

Concerns of medical doctors about the plight of Mr Julian Assange

Open letter to the UK Home Secretary Priti Patel and Shadow Home Secretary Diane Abbott

We write this open letter, as medical doctors, to express our serious concerns about the physical and mental health of Julian Assange. Our professional concerns follow publication recently of the harrowing eyewitness accounts of Craig Murray and John Pilger of the case management hearing on Monday 21 October 2019 at Westminster Magistrates Court. The hearing related to the upcoming February 2020 hearing of the request by the US government for Mr Assange's extradition to the US in relation to his work as a publisher of information, including information about alleged crimes of the US government.

Our concerns were further heightened by the publication on 1 November 2019 of a further report of Nils Melzer, the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, in which he stated: 'Unless the UK urgently changes course and alleviates his inhumane situation, Mr Assange's continued exposure to arbitrariness and abuse may soon end up costing his life.'

Having entered the Ecuadorian Embassy in London on 19 June 2012, Mr Assange sought and was granted political asylum by the Ecuadorian government. On 11 April 2019, he was removed from the Embassy and arrested by the Metropolitan Police. He was subsequently detained in Belmarsh maximum security prison, in what Mr Melzer described as 'oppressive conditions of isolation and surveillance.'

During the seven years spent in the Embassy in confined living conditions, Mr Assange was visited and examined by a number of experts each of whom expressed alarm at the state of his health and requested that he be allowed access to a hospital. No such access was permitted. Mr Assange was unable to exercise his right to free and necessary expert medical assessment and treatment throughout the seven-year period.

A chronology, based on information available to the public, of relevant visits, events and reports from a medical perspective follows:

- On 31 July 2015, a dentist reported that Mr Assange’s ‘upper right first premolar (UR4) tooth had fractured along with the filling that was in it and the dental pulp of the tooth was exposed’ and ‘that failure to treat this promptly would lead to infection of the root leading to a dental abscess and pain.’ The dentist advised ‘saving this tooth would require root canal treatment’, however, ‘due to the specialised equipment and radiographic requirements this treatment could not be completed in the domiciliary setting.’ ‘Extraction of the tooth’ was identified as ‘another option but [...] it may need a surgical extraction.’ This was ‘not recommended in a domiciliary setting especially as we would need preoperative radiographs to assess the root shape and the proximity of the root to the floor of the maxillary sinus. Extractions in this area carry a risk of creating a communication between the mouth and the sinus which could need surgical closure hence radiographs would be essential to assess this risk.’ The dentist ‘advised Mr Assange he should seek treatment in a clinical setting to prevent further progression of his symptoms as soon as possible.’¹
- On 4 December 2015, an opinion of the United Nations Working Group on Arbitrary Detention (UNWGAD) was formally adopted and it was published on 5 February 2016. It concluded that Mr Assange was being arbitrarily detained by the governments of the UK and Sweden. Crucially, it was made clear at the time that any continued arbitrary detention of Mr Assange would constitute torture. The group concluded that ‘the Embassy of Ecuador in London is far less than a house or detention centre equipped for prolonged pretrial detention and lacks appropriate and necessary medical equipment or facilities — it is valid to assume, after five years of deprivation of liberty, that Mr Assange’s health could have deteriorated to such a level that anything more than a superficial illness would put his health at a serious risk, and he was denied access to a medical institution for a proper diagnosis, including a magnetic resonance imaging test.’²
- On 8 December 2015, a doctor who saw Mr Assange reported: ‘progressive inflammation and stiffness affecting his right shoulder. This

¹ Dr [Redacted], BChD MFGDP(UK) MSc, Dental Surgeon, carried out an emergency dental appointment at the Embassy on 8 May 2015: <https://file.wikileaks.org/file/cms/Dentist%20report%20310715.pdf>

² Opinions adopted by the Working Group on Arbitrary Detention at its seventy-fourth session, 30 November-4 December 2015, Opinion No. 54/2015 concerning Julian Assange (Sweden and the United Kingdom of Great Britain and Northern Ireland): <http://www.ohchr.org/Documents/Issues/Detention/A.HRC.WGAD.2015.docx>
<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17012&LangID=E>

requires an MRI scan to determine the exact diagnosis in order to inform a suitably qualified physiotherapist as to how best to treat him in an appropriately equipped medical facility. His current circumstances significantly compromise the ability to satisfactorily investigate and treat him.³ Mr Assange was refused access to a hospital by the Foreign and Commonwealth Office.⁴

