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**INTER-AMERICAN COMMISSION ON HUMAN RIGHTS  
RESOLUTION OF PRECAUTIONARY MEASURES 13/2025**

Precautionary Measure No. 1581-18  
Jorge David Glas Espinel regarding Ecuador  
February 10, 2025  
(Follow-up and Extension)  
Original: Spanish

**I. Background information**

1. On December 31, 2019, the IACHR decided to grant precautionary measures in favor of Jorge David Glas Espinel while he was deprived of his liberty in the Latacunga prison or Cotopaxi Social Rehabilitation Center. According to the request, Jorge Glas suffered from chronic conditions that would require treatment and medical attention, and was allegedly exposed to threats inside the prison. In qualifying the severity of the situation, the Commission obtained information about the poor conditions of the prison in question. In this place, detainees generally do not go out to the prison yards and do not have access to adequate food. The Commission also received information about death threats made against Mr. Glas Espinel by other prisoners, to be carried-out should the Government not comply with the promises made to alleviate the circumstances within the prison. Upon analyzing the submissions of fact and law furnished by the parties, the Commission considered that the information provided showed *prima facie* that the beneficiary was in a serious and urgent situation, given that his rights to life and personal integrity were at serious risk. Consequently, in accordance with Article 25 of its Rules of Procedure, the IACHR requested, by Resolution 69/2019,<sup>1</sup> that Ecuador:

- a) adopt the necessary measures to protect the rights to life and personal integrity of Jorge David Glas Espinel; particularly, assessing and implementing those most appropriate to his personal circumstances, and that allow for the creation of conditions that ensure and respect his rights;
- b) consult and agree upon the measures to be adopted with the beneficiary and his representatives; and
- c) report on the actions taken to investigate the events that led to the adoption of this precautionary measure, so as to prevent them from reoccurring.

**I. Relevant context on the Penitentiary System in Ecuador and international pronouncements on the situation of the beneficiary**

- *Prison context in Ecuador*

2. The IACHR carried out a working visit to Ecuador from December 1 to 3, 2021, in order to observe and obtain first-hand information about the serious acts of violence that occurred in various prisons across the country during 2021 and the measures adopted by the State to address them.<sup>2</sup> According to the official information provided by the State before, during, and after the IACHR visit, as of December 1, 2021, eight violent events took place in detention centers, in which 316 people died.<sup>3</sup> This was possible because the effective control of the cellblocks remained in the hands of inmate groups who had been fighting for control of the respective penitentiary centers, as well as the territories outside the centers of deprivation of liberty.<sup>4</sup>

3. The Commission highlighted the State's commitment at the highest level to address this situation.<sup>5</sup> The IACHR welcomed the measures adopted or in the process of adoption, including the following: carrying out actions aimed at having a population census, applying the figure of pardon; creating commissions to work on

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<sup>1</sup> IACHR, [Resolution 69/2019](#), Precautionary Measure 1581-18, Jorge David Glas Espinel regarding Ecuador.

<sup>2</sup> IACHR, [Report on Persons Deprived of Liberty in Ecuador](#), OEA/Ser.L/V/II, February 21, 2022, para. 210.

<sup>3</sup> IACHR, [Report on Persons Deprived of Liberty in Ecuador](#), previously cited.

<sup>4</sup> IACHR, [Report on Persons Deprived of Liberty in Ecuador](#), previously cited.

<sup>5</sup> IACHR, [Report on Persons Deprived of Liberty in Ecuador](#), previously cited, para. 216.

security issues, actions implemented by the Technical Directorate of the National System of Comprehensive Care for Adults Deprived of Liberty and Adolescent Offenders (SNAI) in order to strengthen the prison system; and the search for ways to apply institutionality to the prison system.<sup>6</sup> Finally, the Commission made itself available to the State in accordance with its mandate to provide the required technical assistance.<sup>7</sup>

4. In 2023, the IACHR observed in its Annual Report that, although the State reported on actions aimed at reducing prison populations, high levels of intra-prison violence persisted, the result of various clashes between criminal gangs that operated within penitentiaries. As of October 7, 2023, at least 55 detainees had reportedly lost their lives.<sup>8</sup> On the other hand, during various riots between July and August, a total of 194 officials in charge of security and control were held in different penitentiary centers.<sup>9</sup> In 2025, the IACHR called on Ecuador to adopt measures to guarantee the rights to life and personal integrity of persons in its custody, to investigate all the facts, to identify and punish those responsible, and to prevent such events from reoccurring.<sup>10</sup>

- *International pronouncements regarding the situation of Jorge Glas Espinel between 2021 and 2024*

5. On October 14, 2021, the United Nations (UN) Working Group on Arbitrary Detention indicated that it was “unable to determine whether Mr. Glas Espinel’s detention is arbitrary.”<sup>11</sup> At that time, Jorge Glas Espinel was in the Regional Social Rehabilitation Center of Cotopaxi. In this regard, the Working Group delivered the following statements both on the topic of health and the conditions of detention in that prison:

“65. The Working Group wishes to express its serious concern about the deterioration of Mr. Glas Espinel’s health, as well as the dangerous conditions in which he is alleged to be detained. According to the source, Mr. Glas Espinel has received death threats during his detention in the Regional Social Rehabilitation Center of Cotopaxi. In addition, recently other prisoners at the Center reportedly lost their lives due to acts of violence that occurred inside the prison. The Working Group urges the Government of Ecuador to take immediate action to protect the safety and well-being of Mr. Glas Espinel, including the granting of alternative measures to detention, such as early release or other non-custodial measures.

66. The Working Group decides to refer the present case to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; and the Special Rapporteur on extrajudicial, summary or arbitrary executions.”<sup>12</sup>

6. In 2022, the then UN Rapporteur on Judicial Independence stressed that he was closely following the situation of a judicial order for the release of former President Jorge Glas that was not being complied with or executed by the executive authorities.<sup>13</sup>

7. On April 15, 2024, the IACHR expressed its concern about the events related to the intrusion of the Embassy of Mexico in Quito, Ecuador, and called for the observance of international standards on the inviolability of diplomatic missions and the rule of diplomatic asylum in the region, as well as for dialogue between the two States.<sup>14</sup> Likewise, it urged the State of Ecuador to adopt the necessary measures to protect

<sup>6</sup> IACHR, [Report on Persons Deprived of Liberty in Ecuador](#), previously cited, para. 216.

<sup>7</sup> IACHR, [Report on Persons Deprived of Liberty in Ecuador](#), previously cited, para. 218.

<sup>8</sup> IACHR, [2023 Annual Report](#), December 31, 2023, Chapter IV.a. Development of Human Rights in the Region, para. 348 and 349

<sup>9</sup> IACHR, 2023 Annual Report, previously cited.

<sup>10</sup> IACHR, Press Release N. 12/2025, [IACHR urges Ecuador to take effective action to end ongoing prison violence](#), January 14, 2025.

<sup>11</sup> UN, [Working Group on Arbitrary Detention. Opinion number. 39/2021, concerning Jorge Glas Espinel \(Ecuador\)](#), para. 64

<sup>12</sup> UN, previously cited.

<sup>13</sup> Diego García-Sayan @ExRelator\_UNU, August 10, 2022, Twitter. [https://x.com/ExRelator\\_UNU/status/1557446921509289985](https://x.com/ExRelator_UNU/status/1557446921509289985)

<sup>14</sup> IACHR, Press Release 74/2024, previously cited.

the rights to life and personal integrity of Jorge Glas Espinel, beneficiary of precautionary measures granted by the IACHR.<sup>15</sup>

8. Through Resolution CP/RES. 1253 (2494/24) of the Permanent Council of the Organization of American States (OAS), approved on April 10, 2024, the intrusion of the Ecuadorian police into the Embassy of Mexico was condemned and considered a violation of the Vienna Convention on Diplomatic Relations, stressing the importance of respect for the inviolability of diplomatic headquarters and the integrity of diplomatic personnel, and calling on all States to comply with their obligations under the Vienna Convention and the 1954 Convention on Diplomatic Asylum.<sup>16</sup>

9. On November 14, 2024, the United Nations Special Rapporteur on Torture urged the Government of Ecuador to ensure that Jorge David Glas Espinel is treated humanely and with dignity, warning that his situation could be life-threatening.<sup>17</sup> She also requested information on the actions taken to investigate and prosecute the serious allegations of torture. The Special Rapporteur also expressed concern about the location of Glas at the La Roca maximum security prison in Guayaquil and the conditions of his detention.<sup>18</sup> She warned that Glas was reportedly detained in a small cell without windows, for up to 23 hours a day and without significant social contact.<sup>19</sup> According to the Special Rapporteur, restrictions on electricity also meant his cell was only illuminated for a few hours at night.<sup>20</sup> According to information received, the cell was reportedly unhygienic.<sup>21</sup>

## II. Background information, processing, and follow-up by the IACHR

10. During the time the precautionary measures have been in force, the Commission has followed up on the beneficiary’s situation by requesting information from the parties;<sup>22</sup> holding bilateral<sup>23</sup> and working meetings with the parties, including the participation of the beneficiary<sup>24</sup>; and visiting the beneficiary in 2021 when he was in Latacunga prison in Cotopaxi.<sup>25</sup> After the recent detention of the beneficiary in April 2024, the parties submitted a communication on the following dates:

Party	Dates of Note
State	May 3; June 11 and 26; July 1, 17 and 28; and November 19, 2024
Representation	April 15; July 1 and 15; August 29; September 3; October 22, 23, and 27; November 18, 2024

11. In June 2020, the Commission decided not to request provisional measures before the Inter-American Court of Human Rights, and to continue to follow up on the matter. In 2021, the State created a “Technical Table” to study the health status of the beneficiary. This group involved the medical staff of the Public Health Sector of Ecuador, and two additional doctors notably proposed by the representation, Dr. Edison Alejandro Barreto Zambrano, a specialist in internal medicine, and Dr. Michel Brune, a neuropsychiatrist, who visited the beneficiary.

<sup>15</sup> IACHR, Press Release 74/2024, previously cited.

<sup>16</sup> OAS, [Resolution CP/RES. 1253 \(2494/24\)](#), April 10, 2024.

<sup>17</sup> UN, UN [Expert gives the alarm to allegations of torture of former Ecuadorian Vice President Jorge Glas](#), November 14, 2024.

<sup>18</sup> UN, previously cited.

<sup>19</sup> UN, previously cited.

<sup>20</sup> UN, previously cited.

<sup>21</sup> UN, previously cited.

<sup>22</sup> The Commission periodically requested information from the parties, who submitted information in time. In 2024, the Commission requested information on April 18, May 30, June 6 and 24, July 1 and 16, September 6, October 17 and 18, and November 5, 2024.

<sup>23</sup> A bilateral meeting was held with each party on June 21, 2024.

<sup>24</sup> Working meetings were held in July 2020 and June 2021. Recently, a working meeting was held on July 3, 2024.

<sup>25</sup> In December 2021, the Secretariat, upon instruction from the Presidency of the IACHR, visited the beneficiary within the framework of an IACHR monitoring visit on the situation of the Penitentiary System between December 1 and 3, 2021.

12. During 2024, the representation requested “the designation of a special commission to visit the beneficiary in his place of detention,” and after the invitation of the State of Ecuador, the IACHR made a visit to the prison on October 28, 2024. The delegation was led by the IACHR Commissioner Rapporteur for Ecuador and on Persons Deprived of Liberty and Combating Torture. The delegation met with the beneficiary. Later that same day, the Commission held an inter-institutional meeting with the State. Following that visit, the Commission sent a questionnaire to the State on November 4, 2024, and received its response on November 19, 2024. Likewise, the Commission thanked the State of Ecuador for all the facilities provided for the IACHR delegation to visit the country. On December 19, 2024, the State sent a communication also expressing its gratitude and satisfaction that the visit had been successful and without setbacks.

13. The parties have provided information and made various claims during the processing of this matter since its granting in 2019. Considering that the precautionary measures mechanism addresses current situations, the Commission has decided to focus on the last events of 2024. Therefore, the information received by the parties in that year will be emphasized and assessed below.

### **III. Claims, pleadings, and information sent by the representation**

14. The representation made various claims throughout the processing of the matter during 2024.<sup>26</sup> In their last communication of 2024, they requested that the precautionary measures be extended and that, in accordance with the domestic law of Ecuador, an alternative or substitute measure to imprisonment be available (such as house arrest with accompanying controls, an approach used to execute final sentences), as well as an alternative measure to pretrial detention.<sup>27</sup> They also requested that provisional measures be requested from the Inter-American Court. Simultaneously, it was reported that the representation had filed a complaint with the United Nations Working Group on Arbitrary Detention, dated April 19, 2024.

#### *- Legal situation*

15. The representation alleged that the beneficiary was no longer in the Latacunga Prison. After receiving penitentiary benefits through the sentencing of cases “Odebrecht” and “Bribes,” he entered the Embassy of Mexico in Ecuador on December 16, 2023, and requested diplomatic asylum, which was granted to him on April

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<sup>26</sup> Initially, the representation made various claims in this regard, such as the accumulation of procedures and facts; allegations of violation of the rules applicable to diplomatic asylum, along with violations of due process, and that it is ordered to “retract the act that led to the arrest of Jorge Glas, and evaluate the request for his delivery to Mexico or to another country that guarantees his asylum in accordance with the Caracas Convention.” In its last communication, the representation did not focus on those claims.

<sup>27</sup> According to the representation, a person with a final conviction can continue to serve the sentence through an alternative measure to incarceration, such as house arrest, as contemplated by the Constitutional Court of Ecuador, in sentence 98-23-JH/23, of December 13, 2023. They indicate that the days of house arrest are computed as days of completion of the sentence, according to the last paragraph of Article 59 of the Comprehensive Organic Criminal Code-COIP of Ecuador (“In case of conviction, the time actually served under precautionary measure of preventive detention or house arrest, will be computed in its entirety in favor of the sentenced person”). They add that preventive detention can be replaced by house arrest, according to paragraph 3 of article 537 of the COIP (“When the person processed presents an incurable disease in the terminal stage, a severe disability or a catastrophic, highly complex, rare or orphan disease that does not allow him to fend for himself, which is justified by the presentation of a medical certificate granted by the corresponding public entity”). The representation highlighted that the beneficiary suffers from ankylosing spondylitis, among other diseases, this being “one of the diseases classified as rare or orphan by the Ministry of Public Health of Ecuador”. It also provided examples of other people who were deprived of liberty with a final conviction or preventive detention, and the measure was modified for an alternative to incarceration. As an example of a convicted person, he referred to the case of former Minister Iván Espinel, who was serving a final sentence in prison (for money laundering) and the Ecuadorian judicial authorities agreed on January 19, 2024, to serve the criminal sentence under house arrest. He had, as stated in the provision of his house arrest, “supraventricular tachycardia, depression, mixed anxiety disorder and a chronic intestinal disease” (Resolution in Trial No. 09U01-2023-00374 and excerpt from hearing in matters of prison guarantees of January 20, 2024 on José Iván Espinel Molina). As examples of people in pretrial detention, they indicated that, on May 31, 2024, in the case relating to Danilo Carrera, brother-in-law of the former president of Ecuador, Guillermo Lasso, house arrest was decreed in substitution of pretrial detention for the “Encuentro” case, due to health issues (heart problems); and the house arrest of Jacobo Bucaram, son of the former president of Ecuador, Abdalá Bucaram, decreed on May 11, 2024, despite the fact that, in the opinion of the representation, he had no risk to life or integrity, qualifying it as a “discretionary decision of the judicial authority within the framework of the investigation”.

4, 2024. It was indicated that, on April 5, 2024, the Armed Forces of Ecuador “assaulted” the diplomatic mission of Mexico and detained the beneficiary, which the representation considered as a “kidnapping.” The operation was described as one of “extreme violence by Ecuador’s police and military forces.” Then, he was taken to the Police Flagrancy Unit in Quito, and from there, on a military plane to the prison at the Guayas No. 3 Center for the Deprivation of Liberty (CPL) (popularly known as “La Roca”), in Guayaquil. In their last communication of 2024, the representation pointed out that such aspects are “the subject of a substantive request and not part of this request.”<sup>28</sup>

16. It was alleged that he was subjected to physical assault, beatings, and dislocation of his thumbs, which the representation defined as “torture”. Due to these torture allegations, they reported that they filed a complaint in this regard on June 29, 2024, and later reiterated it at the *habeas corpus* hearing of April 11, 2024. They indicated that to date there has been no investigation by the competent authorities.

