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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
24th SEPTEMBER 2020, 12.01-15.55

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1 JUDGE BARAITSER: Thank you very much. Good morning. Can we just check the public
2 gallery is open because it is empty.
3 COURT USHER: Yes. It is definitely open, it is just people have not arrived yet.
4 JUDGE BARAITSER: All right. Good. Morning. Yes. Something you wanted to say, Mr
5 Lewis?
6 MR LEWIS: I do not think so, my Lady, other than to call Dr Blackwood.
7 JUDGE BARAITSER: Ah. I thought it was Crosby first. Blackwood first. All right.
8 MR LEWIS: My Lady, just so my Lady knows, given that your Ladyship still has to make a
9 decision on release of the medical reports to the press, ---
10 JUDGE BARAITSER: Yes.
11 MR LEWIS: --- rather than simply adopting his report which had been my intention, I will
12 just take him very briefly through it for 10 minutes or so, ---
13 JUDGE BARAITSER: Yes, you are very welcome to do that.
14 MR LEWIS: --- so that the press then understand the gist ---
15 JUDGE BARAITSER: Yes.
16 MR LEWIS: --- in case you need to take that into account.
17 JUDGE BARAITSER: Thank you.
18 MR LEWIS: So, can I call Dr Blackwood please?
19 DR BLACKWOOD, Affirmed
20 Examined-in-chief by MR LEWIS
21 Q. And Dr Blackwood, I am sure with her Ladyship's permission, if you need to sit
22 down that would be ---
23 A. Thank you.
24 JUDGE BARAITSER: Yes, of course.
25 Q. --- fine. So, Dr Blackwood, is it right that you are a consultant forensic psychiatrist
26 with the NHS?
27 A. That is correct.
28 Q. And you are also at Her Majesty's Prison at Wandsworth?
29 A. That is correct.
30 Q. You are approved under the Mental Health Act?
31 A. Yes.
32 Q. And you are a reader in forensic psychiatry at King's College, London?
33 A. That is correct.

1 Q. You have made a report in this matter and do you adopt that as your evidence-in-
2 chief?
3 A. I do, yes.
4 Q. I will just run through one or two points on that report. Just looking at paragraph 5, I
5 think it is a summary of your conclusions that Mr Assange has a recurrent depressive
6 disorder?
7 A. That is correct.
8 Q. And do you know how he currently is?
9 A. Yes. When I saw him in April I thought he was moderately depressed and in my most
10 recent review of the medical notes from Belmarsh which includes observations throughout
11 July, I think there is evidence of some improvement in his mood state beyond when I saw
12 him.
13 Q. And did you find any evidence of somatic syndrome or psychotic symptomatology?
14 A. No, I thought he was moderately depressed without significant somatic symptoms at
15 the time that I saw him and I did not think this was a severe depressive disorder with
16 psychotic symptoms.
17 Q. And what were your findings as to risk of suicide in the event of a decision to
18 extradite him to the United States?
19 A. Yes, I think there is some risk of suicide but that risk has clearly been very carefully
20 managed in Belmarsh prison and the risk factors that pertain to his suicide risk are modifiable
21 and he engages closely with treatments available to manage that risk.
22 Q. And what about his capacity to resist the impulse to commit suicide?
23 A. Yes, I believe he retains that capacity.
24 Q. Thank you. Just going through your report very briefly, it is right is it that you
25 discussed his care with Dr Rachel Daly?
26 A. Yes, I spoke to her at the time of this report and then again in early September before
27 coming to these proceedings.
28 Q. And you have been given the history as by the defendant of the background?
29 A. That is correct and of course I drew on Professor Kopelman's extensive other
30 investigations.
31 Q. So, could I just take you to paragraphs 21 and following in your report which deal
32 with the medical records from April 2019 to March 2020.
33 JUDGE BARAITSER: Just pause for a moment, Mr Lewis. Can everybody sit down please?
34 I think Mr Assange wants to give you instructions. Yes, Mr Lewis, please carry on.

1 Q. It is on the records but what was it like for Mr Assange when he was received at
2 Belmarsh prison?
3 A. Yes, from the records he was noted to be polite, to have good eye contact, he denied
4 any intent to self-harm, there was said to be no evidence of low moods at initial reception, his
5 concentration abilities appeared normal, and he was described as being very engaging and
6 very articulate.
7 Q. And was there any evidence of psychotic features?
8 A. Not at initial reception, no.
9 Q. And that was in April, if we go on to paragraph 23 in May, was he admitted to a
10 different unit in Belmarsh?
11 A. Yes, he was initially placed on ordinary location and then as I understand it video
12 footage of him emerged to the governor's consternation, so for administrative reasons he was
13 placed on the healthcare unit. So, this was not informed by significant concerns about Mr
14 Assange's mental health at that time.
15 Q. And then dropping down to 24 May, what do the medical notes say on 24 May?
16 A. He appeared pre-occupied with his case and then he documented eating and sleeping
17 poorly, having poor concentration, feeling fearful and having low mood.
18 Q. But was he suicidal?
19 A. He was not at that point.
20 Q. And then moving on to June of last year, was he noted to be suicidal at that time?
21 A. He had already begun to talk about wishing to make a plan to move back to ordinary
22 location from healthcare and he was noted to be not suicidal or exhibiting any self-harm ideas
23 as the team thought about that potential route back to ordinary location.
24 Q. And did he participate in any functions while he was in the healthcare unit?
25 A. Yes, I think this is very important to look at his day-to-day functioning beyond what
26 he says about his symptoms and at that time he was engaged in a wide range of activities
27 from mental health groups to chapel services, painting, exercising, association sessions, and
28 he was noted to interact well with others on healthcare.
29 Q. Did he read anything?
30 A. Yes, he read books, letters and paperwork associated with his case.
31 Q. Was there any evidence of psychotic symptoms?
32 A. Not at that time.
33 Q. And how was his weight?

1 A. He had lost significant weight compared to his reception weight so around about five
2 per cent of his weight had been lost.
3 Q. So, that was June. If we go to July, paragraph 25 of your statement, very briefly what
4 was the position in July?
5 A. He at an ACCT review, he noted that he did not want to take his own life but that
6 thoughts to do so were sometimes there.
7 Q. And what did Dr Daly note his condition to be?
8 A. Yes, on her review on 26 July he was noted to be not suicidal.
9 Q. And if we move to August, paragraph 26 of last year, were there any notes of his
10 condition then?
11 A. Yes, he noted his distress, particularly in sessions with the ward psychologist. He
12 talked about wanting to move back to ordinary location because activities were better there
13 and he was noted sometimes not to comply with his prescribed anti-depressant.
14 Q. And what was his demeanour like?
15 A. He complained about his placement on healthcare and that that had only take place
16 because of establishment concerns about the film footage.
17 Q. And in September, paragraph 27, what was Dr Daly's report about him?
18 A. Well, he was felt to be much improved at that stage and he again complained about
19 being placed on healthcare.
20 Q. And was there any review with Nurse Morrison?
21 A. That is right. So, this is sorry in paragraph?
22 Q. 27 at the bottom.
23 A. 27. Sorry. Yes, so, he was reviewed by Professor Mullen at this stage and then he
24 referred to himself as being a living ghost in a review by another nurse.
25 Q. And just moving on to October, are there are observations of note in October from the
26 medical records?
27 A. Yes, he expressed his fear that he was losing his mind because of isolation on
28 healthcare. He was worried that his defence team had been compromised but talking to
29 Samaritans had been helpful, and he also began to work most helpfully with the new board
30 psychologist, Dr Corson.
31 Q. Moving on to November, your paragraph 29, how was he then?
32 A. There was some change in his medication at that point so moving from one dose of
33 medication to two different anti-depressants, and he told Dr Daly that he felt fed up but that
34 he had no active suicidal plans.

1 Q. And then December of last year, what are in his medical notes about that?
2 A. He was noted by staff to be sleeping under his bed and he said he did not hallucinate
3 if he slept there. His cell remained in a poor condition but he appeared bright on the ward
4 and he attended social visits, attended to his correspondence, but that rather contrasted with
5 his presentation and the psychology sessions where he talked about low mood, thoughts of
6 self-harm and hearing people talk about him outside his cell or when he was listening to the
7 radio.
8 Q. And did he have any difficulties with concentrating and reading a book?
9 A. Yes, he was trying to read a book about Aristotle at that stage and said that he was
10 struggling to concentrate on that.
11 Q. And can you help us when he was moved back out of healthcare?
12 A. So, he was moved out of healthcare and back to ordinary location, where he has
13 remained, on 21 December 2019.
14 Q. And when he was back in January 2020 this year, in ordinary location, how did he
15 appear?
16 Q. And in February, how did he appear then?
17 A. Well, his presentation improved from that point and he was pleased that Dr Corson
18 had recommended placement on ordinary location and he mentioned to Dr Corson in her
19 sessions the things we have heard about in terms of a potential secretion of a razor and the
20 cord that he said had been found in his cell, so she sought to reopen his ACCT at that point.
21 Q. And in February how did he appear then?
22 A. Well, again there is a slight contrast between his presentation on the wing and what
23 happens in individual psychology sessions, so again his principal concern then was about
24 negative behavioural entries that had been made in his record by prison officers. He was
25 keen to find a job as a wing orderly to engage in gym and he agreed to work with the
26 occupational therapist to address the condition of his cell.
27 Q. And was he reviewed by Dr Daly in February?
28 A. That is right. He was found drinking coffee, enjoying the company of other prisoners
29 and he talked about residual struggles with sleep, but he said he was content with the current
30 prescribed medication, and to Dr Daly he appeared articulate and well and fit to plead and
31 stand trial. He was viewed as not suicidal.
32 Q. Thank you. And then we have, which I think we have already had, the defendant's
33 account of his progress in Belmarsh, and then you deal with the defendant's concerns about
34 potential extradition. And then can I take you to the actual examination you carried out on 11

1 and 18 March? That is your paragraph 41. Could you tell us what your initial findings were
2 on your examination of him?
3 A. Yes, I thought he was reasonably well-kempt and he was initially wary of my
4 intentions, with particular concerns that I may be working for the United States government
5 and that the CIA would harvest any vulnerabilities from my report. And he was very keen to
6 exert control over this report so that any quotations I use should be securely spoken by him
7 and he would have very much valued editorial review of my report before it was submitted.
8 Q. Was there any evidence of abnormalities?
9 A. No. He could attend and concentrate throughout four hours of interviews and, in my
10 view, he used gesture appropriately and there were no abnormalities of posture that you
11 might see in more marked cases of autistic spectrum disorder.
12 Q. And were there abnormalities of speech?
13 A. Well, when he becomes animated about his current conditions, the difficulties he
14 faces, the political nature of the trial, his potential treatment in America, he becomes very
15 animated and talks at great length and in great detail about all the actors in his case. So this
16 can appear to be a monologue. It is possible to interrupt him, but he is clearly passionately
17 concerned at that time that someone like myself, who he views as entirely naïve about the
18 nature of his difficulties, he is keen to tell me exactly what I need to know, and he was
19 particularly concerned that Professor Kopelman's report did not have a political dimension,
20 so he was very keen to give me that political dimension.
21 Q. And just dropping down to paragraph 44, the psychotic symptomology. Did you find
22 any evidence or delusions?
23 A. Certainly not delusions, and he talked about past experiences of hallucinations and he
24 said that he was at his worst in a period in healthcare and he used the phrase that healthcare
25 or hell don't care, as he referred to it, had turned him into a hallucinating puddle on the floor,
26 and he was angered by that sense of his intelligence and his presentation for having been
27 diminished at that point.
28 Q. Did your examination correspond with that self-report?
29 A. No. He did not describe characteristic hallucinations that are found in severe
30 depression in my interview with him.
31 Q. And just finally then, moving to your opinion, which we have at section 4 at 48.
32 What about Mr Assange's history, what is that consistent with?
33 A. Well, I certainly agreed with Professor Kopelman that he had a recurrent depressive
34 disorder, but one which had been treated throughout his life either by him treating himself

1 with various approaches that he had favoured, or with very short periods of antidepressant
2 medication. With the exception of that brief episode after an episode of self-harm as a young
3 man, he has not been hospitalised for depression at any point.
4 Q. And still on 48, what did you think about Professor Kopelman's diagnosis?
5 A. Well, I certainly thought that initially and looking at his report and my own, which
6 were separated I think by three to four months, that there had clearly been improvement if we
7 accept everything that Professor Kopelman had said, but I had concerns about Professor
8 Kopelman's opinion. I was puzzled about why he had put Mr Assange at the most severe end
9 of depression when it was very clear in a more sober appraisal of the notes that his social and
10 occupational function had largely been maintained, which entirely rules out severe
11 depression, and if it was the case that he had been severely depressed with psychotic features,
12 it is absolutely incumbent on Dr Daly, who is entirely neutral with respect to this process, to
13 refer him out to local services to be treated. So I heard Professor Kopelman earlier in the
14 week say it was unlikely that a service would take somebody with depression. That is
15 completely wrong. If somebody is severely depressed with psychotic features, they are
16 referred out to local service to be assessed and treated and I have done that in my own clinical
17 practice in extradition cases from Wandsworth prison. So the fact that he has never been
18 reviewed by a local service suggest that the team responsible for his mental healthcare did not
19 view him as being at that severe end of the spectrum, and that team has no interest in this
20 process.
21 Q. Thank you. Paragraph 49. What did you find as to his mood symptomology?
22 A. Yes. As I say, I think he was moderately depressed in my assessments, but I think the
23 other thing that was missing from Professor Kopelman's opinion is that somebody's
24 description of their mood state or their mental state would inevitably be coloured by their
25 personality and their approach to their health status. We heard Professor Kopelman earlier in
26 the week use the word "hypochondriacal" to describe Mr Assange's concerns about his health
27 across multiple different time periods. So there is for me a slightly self-dramatising, or
28 hyperbolic approach to describing the symptoms and therefore we have to look very carefully
29 at the clinical records and the clinical approach taken by the psychiatric team in Belmarsh to
30 inform the extent of that depressive disorder.
31 Q. Thank you. And at paragraph 50. Did he describe anxieties concerning potential
32 extradition?
33 A. That is correct.
34 Q. And what effect did those signs have?