- On 11 December 2015, a further doctor, a trauma and psychosocial expert, reported: ‘Mr Assange scored 15 out of 20 on the Patient Health Questionnaire [...] a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression. [...] A score of 15 indicates that Mr Assange suffers from Major Depression (moderately severe)’; ‘At a minimum, it is recommended that his urgent medical complaints regarding the pain in his shoulder be investigated with appropriate equipment’; ‘The Embassy is not a medical setting. The only way Mr Assange can access either urgent medical care or investigations would be to place himself in the hands of the British authorities. Mr Assange is in an invidious position of having to decide between his physical health and the risk of being extradited to the United States. His inability to access proper medical care and assessment – without placing himself into the hands of the authorities – transforms each physical complaint no matter how simple into something that could have catastrophic consequences either for his health or his liberty. He lives in a state of chronic health insecurity’; and ‘The unusual circumstances place Mr Assange in a precarious situation. The effects of the situation on Mr Assange’s health and well-being are serious and the risks will most certainly escalate with the potential to becoming life threatening if current conditions persist.’⁵
- In October 2017, Doctors Sondra S. Crosby, Brock Chisholm and Sean Love visited Mr Assange.⁶ The group examined him for 20 hours over

³ Dr [Redacted] MA MB BChir DCH MRCGP assessed Mr Assange on 12 August 2015 and 2 December 2015: <https://file.wikileaks.org/file/cms/Medical.pdf>

⁴ <https://www.theguardian.com/media/2015/oct/15/ecuador-asks-britain-to-allow-julian-assange-safe-passage-for-mri-scan>; <https://www.theguardian.com/uk-news/2015/oct/15/julian-assange-shoulder-pain-mri-scan-embassy-metropolitan-police>; <https://www.telegraph.co.uk/news/wikileaks-files/11932732/Wikileaks-Julain-Assange-refused-safe-passage-for-MRI-scan.html>

⁵ Dr [Redacted], Trauma and Psychosocial Expert, interviewed Mr Assange on five occasions between June 2014 and June 2015, and interviewed Mr Assange on two further occasions to validate previous findings: <https://file.wikileaks.org/file/cms/Psychosocial%20Medical%20Report%20December%202015.pdf>

⁶ Dr Sean Love is a Resident Physician in Anaesthesiology and an Adult Critical Care Medicine Fellow at the Johns Hopkins University School of Medicine. Dr Sondra S Crosby is a medical doctor and Professor of Medicine at Boston University, specialising in internal medicine. She is also a faculty member of the Health Law,

three days.⁷ In an article for the Guardian published on 24 January 2018 they wrote: ‘We examined Julian Assange, and he badly needs care – but he can’t get it’; ‘We call on the British Medical Association and colleagues in the UK to demand safe access to medical care for Mr Assange and to oppose openly the ongoing violations of his human right to healthcare.’⁸

- On 19 June 2018, Dinah PoKempner, General Counsel at Human Rights Watch, stated: ‘Concern is growing over his access to medical care. His asylum is growing more and more difficult to distinguish from detention. The UK has the power to resolve concerns over his isolation, health, and confinement by removing the threat of extradition for publishing newsworthy leaks.’⁹
- On 22 June 2018, Dr Sean Love, who over the course of the previous year had visited Mr Assange several times at the Ecuadorian embassy, reiterated his concerns regarding Mr Assange’s health and repeated his call in the British Medical Journal for him to be given access to healthcare.¹⁰ Dr Love wrote that ‘Assange’s detention continues to cause a precipitous deterioration in his overall condition’ and that ‘Because of his health issues, in 2015, Ecuadorian authorities requested that he be permitted humanitarian safe passage to a hospital in London; however, this was denied by the UK.’ Dr Love stated that ‘To this day, Assange remains unable to access hospital based diagnostic testing and treatment—even for a medical emergency. In effect, he has gone without proper access to care for the duration of his six years in confinement.’
- On 21 December 2018, the United Nations Working Group on Arbitrary Detention (UNWGAD) issued a further statement opposing the continued unlawful detention of Mr Assange: ‘States that are based

Bioethics and Human Rights department at the Boston University School of Public Health. Dr Brock Chisholm is a Consultant Clinical Psychologist with a degree in Psychology, a Masters in Psychological Research Methods and a Doctorate in Clinical Psychology and extensive experience in working with victims of trauma.

