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THE FOLLOWING AGREEMENT WAS ISSUED IN REGARD TO [BLACK OUT] WITH THE DAMAGE CAUSED TO THE VICTIM [BLACK OUT], ON CHARGES OF SERIOUS INJURY WITH THE AGGRAVATION OF PROFESSIONAL CONDUCT:

[Black out], [Black out] -----

Taking into account the secretarial narrative above and considering that upon resolving the [Black out] formed in this Court to process the appeal filed against the decisions regarding the constitutional term [Black out], [Black out] pronounced in [Black out] index of [Black out], ordering the formal arrest of [Black out] as allegedly responsible for committing the crime of NEGLIGENT INJURY WITH AGGRAVATED PROFESSIONAL LIABILITY (according to under Article 288 and punished in numerals 292 and 293, in relation to Article 60, paragraph two and numeral 228, all of the Criminal Code [Black out] committed against [Black out] -----

Having followed all legal means related to the procedure to resolve the aforesaid appeal, the Court noted the update because of a statute of criminal responsibility in the case, the statute of limitations of the criminal action and the circumstances constitute a procedural budget, determining that in resolving this criminal case, it will decree the dismissal and closure of the criminal case and order the release of the accused without analyzing the merits of the case. -----

However, that court believes that these circumstances are not sufficient to ignore the form and cause that gave rise to the injury that violated the liability [Black out] and the aftermath it produced, as these not only jeopardized his life, but also caused him mental and total permanent and irreversible motoric immobility, which was caused, according to the medical opinion included in the case file, by the negligent conduct and devoid of care practiced in the exercise of their profession, by the physician assigned to work in the Gynecology area of the Mexican Institute of Social Security, based in [Black out] where the victim was treated, and where, of course **the life project succumbed**, that had been

planned by the victim and her husband [Black out] who fathered the child and was waiting for their birth. Needless to say, this conduct also involved the family of such a couple, as discussed below. -----

To understand this, it is necessary to review the records held by the [Black out] based in the [Black out] in [Black out], of which the statement rendered by [Black out] **the victim's husband** notably stand out for their importance, the [Black out], [Black out] before the Public Prosecutor assigned to the Civil Hospital of the City of [Black out], where he declared: *“That on the day [Black out] of [Black out] this year, his wife, whose name is [Black out] gave birth to a baby boy at the Social Security Hospital at [Black out] and that the voice speaking does not know the names of the doctors that treated her. The voice speaking wants to clarify that the child was born around one o'clock in the morning of [Black out] of [Black out] of the [Black out] and that after the baby was born, the doctors informed him that his wife [Black out] was very ill, and that the baby was also very sick, and the person with the voice went into one of the hospital rooms to see his wife, and found that she was unconscious, so the person narrating the facts when to ask the doctors about his wife's health condition since was conscious when they arrived at the clinic and was now unconscious, and the doctors told him that her heart had stopped for a moment and that her body might be sick, and the Social Security doctors asked the speaker for authorization to transfer his wife to the Civil Hospital and his wife is currently in the Intensive Care Unit, and is unconscious. The speaker went to say that they no longer wanted to receive his wife because she was very ill, and said that it would be best to take her [Black out]. This is what the doctors at the Civil Hospital told the party stating the facts, but before that told the speaker that he could take her home, to which the speaker responded by asking if there was any way for her to stay in the hospital, and the physician, whose name the speaker does not know, issued orders to hospitalize his wife and said that if she died he would assist him with the transfer to [Black out]; therefore, the claimant is hereby filing his formal complaint or claim against WHOMEVER is found to be responsible for his wife's current health condition, and asks to proceed according to the law, in the case of medical liability...” -----*

Then on [Black out], [Black out] he further elaborated on his statement before the Public Prosecutor as follows: -----

*“... it so happens that my wife [Black out] who was [Black out] years of age and to whom I have been married for one year, was approximately nine months pregnant, and her delivery was scheduled according to the physician at the [Black out] Medical Brigade for [Black out] of this year [Black out], clarifying that she had a normal pregnancy, but it so happens that on [Black out] this year, at approximately one o'clock in the afternoon, my wife started to feel slight labor pains, so I went to get a midwife and took her to my home at close to 4 p.m., and my wife continued to feel slight labor pains, so the midwife gave her several cups of tea, but it wasn't until 11 p.m. when my wife [Black out] started to feel stronger labor pains that did not stop and on the day [Black out] at approximately eight*

a.m., the midwife told us to take my wife to see the doctors, so my brother-in-law [Black out] went to the [Black out] community and they came to pick my wife up at 12 noon in the medical brigade car and took my wife to [Black out], where they examined her and told us that the baby was doing fine and would be born around 7 p.m. So, at close to 5 p.m. we went to [Black out] where the baby was scheduled to be born, and we arrived at the health care center at [Black out] at 6 p.m., where the doctors examined my wife and said that she would have a normal delivery and that they would have her walk until my son was born, and that it would be best to transfer my wife to [Black out] to prevent any type of complications with the birth. Meanwhile, my wife continued to feel strong labor pains and at close to 7 p.m., the [Black out] City Hall pickup took us to [Black out], where we arrived a close to 10 p.m., and while at the Mexican Institute of Social Security (IMSS) hospital of [Black out] where we delivered the documentation, my wife was in a lot of pain and they examined her by taking her into a room they did not allow me to enter. However, they gave me my wife's clothes about 30 minutes later and I saw her sitting up and awake, albeit complaining of the pain, and they asked me to leave the room, so I did. **Close to midnight, the gynecologist called me and said that they were going to do a c-section on my wife to save her life and the baby's, and said that they had asked my wife to authorize the c-section and that she had said yes. He added that they only needed me to authorize and sign a paper, so I called my wife's parents and they said yes, so I signed the document at close to 12:30 a.m. and the doctors went in and did not come out or provide any information until 1:30 a.m. when the gynecologist came out and said that my wife had suffered a heart attack during the c-section and was very ill, and that my son —this is when I learned that he was a baby boy— was also very sick. I immediately went in to see her and realized that she was unconscious, since I spoke to her and she did not answer and was on an artificial breathing machine.** They then called me, to give me some information related to occurred before the delivery, but did not tell what they were going to do with her, although she remained in the room unconscious and I spent the night with her, and at 2 o'clock in the morning they pointed to my son from a distance. He was in an incubator, and at 9 o'clock the next morning, on [Black out] this year, the Doctor told me that they were going to move my wife to the Civil Hospital in this city because she was very ill, and it wasn't until 12 noon that same day, that an ambulance took my wife to the Civil Hospital where we arrived at 2 p.m. in the Emergency Room. I was next to my wife and saw that she stopped breathing and the doctors treated her and her she threw up. **The doctors then told me that my wife's problem was incurable and that it would be best if I took her to u! The doctors began to argue amongst themselves, but I asked if she could stay in the Civil Hospital for treatment,** so the doctor that rode in the ambulance with me, went along with me to talk to the doctors, saying that if my wife died the next day he would help me take her to my town, **and this is where she has been to date, in a coma.** I want to add that **on June 23rd this year [Black out] when I went to ask about my wife's condition, I was informed me that she was reasoning well, but that some of her brain cells had died due to the heart attacks, and that she would not be able to move her hands and feet because of this, and that I would have to assume the responsibility of caring for her, and we are paying for the treatment that she is now receiving.** Therefore, I ask for justice against