17. Currently, the beneficiary is serving a six-year prison sentence for the “Odebrecht” Case, and another eight-year sentence for the “Bribes” Case.<sup>29</sup> Similarly, he is in pretrial detention in relation to the criminal investigation of the Case “Reconstruction of Manabí.” It was reported that a *habeas corpus* was filed to question the detention (with a decision against his claim). Subsequently, on June 28, 2024, a *corrective habeas corpus* was requested to obtain an alternative penalty of house arrest at his mother’s house, but the measure was rejected by the judicial authority on July 18, 2024, in the first instance, and on September 6, 2024, in the second instance, confirming the initial decision. According to the Court:

“From the information provided, it is concluded that the legitimate obligations of the jurisdictional guarantee action maintain the deprivation of liberty of Mr. JORGE DAVID GLAS ESPINEL, without contravening the express mandates of the rules that make up the legal system. As per the provided reports, it is concluded that the Director of the SNAI complies with the process of comprehensive health care for prisoners as established by the management model in the context of deprivation of liberty that corresponds, with an emphasis, to persons deprived of liberty who are at a double or greater vulnerability.”

18. The representation questioned the internal judicial bodies in their independence and impartiality. In the case of the beneficiary, they alleged that it is a “case of high political profile,” and that judges who have ruled in his favor have been subjected to reprisals, sanctions, or have been criminally persecuted.<sup>30</sup>

- *Health situation*

19. Regarding the *suicide attempt on April 7, 2024*, the representation indicated that the beneficiary ingested a volume of 60 pills. On the morning of April 8, 2024, he was found unconscious in his cell and was transferred to the Naval Hospital of Guayaquil. It was reported that the relatives were prevented from entering the Naval Hospital of Guayaquil during the 24 hours that the beneficiary was admitted. On April 9, 2024 (less than 24 hours after the suicide attempt), the beneficiary was returned to prison. On April 10, 2024, the beneficiary maintained telematic communication with his lawyers. A report was attached that accounts for the

<sup>28</sup> The representation indicated that the following matters are pending before the IACHR: Case 14.957 (relating to the conviction for the so-called “Odebrecht” Case) and Petition 398-21 (relating to the conviction in the so-called “Bribery” Case).

<sup>29</sup> The representation alleged that he is close to reaching 80% of the completion of the unified sentence in both cases. They consider that he could benefit from pre-freedom, as established in Art. 22 of the Code of Execution of Sentences and Social Rehabilitation and its Regulations. In addition, in relation to the preventive detention ordered in the investigation of the case “Reconstruction of Manabí”, they allege that he could receive the substitute measure of house arrest.

<sup>30</sup> They identified the following examples: Judge Diego Moscoso of the Judicial Unit of Manglaralto, who granted a *habeas corpus* to the beneficiary was dismissed by the Plenary of the Council of the judiciary for “manifest negligence”; in Manabí, Judge Banny Molina Barrezueta, who also granted a *habeas corpus* in favor, was dismissed and prosecuted for usurpation and simulation of functions; Judge John Rodríguez Mindiola, who restored the political rights to the beneficiary, was dismissed and faces a prison order; and Judge Emerson Curipallo, who granted precautionary measures allowing the freedom of the beneficiary, was imprisoned.

attention of the clinical psychology specialty in the penitentiary.<sup>31</sup> On April 11, 2024, he had a *habeas corpus* hearing before the National Court of Justice of Ecuador. At the hearing (approximately 12 hours long), the beneficiary reportedly indicated that he attempted suicide and told the audience that “he had been tortured and beaten.”

20. Between April and May 2024, the beneficiary went on hunger strike. The representation explained that it was in protest “against ill-treatment and the lack of adequate medical care.”

21. After requesting information about the beneficiary’s medical situation and not receiving any material in return,<sup>32</sup> the representation filed a *habeas* action on May 17, 2024. On May 29, 2024, the information on the hospital admission to the Naval Hospital of Guayaquil for the suicide attempt was provided. The judge, by decision of July 31, 2024, reported the delivery of the information in this process, indicating that “this judge no longer has anything else to resolve.”

22. The representation warned that the medical documentation received suffered from very serious formal issues.<sup>33</sup> Nonetheless, as per two medical reports completed on June 16 and 21, 2024, both prepared by Dr. Edison Alejandro Barreto Zambrano who analyzed the medical information received, the representation alleged that the guidelines set forth by the Ministry of Public Health of Ecuador in the document “Operational Guidelines for the Care of People with Intention and/or Suicidal Attempts of 2021” had not been followed. They also emphasized the existence of substantial evidence and testimony that demonstrated how the beneficiary has been subject to cruel, inhumane, and degrading treatment, and torture, after his detention on April 5, 2024, noting the contrast of state medical reports.<sup>34</sup> Specifically, it was stated that:

- i. at no time was a psychological or psychiatric assessment requested as required by the mandatory care in these cases;
- ii. an assessment was not made by corresponding mental health personnel proficient in psychology or psychiatry;
- iii. treatment failed to comply with the “Operational Guidelines for the Care of People with Intention and/or Suicidal Attempts of 2021”, which indicate that “once the patient is physically stabilized, the psychologist or psychiatrist must carry out the mental health evaluation in a mandatory manner”;

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<sup>31</sup> The report indicates: Current Disease. The patient is not very oriented in time, space and person, with a clinical picture of stress due to the situation of incarceration. In addition to not being able to fall asleep. He also refers symptoms of post-traumatic stress with an evolution of more than 2 years, as referred to due to incidents related to incidents in prisons (deaths, decapitations, extortions and threats). Evolution. Male patient of 54 years of age, who is attended to in psychological consultation on April 9 of the current year in the office of the CPL Guayas #3 La Roca, the attention is carried out at 15h00. The patient is a collaborator in the interview through which he is observed little oriented in time, space and person (due to the situation of incarceration, as he refers), without alterations in consciousness, with inadequate mood (symptoms of stress due to adaptation are observed), with eulalia. He does not refer to current suicidal ideation, but with no history with more than 15 years of evolution. With reference to the question about autolytic attempts, he said that he had not had any. No visual or auditory hallucinations are observed.

<sup>32</sup> On April 17, 2024, the representatives requested the Ministry of National Defense of the Republic of Ecuador to transfer all the medical information of the beneficiary’s admission and hospital discharge. On April 18, 2024, the HOSNAG General Hospital (Naval Hospital of Guayaquil) reportedly refused to provide the information.

<sup>33</sup> At the request of the representation, Dr. Barreto reviewed and analyzed the medical history of the Naval Hospital of Guayaquil that appears in his medical report of June 16, 2024, where Mr. Glas was transferred on the day of his suicide attempt. This analysis reveals multiple deficiencies, “the review of the clinical history revealed several inconsistencies and possible alterations in the documentation”. They indicated that on certain pages of the clinical history no date, time or personal data of the patient were placed in the medical evolution note; the dates of the evolution notes do not coincide with the date on which the patient was admitted; and there would be no names or stamps of the responsible personnel who make the evolution note, which could mean that the document has been altered. The representation also reports that Dr. Barreto expanded his report on June 21, 2024, to include several clinical findings and reveals significant omissions in the documentation and management of Jorge Glas’s health, and contrasts clearly with Technical Report 001 of April 15, 2024, sent by the State to the IACHR. He points out that the April 9 examination indicates considerable physical trauma in the thoracic region, suggesting that the patient experienced significant physical trauma; that the nursing record documented on April 8, 2024, at 9:42 p.m., mentions the presence of lacerations and hematomas; simple chest tomography performed, described on page 35 of the Naval Hospital medical history, revealed basal fibrotic lesions on the right side and pulmonary condensations, [...] the signs of lacerations, ecchymosis and hematomas observed in the chest suggest a possible pulmonary contusion.

- iv. the suicide attempt protocol established in the “Operational Guidelines for the Care of People with Intention and/or Suicidal Attempts of 2021” was not activated, which they consider a serious omission that hinders the prevention of “possible new suicide attempts”;
- v. they did not respect the “minimum time of hospitalization” of 15 days established in the “Operational Guidelines for the Care of People with Intention and/or Suicidal Attempts of 2021 (Flowchart 3)”;
- vi. the presence of a relative was not provided 24 hours a day as a form of treatment in addition to a nurse who follows up every 15 to 30 minutes. The beneficiary was also not allowed to be discharged until authorized by the relevant psychologist or psychiatrist. In the aforementioned national guidelines, it is explained that: “individuals who have attempted suicide are 65 times more likely to commit suicide again when compared to the general population.”

23. In his report of June 14, 2024, Dr. Brune, after evaluating the beneficiary by videoconference on June 5, 2024, concluded that: “it is to be feared that his mental disorders have now reached a severity from which there will be no remission.” He identifies the risk of suicide as “very high,” since “the current mental state of Mr. Jorge Glas is extremely serious.” He asserted that “it will definitely be impossible to give Mr. Jorge Glas adequate psychiatric and psychotherapeutic treatment, in the hope of improving his condition, inside a prison.”

24. Dr. Edison Alejandro Barreto, attending physician, in his report of June 16, 2024, after his medical visit on May 11, 2024 in “La Roca,” noted that his evaluation was carried out under constant surveillance, with military personnel and prison guides present at a distance of no more than two meters. In his medical evaluation, he questioned certain medical evaluations of the State; highlighted the physical weakness of the beneficiary during the two months of his hunger strike; provided evidence of beatings (Mr. Glas Espinel’s thumbs were reportedly dislocated in his detention); indicated that there are fleas and rats in his cell; and concluded that there is a “risk of serious to extreme suicide” and that his recovery in the prison environment is impossible. Subsequently, it was alleged that on August 29, 2024, a request was submitted to visit the beneficiary again but was not authorized by the State. It was alleged that the Ombudsperson’s Office expressed itself in favor of such a visit.

25. Regarding his mental health, the representation highlighted that for approximately six months after the suicide attempt, the authorities did not respond to the requests for the transfer of the beneficiary’s medical information made by his legal representatives.<sup>35</sup> *Habeas data* was filed on August 24, 2024. The representation pointed out that, on October 25, 2024, the authorities of the Ministry of Public Health transferred the hospital information to the “La Roca” prison. The judge assessed, on the same date, that: “Given the background information provided, the institution in question had not denied them access to these requested records, but rather had them delivered following the filing of their action, and [...] he recognized that everything required had already been delivered to the representation, so the purpose of the action has vanished.”

26. From the medical information received by the representation, they confirmed that there were a “few psychiatric visits” on April 12, 2024, June 21, 2024, August 1, 2024, and August 20, 2024. Based on a medical report dated October 25, 2024 from Dr. Alejandro Barreto, who reviewed the beneficiary’s medical information, it was noted that the beneficiary’s health demonstrated a “rapid and progressive deterioration of his mental health,” which required “immediate hospitalization.” The attached medical documents from the Health Sector of Ecuador provide distinct medical treatment from various medical experts, which were questioned by the representation.

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<sup>35</sup> According to the representation, on July 17, 25 and 31, 2024, and August 13, 2024, a psychologist of the District Directorate 09D08 Guayas 4 Social Rehabilitation Center, psychiatrist of the Dr. José Daniel Rodríguez Maridueña Hospital, Ministry of Public Health was requested to share the medical information of the beneficiary in the “La Roca” prison. Requests made are attached.

27. Regarding the mental health issue, the most up-to-date reports delivered by the State in October 2024 within the framework of the second *habeas data* action indicate the following:

**TABLE 1. PSYCHIATRIC CARE OF THE MINISTRY OF PUBLIC HEALTH**

Medical reports	Assessment / Evaluation	Treatment
<p>Medical report dated April 12, 2024, by a physician specializing in psychiatry and mental health</p> <p>(Assessment date April 11, 2024)</p>	<p>On mental examination: Through the first and only direct patient interview at the moment, with partial care of his personal appearance, he is alert, oriented in time, space and person, establishes good eye contact, and has a clear and well-articulated speech. Denies having suicidal thoughts or intentions. He accepts emotional lability, reports global insomnia, and has preserved judgment. There are no alterations in sensory perception and both anterograde and retrograde memory are preserved.</p> <p>Psychometric assessment There are no psychometric assessments available at this time</p> <p>Presumptive diagnosis Reaction to acute stress.</p>	<p>Prescription:</p> <ul style="list-style-type: none"> <li>- Individual therapy – cognitive-behavioral therapy post psychology.</li> <li>- Medication should only be administered under strict supervision of the detention center health personnel.</li> <li>- A zonal committee of mental health specialist and a representative of the national mental health directorate and specialist of the third level operational units must be appointed to assess and analyze the case.</li> <li>- Psychological evaluation is requested for the application and psychometrics to complement the presumptive and differential diagnosis.</li> <li>- Follow-up by psychology of the District belonging to the Center for Deprivation of Liberty.</li> <li>- Blood tests.</li> </ul> <p>Psychotropic medications</p>
<p>Medical report dated June 21, 2024, by a physician specialized in psychiatry and mental health</p>	<p>On mental examination: Through direct interview, patient at the moment with partial care of his personal appearance, he is alert, oriented in time, space and person, establishes good eye contact, and has a clear and well-articulated speech, anterograde memory and retrograde memory are preserved. At the moment he accepts suicidal ideation and premeditation without specifying how he would do it “if I told you, I could not do it” verbatim quote. He refers to an autolytic attempt 2 months ago, “I took about 60 pills here in prison, unfortunately I did not achieve my goal,” he quotes, refers to visual hallucinations, “I see blood on the walls, arms on the floor that scare me,” he quotes, accepts emotional lability, irritability, low mood, reports interval insomnia despite taking his medication, Beck’s triad of hopelessness.</p> <p>Psychometric assessment Applied by psychology personnel on April 22, 2024:</p> <ul style="list-style-type: none"> <li>- Plutchik Suicide Risk; 11/15 (high risk)</li> <li>- Beck Depression: 28 (moderate)</li> <li>- Hamilton's Anxiety: 24 (Moderate)</li> </ul> <p>Presumptive diagnosis: Severe depressive episode with psychotic symptoms.</p>	<p>Prescription:</p> <ul style="list-style-type: none"> <li>- Patient with hospital admission criteria according to the operational guidelines of the Ministry of Public Health for care of people with suicidal intention and/or attempt. Risk factors: history of acute intoxication due to the use of sedatives or hypnotics, acute intoxication (registration April 8 in the RDACAA system)</li> <li>- Permanent surveillance for suicidal ideation or planning</li> <li>- Individual psychotherapy – cognitive-behavioral therapy by psychology</li> <li>- Medication should only be administered under strict supervision of the detention center health personnel.</li> <li>- A zonal committee of mental health specialist and specialists of the third level operational units must be appointed to assess and analyze the case.</li> <li>- Psychological evaluation is requested to update the psychometrics performed and application of pending psychometrics to complement the diagnosis: Beck’s Anxiety, Beck’s Depression, Personality (MMPI), Simulation (SIMNS), Suicide Risk SCALE Sad Persons.</li> </ul> <p>Psychoactive medications</p>
<p>Report of August 1, 2024, by psychiatrist</p>	<p>Patient who is a person deprived of liberty (PDL), currently with a manipulative attitude, labile, bradypsychic, hyperthymic, unpleasant, currently accepts ideas of death, but denies autolytic planning, refers visual hallucinations, insomnia of conciliation. Refuses to sign report sheet requesting care with previous psychiatrist.</p> <p>Presumptive diagnosis: Post-traumatic stress disorder.</p>	<p>In addition to this psychiatric evaluation, the aforementioned citizen requires the evaluation of an expert specialized in criminology and exhaustive psychological evaluations, as well as psychotherapeutic follow-up, and general practitioner when required.</p> <p>TREATMENT PLAN/RECOMMENDATIONS TO PROTECT THE STATE OF HEALTH:</p> <ol style="list-style-type: none"> <li>1. Permanent surveillance / accompaniment by specialized personnel.</li> <li>2. Evaluation of an expert specialized in criminology.</li> <li>3. Comprehensive psychological evaluations</li> <li>4. General medical follow-up.</li> </ol>
<p>Report of August 20, 2024, by psychiatrist</p>	<p>Patient who is a person deprived of liberty, currently with a suspicious attitude, labile, bradypsychic, hyperthymic, unpleasant, with coherent clear language, preserved anterograde and retrograde memory, is anxious, currently accepts ideas of death, accepts suicidal planning, accepts alterations of sensory perception: indicates auditory hallucinations and visual pseudohallucinations, accepts autolytic planning, refers insomnia of conciliation. Patient more collaborative than in the first psychiatric interview, sign health report sheet.</p>	<p>Indications:</p> <p>Patient with hospital admission criteria according to the operational guidelines of the Ministry of Public Health for care of people with suicidal intention and/or attempt.</p> <ul style="list-style-type: none"> <li>- Permanent surveillance for suicidal ideation or planning.</li> <li>- Individual psychotherapy – cognitive-behavioral therapy by psychology.</li> <li>- Medication should only be administered under strict supervision of the detention center health personnel.</li> </ul> <p>Psychoactive medications</p>



	<p>Presumptive diagnosis: Post-traumatic stress disorder. Severe depressive disorder with psychotic symptoms.</p>	<p>TREATMENT PLAN / RECOMMENDATIONS TO PROTECT THE STATE OF HEALTH:</p> <ol style="list-style-type: none"> <li>1. Permanent surveillance / accompaniment by specialized personnel.</li> <li>2. Evaluation of an expert specialized in criminology.</li> <li>3. Comprehensive psychological evaluations</li> <li>4. General medical follow-up.</li> </ol>
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**TABLE 2. RECENT ATTENTION IN PSYCHOLOGY**

