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CASE 13.866

REPORT ON THE MERITS (PUBLICATION)

SARAH LYN LANGTON AND FAMILY
VENEZUELA

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I. SUMMARY

1. On April 19, 2011, the Inter-American Commission on Human Rights (hereinafter “the Inter-American Commission”, “the Commission” or “the IACHR”) received a petition from the non-governmental organization REDRESS (hereinafter “the petitioners”) alleging the international responsibility of the Bolivarian Republic of Venezuela (hereinafter “the Venezuelan State”, “the State” or “Venezuela”) to the detriment of Sarah Lyn Langton, Terry Langton and Lyn Langton, nationals of the United Kingdom of Great Britain and Northern Ireland.

2. The Commission approved Admissibility Report No. 189/19 on December 5, 2019. On December 26, 2019, the Commission notified the parties of that report and put itself at their disposal with a view to reaching a friendly settlement. The parties were allowed time, in accordance with regulations, to submit additional observations on the merits. The State submitted no observations in this regard. All information received was duly relayed between the parties.

II. POSITION OF THE PARTIES

A. Position of the petitioners

3. The petitioners claim that on August 8, 2000, Sarah Lyn Langton, a British national, was convicted for drug trafficking in Venezuela and then imprisoned at the National Institute of Female Orientation (INOF), in the state of Miranda, Venezuela. They state that Sarah suffered type 1 diabetes mellitus and, thus, she was insulin dependent.

4. They point out that on March 6, 2001, at 4.15 p.m., the alleged victim suffered a hypoglycemia attack, and between 5.30 p.m. and 7.00 p.m., she was transferred to the Victorino Santaella General Hospital in Los Teques due to a drop in her blood sugar levels. They argue that at 7.45 p.m. of the same day, the alleged victim was discharged without a formal diagnosis, and that there was no medical staff on duty at the prison that could assist her at the moment.

5. Moreover, they state that the next day, at 3.30 p.m., while she was in her cell, she began to convulse and fainted, and thus was unable to administer herself a dose of insulin or any other drug that would stabilize her. At the same time, they claim that the insulin was in the fridge located at the main office of the penitentiary, which the alleged victim had no access to. They state that INOF authorities called the fire brigade, which arrived in an ambulance one hour later, and that the penitentiary staff took more than two hours to get her to the ambulance.

6. The petitioners argue that when the emergency arose, “there were no doctors or ad hoc personnel with the capacity to address medical needs in cases of emergency at the INOF,” given that the chief doctor of the INOF’s medical service, who was also supposed to be on duty at the adult section at that moment, was at a conference in Colombia, and that the prison captain that had authorized the absence of the doctor was at the same conference. They also claim that none of them had taken any measures to make sure there was a working medical service at the prison while they were away. The petitioners allege that although Dr. Luis Eduardo Mota Acosta and Dr. Migdalia Coromoto Galavis Carvajal were present at the INOF at the time of the facts and had been notified of the situation, they did not assist the alleged victim due to an alleged expressed prohibition to access the adult section, since they were in charge of the pediatrics section of the prison.

7. The petitioners affirm that, approximately at 6.00 p.m. that same day, the alleged victim was transferred to the Victorino Santaella General Hospital in “a critical condition, with profuse perspiration, fluctuating between semi-unconsciousness and unconsciousness, her body cold, extremely pale, suffering hypoglycemia,” so the doctors ordered her transfer to the intensive care unit. However, since there were no beds available, she had to remain in the hall of the hospital. The petitioners argue that Sarah did not receive medical assistance at least until 11.00 p.m.

8. They claim that, according to a note from the General Directorate of Custody and Rehabilitation of Inmates dated March 11, 2001, her attending physician had stated that the alleged victim was in a very critical health condition and had to be taken to the intensive care unit, but that there were no appropriate medical instruments available at the hospital, which is why her defense attorney had interceded to get a transfer to a private medical center with the authorization of the INOF's director.

9. In addition, the petitioners claim that the alleged victim arrived at the San Bernardino Medical Institute in Caracas at 4.00 a.m. on March 8, but that the institute's authorities left her inside the ambulance until the administrative procedure required to admit her was completed, and that they requested a deposit of over ten thousand American dollars via the copy of Mr. Langton's credit card, who was in the United Kingdom. They argue that Sarah was admitted to the intensive care unit at 9.00 a.m., already in a diabetic coma, and that she later died at the institute at 11.45 p.m. on March 13, 2001, due to anoxic encephalopathy and type 1 diabetes mellitus, without having regained consciousness after her admission.

10. The petitioners claim that Sarah's parents, Terry Langton and Lyn Langton, traveled to Venezuela urgently in order to take care of their daughter, but they were not able to interact with her given her serious condition of permanent unconsciousness, which increased their suffering and sense of powerlessness. They also point out that "the Venezuelan authorities were aware of Sarah's health condition from the moment she was prosecuted" and that Mr. Langton had told the INOF's authorities he was worried about his daughter's health both due to her diabetes and because she was "suffering from some sort of mental disturbance," which had been confirmed by the physicians that had previously treated her in the United Kingdom. The petitioners claim that they had not received confirmation that Sarah had undergone a psychiatric evaluation to determine her mental health condition, and that the British Embassy in Venezuela had been informed of several occasions in which the alleged victim had required hospital assistance because the INOF's authorities had not provided her with her insulin dose in time.

11. With regard to the investigation of the facts and the criminal proceeding, the petitioners allege that on March 7, 2002, citizen Julián Isaías Rodríguez, Attorney General of the Republic, was notified of the facts that had taken place, and on April 30 of that same year, an investigation was opened in accordance with what is set forth in Article 300 of Venezuela's Code of Criminal Procedure. The petitioners point out that two years later, in 2004, the Office of the Attorney General notified Sarah's father that the investigation was in its final stage and that several members of the medical staff of the Victorino Santaella General Hospital and the San Bernardino Institute had been questioned. They also claim that said communication was carried out through letters sent via the British Embassy in Venezuela.

12. The petitioners state that afterwards, between March and November of 2005, different persons were questioned, and that between 2005 and 2007, the physicians involved in the case were charged with negligent homicide or with the crime of abandonment of a child or other incapable person.

13. The petitioners maintain that on July 8, 2008, Migdalia Coromoto Galavis Carvajal and Luis Eduardo Mota Acosta were charged with negligent homicide, and Marianella González de Muños and Eglee del Carmen Ascanio Cadenas were charged with omission of relief. They claim that the preliminary and merits hearings were not held until October 20, 2010, over two years after the accusations, and that on October 29, 2010, the First Instance Court of Control No. 3 of the Criminal Judicial Circuit of the Judicial District of the State of Miranda ruled that the ordinary statute of limitations operated in relation to two of the accused, and that the extraordinary statute of limitations operated in relation to the other two persons accused, since "from March 7, 2001 (the date of the facts) until October 20, 2010 (date of the preliminary hearing), nine years, seven months and twelve days had elapsed, and the limitation had not been extended due to causes attributable to the defendants or to their defense." As a result, the investigation ended with the acquittal of the defendants.

14. The petitioners pointed out that, in total, the investigation remained open for 9 years and 7 months. The authorities were aware of the ordinary and extraordinary statutes of limitations, and still did not act with due diligence over the course of the investigation. During the proceedings, the petitioners stated that the parents of the alleged victim had not received copies of the investigation records, despite having repeatedly requested the information, and that they had been given a copy in English only on February 1, 2011.

15. With regard to the merits of the case, the petitioners allege a violation to the rights to life (Article 4 of the ACHR), to personal integrity (Article 5 of the ACHR), to a fair trial (Article 8 of the ACHR), and to judicial protection (Article 25 of the ACHR), all of them in relation to the general obligation to respect and guarantee rights (Article 1.1) and the obligation to adopt domestic legal effects (Article 2), to the detriment of Sarah Lyn Langton, Terry Langton and Lyn Langton.

B. Position of the State

16. The State did not submit observations regarding the merits of this petition.

III. FINDINGS OF FACTS

17. The Commission recalls that, pursuant to Article 38 of its Rules of Procedure, “[t]he facts alleged in the petition, the pertinent parts of which have been transmitted to the State in question, shall be presumed to be true if the State has not provided responsive information during the maximum period set by the Commission under the provisions of Article 37 of these Rules of Procedure, as long as other evidence does not lead to a different conclusion.” In the instant case, since the State has not contested any of the facts alleged by the petitioners, there is a presumption of truth of the facts. Likewise, the Commission proceeds to the findings of fact in accordance with the information presented in the file.