1 A. Well, he talks about his anxieties about extradition, but there was no sign at that time
2 or in looking at the notes that this was disabling him in any way in terms of his function
3 within the prison.
4 Q. And what about PTSD? What were your findings on that?
5 A. Well, this had been mentioned by Professor Kopelman. It was unclear from his report
6 exactly what the stress was to which he was referring; whether this was the childhood
7 experience of the flash flood, or something related to his, Mr Assange's, experiences in the
8 Ecuadorian embassy, but there was no evidence of re-experiencing a particular event, or
9 avoiding particular stimuli related to these things, so I did not think he met the diagnostic
10 criteria for PTSD.
11 Q. Other potential responses. We have heard from Dr Deeley. I think you have read the
12 transcript.
13 A. Yes.
14 Q. Who has diagnosed him with being on the autistic spectrum. What do you say about
15 that?
16 A. I have anxieties about making such a diagnosis in a 49 year old man where there has
17 never been, despite the amount of medical attention he has attracted and psychiatric attention
18 he has attracted, there has never been such a diagnosis historically. Four other experienced
19 psychiatrists, including myself, have reviewed him and although we think there are traits of
20 the disorder, we do not think he goes over the categorical diagnostic line. So even if he does
21 have an autistic spectrum disorder and he gets into that categorical box, then for me he is at
22 the very mildest end of that diagnostic spectrum.
23 Q. And things like Dr Deeley was asked about comments from his mother that he was an
24 extraordinary selfless father and Dr Deeley did not think that was inconsistent with someone
25 on the autistic spectrum. What do you say about that?
26 A. Yes, I think there is multiple areas of his functioning where there has to be some
27 doubt about the impact of this disorder on his behaviour. So, for example, his partner, in
28 Professor Kopelman's first report, makes no mention of any symptomology that would be
29 consistent with an autistic spectrum disorder and family members also speak about many
30 other things which are not typical of those with an autistic spectrum disorder - his warmth,
31 his humour, his ability to engage in banter; and I am aware of other things from his history in
32 which he has clearly functioned to a very high level in running a very successful organisation
33 and businesses in the past with close business partners, et cetera.
34 Q. Thank you. And just suicide risk? Your paragraph 54. What do you think of that?

1 A. Yes. I noted that he was at some elevated risk of suicide. I bear in mind, as we do,
2 those of us who work consistently in prisons, about that low base rate of one in a thousand in
3 prisons in England and Wales, so it remains a very unusual event, although we look after, for
4 example, in Wandsworth, multiple people who go through similar proceedings to this. So
5 although he certainly talked about there being increasing risks where he would be extradited,
6 I think that that risk is modifiable and manageable.
7 Q. And insofar as risk is concerned, I think you have read the transcript of Dr Deeley, he
8 disagreed with Professor Fazel. When you talk of high risk, what do you mean, or a risk?
9 A. Yes, of elevated risk compared to other men of his age in the prison setting.
10 Q. Thank you. And then just finally just going over to the extradition decision, your
11 paragraph 56. Did you reach the view that there was a substantial risk of suicide?
12 A. No. I think there is undoubtedly some risk of a suicide attempt linked to extradition,
13 but I do not think this reaches the strict threshold of substantial risk.
14 Q. And what about his capacity to resist the impulse to commit suicide?
15 A. I think even in the context of a worsened depressive state than the one that we have
16 observed, that he would still retain the capacity to resist that impulse.
17 Q. And if he were extradited to the United States, do you think his medication would
18 change?
19 A. No. I am aware there is a range of opinion about this in front of the court about the
20 nature of the treatment setting in America, both pre-trial and perhaps post-conviction, but I
21 think we would expect there to be broad equivalents in terms of medication and access to
22 something equivalent to what he has engaged well with in Belmarsh prison.
23 MR LEWIS: Thank you very much, Dr Blackwood. There may be some other questions.
24 Cross-examined by MR FITZGERALD
25 Q. Just one point to clarify at the start, Dr Blackwood. You referred to – it is at
26 paragraph I think 23 of your report – to him being admitted to the healthcare unit. And you
27 then deal with it as the reason for it related to the emergence of video footage and I think later
28 on you say that it was not due to health concerns. Is that right?
29 A. That is correct.
30 Q. Who gave you to understand that?
31 A. Well, that was Mr Assange's own understanding of the importance of that video
32 footage and Dr Daly's understanding, so she herself did not seek to place him on healthcare
33 because of concerns about, for example, severe depression or suicidal risk. We have a small

1 number of inpatient beds available to us in prison settings, so we have to use them very
2 parsimoniously.
3 Q.. So Dr Daly told you that?
4 A. That is correct.
5 Q. I want you to look at a record of case review. We know that it was on the 18th that he
6 would move to healthcare, is that right?
7 A. That is correct.
8 JUDGE BARAITSER: The 18th of which month, please?
9 MR FITZGERALD: 18 May 2019. My Lady, we will just find a copy for you. Perhaps I
10 can read out to you what it says there. If you do not mind, we have marked the copy, my
11 Lady. It was dated 18 May and you are telling us that it was a decision that Dr Daly told you
12 had nothing to do with his health or concerns about depression. Do you see there the
13 summary of the review?
14 A. Yes, I think this is written by a prison officer at an ACCT review.
15 Q. On the 18th?
16 A. Yes.
17 Q. At 2.30 pm?
18 A. Yes.
19 Q. Do you see the words "summary of review. Brought Assange up to the office today
20 as staff on HB2 have raised concerns about the way Assange has been the last few days.
21 Assange looked very low in mood during this review. Assange stated he is finding it hard to
22 control the thoughts of self-harm and suicide. During this review we discussed if a move to
23 the [health department] would help Assange. Was happy with this. I told Assange I would
24 talk to healthcare to see if this could be done." Do you see that?
25 A. Yes.
26 Q. Have you seen that before?
27 A. No, I had not seen this before.
28 Q. It is slightly inconsistent with what Dr Daly was telling you?
29 A. Dr Daly is responsible for Mr Assange's mental health in the prison.
30 Q. This is at 2.30 pm on the day he is moved and it is saying that staff have been
31 concerned about the responsibility of self-harm and suicide, and, for that reason, he is going
32 to be moved to healthcare.
33 A. Absolutely.
34 Q. You are telling us it has nothing to do with concerns with suicide or health?

1 A. No, I think there are entries in the notes that suggest, for example, he is on the ACCT
2 process in this period and therefore he is --
3 Q. Let us deal with this, do you accept that what is recorded there, on the very day that
4 he moved to healthcare, is concern that he had been low in mood during this review and had
5 stated he is finding it hard to control thoughts of self-harm and suicide; you accept that?
6 A. Absolutely.
7 Q. Do you say they are talking nonsense, or do you say that that was the reason?
8 A. I think these decisions are often multifactorial, so there are many reasons --
9 Q. You have not had any multifactorial, you have only had one --
10 JUDGE BARAITSER: Mr Fitzgerald, you have to let him finish his sentence.
11 THE WITNESS: I have to draw on what Dr Daly has told me and her understanding of that
12 move to healthcare was that there were considerable concerns, as indeed Mr Assange says
13 about the emergence of video footage, and for safeguarding reasons -- which may include of
14 course concern with suicidal ideas -- he is moved to healthcare at that point.
15 MR FITZGERALD: Could you accept now, may I make it clear, I am not criticising you for
16 the decision that was taken, but to the extent that it is being suggested "he was only moved
17 for disciplinary or concerns he might be attacked" or something like that; was that the
18 concern?
19 A. No, I do not think so, I think it was about reputational damage to the prison and
20 concerns of that nature.
21 Q. I see. You would accept that what this person who made this record is saying is he
22 has been concerned some days about the suicide and self-harm?
23 A. Yes.
24 Q. You were not provided with this material?
25 A. I have not seen this single ACCT review, no, but of course there are multiple
26 documents like this throughout his period at Belmarsh.
27 Q. No criticism of you, perhaps criticism of Dr Daly for not telling you about this, but Dr
28 Daly never told you about this?
29 A. I think the existence of a depressive disorder and suicidal ideas has of course been
30 recognised by Dr Daly and her team at the prison, and he has been carefully managed in his
31 time at Belmarsh, such that no suicidal behaviours have pertained.
32 Q. You see he is admitted to healthcare unit on 18 May at the request of the prison
33 governor for safeguarding, you understood those to be something reputational about the
34 prison, is that right?

1 A. Well, Dr Daly in her overall review of her situation at Belmarsh, that was her thought
2 and it was also Mr Assange's thought when I spoke to him.
3 Q. Forget Julian Assange, let us concentrate on Dr Daly; it is a slightly edited version of
4 what the real reason for healthcare move was, was it not?
5 A. No, she recognises that. She is not denying that there is a depressive disorder or there
6 are important suicidal ideas that need careful management, and indeed she has carefully
7 managed him throughout this long and difficult period.
8 Q. I will not take that matter any further for the moment, Dr Blackwood. Just to see if
9 we can now explore whether there are some areas of agreement between the psychiatrists, if I
10 can put it that way. You would agree, and I think you fairly set out at paragraph 48, that
11 there is a history consistent with recurrent depressive disorder?
12 A. Yes, he has had, we have heard, perhaps three episodes of adulthood predating this
13 period; he has not required psychiatric hospitalisation beyond that one episode of self-harm,
14 as I understand the history.
15 Q. Yes, we know there was a hospitalisation when he was about 19 of self-harm and
16 there was a period when he was receiving Prozac for some time when he was 30, and then
17 there was the period when he was assessed at 25?
18 A. That is correct. That is my understanding.
19 Q. You accept that as a helpful background?
20 A. Yes.
21 Q. There appears to be a period in the embassy where he was also depressed, and
22 concerns were expressed about that?
23 A. Concerns were certainly expressed at that time, yes.
24 Q. You are say it is a history consistent of recurrent depressive disorder. At
25 paragraph 56 you refer to his current mental condition as one of moderate depression; that is
26 right?
27 A. Yes.
28 Q. That is when you saw him?
29 A. Yes, but also looking back at the history and Professor Kopelman's view of him being
30 at the severest end of the depressive spectrum, I did not agree with.
31 Q. Would you accept that it may depend on the time you see the person?
32 A. Yes, of course, there is variability in his mood and his engagement with treatment,
33 but, as I say, looking back at that period, there was not the very considerable interference
34 with occupational and social function that you absolutely require -- we heard Professor

1 Kopelman's rather dismissive approach to diagnostic schedules and "bloody books" and so
2 on, but it is absolutely important for that severest end of depression that you look very
3 carefully at occupational and social function, which I do not think Professor Kopelman did.
4 Q. I want to put to you what Professor Fazel said yesterday, and I hope it may assist you.
5 It is trying to find some common ground between the various psychiatrists. Do you see at
6 page 57, I think I have marked it up for you?
7 A. Thank you, yes.
8 Q. At the top of the page what is said is: "I note that Professor Kopelman came to the
9 view in his report that he had a severe depressive episode with psychotic features. He based
10 this view on mood congruent psychotic symptoms. Professor Mullin did not come to a view
11 about psychosis, but both Professors Kopelman and Mullin characterised his depression as
12 severe." I think that is in December 2019.
13 A. That is correct.
14 Q. If you read down, the psychotic symptoms were not being detected when he was
15 being seen by yourself, but one has at line 13: "And the two factors Professor Kopelman
16 suggested may have influenced", that is to say his improvement, "is he was on medication
17 over a period of time" and that is Quetiapine?
18 A. That is correct.
19 Q. Things may have improved. I put it to Professor Fazel that is a reasonable position, is
20 it? "I would agree with that, yes. The second point, he has moved off of healthcare, in fact
21 he did not like being in it, he found it difficult being in segregation. That is right. Again a
22 fair point, a fair point. Therefore, the situation is you are not disputing that they were right
23 and it was severe in November/December for the reasons that I think you and Professor
24 Kopelman share. He may have got better in February/March? That is right." This is what
25 Professor Fazel said: "That is right. It could well have been severe in November/December."
26 Would you agree that that is a fair comment, that he could well have been severe in
27 November/December?
28 A. Yes, certainly that is what Professor Kopelman found.
29 Q. Yes, but this is what Professor Fazel was saying, that he may have got better partly
30 because he was moved off segregation because it did not agree with him, partly because of
31 the Quetiapine and partly because, as from your discussions with him, he was saying "I feel
32 better"?
33 A. Yes, absolutely.
34 Q. It is possible that, with this fluctuating condition, it was severe in December, but

1 moderate in February or March when you saw him?
2 A. Yes, I think there is clearly variability in his mood state. What I was objecting to in
3 Professor Kopelman's approach was that he had Mr Assange at that stage at the very severest
4 end of the depression spectrum, and then did he not recognise, if that was the case, Dr Daly
5 would be duty bound to refer him out for an assessment by a secure unit, so that that very
6 severe depression could be treated, and that did not occur. What I object to is Professor
7 Kopelman putting him absolutely at the furthest end of that depression spectrum at that time.
8 I completely accept your point that there is variability and there is modifiability of that mood
9 state.
10 Q. He may have been far more severe, you would accept, in December?
11 A. "May" of course is a possibility, but I do not agree with Professor Kopelman's
12 approach and neither did Professor Mullin that this was a psychotic variant of the depression.
13 Q. You can have severe depression without psychosis?
14 A. That is correct, yes.
15 Q. The position is that you can only go for sure on what you saw in March; that is fair?
16 A. I have to draw on everything that is available to all the experts. We all have to take
17 what each says at a particular time point and use that to come to an overall clinical picture.
18 Q. I appreciate that, but it is clear, for example, with this, that you have not necessarily
19 seen all the information that is available?
20 A. No, that is certainly true. There are multiple, multiple ACCT documents, for
21 example, which I have not individually reviewed; that is true.
22 Q. Again, you have fairly set it out at paragraph 23, or maybe you have not, but is this
23 right, when he was put on healthcare there was a direction that he be monitored --
24 paragraph 24: "He remained on an ACCT in the healthcare wing, with planned four
25 observations and two conversations during the day, and five nocturnal checks"?
26 A. That is correct.
27 Q. He is obviously being checked for something, is he not?
28 A. Of course. This is a document that is used to help to shape somebody's treatment,
29 typically in the context of suicidal ideas or depression.
30 Q. The observations and the five nocturnal checks are related to concerns about his
31 health, and concerns about his suicidality?
32 A. Yes, he is being very carefully managed at that point, yes.
33 Q. He is, and the reason that he is there on healthcare is because there are those
34 concerns?