those responsible for what my wife is going through." -----  
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The evidence includes the TRANSFER PROCEEDING to the address located at [Black out] that belongs to [Black out], where the Public Prosecutor confirmed "... then, and at [Black out] o'clock on [Black out] of the year [Black out], Mr. [Black out], from Desk 1 at the Public Prosecutor's Office specialized in Official Medical and Technical Liability, assigned to the Inspection Office of the Justice Department of the Office of the State Attorney General, in a lawful action with Mr. [Black out] [sic!], the Secretary in charge of authorizing and attesting to the facts, complied with the due formalities and drove an official vehicle to the neighborhood called [Black out], following the road to the center of [Black out] to the community of [Black out] heading east, and at [Black out] with [Black out] of the [Black out], the government officials CERTIFIED AND RECORDED that they saw an adobe construction measuring approximately seven meters long by four meters wide, without plaster, a tin roof and wooden door, which was open. A man then walked out through the open door and said that his name was [Black out]. He was informed of the reason for our visit and that we had come to take testimonies from the witnesses that know and can confirm the fact object of the investigation and that were denounced. Mr. [Black out] then said that it was impossible to present his witnesses that can confirm the the facts, since they are not in the community. He then asked us to move over under a shelter measuring close to four meters long by two meters wide, where we saw a bed made out of wooden planks and a lying on it, who Mr. [Black out] said was his wife, [Black out]. Because of his wife's health condition and because they have to take her for medical treatment to the city of [Black out] [sic], he will take his witnesses to Medical and Technical Liability Desk, assigned to the Inspection Office on [Black out] of the year [Black out], once he finds the witnesses that will testify to the facts and the reasons presented. The officials went back to their offices, since there was nothing else to CERTIFY OR ATTEST TO. I hereby attest to the truth of all of the statements contained herein." -----  
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And it wasn't until [Black out] when the **father of the unresponsive patient** made his statements, and declared in [Black out], [Black out] before the Public Prosecutor of Desk 6 specialized in Medical and Technical Liability, assigned to the Inspection Office of the Justice Department of the Office of the State Attorney General [Black out] and narrated the following facts related to the case: -----

"... **On** [Black out] of the year [Black out] when my daughter was admitted to the [Black out] IMSS, around one o'clock in the morning a doctor at the institution told my wife and I and my my son-in-law that they need to operate on my daughter because this was the only way or means to save her life and the life of her son. He said that my daughter had already agreed, so we also yes yes, and my son-in-law [Black out] also agreed. They then operated on my daughter, and I went home and my only son-in-law and my wife stayed at the hospital. It wasn't until **later that I learned "that she got very ill and we moved her to the Civil Hospital in** [Black out], **since she no longer was able to move**

**or speak, and simply stared into space. She was hospitalized at that Civil Hospital for about on month and since she did not improve, she was then discharged and remains the same to date and has not improved at all..."**

[Black out] **mother of the victim** gave her statement on [Black out] before the Public Prosecutor, and said: -----

**"... On [Black out] of the year [Black out], my daughter had labor pains, so she was admitted to the Mexican Institute of Social Security of [Black out] and it was one o'clock a.m., when my husband, my son [Black out] and I were in the Emergency Room and my son-in-law told us that an IMSS doctor told him that they needed to operate my daughter [Black out] because that was the only way to save her life and the life of her son, and my son-in-law [Black out] said that he also agreed, so they performed the c-section on my daughter. My husband then left the hospital to go home and only my son-in-law and I stayed at the [Black out] hospital, and were later informed that she got very ill, and they moved her to the Civil Hospital of [Black out], so we went to [Black out] and spent about a month there caring for my daughter. She was then discharged and we brought her to my home in her condition, with no movement in her body, and could not speak, and this is the way she has remained to date."**

Meanwhile, [Black out] , the brother of the unresponsive patient gave the following testimony to the Public Prosecutor of [Black out] on [Black out] of the year [Black out], essentially stating the following: -----

**On [Black out] of the year [Black out], at about 8 p.m., I went to the [Black out] community to bring the brigade. We arrived at 12 midnight that same evening at my sister [Black out]'s home, who was going to give birth, so they examined her and told her baby was fine and still needed time to be born, so my brother-in-law, my father and my mother later took my sister to the [Black out] Center Health, and my father later came back and said that my sister was very ill in the Social Security Institute, so I immediately went to see my sister. However, once I arrived at [Black out] I found out that my sister was no longer in [Black out] but was in the [Black out] Civil Hospital, because she was in a coma, so on [Black out] of the year [Black out] I went to the [Black out] Hospital to see how my sister was doing. She was in a coma, and could not move or speak, just as she is today ..."**