A. Context and background: Detention conditions at the INOF and medical assistance services for persons deprived of their liberty in Venezuela

18. The National Institute of Female Orientation (INOF) is the only detention facility in Venezuela that is exclusively for women; it is located in Los Teques, state of Miranda. Some non-governmental organizations had pointed to the lack of access to health services at the INOF prior to the death of Sarah Langton, and continued to do so thereafter.¹ In its annual report of 2003, only two years after the facts of the instant case, non-governmental organization PROVEA described a precarious level of assistance in basic health services, mostly with regard to mental health: there was a lack of special programs to treat inmates with severe psychiatric disorders, especially for groups of prisoners who were in a particularly vulnerable situation.²

19. Not only were these problems happening at the INOF: the year of Sarah’s death, the United Nations Human Rights Committee had shown concern over the conditions in prisons and detention facilities in Venezuela.³ Over the last few years, the Commission has repeatedly pronounced its concern over the critical situation that persons deprived of their liberty in Venezuela find themselves in,⁴ stating that “it constitutes one of the most serious situations in the continent.”⁵

20. According to the information accessed by the Commission, the situation of the INOF’s inmates has not improved since the time of the facts, and it is especially serious at the moment.⁶ For example, in its last report, of 2021, the Venezuelan Observatory of Prisons warned that conditions at the INOF are of prevailing

¹ PROVEA. Annual Report 2002-2003. Derechos de las personas detenidas y encarceladas, p. 409, available at: https://provea.org/wp-content/uploads/009_derecho_de_las_personas_detenidas_y_encarceladas-1.pdf

² PROVEA. Annual Report 2002-2003. Derechos de las personas detenidas y encarceladas, p. 409, available at: https://provea.org/wp-content/uploads/009_derecho_de_las_personas_detenidas_y_encarceladas-1.pdf

³ Human Rights Committee, Concluding Observations of the Human Rights Committee, April 26, 2001, CCPR/CO/71/VEN, para. 11.0

⁴ IACHR, Annual Reports 2019 (paras. 123-133), 2018 (paras. 171-182), 2017 (paras. 388-399), 2016 (paras. 202-212), 2015 (paras. 319-328), 2014 (paras. 606-614), 2013 (paras. 697-705), 2012 (paras. 535-549), 2011 (paras. 510-521), 2010 (paras. 700-707), 2009 (paras. 510-512), 2008 (paras. 424-436), 2007 (paras. 303-3011), 2006 (paras. 190-204), 2005 (paras. 316-322) and 2004 (paras. 258-260).

⁵ IACHR, Country Report: Democratic Institutions, the Rule of Law and Human Rights in Venezuela. Approved on December 31, 2017.

⁶ Annex 26. Public information related to the current situation at the INOF. Una ventana a la libertad. “Presas del INOF solo reciben un tobo de agua cada 15 días.” September 14, 2021. Available at: <https://unaventanaalalibertad.org/alertas/presas-del-inof-solo-reciben-un-tobo-de-agua-cada-15-dias/>; “Presas del INOF inician huelga al grito de ‘hambre y libertad.’” January 14, 2021. Available at: <https://unaventanaalalibertad.org/alertas/presas-del-inof-inician-huelga-al-grito-de-hambre-y-libertad/>; “Presas del INOF con cáncer de seno no ha recibido atención médica.” October 16, 2020. Available at: <https://unaventanaalalibertad.org/alertas/presa-del-inof-con-cancer-de-seno-no-ha-recibido-atencion-medica/>; “Presas del INOF no son atendidas por dolencias médicas.” September 17, 2020. Available at: <https://unaventanaalalibertad.org/alertas/presas-del-inof-no-son-atendidas-por-dolencias-medicas/>; and “Miranda: Denuncian maltrato a internas del INOF en celda de castigo.” June 30, 2020. Available at: <https://unaventanaalalibertad.org/alertas/miranda-denuncian-maltrato-a-internas-del-inof-en-celda-de-castigo/>.

overcrowding and lack of access to health – 152.2 per cent of the imprisoned population is located at this detention facility –,⁷ and that access to medical attention is only provided in some emergencies,⁸ resulting in the failure to protect those inmates who suffer from conditions that are not considered urgent, or even in the failure to address some emergencies.⁹

B. The physical and mental health condition of Sarah Lyn Langton during the time she was deprived of her liberty at the INOF

21. Sarah Lyn Langton, a British national, had been serving a 5-year conviction for drug trafficking since August 29, 2000, at the INOF, located in Los Teques, state of Miranda, Venezuela.¹⁰ The alleged victim had suffered type 1 diabetes mellitus since she was 4 years old, which had made her insulin dependent.¹¹ In the years prior to the facts, the alleged victim's diabetes had been stable thanks to an appropriate treatment.¹²

22. In addition to the foregoing, Sarah was suffering from deep depression and severe stress, which led her parents to believe she suffered a mental disorder.¹³ The family physician states that while she was studying in London, she had overdosed on drugs on various occasions, and that by the time of her last consultation, she was taking Paroxetine, an antidepressant, and had requested to be given Diazepam to be able to relax.¹⁴

23. During her deprivation of liberty at the INOF's facilities, the prison authorities kept Sarah's insulin in the fridge of the prison's main office and administered it to her whenever she requested.¹⁵ On previous occasions, she had to be taken to the hospital because her diabetes had not been properly monitored.¹⁶

24. The file indicates that the Venezuelan authorities were aware of the alleged victim's health condition and how vulnerable she was due to her mental state.¹⁷ Dr. Orlando González, a member of the INOF's medical staff, opened the patient's clinical record on September 1, 2000. He performed a medical evaluation and indicated that she suffered from type I diabetes and that she was insulin dependent.¹⁸ In the alleged victim's record, Dr. González also noted that she suffered from substance addiction.¹⁹ Moreover, he noted down that Sarah was taking a drug used to treat anxiety and depression, named Diazepam.²⁰ The alleged victim was evaluated periodically by the staff physicians at the INOF; however, her last medical evaluation had been carried out on January 5, 2001.²¹

25. Sarah's father, Terry Langton, had also informed the Venezuelan authorities of his concern over the appropriate handling of his daughter's condition at the penitentiary, claiming that she had no access to the correct type of insulin, and that she did not have other necessary elements for her treatment at her disposal. As a result, her family sent whatever they could through the British Embassy in Caracas.²² In addition

⁷ Venezuelan Observatory of Prisons. *Mujeres Privadas de Libertad en Venezuela – Las voces detrás de las rejas*. 2021, p. 10, available at: <https://oveprisiones.com/informes/#flipbook-df-6531/9/>.

⁸ Venezuelan Observatory of Prisons. *Mujeres Privadas de Libertad en Venezuela – Las voces detrás de las rejas*. 2021, p. 47.

⁹ Venezuelan Observatory of Prisons. *Mujeres Privadas de Libertad en Venezuela – Las voces detrás de las rejas*. 2021, p. 47.

¹⁰ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

¹¹ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

¹² Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(a) to the petition.

¹³ Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(a) to the petition.

¹⁴ Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(a) to the petition.

¹⁵ Annex 11. Letter from Terry Langton to the Chargé d'affaires of the Venezuelan Embassy in the United Kingdom, February 21, 2001. Annex 12 to the brief on observations.

¹⁶ Annex 11. Letter from Terry Langton to the Chargé d'affaires of the Venezuelan Embassy in the United Kingdom, February 21, 2001. Annex 12 to the brief on observations.

¹⁷ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

¹⁸ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

¹⁹ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

²⁰ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

²¹ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

²² Annex 11. Letter from Terry Langton to the Chargé d'affaires of the Venezuelan Embassy in the United Kingdom, February 21, 2001. Annex 12 to the brief on observations.

to this, it is stated in the file that the family physician, Charles Fox, had written a report on September 11, 2000, in which he warned that in prison “her diabetes would undoubtedly be a serious threat to her health and possibly to her life.”²³ Said report, along with additional information on the alleged victim’s health condition, was sent to her defense attorney, Pastor Solórzano, to be submitted to the prison authorities.²⁴ The file also reported that on October 17, 2000, personnel from the British Embassy in Caracas had visited Sarah and had delivered to the INOF’s director the Spanish version of the documents explaining her diabetes, as well as her required treatment and diet.²⁵

26. Terry Langton had also warned the authorities of her daughter’s mental health episodes.²⁶ The file also indicates that Jalismar Canozo, member of the British Consulate in Venezuela, visited Sarah at the INOF on September 5, 2000, and later told Sarah’s parents that the prison authorities kept her medicine (insulin and Diazepam) and administered them whenever she so requested.²⁷ Moreover, he stated that he had requested the prison authorities to have a psychiatrist evaluate Sarah, given that she had attempted suicide twice some years before.²⁸

27. There is no proof in the file pointing to the fact that Sarah had received psychological assistance.

C. The death of Sarah Lyn Langton at the San Bernardino Medical Institute in the city of Caracas

28. On March 6, 2001, Sarah was transferred from the INOF to the Victorino Santaella General Hospital located in Los Teques by members of the fire brigade, since she showed low blood sugar levels and there was no medical staff on duty.²⁹ She was discharged approximately at 9.00 p.m. that same day, without receiving a formal diagnosis.³⁰

29. On March 7, 2001, Sarah showed health problems.³¹ One of her cell inmates testified that Sarah was sleeping normally until 3.40 a.m., but that she became restless, so the inmates tried to wake her up; she was also perspiring, so they sat her up to clean her with a wet cloth.³² Then, foam started to come out of Sarah’s mouth, and she vomited a white and foamy substance.³³ Her fellow inmates tried to give her a sip of water, so that she could wash her mouth, and she seemed to relax and calm down.³⁴ One of the inmates let the guard know that Sarah was not feeling okay and that she needed her insulin.³⁵ Sarah fainted and remained unconscious.³⁶

²³ Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(c) to the petition.

²⁴ Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(d) to the petition.

²⁵ Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(e) to the petition.

²⁶ Annex 8. Medical reports and communications referring to the physical and mental condition of Sarah Langton in the year 2000. Annex 8(b) to the petition.

²⁷ Annex 25. Mail from the Consular Department of the Foreign and Commonwealth Office of September 7, 2000. Annex 11 to the brief on observations.

²⁸ Annex 25. Mail from the Consular Department of the Foreign and Commonwealth Office of September 7, 2000. Annex 11 to the brief on observations.