1 A. Well, I think we have to be aware that healthcare, there are multiple inputs to who
2 stays in ordinary location and who goes into healthcare, and, on occasion, there are concerns
3 within the prison that lead to somebody being placed on healthcare that is not, for example, at
4 the severest end of a depressive illness, despite the few number of beds that we have.
5 Certainly there is a concern here about mood state, about suicidal ideas and he is being
6 appropriately treated on healthcare at that time.
7 Q. Just help us, you can confirm that from May onwards he was receiving antidepressant
8 medication in the prison, is that right?
9 A. That is correct.
10 Q. On 22 May, and you have documented that, he is put on Venlafaxine, that is at
11 paragraph 23, my Lady, and then his medication was reviewed in June, and he was given
12 mirtazapine, is that right?
13 A. That is correct.
14 Q. That is an antidepressant.
15 A. It is, yes.
16 Q. And then, there was a further review in November 2019, is that right?
17 A. That is right.
18 Q. And I think if you look at the bundle, you will see the defence bundle, which I hope
19 you have. It is a small black file, is that there?
20 A. Yes.
21 Q. Yes, I hope you have seen that, but if you just look at tab 3, the 19th of November, do
22 you see there that there was a letter sent by Professor Kopelman suggesting, obviously
23 tentatively because he is only a visiting assessor, of one of the addition of a very low dose of
24 neuroleptic such as quetiapine might be helpful in view of his intense agitation and other
25 symptoms and he has explained that he hoped that that would help with the hallucinations he
26 was concerned about.
27 A. Yes.
28 Q. And, in fact, we see if we look over that, in fact, he was given quetiapine and that is in
29 Doctor Rachel Daley's update report and she says she has added in quetiapine at the top of
30 page 84. Do you see the second page of the report, "In addition, sleep has been an issue. We
31 have started on quetiapine, 50 milligrams."
32 A. Yes.
33 Q. So, she is suggesting it is just about sleep, but what Professor Kopelman was saying is
34 give him quetiapine because of his symptoms of depression. That was his concern.

1 A. Yes, it is certainly not as we have heard, it is certainly not in the dose range in which
2 there is an antipsychotic effect, so that will be something between 300 and 800 milligrams, so
3 in these very small doses, quetiapine is often used in prison settings for that very mild degree
4 of sedation that can be helpful.
5 Q. So, he recommended 12.5. She gave him 50 and I think it has gone up to 100 since.
6 Is that right?
7 A. That is correct, that is correct.
8 Q. It has now gone up to 100.
9 A. That is my understanding, yes.
10 Q. And again, looking at that combination of three drugs, two antidepressants and a
11 neuroleptic, it is clearly to treat his depressive disorder.
12 A. Yes, yes.
13 Q. And obviously, he would not be getting that if there was not concern that he does
14 suffer from an ongoing depressive condition.
15 A. That is correct.
16 Q. It would be wrong to give him three antidepressants like that if there was nothing
17 wrong with him.
18 A. Well, I think those two antidepressants and a very mildly sedating additional agent
19 there, but yes, of course, you do not prescribe medication where there is no clinical
20 indication.
21 Q. Although we talked, or you talked, about moderate – that is the word you used,
22 moderate.
23 A. Yes.
24 Q. We are dealing with a clinical condition.
25 A. Yes.
26 Q. I mean, a clinical condition which can be characterised as mild, moderate or severe, is
27 that right?
28 A. That is correct.
29 Q. So, whichever one it is, it is still a clinical condition.
30 A. Of course.
31 Q. But you are saying moderate and the other psychiatrists are saying that there may
32 have been a point when it was severe.
33 A. That is right. It is a common condition, both in the community and particularly, over-
34 represented in the prison population.

1 Q. Yes, but you would accept that suffering from a depressive disorder is something that
2 has to be taken into account when someone is being extradited.
3 A. Of course, yes.
4 Q. And you have said that there is an elevated risk of suicide. That elevated risk is due
5 to a combination of the depression, which you found to be there, and the finding yourself in a
6 strange country in an obviously hostile environment and facing trial.
7 A. Yes, potentially.
8 Q. Yes, I mean, that is inevitable, that he is not going to be feeling very welcome when
9 he gets to the United States.
10 A. That may be true. I do note his, I do note his ability to work very well with other
11 prisoners and he talks very proudly about his ability to bring other prisoners round to his
12 cause in even an environment which many would view as hostile, namely a category A prison
13 in London.
14 Q. That may well be the case, but we are dealing with the question of how he is treated
15 by the US authorities and he is clearly, we would say justifiably, he is clearly deeply
16 concerned at the treatment he will get from the authorities there.
17 A. Yes, he certainly ---
18 Q. I mean, he has expressed it to you.
19 A. Absolutely, yes.
20 Q. And would you accept further this that it would be inappropriate to detain someone
21 who is suffering from depression in conditions of isolation?
22 A. Well, people with depression are, of course, on occasion, managed in isolation, in
23 segregation in prisons in London. We cannot rule out the use of segregation in such groups,
24 but it has the potential to exacerbate particular mental illnesses. That is true.
25 Q. I am grateful, and certainly, if it is unnecessary or it is being overused, it would be
26 inappropriate to put someone who is suffering from depression in isolation.
27 A. Yes, it depends on what is available beyond isolation in terms of access to telephones,
28 supportive networks, association etcetera.
29 Q. Yes, and if at the same time he is being deprived of association, deprived of outside
30 contacts and deprived of contact with prisoners, then that would seriously exacerbate his
31 condition.
32 A. It may do, yes.
33 Q. It clearly would.

1 A. Well, I think we have to bear in mind that Mr Assange has proved himself to be a
2 very resilient man and a very resourceful man and he somewhat underplays that aspect of
3 himself, so predictions have often been made which have not come to pass, so there are
4 numerous predictions, for example, that he will be, both his own and clinicians such as the
5 neuropsychologist suggesting that because of his depressed state and the various other
6 illnesses that people posit, it would be impossible for him to engage in this process and that
7 has not proven to be the case, so we have to be very careful about the predictions we make.
8 Q. Would you look at tab 8 of the psychiatric witness bundle and do you see this is a
9 paper by Professor Fazel in the Lancet, and do you see at page 166?
10 A. Yes, thank you.
11 JUDGE BARAITSER: The 2011 paper, is that right?
12 MR FITZGERALD: Yes, yes, my Lady, that one and do you see there solitary confinement
13 seems to exacerbate symptoms of mental illness. Would you accept that that is correct as a
14 general proposition?
15 A. Again, I think it very much depends on the specific characteristics of solitary
16 confinement. That can refer to a range of things and again, it depends on what support is
17 there available beyond the simple fact of being alone in a cell.
18 Q. And recommendations have been made to avoid its use in those with pre-existing
19 psychiatric disorders. Are you aware of that fact?
20 A. Yes.
21 Q. And I think if you just go on from there, there is an article by an expert on prisons in
22 the United States, Terry Kupers, and again, if I can just put to you there at page 192 at the
23 bottom but 136 at the top, do you see the Stanford Law and policy review?
24 A. Sorry, this is on page 192.
25 Q. 192 at the bottom, do you see?
26 A. Sorry, yes.
27 Q. Where it is bold. Do you see the top paragraph, "Recent research confirms that of all
28 successful suicides that occur in a correctional system, approximately 50 percent involve the
29 three to eight percent of prisoners who are in some form of isolated confinement at any given
30 time." Do you see that?
31 A. Yes, I see that. Again, we have to bear in mind the base rates of suicide in American
32 prisons which are considerably less than in the United Kingdom because there population is
33 slightly more normal than our own in prisons, so again, I would have to look very carefully at
34 the data that goes into that.

1 Q. It is 50 percent of those suicides take place in isolation, although it is only 3.3 to 8
2 percent that are in isolation, so it is a massive uplift, is it not?
3 A. But there is still a much lower rate of suicide within the American prison system.
4 Q. I am not really asking you about that. Why ---
5 A. Well, we have to bear that in mind when we try to contextualise figures like that.
6 Q. I see. Would you agree that it would be inappropriate to detain someone with Mr
7 Assange's condition in conditions where he was spending his time in the cell 22 to 23 hours a
8 day and then deprived of all association with other prisoners?
9 A. I think we have to be careful about exactly what we mean by, as I have said, about –
10 conditions within solitary confinement may vary considerably and as we have seen, there is a
11 range of opinions about what a regime might be for Mr Assange, whether on remand or
12 perhaps post-conviction, so those have to be carefully looked at in their individual settings
13 and certainly, there was a concern, for example, with Covid in the London prisons that a far
14 greater degree of restriction to cells for these long periods of time would inevitably result in
15 an increase in suicidal attempts and that has not been borne out, so we have to be careful
16 about context and the exact detail of what is available.
17 Q. Well, just, if I can take you to tab 6, to the report of Joel Sickler and the conditions he
18 is likely to be in pre-trial, do you see Mr Assange would be taken to the Truesdale Centre in
19 Alexandria, Virginia and then he says, "In my previous affidavit, I explained to the court."
20 MR LEWIS: Sorry, where are you reading from?
21 MR FITZGERALD: Page 104, paragraph 8, do you have that?
22 A. I do, thank you.
23 Q. So you see that he then says, "Mr Assange would be taken to the Truesdale centre in
24 Alexandria, Virginia. In my previous affidavit, I explained to the court that nearly certainly
25 Mr Assange would be in the jail's version of a special housing unit and likely to be kept in
26 solitary confinement. He will be confined to a small cell for nearly every minute of the day
27 with virtually no communication with other inmates, extremely limited ability to exercise, no
28 access to fresh air and limited ability to communicate with his attorneys as he prepares for his
29 defence.
30 I base this conclusion on years observing the Truesdale Centre. His placement into
31 solitary confinement is extremely likely, based on three significant characteristics of Mr
32 Assange," which he then goes into, but assuming that that is correct, I am just asking you to
33 assume that that is correct, would you accept that those conditions would be psychologically
34 damaging for someone with Julian Assange's psychiatric history?

