Justice Advocacy Group LLC

Joel A. Sickler
Founder

WESTMINSTER MAGISTRATES' COURT

UNITED STATES OF AMERICA, v. JULIAN PAUL ASSANGE, Defendant	**AFFIDAVIT OF JOEL A. SICKLER**

INTRODUCTION

I, Joel A. Sickler, hereby declare under penalty of perjury the following:

1. I have been asked by defendant's Counsel to assess conditions of pre-trial confinement, potential and post sentence confinement as a result of Defendant Assange's extradition status; who, if convicted will be committed to the custody of the federal Bureau of Prisons (BOP).

2. Additionally, I have been asked to assess the conditions of confinement in relation to the Defendant's recent assessment by an experienced psychiatrist concerning his mental health and suicidal behaviors.

3. I have worked in the field of sentencing and corrections for more than 40 years and currently head the Justice Advocacy Group LLC in Alexandria, Virginia. I was a graduate fellow at American University's School of Justice in Washington, DC, where I earned a Master of Science in the Administration of Justice.

4. I have worked consistently since 1980 on federal sentencing and federal prison-related matters and have experience as a correctional counselor in the District of Columbia's Department of Corrections and with prior tenure as Director of Client Services at the National Center on Institutions & Alternatives in Washington, DC.

5. I have visited 51 federal prisons and have advised clients with inmate matters in 86 of the BOP's 122 institutions. Prior to the abolishment of parole, I represented hundreds of federal inmates before the U.S. Parole Commission. Based on more than three decades of experience assisting clients who have been committed to the care and custody of the BOP, I have extensive knowledge of the BOP and its stated mission, services, policies, program statements, regulations, institutions, and standard practices. In addition, I have represented multiple foreign nationals, such as Mr. Assange, in post-BOP confinement issues.

6. I have reviewed and am thoroughly familiar with the following Program Statement of the Federal Bureau of Prisons: *Inmate Security Designation & Custody Classification* (P.S. 5100.08, September 12, 2006). I have spoken on numerous occasions with personnel at the Bureau's Designation and Sentence Computation Center ("DSCC")[1] and regional and central office officials in the correctional programs administration when seeking clarification about a specific policy/program statement.

7. I have additionally conferred with defense counsel about Mr. Assange and reviewed case materials regarding the defendant's case including his medical records. I have reviewed all materials regarding the charges, potential sentencing guidelines, likely placement of Mr. Assange prior to trial, incarceration subsequent to any potential conviction, and post custodial detention of no known length.

8. This affidavit will address the following issues associated with Mr. Assange's pre-trial detention and post sentence imprisonment: 1) possible solitary confinement in the Eastern District of Virginia (case jurisdiction location) and the Federal Bureau of Prisons; 2) the potential of severe psychological trauma that solitary confinement will have on Mr. Assange;

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[1] The DSCC is an office within the BOP's Office Complex located in Grand Prairie, Texas. All facility designations or assignments and inter-facility transfers are processed and made by the DSCC.

3) Mr. Assange's significant mental health issues and the ability of the BOP to adequately address them.

9. I have read Part 19 of the Criminal Procedure Rules relating to Expert Evidence and believe that my advice is compliant with the rules.

I. SOLITARY CONFINEMENT WITHIN THE UNITED STATES LOCALLY AND IN FEDERAL BUREAU OF PRISONS

a) Pre-Sentence Confinement

10. Should Mr. Assange be extradited to the Eastern District of Virginia, he will mostly likely be confined at the William G. Truesdale Detention Center, in Alexandria, Virginia—also known as the Alexandria Detention Center (ADC). I have visited the ADC on many occasions and have worked with dozens of clients who have been housed in this facility. My knowledge, and that of previous clients, of the ADC and administrative segregation unit (ADSEG) there is consistent with Mr. Yancey Ellis, Esq. also very familiar with the complex and has submitted a witness statement.

11. The ADC houses approximately 400 inmates including those awaiting Federal trial. High-profile federal defendants are usually placed at the facility. The ADC is also the closest facility to the US Courthouse EDVA with which the U.S. Marshals have an agreement to house federal prisoners.