It bears noting the **PHOTOGRAPHIC WITNESS PRESENTED BY THE PUBLIC PROSECUTOR** of Desk 6 specialized in Official Medical and Technical Liability, on [Black out] of the year [Black out] CERTIFYING: "That he saw color five postcard size photographs, in the first of which you can see Mrs. [Black out] lying on a cot, in a paraplegic state, without any mobility and dressed in a sky blue colored gown; the second picture shows Mrs. [Black out] staring into space, and the third picture shows the position of Mrs. [Black out]'s arms and hands. The fourth picture shows Mrs. [Black out] lying on a cot and the last photograph shows Mrs. [Black out]'s feet that are immobile, and the

physician from this institution examined her to see if she had any mobility and sensitivity. These same pictures are hereby added to this preliminary investigation for all corresponding legal effects ...." -----

It also bears noting that the criminal process includes official letter [Black out] of [Black out] on the Preliminary Investigation by the Public Prosecutor [Black out] that the Public Prosecutor of Santa Cruz Itundujia sent the Public Prosecutor of Desk 6 specialized in Medical and Technical Liability, assigned to the Inspection Office of the Justice Department of the Office of the [Black out] Attorney General six photographs that he said were taken of [Black out] on [Black out]. -----

These were added to the expert opinions on **medical liability** issued on [Black out] by the [Black out] doctors who are forensic medical experts assigned to the Office of the Attorney General of [Black out], who said the following in response to the questions they were asked: -----

"... **a)** Did the patient [Black out] undergo the preliminary lab work needed to perform an emergency c-section before her surgical intervention? **A.** The IMSS Medical Records do not contain any lab tests taken before the surgery, stating that it was an emergency-type surgery). In this case, the basic lab work includes complete Biometric studies with blood count, clotting times, Blood Chemistry and serum electrolytes, and failure to run the lab work was justified by saying that they did not run them because the surgery was urgent. **b)** Was there malpractice by one of the physicians participating in the (cesarean section) surgery on the patient [Black out]? **R.** There was no medical malpractice by [Black out] who performed the surgery because he acted according to the guidelines established for urgent surgical interventions, because the baby was suffering acute fetal distress at the time, which is characterized by a deficit of tissue oxygen. However, the Anesthesiologist failed to comply with the following Medical Standards established in Lex **Medical Artis** . There are a number of irregularities in the treatment provided by the Attending Physician Anesthesiologist [Black out], as the doctor assigned to the [Black out] Zone Hospital of the Mexican Institute of Social Security in [Black out]. The surgical risk according to the ASA was not justified in the Anesthesiologist's medical note. There is no description of the patient's nutritional status. The file does not include the pre-surgical informed consent for surgery. **The anesthetic record was not completed. The anesthesiologist did not periodically monitor the oxygen saturation by pulse oximetry while the surgery was being performed** (this helps determine blood oxygen saturation). Blood pressure monitoring was inadequate, as it must be taken at least once every five minutes in this case if the blood pressure drops. The most appropriate reading based on the patient's clinical conditions at the time, was to take her blood pressure every two or three minutes to take the appropriate and preventive measures. **c)** Was the amount of anesthesia and other medications given to patient [Black out] proper and correct? **R:** The amount of anesthesia was correct and placed in the appropriate place according to the note recorded in the Medical Record. **d)** What provoked patient [Black out]'s medical condition after the surgery? It is due to a number of

*irregularities in handling the patient received before and during the surgical procedure in which there is no monitoring of the T.A. (it was mentioned but not documented), leading to the wrong treatment during surgery, which were factors that caused the patient to suffer a cardiac arrest, with the series of metabolic events mentioned. It is due to the two two sudden cardiorespiratory arrests (which consists of the vital functions stopping) because she was consecutively submitted to an interruption of the oxygen flowing to the brain and the brain is a target organ of our body that cannot live without oxygen and immediately causes neuronal death (brain cells die irreversibly) producing decortication (severe brain damage) as the sequelae, and widespread irreversible damage to the rest of the body..." -----*

**And the diverse medical opinion issued on [Black out] by the [Black out] medical experts assigned to the Coordination Office of Expert Services of the Mexican Attorney General's Office, based in [Black out] who, after hearing about the problem, the methodology used and the facts, and conducting a thorough analysis of patient [Black out]'s medical records prepared by the Mexican Institute of Social Security of [Black out], reached the following conclusions upon examining the legal medical analysis and referring to **Official Mexican Standard NOM-170-SSA1-1998, for the practice of anesthesiology:****

*"... **ONE:** The medical care provided to the person named [Black out] by the attending physician anesthesiologist. **It did not comply with Lex Artis Médica** as it failed to observe the guidelines established in OFFICIAL MEXICAN STANDARD NOM-170-SSA1-1998, FOR THE PRACTICE OF ANESTHESIOLOGY.*

***TWO:** The injuries caused to the person named [Black out] have a causal relationship with the poor treatment provided by the Attending Physician Anesthesiologist during the surgical event.*

***THREE:** The injuries presented by the person named [Black out] **are classified as injuries that endanger life, leaving a total permanent and irreversible mental impairment and motoric immobility ...**" -----*

Now then, although this Court was not able to analyze the accreditation of the body of the crime of **SERIOUS INJURY WITH THE AGGRAVATION OF PROFESSIONAL CONDUCT** established in Article 288 and punishable under the provisions set forth in Article 292, paragraph two, and Article 293, in relation to the diverse Article 60, paragraph two, and Article 228, all of the Federal Criminal Code and to determine the probable criminal liability of the attending physician anesthesiologist [Black out] assigned to the Gynecology Department at the Mexican Institute of Social Security, based in [Black out], by virtue of the extinction of the criminal action due to the statute of limitations given the time that has elapsed since the date on which the events occurred when the Preliminary Investigation by the Public Prosecutor was recorded. -----