1 A. At its most severe, if we are to accept that this is, indeed, the regime that will pertain -
2 --
3 Q. Well, that is what I asked.
4 A. --- then yes, that may have an impact on his depressive disorder, yes.
5 Q. Right. Go on to Maureen Baird, and if you could just look at paragraph 11.
6 JUDGE BARAITSER: It is tab 7.
7 WITNESS: Thank you.
8 MR FITZGERALD: Tab 7, I am so sorry, forgive me. You will see paragraph 11 deals with
9 inmates under SAMs in New York and she then draws the analogy at paragraph 19, but I just
10 want to read what she says there and invite your comment. "Inmates were in solitary
11 confinement," at paragraph 11, "technically for 24 hours per day. There was absolutely no
12 communication by any means with other inmates. The only form of human interaction they
13 encountered was when correctional officers opened the viewing slot during their inspection
14 rounds of the unit, when institution staff walked through the unit during their required weekly
15 rounds or when meals were delivered through the secure meal slot in the door.
16 One hour recreation is offered to inmates in this unit each day. However, often there
17 were times when inmates would decline this opportunity because it was much of the same of
18 their current condition," and then she deals with the recreation area, and then at paragraph 19,
19 if you go to that, at the bottom of page 148, doctor, the last two sentences, "If Mr Assange is
20 extradited and subjected to SAMs, he will be treated similarly to all other prisoners under
21 SAMs. I have witnessed first-hand these unduly harsh conditions experienced by inmates
22 under SAMs." Now, again, I am asking you to assume that this witness, who is a former
23 warden of the Bureau of Prisons, is correct, but if that is so, would you accept that for
24 someone with Julian Assange's psychiatric history, that would be psychologically damaging?
25 A. Yes, my understanding is that there is a range of approaches underneath that broad
26 rubric of special administrative measures. This is at the most pessimistic end of that
27 spectrum. If that pertains then yes, it has the potential to impact upon his mood state but I
28 remain of the opinion that that mood state is modifiable and any suicidal risk is treatable.
29 Q. Even in those extreme conditions?
30 A. Well, this is the most extreme pessimistic end of the spectrum as I say and this is
31 certainly ---
32 Q. Well, you say so ---
33 A. --- what Mr ---

1 Q. --- but that is a former warden of the Bureau of Prisons just commenting on what
2 happens in SAMs.
3 A. Sure, but I am aware that there is account of any evidence so I drew on Mr
4 Kromberg's evidence ---
5 Q. Right.
6 A. --- for my own report ---
7 Q. I accept that.
8 A. --- but I certainly accept there is a range of opinion and certainly Mr Assange himself
9 holds that it will be at this most extreme end inevitably.
10 Q. Go to paragraph 55 of your report please. You there say, "Mr Kromberg's submission
11 suggests that there is broad equivalence in psychiatric and psychological provision pre-trial in
12 the Virginia prison system, specifically the Truesdale Detention Center, which I understand
13 to be his likely place (inaudible), there is no solitary confinement in the ADC.
14 A. Yes.
15 Q. Well, were you simply relying on what he said?
16 A. No, I am aware here that there is a range of opinion and I have looked at the various
17 lawyers and the warden who have opined in a different way about what conditions may
18 pertain.
19 Q. Well, why did you just say there is no solitary confinement in the ADC when you
20 know that that is hotly contested?
21 A. Well, that is in Mr Kromberg's submission and that is what I am drawing on. It is
22 very clear that is what I am drawing on in that report.
23 Q. I see. So, Mr Kromberg assures you there is no solitary confinement so you put in
24 your report there is no solitary confinement, is that right?
25 A. That is what I draw on and that is what I say in the documents that I have used ---
26 Q. And you do not ---
27 A. --- to form that opinion.
28 Q. --- and you do not mention that there is other people who say that there is solitary
29 confinement?
30 A. There clearly is a range of opinion about this which is now available to us, yes.
31 Q. Eric Lewis for example said it right at the start.
32 A. Yes.

1 Q. So, you did not think it was necessary and fair to at least reflect the fact that this
2 highly controversial, and we would say utterly incorrect statement by Mr Kromberg, is open
3 to question?
4 A. I was looking to see to what extent there was equivalence between what is available in
5 London prisons and the potential remand conditions in America.
6 Q. Well, would you accept this before I break? If Maureen Baird is right there is no
7 equivalence, that is a totally inhuman system, is it not?
8 A. Again, it depends on what exactly is available beyond the simple facts of solitary
9 confinement.
10 Q. Well, there is nothing available beyond that. That is what you get. She describes it in
11 full.
12 A. Well, again, it is access to phone calls, to attorneys, et cetera, et cetera.
13 Q. Just one final point before we break, you against the background of that bold
14 assertion, there is no solitary confinement in the ADC, you then say in paragraph 56, "His
15 mental health condition is not such that it would not be unjust or oppressive on mental health
16 grounds to extradite him.". That is nonsense, is it not? I mean, it is either it would be unjust
17 or ---
18 A. Yes, I ---
19 Q. --- no.
20 A. As I said ---
21 Q. Well, are you saying it would be unjust or it would not be unjust?
22 A. I am saying that his current mental condition, moderate depression as it was then, it
23 may have improved somewhat even since then, does not remove his capacity to resist the
24 impulse to commit suicide.
25 Q. Would you accept it is not your business to decide whether it would be unjust or
26 oppressive but that of the Judge?
27 A. Of course. That is a matter for the court, yes.
28 Q. Yes. So, why did you decide that you would venture an opinion on the very issue
29 which a Judge has to decide?
30 A. Well, I had been asked to consider the criteria that pertain and *Turner* and then come
31 to a thought about that. Of course, I accept that is not my ultimate decision, that is the court's
32 decision.
33 Q. So, you were asked to say whether you thought it was unjust or oppressive were you?

1 A. I have been asked to consider which psychiatric factors are of relevance to the
2 consideration of whether it would be unjust or oppressive to extradite him bearing in mind
3 the criteria set out in *Turner v USA* [2012] and further factors outlined in the case of *Love v*
4 *USA* [2018], those were my instructions.
5 Q. I see. Well, perhaps we can continue that issue after the break?
6 JUDGE BARAITSER: All right. We will return at five past 2. You are very welcome of
7 course to leave the court and please do not discuss the case with anyone in the meantime.
8 Back please at five past 2 to resume this. Thank you very much.
9 (Luncheon adjournment)
10 (The court reconvened at 14.06)
11 JUDGE BARAITSER: Thank you. Dr Blackwood, do you want to return to where you
12 were?
13 Cross-examined by MR FITZGERALD (cont.)
14 Q. Dr Blackwood, we were dealing with your expressed view at paragraph 56 that it is
15 not such that it would not be unjust or oppressive, but do I understand from what you have
16 just told us that you were just addressing the Turner test about whether there was capacity to
17 resist the impulse? That is all you were dealing with?
18 A. That is correct.
19 Q. I just want to make sure I understand. You were not addressing the question of
20 whether it would be oppressive because it would be inhumane to expose a person with his
21 condition to the prison conditions in America. That is not the issue you were addressing
22 there?
23 A. Well, clearly this is a matter for the court to ---
24 Q. No. I just want to know whether you were purporting to address that. You know it is
25 a separate issue, the Turner issue, which you have referred to, the capacity to control ---
26 A. Yes.
27 Q. --- and suicide. There is a separate issue which was the subject, I am sure you know,
28 of judicial findings in the Lauri Love case of whether the conditions in the prison system in
29 the US would be such that given the person's mental state it would be inhumane to expose
30 him to that. You were not addressing that issue?
31 A. In that paragraph I am looking at his risk of suicide and the equivalence in care
32 between England and the United States.
33 Q. In relation to the suicide risk, is that right?
34 A. Yes.

1 Q. Yes. So would you accept this, that the question of whether it would be inhumane to
2 expose someone in his condition to the prison regime in the US would depend on knowledge
3 of the US system?
4 A. Yes, it would depend on detailed knowledge of the exact conditions that pertain at a
5 particular time.
6 Q. Yes, where he was going.
7 A. Yes.
8 Q. And you do not purport to have that knowledge.
9 A. No, I have not visited the detention centre where he would be held.
10 Q. Yes. Just so that we get it clear, you have not visited Truesdale – Alexandria.
11 A. No.
12 Q. And you have not visited ADX, I take it?
13 A. No, I have not.
14 Q. Indeed, have you visited any federal penitentiaries?
15 A. No. I visited a state prison in Connecticut and a jail in New York, so, no, I have not
16 visited those.
17 Q. In New York?
18 A. Yes.
19 Q. Yes, I see. So you have been at the North Eastern Seaboard, at the state level?
20 A. That is right.
21 Q. But you have never visited the federal penitentiaries or Truesdale?
22 A. That is correct.
23 Q. So would you accept that what you say about broad equivalence at paragraph 55 is
24 based solely on your acceptance of what Mr Kromberg said?
25 A. No, I think there is other evidence in the case to suggest that there is broad
26 compatibility and that, for example, (inaudible) therapy approaches are adopted in America.
27 Clearly, as we said before lunch, there is a range of views about exactly what conditions will
28 pertain and what treatments will be available.
29 Q. Right. I just want to understand this because it may be important. You are aware that
30 by the time you wrote your report in April there was a report from Eric Lewis dealing with
31 the conditions that would be anticipated.
32 A. Yes, I had not seen that at the time of writing this report.
33 Q. You have not seen that?
34 A I had not at that time, but subsequently I have seen it.

1 Q. It was dated I think October 2019, but you had not seen it.
2 A. No, as detailed in the reports that I had access to in my own report.
3 Q. Yes. And there was also a report from Joel Sickler in January, so before your report,
4 dealing with the conditions to be anticipated. When you wrote your report I think you wrote
5 it in April did you?
6 A. That is correct.
7 Q. You had not seen that?
8 A. I had not seen that.
9 Q. So really you were just saying, "This is what I am told by Mr Kromberg that there is
10 no solitary confinement in the ADC, on that basis it looks broadly equivalent"?
11 A. Well, I draw on the literature that talks about what is available within the prison
12 system in America beyond what Mr Kromberg speaks about.
13 Q. Yes, but you were not considering the defence evidence?
14 A. I had not seen those two reports which you mention.
15 Q. No.
16 A. I have subsequently reviewed them.
17 Q. Yes. But did you think it would be a good idea to say, "Look, I've seen what
18 Mr Kromberg says", but he actually happens to be the prosecutor, a lawyer not a penologist,
19 as it were, "don't you think I should see what the defence say"?
20 A. Well, I think I draw on a broader literature than that.
21 Q. Well ---
22 A. Yes, of course, I have now reviewed what the defence say about conditions, but at that
23 time I can draw both on what Mr Kromberg said and my knowledge from the academic
24 literature about what happens in American prisons and there may be specific circumstances in
25 these two identified prisons that are not covered by those sort of reviews, but from my
26 reading of the literature there would be broad equivalence between the two systems.
27 Q. We may have to – what are you talking about when you say "the literature"? What ---
28 A. Review articles which look at psychiatric care in the prison system in America.
29 Q. In the prison system. All right. But just so that I understand this, before expressing
30 your view as to whether or not it was oppressive, you did not inform yourself of what the
31 defence experts were saying about the prison conditions he would expressly face?
32 A. Yes, I had not reviewed those reports. Mr Assange himself, of course, had informed
33 me of what he was likely to face.
34 Q. Yes. I think at part 10 you list the documents that you have studied. Is that right?

1 A. That is correct.
2 Q. And so far as one can see, there is no reference to any literature.
3 A. No, I simply refer there to the documents that are given to me to help to inform my
4 report. That does not preclude wider reading of the literature.
5 Q. So Mr Kromberg's submission suggests that there is broad equivalence. You are
6 relying on his submission there.
7 A. Well, as I have said, the literature suggests that the therapeutic systems are not
8 markedly different between American prisons and prisons, for example, in London.
9 Q. You do not say that there, do you? You just say, "His submission suggests".
10 A Yes, that is true.
11 Q. Yes, right. So there is no evidence there that you do anything to validate his
12 submission, is there?
13 A. I did not review the two reports to which you refer. That is correct.
14 Q. No, no. There is no evidence that you did anything other than – the only thing you
15 refer to there is his submission and what it suggests.
16 A. Well, there is clearly a range of literature of which I am aware that informs that
17 decision, but in that paragraph I am talking specifically about his submission, yes.
18 Q. And you were not considering, for example, the potential fate in ADX Florence,
19 Colorado? That was not something you addressed your mind to?
20 A. The potential?
21 Q. Fate that he might receive if in ADX Florence, Colorado. You were not thinking
22 about that?
23 A. No, I did not look specifically at the system there ---
24 Q. No.
25 A. --- beyond Mr Assange's assertions about what would pertain.
26 Q. I have taken you to paragraph 55, but would you accept there would be a big
27 difference between what a category B prisoner like Mr Assange is experiencing at present
28 where he has access to the Samaritans' phone, visits, phone calls, and the kind of conditions
29 which are described by Mr Sickler and, indeed, by Maureen Baird, the former warden,
30 completely different, are they not?
31 A. Well, it all depends on exactly what conditions do, in fact, pertain at the material time.
32 Q. Right. And I think you have helped us that when you say there is no solitary
33 confinement there, you are effectively repeating verbatim what Mr Kromberg asserted?

1 A. That is right. I have very clearly headed this paragraph, "Mr Kromberg's
2 submissions."
3 Q. Yes, all right, fine. Just help us, did you speak to Mr Kromberg?
4 A. No, I did not.
5 Q. And would you accept that it might make a massive different to the question of
6 oppression whether someone would be subjected to inhumane solitary confinement?
7 A. I think we have to look beyond just individual factors and realise that it is the suicide
8 risk and the mental state is dependent on a multitude of factors and from my understanding
9 there is a range of approaches under, for example, special administrative measure.
10 Q. Well, I think that is also subject to contention, but that is not what Baird says. You
11 have seen what Warden Baird says?
12 A. Yes, I have seen that.
13 Q. She is a warden who worked in the system and she says he would be subjected to
14 exactly the same regime as every other SAMs person. She says that verbatim.
15 A. I would have to be taken to that exact paragraph to speak to that.
16 Q. Well, I showed it to you this morning, but I am happy to show you that.
17 A. I am very happy to look at it again.
18 Q. If you go to paragraph 19 of Warden Baird.
19 JUDGE BARAITSER: Again, that is tab 7.
20 MR FITZGERALD: Tab 7, yes.
21 A. Thank you.
22 Q. And she says at paragraph 19, and this is at the bottom of paragraph 19 at 148. "If
23 Mr Assange is extradited and subject to SAMs, he will be treated similarly to all other
24 prisoners under SAMs."
25 A. OK.
26 Q. So that is what ---
27 A. Could you repeat that?
28 Q. Do you see that the second last sentence of paragraph 19?
29 A. Yes.
30 Q. "If Mr Assange is extradited and subjected to SAMs, he will be treated similarly to all
31 other prisoners under SAMs." And she just dealt with what prisoners under SAMs that she is
32 aware of, what treatment they get, at paragraph 11. "The only form of interaction they
33 encountered was when correctional officers open the viewing slot doing their inspection", et