12. Due to the extreme charges filed against Mr. Assange with the potential sentence of 175 years in prison, in addition the degree of hostile commentary that has emanated in relation to him from senior U.S. government figures suggesting he is dangerous and deserving of extreme punishment; he will likely be held in solitary confinement, also known as administrative segregation (ADSEG). This is the same type of confinement that was condemned by Judge Scheinlin regarding the identical conditions practiced at the Metropolitan Correctional Center (in New York City), a BOP detention center. In *United States v. Bout,* 08 Cr. 365

(SAS), (SDNY, 2012), Judge Scheinlin conducted factual hearings as to the conditions endured by Bout (a one-time client of mine), a defendant who had been held for 15 months. After hearing testimony from representatives of BOP and from the Warden of MCC, the court found the conditions to be punitive, excessively restrictive, and unnecessary.

13. The ADSEG unit is a small windowless area that contains approximately four to six ADSEG cells. Each cell is a single occupancy cell, less than 50 square feet (roughly the size of a parking space), and contains a sleeping area, a small sink, toilet and a steel door. He will be deprived of any meaningful human contact for 22-23 hours per day. All meals are served through a slot in the door.

14. The inmates have approximately 1 hour per day to leave the cell and have access to spend in the ADSEG common area (which is about twice the size of their cell). Occasionally the common area will contain a television or exercise bike, but generally contains nothing. There is zero inmate interaction. There is no outside recreational or exercise area.

15. There is significant sensory deprivation comparable to isolation in a cell. There is little natural light as well as access to fresh air. There is no communication allowed with other prisoners.

16. There is usually one 15-minute phone call to family allowed per month and all calls are monitored. The inmates are denied access to information regarding current events with all materials being censored.

17. The Alexandria Sheriff's Office will allow Mr. Assange's attorneys to meet with him at any time during professional visiting hours. However, placement in the ADSEG unit at the ADC could compromise Mr. Assange's ability to focus on and assist his attorneys in his defense. For reasons related to how debilitating the experience can be for a prisoner.

18. There are at any one time approximately 100,000 inmates in solitary confinement in the United States. So common are symptoms of mental illness in solitary confinement, academic papers now refer to it as "special housing unit (SHU) syndrome." "Symptomatology include visual and auditory hallucinations, hypersensitivity to sound and touch, insomnia and para-

noia, uncontrollable fear and anger, distorted sense of time, suicidality and post-traumatic stress syndrome”.[2] [Exhibit 1] These symptoms can occur in an individual who enters solitary confinement without previous symptomatology (unfortunately, Mr. Assange is currently already suffering from most, if not all, of the above symptoms).

19. This is due to being locked behind a steel door for most of the day, with a restricted time period for exercise, a limitation on the ability to purchase stamps and hygiene products, a severe limitation of visitation and phone contact, and a documented diminution of standard medical care. Thirty years ago, Dr. Stuart Grassian, who recently spoke at Harvard Medical School’s “Behind Bars: Ethics and Human Rights in U.S. Prisons” conference, evaluated 14 individuals placed in solitary confinement and found the same symptoms in many of them: “hypersensitivity to external stimuli; perceptual disturbances, hallucinations, and derealization experiences; affective disturbances, such as anxiety and panic attacks; difficulties with thinking, memory and concentration; the emergence of fantasies, such as revenge and torture of the guards; paranoia; problems with impulse control; and a rapid decrease in symptoms immediately following release from isolation.” Taken together, Dr. Grassian proposed that these symptoms amount to “a pathopsychological syndrome.”

20. The practice of isolating prisoners in America began in the late 18th century, when Quakers advocated it as a means for sparing inmates the humiliation of public whippings. In 1829, the Eastern State Penitentiary of Pennsylvania began using lockdown, but found that those prisoners incarcerated in solitary confinement committed suicide or became increasingly dysfunctional and the practice was discontinued. In 1934, the use of solitary confinement was tried again at Alcatraz, where the most difficult prisoners were incarcerated. Today it is difficult to ascertain the number of prisoners in “special housing units” but it is felt to be approximately 100,000 inmates.[3]

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[2] https://www.medicaldaily.com/torture-how-solitary-confinement-affects-mind-270597

[3] "Solitary Confinement Facts and Statistics." (Jan. 16, 2017) http://infographicworld.com/blogs/solitary-confinement-facts/