²⁹ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

³⁰ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

³¹ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

³² Annex 4. Communication from the Consular Department of the Foreign and Commonwealth Office of the United Kingdom of July 12, 2002. Annex 4 to the petition.

³³ Annex 4. Communication from the Consular Department of the Foreign and Commonwealth Office of the United Kingdom of July 12, 2002. Annex 4 to the petition.

³⁴ Annex 4. Communication from the Consular Department of the Foreign and Commonwealth Office of the United Kingdom of July 12, 2002. Annex 4 to the petition.

³⁵ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

³⁶ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

30. The guard proceeded to call the fire brigade, who, according to the statement given by one of the prisoners,³⁷ refused to take her down and demanded that the other prisoners do so.³⁸ Sarah was taken to the Victorino Santaella General Hospital in one of the fire brigade ambulances, arriving at the emergency room at 4.55 p.m. in “a critical condition, semi-unconscious, with profuse perspiration, cold skin, extremely pale, suffering hypoglycemia.”³⁹ At the hospital, Sarah was assisted by the doctors at the resuscitation area, who administered her a glucose solution, but she did not respond.⁴⁰ Sarah was evaluated approximately at 10.00 p.m. and showed a poor general condition, no fever, hydration, dyspnea, a score of 3 on the Coma Glasgow Scale and was unconscious. Therefore, she was probably decerebrate, so the physicians ordered permanent monitoring of her levels of glycemia, electrolytes, pH and gases, as well as a CT scan of her brain, among other procedures.⁴¹ Given the deterioration of the alleged victim’s condition, the physicians ordered that she be transferred to the intensive care unit, but this area was full.⁴² Faced with this situation, Sarah’s defense attorney, Pastor Solórzano, interceded to obtain her transfer to a private center, which was authorized at 5.45 a.m.⁴³

31. On arrival at the San Bernardino Institute, the center requested a guarantee of 10,000 American dollars to admit Sarah.⁴⁴ For some hours, Sarah remained connected to the ambulance ventilator, at the admission room, until her father could transfer the funds for her admission.⁴⁵ The alleged victim was admitted to the San Bernardino Institute on the morning of March 8, 2001, in a diabetic coma.⁴⁶

32. On March 10, 2001, Dr. José David Crespo drafted a medical report on the health condition of the patient and determined that she presented metabolic encephalopathy due to hypoglycemia, acute respiratory failure due to bronchoaspiration and type 1 diabetes mellitus.⁴⁷

33. Sarah died on the night of March 13, 2001, at the San Bernardino Institute, at the age of 25.⁴⁸ According to the autopsy performed by the technical unit of the general division of forensic medicine of the judicial police, the cause of death was anoxic encephalopathy and type 1 diabetes mellitus.⁴⁹

34. Sarah’s parents had traveled from the United Kingdom to Venezuela when Sarah was at the San Bernardino Institute.⁵⁰ However, they were not able to communicate with her at any time, since she never regained consciousness after being admitted to the San Bernardino Institute.⁵¹

35. The case file indicates that after Sarah’s death, the Venezuelan authorities made a payment of 12,301.35 pounds sterling to Sarah’s parents in September 2001 for the medical expenses incurred and the repatriation of the body.⁵²

D. Situation of the INOF’s medical service on March 6 and 7, 2001

³⁷ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

³⁸ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

³⁹ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁴⁰ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁴¹ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁴² Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁴³ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁴⁴ Annex 2. Briefing note issued by the General Directorate of Custody and Rehabilitation of Inmates and filed to the Vice Minister of Citizen Security on March 11, 2001. Annex 2 to the petition.

⁴⁵ Annex 3. Terry Langton’s statements of March 15, 2001, and March 21, 2001. Annex 3 to the petition.

⁴⁶ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition; Annex 3. Terry Langton’s statements of March 15, 2001, and March 21, 2001. Annex 3 to the petition.

⁴⁷ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁴⁸ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition; Annex 17. Death certificate of Sarah Lyn Langton. Annex 19 to the brief on observations.

⁴⁹ Annex 18. Autopsy No. 97900 of Sarah Lyn Langton, April 20, 2001. Annex 21 to the brief on observations.

⁵⁰ Annex 14. Mail from Sharon Campbell, staff member of the British Embassy in Venezuela, of March 9, 2001. Annex 16 to the brief on observations; Annex 3. Terry Langton’s statements of March 15, 2001, and March 21, 2001. Annex 3 to the petition.

⁵¹ Annex 3. Terry Langton’s statements of March 15, 2001, and March 21, 2001. Annex 3 to the petition.

⁵² Annex 23. Written statement by Terry Langton and Lyn Langton of April 30, 2020. Annex 25 to the brief on observations.

36. Sarah required permanent monitoring due to her medical condition.⁵³ Nevertheless, on March 6 and 7, 2001, there were no doctors on duty at the INOF to assist the inmates, not even for emergencies.⁵⁴ In addition, according to the clinical records, it can be proved that the INOF's medical service staff had not conducted a medical evaluation to the alleged victim since January 5, 2001, that is, in over 60 days.⁵⁵ According to the Venezuelan authorities, the INOF lacked the sufficient medical staff to fill the duty shifts in order to provide a health service 24 hours a day, especially to assist inmates suffering from conditions that required immediate attention. The medical service for adults "was available until 4.00 p.m., preventing the inmate population from accessing a service of vital importance for the rest of the day."⁵⁶

37. Moreover, on March 7, Dr. Marianella González, who was the director of INOF's medical service and was in charge of the 1-4 p.m. shift of the health service for adults, was not at the prison facilities, since she had traveled to the city of Cartagena, Colombia, to attend an event for directors of penitentiaries in Ibero-America. She had not made the necessary arrangements to avoid depriving the INOF from its medical service for adults and from the necessary supplies to assist inmates.⁵⁷ As for the prison chief, Eglee Ascanio, she was also at the aforementioned event and had granted Dr. González permission to leave without having made any arrangements nor verified there was medical staff available to provide medical service during her absence.⁵⁸

38. The day of the facts, Dr. Luis Eduardo Mota Acosta and Dr. Migdalia Coromoto Galavis Carvajal, who were in charge of the pediatrics section of the prison, were at the INOF and were notified of a fainted inmate.⁵⁹ However, they did not provide any medical assistance, alleging they were not authorized to enter the adult section.⁶⁰

E. Investigation of the facts and domestic legal proceedings

39. The file indicates that both the British Embassy in Venezuela and Sarah's parents requested the Venezuelan authorities to conduct a due investigation of the facts, as well as demanded information on the progress of the investigation and legal proceedings.⁶¹

40. The General Directorate of Custody and Rehabilitation of Inmates drafted a note to the Vice Minister of Citizen Security on March 11, 2001, exhibiting the main facts that took place from March 6 to March 9, and stating that "the Directorate of Auditing and Investigation of the Prison System opened an investigation with the purpose of verifying the causes of inmate Sarah Langton's serious clinical condition and of determining accountability, if applicable."⁶²

41. The Attorney General of the Republic, Julián Isaías Rodríguez, the British Consulate in Venezuela and Terry and Lyn Langton exchanged correspondence between 2002 and 2008 with regard to the facts and the progress of the investigation initiated on April 30, 2002. In his correspondence no. DFGR-47.746, the Attorney General stated that: i) Sarah required permanent monitoring, but that she had not been evaluated for over 60 days; ii) "the INOF's medical service for adults lacked the medical staff required to fill the duty shifts," which prevented "the inmate population from accessing a service of vital importance;" and iii) "the citizen in question did not receive the immediate assistance she required from the physicians that were at the

⁵³ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁵⁴ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition; Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁵⁵ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁵⁶ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁵⁷ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁵⁸ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁵⁹ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁶⁰ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁶¹ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(a)-5(n) to the petition; Annex 7. Official letter no. 1803-02 of the First Instance Criminal Court of Execution No. 1, July 19, 2002, and attached pages. Annex 7 to the petition; Annex 13. Mail from the British Ambassador to Caracas of March 9, 2011. Annex 15 to the brief on observations; Annex 20. Letter from the British Embassy in Venezuela to the General Director of Custody and Rehabilitation of Inmates, January 3, 2002. Annex 23 to the brief on observations.

⁶² Annex 2. Briefing note issued by the General Directorate of Custody and Rehabilitation of Inmates and filed to the Vice Minister of Citizen Security on March 11, 2001. Annex 2 to the petition.