Reports	Disease and diagnoses	Treatment and Evolution
<p>Clinical psychology August 30, 2024</p>	<p>Patient oriented in time, space and person, presents dysthymia, lethargy, difficulties in performing daily self-care activities (reading) patient associates it with the increase in dose of medication, difficulties in concentration and attentional fatigue are observed. Decreased suicidal ideation and decreased visual hallucinations. Presents sadness, fear and catastrophic thoughts related to the situation of the previous day in the CRS</p> <p>POSTRAUMATIC STRESS DISORDER (Presumptive) SEVERE DEPRESSIVE EPISODE WITH PSYCHOTIC SYMPTOMS (Presumptive) PROBLEMS RELATED TO IMPRISONMENT AND OTHER INCARCERATION</p>	<p>General / Therapeutic Plan. 1. Individual Family Social Problems a) Persistent suicidal ideation, stress due to his ongoing legal situation b) Rejects family support network c) Manifests feelings of guilt regarding his social life (refers to being a burden on his social environment) 2. Objectives a) To reduce thoughts of self-harm (to date, the objective has not been achieved) b) To strengthen a positive attitude towards life. 3. Activities to be carried out Individual Psychotherapy with a cognitive-behavioral approach 4. Number of sessions and frequency planned 2 weekly sessions 5. Professionals who will intervene in the therapeutic plan Psychiatrist Psychologist Family Physician General Physician</p> <p>EVOLUTION. Patient oriented in time, space and person, presents dysthymia, lethargy, difficulties in performing daily self-care activities (reading) patient associates it with the increase in dose of medication, difficulties in concentration and attentional fatigue are observed. Decreased suicidal ideation and decreased visual hallucinations. Presents sadness, fear and catastrophic thoughts related to the situation of the previous day in the CRS. Psychoeducation, individual psychotherapy, emotional containment are carried out.</p>
<p>Clinical psychology September 6, 2024. There is a note that the scheduled treatment was carried out on September 3</p>	<p>The case transfer process is carried out with a patient by rotation term in the prison context. The patient is instructed that other professionals in psychology will follow up on the case. The patient receives the news with some concern due to the continuity of his process and not knowing who will be the professionals who will continue to treat him. Regarding his symptoms, he refers that the same symptoms mentioned in other evolutions are maintained, however, he acknowledges that he perceives them less acutely. Use the term "I feel that I am not present", regarding the adverse symptoms of the medication.</p> <p>POSTRAUMATIC STRESS DISORDER (Definitive, control) SEVERE DEPRESSIVE EPISODE WITH PSYCHOTIC SYMPTOMS (Definitive, control) PROBLEMS RELATED TO IMPRISONMENT AND OTHER INCARCERATION</p>	<p>The patient is oriented in time, space and person, the case transfer process is carried out with a patient by rotation term in the prison context. The patient is instructed that other professionals in psychology will follow up on the case. The patient receives the news with some concern due to the continuity of his process and not knowing who will be the professionals who will continue to treat him. Regarding his symptoms, he refers that the same symptoms mentioned in other evolutions are maintained, however, he acknowledges that he perceives them less acutely. Use the term "I feel that I am not present", regarding the adverse symptoms of the medication.</p>
<p>Clinical psychology September 8, 2024</p>	<p>Patient oriented in time, space and person, in a state of alert due to the contingency situation that was experienced on September 5 in CRS # 3 when he was evacuated along with the other PDLs of the CRS for safety due to the Drone that was on the roof of the CRS. He reports that this situation makes him relive traumatic events when he was detained in 2019 (prison massacres). Symptoms in the sensory-perceptual alterations remain, suicidal ideation remains. A joint session is held as part of the transfer process with Psychologist Rocafuerte, an incoming professional in the second rotation of prison contexts.</p> <p>SEVERE DEPRESSIVE EPISODE WITH PSYCHOTIC SYMPTOMS (Presumptive) POSTRAUMATIC STRESS DISORDER (Definitive, control) PROBLEMS RELATED TO IMPRISONMENT AND OTHER INCARCERATION</p>	<p>EVOLUTION. Psychological care as part of the scheduled treatment carried out on Friday, September 6, which is uploaded today due to lack of internet in the CRS Guayas 3. Patient oriented in time, space and person, in a state of alert due to the contingency situation that was experienced on September 5 in CRS # 3 when he was evacuated along with the other PDLs of the CRS for safety due to the Drone that was on the roof of the CRS. He reports that this situation makes him relive traumatic events when he was detained in 2019 (prison massacres). Symptoms in the sensory-perceptual alterations remain, suicidal ideation remains. A crisis intervention, emotional containment, and an additional session are held together as part of the transfer process with Psychologist Rocafuerte, an incoming professional in the second rotation of prison contexts.</p>
<p>Clinical psychology September 13, 2024. There is a note that the</p>	<p>Patient oriented in time, space, and person. He refers states of anxiety regarding the suicide of a PDLs to two cells of his own. Regarding this situation, he says "the neighbor had more drive than I did. His thoughts of suicide have increased since the aforementioned</p>	<p>General / Therapeutic Plan. 1. Individual Family Social Problems 2. Objectives 3. Activities to be carried out 4. Number of sessions and frequency planned 5. Professionals who will intervene in the therapeutic plan 1. Individual Family Social Problems Patient reports difficulties in his cell, so he works with verbal recommendations to the CPL to mitigate those difficulties. Persistent suicidal</p>

<p>scheduled treatment was carried out on September 6</p>	<p>event. He reports increased symptoms of visual hallucinations “flash back of blood stains, dismembered” that disturb him, as he indicates these symptoms are increasing since the event of the explosion of the drone.</p> <p>SEVERE DEPRESSIVE EPISODE WITH PSYCHOTIC SYMPTOMS (Definitive, control) PROBLEMS RELATED TO IMPRISONMENT AND OTHER INCARCERATION (prevention) POSTTRAUMATIC STRESS DISORDER (Definitive, control)</p>	<p>ideations Stress due to ongoing legal situation 2. Objectives a) To reduce thoughts of self-harm (to date, the objective has not been achieved) b) To strengthen a positive attitude towards life. 3. Activities to be carried out Individual Psychotherapy with a cognitive-behavioral approach. 4. Number of sessions and frequency planned 2 weekly sessions. 5. Professionals who will intervene in the therapeutic plan Psychiatrist Psychologist Family physician General physician Control and follow-up. Subsequent follow-up</p> <p>Patient oriented in time, space, and person. He refers states of anxiety regarding the suicide of a PDLs to two cells of his own. Regarding this situation, he says “the neighbor had more drive than I did”. His thoughts of suicide have increased since the aforementioned event. He reports increased symptoms of visual hallucinations “flashback of blood stains, dismembered” that disturb him, as he indicates these symptoms are increasing since the event of the explosion of the drone. Emotional containment, cognitive intervention for the management of suicidal ideation and stress management are carried out.</p>
<p>Clinical psychology September 19, 2024</p>	<p>The patient reports the appearance of nightmares related to his wake and his suicide since Friday, symptoms that had shown a decrease for approximately 15 days. He indicates that, after the traumatic events that occurred in the prison, he has observed an aggravation of certain symptoms, such as visual hallucinations, manifested in the form of flashbacks of situations of extreme violence, such as dismemberments. In addition, he has experienced an increase in the frequency of suicidal ideation.</p> <p>POSTTRAUMATIC STRESS DISORDER (Definitive, control) SEVERE DEPRESSIVE EPISODE WITH PSYCHOTIC SYMPTOMS (Definitive, control) PROBLEMS RELATED TO IMPRISONMENT AND OTHER INCARCERATION</p>	<p>The patient presents with an exacerbation of psychological symptoms following traumatic events in the penitentiary, including nightmares about his wake and suicide, visual hallucinations in the form of flashbacks of violence, and an increase in suicidal ideations. These symptoms had shown improvement during a previous period of 15 days. Therapeutic Recommendations that are followed with the patient: Cognitive-Behavioral Therapy (CBT): Focus on cognitive restructuring to address suicidal ideations and distortions related to trauma. Crisis Management: Assess the need for immediate interventions for the management of suicidal risks, including a safety plan. Psychoeducational Intervention: Provide information on the effects of trauma and the importance of self-care, as well as coping strategies.</p>

28. Based on a report by Dr. Alejandro Barreto, the representation alleged, in various communications from 2024, that the beneficiary is subject to “polypharmacy”<sup>36</sup>, including antipsychotics, anxiolytics and powerful analgesics, which have required to be administered in very high doses and for a very long time. The representation sustained that from his admission to prison in 2017 to now, the beneficiary’s health had experienced a significant deterioration, marked by an “alarming increase in the prescription of medicines” – while he began his sentence ingesting only three pills per day, the total dosage today has increased to 40. He warned of “a lack of specialized pharmacological monitoring” and “highlighted a serious negligence in the medical supervision and management of his treatment.” In other health matters, a neurology medical report was sent on May 1<sup>37</sup>, 2024, a rheumatology report on May 8<sup>38</sup>, 2024, a nutrition report on May 8<sup>39</sup>, 2024,

<sup>36</sup> He “continues to be treated for various chronic pathologies, such as arterial hypertension, fibromyalgia, and ankylosing spondylitis, bronchial asthma, chronic allergic rhinitis, chronic gastritis.” Additionally, he also suffers from “hypocalcemia (decreased calcium levels) and anemia”. And next to the above, an “ankylosing spondylitis and fibromyalgia”.

<sup>37</sup> He recommended, among others, orthopedic mattress and pillow for the need of his cervical spine.

<sup>38</sup> It is indicated as a conclusion: “Patients with diagnoses of ANKYLOSING SPONDYLITIS and FIBROMYALGIA; currently with symptoms attributable to the two diseases, with medical treatment that should continue, recommendations are made.

<sup>39</sup> He provided nutritional recommendations for his eating plan. As observations, it is noted that “the BMI of 23.65 kg/m2 within the values does not present caloric protein malnutrition.”

a gastroenterology report on June 21<sup>40</sup>, 2024, a medical report on June 21<sup>41</sup>, 2024, and September 9, 2024<sup>42</sup>. In general terms, the representation questioned the lack of subsequent follow-up reports and that the distress would continue.

- *Detention conditions*

29. Regarding his detention conditions, the representation argued through its first communications of 2024, that he was held in solitary confinement and with restricted access to legal representation. It was then reported that he was on hunger strike between April and May 2024, and that his detention conditions were not adequate, referring to a report from the Ecuadorian Ombudsperson's Office that visited the Penitentiary Center on April 10, 2024. In this regard, the representation highlighted, among others, that in the prison there was water and humidity filtration, a lack of adequate ventilation, limited access to natural light and to the sun, poor sanitary conditions, uncertainty about the quality of food, a lack of an adequate activity regime, and complaints about the center's infrastructure. He also warned about the unauthorized leak of photographs of Jorge Glas inside the establishment, which would represent a serious invasion of his privacy and a lack of protection of his rights. According to the representation, such conditions apply to all inmates, including the beneficiary.

30. During a videoconference meeting between the beneficiary and his lawyers in July 2024, he reported two threatening situations: (i) he underscored that he was being pressured to persuade the relatives of his lawyer, killed in 2022, to not take legal action against the murderer, who is also serving time in the prison "La Roca"; and (ii) he mentioned that the murderer, alias "El Invisible", claimed that the Prosecutor's Office was pressuring him to incriminate the beneficiary in the murder of former presidential candidate Villavicencio. The representation indicated that, after entering "La Roca", the beneficiary has not been able to hold a confidential meeting with his representatives, family members, national lawyers or doctors, either in person or electronically. The beneficiary was monitored and guarded by public agents (armed forces, police forces or prison officers). According to the representation, this situation has prevented him from holding confidential meetings and gathering fundamental information about his situation, since he instead prefers not to answer. They added that, during the meeting between the beneficiary and the IACHR in October 2024, there was a camera in the upper corner of the room; it was simultaneously difficult to ensure that it was not recording audio. The representation indicated that this was the first time that the representation spoke with the beneficiary without the presence of State agents.

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<sup>40</sup> The results of the physical examination, plan, medication, and diagnostic studies are detailed. As conclusions and recommendations, it is indicated: "After evaluation and conversation with a physician of a detention center, general measures and medications and control with diagnostic studies are suggested."

<sup>41</sup> It is recorded that: "Evolution of the current picture of approximately 2 weeks, characterized by dizziness when getting up, also manifesting a feeling of sadness, with a feeling of "wanting to die", mentions that he has already been assessed by a UN psychiatrist and interviewed by a Catholic priest. After the last search carried out in the rehabilitation center, I presented abdominal pain, especially in the epigastrium, which improved with proton pump inhibitors, and he also reported marked constipation." Orthostatic hypotension (related to drug interactions); depression and anxiety were concluded. Recommendations, medication and care plan were given (dose adjustments per interaction). On this last aspect, the following was indicated: "Assessment by Psychiatry: Evaluate drug interactions and adjust doses of tricyclic anxiolytics (benzodiazepines) antidepressants. Assessment by Rheumatology: Adjust the dose of analgesics (opioids), due to the risk of interaction with Benzodiazepines".

<sup>42</sup> In the category of evolution of the current picture, it was indicated: "patient reports that he presented a cycle of generalized pain at the musculoskeletal level for 2 weeks, which merited the use of diclofenac 2 tablets of 50 mg/day, it is associated with passive state in bed, headache, difficulty in reading; said pain decreases with rest, it is generalized with predominance in elbows, shoulders, neck, muscles of the face, back, associating with muscle contractures in the neck that gave way 2 days ago. Depressive and anxiety status was assessed by psychiatry, achieving partial control with increased alprazolam and quetiapine, amitriptyline was discontinued. He still refers to nightmares with death, he sees blood stains on the walls, when he closes his eyes he has visions of mutilation. Digestive symptoms have improved with lactulose, he performs bowel movements during a day of normal consistency accompanied by especially evening borborygmus, without epigastralgia. Receive diet food with saturated fat restriction, eat fish, vegetables. He also refers to painful numbness in the hands and feet, which are exacerbated when standing up, sometimes increasing involving muscles of the face." Conclusions were established, and they gave recommendations, medication (prescription and suspension of some medications), and care or assessment plan.

31. The representation considered that the beneficiary's admission to the "La Roca" Penitentiary Center does not meet the objective criteria for the beneficiary. During 2024, the representation stated that the prison situation in Ecuador was "an enormous security risk." Likewise, on September 5, 2024, a drone armed with a bomb was reported to have attacked "La Roca", generating enormous damage to the roof and mandating the evacuation of inmates. Days later, an inmate in the cell next to the beneficiary's committed suicide. It was informed that recently, in a search inside the "La Roca" prison, a firearm was found inside a cell. They specified that after a mutiny in the neighboring pavilion, the director of the Men's Social Rehabilitation Center No. 1 of Guayaquil (Penitenciaría del Litoral) was killed, given that she represented the executive branch within the prison. It was noted that, on November 12, 2024, the Ecuadorian Intelligence Service (SNAI) confirmed that 15 prisoners were killed and another 15 were seriously injured in new clashes reported by the Litoral Penitentiary, located a few meters from the "La Roca" Penitentiary Center.

32. In their arguments, the representation stresses that the beneficiary is the former vice president of the Republic, and that "La Roca" hosts the most violent criminal and organized gangs in the country. Consequently, the representation asserts that the beneficiary is perceived as their principal enemy, having confronted them through police and military force when he was part of the executive branch. It was denounced that the beneficiary would not go to the prison yard for fear of being assaulted or killed. Access to the courtyards is described as "rare" (they only occur three times a week for half an hour) and it is significant that the beneficiary has preferred to avoid them.

#### **IV. Claims, pleadings, and information sent by the State**

33. The State held that they are complying with the IACHR's precautionary measures to safeguard the beneficiary's rights; requested that the representation's claims be dismissed; and reiterated its willingness to provide any additional information as required.<sup>43</sup> The State stressed that it has taken the actions and steps needed to reduce the effects of liberty deprivation as much as possible, and has provided medical care, food, visits, and activities for rehabilitation and reintegration at all times, as well as for permanent access to inspection processes by the authorities of the National Assembly of Ecuador. The State also replied that the representation's allegations related to the right to asylum "is not a matter to be addressed within the framework of the granted precautionary measures."

##### *- Legal situation*

34. The State mentioned that the beneficiary has convictions against him. It was precisely noted that the total time is five years and 15 days, with two years, 11 months, and 15 days left to serve of the single sentence imposed of eight years of major imprisonment. To provide context, it was recalled that, within the framework of current national regulations, the beneficiary was granted national precautionary measures and was allowed to serve his sentence outside of prison,<sup>44</sup> though he must periodically appear before a judicial authority. The beneficiary has been outside a detention center since April 28, 2022, presenting weekly at the

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<sup>43</sup> In communications received during 2024, the State indicated that it is not appropriate to give a unified treatment to these precautionary measures with case No. 14,957 and petition 398-21.