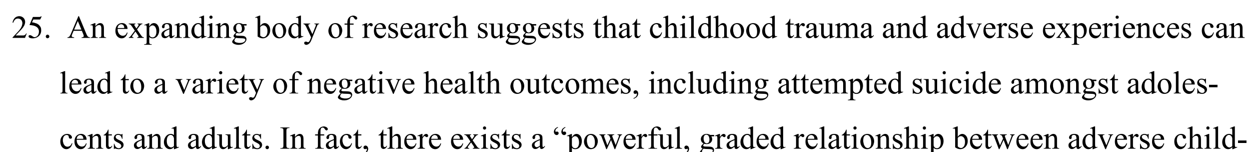
II. MR. ASSANGE'S MENTAL HEALTH EVALUATION

21. I have worked extensively on the medical portion of this document with my medical consultant, Dr. Richard S. Goldberg. Dr. Goldberg attended Franklin and Marshall College, the University of Michigan Medical School, and did his post-graduate training at Duke University Medical Center. He was in private medical practice for 35 years. He started Medical Advocacy Consultants, LLC in 2016. He is currently the medical consultant for the Justice Advocacy Group LLC in Alexandria, Va. as well as the Aleph Institute of Florida and California. In addition, he is the medical consultant for several prison consultants and criminal defense lawyers throughout the country. He is the medical director for Neuro Assisted Recovery—an opiate treatment center in Sarasota, Florida. Dr. Goldberg's CV is appended at Exhibit A.

22. Professor M D Kopelman, Emeritus Professor of Neuropsychiatry of King's College of London, at the request of Mr. Assange's Solicitors, provided much of the following medical information on Mr. Assange in a Confidential Neuropsychiatric Report.

a) EARLY CHILDHOOD DEVELOPMENT

23. In his discussion of the early childhood of Mr. Assange, there were several issues noted that are now considered Adverse Childhood Experiences (ACES).[4]



25. An expanding body of research suggests that childhood trauma and adverse experiences can lead to a variety of negative health outcomes, including attempted suicide amongst adolescents and adults. In fact, there exists a "powerful, graded relationship between adverse child-

[4] https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

hood experiences and risk of attempted suicide throughout the life span. In fact, alcoholism, illicit drug use, and depression—as in Mr. Assange's case, are strongly associated with such experiences. A score of 5 (out of 10) places one very much at risk.[5]

26. In addition, suicide is a leading cause of death in the United States and identifying those at risk is difficult. Because of this, the US Surgeon General has made suicide prevention a national priority.

b) PAST PSYCHIATRIC HISTORY

c) MR. ASSANGE'S ACCOUNT OF HIS TIME IN THE EMBASSY

29. Mr. Assange has stated he was effectively in solitary confinement for 60 hours a week. He says it "was a very, very abusive environment."

30. While at the Embassy, he was cut off from the Internet, and jammers were installed. He was "spied" upon. Only his lawyers and his doctor were allowed to visit. He endured assassination threats, and he had recurrent dreams about being killed—"held down and decapitated."

[5] https://www.ncbi.nlm.nih.gov/pubmed/11754674

31. In addition, various death threats and suicides occurred during this period, which greatly upset him.

32. Mr. Assange continues to live in a constant state of paranoia.

d) MENTAL STATE AT INITIAL INTERVIEWS

33. Mr. Assange described himself to Professor Kopelman as "very, very depressed, anxious and worried…in a weakened state…continuously low (mood)…worst in the morning and night." He stated he could not think clearly and was "trying to come to terms with the end of my life."

34. He had watched repetitively a YouTube video of Slobidan Praljak, a Croatian who killed himself with cyanide in court in the Hague. "He did the right thing."