INOF (pediatrics section), who were notified of the emergency that had occurred in relation to the aforementioned citizen.”⁶³

42. On April 30, 2002, the Twenty-Eighth Prosecutor of the National Office of the Public Prosecutor with Full Jurisdiction ordered that an investigation be opened, in pursuance of Article 300 of Venezuela’s Code of Criminal Procedure. Between March and November of 2005, several investigative actions were carried out, including retrieving the medical records from the San Bernardino Institute and the Victorino Santaella General Hospital, and questioning some of the INOF’s inmates and guards.⁶⁴ On June 20, 2006, the Attorney General informed that the criminal proceedings that had been initiated on the death of Sarah Langton were in their preliminary stage.⁶⁵

43. In 2005, Migdalia Coromoto Galvis Carvajal was charged with the crime of negligent homicide.⁶⁶ On May 8, 2006, Luis Mota was charged with the crime of negligent homicide.⁶⁷ On July 7, 2006, Marianella González was charged with the crime of negligent homicide.⁶⁸ On May 25, 2007, she was also charged with the crime of abandonment of a child or other incapable person.⁶⁹ On July 8, 2008, the prosecutors submitted a formal accusation of negligent homicide against Migdalia Coromoto Galavis Carvajal and Luis Eduardo Mota, and a formal accusation of omission of relief against Marianella González and Eglee Ascanio for the facts that had taken place on March 7, 2001.⁷⁰

44. On October 29, 2010, the preliminary hearing was held before the First Instance Court of Control No. 3 of the Criminal Judicial Circuit of the Judicial District of the State of Miranda, in accordance to what is set forth in Article 365 of the Organic Code of Criminal Procedure of Venezuela, in order to decide on the admissibility of the formal accusations submitted on July 8, 2008.⁷¹ During the hearing, the defendants’ attorneys argued that the ordinary statute of limitations operated for the action, and that the extraordinary statute of limitations also operated.⁷²

45. These exceptions were ruled valid by the Court, which decided that the ordinary statute of limitations operated in relation to Luis Eduardo Mota and Migdalia Galvis, given that over 3 years had elapsed between the perpetration of the alleged unlawful act and their first summons as defendants.⁷³ The Court also ruled that the extraordinary statute of limitations operated in relation to Marianella González and Eglee del Carmen Ascanio, since “from March 7, 2001 (the date of the facts) to October 20, 2010 (the date of the preliminary hearing), nine (9) years, seven (7) months and twelve (12) days had elapsed, and the limitation had not been extended due to causes attributable to the defendants or to their defense.”⁷⁴ Due to the application of the statute of limitations, the Court ruled the dismissal of all the accused.⁷⁵

IV. ANALYSIS OF LAW

⁶³ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

⁶⁴ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition; Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(a)-5(n) to the petition.

⁶⁵ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(k) to the petition.

⁶⁶ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁶⁷ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁶⁸ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁶⁹ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁷⁰ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁷¹ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁷² Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁷³ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁷⁴ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

⁷⁵ Annex 1. Judgement of the First Instance Court of Control No. 3, October 29, 2010. Annex 1 to the petition.

A. Right to life (Article 4.1),⁷⁶ right to personal integrity (Articles 5.1 and 5.2),⁷⁷ and right to health (Article 26),⁷⁸ in relation to Articles 1.1⁷⁹ and 2⁸⁰ of the American Convention

46. The right to life is a basic human right, the full exercise whereof is a prerequisite for the enjoyment of all other human rights.⁸¹ Compliance with the duties enshrined in Article 4 of the American Convention, in relation to Article 1(1) thereof, does not only presuppose that no person can be arbitrarily deprived of their life, but also requires, pursuant to their obligation to guarantee the full and free exercise of human rights, that the States adopt any and all necessary measures to protect and preserve the right to life of the individuals under their jurisdiction.⁸²

47. These obligations are equally applicable to the right to personal integrity.⁸³ The bodies of the inter-American system have recognized that the right to personal integrity is directly and immediately linked to health care, and that the lack of adequate medical treatment may result in a violation of Article 5.1 of the Convention.⁸⁴ Therefore, the protection of the right to personal integrity implies the regulation of health services at the domestic level, as well as the implementation of a series of mechanisms aimed at ensuring the effectiveness of such regulation.⁸⁵ Likewise, they have made reference to the full justiciability and autonomy of the right to health by virtue of Article 26 of the American Convention and the obligations that derive thereof.⁸⁶ The Commission has repeatedly stated that the right to health is one of the economic and social norms mentioned in Article 26 of the Convention and that, in this regard, State Parties are under the obligation to seek the progressive development of this right, and to respect, guarantee and take the necessary measures to enforce such right.⁸⁷ In cases in which the State has not guaranteed the right to health to a person deprived of their liberty, the Court has previously found that there is a violation to Articles 5.1 and 26 of the American Convention.⁸⁸

48. In this regard, the Court has recognized that health is a fundamental human right, which is essential for the adequate exercise of the other human rights, and that every individual has the right to enjoy the highest attainable standard of health that allows him or her to live a full life, understanding health not only as the absence of disease or illness, but also as a state of complete physical, mental and social well-being, derived from a lifestyle that allows the individual to achieve an overall balance.⁸⁹ Both to analyze possible

⁷⁶ Article 4.1 provides: "Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life."

⁷⁷ Article 5 provides: "1. Every person has the right to have his physical, mental, and moral integrity respected. 2. No one shall be subjected to torture or to cruel, inhuman, or degrading punishment or treatment. All persons deprived of their liberty shall be treated with respect for the inherent dignity of the human person."

⁷⁸ Article 26 provides: "The State Parties undertake to adopt measures, both internally and through international cooperation, especially those of an economic and technical nature, with a view to achieving progressively, by legislation or other appropriate means, the full realization of the rights implicit in the economic, social, educational, scientific, and cultural standards set forth in the Charter of the Organization of American States as amended by the Protocol of Buenos Aires."

⁷⁹ Article 1.1 provides: "1. The State Parties [...] undertake to respect the rights and freedoms recognized herein and to ensure to all persons subject to their jurisdiction the free and full exercise of those rights and freedoms, without any discrimination [...]."

⁸⁰ Article 2 provides: "Where the exercise of any of the rights or freedoms referred to in Article 1 is not already ensured by legislative or other provisions, the State Parties undertake to adopt, in accordance with their constitutional processes and the provisions of this Convention, such legislative or other measures as may be necessary to give effect to those rights or freedoms."

⁸¹ IACHR, Report No. 117/18. Case 12,829. Merits. *Olimpiades González et al. Venezuela*. October 5, 2018, para. 97; IACHR, Case 12,270. Report No. 2/15. Merits. *Johan Alexis Ortiz Hernández. Venezuela*. January 29, 2015, para. 185.

⁸² IAHR Court, *Zambrano Vélez et al. v. Ecuador*. Merits, reparations and costs. Judgement of July 4, 2007. Series C No. 166, para. 80.

⁸³ IACHR, Case 12,738. Report No. 64/18. Merits. *Opario Lemoth Morris et al. (Miskito divers). Honduras*. May 8, 2018, para. 188.

⁸⁴ IACHR, Report on the Merits No. 380/20. Case 13,193. *Thomas Scott Cochran. Costa Rica*. December 15, 2020, para. 96; See also IAHR Court, *Gonzales Lluy et al. v. Ecuador*. Preliminary objections, merits, reparations and costs. Judgement of September 1, 2015. Series C No. 298, para. 171.

⁸⁵ IAHR Court, *Case of Chinchilla Sandoval et al. v. Guatemala. Case of Chinchilla Sandoval et al. v. Guatemala*. Preliminary Objection, Merits, Reparations and Costs. Judgment of February 29, 2016. Series C No. 312, para. 170.

⁸⁶ IACHR, Report on the Merits No. 380/20. Case 13,193. *Thomas Scott Cochran. Costa Rica*. December 15, 2020, para. 96; IAHR Court, *Poblete Vilches et al. v. Chile*. Merits, reparations and costs. Judgement of March 8, 2018. Series C No. 349, paras. 100 et seq.; IAHR Court, *Cuscul Piraval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of August 23, 2018. Series C No. 359, paras. 98 et seq.

⁸⁷ IACHR, Report on the Merits No. 236/19. Case 13,002. *Cristina Brites Arce and family. Argentina*. December 6, 2019, para. 64.

⁸⁸ IAHR Court, *Hernández v. Argentina*. Preliminary objections, merits, reparations and costs. Judgement of November 22, 2019. Series C No. 395, para. 96.

⁸⁹ IAHR Court, *Cuscul Piraval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of August 23, 2018. Series C No. 359, para. 105.

violations to the rights to life and personal integrity related to health and to determine the obligations that are autonomously demandable under the right to health protected in Article 26 of the Convention, the Commission and the Court have taken into consideration the components of availability, accessibility, acceptability and quality of medical services, indicating that said obligations must be oriented to the satisfaction of such components.⁹⁰

49. The lack of appropriate medical care “does not satisfy the minimum material requirements of humane treatment due because of a person’s nature as a human being pursuant to Article 5 of the American Convention.”⁹¹ The right to personal integrity is related to the right to health, understood as an autonomous right deriving from Article 26 of the Convention, and to the detention conditions of the persons deprived of their liberty.⁹² Thus, the Commission recalls that, taking into account the interpretation of Article 29 of the American Convention, Article 26, as seen in light of Articles 1.1 and 2 of the same instrument, gives rise to at least the following immediate and enforceable obligations: i) general obligations to respect and guarantee, ii) application of the principle of non-discrimination to economic, social and cultural rights, iii) obligations to take steps or measures to achieve the enjoyment of the rights enshrined in that article, and iv) to provide adequate and effective resources to protect those rights. The methodologies or sources of analysis that are relevant to each of these obligations shall be set forth according to the circumstances of each case.