⁷ <https://www.theguardian.com/media/2018/jan/24/julian-assanges-health-in-dangerous-condition-say-doctors>; <https://www.theguardian.com/commentisfree/2018/jan/24/julian-assange-care-wikileaks-ecuadorian-embassy>; https://blogs.bmj.com/bmj/2018/06/22/sean-love-access-medical-care-must-guaranteed-julian-assange/#_ftn1

⁸ <https://www.theguardian.com/commentisfree/2018/jan/24/julian-assange-care-wikileaks-ecuadorian-embassy>

⁹ <https://www.hrw.org/news/2018/06/19/uk-should-reject-extraditing-julian-assange-us>

¹⁰ <https://blogs.bmj.com/bmj/2018/06/22/sean-love-access-medical-care-must-guaranteed-julian-assange/>

upon and promote the rule of law do not like to be confronted with their own violations of the law, that is understandable. But when they honestly admit these violations, they do honour the very spirit of the rule of law, earn enhanced respect for doing so, and set worldwide commendable examples.’ It added: ‘The WGAD is further concerned that the modalities of the continued arbitrary deprivation of liberty of Mr Assange is undermining his health, and may possibly endanger his life given the disproportionate amount of anxiety and stress that such prolonged deprivation of liberty entails.’¹¹

- On 5 April 2019, Nils Melzer, the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, issued a statement following reports that Mr Assange may soon be expelled from the Ecuadorian Embassy. He said, ‘According to information I have received, Mr Assange is at risk of extreme vulnerability, and his health is in serious decline. I therefore appeal to the Ecuadorian authorities to continue to provide him, to the fullest extent possible in the circumstances, with adequate living conditions and access to appropriate medical care.’¹² On 11 April 2019, Mr Assange was expelled from the Embassy and arrested by the Metropolitan Police.
- On 1 May 2019, Mr Assange was described as suffering from ‘moderate to severe depression’ at a hearing at Southwark Crown Court at which he was sentenced to 50 weeks imprisonment for a bail infringement dating back to 2012.¹³
- On 3 May 2019, the UN Working Group on Arbitrary Detention issued a statement noting it was ‘deeply concerned’ over Assange’s 50 weeks imprisonment. ‘The Working Group regrets that the Government has not complied with its Opinion and has now furthered the arbitrary deprivation of liberty of Mr Assange.’¹⁴
- On 9 May 2019, Mr Melzer, the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, visited Belmarsh prison accompanied by two medical experts, with special expertise in assessing victims of torture. This involved a 60-minute

¹¹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24042>

¹² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24454&LangID=E>

¹³ <https://www.express.co.uk/life-style/health/1121387/julian-assange-depression-symptoms-mental-health-treatment>

¹⁴ <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24552&LangID=E>

conversation with Mr Assange, an hour-long physical examination and a two-hour psychiatric examination.

- On 23 May 2019, the US government brought charges under the Espionage Act of 1917 against Mr Assange for his publishing activities on behalf of WikiLeaks. On 29 May 2019, Mr Assange was moved to the ‘hospital wing’ at Belmarsh prison following a reported significant deterioration in his health. On 30 May 2019, Mr Assange was too unwell to appear in court, even via video link, for a preliminary extradition hearing.¹⁵ It should be noted that the medical facilities and staffing at Belmarsh prison ‘hospital wing’ have never been divulged to the public.
- On 31 May 2019, Mr Melzer, the UN Special Rapporteur on Torture, reported on his 9 May 2019 visit to Mr Assange, ‘we all came to the conclusion that he showed all the symptoms that are typical for a person that has been exposed to psychological torture over an extended period of time.’¹⁶
- On 22 October 2019, Craig Murray, a former British Ambassador, published a detailed and shocking eye witness account of Mr Assange’s hearing the previous day, stating that he ‘exhibited exactly the symptoms of a torture victim.’¹⁷ His report was corroborated by the eyewitness account of John Pilger, the renowned investigative journalist and filmmaker.¹⁸
- On 1 November 2019, UN Special Rapporteur on Torture Nils Melzer reiterated his alarm at the continued deterioration of Julian Assange’s health since his arrest and detention earlier this year, saying his life was now at risk. Mr Melzer said, ‘What we have seen from the UK Government is outright contempt for Mr Assange’s rights and integrity,’ and ‘Despite the medical urgency of my appeal, and the seriousness of the alleged violations, the UK has not undertaken any measures of investigation, prevention and redress required under international law.’ Mr Melzer concluded: ‘Unless the UK urgently changes course and