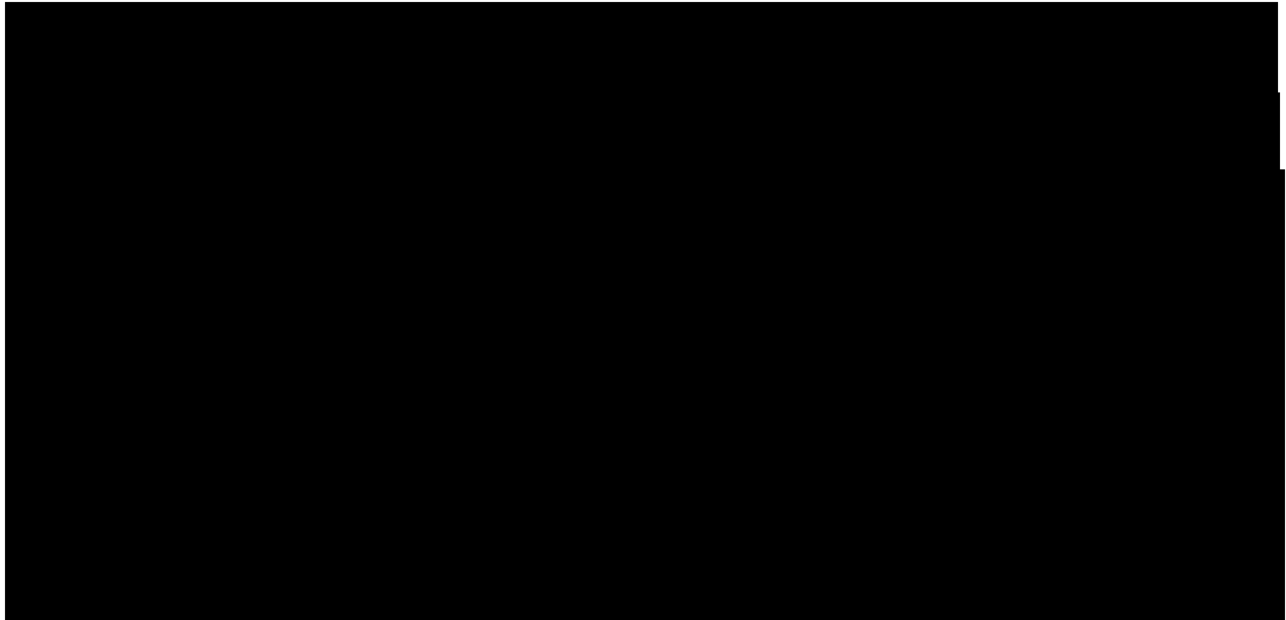
35. When transferred to Belmarsh prison, he had been placed in a cell where the previous inmate had committed suicide by hanging himself with his body in a crouched position, because the noose was not hanging very high.

36. Mr. Assange apparently reiterated that he thought about suicidal ideas "hundreds of times a day." Mr. Assange completed a Beck Depression Inventory with a score of 53—a very high score consistent with severe depression.

37. In addition to the desire to create a Will and to say goodbye to loved ones, Mr. Assange has also stated: "It doesn't matter if I'm dead in a year."

38. *It is these facts, and Mr. Assange's documented desire to end his life, that we are greatly concerned about.*

e) ABNORMAL EXPERIENCES



f) SUICIDAL BEHAVIOR

42. Mr. Assange has reported “very high anxiety about lots of things.” These anxieties, combined with his depression, he feels has made it very difficult for him to concentrate or to prepare his case. Mr. Assange has described states of agitation, in which he was pacing his cell unit until exhausted, punching his head, or even banging it against the cell wall.

43. Mr. Assange has stated how easy it is to kill oneself in prison, and has described many plausible methods by which he might do it. Three potential implements (a razor blade, two cords) have been confiscated so far.

44. Mr. Assange currently makes phone calls to the Samaritans every day (this would no longer be available to him if extradited).

g) POST-TRAUMATIC SYMPTOMS

45. To quote Professor Kopelman, "he has also experienced nightmares of being held down in confined spaces, being trapped, being unable to move, being held, being captured, having to be cut out with wires, or even being decapitated." These nightmares of being in enclosed conditions were re-experienced when living in the near-isolation conditions in the embassy and in the solitary cell at Belmarsh. These thoughts and memories have led to sweatiness and palpitations, which are associated with panic. Before his incarceration, he avoided tunnels, lifts, and other confined spaces.

46. As we have previously stated, he now faces a much more severe setting in solitary confinement in the United States.

h) MEMORY AND CONCENTRATION

47. Mr. Assange has complained that he could not concentrate, work, or focus on what he needs to do in order to mount his defense. He states he has difficulty remembering people's names, including family members or staff, details of his past, as well as issues with spatial awareness and spatial orientation.

i) MR. ASSANGE'S CURRENT MEDICATIONS AND THE BOP FORMULARY

48. Mr. Assange is prescribed the following medications: 1) Mirtazapine (30 mg); 2) Quetiapine (50 mg); and 3) Citalopram (20 mg). Mirtazapine is an antidepressant drug and is listed on the BOP's National Formulary, though it has an associated advisory noting that it is not to be used routinely as a sleep agent. Quetiapine is an antipsychotic drug and is not listed on the BOP's National Formulary.[6] Citalopram is a Selective Serotonin Reuptake Inhibitor

[6] Quetiapine is an often requested non-formulary drug and the BOP has the following specific requirements for its non-formulary administration:
Quetiapine (Seroquel™)

(SSRI) which treats depressions – it is listed on the BOP's formulary; however, it is noted that the BOP prefers Fluoxetine, and therefore may substitute their preferred SSRI. Unfortunately, the ADC will not discuss their pharmaceutical practices and it is unknown whether or not they ascribed to a basic formulary.