1. The State’s obligation to provide physical and mental health services to persons deprived of their liberty

50. The settled case law of the inter-American system has established that, when dealing with persons who have been deprived of their liberty, the State is in a special position of guarantor of their rights, because “a special relationship and interaction of subordination is created between the person deprived of liberty and the State, characterized by the particular intensity with which the State can regulate his or her rights and obligations, and by the inherent circumstances of imprisonment, where the prisoner is prevented from satisfying, on his own account, a series of basic needs that are essential for leading a decent life.”⁹³ In addition, the Court has underscored that, “whenever an individual is deprived of liberty in normal health and subsequently displays health problems, the State must provide a satisfactory and credible explanation for this situation and disprove the allegations of its responsibility with adequate probative elements.”⁹⁴ That is, the absence of a satisfactory explanation on the part of the State leads to the presumption of State responsibility for the injuries revealed by a person who has been in the custody of state agents.⁹⁵

51. The State is under the obligation to safeguard the health and wellbeing of the detainees, providing, among other elements, the medical care required. Also, it “must ensure that the manner and method of deprivation of liberty does not exceed the inevitable level of suffering inherent in detention.”⁹⁶

52. With regard to the detention conditions, the Court has indicated that “[r]egular medical attention must be provided, with the necessary and appropriate treatment, and by qualified medical personnel when required.”⁹⁷ Both the Commission and the Court have invoked the United Nations Standard Minimum Rules for the Treatment of Prisoners in order to interpret the content of the right of prisoners to decent and

⁹⁰ IACHR Court, Suárez Peralta v. Ecuador. Preliminary objections, merits, reparations and costs. Judgement of May 21, 2013. Series C No. 261.

⁹¹ IACHR Court, Vera Vera *et al.* v. Ecuador. Preliminary objections, merits, reparations and costs. Judgement of May 19, 2011. Series C No. 226, para. 44.

⁹² IACHR Court, Hernández v. Argentina. Preliminary objections, merits, reparations and costs. Judgement of November 22, 2019. Series C No. 395.

⁹³ IACHR Court, Case of the “Juvenile Reeducation Institute” v. Paraguay. Judgement of September 2, 2004, para. 152; Mendoza v. Argentina. Judgement of May 14, 2013, para. 188; see also Caesar v. Trinidad and Tobago. Judgement of March 11, 2005, para. 97; Fermín Ramírez v. Guatemala. Judgement of June 20, 2005, para. 118.

⁹⁴ IACHR Court, Mendoza v. Argentina. Judgement of May 14, 2013, para. 203.

⁹⁵ IACHR Court, Mendoza v. Argentina. Judgement of May 14, 2013, para. 203. IACHR, Report No. 119/18. Case 12,814. Merits. Orlando Edgardo Olivares Muñoz *et al.* (Deaths at the Vista Hermosa Prison). Venezuela. October 5, 2018, para. 65.

⁹⁶ IACHR Court, Díaz Peña v. Venezuela. Preliminary objections, merits, reparations and costs. Judgement of June 26, 2012. Series C No. 244, para. 135; J. v. Peru. Preliminary objections, merits, reparations and costs. Judgement of November 27, 2013, para. 372.

⁹⁷ IACHR Court, Pacheco Teruel *et al.* v. Honduras. Merits, reparations and costs. Judgement of April 27, 2012. Series C No. 241, para. 67.

humane treatment.⁹⁸ In this sense, they have reiterated that, with regard to the medical services that must be provided, the aforementioned rules point out that “[t]he medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness, and the taking of all necessary measures.”⁹⁹

53. It is also relevant to recall that Principle 24 for the Protection of All Persons under Any Form of Detention or Imprisonment establishes that: “A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge.”¹⁰⁰

54. In addition to this, the Commission, in pursuance of European jurisprudence, has stated that the principle of equivalence of care must be observed.¹⁰¹ This principle sets forth that, inside the facilities of deprivation of liberty, the prison health care services provided must ensure medical treatment and nursing care in conditions comparable to those enjoyed by patients in the outside community.¹⁰² This principle has also been recognized by the Inter-American Court.¹⁰³ With regard to this principle, the European Court has pointed out that the prison health care service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community.¹⁰⁴ A lack and/or deficiency in the provision of medical attention, or negligent or deficient medical treatment, is not consistent with the obligation to protect the right to life of persons deprived of liberty.¹⁰⁵

55. The obligation to provide health services to persons deprived of their liberty increases in respect of a person who suffers serious or chronic illnesses, where their health can deteriorate progressively.¹⁰⁶ The Court has recalled that “[t]his obligation may also be conditioned, accentuated or specified, according to the type of disease, particularly if it is of a terminal nature or, even if it is not terminal *per se*, if it can be complicated or aggravated either by the individual’s own circumstances, by the conditions of incarceration or by the capacity of the prison establishment or of the prison authorities to provide health care.”¹⁰⁷

56. The authorities must ensure that detainees receive regular and systematic monitoring of their medical condition, as required, and that treatment is aimed at curing their diseases or preventing their aggravation, rather than merely treating them on a symptomatic basis.¹⁰⁸ The medical care provided must also

⁹⁸ IACHR Court, *Vera Vera et al. v. Ecuador*. Preliminary objections, merits, reparations and costs. Judgement of May 19, 2011. Series C No. 226, para. 50; IACHR Court, *Mendoza et al v. Argentina*. Preliminary objections, merits and reparations. Judgement of May 14, 2013. Series C No. 260, para. 189; IACHR, Report No. 7/14. Case 12,739. Merits. María Inés Chinchilla Sandoval *et al.* Guatemala. April 2, 2014, para. 127.

⁹⁹ IACHR Court, *Vera Vera et al. v. Ecuador*. Preliminary objections, merits, reparations and costs. Judgement of May 19, 2011. Series C No. 226, para. 50.

¹⁰⁰ IACHR Court, *Vera Vera et al. v. Ecuador*. Preliminary objections, merits, reparations and costs. Judgement of May 19, 2011. Series C No. 226, para. 51.

¹⁰¹ IACHR, Report on the Merits No. 380/20. Case 13,193. Thomas Scott Cochran. Costa Rica. December 15, 2020, para. 97; European Committee for the Prevention of Torture and Inhumane or Degrading Treatment or Punishment, 3rd General Report covering the period of January 1 to December 31, 1992. Ref.: CPT/Inf (93) 12, published on June 4, 1993, para. 38.

¹⁰² IACHR, Report on the Merits No. 380/20. Case 13,193. Thomas Scott Cochran. Costa Rica. December 15, 2020, para. 97; IACHR, Report No. 7/14. Case 12,739. Report on the Merits. María Inés Chinchilla Sandoval *et al.* Guatemala. OEA/Ser.L/V/II.150. Doc. 11. April 2, 2014.

¹⁰³ IACHR Court, *Chinchilla Sandoval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, paras. 189 and 216.

¹⁰⁴ IACHR Court, *Chinchilla Sandoval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, para. 189. European Committee for the Prevention of Torture and Inhumane or Degrading Treatment or Punishment, 3rd General Report covering the period of January 1 to December 31, 1992. Ref.: CPT/Inf (93) 12, published on June 4, 1993, para. 38.

¹⁰⁵ IACHR Court, *Chinchilla Sandoval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, para. 189; ECHR, *Tarariyeva v. Russia*. Application No. 4353/03. Judgement of December 14, 2006, para. 87; ECHR, *Sarban v. Moldova*. Application No. 3456/05. Judgement of October 4, 2005. Final, January 4, 2006, paras. 75 and 76. ECHR, *Paladi v. Moldova*. Application No. 39806/05. Judgement of March 10, 2009.

¹⁰⁶ IACHR Court, *Chinchilla Sandoval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, para. 188.

¹⁰⁷ IACHR Court, *Chinchilla Sandoval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, para. 188.

¹⁰⁸ IACHR Court, *Chinchilla Sandoval et al. v. Guatemala*. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, para. 189.

include psychiatric treatment for persons deprived of liberty, both for emergency situations and for regular care, either in the prison or detention center or, if this is not possible, in hospitals or health centers that offer the required service.¹⁰⁹

2. Analysis of this case

57. According to the findings of fact, Sarah Lyn had been deprived of her liberty at the INOF since August 29, 2000, and was serving a 5-year conviction. Prison authorities were aware that she suffered type 1 diabetes mellitus and that she was insulin dependent. The Commission shall analyze below, first, whether the State complied with its international obligations while the alleged victim was deprived of her liberty at the INOF. Second, it will decide on the facts that took place on March 7, 2001. Finally, it will provide its conclusion. Under the principle of non-discrimination (Article 1.1 of the Convention), this obligation is particularly relevant with respect to persons deprived of their liberty. Under the principle of non-discrimination (Article 1.1 of the Convention), this obligation is particularly relevant with respect to persons deprived of their liberty¹¹⁰.

- On the medical treatment received at the INOF

58. The Commission notes that, in the instant case, it has not been contested that the damage to the health and life of Sarah Langton was causally linked to the disease she suffered while she was under state custody; it was for the State to submit probative elements that demonstrate it had provided an adequate and timely treatment to the alleged victim while she was deprived of her liberty. The Commission notes that the State of Venezuela has not submitted any evidence whatsoever to prove that it had provided an adequate medical treatment to Sarah while she was detained, since it has not filed any information in the instant procedure.

59. The Commission notes that the alleged victim suffered diabetes. The World Health Organization (WHO) has indicated that the treatment for diabetes¹¹¹ “consists in reducing glycemia and other known risk factors that damage blood vessels [...]”. Among the “feasible and affordable [interventions] for developing countries,” the WHO indicates the following: i) moderate control of glycemia; ii) control of blood pressure; iii) podiatric care; iv) tests to detect retinopathy (cause of blindness); v) control of lipids in blood (regulation of cholesterol concentration); vi) detection of early signs of nephropathy related to diabetes.”¹¹² The WHO has given concrete recommendations to treat this disease, including physical activity and an adequate diet.¹¹³

60. In the instant case, the information available indicates that the alleged victim’s diabetes was not adequately monitored. While it is true that the prison authorities kept Sarah’s insulin and gave it to her upon request, several times before her death Sarah had to be taken to the hospital because her diabetes had not been appropriately monitored.¹¹⁴ Moreover, her father had informed the Venezuelan authorities of his

¹⁰⁹ IACHR Court, *Hernández v. Argentina*. Preliminary objections, merits, reparations and costs. Judgement of November 22, 2019. Series C No. 395, para. 88.