1 cetera, et cetera. One hour recreation was offered but that was declined because it was in the
2 same area of ---
3 JUDGE BARAITSER: What is the point of this? Are you saying if that is correct, then what
4 is his response --
5 MR FITZGERALD: Yes.
6 JUDGE BARAITSER: -- rather than telling him is correct?
7 MR FITZGERALD: My Lady, this witness has repeatedly asserted that his understanding is
8 that there are many varieties of SAMs. I am pointing him to evidence that is before the court
9 that in fact, once you are under SAMs, there is a basic regime which is applied to all, and that
10 is what former warden said; I am just inviting his comment – "if that is correct".
11 JUDGE BARAITSER: That is a different question "if that is correct".
12 MR FITZGERALD: If that is correct, would you accept that to be subjected to that regime
13 would be psychologically damaging for someone in Mr Julian Assange's condition?
14 A. I think in solitary confinement, deprived of all access to his support network, with no
15 outlet for his intelligence, without any access to psychological or psychiatric support, yes,
16 that would have a deleterious effect on his mental state.
17 Q. I am grateful. It would not be equivalent to what he receives in England, where he is
18 actually, as you know and you have provided, a great deal of support from the psychologist
19 and association and phone calls, all those things?
20 A. Yes, he certainly values all of those supports.
21 Q. It is not an equivalent system, is it?
22 A. If that pertains, and that would appear to me at the most pessimistic end of the
23 spectrum, then it may have an impact on his mental state, yes.
24 Q. Thank you. If we go on to your selection from the medical notes, we go to
25 paragraph 23 and we have dealt with the circumstances of his admission to healthcare, and
26 you have very fairly accepted that the extract from the ACCT is different from what you have
27 set out there?
28 A. Yes, the recording of the prison officer in the ACCT meeting is different, yes.
29 Q. It is quite detailed, is it not?
30 A. Yes, that is a typical ACCT entry by a prison officer, yes.
31 Q. Is it typical that people have been complaining for depression for several days and
32 therefore they have been transferred to healthcare?
33 A. I am simply saying the level of detail is typical, it is a careful document.
34 Q. When one has at paragraph 24 that he was "not located in healthcare for healthcare

1 reasons" (bottom of paragraph 24), you would accept that that may require some
2 qualification?
3 A. Again, that is what Dr Daly told me, and it is noted within the IMR that he was not
4 located in healthcare for healthcare reasons, but for safeguarding purposes, so that shows the
5 wider understanding of the medical team that are responsible for his mental health care at that
6 time.
7 Q. One sees at the top of page 6 of your report about ten lines down, there is a reference
8 to accessing the ward's Samaritan's phone more regularly during this period?
9 A. Yes.
10 Q. I am going to come on to that. August 2019 there is a reference to his weight, is that
11 right?
12 A. That is correct.
13 Q. It has gone down from 85 kilograms to 79 kilograms, is that right?
14 A. Yes, that is one of the somatic symptoms he does show, so round about five per cent
15 weight loss.
16 Q. That would be a somatic symptom of depression?
17 A. It can be, yes.
18 Q. We have early October you have set out that he has expressed his fear to the nightshift
19 nurse that he was losing his mind because of his isolation on healthcare?
20 A. Yes.
21 Q. We have the reference to the new team psychologist, Dr Corson. Would you accept
22 that Dr Corson appears thereafter, and you have certainly set it out, to have played quite a
23 significant part in his care?
24 A. Yes, he has valued working with her in his time in Belmarsh, yes.
25 Q. He has obviously opened up to her in a way that he perhaps has not opened up to
26 others about his suicidal ruminations?
27 A. Yes, the wider team are always aware of Dr Corson's work, but, yes, he has formed
28 what would appear to be a trusting relationship with her.
29 Q. We see you have certainly set them out, but there are in the notes of Professor
30 Kopelman, numerous occasions where she has noted him expressing suicidal intentions and
31 feelings of profound depression?
32 A. Yes.
33 Q. Did you speak to Dr Corson?
34 A. No, I did not.

1 Q. You spoke to Dr Daly, but did you not speak to Dr Corson?
2 A. That is correct.
3 Q. You would accept that Dr Corson appears to be the person who has won his trust and
4 in whom he confides what actually is going on in his head?
5 A. Yes, and her findings are available within the IMR. I was concerned to receive the
6 opinion of the lead clinician at Belmarsh who was responsible for all aspects of Mr Assange's
7 mental health care.
8 Q. Professor Fazel at paragraph 15 of his report, says that there was no review by Dr
9 Daly between 3 September and 15 November, is that right?
10 A. Yes, I think that is correct.
11 Q. Is that normal for there to be no review in two months of a case?
12 A. Dr Daly is responsible for a huge number of men at Belmarsh Prison, and is
13 responsible for the wider healthcare team who carefully monitored and managed Mr Assange
14 during that period; successfully I would argue.
15 Q. Yes. If you go on to look at December 2019, there is then a reference about talk about
16 him outside his cell, benefit from the prescription of Quetiapine and struggling to
17 concentrate; do you see that?
18 A. Yes.
19 Q. You set that out. I think you have fairly accepted that the Quetiapine may well have
20 helped him to deal with the voices he was hearing?
21 A. I do not think I have fully accepted that. I think it has a mild sedative effect in that
22 sort of dose, so it may have had some gain there, but I do not think it will have had a
23 significant antipsychotic effect.
24 Q. You have set out that in January 2020 he was noted to be more settled, and there is a
25 reference to the ideas of self-harm and the nicking he had previously received?
26 A. Yes.
27 Q. It has now been confirmed there had been such a nicking, there is an adjudication
28 sheet in relation to that, and we can deal with that. Would you say that is a significant factor?
29 A. There have been a number of occasions, most recently, with presenting tablets which
30 he had collected. I am not sure of the significance of those acts which he shares with the
31 team.
32 Q. He did not share the razor blade; the razor blade was found?
33 A. He is talking here with Dr Corson.
34 Q. Yes, it was found and he was charged and in fact the subject --

1 A. I am speaking to more recent behaviour, so the presentation of the tablets.
2 Q. I see. February 2020, he again appeared low in his mood and his individual
3 psychology, and appeared frail, tearful and unkempt when speaking to Dr Corson. Is this
4 right that when you spoke to him he told you "I do feel better now" in March when you were
5 seeing him, and "I have had an improvement, and I put that down to being out of healthcare";
6 did he refer also to the help of medication to you?
7 A. No, he specifically laid the improvement to his move from healthcare to the ordinary
8 location.
9 Q. He is someone where clearly isolation did not agree with him, or being deprived of
10 company did not agree with him?
11 A. Yes, relative isolation, he was on a healthcare unit with other prisoners.
12 Q. I want you to help us with one further matter. If you go to Professor Kopelman's
13 report, defence psychiatric witness bundle, do you see in his first report that he has copiously
14 extracted medical records from pages 36 onwards, in the appendix; do you see that?
15 A. Yes, I do see that.
16 Q. He has done the same kind of exercise that you have done, of trying to look through
17 the records and identify significant episodes, is that right?
18 A. Yes. I think, given that the medical record is available to all of us in the court, I
19 question the necessity of this approach, and I think in respect clearly some partial recording
20 within this, so I think it is easier for us to refer to it in the medical record rather than in
21 Professor Kopelman's --
22 Q. It is slightly quicker to do it this way.
23 A. OK.
24 Q. I want you to assist us on this: if you look at page 40, do you see that from 21 July
25 onwards one sees repeated references to the Samaritan's phone: 21 July, 23 July, 24 July, 26
26 July, 27 July. It is remarked on 28 July he does not ask for it, but then if we go on to 5
27 August, he requested Samaritan's phone, "difficulty coping" and then given Samaritan's
28 phone on 8 August. If we go over to 24 August, again, requesting the Samaritan's phone,
29 September 8th, requesting Samaritan's phone, and 12 September "requested Samaritan's
30 phone". Would you accept that there are constant references to requesting the Samaritan's
31 phone? We see them in October again, 13 October, and then repeatedly through October?
32 A. Yes, that speaks I think to something that he values. Again, we have to be careful to
33 contextualise, so for example on 24 July when he talks about being on the Samaritan's phone,
34 he is also noted to "appear fine, engaged well, chatting with peers and staff", so that does not

1 necessarily speak to a worsening of mental state every time that is used.
2 Q. No. You yourself say that he appears to have been helped in coping with conditions
3 by the Samaritan's phone, by phone calls to the family, and by association, which you
4 referred to too. What I am saying is if he is deprived of all of those in a prison regime
5 without those, is it not likely that his condition will deteriorate?
6 A. Yes, that may well be true. He certainly values contact with external supports.
7 Q. We have dealt with Dr Daly and we have dealt with the psychologist, and you have
8 helped us that you are not purporting to be an expert in US prisons or to have visited any of
9 these institutions. Can you help me about this, you were aware, were you not, when you
10 wrote paragraph 55, that Chelsea Manning had attempted suicide in the institution that you
11 are referring to, the Truesdale Adult Detention Center?
12 A. Yes, I was personally aware and Mr Assange reminded me and discussed that with
13 me.
14 Q. When you are giving Truesdale Adult Detention Center this glowing reference, would
15 it not have been appropriate to say "but I have to recognise that Chelsea Manning attempted
16 suicide there"?
17 A. I think that is elsewhere within my report.
18 Q. You refer to the fact that Julian Assange has mentioned it to you.
19 A. That is right.
20 Q. Surely that is something which is relevant to your saying that the Truesdale Adult
21 Detention Center is the same as in a UK prison?
22 A. As I have said, in paragraph 55 I title it "Mr Kromberg's submissions", so I am
23 speaking to that submission.
24 Q. Right. You did not think it appropriate to qualify it by reference to that rather
25 alarming fact?
26 A. It is contained within my report.
27 Q. Let us go on finally, you have dealt with the question of removing capacity to resist
28 an impulse, and I am not criticising you, that is the test that they have done in *Turner* so we
29 have to do the best we can while that remains the test, but would you accept, as I think the
30 other experts have accepted, that is not really medical terms about capacity to resist an
31 impulse to suicide?
32 A. Certainly an "impulse" is a psychological and psychiatric word, the "ability to resist
33 an impulse" is a perfectly acceptable psychological construct, but whether it speaks "does this
34 combination of disorders speak to removing his capacity", I do not think it does.

1 Q. You do not think it does in his case?
2 A. That is right.
3 Q. Let us look at any person who takes their life against the background of mental
4 disorder, how can one possibly say that because they did not resist the impulse, they could
5 have but they jolly well did not try hard enough, how can you possibly ever say that?
6 A. That is certainly not language that I would use.
7 Q. Well, the question is, I mean did Mr Epstein have the capacity to resist the impulse?
8 A. I would not be drawn on that. I did not examine Mr Epstein or have specific
9 knowledge about his particular mental health issues.
10 Q. No, but how can one answer that question? They did not resist the impulse, that is to
11 say they committed suicide, but how can one get inside someone's head and say they could
12 not?
13 A. Well, we speak to the extent of mental disorder as best we can and in the context of a
14 moderate depressive disorder which may have improved somewhat in the months since I saw
15 Mr Assange, I do not believe that is sufficient to remove his capacity.
16 Q. Well, would you accept that this, it may be more helpful to see it in terms of whether
17 the mental disorder is influencing the person at the time that they take their life?
18 A. Well, it is one of many factors that may play into a suicidal impulse or a suicidal
19 attempt.
20 Q. The old fashioned concept, took his life while the balance of his mind was disturbed,
21 or took her life, rather.
22 A. Yes, I am not speaking to that older concept.
23 Q. That does not go into could have resisted the impulse, could not resist. It just says
24 while the balance of their mind was disturbed, does it not?
25 A. But we are speaking about the extent of the mental disorder and whether that gets
26 anywhere close and I do not think it does.
27 Q. That is your view at this moment in time, but you accept that things could be much
28 worse if he was in America under the regime that we are looking at.
29 A. I have said that his suicide risk may increase in a much more deleterious environment
30 without access to things which he values.
31 Q. And his mental condition might deteriorate.
32 A. It may. Again, we have to be very careful about predictions that we make and we can
33 very clearly see within these proceedings that predictions that others make on the basis of
34 their assessments, that, for example, Mr Assange would be unable to participate in these

1 proceedings, have not come to pass, so we have to be very careful about how much weight
2 we put on our predictions.
3 Q. I am so sorry, the predictions that were made. Who predicted he would be unable to
4 participate?
5 A. Dr Humphreys in her neuropsychological report commenting on the extent of his
6 apparent cognitive decline made a very clear statement about the difficulties that he would be
7 put in.
8 Q. Well, that is supposed to have been accepted by the prosecution. That has been read
9 out with the prosecution's acceptance.
10 A. No, but the prediction that he would be unable, for example, and his own internal
11 prediction that he would be unable, which he has said on a number of occasions in the
12 medical notes, has not come to pass.
13 Q. That may be a matter on which I will be addressing the judge in due course, but can
14 we move on to one final topic which is to deal with Asperger's syndrome?
15 A. Yes.
16 Q. At paragraph 51 of your report, you deal with the question of a neurodevelopmental
17 disorder, such as an autism spectrum disorder has been mentioned as a diagnostic possibility
18 by Professor Kopelman and I think it is also – that is right, Mr Assange, himself, mention
19 possible traits of his parents and wonders whether he has inherited some of these traits and
20 then you say there is some evidence of deficits in social emotional reciprocity, normal back
21 and forth conversation can appear a little stilted and he engages in long monologues on
22 occasion without fully appreciating the needs of the listener. Those are some of the points
23 that Dr Daly referred to yesterday. You have seen his evidence.
24 A. I have seen that transcript, yes.
25 Q. To be candidly blunt, it is rather scornful and you say, "His use of gesture and
26 (inaudible) is maintained. He enjoys the company of others, the acclaim associated with his
27 work and has readily established a significant number of intimate relationships with women,
28 thus I would not view any deficits in social communication and social interaction as clinically
29 significant across multiple contexts."
30 So, you have seen, did you carry out any specific autism ---
31 A. No. No, I did not, so I rely here on Ms Woodhouse's ADOS and ADI.
32 Q. Yes, but you have not carried out the tests yourself.
33 A. No.
34 Q. And are you an expert in autism spectrum disorder?