<sup>44</sup> According to the State, the precautionary measures were not ordered because of his health condition but "considering that there was an imminent threat of violation of the rights to legal security and due process against the alleged victim, focusing the analysis on the unification of penalties and access to prison benefits," according to the judge in the case. Subsequently, the judgment by which such precautionary measures were ordered was observed by the Constitutional Court, by judgment 12-23-JC/24 of February 28, 2024, issued within the framework of a process of selection and review of sentences, carried out in order to analyze a possible denaturalization of the figure of precautionary measures to affect the execution of judicial decisions. The State stressed that the rapporteur judge decided: "To declare that Emerson Geovanny Curipallo Ulloa, then a judge of the Criminal Judicial Unit based in the canton of Santo Domingo, committed fraud by accepting the autonomous precautionary measure 23281-2022-05925, nullifying enforceable convictions issued within criminal proceedings and, with it, denaturing the jurisdictional guarantee."

Litoral Penitentiary. However, the State indicated that, as of December 17, 2023, he hid in the Embassy of the United Mexican States, in Quito.

35. In the absence of his weekly presentation, on January 10, 2024, the Judge of the Criminal Judicial Unit based in the canton of Santo Domingo, Santo Domingo de los Tsáchilas Province revoked the precautionary measures in his favor<sup>45</sup>. At the same time, within the framework of the criminal process for the crime of embezzlement, on January 5, 2024, the arraignment hearing was held and a preventive detention order was issued. On March 18, 2024, his appeal was rejected, and a search and arrest warrant was issued against Mr. Glas Espinel. The beneficiary was located and captured on April 5, 2024, later taken to the Guayas Deprivation of Liberty Center No. 3. Regarding the allegations of violence or aggression against the beneficiary, the State clarified that there was a report of the crime, which followed the corresponding investigative course.

36. On April 8, 2024, the defense of the beneficiary filed a writ of *habeas corpus* that came to the knowledge of the Specialized Chamber of the Family, Childhood, Adolescence and Adolescent Offenders of the National Court of Justice (Family Chamber).<sup>46</sup> On April 17, 2024, the Family Chamber indicated that the detention did not comply with the appropriate procedure for a search of a diplomatic mission, making the detention illegal and arbitrary without prejudice, to which, due to the convictions against the beneficiary, it decided not to grant him his freedom, emphasizing the obligation of the SNAI to guarantee his right to life, health, and integrity, and to provide him with adequate medical and psychiatric care. The appeal was heard by the Specialized Chamber of Tax Litigation of the National Court of Justice (Litigation Chamber). In his judgment of June 7, 2024, he concluded that “he is not competent to rule on the right to asylum, whether or not it was granted, or if there was a violation of International Conventions as stated by the plaintiff.” He also added that the beneficiary “as an individual who is not free, it is resultantly contradictory to pursue an undeserving freedom through a *Habeas Corpus* – within the integral context of the plaintiff”; “the detention carried out is not formally illegal, as stated in the application”; “it is verified that the detention was legal, legitimate and, it is not arbitrary”; and “it has not been argued or demonstrated in the process, that the life or physical integrity of Mr. Jorge David Glas Espinel was in danger.”

37. Subsequently, a *corrective habeas corpus* was filed, acknowledged by the judge of the Specialized Judicial Unit of Penitentiary Guarantees in Guayaquil, and a public hearing was convened. On July 8, 2024, the judge in the case heard the procedural parties. At the hearing, participants included officials of the Ministry of Public Health, doctors of the public health system that valued the beneficiary, officials of the National Service for Comprehensive Care of Persons Deprived of Liberty, officials of the State Attorney General’s Office, private doctors who had assessed the beneficiary, defense lawyers, and the beneficiary. The judge of the case decided not to grant the *corrective habeas corpus*, considering that the national public institutions, in particular the Ministry of Public Health and the National Service for Comprehensive Care of Persons Deprived of Liberty, were providing the necessary care to protect his health and life. As a result, and at the discretion of the State, this situation was addressed and resolved at the national level.

38. The State recalled that the beneficiary had already requested the benefit of pre-release, and was informed that he did not comply with the regulatory requirements. This decision was adopted when he was first free under national precautionary measures<sup>47</sup>. In regard to whether there is a limitation for access to

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<sup>45</sup>By order dated February 20, 2024, the judge of the case ordered: “3) Based on the information sent by the National Service for Comprehensive Care of Adults Deprived of Liberty and Adolescent Offenders, it is established that the citizen JORGE DAVID GLAS ESPINEL has not complied with the provisions of the order dated January 10, 2024, at 16:27; for the foregoing, it is ordered to inform the Chief of the Judicial Police so that he proceeds to the immediate location and capture of Mr. JORGE DAVID GLAS ESPINEL.”

<sup>46</sup>*Habeas corpus* sought to question previous judicial decisions, including the order of preventive detention ordered in the framework of the criminal proceedings that are being pursued against him for the crime of embezzlement.

<sup>47</sup>In the case of pre-release, the requirements must be met, among them, it must be indicated that the person deprived of liberty does not have another pending criminal proceeding with preventive detention or a conviction against him, since if he maintains them he could not request a prison benefit, as is the case of the beneficiary, who is currently being prosecuted for a cause other than that for which he was sentenced.

an eventual benefit against the penalty he is serving, it was alleged that the Ecuadorian legislation does not anticipate a normative regulation in which the beneficiary must be denied a penitentiary benefit or a change of procedure, given that he is a repeat offender in the occurrence of a crime.

- *Healthcare*

39. The State reported, in its most recent communication of November 2024, that the beneficiary has the following diagnoses: non-organic insomnia, severe depression with psychotic symptoms, prostatic hyperplasia, essential hypertension (primary), ankylosing spondylitis, fibromyalgia, unspecified chronic gastritis, constipation, unspecified allergic rhinitis, and other specified nutritional anemias. The State also sent a detailed table with the following information: 18 medications that the beneficiary receives and received; the doses; the dates of prescription and their duration; if there were adjustments or not in the medication and for which one it was changed; the dates of the adjustments; and the medications and doses over time on the day that he should take as part of his current treatment<sup>48</sup>. According to the State, the treatment plan was prepared based on the prescriptions the beneficiary had been receiving for his pre-existing chronic pathologies, taking into consideration the recommendations of the specialized doctors that created the technical table on 04-20-22, and the recommendations of his trusted doctors who, upon admission to the “Guayas 3” CPL, were recommended under a medical prescription.

40. Ecuador also reported that, during the event that occurred on April 8, 2024, the corresponding protocol was activated in case of emergencies, as established in the Operational Management Model of Health Care in Contexts of Deprivation of Liberty, item: 9.3.1.<sup>49</sup>, to safeguard the physical integrity of the individual; it enabled pre-hospital services, and an urgent transfer to a health house (Naval Hospital of the city of Guayaquil) for an assessment. Subsequently, the psychiatry and psychology services were consulted for treatment and follow-up, services that to date have been continuously provided. Minutes of a virtual meeting on April 10, 2024 regarding the strengthening of inter-institutional coordination were sent out, as well as when inter-institutional commitments were made towards monitoring and complying with the care of the beneficiary<sup>50</sup>. The State reemphasized its commitment to the Operational Guidelines for the Care of People with Intention and/or Suicidal Attempts in Establishments of the Ministry of Public Health, and vowed to treat patient health in a timely and medical manner<sup>51</sup>. The State ensured, based on the medical reports, that the beneficiary received periodic medical and psychological care without the alleged cruel, inhuman, and degrading treatment that had

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<sup>48</sup>A report with a table with this information was attached. The table sources identified were weekly medical reports, specialist assessment reports, Kardex and medication delivery certificate, and PRAS care. The report is dated November 12, 2024.

<sup>49</sup>This indicates the steps to follow in this type of situation: Carry out the necessary procedures and interventions for the stabilization of the vital signs of the person deprived of liberty; Define the immediate destination of the person with emergency/urgency pathology from the detention center to a more complex establishment based on the level of initial care according to current regulations; Take the necessary measures to ensure the adequate medical evaluation of users, their treatment or the stabilization of their general conditions in case they need to be transferred to other establishments”; in cases of emergencies and emergencies, which have been attended to at the first level of care and in pre-hospital care (APH) and according to their clinical condition, they have been referred and/or referred to hospital establishments, since they require a higher level of complexity, as well as specialized assistance and medical technology; and after the patient is stabilized, the consultation of the psychiatry and psychology services is carried out to the corresponding treatment and follow-up.

<sup>50</sup>For example: The medication will be delivered daily to the PDL to avoid its mismanagement, for this, the health personnel will deliver it to the security personnel of the CPL Guayas No. 3, who will dispense it as directed. - The SNAI officials who will be in charge of the delivery of medication must keep a record with the date and time of delivery, for the support of the parties. It is necessary to re-evaluate the PDL, to update his diagnoses and specialty medication. The Ministry of Public Health, through Zonal Coordination 8 and District Directorate 09D08, will train the officials that SNAI determines, for the correct delivery of medication. The Ministry of Public Health, through Zonal Coordination 8 and District Directorate 09D08, will establish dates for specialty care, until April 24, 2024. All the services, including those of specialty, will be provided at the CPL Guayas No. 3. for security reasons, except for exceptions of force majeure such as emergencies or diagnostic support services. Once the specialty care (updated diagnoses and medication) has been carried out, the GP of the PDL must make a report with recommendations to avoid polypharmacy, this document will be sent officially to IESS and SNAI. If necessary, the general practitioner of the PDL must articulate a medical board to correct the polypharmacy problem.

<sup>51</sup>According to the State’s report of July 2024. The Guidelines are not attached.

previously been reported in prior reports.

**Table. Medical care between April 6 and 11, 2024 (first days of detention in 2024)**

Dates	Medical care given
April 6, 2024	The initial assessment of the PDL is carried out, after his arrival at the CPL Guayas No. 3 (La Roca), the doctor on duty notes that the PDL has a transparent box with medicines, mostly psychiatric. The patient was oriented in time, space and person, apparently stable. Vital signs were taken, which were within normal parameters. On physical examination, mild ecchymosis was found in the wrists, arthralgias inherent to his basic pathology. The order of laboratory tests (blood count and blood chemistry) is indicated. The health professional informed the Director of the CPL Guayas No. 3, the importance that the drugs are not delivered in their entirety to the patient and recommends that they be rested in the facilities of the Surveillance Corps, so that they are delivered daily to avoid mismanagement. Over the course of the day and night of April 6, no other requests for care were recorded. When leaving on duty, the doctor went to the CPL Guayas No. 3, to deliver the laboratory order and proceeded to withdraw from the shift.
April 7, 2024	General medical care is provided. The sample was taken for laboratory tests. During the night, Armed Forces personnel inform the doctor on duty of the arrival of 15 medications for the PDL, prescribed in a particular way by their Psychiatrist and Internist. The indications for taking medication are made, the official withdrawals. After the care, Prison Security personnel (ASP), inform the doctor on duty that the PDL had not eaten or ingested any drinks throughout the day, so it is indicated that the consumption of medication must be done after eating.
April 8, 2024	In the early hours of the morning, the doctor on call arrives to provide care for the PDL. Armed Forces personnel report that the PDL had not eaten and require assessment. The PDL is found unconscious and lying on his bed, it was observed that next to him is a pillbox and a medicine sleeve, so it is suspected that he has not prescribed self-medication. Vital signs were assessed, which were found to be considerably stable with BP 100/60, HR 78, sat 94-96%, FR 20 rpm. Health personnel activate the SIS ECU 911 and refer the PDL to the Naval Hospital of the city of Guayaquil, where they provide care, perform Simple CT of the Brain, Abdomen and Chest, an Electrocardiogram and laboratory tests. All of these examinations showed results within normal parameters.
April 9, 2024	The patient is discharged from the Naval Hospital and is returned to the CPL Guayas No. 3. Upon arrival, he is evaluated by health personnel of the Ministry of Public Health, a clinical physical examination is performed, verifying that the PDL was stable; and, giving indications that the PDL medication must remain in the custody of the SNAI personnel in the CPL and that it must be provided according to the schedule established in the prescription of the medications, by the MSP.
April 11, 2024	Assessment is carried out by the Psychiatry service of the Infectiology Hospital of the city of Guayaquil.

41. The State sent technical medical reports describing the medical care received by the beneficiary each day<sup>52</sup>. The attached reports gave an account of the care received, the evaluations carried out, the considerations of the medical personnel, and the medical procedures executed. Likewise, it reported on the medical monitoring executed between April 12 and May 29, 2024, during the beneficiary’s prolonged fasting due to the hunger strike executed “by his own and voluntary decision”<sup>53</sup>, according to the Declaration of Malta (daily care in the general/ family medicine services for health control, management for family visits, daily administration of medication to avoid misuse, appointment of psychologist and family doctor)<sup>54</sup>. In coordination with the International Committee of the Red Cross, an advisory meeting was held for operational personnel in April 2024 “to prevent physical and mental complications in people who have opted for a hunger strike”. The State indicated that it was aware that the hunger strike could affect his personal integrity, as its prolongation could weaken his health. Resultantly, in order to mitigate potential damages, Ecuador remained vigilant and attentive

<sup>52</sup> On the following dates: April 6, 7, 8, 9, 11, 12, 13, 14, 16, 20, 22, 26, and 30, 2024; May 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31, 2024; June 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 28 2024; and July 2, 2024. Reports were sent from April 2024 and June 2024 of the Ministry of Public Health of Ecuador. Then, it was updated in July 2024.

<sup>53</sup> Assistance before the hunger strike: As determined by the Declaration of Malta, the PDL receives since April 29, 2024, daily care in the general/ family medicine services, for health control, for being on hunger strike. Attention in the psychology service was provided weekly. Hydration on Tuesdays and Thursdays of each week. The signing of the patient’s Informed Consent was managed, in which the patient goes on a hunger strike at his own risk and declares to receive health care and advice.

<sup>54</sup> The State referred to daily monitoring in health. For example, on April 16, 2024, the specialist in family medicine carried out the medical assessment in which he identified that the patient “(...) remains on hunger strike by not eating food and little water, it is observed that he presents digestive symptoms typical of fasting by voluntary choice having knowledge of risk and complications of his decision. However, the patient accepts intravenous hydration with Dextrose 5% in saline solution with complex B (...).” In order to alleviate the symptoms, the doctor prescribed “5% dextrose in saline solution with complex B, 1 tablet of chlorzoxazone 250 mg, paracetamol 300 mg orally is administered and for necessary reasons, continue with the basic medication he takes for his diseases”. Additionally, the medicine to be supplied to Mr. Glas was delivered to the person in charge of social work so that it is the members of the prison surveillance body who supply it according to the medical prescription. Similarly, laboratory tests were ordered for TSH, T3, T4, ACTH and cortisol. On April 20, 2024, the medical assessment is maintained, as well as the patient’s hydration. On April 22 and 24 of the current year, in addition to medical hydration, psychological assessment is carried out, testing and application of psychological reagents are carried out to determine depressive states, anxiety and suicidal risk. On April 26, 2024, he was visited by lawyer Alfonso Morán. On that day, the beneficiary signed an “informed consent, in which he goes on a hunger strike, declares to be aware of the consequences of his decision and to receive attention and advice from the health personnel of the Ministry of Public Health.”

to the physical and psychological needs of the beneficiary, and accentuated that it facilitated periodic medical checks, kept him hydrated and under constant observation, and did not force him to eat. The State stressed that any resultant effects could not be attributed to its inaction as they did not come from external actions or omissions, but rather from the beneficiary's own will.