Notwithstanding that fact, the statements transcribed serve to note that [Black out] (together with his brother-in-law [Black out], the victim's brother) took his [Black out]'s wife,

<who was then [Black out] years of age>, to the Health Center in the [Black out] Community for [Black out]'s delivery, and although the doctors said it would be a normal birth, they decided to move [Black out] to ensure an uncomplicated delivery. She was transported in a van belonging to the [Black out] City Hall to the Mexican Institute of Social Security of [Black out] where after delivering the relevant documentation, the treating gynecologist informed [Black out] that his wife [Black out], had a cardiac arrest during the Caesarean section, and was seriously ill along with her son, which is when he learned that the baby was a boy. That the victim was unconscious and had an artificial breathing machine. -----

It is also apparent that on [Black out] of that year, they moved the patient [Black out] to the Civil Hospital in [Black out] City where she was taken to the Emergency Department (ER) and as [Black out] was with his wife, he realized that she had stopped breathing; however, she came back with the doctors' treatment and the doctors told him his wife's problem was incurable. Then on the annual [Black out] of [Black out] they told him that the victim was reasoning well, but that certain brain cells had died during her cardiac arrests, and this was the reason why she was unable to move her limbs. -----

In addition, from the medical opinions issued by [Black out] and [Black out], we can see that the **cardiac arrest suffered by the patient** [Black out] was due to **medications given to her** for the regional anesthesia, because they did not know the duration of the cardiac arrest, **the doses of drugs used and the time of cardiac operations performed on the patient. Furthermore, they** failed to register the extubation (removing the cannula for ventilator support) orders for said patient, which allowed the experts to consider there were omissions that caused the injuries that have a cause-effect relationship with the poor care provided by the attending physician anesthesiologist during the surgical event practiced on the patient [Black out] in the [Black out] Rural Hospital that is part of the Mexican Institute of Social Security system, and this was reiterated by doctors [Black out] and [Black out] when their opinion stated that the **life endangering injuries caused total permanent and irreversible mental and motoric immobility to [Black out]** due to poor pre-anesthetic, trans-anesthetic and post-anesthetic treatment. ----

The expert anthropological opinion on a gender perspective issued by [Black out] of [Black out] was also added to this case, issued by physician expert [Black out] and teacher [Black out], in response to official letter [Black out] the [Black out] Foundation sent to this Court on [Black out] of this year. The opinion was duly ratified by its subscribers and you can see that the [Black out] municipality is classified by the National Population Council (CONAPO) as a highly marginalized municipality. The opinion also notes that the [Black out] family is self- ascribed as belonging to the Mixtec people, and up until the date on which she had the c-section [Black out] was a housewife and was involved in agricultural production activities. The record also states that she completed her elementary education. -----



The experts mention that there is a structural racism against indigenous women, which is represented, they say, by the remoteness of public health care services (it takes about [Black out] minutes to drive from the [Black out] community to [Black out] on a dirt road), and emphasize the deficient capacity of the health care personnel, especially the lack of treatment based on cultural belonging. -----

The [Black out] case is relevant because of the adversities indigenous women face to access the appropriate health care services, in particular the lack of emergency obstetric gynecological care. However, her situation is further aggravated due to the permanent total disability caused by medical malpractice, all related to the context of poverty and social exclusion that she and her family face. -----

Thus, the above records show that a young couple convinced about starting a family, saw their life project truncated due to a medical malpractice during the health care required by the wife, when giving birth to her son in the [Black out] Rural Hospital that is part of the Mexican Institute of Social Security system, a fact that made the patient [Black out] a **victim** because of her affected health condition <that also includes the husband, the patient's parents, and the child born during the delivery (her son), given that the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, provides a definition for victim in its numeral, by establishing:

- 1. ***"Victims" means persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within Member States, including those laws proscribing criminal abuse of power."*** -----  
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While the reforms published **the General Victims Law** on [Black out] this year and enacted on the following day, define a victim as:

**"Article 4. *Direct victims*" means those individual who have suffered harm or economic, physical, mental or emotional loss, or in general, anything that injures or jeopardizes their legal goods or rights results from a crime or violations of their human rights recognized in the Constitution and in the International Treaties signed by the Mexican State.**

**Indirect victims are the family members or those individuals for whom the direct victim is responsible because they have an immediate relationship with them.**

**Potential victims** are the individuals whose physical safety or rights are endangered by assisting the victim either by preventing or stopping the violation of rights or the commission of a crime.

**The quality of victim is acquired** by accrediting the damage or impairment of the rights under the terms established in this Law, whether they are identified, apprehended, or convicted as liable for the damage to the victim or for participating in any judicial or administrative proceeding.

The groups, communities or social organizations that have been affected in their rights, interests or collective legal assets are also considered victims, when this occurs as the result of the commission of a crime or the violation of their rights. -----  
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This definition conforms to this case, because the effect suffered by [Black out] includes her husband [Black out] and her family, who were collectively thrilled with the arrival of a new family member. However, this exciting event was never carried completed due to the medical negligence [Black out] was submitted to, causing her parents to urgently look for a treatment for her daughter [Black out], instead of taking their grandson home in their arms to care for him, due to the health effects she suffered at the Social Security Hospital, where she went in to deliver her baby son, but came out with a mental disorder and overall motoric immobility, in addition to the intrauterine device (IUD) that was discovered in [Black out]'s body after the delivery. In this regard, it is important to mention that the application of contraceptive methods to indigenous people constitute discrimination because the introduction of the contraceptive method did not consider their cultural conditions, including their language and their cultural worldview,<sup>1</sup> all of which is classified as a **victimizing fact**, as defined in section IX of Article 6 of the General Victims' Law.<sup>2</sup> -----<sup>3</sup>

So, as [Black out] was in a 'vegetative state', she is not able to perform any activity, as noted in the certification conducted by the Public Prosecutor, which

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<sup>1</sup> National Human Rights Commission (CNDH), General Recommendation Number 4. Derived from management practices that constitute violations of human rights of members of indigenous communities regarding the possibility of obtaining free and informed consent to adopt family planning methods, Mexico, D.f. [Black out].