1 A. Well, we have to be careful about the nature of expertise. Dr Daly certainly spends a
2 large part of his professional life working with individuals on the autism spectrum, but it is a
3 disorder that we are all familiar with. We work with, there is a significant autism population
4 at HMP Wandsworth, who I work with, so it is not completely beyond my expertise to think
5 about this disorder and disagree with Dr Daly.
6 Q. Right, but in the light of the tests he has carried out and the evidence he has given, are
7 you prepared to revise that view?
8 A. No, I think I would still hold that he has some autistic traits but he does not reach the
9 categorical threshold for the disorder in my view and as I said earlier in my evidence, I am
10 very reluctant to make such a diagnosis at the age of 49 in a man who has been subject to a
11 great deal of medical interest across many, many years, where there is a familial awareness of
12 the disorder. It was not an under resourced environment in which he grew up. Perhaps his
13 intelligence was a protective factor. It certainly speaks to the subtlety of the symptomology if
14 we are first discussing this in a categorical way at the age of 49 within the context of these
15 proceedings.
16 Q. Yes. It would not be the first time that a diagnosis was made later in life, would it?
17 A. No, that is correct, but there a number of things and important confines that we have
18 to bear in mind, so thinking about, some of this was covered yesterday, but thinking about
19 facial expressions, eye gaze etcetera are all confounded by his depression at that stage and I
20 think there is – I suppose from a prison perspective, it is does it impact importantly on his
21 management within the prison and I do not think the fact that you could say that Dr Daly
22 missed this diagnosis, it has not impacted meaningful on his care in the prison. This is not a
23 man that is subject to bullying or intimidation because of the disorder if it, indeed, pertains.
24 Q. If the diagnosis is well-founded, would you accept that there is statistical evidence,
25 spoken about by Professor Kopelman, that persons suffering from ASD are nine times more
26 likely to have suicidal ideation?
27 A. Yes, I have seen that quoted. We have to be very careful about the samples that are
28 used to generate such data. These are often in very higher order clinics compared to the
29 normal population so we have to be careful. I certainly have read that nine times suicidal
30 ideas figure, yes.
31 Q. Can I ask you this, just before the break? Can I ask you this? Do you have notes of
32 your two interviews?
33 A. Yes, I do.
34 Q. And you could make those available?

1 A. I could if required, yes.
2 Q. We did request them, my Lady. Just if we can see them and if anything does arise,
3 then we may have to … so, they are available should we wish to see them.
4 A. Yes. I do not have them with me today.
5 Q. Just so that we understand, those are notes of the interviews with Mr Assange and the
6 interviews with your informants, including Dr Daly, is that right?
7 A. They are with Mr Assange, yes.
8 Q. What about your interviews with Dr ---
9 A. There may be notes within them on my discussion with Dr Daly or I may have written
10 that straight into the report.
11 Q. Right. My Lady, can I just have one moment to take instructions in case there is some
12 matter that I ---
13 JUDGE BARAITSER: Do you need a proper ten minutes for me to rise or just ---?
14 MR FITZGERALD: My Lady, just in case, just so that – you saw Mr Assange on two
15 occasions in March, is that right?
16 A. That is correct.
17 Q. For about was it two hours on each occasion?
18 A. So four hours in total, yes.
19 Q. Yes. Thank you very much.
20 JUDGE BARAITSER: Just some housekeeping then. Doctor Crosby due at three o'clock
21 our time, which is in about 15 minutes. Re-examination likely to take approximately how
22 long?
23 MR LEWIS: Ten minutes.
24 JUDGE BARAITSER: Ten minutes. Can I give you five or six minutes, then, and then we
25 will come back at ten to. Thank you.
26 (Short adjournment)
27 JUDGE BARAITSER: Thank you very much. Please sit down.
28 MR FITZGERALD: Yes.
29 Cross-examined by MR FITZGERALD (Cont.)
30 Q. I just want to understand, you have said that you have got notes of your interviews
31 with Mr Assange, is that right?
32 A. That is correct.
33 Q. And in relation to both the interviews, is that right?
34 A. Yes.

1 Q. You do not know how long they are do you?
2 A. No.
3 Q. And you said that there were notes in relation to, or there might be notes in relation to
4 your interview with Dr Daly, is that right?
5 A. There may be some notes, yes.
6 Q. Would they be included in the body of these interviews or would they be separate?
7 A. No, they are separate and I may have written it straight into the report.
8 Q. All right.
9 A. But it is six months since I wrote the reports, I will have to check.
10 Q. Oh. Well, you will provide us with both any notes of the two interviews, is that right?
11 And then any notes of alternative sources of information?
12 JUDGE BARAITSER: Is this a matter for the witness or a matter for the prosecution to
13 discuss with you about disclosure? He has them available. Question for the ---
14 MR FITZGERALD: I am just trying to understand what exists.
15 JUDGE BARAITSER: Ah, what exists.
16 MR FITZGERALD: Yes.
17 A. Yes, there is the written notes of my interview which I am happy to share.
18 Q. Yes. And Dr Daly you interviewed, was there anybody else you interviewed in
19 relation to this?
20 A. No, I spoke to the phone – spoke on the phone to Dr Daly about the case.
21 Q. OK. OK. I have no further questions.
22 JUDGE BARAITSER: Thank you.
23 Re-examined by MR LEWIS
24 Q. Dr Blackwood, you were asked first of all about safeguarding and why you had not
25 put in that note which you had not seen in relation to safeguarding. Could I just ask you to
26 pick up medical volume 1 over there and turn to page 46? And if we look at just above the
27 first perforation, the admission, that is 18 May, can you see that? It does go over the page.
28 "An admission is requested by Governor Bicker for safeguarding.".
29 A. Yes.
30 Q. Did you have at that time when you wrote your report any other information?
31 A. No.
32 Q. Thank you very much. Secondly, you were asked about Maureen Baird. Well, it will
33 not surprise you, we were only served with Maureen Baird's report on the first day of this

1 hearing in September. If we could just look at her report. Were you aware she is only
2 dealing with SAMs in a MCC and not the ADC?
3 MR FITZGERALD: Well, that is simply not correct because she says if he is detained there
4 he will have exactly the same regime.
5 MR LEWIS: I am not sure ---
6 JUDGE BARAITSER: Well, no doubt Mr Lewis can have a look at it to see if it is correct?
7 MR FITZGERALD: Paragraph 19.
8 MR LEWIS: Well, can we have a look at it? Can we just have a look at it because I marked
9 it – sorry – I do not think she has ---
10 MR FITZGERALD: Paragraph 19.
11 MR LEWIS: --- ever been to ADC.
12 MR FITZGERALD: Paragraph 19, it is the last two sentences.
13 Q. At paragraph 26, because she was the warden at MCC, do you know what that stands
14 for?
15 A. No.
16 Q. I think it is the Metropolitan Correction Center ---
17 A. OK.
18 Q. --- in New York.
19 MR FITZGERALD: And FCI, Danbury.
20 Q. And she gets promoted, she goes there in 2014, and she has not previously worked
21 anywhere where SAMs had been housed. And the passage which was put to you, at the
22 beginning of paragraph 27, she deals with the ADX and MCC, did you understand it to be
23 relating to the ADC which is the Alexandria Detention Center?
24 A. Yes, I did.
25 Q. And a short point in paragraph 56 of your report, is there a double negative just so we
26 get the record right? I cannot remember what I have done with your report now, I had it a
27 moment ago. Paragraph 56 at the end so that we have it absolute correct for the record, "As
28 such his mental condition is not such that it would not be unjust"?
29 A. Yes, so I think that second "not" should not be there.
30 Q. The second "not" should come out.
31 A. Yes.
32 Q. Take the double negative out. You were asked about his weight because he had lost
33 weight. Are you aware of what his current weight is?
34 A. I think it was mentioned in Professor Kopelman's evidence as about 80 kilograms?

1 Q. Yes. Thank you. You were next asked about Dr Carson. Is Dr Carson a psychiatrist?
2 A. Dr Corson.
3 Q. Corson, Corson, I cannot even read my own writing.
4 A. No, she is a forensic psychologist.
5 Q. She is a psychologist and what is her seniority compared to Dr Rachel Daly?
6 A. She is in the very early stage of her clinical career.
7 Q. Thank you. Next point, you were asked about autism. Doctor, can you tell us what
8 value does an ADOS test have when the person is said to be suffering from severe depression
9 with psychotic symptoms?
10 A. Yes, I think this was not the optimal point to use that instrument to assess Mr Assange
11 and it would be interesting to re-do that when he is not as depressed as appears currently to be
12 the case because depression does have an impact on a range of things with Dr Daly and Miss
13 Woodhouse draw on to make that diagnosis.
14 Q. Thank you. And just finally, you were asked for your notes that you are happy to
15 provide but the comment was made, they had been asked for previously. I think that was
16 only 35 minutes ago.
17 MR FITZGERALD: No, no, that is not correct.
18 MR LEWIS: Lunchtime.
19 MR FITZGERALD: No.
20 JUDGE BARAITSER: Well, either way, can this witness manage that? Is that not a question
21 between the two of you as to who asked for what and when?
22 MR LEWIS: Certainly, madam.
23 JUDGE BARAITSER: So, this witness can answer when he was asked for the notes or when
24 you were asked for the notes.
25 MR LEWIS: Yes.
26 Q. Thank you very much, doctor.
27 MR LEWIS: Do you have any questions, my Lady?
28 JUDGE BARAITSER: No, I do not have any questions.
29 MR LEWIS: Thank you very much.
30 JUDGE BARAITSER: Thank you very much for your attendance, doctor. You are very
31 welcome to watch the rest of the hearing or leave as you choose.
32 A. Thank you.
33 JUDGE BARAITSER: Having said that, social distancing not quite being observed at the
34 back row, would you just moving left a little bit please? Thank you.

1 (The witness was released)
2 JUDGE BARAITSER: Yes. Now, I have just been sent a statement. I am presuming you
3 have been sent one too?
4 MR FITZGERALD: Oh yes, that ---
5 MR LEWIS: I have not read it yet.
6 JUDGE BARAITSER: No.
7 MR FITZGERALD: --- that relates to the – you asked us to investigate what happened to the
8 charge and this deals with that issue.
9 JUDGE BARAITSER: It does. It rather goes ---
10 MR FITZGERALD: My Lady, I ---
11 JUDGE BARAITSER: --- beyond that, Mr Fitzgerald ---
12 MR FITZGERALD: Yes.
13 JUDGE BARAITSER: --- and I obviously want to give Mr Lewis an opportunity to read it.
14 MR FITZGERALD: No, no, we are simply serving it on the court and my learned friend. It
15 may be we can read it out tomorrow if there is agreement?
16 JUDGE BARAITSER: Well, I rather imagine that the only relevant part of it is paragraph 19
17 in which the Governor deals with the outcome of the report. I cannot imagine any of the rest
18 of that ---
19 MR FITZGERALD: Well ---
20 JUDGE BARAITSER: --- statement is going to answer the questions that were raised during
21 the witness' evidence.
22 MR FITZGERALD: Can we ---
23 JUDGE BARAITSER: And that relates to what the Governor says happened.
24 MR FITZGERALD: Can we make some issues on that in due course, my Lady?
25 JUDGE BARAITSER: You can but you are unlikely to persuade me to receive late evidence
26 on an issue which is wider than that which was raised.
27 MR FITZGERALD: Well, my Lady, you know how it arose. It arose out of cross-
28 examination of ---
29 JUDGE BARAITSER: Yes.
30 MR FITZGERALD: --- Professor Kopelman.
31 JUDGE BARAITSER: Yes, I do know.
32 MR FITZGERALD: We therefore as a result of the questions that were asked dealt with it.
33 You invited us to find out what had happened in the adjudication ---
34 JUDGE BARAITSER: Yes.