**Table. Technical reports from the Ministry of Health of Ecuador**

Dates	Conclusions and Recommendations
April 15, 2024	<p><b>Conclusions</b>            Prioritized and coordinated care protocol is executed to guarantee the health and safety care of the PDL GLE.S.JO.DA. Continuous health personnel with periodic medical checks with timely and continuous attention to a priority patient. Health personnel are aware of the health situation and hold a meeting to learn about guidelines on patient care. Control by family doctor once a month, in case of emergency the doctor on duty will attend and communicate news for action immediately. Reference is made to psychiatry already attended by a specialist, being currently in the process of scheduling the references for Cardiology, Pneumology, Neurology, Rheumatology, Urology and Nutrition. The prescription of medication by a psychiatric specialist was socialized to the patient and the medication will be managed by Kardex, for better control of the medication, with the responsibility of the SNAI for its administration being established, for which a meeting was held with an administrative representative of the SNAI and a representative of the Prison Security Agents. Control by health personnel on duty of the Kardex of medication intake and its registration. Permits for the entry of medication for treatment of the patient will be managed and medication that is not within the basic table of medications will be managed in a special way. Inter-institutional management will be carried out with the IESS for the requirement of a 50 mg Golimumab ampoule that the patient requires on a monthly basis; and, the attention with the specialists according to the availability at the time.</p> <p><b>Recommendations:</b>            Maintain the inter-institutional articulation as part of the comprehensive monitoring of the health care of the PDL GLE.S.JO.DA. Coordinate the timely admission of the patient's basic medication, with compliance with the control parameters of CPL Guayas 3. Facilitate the entry of health personnel on the days designated to the CPL Guayas 3. Make referrals to specialists at a higher level of complexity. Maintain constant communication between the MSP staff and the institutions involved in the management of the subscribed PDL, for better coordination of his care.</p>
April 29, 2024	<p> <b>Suicide prevention protocols:</b> The Ministry of Public Health, in order to prevent possible suicidal thoughts or acts by the Person Deprived of Liberty (PDL), has executed the following actions: Official Letter No. MSP-SRAIPN-2024-0251-0 dated April 9, 2024, the Undersecretariat of Comprehensive Care Networks at First Level, convened the Subdirectorates of Precautionary Measures, Execution of Penalties and Socio-educational Measures of the SNAI, National Subdirectorates of Provision of Health Services of the IESS, Zonal Coordination 8 Health, National Directorate of Comprehensive Health Care of the MSP, National Directorate of Human Rights, Gender and Inclusion of the MSP, National Subdirectorates of Quality Assurance of Health Services of the IESS, to an inter-institutional articulation meeting for the care and monitoring of the PDL. At this meeting, the delivery of medication to the SNAI was determined, for daily delivery to the PDL, in order to avoid its misuse and possible poisonings. Through memorandum No. MSP-CZ8S-DD09D08-DIR-2024-2896-M, dated April 10, 2024, the District Directorate 09D08 Health, assigned a bedside psychologist for the care of the PDLs, Ps. Cl. C.Z.J.C.. Through memorandum No. MSP-CZ8S-DD09D08-DIR-2024-2896-M dated April 10, 2024, the District Directorate 09D08 Health, assigned a GP for the care and follow-up of the PDLs, Dr. G.V.E.R. On April 22, 2024, the Clinical Psychologist C.Z.J.C., applies the following reagents: Beck Depression Inventory, Beck Anxiety Inventory, Suicidal Ideation Scale. On April 25, an advisory meeting for operational personnel attending the PDL was held by the International Committee of the Red Cross, based on the Declaration of Malta, to prevent physical and mental complications in people who have opted for a hunger strike. During the meeting held on April 25, 2024, and convened by the Attorney General's Office through Official Letter No. 06481, this State Portfolio in conjunction with the Technical Table, recommended to the SNAI, to facilitate the visits of relatives of the PDL, based on the precautionary measures determined by the IACHR, to contribute to the improvement of their mental health. In addition, the personnel of the Psychology areas of health centers at the national level have been trained in the Suicide Prevention Manual for Community Caregivers, 2019. Available at <a href="https://www.salud.gob.ec/prevencion-de-suicidio-salud-mental/">https://www.salud.gob.ec/prevencion-de-suicidio-salud-mental/</a> </p> <p> <b>Advances for the provision of the drug GOLIMUMAB [...]</b>  <b>Schedule of future medical examinations and care [...]</b> </p> <p> <b>CONCLUSIONS:</b> The Ministry of Public Health, in compliance with Precautionary Measure No. MS-1581-18, Ref: Jorge David Glas Espinel, exposes the health actions carried out since his arrival at the Guayas Deprivation of Liberty Center No. 3., in accordance with current regulations, international instruments and in coordination with the corresponding State Portfolios. The Ministry of Public Health carries out the necessary coordination internally and externally to guarantee timely medical assessments, health care, and the necessary medication to attend to the PDLs. At the Guayas No. Center for the Deprivation of Liberty, because the population is 45 PDLs, health care is itinerant, it is provided on Tuesdays and Thursdays of each week, from 08:00 to 17:00 with two general practitioners, 1 community family doctor, a nurse, an assistant and 1 psychologist. In the face of possible decompensations, there are emergency protocols for attention to PDLs in the Center for the Deprivation of Liberty and outside it in articulation with two second-level health facilities, located 30 minutes from the CPL. Suicide prevention protocols established in the Declaration of Malta are applied, a psychologist and family doctor have been assigned. In addition, health personnel and the SNAI are trained in the management of PDLs that have decided to benefit from these measures, and coordinate with the SNAI to provide care and daily medical assessment to prevent physical and mental complications. Regarding the delivery of GOLIMUMAB, it is coordinated with the IESS, the care for the PDL in the Rheumatology service, for diagnostic update and if necessary and relevant, the prescription and delivery of GOLIMUMAB. On the schedule of future medical examinations and care, appointments with Urology, Nutrition, Neurology, Cardiology, Pulmonology and Rheumatology are scheduled between April 30 and May 2. Based on the recommendations of the International Committee of the Red Cross, adjustments have been made to the protocols to increase the frequency of medical care, both SNAI and Ministry of Public Health personnel have been trained to provide adequate care to people on hunger strike. Actions are carried out to attend the PDL JODAGLES before the hunger strike, as determined by the Declaration of Malta: daily care in the general/ family medicine services for health control, management for family visits, daily administration of medication to avoid misuse, appointment of psychologist and family doctor. As of April 26, a total of 14 medical services have been provided.         </p> <p> <b>Recommendations:</b> Maintain the inter-institutional relationship for the attention, monitoring and reporting of information (Tuesday of each week), within the framework of the case. Permanently analyze the application of measures and protocols established in the CPL, in order to         </p>



	facilitate timely medical care to guarantee the preservation of the life of the PDL and keep its health conditions stable, within the framework of the competencies of each institution.
July 2, 2024	<p>Conclusions: The Ministry of Public Health activated the corresponding management for the attention of the PDL JO.DA.GL.ES, since his arrival at the Guayas Deprivation of Liberty Center No. 3., in accordance with current regulations, international instruments and compliance with precautionary measure MC-1581-18 issued by the Inter-American Commission on Human Rights (IACHR). The Ministry of Public Health carries out the necessary coordination internally and externally to guarantee timely medical assessments, health care, and the necessary medication. From April 6 to July 2, 2024, the person deprived of liberty has received 32 general medical care, 24 family medicine care, 12 psychological care, 1 cardiology care, 1 neurology care, 2 psychiatry care, 1 pulmonology care, 1 nutrition care, 2 rheumatology care, 1 gastroenterology care, 1 urology care and 1 internal medicine care. Total: 79 attentions.</p> <p>Recommendations: Maintain inter-institutional coordination for the attention, monitoring and reporting of information in the framework of the JO.DA.GL.ES case. Permanently guarantee the application of measures and protocols established in the CPL, in order to facilitate timely medical care to the preservation of the life of the PDL and keep his health conditions stable, within the framework of the competencies of each institution.</p>
November 12, 2024	<p>Conclusions: Prioritized and coordinated care protocol is executed to guarantee the prevention and treatment of the beneficiary's pathologies. Health personnel guarantee continuous periodic medical checks with attention to general medicine, family medicine, psychology and dentistry. And in case of emergency, he will be attended to by a doctor on duty for 24 hours. Maintains follow-up by a second or third level specialist in accordance with the interconsultations of the professionals. The beneficiary presents adherence to prescribed medication and receives his daily medication uninterrupted by SNAI personnel. Additionally, he maintains periodic attention via telematics with the Rheumatology service of the Carlos Andrade Marín Hospital of the IESS for the prescription of Golimumab ampoule for the treatment of pre-existing rheumatic pathology. The Golimumab 50 mg ampoule was applied on October 15, 2024, the next monthly dose is scheduled for November 15, 2024.</p>

42. The Ministry of Health indicated that the sector does not have the name of medical “council” or “board”. Specifically, there are Technical Audit Committees for the Improvement of the Quality of Health Care and Clinical History at the hospital level to contribute to the continuous improvement of the quality of care, through the study of clinical cases.<sup>55</sup> According to the State, the activation of the Multisectoral Technical Table was held on April 9, 2024.<sup>56</sup> Additionally, it added that the frequency with which the technical table met followed the needs of each particular case. The State underscored that, according to the general practitioner assigned to the beneficiary at the inter-institutional meeting of October 28, 2024, “the clinical criteria of the beneficiary’s trusted physician is indeed considered.” It was added that, within the regulations of the Ministry of Public Health, the entry of the patient’s trusted doctor is not prohibited. Regarding the procedure for this purpose, the competence to determine the medical admission is within the attributions of the SNAI.

43. Ecuador has also informed the IAHR that as of April 2024, Mr. Glas Espinel has received specialized treatment<sup>57</sup>, including psychiatric and psychological care. He has received the medication that has been prescribed for his illnesses, and specialized medicine. From April 6 to November 10, 2024, he has received psychological care 37<sup>58[66]</sup> and psychiatric care five times. It was indicated that the requested documentation containing the beneficiary’s medical information has been duly delivered. The Ministry of Health reported that, to date, a reference or interconsultation has not been prepared in which the patient’s hospitalization is recommended, which remains under constant observation.

<sup>55</sup> In such spaces, the data are analyzed in the continuous quality improvement plans and are exceptionally activated in the presence of alerts, adverse events in public health. In these cases, the criteria of the health professionals involved in the subject to be treated and their documentary record are considered.

<sup>56</sup> It is made up of the following institutions: National Service for Comprehensive Care of Adults Deprived of Liberty and Adolescent Offenders, Ecuadorian Institute of Social Security and the Ministry of Public Health. The inter-institutional table was generated to address the following topics: delivery of medications, including GOLIMUMAB; granting specialty care to the patient; establishment of focal points and communication channels; and facilitating logistics for health care. It was indicated that these objectives have been met on a regular and ongoing basis.

<sup>57</sup> In its last communication, the State sent a table that shows “second level of care specialist assessments”. Next, the detail: Psychiatry (April 11, June 21, August 1, August 20, and October 30, 2024), Urologist (April 30, 2024), Nutritionist (April 30, 2024), Cardiologist (May 1, 2024), Neurologist (May 1, 2024), Rheumatologist (May 2, 2024), Pulmonologist (May 14, 2024), Gastroenterologist (June 7, 2024), Internal Medicine (June 7, 2024), Imaging (September 19, 2024), Physiatrist (September 17, 2024), Physical Therapist (September 17, 2024), and Traumatologist (September 19, 2024). In the same sense, in a report of July 2, 2024, it was reported that from April 6 to July 2, 2024, the 79 health care in the areas of: 32 in general medicine, 24 in family medicine, 12 in psychology, 1 in cardiology, 1 in neurology, 2 in psychiatry, 1 in pulmonology, 1 in nutrition, 2 in rheumatology, 1 in gastroenterology, 1 in urology and 1 in internal medicine are detailed.

<sup>58</sup> A list with the dates of the services is attached: April 1, 22, 24, 2024; May 2, 7, 14, 21, 23, and 28, 2024; June 4, 11, 14, 18, 25, 26, 28; July 2, 9, 12, 17, 19, 23, 30; August 1, 2, 6, 16, 20, 23, 26; September 3, 6, 10, 12, 19, 26, 3, 15, October, and November 5, 2024. [Some dates were repeated in the table sent in the last communication from the State]

44. According to the Ministry of Public Health with reports of November 12, 2024, the medical appointments with each specialist were accompanied by the general practitioner, who coordinates comprehensive treatment plans for each patient in a way that the necessity, effectiveness, safety, and drug interactions are taken into account in each prescription<sup>59</sup>. For this reason, due to the chronic diseases displayed by the patient, periodic care was provided during clinical and pharmacological assessments, in case it was necessary to make changes or adjustments to his medication. The State clarified that drug interactions were also evaluated by the psychiatrist and the internist during medical follow-ups, and together with the family doctor, were part of the basic care team. It was emphasized that the medical treatment required adjustments, which were justified in the medical reports of the specialists after clinical evaluation and diagnosis of the patient. In relation to polypharmacy, each time an attempt had been made to suppress a drug, the patient presented effects of underlying diseases, therefore it was maintained with the various drugs, but all of them have a clinical prescription. The objective in this case for their chronic diseases is not to reduce medication but to improve adequate therapeutic care and provide a better quality of life for the patient.

- *Detention conditions*

45. The CPL Guayas No. 3 is a penitentiary complex for prosecuted and sentenced men, where individuals are placed in due separation. As in other places of deprivation of liberty, due to the validity of Executive Decree No. 218, intramural and extramural security is the responsibility of the National Police and the Armed Forces. Dynamic security is the responsibility of the SNAI. Additionally, it has personnel from special groups of the Security and Prison Surveillance Corps. According to the technical report “Risk Analysis” from the CPL Guayas No. 3 of January 2024, the center maintains a “low” level of vulnerability, which “is based on the implementation of specific preventive and corrective maintenance in said center, which has contributed to maintaining its operations effectively.” The State also explains that according to the infrastructure report of April 24, 2024, it was concluded that “the cells and everything related to areas of treatment and security are in good condition, with a repaired roof.”

46. The State stressed that it has opted to follow a deprivation of liberty that minimizes the effects of these circumstances. Individuals deprived of liberty are governed by the principle of equality and are assigned and separated to the spaces determined in the CPL, as per current regulations. It was indicated that the situation of overcrowding in CPL Pichincha No. 1, and the infrastructure intervened in CPL Guayas No. 3, were analyzed, as well as the proximity of the beneficiary’s family in the city of Guayaquil. Taking this into account, it was arranged to transfer him to said center. In the province of Guayas, there are other detention centers, CPL Guayas No. 1 and CPL Guayas No. 5, which are overcrowded, while CPL Guayas No. 4 only houses sentenced individuals. The State stressed that Mr. Glas was vice president of the Republic, and his activities were not for the administration of justice (it did not provide for the deprivation of liberty or determine convictions), so they consider that “no technical justification exists asserting that individuals previously involved in the government have suffered political affectations regarding the deprivation of liberty”.

47. The CPL Guayas No. 3, with a population of 71 detainees, has an assigned doctor, nurse, and psychologist who visit twice a week for the full workday, according to current regulations. It has: natural interior lighting in the courtyards and a new roof installed over the main courtyard, indicating that the cells also have natural lighting; artificial lighting in each of the cells; sanitary facilities composed of a toilet, sink and shower in each of the cells; and mechanical ventilation through industrial fans that are located at the top of the terrace, and wind-power technology on the roof of the main prison yard<sup>60</sup>. The cell assigned to the beneficiary is located on the 1st floor (ground floor) and has a new anti-vandalism basin, shower, sanitary facilities, and pumping

<sup>59</sup>The Ministry of Public Health delivers the corresponding medications weekly to the head of social work of the CPL “Guayas 3”, so that they are supplied daily by the SNAI staff, who was trained for their administration, according to the medical prescription of the various specialists. The delivery of the medication is supervised through a KARDEX that is delivered to the guides and is constantly reviewed by the health personnel.

<sup>60</sup> Attached is a report on the infrastructure and habitability conditions of the cell of the person deprived of liberty. April 29, 2024.

system. Likewise, the cell contains a mattress and bedding fitted to the weather, and an orthopedic mattress and pillow were also authorized and provided for his well-being. Likewise, the beneficiary has 24-hour security. For example, he has military custody outside his cell all day. During the hours assigned for use of the prison yard,<sup>61</sup> he shares that space with two prisoners who do not pose any risk to him and remains under the supervision of prison security agents and military personnel, as scheduled by the direction of the detention center and under the agreed security conditions.

48. The State reported the daily routine of the beneficiary, which includes an exit to the yard.<sup>62</sup> With regard to nutrition, the administration of the detention center provides three meals a day, ensuring that the food provided is healthy, nutritious, and sufficient, preferably produced locally and according to various cultural traditions. The beneficiary receives three food rations daily, these being breakfast, lunch and dinner. On August 6, 2024, the nutritional plan was updated to include a low-sodium, hyperproteic, hypocaloric and low-fat diet, by virtue of the assessment carried out by a professional specialist in nutrition, a diet that has since been provided.

49. The State specified that the prison admits people with different procedural qualifications to its facilities, so it is not objectively correct to assert that “the most dangerous and violent criminals” are found within its facilities. Regarding the presence of the murderer of the beneficiary’s lawyer, it was indicated that there are two convicted individuals, but they are detained in places far from the beneficiary “without the possibility of physical contact between them at any time and of any kind.”<sup>63</sup> In 2024, the State carried out inter-institutional coordination efforts with the Ombudsperson’s Office, the International Red Cross and the Ecuadorian Red Cross. It requested that the National Mechanism for the Prevention of Torture, Cruel, Inhuman or Degrading Treatment visit on April 10, 2024. After the visit, no alarming violations related to the alleged torture or ill-treatment of the beneficiary were reported. Regarding the presumed physical abuse, the State stressed that the medical reports resulting from periodic care and in-person visits have not reported any evidence of physical abuse or beatings<sup>64</sup>. The State emphasized that no report exists regarding an alert on the security, life, or integrity of the beneficiary. Regarding the supposed rodent plague, there was no report that referred to the plague either.<sup>65</sup>

<sup>61</sup> Article 35 of the Regulations of the National Social Rehabilitation System mentions that persons deprived of liberty will go out to the prison yard according to the level of security. The minimum time of departure to the prison yard is two (2) hours per day.