¹¹⁰ I/A Court H.R., *Case of Chinchilla Sandoval et al. v. Guatemala*. Case of Chinchilla Sandoval et al. v. Guatemala. Preliminary Objection, Merits, Reparations and Costs. Judgment of February 29, 2016. Series C No. 312, para. 188.

¹¹¹ It has indicated that it is a chronic disease that emerges when the pancreas does not produce enough insulin or when the organism does not use the insulin produced effectively. World Health Organization, *Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation*. WHO, Technical Report Series 916. Geneva 2003, p. 79. Available at: http://www.who.int/nutrition/publications/obesity/WHO_TRS_916_spa.pdf

¹¹² World Health Organization, *Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation*. WHO, Technical Report Series 916. Geneva 2003, p. 79. Available at: http://www.who.int/nutrition/publications/obesity/WHO_TRS_916_spa.pdf

¹¹³ Among the recommendations made by the WHO for people with diabetes are: i) practicing an endurance activity at moderate or greater level of intensity (e.g. brisk walking) for one hour or more per day on most days per week; ii) ensuring that saturated fat intake does not exceed 10% of total energy and for high-risk groups, fat intake should be <7% of total energy; iii) achieving adequate intakes of NSP through regular consumption of whole grain cereals, legumes, fruits and vegetables. A minimum daily intake of 20 g is recommended. World Health Organization, *Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation*. WHO, Technical Report Series 916. Geneva 2003, p. 84.

¹¹⁴ Annex 11. Letter from Terry Langton to the Chargé d'affaires of the Venezuelan Embassy in the United Kingdom, February 21, 2001. Annex 12 to the brief on observations.

concern over the appropriate handling of his daughter's condition at the penitentiary, claiming that she had no access to the correct type of insulin and that she did not have other necessary elements for her treatment at her disposal. Thus, her family sent whatever they could through the British Embassy in Caracas. The family physician, Charles Fox, had expressly warned that, in prison, Sarah's diabetes would undoubtedly be a serious threat to her health and possibly to her life.

61. In addition to this, and while Sarah had undergone an initial medical examination, at the time of the facts, on March 7, 2001, over 60 days had elapsed since her last evaluation and control of her diabetes by medical staff. According to what was stated by the Attorney General of the Republic himself, she had last been examined on January 5, 2001. Even the day before the emergency that led to Sarah's death unleashed, on March 6, 2001, she had been transferred to the Victorino Santaella General Hospital because she showed low sugar levels,¹¹⁵ and she had been discharged without receiving a formal diagnosis.

62. The Commission also notes that Sarah had shown deep depression and had suffered episodes of severe stress in the past, which had led her parents to think she was suffering a mental disorder. This had also been confirmed by the family physician, who explained that while she was studying in London, Sarah had overdosed on drugs on various occasions, and that by the time of her last consultation, she was taking Paroxetine, an antidepressant, and had requested to be given Diazepam.

63. It is laid down in the file that her father, Terry Langton, had warned the authorities of his daughter's mental problems, and that the health care service doctor had noted down in Sarah's medical record that she suffered substance addiction. In reason of this, a representative of the British Consulate in Venezuela had requested the prison authorities to have a psychiatrist evaluate Sarah in prison, explaining that she had attempted suicide twice some years before. However, despite her medical history and her family's concern over her mental state, the Commission does not observe in the file that the State provided mental health services, nor that it conducted a psychological or psychiatric evaluation of the alleged victim.

64. In view of the above, the Commission concludes that, during the deprivation of her liberty at the INOF, Sarah had no access to the appropriate medical care that she required to control her diabetes, nor to what she required to take care of her mental health.

- On the facts that took place on March 7, 2001

65. With regard to the date of the alleged victim's death, March 7, 2001, the Commission notes that Sarah's health started to deteriorate rapidly. According to the statement given by one of her fellow inmates, the other prisoners woke Sarah up at 3.40 a.m. because she seemed restless and presented perspiration and foamy and white vomits, so the inmates tried to help her. One of the inmates let the guard know that Sarah was not feeling okay and that she needed her insulin. However, on that day, the physician in charge of INOF's medical service and the prison chief were not at the prison facilities, since they had traveled to an event without having made the necessary arrangements to avoid leaving the INOF's health care service for adults unattended. In turn, even though the physicians in charge of the pediatrics section had been notified of a fainted inmate, they did not provide any medical assistance to her, under the argument that they were not authorized to enter the adult section.

66. The Commission notes that, in addition to the lack of medical attention, the fire brigade took too much time to transfer the alleged victim to the hospital; when she finally arrived – in a critical condition and semi-unconscious –, there was no place to admit her. Moreover, despite being a person under state custody, her parents and her defense attorney had to take care of her transfer to a private clinic and had to cover the costs, which caused them great anguish and took several hours, during which Sarah was kept at the admission room, connected to the ambulance ventilator; upon admission, she was already in a diabetic coma.

67. The Commission notes that the Venezuelan authorities themselves stated in their communication with Sarah's parents that the reason she did not receive medical attention was that the INOF lacked the medical staff required to fill the duty shifts that would allow them to provide the service 24 hours a

¹¹⁵ Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

day, especially to treat inmates with diseases that required immediate attention. They also stated that the medical service for adults “was available until 4.00 p.m., preventing the inmate population from accessing a service of vital importance for the rest of the day.”

68. As stated by the Inter-American Court, in accordance with the principle of equivalence of care, the State has the duty to guarantee that persons deprived of liberty who suffer serious, chronic or terminal illnesses, like diabetes, have access to adequate medical facilities to receive adequate specialized care and treatment, including areas, equipment and qualified staff (medical and nursing).¹¹⁶ In the instant case, it is clear that the INOF’s medical service did not have the staff and medical supplies required. Nevertheless, no measures were taken to guarantee Sarah Langton’s rights to health, personal integrity and life.

- Conclusion

69. The Commission notes that the State did not ensure that, given her health condition, Sarah received periodic and adequate medical attention aimed at treating her chronic disease, diabetes, so as to prevent her health deterioration, in spite of the concern that was repeatedly shown by her parents, family physician and British authorities. On top of this, when her state did deteriorate, there was no medical staff available to assist her during the emergency. Therefore, valuable hours were wasted before she could be transferred and assisted at the medical institute. In addition, once Sarah arrived at the hospital, the State did not guarantee that she was looked after as immediately as her situation called for. Conversely, there was no space available at the intensive care unit, which led to the eventual death of the alleged victim.

70. Due to the foregoing reasons, the Commission considers that the State did not comply with its international obligation to guarantee Sarah Lyn Langton’s rights to personal integrity, life and health during the period of time she remained deprived of her liberty at the INOF. Therefore, the Commission concludes that the Venezuelan State is responsible for the violation of the right to life established in Article 4, the right to personal integrity established in Article 5.1, and of Article 26, all of them of the American Convention, in relation to the obligations set forth in Article 1.1 thereof, to the detriment of Sarah Lyn Langton.

B. Right to a fair trial (Article 8)¹¹⁷ and to judicial protection (Article 25),¹¹⁸ in relation to Article 1.1 of the American Convention

1. General considerations

71. The Inter-American Court has established that, “based on the protection granted by Articles 8 and 25 of the Convention, States are obliged to provide effective judicial remedies to the victims of human rights violations, which must be made available in accordance with the rules of due process of law.”¹¹⁹ The State is obliged, once it has knowledge of a violation of human rights, in particular of the rights to life, personal integrity

¹¹⁶ IACHR Court, Chinchilla Sandoval *et al.* v. Guatemala. Preliminary objections, merits, reparations and costs. Judgement of February 29, 2016. Series C No. 312, para. 184.

¹¹⁷ Article 8.1 of the American Convention provides that: “1. Every person has the right to a hearing, with due guarantees and within a reasonable time, by a competent, independent, and impartial tribunal, previously established by law, in the substantiation of any accusation of a criminal nature made against him or for the determination of his rights and obligations of a civil, labor, fiscal, or any other nature.”

¹¹⁸ Article 25 of the American Convention establishes the following: “1. Everyone has the right to simple and prompt recourse, or any other effective recourse, to a competent court or tribunal for protection against acts that violate his fundamental rights recognized by the constitution or laws of the state concerned or by this Convention, even though such violation may have been committed by persons acting in the course of their official duties.”