<sup>2</sup> **Article 25. The following definitions shall apply for the purposes of this Law:**  
[...]

**IX. Victimizing fact:** Acts or omissions that damage, impair or endanger the legal property or rights of a person making them a victim. These can be criminalized or constitute a violation of human rights recognized by the Constitution and international treaties to which Mexico is a party;

**X.**

<sup>3</sup> Medical opinion number [Black out] of [Black out] signed by [Black out], Chairman of the State Medical Arbitration Commission [Black out] (section on the clinical case summary). Pages 266-278 of the certified copies file referred to this [Black out] Court deducted from criminal process 121/2012.

is corroborated by the photographic evidence taken of the victim and the anthropological expert opinion based on gender issues by [Black out] and [Black out], submitted to the Court on [Black out]<sup>4</sup>; hence the unresponsive patient's domestic partner, [Black out] assumed the dual responsibility for the new situation involved in caring for his bedridden wife and providing the minimum care for their newborn son, who certainly no longer received them, since the attention that should have been given to it, were focused on the mother in light of her urgent situation, although that attention was short-lived since [Black out] disappeared after a few years and no one ever heard from him again. -----

Now, if in this case was subject to the statute of limitations given the time elapsed between the date on which the facts occurred and the date on which the Preliminary Investigation by the Public Prosecutor was recorded, thereby extinguishing the punitive action for attending physician anesthesiologist [Black out] (then assigned to work in the Gynecology Department at the Mexican Institute of Social Security, based in [Black out], who applied the anesthesia to the offended party, [Black out], a circumstance that while it makes it impossible to analyze the existence of the crime and liability for criminal actions, this is updated only as to the prosecution of the offender, but does not extinguish [Black out]'s rights, who is recognized as a victim, to demand restitution. -----

This is so, because **in case of injury or damages to health and human rights violations, the simple passage of time cannot lead to the abandonment of the victims** or that these are left unprotected as in this specific case, in addition to the effects produced on her health and the damage she suffered due to medical malpractice. In fact, since the offended party [Black out] is in a permanent 'vegetative state' according to the experts, it is clear to see that she is unable to understand the damage and injury caused and is much less in a factual and objective position to demand the respective restitution. Therefore, in that context, **it is impossible to begin a term subject to the statute of limitations to legally require some means of restitution**, as those terms, in conformity with Article 111 of the General Victims' Law, <sup>5</sup> are suspended, until the victim is out of her current

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<sup>4</sup> Pages 111-138 of [Black out]

<sup>5</sup> **Article 111. The recognition of a victim shall produce the following effect:**

I. Access to rights, guarantees, actions, mechanisms and procedures in terms of this Law and its regulations, and

**II. In the case of serious injury, crimes against psycho-sexual freedom, domestic violence, human trafficking, kidnapping, torture, cruel, inhuman or degrading treatment, disappearance, imprisonment and those that prevent the victim from adequately address the defense of his or her rights, due to the nature of the damage, the trial judge or the authority responsible for the procedure, must immediately suspend all lawsuits and administrative proceedings and stop the statute of limitations, and all of its effects, until the victim overcomes his or her current condition provided that the victim's inability to properly exercise his or her rights in these cases and proceedings is warranted.**

Once recognized as a victim, it can access the Fund's resources and full restitution, in accordance with the provisions of this Law and its Regulations. The procedure and the elements that must be validated, shall be determined in the relevant regulation.

status, without this affecting the impact produced on her health that is classified as a fundamental right protected by Article 2 sections III, V and VIII, and Article 4 of the Mexican Constitution. -----

However, because of its content and scope that are also widely recognized in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), and in section 10 of the Additional Protocol to the American Convention on Human Rights regarding Economic, Social Rights and Cultural Rights, the Protocol of San Salvador, establishes health as a fundamental and indispensable right for the exercise of other human rights guarantees, especially when the person cannot generate income or meet their own and their family needs, for having been diagnosed with a mental disability or full motoric immobility because of the poor care received at the hospital where she went to give birth to her youngest son; which also implies a steady decline in her family wealth and, especially, an impairment of her family member's wealth because of the treatments and medications required. -----

Therefore, with the understanding that everyday judicial work and the different constitutional and legal reforms teach that the law is an evolving tool that cannot remain static in light of a changing society, the meaning of justice, in its elemental sense of giving everyone what belongs to him/her, should be shaped in such a way that the law can be applied not only in its strictest sense, but also with a comprehensive and inclusive approach to the protective vision of the victim, especially since Article 20, paragraphs A and B of the Federal Constitution, in its pre-reform text published in the Federal Official Gazette on June 18, 2008, places in the same plane both the defendant's rights and those of the victim or offended person. In addition, paragraph two of section 1 of the Constitution requires that the rules relating to human rights be interpreted in accordance with the Constitution itself, with international treaties to which Mexico is party and according to laws applicable to the treatment of victims, so as to promote at all times the broadest protection for their rights<sup>6</sup>, which translates into an obligation to analyze the content

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<sup>6</sup> **Article 1.** In the United Mexican States, every person shall enjoy the rights recognized by the Constitution and international treaties to which Mexico is a party, as well as the guarantees for their protection, the exercise of which cannot be restricted or suspended except in the cases and under the conditions established by this Constitution.

The rules on human rights shall be interpreted in accordance with the Constitution and international treaties offering the broadest protection to individuals.

**All authorities, within their jurisdiction, have the obligation to promote, respect, protect, and guarantee human rights** in accordance with the principles of universality, interdependence, indivisibility, and progressiveness. Consequently, the State must prevent, investigate, punish and remedy violations of human rights, in the terms established by law.

Slavery is forbidden in the United Mexican States. Slaves from abroad who enter national territory shall obtain, by this fact alone, freedom and protection by law.