<sup>62</sup> As communicated by the State, the daily routine is as follows: “1.- The PDL gets up at approximately 07h30, time where breakfast is delivered to all detainees of this Center, until 08h00 food is served. 2. At approximately 08:00, before the daily activities, the medication is delivered to the PDL, in his respective cell, by the ASP in charge and under the supervision of military personnel, medicine that is delivered on a daily basis. 3. After 08:00, according to the agenda scheduled by the center’s management, the PDL proceeds to receive visits from his national and international lawyers who are authorized between 1 and/ 2 hours; he also receives medical and psychological attention; in the same way, he is connected to the hearings through Zoom, scheduled by the center’s lawyer, activities that last until 17:00, and that are carried out daily and/or weekly. 4. From approximately 09:00 to 17:00, according to the schedule issued by the management, the PDL is transferred to the prison yard, to make use of it, where he remains for two hours, accompanied by two prisoners who make use of their right to the courtyard, who are under the supervision of ASP personnel and military personnel, an activity that is carried out as scheduled by the management of the center. 5. During his free time and when he does not receive any visit, the PDL is dedicated to reading books that he keeps in his cell and that have been authorized by the center’s management. 6. Approximately at 12:00, the medication is delivered to the PDL, whether it is in his cell, or any activity outside it, as well as an additional proceed to deliver lunch, which corresponds to a special diet, granted by the food company and in accordance with the provisions of the Regulation of the Social Rehabilitation System, food that is delivered in a general way to all prisoners. 7. At approximately 3:00 p.m., the medication is delivered to the PDL, whether it is in his cell, or any activity outside it, as well as an additional proceed to deliver the snack, which in the same way corresponds to a special diet, food that is delivered in a general way to all prisoners. 8. Approximately, between 17h00 and 21h00, the PDL is in his cell performing any routine exercise and reading. 9. Approximately at 9:00 p.m., the medication is delivered to the PDL, in his respective cell. 10. Approximately at 9:30 p.m., the PDL proceeds to take his night’s rest until the next morning. 11. It is worth mentioning that the PDL, Jorge David Glas Espinel, has military custody outside his cell 24h00 a day.”

<sup>63</sup> It was reported that the citizens Elvis Fabián Conde Cevallos and Darío Gabriel Suárez Bedón, sentenced as accomplices and co-authors, respectively, for the murder of the lawyer, who had exercised the technical defense of the beneficiary, are currently detained in the Guayas Deprivation of Liberty Center No. 3. Conde Cevallos is confined in wing “A”, cell No. 18, located on the top floor of the prison; while, Suárez Bedón, is confined in wing “B”, cell No. 2, located on the ground floor of the detention center. On the other hand, the beneficiary of the precautionary measure, Jorge Glas Espinel, is confined in wing “B”, cell 17, so he is away from the other two inmates.

<sup>64</sup> The institution has not been notified with fiscal impulses derived from any previous investigation initiated due to threats or intimidation against the beneficiary.

<sup>65</sup> Regarding the allegation of pests (such as rodents), the State indicated that its existence is not known. It was noted that the access doors to each of the cells have millimeter openings that make it impossible for rodents to enter. The beneficiary stated this.

50. Likewise, Ecuador explained that in crisis situations, the Protocol for the Management of Security and Prison Surveillance in Deprivation of Liberty Centers and the Multi-Income Emergency Plan CPL Guayas 3 are applied.<sup>66</sup> The center has fire extinguishers within the administrative area and are readily available in the event of a fire incident. Should one occur, all actions needed to ensure the presence of the Fire Department and other competent institutions will be coordinated through the interconnected system of the ECU 911.

51. On September 5, 2024, an unauthorized landing of an unmanned aerial vehicle (drone) was reported on the deck of CPL Guayas No. 3, which contained explosive material; immediately all necessary operations were carried out alongside National Police and Armed Forces personnel, with a decision to proceed with a controlled detonation. Prior to this operation, the entire prison population was evacuated in an orderly fashion to security vehicles, guaranteeing the right to integrity of all detainees at all times. As a result of the controlled detonation, the roof of the central courtyard experienced damages. However, the infrastructure of the cells was not compromised, ensuring that adequate conditions of habitability and safety were preserved, and all necessary work has been carried out to repair the affected infrastructure. The State also detailed additional measures that were taken to prevent the event from recurring.<sup>67</sup>

52. Regarding visits and meetings in 2024, Ecuador informed that the beneficiary has received 13 ordinary visits, 27 extraordinary visits, and 13 meetings via *Zoom* with his international sponsor<sup>68</sup>. The State explained the “transfer protocol, from the pavilion to the assigned visiting area so that the person deprived of liberty may receive familial, social, legal and assembly member visits, and later return to their pavilion”, and the “security protocol for the duration of the visit of the person deprived of liberty”.

53. The State indicated that communication privacy between individuals deprived of liberty and public or private defenders must be guaranteed in favor of the entire prison population, and all coordination efforts must be carried out with the operational personnel of the Security and Prison Surveillance Corps and the Armed Forces, in order to guarantee this right.” Likewise, it was highlighted that the highest authority of the CPL Guayas No. 3 coordinated with the responsible officer of the Armed Forces and with the hierarchical superior of the Security and Prison Surveillance Corps assigned to the Deprivation of Liberty Center, to ensure that there is no military or prison security personnel present during detainee visits with defense lawyers. For his part, the head of military personnel reported that for security reasons, personnel is required at a distance of three to four meters from the detainee so that the person deprived of liberty remains in an acceptable visual range. This is done in order to avoid the entry of prohibited objects and protect all individuals deprived of liberty. Visual surveillance of personnel is carried out from an adequate distance that makes it impossible to

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<sup>66</sup> The State highlighted the following protocols on the security issue: Security Protocol and Prison Surveillance Private Centers; Security Guidelines, Crisis and Emergency Management in Deprivation of Liberty Centers and Adolescent Offender Centers of the National Social Rehabilitation System; Security Guidelines, Crisis and Emergency Management for the entry of people who exercise consular, diplomatic or ambassador representations, international organizations with official missions and extraordinary visitors in the Deprivation of Liberty Centers and Adolescent Offender Centers of the National Social Rehabilitation System; Multi-threat Emergency Plan CPL Guayas 3; and Inter-institutional intervention protocol that was issued by the Ministry of National Defense, Ministry of the Interior and the General Directorate of SNAI, whose purpose is to standardize security and surveillance procedures in detention centers, entry and exit standards of personnel, guaranteeing the prevention of riots and serious disturbances to public order.

<sup>67</sup> Additionally, SNAI reported that “a technical infrastructure security project is being prepared” and also, “it is planned to incorporate the process of public procurement of anti-drone systems at the national level.” Similarly, in accordance with Article 31 of the Organic Law for the Control of the National Airspace, “The Armed Forces and the National Police shall exercise control of the State security zones, for the restriction of the operation of unmanned aerial systems (UAS) and drones, applying the right of inhibition or any other action for their neutralization.” Finally, it was indicated that since January 2024, Unified Command Posts have been implemented outside the Deprivation of Liberty Centers nationwide, these are composed of personnel of the Armed Forces, National Police and SNAI, so there is better coordination in the face of events of this nature.

<sup>68</sup> According to the updated documentary support, he had: 1. Visit of an identified person from “Veeduría Internacional” on August 14, 2024; 2. Visit of various individuals identified as National Assembly Members of Ecuador on April 30; May 3, 5, and 23; June 10, 14, 16; July 5, 17, 19, 26; August 2, 5, 12, 14, 21, 23, and 27; September 6; October 31; and November 23, 2024; 3. Ordinary family visit on July 23, August 19, September 17 and October 22, 2024; and 4. Ordinary visit of private defender of 2, 9, 10, 15, 31 May, 3, 13, 19 June, and 17 July 2024. According to the updated documentary support, the meetings were: September 3, 10, and 17; October 1, 8, 15, 22, and 29; and November 5, 12, 19, 26, 2024.

listen to conversations, and understand or interfere with the content of these communications or violate the right to privacy.

## V. ANALYSIS OF THE ELEMENTS OF SERIOUSNESS, URGENCY, AND IRREPARABLE HARM

54. The precautionary measures mechanism is part of the Commission’s function of overseeing compliance with the human rights obligations set forth in Article 106 of the Charter of the Organization of American States. These general oversight functions are provided for in Article 41(b) of the American Convention on Human Rights, as well as in Article 18(b) of the Statute of the IACHR. The mechanism of precautionary measures is set forth in Article 25 of the Commission’s Rules of Procedure. In accordance with that Article, the Commission grants precautionary measures in serious and urgent situations in which these measures are necessary to avoid an irreparable harm to persons.

55. The Inter-American Commission and the Inter-American Court of Human Rights (hereinafter “the Inter-American Court” or “I/A Court H.R.”) have established repeatedly that precautionary and provisional measures have a dual nature, both protective and precautionary.<sup>69</sup> Regarding the protective nature, these measures seek to avoid irreparable harm and to protect the exercise of human rights.<sup>70</sup> To do this, the IACHR shall assess the problem raised, the effectiveness of State actions to address the situation, and how vulnerable the proposed beneficiaries would be left in case the measures are not adopted.<sup>71</sup> As for their precautionary nature, these measures have the purpose of preserving legal situations while under the study of the IACHR. Their precautionary nature aims at safeguarding the rights at risk until the petition pending before the inter-American system is resolved. Their object and purpose are to ensure the integrity and effectiveness of an eventual decision on the merits, and, thus, avoid any further infringement of the rights at issue, a situation that may adversely affect the useful effect (*effet utile*) of the final decision. In this regard, precautionary or provisional measures enable the State concerned to comply with the final decision and, if necessary, to implement the ordered reparations.<sup>72</sup> In the process of reaching a decision, according to Article 25(2) of its Rules of Procedure, the Commission considers that:

- a. “serious situation” refers to a grave impact that an action or omission can have on a protected right or on the eventual effect of a pending decision in a case or petition before the organs of the inter-American system;
- b. “urgent situation” refers to risk or threat that is imminent and can materialize, thus requiring immediate preventive or protective action; and
- c. “irreparable harm” refers to injury to rights which, due to their nature, would not be susceptible to reparation, restoration or adequate compensation.

56. In analyzing those requirements, the Commission reiterates that the facts supporting a request for precautionary measures need not be proven beyond doubt; rather, the information provided should be assessed from a *prima facie* standard of review to determine whether a serious and urgent situation exists.<sup>73</sup>

<sup>68</sup> I/A Court H.R., [Matter of the Yare I and Yare II Capital Region Penitentiary Center \(Yare Prison\)](#), Provisional Measures regarding the Bolivarian Republic of Venezuela, Order of March 30, 2006, considerandum 5; [Case of Carpio Nicolle et al. v. Guatemala](#), Provisional Measures, Order of July 6, 2009, considerandum 16.

<sup>70</sup> I/A Court H.R., [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#), Provisional Measures regarding Venezuela, Order of February 8, 2008, considerandum 8; [Case of Bámaca Velásquez](#), Provisional Measures regarding Guatemala, Order of January 27, 2009, considerandum 45; [Matter of Fernández Ortega et al.](#), Provisional Measures regarding Mexico, Order of April 30, 2009, considerandum 5; [Matter of Milagro Sala](#), Provisional Measures regarding Argentina, Order of November 23, 2017, considerandum 5.

<sup>71</sup> I/A Court H.R., [Matter of Milagro Sala](#), Provisional Measures regarding Argentina, Order of November 23, 2017, considerandum 5 (Available only in Spanish); [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#), Provisional Measures regarding Venezuela, Order of February 8, 2008, considerandum 9; [Matter of the Criminal Institute of Plácido de Sá Carvalho](#), Provisional Measures regarding Brazil, Order of February 13, 2017, considerandum 6 (Available only in Spanish).

<sup>72</sup> I/A Court H.R., [Matter of the Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#), Provisional Measures regarding Venezuela, Order of February 8, 2008, considerandum 7; [Matter of “El Nacional” and “Así es la Noticia” newspapers](#), Provisional Measures regarding Venezuela, Order of November 25, 2008, considerandum 23; [Matter of Luis Uzcátegui](#), Provisional Measures regarding Venezuela, Order of January 27, 2009, considerandum 19.

<sup>73</sup> I/A Court H.R., [Matter of Members of the Miskitu Indigenous Peoples of the North Caribbean Coast regarding Nicaragua](#), Extension of Provisional Measures, Order of August 23, 2018, considerandum 13 (Available only in Spanish); [Matter of children and adolescents deprived of liberty in the “Complexo do Tatuapé” of the Fundação CASA](#), Provisional Measures regarding Brazil, Order of July 4, 2006, considerandum 23.

Similarly, the Commission recalls that, by its own mandate, it is not called upon to determine any individual liabilities for the facts alleged. Moreover, in this proceeding, it is not appropriate to rule on violations of rights enshrined in the American Convention or other applicable instruments.<sup>74</sup> This is better suited to be addressed by the Petition and Case system. The following analysis refers exclusively to the requirements of Article 25 of the Rules of Procedure, which can be resolved without making any determination on the merits.<sup>75</sup>

57. Article 25.9 provides that the Commission shall evaluate periodically, at its own initiative or at the request of either party, whether to maintain, modify or lift the precautionary measures in force. In this regard, the Commission shall evaluate whether the serious and urgent situation and the risk of irreparable harm that caused the adoption of the precautionary measures persist. Furthermore, it shall consider whether there are new situations that may comply with the requirements outlined in Article 25 of its Rules of Procedure. Similarly, Article 25.10 establishes that the Commission shall take appropriate follow-up measures, such as requesting relevant information from the interested parties on any matter related to the granting, observance and maintenance of precautionary measures. These measures may include, as appropriate, timetables for implementation, hearings, working meetings, and visits for follow-up and review. Through Resolution 2/2020<sup>76</sup> of April 15, 2020, the IACHR ruled on the possibility of issuing Follow-up Resolutions.

58. On this occasion, the Commission decides to issue this *Follow-up and Extension Resolution*, considering the recent information received, focusing on the current situation of the beneficiary, after his detention in April 2024. As a preliminary *matter*, the Commission reiterates that, following what is indicated in the *Case of María Corina Machado Parisca regarding Venezuela*, it is beyond the scope of this mechanism to issue a pronouncement on issues of diplomatic asylum, since it would imply a necessary analysis on the scope of the obligations of the States, according to the applicable international regulations<sup>77</sup>. Consequently, all the claims presented by the representation on the aforementioned subject, and reiterating that this was also understood by them in their last communication from November 2024, are not the subject of analysis of these proceedings, which will focus on the provisions of Article 25 of the IACHR Rules of Procedure.

59. At the time of analyzing the procedural requirements regarding the beneficiary, the Commission recalls that his requests for protection have been in force since 2019 and that the State has been required to “adopt the necessary measures to protect the rights to life and personal integrity of Jorge David Glas Espinel; in particular, assessing and implementing those most appropriate to his personal circumstances, and that enable the development of conditions that ensure and respect his rights.”

60. Here below, the analysis corresponding to the current situation of the beneficiary will be presented, as well as the assessments of this Commission in light of the information provided by the involved parties, and after a secondary visit to this precautionary measure actualized in October 2024.

- *Legal status of the beneficiary and obligations of the State:*

61. The parties agree that the beneficiary is deprived of liberty under firm convictions of deprivation of liberty in two cases (case “Odebrecht” and case “Bribery”), and an order of preventive detention for another case in which he is being investigated (case “Reconstruction of Manabí”). He is currently being held at CPL Guayas No. 3 (or “La Roca”) in Guayaquil, Ecuador. Following the filing of *habeas corpus* actions in his

<sup>74</sup>IACHR, [Resolution 2/2015](#), Precautionary Measure No. 455-13, Matter of Nestora Salgado regarding Mexico, January 28, 2015, para. 14; [Resolution 37/2021](#), Precautionary Measure No. 96-21, Gustavo Adolfo Mendoza Beteta and family regarding Nicaragua, April 30, 2021, para. 33.

<sup>75</sup>In this regard, the Court has indicated that “[it] cannot, in a provisional measure, consider the merits of any arguments pertaining to issues other than those which relate strictly to the extreme gravity and urgency and the necessity to avoid irreparable damage to persons.” See in this regard: I/A Court H.R., [Matter of James et al. regarding Trinidad and Tobago](#), Provisional Measures, Order of August 29, 1998, considerandum 6 (Available only in Spanish); [Case of the Barrios Family v. Venezuela](#), Provisional Measures, Order of April 22, 2021, considerandum 2.

<sup>76</sup>IACHR, [Resolution 2/2020](#), Strengthening of the Monitoring of Precautionary Measures in Force, April 15, 2020.

<sup>77</sup>IACHR [Resolution 89/2024](#), Precautionary Measure No. 125-19, María Corina Machado Parisca regarding Venezuela, Follow-up and Modification, November 25, 2024, para. 49-54.

favor, the Judiciary reviewed his detention until September 2024, and the beneficiary continued to be deprived of his liberty.