¹⁵ <https://metro.co.uk/2019/05/30/wikileaks-grave-concerns-julian-assange-moved-prison-hospital-9738883/>; <https://www.theguardian.com/media/2019/may/30/julian-assange-too-ill-appear-court-via-video-link-lawyers-say>; <https://news.sky.com/story/julian-assange-moved-to-medical-wing-in-belmarsh-prison-over-significantly-deteriorated-health-11731364>

¹⁶ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24665>

¹⁷ <https://www.craigmurray.org.uk/archives/2019/10/assange-in-court/>

¹⁸ <https://youtu.be/GLXzudMCyM4>

alleviates his inhumane situation, Mr Assange's continued exposure to arbitrariness and abuse may soon end up costing his life.'¹⁹

Medical doctors have a professional duty to report suspected torture of which they become aware, wherever it may be occurring. That professional duty is absolute and must be carried out regardless of risk to reporting doctors. We wish to put on record, as medical doctors, our collective serious concerns and to draw the attention of the public and the world to this grave situation.

The World Health Organisation Constitution of 1946 envisages 'the highest attainable standard of health as a fundamental right of every human being.'²⁰ We are indebted to those who have sought to uphold this right in the case of Mr Assange.

From a medical point of view, on the evidence currently available, we have serious concerns about Mr Assange's fitness to stand trial in February 2020. Most importantly, it is our opinion that Mr Assange requires urgent expert medical assessment of both his physical and psychological state of health. Any medical treatment indicated should be administered in a properly equipped and expertly staffed university teaching hospital (tertiary care). Were such urgent assessment and treatment not to take place, we have real concerns, on the evidence currently available, that Mr Assange could die in prison. The medical situation is thereby urgent. There is no time to lose.

¹⁹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25249&LangID=E>

²⁰ <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

APPENDIX

The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Nils Melzer, visited Mr Assange in Belmarsh Prison on 9 May 2019, over six months ago. Mr Melzer was accompanied by two medical experts specialised in examining victims of torture and other ill-treatment. The team was able to speak with Mr Assange in confidence and to conduct a thorough medical assessment.

Mr Melzer's report was published on 31 May 2019:

‘It was obvious that Mr Assange’s health has been seriously affected by the extremely hostile and arbitrary environment he has been exposed to for many years,’ the expert said. ‘Most importantly, in addition to physical ailments, Mr Assange showed all symptoms typical for prolonged exposure to psychological torture, including extreme stress, chronic anxiety and intense psychological trauma.

‘The evidence is overwhelming and clear,’ the expert said. ‘Mr Assange has been deliberately exposed, for a period of several years, to progressively severe forms of cruel, inhuman or degrading treatment or punishment, the cumulative effects of which can only be described as psychological torture.

‘In 20 years of work with victims of war, violence and political persecution I have never seen a group of democratic States ganging up to deliberately isolate, demonise and abuse a single individual for such a long time and with so little regard for human dignity and the rule of law,’ Mr Melzer said. ‘The collective persecution of Julian Assange must end here and now!’

Report of Nils Melzer, dated 31 May 2019:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24665>

In his annual report on 14 October 2019 to the Seventy-fourth session of the UN General Assembly in New York, Mr Melzer stated: ‘Further, I would like to thank the Government of the United Kingdom for having facilitated my visit to Mr Julian Assange in Belmarsh Prison in London in May 2019, including his examination by two experienced medical experts. Although Mr Assange showed a pattern of symptoms typical for long-term exposure to psychological torture, I regret to report that none of the concerned States have agreed to

investigate or redress their alleged involvement in his abuse as required of them under human rights law.’