Any discrimination on grounds of ethnic or national origin, gender, age, disability, social status, health conditions, religion, opinions, sexual orientation, marital status or any other discrimination that

and scope of those rights from the beginning *pro person* in conjunction with individuals since its objective is their dignity and justification, especially those fundamental rights that by their essence or nature are inherent in the human person, **such as those relating to health and physical integrity, which must be weighed in response to the damage caused, as well as magnitude and importance, as in the case of [Black out] whose disability resulted from the reckless behavior of an anesthesiologist, preventing the victim from carrying out their normal activities performed before the event.** -----

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The above illustrates the jurisprudence by contradiction of thesis 29/2013, adopted by the Ministries making up the First Court of the Supreme Court of Justice of the Nation, at its meeting on February 20, 2013<sup>7</sup>. -----

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violates human dignity and is intended to nullify or undermine the rights and freedoms of individuals is prohibited.

<sup>7</sup> **REPLACEMENT OF THE DEFICIENT COMPLAINT IN CRIMINAL MATTERS, WORKS IN FAVOR OF THE VICTIM IN ACCORDANCE WITH THE CONSTITUTIONAL FRAMEWORK ON HUMAN RIGHTS protected by ARTICLE 20, PARAGRAPH B and ARTICLE 1 OF THE FEDERAL CONSTITUTION; REGARDLESS OF THE FACT THAT ARTICLE 76 BIS, SECTION II OF THE LAW OF AMPARO, PROVIDES ONLY THE BENEFIT OF REO. The possibility of replacing deficient complaint on behalf of the victim or offended by the crime represents a major change to the legal culture preserved in our country since this principle was established in the amparo suit; however, the court practice shows that in several cases, fundamental rights are violated to the detriment of those subjects, so it is necessary to request amparo for justice that could not be found in the normal bodies of criminal process. However, daily judicial work and the various constitutional and legal reforms teach that law is an evolving tool that cannot remain static to changes in society, so that the meaning of justice, in its elemental sense of giving to each person what belongs to him/her, must be molded so as to allow application of the law, not in the strict sense, but with a comprehensive and inclusive approach in line with the times in which we live, which is why the Supreme Court of Justice of the Nation, in the Ninth Period of the Judicial Weekly of the Federation, has made significant changes on the protective vision of the victim; proof of this includes the varied relevant criteria with marked improvement with regard to full access to justice; that is, the case stands as the driving force that updates the provisions of the statutory law and prevents positive law from falling into disuse. So the model of legalistic and rigid judgment under which imposes the principle of strict law has lost force for the affected, currently under Article 20, paragraphs A and B of the Federal Constitution, placed in the same plane the rights of the accused and the victim or offended person; also because paragraph two of Section 1 of the Constitution requires that the rules relating to human rights be interpreted in accordance with the Constitution itself and the international treaties to which Mexico is a party, broadly favoring the people, which translates into an obligation to analyze the content and scope of those rights based on the principle *pro persona*. Under that line of argument, we conclude that Article 76a, Section II, of the Law of Amparo, which allows the substitution of the deficient complaint only in favor of the accused, does not correspond to the social constitutional reality of our nation, as it was overtaken by the transformation of human rights; so it should be said that the spirit of reforming power that gave life to that provision and section has lost its constitutional power and therefore the First Board determines that such institution is extended to the victim or person offended by the crime. This represents a further step towards the primary purpose for which the trial of constitutional control was instituted; that is, the pursuit of justice."**

In addition, Article 4, third paragraph of the Constitution gives everyone the right to protection of health and number 20 in paragraph B of the Constitution gives the victim the right to receive, as from when the offense is committed, medical and psychological care, while the General Health Law, regulation of Article 4, creates the body called the National Health System, which, pursuant to paragraph 5 of that law, is made by the agencies of the federal public administration, both federal and local, as well as by individuals or companies from the social and private sectors for health care services, whose primary objective is to comply with the aforementioned health guarantee. -----

Then, if the damage to the victim occurred in a health institution such as the Mexican Institute of Social Security, based in [Black out] and this is a federal agency dedicated to providing health care services and social security to its affiliates it is clear that when the offender does not comply with the restitution obligation under its responsibility issued by providing a poor service or health, it already may not be required, then up to the Institute [Black out] compensate so subsidiary the damages caused their doctors, since these are public servants intended to perform the services that the institute grants the population; hence the State is responsible for the acts or omissions incurred by any of them, with the performance of its functions, produces people any violation of internationally protected rights, as stated in Article 1.1 of the American Convention Human Rights<sup>8</sup> and the provisions of sections VI and VII of Article 32 of the Federal Criminal Code<sup>9</sup> and paragraph 68 of the General Victims' Law<sup>10</sup>. -----  
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<sup>8</sup> **Article 1.** Obligation to Respect Rights.

1. The States that are parties to this Convention undertake to respect the rights and freedoms recognized herein and to ensure the free and full exercise of any person who is subject to their jurisdiction, without discrimination based on race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or status.

2. For the purposes of this Convention, every human being is a person.

<sup>9</sup> Article 32. There is an obligation to provide reparation for the damages under the terms of Article 29:

[...]

**VI.** Any institution, association, organization or religious, cultural, athletic, educational, recreational group or groups of any other character whose employees, members, assistants or helpers carry out their activities in an unpaid voluntary manner and

**VII. The State, jointly, by the willful misconduct of public servants carried out in the exercise of their duties, and additionally when said persons were negligent."**

<sup>10</sup> Article 68 of the General Victims Law. The Federation and the states in the alternative shall compensate the damages caused to the victim of the crimes that are considered serious in its area of

Therefore, it is important to state that "Obstetric violence can be perpetrated directly by the State, when it occurs at the hands of staff in public health institutions, or when the state is negligent in acting when the crime is committed by private agents. In any scenario, the state is responsible for violations to rights linked to obstetric violence. In the present case, [Black out] was subject to obstetric violence at the hands of public health care personnel of the State [Black out] and directly was subject to discrimination and violation of her rights due to being an indigenous woman."<sup>11</sup> -----

Thus, the right of victims affected in their fundamental rights is protected on the basis of the obligation assumed by the State to respect, ensure and implement international human rights standards when ratifying the main universal and regional human rights instruments to receive reparation for <sup>12</sup> the damages caused, as well as the right of victims to an effective remedy based on attendance and attention <sup>13</sup> when there has been a violation thereof. -----

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jurisdiction in cases where the victim has suffered harm or threats to his/her freedom, or if the direct victim had died or suffered a disabling impairment in physical and/or mental integrity as a result of the crime.