¹¹⁹ IACHR, Report No. 118/18. Case 12,890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 80; IACHR Court, Cantoral Huamaní and García Santa Cruz. Judgement of July 10, 2007, para. 124; IACHR Court, La Rochela Massacre. Judgement of May 11, 2007, para. 145; IACHR Court, Miguel Castro-Castro Prison. Judgement of November 25, 2006, para. 381; and IACHR Court, Case of the Dismissed Congressional Employees (Aguado Alfaro *et al.*). Judgement of November 24, 2006, para. 106.

and personal liberty,¹²⁰ to initiate *ex officio* and immediately, a genuine, impartial and effective investigation,¹²¹ which must be carried out within a reasonable time.¹²²

72. This implies the right of victims and their families to have state authorities initiate proceedings against the alleged perpetrators of these crimes; and if applicable, to impose the pertinent penalties, and to repair the damages and losses suffered.¹²³ While the duty to investigate is an obligation of means and not of results which the State has the legal obligation to undertake, it must not be considered as a mere formality preordained to be ineffective¹²⁴ or as the mere management of personal interests that rests exclusively on the victims' procedural initiative or on the contribution of probative elements by private individuals.¹²⁵

73. In this sense, the Court has indicated that the duty to investigate with due diligence implies that the investigations must be carried out utilizing all available legal means and be oriented toward determining the truth.¹²⁶ Likewise, the Commission has pointed out that the investigation "must provide results or responses to the end that they were intended to serve, which is to prevent consolidation of an unjust situation."¹²⁷

74. The fact that no one has been convicted in the case or that, despite the efforts made, it was impossible to establish the facts does not constitute a failure to fulfil the obligation to investigate. However, in order to establish in a convincing and credible manner that this result was not the product of a mechanical implementation of certain procedural formalities without the State genuinely seeking the truth, the State must show that it carried out an immediate, exhaustive and impartial investigation.¹²⁸

75. Especially relevant is *Mendoza et al. v. Argentina*, since in it, the Court acknowledged the death of a person who was under state custody. The Court indicated that "the State authorities had the obligation to follow up on a logical line of investigation designed to determine the possible responsibilities of the prison staff for the death of Ricardo Videla, since the omissions related to his detention conditions and/or his state of depression could have contributed to this act." The Court highlighted that the State had "the obligation to disprove the possibility of the responsibility of its agents, taking into account the measures that they should have adopted in order to safeguard the rights of a person in its custody [...], and to collect the evidence that this entailed."¹²⁹

76. Finally, as for the reasonable time enshrined in Article 8.1 of the ACHR, the jurisprudence of both the Commission and the Court of the inter-American system has repeatedly indicated that it must be

¹²⁰ IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 81; IACHR Court, Cantoral Huamaní and García Santa Cruz. Judgement of July 10, 2007, para. 100.

¹²¹ IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 81; IACHR Court, García Prieto *et al.* Judgement of November 20, 2007, para. 101; Gómez-Paquiayauri Brothers. Judgement of July 8, 2004, para. 146; Cantoral Huamaní and García Santa Cruz. Judgement of July 10, 2007, para. 130.

¹²² IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 81; IACHR Court, Bulacio v. Argentina. Judgement of September 18, 2003, para. 114; La Rochela Massacre. Judgement of May 11, 2007, para. 146; Miguel Castro-Castro Prison. Judgement of November 25, 2006, para. 382.

¹²³ IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 81; IACHR Court, García Prieto *et al.* Judgement of November 20, 2007, para. 103; Bulacio v. Argentina. Judgement of September 18, 2003, para. 114; and Miguel Castro-Castro Prison. Judgement of November 25, 2006, para. 382.

¹²⁴ IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 82; IACHR Court, Velásquez Rodríguez v. Honduras. Judgement of July 29, 1988, para. 177; Cantoral Huamaní and García Santa Cruz. Judgement of July 10, 2007, para. 131; Zambrano Vélez *et al.* Judgement of July 4, 2007, para. 120.

¹²⁵ IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 82; IACHR Court, Velásquez Rodríguez. Judgement of July 29, 1988, para. 177; Zambrano Vélez *et al.* Judgement of July 4, 2007, para. 120.

¹²⁶ IACHR, Report No. 118/18. Case 12.890. Merits. José Gregorio Mota Abarullo *et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 83; IACHR Court, García Prieto *et al.* Judgement of November 20, 2007, para. 101.

¹²⁷ IACHR, Report No. 53/13. Case 12,864. Iván Teleguz v. United States. Judgement of July 15, 2013, para. 102.

¹²⁸ IACHR, Annual Report 1997. Report No. 55/97. Case 11,137 (Juan Carlos Abella *et al.*). Argentina, para 412. On the same topic, see also: IACHR, Annual Report 1997. Report No. 52/97. Case 11,218 (Arges Sequeira Mangas). Nicaragua, paras. 96 and 97.

¹²⁹ IACHR Court, *Mendoza et al. v. Argentina*. Preliminary objections, merits and reparations. Judgement of May 14, 2013, Series C No. 260, para. 223.

assessed according to each particular case, taking into account four key aspects to determine the fairness of such term: (i) the complexity of the matter, (ii) the procedural activities carried out by the interested party, (iii) the conduct of judicial authorities, and (iv) the impairment to the legal situation of the individual involved in the proceeding.¹³⁰ The reasonability of the time period must be analyzed with regard to the total duration of the criminal process.¹³¹

2. Analysis of this case

77. The Commission notes that the investigation was not opened *ex officio*. The file indicates that both the British Embassy in Venezuela and Sarah's parents had requested the Venezuelan authorities to conduct a due investigation of the facts, as well as demanding information on the progress of the investigation and legal proceedings. Moreover, the Attorney General of the Republic, Julián Isaías Rodríguez, the British Consulate in Venezuela and Terry and Lyn Langton exchanged correspondence between 2002 and 2008 with regard to the facts.

78. Given that the State of Venezuela has not submitted any information on the state of the investigation or criminal proceedings, or with regard to the diligence carried out, the Commission does not have information that proves that the State complied with its obligation of due diligence in the investigations. This is in spite of the fact that the death of the alleged victim had occurred as a result of actions or oversights by the medical and prison staff while she was under their custody.

79. With regard to the reasonableness of the time for the investigation, and as regards the complexity of the case, the Commission warns that the instant case was not overly complex, since it was a single victim, deprived of her liberty, and she had been under state custody the whole time. In addition to this, the possible responsible agents had been fully identified from the beginning, given that the facts had occurred in a specific place and time.

80. As for the actions of the authorities, the Commission notes that there were significant delays in several stages of the proceedings. In a correspondence from July 2004, the Attorney General himself had stated that an initial investigation had shown that Sarah required permanent monitoring, but that she had not been evaluated for over 60 days; "the INOF's medical service for adults lacked the medical staff required to fill the duty shifts," which prevented "the inmate population from accessing a service of vital importance"; and "the citizen in question did not receive the immediate assistance she required from the physicians that were at the INOF (pediatrics section), who were notified of the emergency that had occurred in relation to the aforementioned citizen."¹³² Nevertheless, 4 years had elapsed from that moment until the prosecutor submitted a formal accusation. Therefore, 7 years elapsed until the formal accusation was submitted, and more than 9 years passed until the preliminary hearing was held.

81. The evaluation of the procedural activity included in the file shows that Sarah's parents and the British authorities sent numerous communications to the Venezuelan authorities, including to the Office of the Public Prosecutor, and that they were represented by their attorney the whole time.

82. Lastly, with regard to the effects caused to the legal situation of the person involved in the proceedings, the Commission notes that the passing of time had a significantly serious impact, not only because of the distress caused to Sarah's parents, but also because it resulted in the application of the statute of limitations and the dismissal of the procedure. The IACHR notes that when the statute of limitations was applied, the delays and lack of due diligence on the part of the authorities were not taken into consideration,

¹³⁰ IACHR Court. Moya Solís v. Peru. Preliminary objections, merits, reparations and costs. Judgement of June 3, 2021. Series C No. 425, para. 98; Anzualdo Castro v. Peru. Preliminary objections, merits, reparations and costs. Judgement of September 22, 2009. Series C No. 202, para. 156; and IACHR, Vicente Aníbal Grijalva Bueno. Ecuador. Report on the Merits. Case 12,405. December 7, 2018; para. 87.

¹³¹ IACHR, Report No. 77/02. Case 11.506. Merits. Waldemar Gerónimo Pinheiro and José Víctor dos Santos. Paraguay. December 27, 2002, para. 76; IACHR, Vicente Aníbal Grijalva Bueno. Ecuador. Report on the Merits. Case 12,405. December 7, 2018; para. 87.

¹³² Annex 5. Correspondence between the Langton family and Venezuelan authorities. Annex 5(c) to the petition.

which is the reason the statute of limitations operated in the first place; thus, its application was the consequence of the unreasonable time taken to carry out the investigation and the criminal proceedings.

83. Due to the foregoing considerations, the Commission concludes that the State did not comply with its obligation to guarantee the victims of the instant case the access to an adequate remedy within a reasonable time, which resulted in the application of the statute of limitations by the Venezuelan authorities, and in the failure to determine the individual responsibility of the persons involved in Sarah's death.

84. By virtue of the above, the Commission concludes that the State did not provide the victims with an effective remedy to clarify the facts and to establish the corresponding responsibilities, thus infringing the rights enshrined in Articles 8.1, 8.2 and 25.1 of the American Convention, in relation to Article 1.1 thereof, to the detriment of Terry Langton and Lyn Langton.