Report of Nils Melzer to the Seventy-fourth session of the UN General Assembly on 14 October 2019:

<https://peds-ansichten.de/wp-content/uploads/2019/11/FinalSRTStatementGA14Oct-2019.pdf>

Eyewitness account of Craig Murray (former British Ambassador) of events at Westminster Magistrates Court on Monday 21 October 2019:

<https://www.craigmurray.org.uk/archives/2019/10/assange-in-court/>

Eyewitness account of John Pilger (investigative journalist) of events at Westminster Magistrates Court on Monday 21 October 2019:

<https://www.youtube.com/watch?v=GLXzudMCyM4>

Report of Nils Melzer, dated 5 April 2019:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24454&LangID=E>

Report of Nils Melzer, dated 1 November 2019:

<https://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25249&LangID=E>

Addendum

It is noteworthy that three of the medical practitioners, from whose reports we have drawn, are unidentified, their names having been redacted. In this context, a telling passage from the 26 page report of the psychological expert dated 11 December 2015 offers an insight into the climate of fear and intimidation surrounding the provision of medical care to Mr Assange. On page 20 of the report, under the heading 'Medical Practitioners' Concerns regarding examining and treating Mr Assange at the Embassy', the unnamed psychological expert noted:

'One of Mr Assange's colleagues commented that there had been many difficulties in finding medical practitioners who were willing to examine Mr Assange in the Embassy. The reasons given were uncertainty over whether medical insurance would cover the Embassy (a foreign jurisdiction); whether the association with Mr Assange could harm their livelihood or draw unwanted attention to them and their families; and discomfort regarding exposing this association when entering the Embassy. One medical practitioner expressed concern to one of the interviewees after the police taking notes of his name and the fact that he was visiting Mr Assange. One medical practitioner wrote that he agreed to produce a medical report only on condition that his name not be made available to the wider public, fearing repercussions.'²¹

It is likely that the aforementioned climate of fear and intimidation severely compromised the medical care available to Mr Assange, even within the Embassy, and given all the other concerns surrounding the extraordinary treatment of Mr Assange it is difficult to conclude other than that the creation of that climate of fear and intimidation was deliberate. If it was deliberate, we as medical doctors condemn such behaviour as reckless, dangerous and cruel. That all this has been played out in the heart of London for many years is a source of great sadness and shame to many of us.

²¹ Dr [Redacted], Trauma and Psychosocial Expert, interviewed Mr Assange on five occasions between June 2014 and June 2015, and interviewed Mr Assange on two further occasions to validate previous findings: <https://file.wikileaks.org/file/cms/Psychosocial%20Medical%20Report%20December%202015.pdf>.

Signed:

Dr Mariagiulia Agnoletto MD Specialist in Psychiatry ASST Monza San Gerardo Hospital, Monza (Italy)

Dr Vittorio Agnoletto MD Università degli Studi di Milano Statale, Milano (Italy)

Dr Sonia Allam MBChB FRCA Consultant in Anaesthesia and Pre-operative Assessment, Forth Valley Royal Hospital, Scotland (UK)

Dr Norbert Andersch MD MRCPsych Consultant Neurologist and Psychiatrist, South London and Maudsley NHS Foundation Trust (retired); Lecturer in Psychopathology at Sigmund Freud Private University, Vienna-Berlin-Paris (Germany and UK)

Dr Marianne Beaucamp MD Fachärztin (Specialist) in Neurology & Psychiatry Psychoanalyst and Psychotherapist (retired), Munich (Germany)

Dr Thed Beaucamp MD Fachärztin (Specialist) in Neurology, Psychiatry & Psychosomatic Medicine Psychoanalyst and Psychotherapist (retired), Munich (Germany)

Dr Margaret Beavis MBBS FRACGP MPH General Medical Practitioner (Australia)

Dr David Bell Consultant Psychiatrist and Psychoanalyst, Tavistock and Portman NHS Foundation Trust, London (UK)

Mr Patrick John Ramsay Boyd (signed John Boyd) MRCS LRCP MBBS FRCS FEBU Consultant Urologist (retired) (UK)

Dr Hannah Caller MBBS DCH Paediatrician, Homerton University Hospital, London (UK)

Dr Franco Camandona MD Specialist in Obstetrics & Gynaecology E.O. Ospedali Galliera, Genova (Italy)

Dr Sylvia Chandler MBChB MRCGP BA MA General Medical Practitioner (retired) (UK)