III. MR. JULIAN ASSANGE WILL BE SUBJECT TO SEVERE PSYCHOLOGICAL TRAUMA IF EXTRADITED TO THE UNITED STATES

a) OPINION – PROFESSOR KOPELMAN

49. In his opinion to the Court, Professor Kopelman has stated that Mr. Assange is suffering from, in terms of the International Classification of Diseases (ICD-10) criteria, Recurrent Depressive Disorder, current episode severe with mood-congruent psychotic symptoms (hallucination) (ICD-10, F33.30). In addition, he shows signs consistent with a diagnosis of post-traumatic stress disorder (PTSD) (ICD-10: F43.1), Generalized Anxiety Disorder (ICD-10: F41.1), as well as Asperger's Syndrome/Autism Spectrum Disorder (ASD) (ICD-10, F84.50). Professor Kopelman summarized by saying, ***"In my opinion, there is a very high risk of suicide, should extradition be imminent.*** *Mr. Assange shows virtually all the risk factors which researchers from Oxford have described in prisoners who either suicide or make very lethal attempts…The suicide risk arises directly from Mr. Assange's psychiatric disorder (his severe depression)…* ***I reiterate again, that I am as certain as a psychiatrist ever can be that, in the event of imminent extradition, Mr. Assange would indeed find a way to commit suicide."***

1. Use in psychotic disorder, bipolar disorder, or borderline personality disorders only.
2. Requests must include justification and treatment history in accordance with the Antipsychotic Treatment Algorithm, BOP Clinical Practice Guidelines, Pharmacological Management of Schizophrenia.
3. Non-formulary approvals for oral formulation will be restricted to the IR formulation only. Quetiapine IR must be administered via directly observed therapy and crushed prior to administration unless otherwise restricted by package insert.

50. This evaluation of Mr. Assange and his mental status includes other physician and psychologists who have known Mr. Assange over many years of his life.

IV. <u>CONFINEMENT POST-EXTRADITION & RISK OF SUICIDE</u>

a) <u>Pre-Sentence Confinement</u>

51. As noted above, Mr. Assange if extradited will mostly likely be jailed at the William G. Truesdale Detention Center, in Alexandria, Virginia—i.e., the Alexandria Detention Center (ADC).

52. The ADC is well known for assigning so-called high-profile inmates to the jail's administrative segregation unit (ADSEG).

53. The American Public Health Association Standards state "[i]solation may increase the chance that a prisoner will commit suicide and must not be used as a substitute for continuity of contact with staff and appropriate supervision. (The practice of placing suicidal prisoners in 'safety cells' instead of talking to them and maintaining continuing observation is inappropriate.)" The requirement of continuous staff observation follows best practices. Some prison systems (including the ADC I am informed) instead use a "buddy" system, assigning one prisoner to watch another. The National Commission on Correction Health Care explains that this is not an acceptable approach, requiring that when an actively suicidal inmate is housed alone in a room, supervision through continuous monitoring by staff should be maintained.

b) <u>MR. ASSANGE'S HEALTH NEEDS WILL NOT BE MET IN PRE- OR POST- TRIAL INCARCERATION IN THE AMERICAN FEDERAL PRISION SYSTEM</u>

54. My understanding is that Mr. Assange should expect to receive only the most limited medical services at the ADC. Any suggestion to this Court, that he will be fully evaluated and assessed for medical or mental health conditions is misleading. Upon arrival inmates Mr.

Assange will automatically be placed in administrative segregation for 24-48 hours. During this time a medical screening takes the form of asking a series of questions mostly aimed at assessing the inmate's risk of suicide. The screening will be limited to a series of questions directed at asking if the inmate has trouble sleeping; has loss of appetite, or "no longer takes pleasure in activities that he had previously found pleasurable." Within approximately one week of arrival, a Physician's Assistant will examine Mr. Assange. Psychiatrists are only utilized mainly to develop the most cost-effective medication regime. They do not provide counseling or interactive therapy sessions.

