

# UK JUDGE REFUSES TO EXTRADITE JULIAN ASSANGE ON HUMANITARIAN GROUNDS [UPDATE WITH BAIL DENIAL]

Update: On Wednesday, Baraitser denied Assange bail while the US appeals based largely on the fact that he jumped bail the last time he was trying to avoid extradition. Assange's team tried to make the case that COVID should get him released but provided Baraitser different numbers than the official ones.

UK judge Vanessa Baraitser has just released her ruling on Julian Assange's extradition. While she found for the prosecution on all substantive legal issues, she found that Julian Assange was suicidal and extradition to what would almost certainly be confinement under Special Administrative Measures in the US would likely lead to his suicide.

Mr. Assange faces the bleak prospect of severely restrictive detention conditions designed to remove physical contact and reduce social interaction and contact with the outside world to a bare minimum. He faces these prospects as someone with a diagnosis of clinical depression and persistent thoughts of suicide. Whilst I found Professor Fazel's approach to risk to be helpful, I accepted Professor Kopelman's view that statistics and epidemiology take you only so far. As he puts it, whether the evaluation of risk is "high" or "very high" the risk is one which is "very real".

Seventhly, notwithstanding the strong and constant support he receives from

his family and friends, Mr. Assange has remained either severely or moderately clinically depressed throughout his detention at HMP Belmarsh. He has remained on an ACCT, the care planning process for prisoners identified as being at risk of suicide or self-harm, since his arrival at HMP Belmarsh, aside from a brief period at the end of December 2019. His prison medical notes record numerous occasions on which he had told the In-Reach prison psychologist, Dr. Corson, and other medical staff (for example a prison nurse) that he had suicidal or self-harming thoughts, felt despairing or hopeless and had made plans to end his life. He has made frequent requests for access to the prison's Samaritans phone. On 5 May 2019, half of a razor blade was found in his cell, inside a cupboard and concealed under some underwear. Shortly after this, on 19 May 2019, an ACCT review stated that Mr. Assange was finding it hard to control the thoughts of self-harm and suicide. In the healthcare wing, concerns about his health and his suicidality led to a plan for him to be monitored with observations nocturnal checks. Mr. Assange is prescribed anti-depressants (citalopram and mirtazapine) and a low dose of quetiapine (used as an anti-depressant, mood stabiliser or anti-psychotic, with a mildly sedating effect in low doses). I accept that there are entries in the notes which indicate a much better mood and lighter spirits at times, however the overall impression is of a depressed and sometimes despairing man, who is genuinely fearful about his future.

For all of these reasons I find that Mr. Assange's risk of committing suicide, if an extradition order were to be made, to be substantial.

[snip]

I am satisfied that, if he is subjected to the extreme conditions of SAMs, Mr. Assange's mental health will deteriorate to the point where he will commit suicide with the "*single minded determination*" described by Dr. Deeley.

This outcome was always the most likely way Assange would be able to avoid extradition, and in many ways it is the most just. It means that the good things that Assange has done – in helping expose American human rights abuses – were also the reason he avoided extradition.

Unless I missed it, she has yet to rule whether she'll let Assange out on bail while the US appeals.

Update: Assange's lawyers will submit a bail application for him on Wednesday, and the US government has immediately asked for an appeal.