1 MR FITZGERALD: --- which is what we have done ---
2 JUDGE BARAITSER: Yes.
3 MR FITZGERALD: --- and this sets it out in some detail that this was what the charge was,
4 how it was dealt with ---
5 JUDGE BARAITSER: Well, my view on a cursory reading is it is dealt with in paragraph
6 19, you may well get an admission from Mr Lewis in relation to that, but it is likely to be
7 limited to paragraph 19 of that statement.
8 MR FITZGERALD: Yes, well, would you just give us some time to take it under advisement
9 as they say in the US.
10 JUDGE BARAITSER: Yes, indeed. Are you ready to call your next witness?
11 MR FITZGERALD: I am if she is ready too. It is Sondra Crosby.
12 COURT USHER: She has not signed in.
13 MR FITZGERALD: I fear she may have been under the misapprehension, in which case it is
14 my fault, that it was going to be 3.30 but we can ---
15 COURT USHER: Can someone get in touch with her and ask her to log in? She has the link
16 because we sent it.
17 MR FITZGERALD: Oh I see. When the link was sent she would have been told the time.
18 COURT USHER: (inaudible).
19 JUDGE BARAITSER: Can contact be made with her and ask her to join the CVP room
20 now?
21 (Judge Baraitser conferred with the Court Usher)
22 JUDGE BARAITSER: I have the new timetable with me, I have left the old timetable in my
23 room. Can you remind me of the cross-examination time requested?
24 MR FITZGERALD: I think it is 15 minutes.
25 JUDGE BARAITSER: Is it 15 minutes? And you stand by that?
26 MR LEWIS: Yes, madam, I do. Did I say 15?
27 MR FITZGERALD: Stand by your time.
28 MR LEWIS: I thought I said half an hour but I do not think I can remember 10 minutes.
29 (Judge Baraitser conferred with the Court Usher)
30 JUDGE BARAITSER: What time is it where she is now approximately?
31 MR FITZGERALD: Oh, it is now five hours behind so it will be ---
32 JUDGE BARAITSER: A sensible time of the day.
33 MR FITZGERALD: Yes. Sensible time. You will recall we were going to try something
34 much more ---

1 JUDGE BARAITSER: Ambitious?
2 MR FITZGERALD: --- ambitious. Yes.
3 COURT USHER: Hello, Dr Crosby, can you hear me? Hello? Dr Crosby? Can you hear
4 me?
5 JUDGE BARAITSER: Now, Darren, do we need some assistance please? Can an email be
6 sent to her to ask her to enable her microphone please?
7 COURT USHER: Dr Crosby, can you hear this?
8 THE COURT USHER: Dr Crosby, can you hear this?
9 JUDGE BARAITSER: I do not think it is a microphone issue; I think she just needs to make
10 an adjustment on her computer.
11 THE COURT USHER: Right. If you can hear us, Dr Crosby, could you just wave at the
12 camera?
13 UNIDENTIFIED SPEAKER: She cannot hear the court.
14 JUDGE BARAITSER: She cannot hear the court. Right. Can we have a technician, please,
15 into court now, and I will rise for five minutes whilst we sort this out please. Thank you
16 (Court adjourned due to a technical issue)
17 MR FITZGERALD: It is Dr Sondra Crosby at tab 7, my Lady.
18 JUDGE BARAITSER: Thank you very much.
19 DR SONDRA CROSBY, Affirmed
20 Examined-in-chief by MR FITZGERALD
21 Q. You are Dr Sondra Crosby, is that right? Are you Dr Sondra Crosby?
22 A. Yes, I am.
23 Q. Yes. And Dr Crosby, is this right that you have prepared a statement for this court
24 which is dated 18 December 2019?
25 A. Yes.
26 Q. And do you have that statement with you at the present?
27 A. I do have my statement.
28 Q. Do you stand by the contents of that statement as your evidence before the court?
29 A. I do.
30 Q. And I just want to ask you seven questions, but focusing in particular on issues of
31 health and particularly mental health which are of particular relevance. Is this right, that you
32 saw Mr Assange on a number of occasions starting with a visit in October 2017 when he was
33 in the Ecuadorian embassy in London?
34 A. Yes, that is correct.

1 Q. And the purpose of your original visit to him in October 2017 was what?
2 A. The purpose of the initial visit was as a result of an invitation on behalf of an
3 American doctor who had organised an academic evaluation of the effects of living in the
4 embassy for, at that time, about five and a half years.
5 Q. And just to get clear your qualifications. You, yourself, are a registered medical
6 practitioner, licensed physician in the Commonwealth of Massachusetts. Is that right?
7 A. That is correct.
8 Q. And you have a speciality in your clinical practice of dealing with cases involving
9 asylum seekers and refugees and those who have experienced torture and as a result suffer
10 from PTSD?
11 Is that right?
12 A. That is correct, yes.
13 Q. And so you were called upon to visit him and is it right that you visited him first in
14 October 2017 and then on a number of occasions?
15 A. Yes, that is right.
16 Q. So in October 2017 and then you also have visited him more recently in Belmarsh
17 prison. Is that right?
18 A. Yes, I visited Mr Assange on two occasions in Belmarsh prison.
19 Q. And can you tell us when those were?
20 A. Yes. The first one was in October 2019 and subsequently in January 2020.
21 Q. Yes. Now, can I take you then to your - at paragraph 23 you deal with your visit to
22 him in the embassy and the conditions of confinement in the embassy and the consequences
23 of that confinement, is that right, at paragraphs 23 to 25?
24 A. Yes.
25 Q. And then against that background do you make certain observations at paragraph 34
26 about how his physical health has suffered as a result of prolonged and severe psychological
27 trauma that he has endured?
28 A. Yes.
29 Q. And just, if you could summarise the key aspects of the effects on him of his period in
30 the embassy and his subsequent period in Belmarsh prison. Can you help us on that?
31 A. Sure. When I initially saw Mr Assange in the embassy in October 2017, he certainly
32 described to me symptoms of depression, symptoms of post-traumatic stress disorder,
33 although he was certainly functioning and was capable of conversation and not in a horrible
34 state, although he did complain of a number of physical symptoms, probably (inaudible) of

1 which I had no way of performing a pertinent evaluation. Certainly over time as I visited him
2 again, I observed that his mental state was declining. He was describing more and more
3 symptoms of depression, of sleep disturbance, of low mood, inability to concentrate, of
4 nightmares and just quite a lot more of psychological (inaudible)
5 Q. Right. So ---
6 A. When I saw him – I am sorry.
7 Q. Go ahead. Yes, carry on, yes.
8 A. OK. When I saw him in February of 2018 he first described his thoughts of suicide to
9 me and, in fact, spent quite a lot of time talking to me about how he had been thinking about
10 death very deliberately and described to me in detail how he had watched and binge watched
11 the suicide, Mr Slobodan's (inaudible), the Bosnian man who was convicted of war crimes,
12 committing suicide on television and how he had taken cyanide in the court and died. It was
13 a warning to me that, you know, Mr Assange seemed very obsessed with this and even
14 stopped it in freeze-frame and analysed the man's face as he was committing suicide. So at
15 that time I was alarmed.
16 Q. Yes. And so ---
17 A. When I ---
18 Q. Do carry on.
19 A. When I saw him again in February 2019 he had markedly deteriorated, both
20 physically and psychologically. At that time I was very concerned about a very advanced
21 tooth infection that was causing him severe pain, excruciating pain on a daily basis, which
22 was requiring him to take narcotics, but he still was, you know, very inflexible about seeking
23 care for that infection outside of the embassy, frightened of the consequences. His
24 depression, his suicidal thoughts had increased as well, so I had seen him deteriorate over
25 time. When I initially saw him at Belmarsh prison in October ---
26 Q. October of which year was that?
27 A. 2019.
28 Q. Yes.
29 A. He appeared to me to be severely depressed, talked about thinking of suicide hundreds
30 of times a day. Had markedly changed in (inaudible) and appearance to me in that he seemed
31 unable conversations, could not remember names and things, talked about inability to write
32 letters, seemed very depressed at that time. I was able to do a very brief follow-up visit in
33 January 2020. My visit was cut short by the prison, but at this time he had been moved out of
34 healthcare, he had access to a phone, he was on medications and his depression he told me

1 was a little bit better and that was congruent with my observations of him. He was able to
2 engage in conversation and seemed less (inaudible) on his interaction, however brief that.
3 Q. Yes. I just want you to focus back again on when you wrote your report in December
4 2019 and having set out, can you look at paragraph 38 of your report and what you say there?
5 So this is ---
6 A. Yes.
7 Q. Can you help the court about the points you are making there?
8 A. OK. On paragraph 38. So Mr Assange told me he was not revealing the full extent of
9 his depression and his suicide plans to the prison doctors and mental health specialists
10 because he was worse, and understandably this is something I see commonly in prisoners that
11 if they reveal their suicide plans, or the extent of their suicide ideation, they may be put under
12 more surveillance, or even put into isolation, which would be worse and they want to avoid
13 that. There is also a trust issue sometimes in prison situations.
14 Q. And you deal, just if we go back one paragraph to the last part of that, you deal with
15 your most recent interview on October 1, 2019, in Belmarsh prison. What did he report to
16 you then about his mood and his intentions?
17 A. In October 2019 when I saw him in Belmarsh, as I said, he appeared severely
18 depressed to me. He talked about suicide. He told me that he had hidden two implements
19 away that were subsequently confiscated and, you know, he talked as if he was essentially
20 dead, was tearful and seemed to be in very dire strait.
21 Q. And as to accessing the suicide hotline, did he tell you about that?
22 A. Yes. He told me actually that that was one thing very helpful to him is that he had
23 access to something called the Samaritans which was an anonymous suicide hotline that he
24 could access on a daily basis.
25 Q. Now, you are, yourself, a physician. Do you have experience in dealing with people
26 suffering from psychological illnesses ---
27 MR LEWIS: Can you say that again, please?
28 MR FITZGERALD: Yes.
29 MR LEWIS: (inaudible)
30 MR FITZGERALD: Yes. She deals with trauma.
31 MR LEWIS: What?
32 MR FITZGERALD: She deals with trauma and she gives a diagnosis at paragraph 46. Yes.
33 Could you --
34 A. I do. In my --

1 Q. Go ahead.
2 A. In my clinical practice, the majority of my patients suffer from depression and/or Post
3 Traumatic Stress Disorder. I am very experienced in both diagnosing or treating less
4 complicated forms of these psychological illnesses, and --
5 MR LEWIS: I had not appreciated she was going to be put forward as a psychiatrist
6 effectively. My learned friend asked a question about how she treated these people, but I do
7 not find it in her statement. At 46 she just sets out the criteria.
8 JUDGE BARAITSER: She has experience in dealing with people suffering from
9 psychological illness; where does that come from, Mr Fitzgerald?
10 MR FITZGERALD: If one looks at paragraph 14 "received as a forensic medical record for
11 the "Bahrain Commission of Inquiry...allegations of torture". She then says "evaluation and
12 documentation of physical and psychological evidence of torture and abuse". She then refers
13 to her diagnosis of major depression, firstly, her medical opinion at paragraph 37, and then
14 her medical opinion at paragraph 46. It is perfectly permissible, in our respectful submission.
15 She then gives it again at paragraph 48: perfectly permissible for a clinician who has
16 experience as a doctor in treating people suffering from psychological trauma and
17 psychological problems to give an opinion on this matter.
18 JUDGE BARAITSER: The point is you are taking her through her report which she has
19 already written and not going beyond it. Refine your questions.
20 MR FITZGERALD: Can you assist us as to whether you gave a medical opinion in your
21 report, both about his condition as you observed him in October 2019, and the question of a
22 risk of self-harm; did you form a view on those issues?
23 A. I did.
24 Q. Taking those one by one. First of all, what was the opinion that you expressed as to
25 his medical condition at paragraph 46 and 48?
26 A. Can we be specific on the question?
27 Q. Yes.
28 A. Of the point in time?
29 Q. Yes.
30 A. When I saw him in October 2019 he met all of the criteria for major depression. It
31 was profoundly impacting his functioning and he had thoughts of suicide every day, many
32 times during the day. I felt he met the DSM 5 criteria for (inaudible 15.22.02).
33 Q. Did you also form a view as to the risk of self-harm or suicide in the light of the
34 condition that you found then?

1 A. Yes. I felt that his risk for suicide, I felt that was very high, and again what he has
2 always said to me over time is that the trigger would be extradition to the US where he felt
3 his life would be intolerable.
4 Q. You also formed a view as to the likely effects of extradition on his state of health;
5 did you express a view on that at paragraph 49?
6 A. Yes, I did. Again to reiterate, I think Mr Assange is (inaudible 15.23.15) suicide if he
7 were to be extradited.
8 Q. Is it right that you also formed a view as to his physical condition, which you felt with
9 at paragraph 34, and in particular at 34 (b) and (c)? Can you just help us about what concerns
10 you had about his physical health?
11 A. Yes. Physical health, I was most concerned and documented his physical symptoms
12 and health from the first time I met Mr Assange in 2017. He had a number of complaints,
13 some of which were concerning, and which I had no way of further evaluating: chest pain,
14 dizziness, shortness of breath, which could be markers of cardiac disease, or it could be panic
15 attacks or anxiety; recurrent abdominal pain and abdominal symptoms; respiratory infections
16 requiring antibiotics. Of grave concern was his (inaudible 15.24.47) infection that had
17 progressed to a state that needed intervention. I was also very concerned about the fact that
18 Mr Assange has a diagnosis of osteoporosis, which is essentially brittle bones and makes him
19 extremely vulnerable to fractures. This is something which is unusual in young men, and I
20 was able to review his Australian medical records and to also confer with an endocrinologist,
21 a specialist in thyroidology disease, and in fact the same Professor that Mr Assange sought
22 care from back in 2001. This Professor confirmed the osteoporosis, and we reviewed the test
23 that he had confirmed that. Plus, Mr Assange has a history of multiple fractures, including a
24 minimal trauma fracture, a fracture in his ribs when bending over to tie his shoes. To my
25 knowledge, this has not been treated or investigated further since he was in Australia that
26 time. This is also something very concerning to me, and something that puts him at risk for
27 fractures and increases his mortality and morbidity from fractures.
28 Q. You have dealt with the question of your concerns on the psychological level. Do you
29 also have concerns about the effect of extradition in relation to his physical health?
30 A. I do. I believe that incarceration in the US is a risk factor for injuries, and I am
31 worried that he would get increased risk from fractures.
32 Q. I am very grateful. I have no further questions, my Lady.
33 Cross examined by MR LEWIS
34 MR LEWIS: Dr Crosby, what is the date of your report, please? I cannot find a date.