Dr Marco Chiesa MD FRCPsych Consultant Psychiatrist and Visiting Professor,
University College London (UK)

Dr Carla Eleonora Ciccone MD Specialist in Obstetrics & Gynaecology AORN
MOSCATI, Avellino (Italy)

Dr Owen Dempsey MBBS BSc MSc PhD General Medical Practitioner (retired)
(UK)

Dr H R Dhammika MBBS Medical Officer, Dehiattakandiya Base Hospital,
Dehiattakandiya (Sri Lanka)

Dr Tim Dowson MBChB MRCGP MSc MPhil Specialised General Medical
Practitioner in Substance Misuse, Leeds (UK)

Miss Kamilia El-Farra MBChB FRCOG MPhil (Medical Law and Ethics)
Consultant Gynaecologist, Essex (UK)

Dr Beata Farmanbar MD General Medical Practitioner (Sweden)

Dr Tomasz Fortuna MD RCPsych (affiliated) Forensic Child and Adolescent
Psychiatrist, Adult Psychotherapist and Psychoanalyst, British Psychoanalytical
Society and Tavistock and Portman NHS Foundation Trust, London (UK)

Dr C Stephen Frost BSc MBChB Specialist in Diagnostic Radiology (Stockholm,
Sweden) (UK and Sweden)

Dr Peter Garrett MA MD FRCP Independent writer and humanitarian
physician; Visiting Lecturer in Nephrology at the University of Ulster (UK)

Dr Rachel Gibbons MBBS BSc MRCPsych. M.Inst.Psychoanal. Mem.Inst.G.A
Consultant Psychiatrist (UK)

Dr Bob Gill MBChB MRCGP General Medical Practitioner (UK)

Elizabeth Gordon MS FRCS Consultant Surgeon (retired); Co-founder of
Freedom from Torture (UK)

Professor Derek A. Gould MBChB MRCP DMRD FRCR Consultant Interventional Radiologist (retired): BSIR Gold Medal, 2010; over 110 peer-reviewed publications in journals and chapters (UK)

Dr Jenny Grounds MD General Medical Practitioner, Riddells Creek, Victoria; Treasurer, Medical Association for Prevention of War, Australia (Australia)

Dr Paul Hobday MBBS FRCGP DRCOG DFSRH DPM General Medical Practitioner (retired) (UK)

Mr David Jameson-Evans MBBS FRCS Consultant Orthopaedic and Trauma Surgeon (retired) (UK)

Dr Bob Johnson MRCPsych MRCGP Diploma in Psychotherapy Neurology & Psychiatry (Psychiatric Institute New York) MA (Psychol) PhD (Med Computing) MBCS DPM MRCS Consultant Psychiatrist (retired); Formerly Head of Therapy, Ashworth Maximum Security Hospital, Liverpool; Formally Consultant Psychiatrist, Special Unit, C-Wing, Parkhurst Prison, Isle of Wight (UK)

Dr Lissa Johnson BA BSc(Hons, Psych) MPsych(Clin) PhD Clinical Psychologist (Australia)

Dr Anna Kacperek MRCPsych Consultant Child and Adolescent Psychiatrist, London (UK)

Dr Jessica Kirker MBChB DipPsychiat MRCPsych FRANZCP MemberBPAS Psychoanalyst and Consultant Medical Psychotherapist (retired) (UK)

Dr Willi Mast MD Facharzt für Allgemeinmedizin, Gelsenkirchen (Germany)

Dr Janet Menage MA MBChB General Medical Practitioner (retired); qualified Psychological Counsellor; author of published research into Post-Traumatic Stress Disorder (UK)

Professor Alan Meyers MD MPH Emeritus Professor of Paediatrics, Boston University School of Medicine, Boston, Massachusetts (USA)

Dr Salique Miah BSc MBChB FRCEM DTM&H ARCS Consultant in Emergency Medicine, Manchester (UK)

Dr David Morgan DClinPsych MSc Fellow of British Psychoanalytic Society
Psychoanalyst, Consultant Clinical Psychologist and Consultant Psychotherapist
(UK)

Dr Helen Murrell MBChB MRCPG General Medical Practitioner, Gateshead
(UK)