55. I am concerned for this defendant given Professor Kopelman's alarming evaluation. I recently assisted (or attempted to) the defense team of a high-profile federal detainee at the BOP Manhattan jail, the MCC. Regrettably, our client exhibited suicidal ideation and indeed attempted at least once to commit suicide in his cell. He was placed on suicide watch and later, on the MCC special housing unit block. Sadly, there is no clearer example of failure to evaluate inmates for depression and suicidal thoughts as the historically public death of financier Jeffrey Epstein. Officially ruled a suicide, Mr. Epstein is reported to have hanged himself in his cell, under direct watch (later found nonexistent) of corrections officers. Mr. Epstein may have been one of the world's most notoriously known men at the time of his death. And yet he received no preventative treatment for suicide. I believe, given the Epstein debacle, jails, especially federal jails and US Marshal contract facilities like the ADC, and may now have a more heightened sensitivity to the issue. Still, I fear Mr. Assange could expect no greater protection. In short, if Jeffrey Epstein was able to commit suicide, having received no prevention to that act, no greater evidence of the barbarity can exist.[7]

56. Recent reports have documented the failure of the federal prison system in regard to treatment of inmates with mental health disorders[8]. I note that the United States Government

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[7] **Two jail guards charged in connection with Jeffrey Epstein's death, sources say, NBC News, November 19, 2019.** https://www.nbcnews.com/news/us-news/prosecutors-preparing-charges-against-two-guards-epstein-death-sources-say-n1085371**.**

[8] **No one to talk you down: Inside federal prison's dangerous failure to treat inmates with mental health disorders.** By Christine Thompson and Taylor Elizabeth Eldridge/ The Marshall Project, Published in the Washing ton Post. November 21, 2018 https://www.washingtonpost.com/news/national/wp/2018/11/21/feature/federal-prisons-were-told-to-improve-inmates-access-to-mental-health-care-theyve-failed-miserably/

Accountability Office (GOA) in its July 2012 Report to Congressional Requesters recommends the use of outside accreditation reviews to access the mental health care available in federal programs. This may be highly significant as the United States Government and BOP will surely issue assurances regarding the health care that Mr. Assange will receive if extradited that are, in my expert opinion, not credible.[9] Accordingly, the Court that will decide will likely be asked to accept the statements of the BOP, when another agency of the United States Government is simultaneously recommending that these statements be evaluated by an independent organization and reviewer.

57. As far mental health services provided at the ADC, the only time when an inmate was regularly monitored by a psychiatrist was when the inmate was involuntarily committed to a state hospital, which first required that the inmate was a serious physical danger to himself or others due to an acute psychiatric illness such as a psychotic break. In that situation, the inmate was generally sent to a state hospital to be rehabilitated, which usually involved medication, sometimes forcibly administered. For individuals that became suicidal, but not due to diagnosed mental health reasons, the ADC usually imposes several administrative measures: more frequent monitoring, placement in a suicide prevention suit that immobilize the arms away from the body, removing shoestrings and sheets, etc. These individuals had access to counselors, but not increased access to psychiatric services.

58. As noted, there is well known overuse of administrative segregation at Alexandria which Mr. Assange is almost certain to experience firsthand if extradited.

59. Administrative segregation has similar features to Special Administrative Measures ("SAMs"), which are authorized by federal statute where it is "reasonably necessary to protect persons against the risk of death or serious bodily injury." 28 C.F.R.§501.3. This is generally recognized as a form of solitary confinement.

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[9] I am skeptical about BOP pronouncements that the agency can adequately address the health care needs of even the sickest of inmates. In my opinion, the words of the Chief Judge of the US District Court in the Southern District of New York, sums it up best: "*I take it as a matter of settled fact that the Bureau of Prisons is not the best place for anyone to receive medical care. ...I've made that observation numerous times over the years ..*" Chief Judge Collen McMahon, USDC SDNY, in opinion in USA v. Israel, 05 CR 1039 (December 19, 2019).

60. SAMs have severe psychological effects on an individual, and can greatly affect a client's ability to deal with the issues surrounding his federal case. Frequently, due to the stress of this type of confinement, the government has found inmates will often change their plea and cooperate with the government.

c) Post-Sentencing Confinement

61. Regarding likely locations for Mr. Assange's incarceration beyond pre-trial detention and into post-sentencing facility designation with the Federal Bureau of Prisons (BOP), the following information provides a relatively brief and general initial summary (Professor Kopelman's report was finalized in late December and my office promptly considered this when received in early January); it is intended to expand and expound more completely on this opinion after we have been able to obtain further information and complete further inquiries.

62. The most likely BOP facility placement given the charges and potential sentence length considerations is at one of the two Communication Management Units (CMUs) either in Marion, IL or Terre Haute, IN (medium and high-security US penitentiaries or USPs). Essentially these facilities are designed for limiting communications of designated inmates and enhanced monitoring of what little communication is permitted (expanded BOP language abilities, translation and content assessment the focus). Those placed in the CMUs have very little contact with the outside world. Communication restrictions are beyond extraordinary and resources spent on surveillance of inmates are significant.