<sup>11</sup> Memorial with various arguments about the right to health, sexual and reproductive rights of women, violence and obstetric maternal death, filed October 25, 2013 in this Court, by Jacqueline Sáenz Andujo and Claudia López Sánchez, researchers from Fundar Centro de Análisis e Investigación, Civil Association, representatives of the injured party and also those who appeared in the capacity of amicus curiae.

General Law of Victims

Article 18. Victims are entitled to be compensated in a timely, complete, differentiated, transforming, comprehensive and effective way for the damages they have suffered as a result of crime or victimization which has affected them or human rights violations they have suffered, including measures taken for restitution, rehabilitation, compensation, satisfaction and guarantees of non-repetition.

General Law of Victims

Article 18. Victims are entitled to assistance and care, which are guaranteed along with a gender mainstreaming and differential approach.

This means assistance with integrated mechanisms, procedures, programs, measures and resources for political, economic, social, cultural issues, among others, by the State, aimed at restoring victims' exercise of rights, oriented towards offering them conditions for a dignified life and ensuring their incorporation into the social, economic and political life. Among these measures, the victims will have specialized medical care, including psychiatric, psychological, trauma, and thanatological care. Attention is understood as any action to provide information, guidance and legal and psychosocial support to victims, in order to facilitate their access to the rights to truth, justice and restitution, qualifying the exercise thereof.

The measures of assistance and care do not replace or supersede measures for restitution; therefore, costs or expenses incurred by the state in the provision of care and assistance, in no case shall be deducted from the compensation to which the victims were entitled.

Among the arguments that Amicus Curiae <sup>14</sup>brought before the Court are: "Medical malpractice perpetrated by public institutions is not only a clear example of violence against women but is also discriminatory and exacerbates the unequal power relations for women when it comes to contexts of exclusion and social, economic, and racial marginalization; that is, when the direct victims and indirect victims are indigenous..." adding that the Committee on Economic, Social and Cultural Rights, General Comment Number 14 (2000) noted that "action is needed to improve childrens health and maternal services for sexual and reproductive health, including access to family planning, pre- and post-natal care, emergency obstetric care, access to information and adequate resources. Special attention is also given to the womens rights to health so that they can access without discrimination and with special attention to the prevention and treatment of diseases affecting women, providing access to high quality services, including services in sexual and reproductive to reduce maternal mortality rates." -----

Regarding sexual and reproductive rights, they mention the International Conference on Population and Development of the United Nations (October 18, 1994) and the Beijing Declaration and Platform for Action (Fourth World Conference on Women. Declaration and Platform for Action. Having met in Beijing from 4 to 15 September 1995) the following definitions relevant to the case [Black out] are laid out -----

- Reproductive health, the result of free choice to have children, results in the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. It involves the ability to enjoy a satisfying sex life without risks and to reproduce and the freedom to decide whether or not to do so, when and how often.
- It also implies that people have the right to obtain information on the family planning method of their choice, as well as other methods for regulation of fertility which are not against the law, and access to safe, effective, affordable and acceptable methods, the right to receive adequate health care that allows for safe pregnancy and childbirth, and providing couples with the best chance of having healthy children.
- Reproductive health care is defined as the set of methods, techniques and services that contribute to reproductive health and wellbeing by preventing and solving problems related to reproductive health.
- Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number of children, the frequency of births and timing of their children and to have

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<sup>14</sup> Latin expression meaning friends of the court or friend of the court; it is a legal institution of Roman origin (Latin) that was contained in Articles 2 and 17 of the Inter-American Court of Human Rights, and arises in matters directly or indirectly involving human rights in the general interest of society.



the information and the means to do so, and the right to attain the highest standard of sexual and reproductive health. This includes the right to make decisions concerning reproduction, free of discrimination, coercion and violence, as provided in human rights documents.

They add that "...the State must not only refrain from obstructing the plans of people with regard to sexuality and reproduction but, since it is linked to freedom and dignity, sexual rights and reproductive rights, implying that the state should put in place measures to ensure that these rights are developed fully and in conditions of quality, comfort, security and cultural belonging... the consequences of poor care of sexual and reproductive rights can have irreversible significance in the enjoyment and exercise of other rights. The case of [Black out] is clear proof of this. The effects that were irreversibly suffered as a result of medical malpractice in the care of her pregnancy not only affect her health but prevents her from leading the life she wishes and also from enjoying and exercising rights as a citizen. The damages to reproductive and sexual rights (implantation of a device without consent and malpractice during and after C-section) not only affect a dimension of the victim's life but transcend beyond that, limiting the role of mother she wished to have as well as her ability to play the role of an active women in the community and a provider of financial support to the family."

In this context, [Black out] is entitled to compensation for damages, which can be derived from the set of national and international standards on human rights and the interpretation given to the standards bodies empowered to do so. The goal, ultimately, is the full restitution for<sup>15</sup> victims and transformation of a fairer society to mitigate, albeit partly, physical or mental harm suffered, at least the cost of legal or expert assistance with drugs, medical, psychological and social services, as the victims are known to have in a wide range of economic damages that can and should be compensable in a restitution program. -----

Rehabilitation measures <sup>16</sup> in the case of victims who have suffered serious consequences are another form of restitution and should include medical and

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General Law of Victims

**Article 27.** For the purposes of this Act, restitution includes:

- I. Restitution seeking to restore the victim to the situation prior to the offense or prior to the violation of their human rights;
- II. Rehabilitation seeking to help the victim cope with the effects suffered because of the offense or human rights violations.
- III. Compensation must be given to the victim as appropriate and in proportion to the gravity of the offense committed or suffered, taking into account the circumstances of each case. This will be awarded for all damages, suffering and economic losses that are consequences of the crime or violation of human rights;
- IV. Satisfaction aims to recognize and restore the dignity of victims;
- V. Measures intended to ensure that the offense or violation of rights suffered by the victim does not happen again;
- VI.

