is a judgment by the Chief Magistrate recently on
12 this. It involves a lot of – there is two Supreme Court cases on access, there is a balancing
13 exercise to be done about medical records, it is actually quite complicated.

14 They are not entitled to it, access from the court records, per se, and there will have to
15 be an explanation from the journalist why it advances the open justice principle in accordance
16 with the judgment of Lady Hale in the case which is escaping me at the moment but it is dealt
17 with extensively in the Supreme Court and it does require quite a lot of legal argument and
18 we will ---

19 JUDGE BARAITSER: Can I just make clear, it is not the records, the court records that has
20 been requested, it is the report itself.

21 MR LEWIS: Yes, but they cannot get it other than from the court record. If we do not give it
22 and the defence do not give it, the only way they can get it is from the court record. And that
23 brings into force a number of different matters which come into play, madam, because as far
24 as the prosecution are concerned, we stand with the defence on this, it is confidential and we
25 are not going to be disclosing it. If the defence are not going to be disclosing it, the only way
26 the journalist can get it is if they get my Lady's leave and that is quite complicated. I do want
27 to foreshadow that. And we would expect a full written argument from the journalist quoting
28 the law and explaining why the open justice principle will be advanced by the actual report in
29 these circumstances.

30 JUDGE BARAITSER: All right. Well, I am ---

31 MR FITZGERALD: Yes. Well, I am very obliged. Obviously it is always cheering to hear
32 my learned friend line up with us on this issue and I am very grateful to him for referring to
33 the authority. My Lady, I am ---

1 JUDGE BARAITSER: I am just looking at who the request was from and it looks, I do not
2 know if the journalist is in court at the moment? No. All right.

3 MR FITZGERALD: My Lady, could I respectfully suggest that since as my learned friend
4 has foreshadowed, this may require quite considerable legal argument that we put it back in
5 order to get on with the case until some later stage?

6 JUDGE BARAITSER: All right. Yes, that is sensible. In fact, I have just received at quarter
7 past 4, so one minute ago, the press submissions ---

8 MR FITZGERALD: Oh.

9 JUDGE BARAITSER: --- in relation to this and I have not obviously read them but I can see
10 I have them. Now, presumably you will want to see these too? I do not know ---

11 MR FITZGERALD: Yes, and also, my Lady, given the fact that we are concentrating on
12 getting on with the case in accordance with your clear directions ---

13 JUDGE BARAITSER: Yes.

14 MR FITZGERALD: --- we really do not, well, sorry, we would rather not have to spend a
15 night researching this issue and arguing it ---

16 JUDGE BARAITSER: Yes, I understand that.

17 MR FITZGERALD: --- given that nobody can say that the press have not had a pretty full
18 disclosure of the medical issues that are between the prosecution and us.

19 JUDGE BARAITSER: Obviously this issue must be addressed at some point.

20 MR FITZGERALD: Yes.

21 JUDGE BARAITSER: I do not think there is any great urgency ---

22 MR FITZGERALD: No.

23 JUDGE BARAITSER: --- in addressing it immediately but I will raise it at some point and I
24 will have to decide now that I have submissions, on whether to have a closed hearing or an
25 open hearing, can I just put you on notice I will need to see which parts of the report, given
26 how much of the report was spoken to today, you object to disclosing?

27 MR FITZGERALD: Well, I think it may be that we have a more fundamental objection in
28 the light of the authorities that as it were, it is for them to show that it is necessary to go
29 beyond what has already been done. That is going to be our position.

30 JUDGE BARAITSER: When I retire, I will forward this email to everyone concerned ---

31 MR FITZGERALD: Thank you. Thank you.

32 JUDGE BARAITSER: --- so you can see what the submissions are.

1 MR FITZGERALD: Thank you, my Lady. And if you would give us a little bit of time on
2 that because obviously it is something where there clearly is legal authority that we need to
3 consider and address you on.

4 JUDGE BARAITSER: Yes. All right. Thank you. Anything else that needs to be raised
5 now? No. Tomorrow morning it is then please. Thank you very much everybody. Mr
6 Assange as always to remain in custody overnight to be produced in the morning. Thank
7 you.

8

ADJOURNED AT 16.19 UNTIL WEDNESDAY, 23rd SEPTEMBER 2020

We hereby certify that the above is an accurate and complete record of the proceedings or part thereof.