Dr Alison Anne Noonan MBBS (Sydney) MD (Rome) MA (Sydney) ANZSJA IAAP
AAGP IAP Psychiatrist, Psychoanalyst, Specialist Outreach Northern Territory,
Executive Medical Association for Prevention of War (NSW) (Australia)

Dr Alison Payne BSc MBChB DRCOG MRCPG prev FRNZGP General Medical
Practitioner, Coventry; special interest in mental health/trauma and refugee
health (UK)

Dr Peter Pech MD Specialist in Diagnostic Radiology (sub-specialty Paediatric
Radiology), Akademiska Sjukhuset (Uppsala University Hospital), Uppsala
(Sweden)

Dr Tomasz Pierscionek MRes MBBS MRCPsych PGDip (UK)

Professor Allyson M Pollock MBChB MSc FFPH FRCGP FRCP (Ed) Professor of
Public Health, Newcastle University (UK)

Dr Abdulsatar Ravalia FRCA Consultant Anaesthetist (UK)

Dr. med. Ullrich Raupp MD Specialist in Psychotherapy, Child Psychiatry and
Child Neurology; Psychodynamic Supervisor (DGSv) Wesel, Germany
(Germany)

Mr John H Scurr BSc MBBS FRCS Consultant General and Vascular Surgeon,
University College Hospital, London (UK)

Dr Peter Shannon MBBS (UWA) DPM (Melb) FRANZCP Adult Psychiatrist
(retired) (Australia)

Dr Gustaw Sikora MD PhD F Inst Psychoanalysis Fellow of British Psychoanalytic
Society Specialist Psychiatrist (diploids obtained in Poland and registered in
the UK); Psychoanalyst; currently in private practice (UK and Poland)

Dr Wilhelm Skogstad MRCPsych BPAS IPA Psychiatrist & Psychoanalyst,
London, United Kingdom (UK and Germany)

Dr John Stace MBBS (UNSW) FRACGP FACRRM FRACMA MHA (UNSW) Country
Doctor (retired), Perth (Australia)

Dr Derek Summerfield BSc (Hons) MBBS MRCPsych Honorary Senior Clinical
Lecturer, Institute of Psychiatry, Psychology & Neuroscience, King's College
London (UK)

Dr Rob Tandy MBBS MRCPsych Consultant Psychiatrist in Psychotherapy &
Psychoanalyst; Unit Head, Psychoanalytic Treatment Unit, Tavistock and
Portman, London; City & Hackney Primary Care Psychotherapy Consultation
Service, St Leonard's Hospital, London (UK)

Dr Noel Thomas MA MBChB DCH DobsRCOG DTM&H MFHom General Medical
Practitioner; homeopath; has assisted on health/education projects in six
developing countries Maesteg, Wales (UK)

Dr Philip Thomas MBChB DPM MPhil MD Formerly Professor of Philosophy
Diversity & Mental Health, University of Central Lancashire; Formally
Consultant Psychiatrist (UK)

Dr Gianni Tognoni MD Istituto Mario Negri, Milano (Italy)

Dr Sebastião Viola Lic Med MRCPsych Consultant Psychiatrist, Cardiff (UK)

Dr Peter Walger MD Consultant, Infectious Disease Specialist, Bonn-
Duesseldorf-Berlin (Germany)

Dr Sue Wareham OAM MBBS General Medical Practitioner (retired)
(Australia)

Dr Eric Windgassen MRCPsych PGDipMBA Consultant Psychiatrist (retired)
(UK)

Dr Pam Wortley MBBS MRCPG General Medical Practitioner (retired),
Sunderland (UK)

Dr Matthew Yakimoff BOralH (DSc) GDipDent General Dental Practitioner (Australia)

Dr Rosemary Yuille BSc (Hons Anatomy) MBBS (Hons) General Medical Practitioner (retired), Canberra (Australia)

Dr Felicity de Zulueta Emeritus Consultant Psychiatrist in Psychotherapy, South London and Maudsley NHS Foundation Trust; Honorary Senior Clinical Lecturer in Traumatic Studies, King's College London (UK)

Dr Paquita de Zulueta MBBChir MA (Cantab) MA (Medical Law & Ethics) MRCP FRCGP PGDipCBT CBT Therapist and Coach; Senior Tutor Medical Ethics; Honorary Senior Clinical Lecturer, Dept of Primary Care & Population Health, Imperial College London (UK)