62. In this regard, the constant jurisprudence of the Inter-American Court establishes that, in the face of persons deprived of liberty, the State is in a “special position of guarantor of the rights of all persons in its custody.”<sup>78</sup> Consequently, it has the “duty to safeguard the health and wellbeing of [these individuals] and to ensure that the manner and method of deprivation of liberty does not exceed the inevitable level of suffering inherent in detention.”<sup>79</sup> It is the responsibility of the State to ensure the right of “every person deprived of liberty [...] to live in conditions of detention compatible with their personal dignity.”<sup>80</sup> According to the information submitted by the State, the Commission notes that the State has the same understanding in mind.

63. The United Nations Standard Minimum Rules for the Treatment of Remedies (Mandela Rules), consistently considered by the Inter-American Court in its Rule 89, “requires the individualization of treatment, which in turn requires a flexible system of classification of prisoners”<sup>81</sup>. According to this rule, “it is appropriate that the different groups of inmates be distributed in different penitentiary establishments where each one can receive the treatment he needs”. In this sense, it indicates that “penitentiary establishments should not adopt the same security measures with respect to all groups of inmates” and that “it would be convenient to establish various degrees of security according to what is necessary for each group.”

64. The Inter-American Court understands that the rights to life and personal integrity are directly and immediately linked to human health care.<sup>82</sup> In the *Case of Chinchilla Sandoval v. Guatemala*, it was indicated that, based on the principle of non-discrimination, the right to life of individuals deprived of liberty also implies the obligation of the State to guarantee their physical and mental health, especially during the provision of regular medical check-ups and, when required, adequate, timely, and specialized medical treatment as required, according to the special care needs required by the detained individuals in question.<sup>83</sup> Furthermore, the Court asserted that the authorities must ensure that, when required by the nature of a medical condition, supervision is periodically and systematically aimed at curing the detainee’s illnesses and preventing their aggravation, rather than treating them in a merely symptomatic manner.<sup>84</sup>

65. In addition, in the *Matter of Salas regarding Argentina*, the Court sustained that, according to the Manual on Prisoners with Special Needs of the United Nations Office on Drugs and Crime “the right to health [of persons deprived of their liberty] includes [...] the fundamental right to live in an environment that does not generate or exacerbate diseases or mental deficiencies”<sup>85</sup>. In particular, regarding the risk of suicide and self-harm, the Manual recommends that “every incident of self-harm and suicide attempt should be handled as something serious rather than being considered as ‘manipulative’. Inmates who perform such acts shall receive

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<sup>78</sup>I/A Court H.R., Case of Neira Alegría et al. v. Peru, Merits, Judgment of January 19, 1995, Series C No 20, para. 60, and Case of Aroca Palma et al. v. Ecuador, supra, para. 88; and Case of Hidalgo et al. v. Ecuador, Merits, Reparations, and Costs, Judgment of August 28, 2024, Series C No. 534, para. 58.

<sup>79</sup>I/A Court H.R., Case of Chinchilla Sandoval v. Guatemala, Preliminary Objection, Merits, Reparations, and Costs, February 29, 2016, para. 169; and Case of Barrios Altos and Case of La Cantuta v. Peru, Supervision of Compliance with Judgment, Obligation to investigate, Judge and, if applicable, sanction, Order of May 30, 2018, para. 49.

<sup>80</sup>I/A Court H.R., Case of Chinchilla Sandoval v. Guatemala, Preliminary exception, previously cited.

<sup>81</sup>UN, [United Nations Standard Minimum Rules for the Treatment of Prisoners \(Mandela Rules\)](#), UN General Assembly Resolution 70/175, adopted on December 17, 2015.

<sup>82</sup>I/A Court H.R., Case of Albán Cornejo et al. v. Ecuador, Merits, Reparations, and Costs, Judgment of November 22, 2007, Series C No. 171, para. 117; Case of Gonzales Lluy et al. v. Ecuador, Preliminary Objections, Merits, Reparations, and Costs, Judgment of September 1, 2015, Series C No. 298, para. 171.

<sup>83</sup>I/A Court H.R., Case of Chinchilla Sandoval et al. v. Guatemala, Preliminary Objection, Merits, Reparations, and Costs, Judgment of February 29, 2016, Series C No. 312, para. 171.

<sup>84</sup>I/A Court H.R. Case of Chinchilla Sandoval et al. v. Guatemala, previously cited, para. 189.

<sup>85</sup>United Nations Office on Drugs and Crime, Handbook on Prisoners with Special Needs, New York 2009, p. 13. Cited in I/A Court H.R., Matter of Milagro Sala, Provisional Measures regarding Argentina, Order of November 23, 2017, considerandum 27.

immediate treatment for any physical injury and gain immediate access to specialized counseling and therapy.”<sup>86</sup>

66. Based on the United Nations Standard Minimum Rules for the Treatment of Prisoners, the Court emphasized that:

“[...] States must provide qualified medical care, including care of a psychiatric nature, to persons deprived of liberty, both in emergency situations and for the purposes of regular care, either in the place of detention or prison or, if not available, in hospitals or health care centers where it is appropriate to provide that service. The health care service must maintain adequate, up-to-date and confidential medical records of all persons deprived of liberty, which must be accessible to those individuals upon request. These medical services must be organized and coordinated with the general administration of the general health care service, which implies establishing adequate and expeditious procedures for the diagnosis and treatment of patients, as well as for their transfer when their health status requires special care in specialized penitentiary establishments or in civil hospitals. To make these duties effective, health care protocols and agile and effective mechanisms for the transfer of prisoners are necessary, particularly in situations of emergency or serious illness.”<sup>87</sup>

67. In case of *Barrios Altos* and the case of *La Cantuta v. Peru*, the Inter-American Court advised that, depending on factors such as the health situation, the risk to life, the conditions of the detention centers and facilities in which one is to be adequately treated (either in the penal center or through transfer to a medical center), it is up to the State to proportionally assess what the measure of an administrative nature or legal figure should be, allowing for the protection of life and integrity of the convicted individual, provided that it is duly granted and following a legitimate purpose that does not only mean failing to ensure the execution of the sentence<sup>88</sup>.

- *Health of the beneficiary and his medical treatment*

68. The parties agree that the beneficiary has various medical pathologies. According to the last communication from the State of November 2024, the beneficiary has, to date, 10 medical diagnoses, including “pre-existing chronic pathologies,” a rare or singular disease, “non-organic insomnia,” and “severe depression with psychotic symptoms”. According to the State’s own information, the beneficiary is reportedly taking at least 18 medications, all of which are allegedly prescribed by the public sector and his trusted doctors. This, according to the supporting medical documentary sent by the State and the representation, reflects that the beneficiary has access to various specialties, such as cardiology, pulmonology, neurology, rheumatology, urology, nutrition, psychology, and psychiatry.

69. After what happened in April 2024, the State reported on measures adopted for the monitoring and safe delivery of medicines to the beneficiary, which were verified during the IACHR’s visit in October 2024. The State also referred to the training of its medical personnel in prison and actions taken at the inter-institutional level. In addition, it specified the existence of periodic evaluations surrounding the interaction of the medications that must be taken, and the situations generated each time an attempt has been made to suppress one, which has motivated the maintenance of these. All of the above are supported by reports from the Ministry of Health of Ecuador that were submitted by the State all throughout 2024, especially in the month of November.

<sup>86</sup>United Nations Office on Drugs and Crime, Handbook on Prisoners with Special Needs, New York 2009, p. 33. Cited I/A Court H.R., Matter of Milagro Sala, Provisional Measures regarding Argentina, Order of November 23, 2017, considerandum 27.

<sup>87</sup>I/A Court H.R. Case of Chinchilla Sandoval et al. v. Guatemala, previously cited, para. 178.

<sup>88</sup>I/A Court H.R., Case of Barrios Altos and Case of La Cantuta v. Peru, Supervision of Judgment Compliance, Order of May 30, 2018, para. 52.



70. Although the representation questions the amount of medications administered, and presents medical documentary support from a party that qualifies the situation as an alarming increase in medications for long periods of time and in high doses, the Commission has no elements to be able to dispute what was reported by the State, and the medical prescriptions that each medication would have depending on the beneficiary's health diagnoses. In this regard, the Commission recalls that it is not up to it to decide whether the beneficiary should take more or less medicines than he is already consuming to date. Such determinations correspond to health specialists, after assessing the health of the patient. In the specific section, the Commission assesses the conciliation component of the precautionary measures and the possible participation of the beneficiary's two trusted doctors, as appropriate.

71. In light of the previous assessments and the information available, the Commission understands that the parties agree that the beneficiary currently has multiple medical pathologies of diverse seriousness and medical care, which has motivated him to have a diverse and extensive medication scheme, which has been increasing over time, whose interaction requires strict control, monitoring and periodic follow-up.

- *Mental health of the beneficiary*

72. Although the parties have submitted information on the medical care that the beneficiary receives from various specialties over time, the Commission identifies that most of the medical documentary support available focuses on the aspect of his mental health while he is deprived of his liberty. The rest of the medical information refers to various care from other specialties, for which there are no additional elements of assessment that question them. Consequently, the Commission calls on the State to continue with them according to the medical treatment that the beneficiary has prescribed. In particular, continue to ensure that the beneficiary receives the drug for the orphan disease he suffers from.

73. According to the Ministry of Public Health of Ecuador, "severe depression with psychotic symptoms" can be an episode or recurrent (repeated episodes of depression). In an episode of depression, the patient suffers a decline in mood, with a reduction in his energy and a decrease in his activity<sup>89</sup>. The ability to enjoy, interest and concentration deteriorate, and significant fatigue is frequent, even after performing minimal efforts<sup>90</sup>. Usually, sleep is disturbed, while appetite decreases<sup>91</sup>. Self-esteem and self-confidence almost always decline, and some ideas of guilt or being worthless often appear, even in mild forms<sup>92</sup>. The decline in mood varies little from one day to the next, is discordant with the circumstances and can be accompanied by the so-called "somatic" symptoms, such as the loss of interest and pleasant feelings, the morning awakening several hours before the usual time, the worsening of depression in the mornings, the marked psychomotor delay, the agitation and the loss of appetite, weight and libido<sup>93</sup>. The depressive episode can be classified as mild, moderate or severe, depending on the number and severity of its symptoms<sup>94</sup>.

74. We are facing a serious episode when several of the characteristic symptoms are marked and distressing, especially the loss of self-esteem and ideas of uselessness and guilt<sup>95</sup>. Suicidal ideas and actions are frequent, and there are usually a number of "somatic" symptoms<sup>96</sup>. Psychotic symptoms involve the appearance of hallucinations, delusions, psychomotor retardation, or stupor so severe that it makes normal social activities

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<sup>89</sup> Ministry of Public Health of Ecuador, [Diagnosis and treatment of depressive episode and recurrent depressive disorder in adults. Clinical Practice Guide \(CPG\)](#), Quito: National Directorate of Standardization, 2017, page 10

<sup>90</sup> Ministry of Public Health of Ecuador, already cited.

<sup>91</sup> Ministry of Public Health of Ecuador, previously cited.

<sup>92</sup> Ministry of Public Health of Ecuador, previously cited.

<sup>93</sup> Ministry of Public Health of Ecuador, previously cited.

<sup>94</sup> Ministry of Public Health of Ecuador, previously cited.

<sup>95</sup> Ministry of Public Health of Ecuador, previously cited, page 11.

<sup>96</sup> Ministry of Public Health of Ecuador, previously cited, page 11.

impossible; it can generate risks to the patient's life, due to suicide or the effect of dehydration or starvation. Hallucinations and delusions may or may not be mood congruent<sup>97</sup>.

75. When analyzing medical information on mental health, the Commission understands the following:

- i. According to the representation, the beneficiary consumed a large volume of pills on April 7, 2024, alleging a "suicide attempt." In the same sense, the State reported that, on April 8, 2024, he was found "unconscious" and it was observed that "next to him is a pillbox and a medicine sleeve, so it is suspected that he has not prescribed self-medication." This situation led to the activation of the "corresponding protocol in case of emergencies" and the transfer to a Hospital. According to the State's medical support and the representation's allegations, the beneficiary was discharged on April 9, 2024, the following day. According to the State, the clinical physical examination determined that he was "stable." The first psychiatric evaluation was performed on April 11, 2024.
- ii. In addition to the above, the Commission emphasizes that the representative party only had access to all the medical information of such care on May 29, 2024, after the processing of a *habeas data*. That is, a month and a half later. During all that time, and after the allegations of torture presented by him, the representation was not able to act in a timely manner in favor of the beneficiary's health situation, as they did not have sufficient information. Consequently, the medical information available on that date and time is provided by the State.

76. The Commission observes that the representation has questioned the attention received in the face of what happened on April 7, 2024, referring to the non-compliance with the "Operational Guidelines for the Care of People with Intention and/or Suicidal Attempts", 2021, of the Ministry of Health of Ecuador. Based on these questions, and following the exchanges of information between the parties during 2024, the Commission expresses concern about the following:

- i. There is no sufficient explanation from the State to know why, after an action by the beneficiary to attempt against his life, such as the consumption of a large number of non-prescribed medications, he only went through psychiatric review four days later, and psychological care when he returned to the prison, and not to the Hospital, before being discharged.
- ii. There is no sufficient explanation for why the beneficiary spent around 24 hours in the Hospital, without receiving psychological or psychiatric care, before being returned to the prison where he tried to harm his integrity.
- iii. There is no sufficient explanation for why the visit of relatives to the beneficiary during his stay at the Hospital was not promoted.
- iv. There is no information from the State on why certain "Operational Guidelines" were not carried out, or on the eventual decision that motivated them to be discarded. The foregoing is relevant given that they are guidelines issued by the State itself<sup>98</sup> and their non-compliance has been questioned, in detail, by the representation during 2024.
- v. There is no sufficient explanation for why the beneficiary's representation only had access to the beneficiary's medical record on May 29, 2024. That is, about a month and a half after medical care at the Hospital, and after various administrative and judicial requests between April and May 2024.

<sup>97</sup> Ministry of Public Health of Ecuador, previously cited, page 11.

<sup>98</sup> Available [in Spanish] on the Ministry of Health website: <https://www.salud.gob.ec/wp-content/uploads/2021/09/Lineamiento-de-intencion-e-intentos-de-suicidio.pdf>

77. The parties agree that the beneficiary was on “hunger strike” or “voluntary fasting” between April and May 2024 with monitoring of his health by the State. The State stated that it was aware that this situation could affect his personal integrity, as its prolongation could weaken his health.

78. The Commission understands that, although the decision to fast voluntarily was intended as a protest, it may also reflect indications that the beneficiary is willing to weaken his health conditions with a view to harming himself. Likewise, it does not go unnoticed that the “hunger strike” occurred after the consumption of a large number of medications in the same month, which required hospital referral, according to State emergency protocols.

79. In addition to the above, the Commission highlights the beneficiary’s most recent psychological and psychiatric reports, according to doctors from the Ministry of Health of Ecuador. In this regard, and after a comprehensive reading of them, the Commission understands that the beneficiary’s suicidal intentions are still present and are increasing in intensity. The foregoing reasonably indicates that his mental health is of special gravity, despite the health care provided by the State in 2024. In reaching this determination, the Commission notes with concern the following:

- i. Faced with the exposed mental health picture, the beneficiary, after a suicide attempt and hunger strike, has a record of five evaluations by psychiatrists over the course of nine months, despite the indications that he requires specialized attention on a regular basis from both psychiatry and psychology (psychologist report of August 6, 2024).
- ii. According to a psychiatric report dated June 21, 2024, the psychometric assessment shows that he has “Plutchik suicide risk, 11/15” at the “high risk” level. In the same report, it is indicated under the heading of “indications” that the beneficiary has “hospital admission criteria according to the operational guidelines of the Ministry of Public Health for care of people with suicidal intention and/or attempt”.
- iii. According to a psychiatric report dated August 1, 2024, it is indicated that the patient “currently accepts ideas of death, but denies autolytic planning, refers visual hallucinations, [and] insomnia of conciliation”.
- iv. According to a psychiatric report dated August 20, 2024, it is indicated that the patient “currently accepts ideas of death, accepts suicidal planning, accepts alterations of sensory perception: indicates auditory hallucinations and visual pseudohallucinations, accepts autolytic planning, refers insomnia of conciliation”. In the same report, it is added under the heading of “indications” that, as in the psychiatric report of June, 2024, the beneficiary has “hospital admission criteria according to the operational guidelines of the Ministry of Public Health for care of people with suicidal intention and/or attempt”.
- v. All available psychiatric reports reveal a presumptive diagnosis that has increased in severity. They have ranged from “reaction to acute stress” in April 2024 to “post-traumatic stress disorder” and “severe depressive disorder with psychotic symptoms” in August 2024.
- vi. The Commission emphasizes that, according to the State, psychiatric care was allegedly provided on October 30, 2024, two days after the IACHR’s visit to the country. However, the Commission does not identify that said report has been formally submitted to the file, despite having requested all the beneficiary’s medical information.
- vii. In November 2024, the Commission requested the State to rule on the “hospital admission criteria” established in the psychiatric reports of June and August 2024. The State responded that there is no reference or interconsultation in which the patient’s hospitalization is recommended. The Commission did not receive an explanation of why the aforementioned hospitalization was not

carried out despite meeting medical criteria according to the psychiatrists of the public sector of Ecuador, or if, if not considered necessary, why the psychiatric evaluation reportedly changed.