63. In the CMUs verbal conversations among inmates are monitored remotely. Visitation privileges are also severely limited compared to inmates in other BOP facilities. Physical contact is completely banned with visitors (another room, glass and by phone when allowed). CMUs are most often reserved for hardcore terrorists, individuals who threaten Judges, violent bank robbing and vicious murder convicts - those threatening public safety the most. For an individual sent here it is an extremely isolating experience to say the absolute least.

64. The secrecy and lack of transparency at the CMUs regarding inmates housed there is of further concern to note. CMUs are also on occasion viewed as a punitive placement for those not cooperating with the government or at odds politically in its perception (realistically speaking). But regardless, the CMUs' primary purpose is to substantially and severely limit and restrict any contact with the outside world.

65. The CMUs hold up to 200 approximate inmates in a separated area of a USP. A much smaller grouping compared to BOP population counts averaging 1100 to 1400 per general compound at various other security levels and status (also where social interaction can exist with routine daily structure to constructively pass the time). By way of further background, CMUs additionally have large, majority Muslim populations (65% to 75%). The BOP's CMU policy statement can be reviewed here.[10] A general glance at BOP security level population ratios can be seen here.[11]

66. Beyond the CMUs, a not-so-likely post-sentence BOP facility designation could result in the USP ADMAX in Florence, CO - usually utilized for the most difficult inmates from a federal prison management standpoint. It's a higher level of security than the BOP's criteria for 'ultra-maximum-security' and has often been referred to as 'the Alcatraz of the Rockies.' Violent offenders, those with multiple serious prison infractions and those who are dangerous to others physically are housed here. The prison units are designed for those most capable and demonstrable in harming other inmates or staff. It's 23 hours in a single concrete cell. Phone privileges are often banned.

67. ADMAX Florence's facility objective is to encourage peaceful inmate behavior in the most violent of inmates (those deemed most dangerous and requiring the tightest control). Concerns with prolonged isolated confinement in this manner and a damaging mental health potential are present. This facility is a possible BOP designation in this case should a life sentence term be imposed.

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[10] https://www.bop.gov/policy/progstat/5214_002.pdf
[11] https://www.bop.gov/about/statistics/statistics_inmate_sec_levels.jsp

68. The USPs generally (BOP high-security) also house very violent individuals where tight controls also exist, but lockdowns of the prison population still often occur due to the offense nature of most inmates (USPs additionally experiencing the bulk of inmate deaths in the system due to violence).[12] These are not white-collar businessmen (or computer hackers) in the USPs; and in description a USP is best characterized as a place where inmate safety is usually at the most high-risk. The USPs can also hold up to 2,000 inmates depending on the compound. BOP USP locations are in Atlanta, GA; Atwater, CA; Inez, KY; Pine Knot, KY; Canaan PA; Leavenworth, KS; Lewisburg, PA; and Marion, IL.[13]

69. The BOP also provides Federal Medical Centers (FMC) to be made available. But this would be an unlikely facility designation unless Mr. Assange was to decompensate medically (physically or mentally). In such an event his care level needs would be assessed and then assignment to one of the FMCs. There are four levels of medical classification within the BOP (I thru IV) ranging from no issues present to that of chronic care and high alert. But unless medical circumstances warrant an FMC designation in this case would be unlikely.

70. The FMCs are highly secured settings, yet remain care-oriented environments dealing with complex health problems. BOP clinicians and medical staff are more prevalent and local hospital facilities are contracted for consulting and assisting. The BOP FMCs are in Fort Worth, TX; Ayer, MA; Lexington, KY; Butner, NC and Rochester, MN. The BOP Medical Center in Springfield, MO is additionally present. They focus on very high-security inmates and more specialized medical services compared to the other FMCs (such as kidney dialysis or serious inpatient mental health treatment for example).

71. With regards to assurances from BOP for facility designations keeping with careful attention to an inmate's background - assurances provided must be treated with skepticism. The case with extradition for Haroon Aswat proved problematic despite initial assertions by BOP otherwise. Assurances were given to the U.K. Court that he would be kept in a hospital environment (he had been in a secure mental hospital in the U.K.). Shortly after extradition

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[12] https://www.bop.gov/about/statistics/statistics_prison_safety.jsp?month=Jan&year=2019

[13] Marion, Lewisburg and Atlanta, due to their age and related structural issues are now considered medium-security institutions. They remain highly regimented, dangerous institutions however.

and the pledges to the U.K. Court that he would be held in a hospital environment during trial (extradition approved with this pledge considered) he was instead sent to the Metropolitan Correctional Center (MCC) in New York City. Mr. Aswat needless to say did not do well there either - and suffered for it too - despite those initial assurances otherwise.