1 JUDGE BARAITSER: I could not find a date either I have to say.
2 MR FITZGERALD: It is --
3 MR LEWIS: Let the doctor answer it. When did you sign your report?
4 A. I am sorry, I cannot hear.
5 Q. Dr Crosby, when did you sign your report?
6 A. My initial report was signed at the beginning of December 2019, but I subsequently
7 wrote a report during Covid outlining my concerns about Mr Assange's risk for contracting
8 Covid and being at risk for Covid.
9 MR FITZGERALD: That was relied on at the bail application and publicly recorded.
10 JUDGE BARAITSER: Yes, I remember that, but I do not have a date on this report; should
11 I?
12 MR FITZGERALD: All I know is that in the index it says 18 December.
13 JUDGE BARAITSER: It does, but on the physical document I cannot see a date. Is there any
14 explains for that? Has she just not dated it?
15 MR FITZGERALD: I think that must be the explanation.
16 MR LEWIS: If I have understood your evidence correctly, Dr Crosby, subsequent to this
17 report you actually visited Mr Assange again in prison?
18 A. Subsequent to this report, I did visit him briefly in prison in 2020.
19 Q. Would it be fair to say that you are fairly sympathetic to Mr Assange's cause?
20 A. No, that would not be fair to say at all.
21 Q. When you came over to examine him in the embassy on five separate occasions, did
22 you come over to England for other reasons, or just to examine him?
23 A. It was four occasions, I believe. The primary purpose was to examine him, but I
24 actually had business with colleagues and combined the purpose of my trips.
25 Q. Who paid for it?
26 A. Up until now I have paid for my trips.
27 Q. You talk about him being confined to the embassy when in fact it was his own
28 decision to breach his bail conditions, was it not, to put himself in the embassy?
29 A. I think that is a complicated question, and based on his psychological state, I think it
30 is debatable. I would liken it to the situation, in Mr Assange's mind being chased by
31 someone, a hard man with a knife or an axe, locking himself in a room and not coming out,
32 when in fact he would have to make the decision to face whatever threat he felt on the outside
33 versus what was going on on the inside. I think it is debatable. The impact of --
34 Q. Let me just move on a bit. It is right that all his physical health concerns have now

1 been treated in prison, is it not?
2 A. Not exactly. I am relieved that he has had some testing in prison, he has had some
3 health. The osteoporosis has not been fully evaluated in my medical opinion. He needs a
4 follow-up dental scan and he needs a consult with a specialist in bone and collagen diseases.
5 I also do not believe his episodes of dizziness, chest pain and palpitations have been fully
6 evaluated. I think he needs some further testing for that. (Inaudible 15.31.54) that all was
7 relatively normal is an elevated cholesterol, and he certainly is receiving medications for his
8 psychological disorders.
9 Q. Doctor, you have got no psychiatric qualifications, have you?
10 A. I am more certified as an internist. I have been qualified in court to give mental
11 health testimony in cases.
12 Q. Are you qualified under Section 12 of the Mental Health Act.
13 MR FITZGERALD: No foreign physician could ever be. This is a ridiculous question.
14 JUDGE BARAITSER: She is a US citizen.
15 MR LEWIS: I want to look at the end of your statement where you give an expert's
16 declaration at 13: "I confirm I have acted with a Code of Practice or conduct for experts of
17 my discipline, namely, the General Medical Council". I do not understand what discipline
18 that is?
19 A. I have certainly acted in accordance with the Code of Practice for experts of my
20 discipline. I do not know what the General Medical Council is.
21 Q. Sorry, you do not know what it is?
22 A. I do not.
23 Q. Who wrote that in there? Was it written in there for you by the defence?
24 A. I was provided with a statement of truth to put at the end of my declaration of my
25 report.
26 Q. Who wrote the words in, 'General Medical Council'? Did you write them in or did
27 the defence write them in?
28 A. I believe the defence, defence would have written them in, yes.
29 Q. Because you know that there have been a number of very experienced psychiatrists
30 giving evidence in this court.
31 A. Yes I do.
32 Q. And they have all had much more recent contact with Mr Assange than you have.
33 A. Yes. My last contact with Mr Assange was in January 2020. I have not had recent
34 contact with him.

1 Q. So, are you saying that your opinion on mental health should be preferred over theirs?
2 A. I have never said that.
3 Q. Did you visit Mr Assange with the legal team or on your own?
4 A. I believe there may have been one occasion where members of the legal team were
5 present, maybe two occasions.
6 Q. And you rely in your report in Nils Melzer. I think you got him involved in the matter
7 with Mr Assange, is that right?
8 A. So, that I do not know about but I will explain how I relied on the report of Professor
9 Melzer and that is after my February 2019 visit with Mr Assange, I was very alarmed by his
10 risk for systemic infection and death or even in accidental metaphoric overdose from
11 treatment of his dental infection and/or his risk of suicide. I spoke to his counsel, his lawyers,
12 about my grave concerns. I did not know what to do. I did not convince Mr Assange to leave
13 the embassy. I wrote to the High Commissioner for human rights, Ms Bachelet, and just
14 asked if there was any intervention they could do.
15 Professor Melzer in response partly visited Mr Assange who by that time had left the
16 embassy, though the conditions were markedly changed and what I relied on was the
17 evaluations of these two highly qualified medical professors who confirmed my concerns for
18 his health, but as you can see, there was a change in circumstances there when I alerted the
19 UN High Commissioner Mr Assange was in the embassy. When Professor Melzer and his
20 experts visited Mr Assange, he was in Belmarsh.
21 Q. And do you think his, Mr Nils Melzer's report, is fair and balanced?
22 A. I only rely on his medical expert. The political dimension of his report I have no
23 opinion on.
24 Q. You talk about – I am sorry, doctor.
25 A. I am sorry, can I make one more statement?
26 Q. Of course you can.
27 A. To clarify, his experts found, his independent UN experts found that Mr Assange was
28 suffering from the effects of psychological trauma. He was in poor health which was the
29 same conclusion that I had come to.
30 Q. And doctor, you talk about the risk of suicide. Are you aware that no one ever
31 extradited from the United Kingdom to the United States has ever committed suicide post
32 surrender?
33 A. I am not aware of that. I am not an expert on extradition or statistics of extradition
34 from the UK.

1 Q. Thank you very much indeed.
2 Re-examination by Mr Fitzgerald
3 MR FITZGERALD: Three short questions to clarify the nature of your expertise. You have
4 given your opinion, you have said, as a general physician, is that right?
5 A. Sir, are you talking about today or what ---
6 Q. Yes, the evidence you are giving to the court today is based on your qualifications as
7 a physician and your experience. Is that right?
8 A. That is correct, yes. Yes.
9 Q. And you have set out the kind of experience you had in dealing with people suffering
10 from psychological trauma in your report. Is that right?
11 A. Yes, correct.
12 Q. And you, of course, had the opportunity of seeing him in the three years from October
13 2017 to the present, over a number of occasions.
14 A. Yes.
15 Q. And equally, you are able to assist this court on the basis of actually seeing and
16 observing his mental condition while he was in the embassy.
17 A. Yes.
18 Q. And then relating that to the two visits that you had subsequently with him in
19 Belmarsh. Is that right?
20 A. Yes.
21 Q. My Lady, it was just to clarify the nature of what special area that she can deal with
22 which no one else can.
23 JUDGE BARAITSER: Thank you, Dr Crosby for making yourself available to give evidence
24 to the court. Your involvement now has concluded. I am going to sever this link. Thank you
25 for your attendance today.
26 WITNESS: Thank you.
27 MR FITZGERALD: Thank you very much.
28 (The witness was released)
29 JUDGE BARAITSER: Is there anything else we can do this afternoon, agreed evidence that
30 can be read, something like that?
31 MR FITZGERALD: Well, my Lady, I think we agreed that you would want us to address
32 you on the adjudication issue in due course.
33 JUDGE BARAITSER: The adjudication issue.

1 MR FITZGERALD: That is to say how much of the statement that you have just been
2 handed about the adjudication is relevant so perhaps we can deal with that. I can discuss it
3 with my learned friend in any event.
4 JUDGE BARAITSER: Any other statements that have previously been agreed that you can
5 read now?
6 MR FITZGERALD: If you give us five minutes, we might be able – well, could you give us
7 ten minutes, my Lady?
8 JUDGE BARAITSER: Ten minutes and come back and see what agreed evidence we can
9 received, thank you. Ten to.
10 (Short adjournment)
11 JUDGE BARAITSER: Thank you. Yes, can we hear some statements?
12 MR FITZGERALD: Well, my Lady, I think with my learned friend's agreement I can read
13 the statement of Christopher Butler. And do you have that, madam?
14 JUDGE BARAITSER: What tab is he to be found at? 41? Which tab is that please?
15 MR FITZGERALD: Yes, 48.
16 JUDGE BARAITSER: Thank you.
17 MR FITZGERALD: It is a statement of Christopher Butler and you have got the address in
18 San Francisco, my Lady. "This statement is made in response to a request from Birnberg
19 Peirce, a law firm in the UK, to the Internet Archive. The archive is a non-profit library
20 providing free public access to collections of digitised materials including websites amongst
21 other publications.
22 The Internet Archive allows the public to upload and download digital material to its
23 online collections but the majority of its data is collected automatically by its web-archiving
24 software which works to preserve as much of the public web as possible. Its web archive, the
25 "Wayback Machine" contains hundreds of billions of web captures. We have been requested
26 by Birnberg Peirce to answer the following questions, each answer is given in italics below
27 each question".
28 And then question 1 "Archive.org hosts many historical versions of the WikiLeaks
29 website and publications. This includes both website snapshots on the Wayback Machine
30 collected by archive.org and potentially others as well as user uploaded items indicated by the
31 uploading users as copies of WikiLeaks' publications. The following examples are given of
32 the above, can you confirm this?". And then various websites are set out, my Lady, which I
33 will not read out unless you wish me to? Answer one, "I confirm the above that as described
34 historical versions including websites, snapshots and copies of WikiLeaks' publications and

1 user-posted items indicated as copies of WikiLeaks' publications are held including the
2 examples given.".
3 Question 2, "Can you confirm that the US government has not attempted to have this
4 data taken down?". Answer 2, "After a check of readily available records, I find no instance
5 of our having received such a request.".
6 Question 3, "Can you confirm that archive.org is a US-based institution?". Answer 3,
7 "As is clear from the address above this is confirmed.".
8 And then the next statement – which tab is it?
9 JUDGE BARAITSER: If you tell me the name I can probably find it.
10 MR FITZGERALD: John Young.
11 JUDGE BARAITSER: Oh, John Young.
12 MR FITZGERALD: Tab 68, yes.
13 JUDGE BARAITSER: Thank you.
14 MR FITZGERALD: It is John Young and, my Lady, do you have the address set out there --
15 -
16 JUDGE BARAITSER: Yes, I do, yes.
17 MR FITZGERALD: --- from New York? "My name is John Young, resident in New York,
18 a citizen of the United States of America and founder of the website "Cryptome.org" in 1996
19 and continuously since that time have been the website owner and administrator to the
20 present. I published on Cryptome.org unredacted diplomatic cables on September 1, 2011,
21 under the URL https://cryptome.org.zz7z, and that publication remains available at the
22 present. I obtained the encrypted file from the following URL", and then it is set out, "for
23 September 1, 2011, publication date of the file see", and then it sets out the Cryptome
24 reference. "Log file of the zz7z file on April 16, 2020", and then that is set out. "And then
25 since my publication on Cryptome.org of the unredacted diplomatic cables, no US law
26 enforcement authority has notified me that this publication of the cables is legal, consists or
27 contributes to a crime in any way nor have they asked for them to be removed.".
28 JUDGE BARAITSER: Thank you.
29 MR FITZGERALD: Those are the matters that are agreed this afternoon. There will no
30 doubt be more coming tomorrow afternoon.
31 JUDGE BARAITSER: What else can we do this afternoon, Mr Fitzgerald?
32 MR FITZGERALD: Well, my Lady, I hesitate in the absence of so many of my colleagues
33 to go into the question of what we do in the succeeding weeks. Could we address that
34 tomorrow after the evidence?

1 JUDGE BARAITSER: Yes. I know ---
2 MR FITZGERALD: Tomorrow, we have Patrick Eller tomorrow.
3 JUDGE BARAITSER: Well, you do, and I do think we need to address it tomorrow. So,
4 tomorrow I am going to receive any submissions you have, I have already Mr Lewis' in
5 relation to the disclosure of statements. I am talking about the psychiatric statements.
6 MR FITZGERALD: Oh yes, of course.
7 JUDGE BARAITSER: And I am also going to deal with the submissions and when they are
8 going to be heard in this case.
9 MR FITZGERALD: Yes.
10 JUDGE BARAITSER: So, I will deal with both those matters tomorrow at some point,
11 whether it is at the end of the day or some other time, it does not really matter.
12 MR FITZGERALD: Right, madam.
13 JUDGE BARAITSER: Anything else?
14 MR FITZGERALD: No, my Lady, those are the only matters I think we can ---
15 JUDGE BARAITSER: Anything else from you either?
16 MS DOBBIN: No, thank you.
17 JUDGE BARAITSER: No? All right. Thank you very much.
18 MR FITZGERALD: Thank you, my Lady.
19 JUDGE BARAITSER: That completes the proceedings for today. Mr Assange, you will
20 remain in custody overnight as always. Back in the morning please.
21 MR FITZGERALD: Thank you, madam.
22 JUDGE BARAITSER: Thank you.

ADJOURNED AT 15.55 UNTIL FRIDAY, 25th SEPTEMBER 2020

We hereby certify that the above is an accurate and complete record of the proceedings or part thereof.