C. Right to personal integrity (Article 5.1),¹³³ in relation to Article 1.1¹³⁴ of the American Convention, of Terry Langton and Lyn Langton

85. With regard to the families of the victims of certain human rights violations, the Commission and the Inter-American Court have indicated that they may be considered victims as well.¹³⁵ In this regard, the Court has stated that they may be affected in their mental and moral integrity as a result of the particular situations suffered by the victims, as well as the subsequent actions or omissions of national authorities in the face of these facts.¹³⁶

86. In the instant case, the Commission considers that the Venezuelan authorities did not provide Sarah Lyn Langton with the adequate health care services during the time she was deprived of her liberty at the INOF, and especially when her health condition deteriorated between March 7 and 13, 2001, which resulted in her death. Moreover, it was established that Sarah's parents experienced anguish and concern all throughout these months, since they knew their daughter was not receiving proper medical care. In addition, they had to manage their daughter's transfer from the hospital to a private institute and do all the paperwork required to guarantee the payment. All this process had a special impact on the family because they were in the United Kingdom, and in the end, they had to travel to Venezuela only to see their daughter in a critical state. The Commission also notes that Terry and Lyn Langton were not able to talk nor say goodbye to their daughter, given that she did not regain consciousness after they arrived in Venezuela.

87. On top of these circumstances, which constitute a source of suffering and powerlessness in and of their own, the Commission notes that in the instant case there was no investigation carried out with due diligence and within a reasonable time, which resulted in the dismissal of all the allegedly responsible persons due to the application of the statute of limitations. In such circumstances, the Court has indicated that the absence of an investigation "constitutes a source of additional suffering and anguish for victims and their next of kin, who have the right to know the truth of what happened. This right to the truth requires a procedural determination of the most complete historical truth possible, including the determination of patterns of collective action and of all those who, in diverse ways, took part in said violations, as well as their corresponding

¹³³ Article 5 provides: "1. Every person has the right to have his physical, mental, and moral integrity respected. [...] 4. Accused persons shall, save in exceptional circumstances, be segregated from convicted persons, and shall be subject to separate treatment appropriate to their status as unconvicted persons. 5. Minors while subject to criminal proceedings shall be separated from adults and brought before specialized tribunals, as speedily as possible, so that they may be treated in accordance with their status as minors. 6. Punishments consisting of deprivation of liberty shall have as an essential aim the reform and social readaptation of the prisoners."

¹³⁴ Article 1.1 provides: "1. The State Parties [...] undertake to respect the rights and freedoms recognized herein and to ensure to all persons subject to their jurisdiction the free and full exercise of those rights and freedoms, without any discrimination [...]."

¹³⁵ IACHR Court, *Cantoral Huamaní and García Santa Cruz v. Peru*. Preliminary objections, merits, reparations and costs. Judgement of July 10, 2007. Series C No. 167, para. 112; and *Bueno Alves v. Argentina*. Merits, reparations and costs. Judgement of May 11, 2007. Series C No. 164, para. 102. See also IACHR, Report No. 58/12. Case 12.606. Merits. *Landaeta Mejías Brothers*. Venezuela. March 21, 2012, para. 256.

¹³⁶ IACHR Court, *Cantoral Huamaní and García Santa Cruz v. Peru*. Preliminary objections, merits, reparations and costs. Judgement of July 10, 2007. Series C No. 167, para. 112; *Vargas Areco v. Paraguay*. Judgement of September 26, 2006. Series C No. 155, para. 96; and IACHR, Report No. 118/18. Case 12,890. Merits. *José Gregorio Mota Abarullo et al.* (Deaths at the San Félix Prison). Venezuela. October 5, 2018, para. 93.

responsibilities.”¹³⁷ Thus, the Commission notes that the pain and suffering of Sarah’s parents was increased by the lack of a response on the part of the legal bodies.

88. In accordance with the foregoing, the Commission considers that the loss of their daughter to the circumstances described in this report, as well as the lack of truth and justice, caused suffering and anguish to Terry and Lyn Langton, violating their right to mental and moral integrity protected in Article 5.1 of the American Convention, in relation to the obligations set forth in Article 1.1 thereof.

V. REPORT 389/21 AND COMPLIANCE INFORMATION

89. The Commission adopted Merits Report No. 389/21 on December 10, 2021, and transmitted it to the State on March 9, 2022. On that same date, the Commission notified the petitioner of the approval of the report and asked it to report its position on submitting the case to the Inter-American Court of Human Rights. In that report, the Commission recommended:

1. To make full reparation for the human rights violations declared in this report, both in their material and non-material aspects. The State must adopt measures of economic compensation and satisfaction.
2. Arrange for the necessary physical and mental health care measures for the rehabilitation of Sarah Lyn Langton's relatives, if it is their will and in a concerted manner.
3. Adopt the necessary measures to effectively investigate the facts of this case and punish, within a reasonable time, the justice operators whose conduct has resulted in the excessive delay in the processing of the criminal proceedings and the consequent lack of access to justice for the victims;
4. Establish mechanisms for non-repetition that include all the necessary measures to ensure the availability, accessibility, quality, and acceptability of access to permanent health services for persons deprived of liberty in the INOF, from a gender perspective, especially the following:
 - a) Supervise the provision of mental health and chronic disease medical services at INOF;
 - b) Develop emergency protocols for the care of medical emergencies at the INOF.
 - c) Ensure the availability of medical personnel in the INOF medical service, including on-call personnel, and guarantee immediate transfer to external centers when the situation warrants it.

90. On April 22, 2022, the petitioner informed the Commission that the victims did not want their case to be submitted to the Inter-American Court of Human Rights and that they expressed their desire for the IACHR to follow up on compliance with the recommendations. On June 9, 2022, the Commission notified the parties of its decision not to send the case to the Court, in consideration of the petitioner's expressed will. To date, the Commission has not received a response from the State of Venezuela with respect to compliance with Report No. 389/21. In this regard, the Commission understands that the State has not complied with any of the recommendations.

VI. SUBSEQUENT PROCEEDINGS TO REPORT No. 42/25 AND INFORMATION ON COMPLIANCE

91. On March 27, 2025, the Commission adopted Merits Report (Final) No. 42/25, which includes paragraphs 1 to 90 *above*, and issued its final conclusions and recommendations to the State. On April 25 of the same year, it transmitted it to the State and to the petitioner, giving them a period of one month to inform the IACHR of the measures adopted to comply with its recommendations. On June 24, 2025, the petitioner reported that they contacted Sarah Langton's parents, who confirmed that they had not received any communication or

¹³⁷ IACHR Court, Valle Jaramillo *et al.* v. Colombia. Merits, reparations and costs. Judgement of November 27, 2008. Series C No. 192, para. 102; La Rochela Massacre v. Colombia. Merits, reparations and costs. Judgement of May 11, 2007, Series C No. 163, para. 195; and Heliodoro Portugal v. Panama. Preliminary objections, merits, reparations and costs. Judgement of August 12, 2008. Series C No. 186, para. 146.

progress from the Venezuelan State, and that they as representatives had not received any State communication either. In addition, the petitioner indicated that they have communicated with members of Venezuelan civil society, who also confirm that the State has not complied with the recommendations of the IACHR's report on the merits. Therefore, they indicated that they consider that the violations of the Langton case continue to take place today and occur systematically in detention centers in Venezuela.

92. To date, the Commission has not received a response from the Venezuelan State with respect to Report No. 42/25.

VII. CONCLUSIONS AND FINAL RECOMMENDATIONS

93. The Inter-American Commission concludes that the State is responsible for the violation of Articles 4(1) (life), 5(1) and 5(2) (humane treatment), and 26 (health) of the American Convention on Human Rights, in relation to the obligations established in Articles 1(1) and 2 of the same instrument, to the detriment of Sarah Lyn Langton. The State is also responsible for the violation of Articles 5(1) (humane treatment), 8 (right to a fair trial), and 25(1) (judicial protection) of the American Convention on Human Rights, in relation to the obligations established in Article 1.1 of the same instrument to the detriment of Terry Langton and Lyn Langton, in the terms explained throughout this report.

94. Based on the analysis and conclusions of this report,

THE INTER-AMERICAN COMMISSION ON HUMAN RIGHTS REITERATES TO THE STATE OF VENEZUELA,

1. To make full reparation for the human rights violations declared in this report, both in their material and non-material aspects. The State must adopt measures of economic compensation and satisfaction.
2. Arrange for the necessary physical and mental health care measures for the rehabilitation of Sarah Lyn Langton's relatives, if it is their will and in a concerted manner.
3. Adopt the necessary measures to effectively investigate the facts of this case and punish, within a reasonable time, the justice operators whose conduct has resulted in the excessive delay in the processing of the criminal proceedings and the consequent lack of access to justice for the victims;
4. Establish mechanisms for non-repetition that include all the necessary measures to ensure the availability, accessibility, quality, and acceptability of access to permanent health services for persons deprived of liberty in the INOF, from a gender perspective, especially the following:
 - a) Supervise the provision of mental health and chronic disease medical services at INOF;
 - b) Develop emergency protocols for the care of medical emergencies at the INOF.
 - c) Ensure the availability of medical personnel in the INOF medical service, including on-call personnel, and guarantee immediate transfer to external centers when the situation warrants it.

VIII. PUBLICATION

95. In accordance with the foregoing and in accordance with the provisions of Article 51(3) of the American Convention, the Inter-American Commission on Human Rights decides to publish this report and include it in its Annual Report to the General Assembly of the Organization of American States. The Inter-American Commission, in accordance with the norms established in the instruments that regulate its mandate, will continue to evaluate whether the State of Venezuela provides full reparations to the victims in accordance with the provisions of the recommendations indicated above, until it determines that they have been fully complied with.

Approved by the Inter-American Commission on Human Rights on December 19, 2025. (Signed): José Luis Caballero Ochoa, President, Andrea Pochak, First Vice President; Roberta Clarke; Carlos Bernal Pulido and Gloria De Mees, Members of the Commission.