72. Mr. Aswat after trial was then transferred to the FMC in Texas where his behavior declined further. Then he disappeared from contact for a year - finally emerging to explain he had been punished and his privileges sanctioned due to his behavior. That's some disappointing mental health treatment (and assurance) to say the least. Mr. Aswat is currently listed as being held at the BOP Devens, MA FMC - transferred yet again within the system - and no seeming opportunity thus far for any stable environment (as pledged).

d) Additional Opinion

73. In 2010 it was reported that more than three times the number of persons suffering from mental health conditions are confined in prison and not hospitals.[14] [Exhibit 2] In June 2012, the Vera Institute of Justice Director Michael Jacobson testified before the United States Senate Committee on the Judiciary, Subcommittee on the Constitution, Civil Rights, and Human Rights in the first ever hearing on solitary confinement Director Jacobson further testified that a reexamination of solitary confinement is driven, in part, by recent research suggesting that segregation is often counterproductive. "Long-term isolation can create or exacerbate serious mental health problems and assaultive or anti-social behaviors, result in negative outcomes for institutional safety, and increase the risk of recidivism after release," Jacobson told the Subcommittee.[15] [Exhibit 3] According to report in 2017 mentally ill inmates are still being kept in solitary confinement for long stretches of time.[16] [Exhibit 4]

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[14] E. Fuller Torrey, et al., More Mentally Ill Persons are in Prison than Hospitals. A Survey of States. (Treatment Advocacy Center and the National Sheriff's Association, 2010).

[15] Angela Brown, Alissa Cambier, and Suzanna Agha, "Prisons Within Prisons: The Use of Segregation in the United States," *Federal Sentencing Reporter* 24, no. 1 (2011) 46-49.

[16] Sari Horwitz; 'Federal prisons keeping mentally ill in solitary confinement for long stretches of time, new report says' Washington Post July 12, 2017 https://www.washingtonpost.com/world/national-security/federal-prisons-

74. The American Psychological Association published an article "Alone in the 'Hole'" probing the mental health effects of solitary confinement.[17] [Exhibit 5] It reported that for most of the 20th century, prisoners' stays in solitary confinement were relatively short. In the last two decades, the United States has seen the rise of the Super Max and now has tens of thousands of inmates locked in small cells 23 to 24 hours a day.[18] [Exhibit 6] Evidence of the decomposition of the mental health of inmates, with pre-existing conditions, as a result of placement in segregation has led to a growing number of states (mostly as a result of litigation) making it illegal to place mentally ill individuals in administrative segregation.

75. As stated in Psychology Today dated January 15, 2018, "The verdict is clear: Solitary confinement causes such severe psychological damage that it is tantamount to torture. Prison systems in other countries such Germany and the Netherlands have found ways to function effectively while greatly restricting its use. We can too. The United States needs to be more humane to the more than two million of its people that are in the U.S. corrective system, and the first step toward doing so is straightforward: stop engaging in torture via solitary confinement."[19] [Exhibit 7]

76. And finally, as stated by the American Friends Service Committee report on solitary confinement, "Prison isolation must end—for the safety of our communities, to respect our responsibility to follow international human rights law, to take a stand against torture wherever it occurs, and for the sake of our common humanity."[20]

V. CONCLUSION

77. It's with good and honest intention the above information is presented to the Court. I've spent nearly four decades involved in this type of work that has shown starkly the realities of

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keeping-mentally-ill-in-solitary-confinement-for-long-stretches-of-time-new-report-says/2017/07/12/0668a3f4-6717-11e7-9928-22d00a47778f_story.html

[17] Kirsten Weir, 'Alone in the Hole' May, 2012, Volume 43, No. 5

[18] Dr. Jeffrey Metzner, clinical professor of psychiatry Univ. of Colorado School of Medicine and Jamie Fellner, senior advisor with the Human Rights Watch. Solitary Confinement and Mental Illnesses in US Prisons (Journal of the American Academy of Psychiatry and the Law, 2010)

[19] https://www.psychologytoday.com/us/blog/almost-addicted/201801/solitary-confinement-torture-pure-and-simple

[20] https://www.afsc.org/resource/solitary-confinement-facts

the prison system, particularly for someone in Mr. Assange's position.

Joel A. Sickler

Joel A. Sickler

Founder

Justice Advocacy Group, LLC

Alexandria, VA

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