- viii. The available psychological reports, and more recent ones, also reflect that “suicidal ideations are persistent”, according to reports of August 30 and September 13, 2024. These same reports indicate that one of the objectives of the treatment is to “reduce thoughts of self-harm”, which until that date has not been achieved.
- ix. The last available psychological report of September 19, 2024 reveals that the beneficiary:
  - presents with an exacerbation of psychological symptoms following traumatic events in the penitentiary, including nightmares about his wake and suicide, visual hallucinations in the form of flashbacks of violence, and an increase in suicidal ideations. These symptoms had shown improvement during a previous period of 15 days.”
- x. The Commission also observes that the representation’s allegations and the reports of private physicians are consistent with the medical information prepared by medical personnel of the Ministry of Public Health of Ecuador.
- xi. The Commission assesses all the medical reports of the Ministry of Public Health submitted by the State, in particular, the one submitted in its last communication of 2024. However, after a comprehensive review of them, on the issue of mental health, the Commission understands that it is not possible to indicate that the serious mental situation that the beneficiary is allegedly facing has been mitigated, or has disappeared, to date.

80. According to the suicide risk assessment available before the IACHR, the beneficiary has a “high” level. The Commission did not identify any other most recent suicide risk level assessments. According to the Ministry of Public Health of Ecuador, there are four levels of risk: mild, moderate, severe<sup>99</sup>, extreme<sup>100</sup>. The last two levels raise the option of voluntary or involuntary hospitalization with various indications to follow<sup>101</sup>. The Ministry of Public Health of Ecuador points out that “if it is not clear in what type of risk the patient is determined, the greatest risk must be considered”, and proceed according to it.

- i. This Commission is concerned that, according to the information available, the representation only had access to the beneficiary’s psychological and psychiatric reports at the end of October 2024. That is, about three months after having requested it in July 2024, and approximately six months after what happened in April 2024. The Commission notes that the reports were delivered while a second *habeas data* appeal activated by the representation was in process in August 2024, in which the judicial authority confirmed that the requested information was delivered in October 2024, losing the object of the judicial action.
- ii. Finally, the Commission notes that the representative party indicated that the trusted doctor has not been able to access, recently, to see the beneficiary. Despite the absence of restrictions, as

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<sup>99</sup> Ministry of Public Health of Ecuador, previously cited, page 46. It is indicated that the conduct to be followed is voluntary or involuntary (administrative) hospitalization in a general emergency service with specialized intervention when there are vital risks. If there is no vital commitment, hospitalization in a short-stay psychiatric service, with permanent surveillance, specialized medical control on a daily basis, with medication adjustment according to evolution. In case of excitement, anguish, psychomotor agitation or extreme anxiety, initiate treatment with psychotropic drugs immediately.

<sup>100</sup> Ministry of Public Health of Ecuador, previously cited, page 46. It is indicated that the conduct to be followed is voluntary or involuntary (administrative) hospitalization with containment measures and strict specialized monitoring. Accessibility to therapeutic and pharmacological plans. Follow-up by a technical team for a period of no less than 18 months, looking for symptoms that indicate recurrence.

<sup>101</sup> Ministry of Public Health of Ecuador, previously cited, page 46.

reported by the State, the Commission has no elements to know why their visit to the beneficiary was denied.

81. The foregoing allows us to consider that the medical care that the beneficiary is currently receiving is not adequate and timely for his health situation.

- *The mental health of the beneficiary in relation to the beneficiary's current detention conditions at CPL Guayas No3 (known as "La Roca")*

82. The Commission values the information provided by the State regarding CPL Guayas No. 3. In particular, the information provided on the military presence in the center, security conditions and existing protocols, the infrastructure of the center; available medical and security personnel, number of persons deprived of liberty, feeding regime for detainees, possibilities of visits and access to the courtyard, transfer and security protocol during visits to persons deprived of liberty, the absence of rodents in the penitentiary, and the reasons why security agents perform "visual surveillance" at an "adequate distance" from the persons deprived of liberty who allegedly receive visits.

83. In the particular case of the beneficiary, the State detailed: the reasons that motivated him to be located in the aforementioned penitentiary, specifications on the cell in which he is currently located, the beneficiary's security detail (24 hours and under constant surveillance), the beneficiary's diet and update of his nutritional plan by medical recommendation, his daily routine, access to the yard, visiting regime and the amount received in 2024, and the absence of reports of physical abuse or beatings in the penitentiary.

84. However, the Commission identifies that the events of violence that have occurred in the prison recently, in addition to certain detention conditions, are allegedly impacting the deterioration of the mental health of the beneficiary, which is highlighted, even, by the psychological reports prepared by the State health personnel. In reaching this determination, the Commission highlights the following:

- i. According to the psychological report of September 8, 2024, the contingency that occurred with the drone in September 2024 required the evacuation of persons deprived of liberty. In this regard, the beneficiary reported that this situation "makes him relive traumatic events when he was detained in 2019 (prison massacres)".
- ii. Subsequently, according to a psychological report of September 13, 2024, the beneficiary referred to "states of anxiety" due to the suicide of a person who was two cells away from his own. The beneficiary reported "increased symptoms of visual hallucinations" and "flash back of blood stains, dismembered" that "disturb him", and as he indicated "these symptoms are increasing since the event of the explosion of the drone". In that report, it was detailed that suicidal ideations persisted.
- iii. Since these are psychological reports from the State's own health personnel, the Commission understands that such information is fully known to the State authorities. Likewise, the Ministry of Public Health of Ecuador considers that "traumatic events" are risk factors for depression<sup>102</sup>.
- iv. Unfortunately, the Commission does not have medical reports in psychology that are after September 2024, despite the fact that the available medical information was requested. However, the Commission has been able to note, from the beneficiary's account heard during his October 2024 visit, that the acts of violence that occurred have in some way affected his mental stability, which in the opinion of this Commission is consistent with the psychological reports available. In that sense, during the visit to the beneficiary, he learned that such events continued to occur. For

<sup>102</sup> Ministry of Public Health of Ecuador, previously cited, page 19.

example, the IACHR observed on the day of the visit that persons deprived of liberty had set fire to mattresses, and the roof of the prison could be seen destroyed and covered with a red awning.

- v. Likewise, the impact on his mental health is also reflected in the repeated concern that the beneficiary expressed to the IACHR about the presence of the murderer of his lawyer in the same prison, or when it was indicated that he prefers to avoid exits to the courtyard for safety, despite the absence of specific acts against him. The foregoing, understood as a whole to all the factors identified, could add to the moment of understanding the seriousness of the diagnosis of “severe depression with psychotic symptoms” that the beneficiary has.
- vi. In addition, from the beneficiary’s narrative, and the information available in the file, as well as that obtained after the visit, it is clear that there are questions about the security regime of the prison. In particular, the surveillance that security personnel purportedly carry out on persons deprived of liberty when they receive visits. In the case of the beneficiary, the Commission understands that the surveillance measures, as they have been implemented, have caused the beneficiary to decide to stop sharing information about his situation in face-to-face and telematic meetings with his representatives, family, lawyers, or doctors. This was reported both in the file in writing and by the beneficiary consistently during the meeting with him in June and October 2024. In addition to the above, the Commission visited the beneficiary’s cell and was able to verify that he does not have natural light. The area was dark due to the maintenance that was being given to the roof of the penitentiary. The cell did not have enough space to be able to have a meeting with the IACHR delegation composed of four people. It also had a security door that can be completely closed, further reducing access to natural light. He was on a floor where there are no people in continuous cells. A person deprived of liberty was identified in a couple of cells after that of the beneficiary.
- vii. Although it is not appropriate, in this procedure, to make an analysis of the proportionality of the surveillance or security measures, the Commission recalls that they may be, in general terms, useful to prevent a person deprived of liberty from attacking his own life—in the face of the suicidal ideations that are reported—, or also in the face of the possible aggression of other prisoners. However, the Commission also considers that such action must be designed and executed in a way that contributes to said purpose—in turn associated with the improvement in the mental health of the person in question—and not cause the opposite effect. In this matter, considering the mental health situation of the beneficiary and the assessments made so far, in addition to the findings of the visit, the Commission considers that they are not conditions that are influencing the improvement of the beneficiary.

- *Detention conditions in the penitentiary and the physical integrity of the beneficiary*

85. As analyzed in the previous section, the Commission observes that, according to the information available, there have been several acts of violence in the prison where the beneficiary is detained. This Commission is concerned that, during the period of his detention, there have been various situations of violence (a drone with explosive material, and a firearm in a cell) which could also impact the integrity of the beneficiary. In particular, given the allegations of threats that the beneficiary indicated he was receiving, and that were reported in the processing of this matter in 2024.

86. The Commission recently notes that, according to an official statement from the SNAI, on January 5, 2025, “incidents caused by persons deprived of liberty” were recorded in the prison, which was described by the institution as a “clear strategy to destabilize the order and peace of the country” and an “attempt to alter national tranquility.”<sup>103</sup> In the face of such events, it was reported that, “in coordination with

<sup>103</sup> SNAI Ecuador, @SNAI\_Ec, [Message in “X” of January 5, 2025](#).

the Armed Forces, the necessary security protocols were immediately activated to neutralize the situation.”<sup>104</sup> The foregoing implied that the beneficiary was temporarily transferred “with the aim of guaranteeing his well-being and integrity.”<sup>105</sup> After arms, ammunition and explosives control operations, and the corresponding evaluation, the beneficiary returned to the penitentiary center.<sup>106</sup>

87. Given the official and public information from said institution, the Commission understands that there continue to be events of violence in the prison that have led to him being evacuated under the health situation already assessed in previous sections. Consequently, the Commission expresses its concern about the beneficiary’s security situation in the current conditions, which are already impacting his mental health, and could impact his physical integrity.

- *Concertation actions*

88. The Commission recalls that the precautionary measures granted in 2019 required the State to establish spaces for consultation with the representation and the beneficiary. However, the Commission does not have records that, for example, throughout 2024, there has been any space for internal or national consultation, other than the working or bilateral meetings that the Commission has convened.

89. The absence of internal spaces for consultation has led to the questioning of the parties being channeled through the Commission and judicial remedies such as the two *habeas data*. While the Commission can promote the agreement of the parties, it should not be the only existing space for such an objective, even more so, when it has already been requested that the parties agree internally. Consequently, the Commission considers that the parties should establish a space for consultation at the domestic level in which all concerns, requests or questions can be channeled, without the need to wait for a pronouncement from the IACHR for such purposes. In this regard, the Committee calls on the parties to define the following topics in the space to be established:

- i. the flow of the beneficiary’s delivery of medical information in a timely and periodic manner;
- ii. how to ensure the participation and continuous visits of the beneficiary’s trusted doctors with a view to the public health personnel having additional elements for their assessment, considering that the State reported that there are no impediments to their participation; and
- iii. a mechanism to resolve disputes or medical issues that arise between public sector professionals and those trusted by the beneficiary, according to existing medical practices and considering that the parties have already established a “Technical Table” in previously for the beneficiary’s health situation.

90. In particular, on the “Technical Table”, the Commission highlights that in 2021 the State already implemented a space with similar characteristics in the framework of the implementation of these precautionary measures, in which the doctors who have provided medical information in 2024 participated. Since a similar space is no longer functioning, the Commission calls on the parties to maintain its validity and continue to guarantee the participation of the beneficiary’s trusted doctors.

- *Investigations*

91. The Commission is aware that, following the detention of the beneficiary in April 2024, allegations of ill-treatment and torture were reported internally. In this regard, the Commission requires the parties to provide further details on the status of the complaints filed and the progress made. The Commission

<sup>104</sup> SNAI Ecuador, previously cited.

<sup>105</sup> SNAI Ecuador, previously cited.

<sup>106</sup> SNAI Ecuador, previously cited.

recalls the importance of submitting the relevant complaints in order to activate the corresponding institutional framework and carry out the respective follow-up, as appropriate.

## **VI. DECISION**

92. In the terms contained in Article 25 of its Rules of Procedure, and in view of the multiple risk factors noted, while recognizing the efforts of the State of Ecuador to comply with the precautionary measure, it urges that the situation of Jorge David Glas Espinel continue to be monitored, and after analyzing the submissions of fact and law, as well as the findings made during its visit of October 28, 2024, the Commission decides the following:

- a) Continue to follow up on the situation of Jorge David Glas Espinel.
- b) In light of the assessments made in this resolution, extend the scope of the precautionary measures in force to include the beneficiary's right to health. Consequently, the State of Ecuador is requested to adopt the necessary measures to protect the rights to life, personal integrity, and health of Jorge David Glas Espinel. In particular, assessing and implementing those most appropriate to his personal circumstances, and that allow for the creation of conditions that ensure and respect his rights, and compliance with the extension of the precautionary measure. This must include, at least, that the State:
  - b.i) To maintain the continuous operation of the independent Technical Table that will have the following functions: 1. to be an instance of dialogue that allows reaching scientific medical consensus in case of discrepancies; and 2. to resolve any medical discrepancies that may arise between the trusted doctors of the beneficiary of the precautionary measure and the doctors in charge of the treatment of Mr. Jorge David Glas Espinel.
  - b.ii) In light of the available medical documentation, to carry out a complete medical evaluation immediately in a hospital center, and to draw up a protocol that, without endangering the life or personal integrity of the beneficiary, establishes the appropriate protocol for admission and discharge to a hospital center each time it is necessary to carry out hospital treatment that cannot be provided in the detention center or to attend a physical or mental health emergency of Mr. Jorge David Glas Espinel.
- c) Following the medical evaluation and the recommended treatment, the State must act with absolute diligence and take into account the scientific evaluations of the Technical Table and ensure that the conditions of detention, whether they occur in a detention center or in a hospital center if the beneficiary is receiving hospital treatment, must be compatible with the applicable international standards in the matter, including:
  - c.i) Mr. Jorge David Glas Espinel is immediately transferred to a detention center other than the Guayas No. 3 Detention Center (CPL)
  - c.ii) That the new detention center has at least the following characteristics and conditions of detention:
    - An adapted cell without objects that can be used for self-injury.
    - Illuminated, ventilated, clean and not overcrowded spaces, with access to basic services.
    - Trained personnel with specialized training in mental health, suicide risk detection and psychological first aid.
    - Avoid conditions of extreme isolation, allowing safe social interactions.
    - Access to support networks, family visits, contact with lawyers and religious assistance if desired. All in private spaces.
    - Allow for the access to independent monitoring mechanisms and accredited and specialized external institutional organizations to monitor detention conditions.



- Keep logs of the actions taken for the protection of the beneficiary, which are accessible and transparent.
  - Ensure clear intervention protocols to respond to emergencies in situations presenting a risk to the life and integrity, and care for people with suicidal intentions and/or attempts.
  - Ensure the timely and regular flow of medical information from the beneficiary and visits and participation of the beneficiary's trusted doctors.
  - Guarantee specific treatments for Mr. Jorge David Glas Espinel including therapies and medication. In case of discrepancy of opinion on the part of the beneficiary's trusted physicians, such discrepancies shall be known and resolved by the Independent Technical Table.
  - Access to the care of psychologists, psychiatrists and social workers who must be available in order to be able to comply with the medical treatment prescribed.
  - Constant monitoring through uninterrupted supervision by trained personnel, which must be documented in a transparent recording mechanism.
- d) Consult and agree upon the measures to be adopted with the beneficiary and his representatives, in accordance with the assessments and scope delimited in this resolution. In particular, strengthen the existing internal consultation mechanisms, taking into account the assessments and scope delimited in this resolution; and
- e) Report on the actions taken to investigate the facts that gave rise to the adoption and continuity of this precautionary measure, so as to prevent such events from reoccurring. In particular, send the IACHR periodic information on the status of the investigation into the claims of ill-treatment and torture made in the context of this matter.

93. The Commission decides to continue to carry out the appropriate follow-up measures in terms of Article 25(10) and other provisions of its Rules of Procedure.

94. The Commission requests that the State of Ecuador continue updating, periodically, the actions taken.

95. The Commission instructs the Executive Secretariat to notify this Follow-up and Extension Resolution to the State of Ecuador and to the representation.

96. Approved on February 10, 2025, by Roberta Clarke, President; Carlos Bernal Pulido, First Vice-President; José Luis Caballero Ochoa, Second Vice-President; Edgar Stuardo Ralón Orellana; Arif Bulkan; Andrea Pochak; and Gloria Monique de Mees, members of the IACHR.

Tania Reneaum Panszi  
Executive Secretary