General Law of Victims

**Article 25.** Rehabilitation measures include, inter alia and as appropriate, the following:

psychological care in the place where the victim is located, as well as legal and social services, as defined by the Inter-American Court of Human Rights in its judgment on November 20, 2012, on the merits, restitution and costs in the case of Gudiel Álvarez and others v. Guatemala, which should be taken as a guiding principle; which recommends: ---

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"339". In this regard, as it has done in other cases<sup>17</sup>, The Court deems necessary to order medical reparation to provide adequate care for psychiatric or psychological sufferings endured by the victims for the violations established in this Judgment (*Supra paragraphs* Therefore, **having verified the violations and the damages suffered by the victims and in order to contribute to the reparation thereof, the Court considers it appropriate to provide for the State to provide free of charge, through its specialized health institutions, prompt, adequate and effective psychological or psychiatric treatment to victims who so request, with informed consent, including the provision of free medicines and tests that may be required, taking into consideration the damages of each victim.** In the event that the state lacks the personnel or institutions that can provide the required level of attention, it should use private specialized institutions or civil society. Also, **the respective treatments should be given, if possible, in the nearest centers to the victims' homes** <sup>18</sup>**in Guatemala, for as long as necessary. By providing psychological or psychiatric treatment, they should also consider the particular circumstances and needs of each victim, offering individual and family treatment, as agreed with each of them upon individual assessment**<sup>19</sup>. Said psychological or psychiatric treatment should include simple procedures and those differentiated in the registration and updates corresponding to the health system, whose reparative nature is for knowledge of the state officials who carry them out. The Court urges the State to provide, through its specialized health institutions, preferential medical care to the victims in this case who so wish. Victims who requested this measure of restitution, or their legal representatives, have a period of one year from

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- I. Medical, psychological and psychiatric care specialists;
  - II. Services designed to facilitate the exercise of the rights of victims and ensure their full enjoyment of legal advice;
  - III. Social services intended to help the victim ensure full restoration of their rights to personhood and citizenship;
  - IV. Education programs aimed at training and educating victims in order to ensure their full reintegration into society and ability to realize their goals in life;
  - V. Job training programs aimed at achieving the full reintegration of victims into society and their ability to realize their goals in life, and
  - VI. All measures necessary to reintegrate victims into society, including their group or community.

<sup>17</sup> Cf. *Cantoral Benavides Vs. Peru. Reparations and Costs*. Judgment from December 3, 2001. Series C No. 88, paras. 51, d and e, paragraph 8 and *Mozote Massacres and surrounding areas Vs. El Salvador, supra, para. 19*.

<sup>18</sup> Cf. *Massacre of Dos Erres Vs. Guatemala, para. 270 and Mozote Massacres and the surrounding areas Vs. El Salvador, para. 19*.

<sup>19</sup> Cf. *Case 19 Merchants Vs. Colombia Background. Reparations and Costs*. Judgment from July 5, 2004. Series C No. 109, para. 278 and *Mozote Massacres and surrounding areas Vs. El Salvador, para. 353*

the counter notification of this Judgment to inform the State of their intention to receive psychological or psychiatric care." -----

In that sense, the reparation must be understood in a broad sense, in addition to including traditional economic compensation, in the symbolic aspect seeking full and equal satisfaction that covers medical and psychosocial aspects<sup>20</sup>, which should include the ability for the direct victim the possibility of restoring the violated right, and for the immediate family members or people who are in charge of taking care of (indirect victims), **receipt of adequate compensation for damages irrespective of compensation for moral damages** suffered by the disruption caused to the direct families of [Black out] due to the distress of seeing her bedridden, which also required them covering expenses for her<sup>21</sup> healthcare. -----

Without underlining that all of them should be treated with respect for their dignity and their human rights, it is appropriate that these people should enjoy special consideration and attention, according to the provisions of the latter part of the first

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General Law of Victims

Article 18. On aid and medical, psychological, psychiatric and dental care, the victim shall have all the rights established by the General Health Law for Users of Health Services, and will have the following additional rights:

I. The Federal District and municipal medical and psychological care must provide medical attention of high quality in any of the federal public hospitals, according to their jurisdiction, in the case of injury, illness and emotional trauma from the offense or violation of human rights suffered by her. These services will be provided on a permanent basis, when so required, and will not be denied, even if the victim has received aid measures set forth in this Law, which as determined by the physician, will continue to be provided to the end of treatment;

II. Federal, state governments and the Federal District, through its agencies, departments and public health agencies and municipalities that have the infrastructure and capacity to provide services, within the framework of its powers, must grant appointments in a period not exceeding eight days, to victims who so request, unless they are cases of emergency health care, in which case the attention is immediate;

III. Once the general or specialized medical evaluation, as appropriate, and the corresponding delivery of the health formula, the immediate delivery of the drugs to which they are entitled are channeled to the necessary treatment specialists it will comprehensive, if there are any;

IV. The victim will be provided medical and surgical equipment, including prostheses and other instruments or apparatus required for mobility consistent with the opinion given by the specialist in the field, as well as the services of medical analysis laboratories and diagnostic imaging and reconstructive dental services required by damage as a result of the offense or the violation of their human rights;

V. You will provide ongoing mental health care in the situations in which, as a result of victimizing fact, the victim was majorly affected psychologically and/or psychiatrically, and

VI. Ongoing maternal and child care as applicable, including nutrition programs.

General Law of Victims

Article 25. In the case that the health institution contacted or to which the victim is sent does not comply with the provisions of the above items and the expenses have been covered by the victim, the competent authority of the government, as appropriate, will reimburse them thoroughly and expeditiously, taking against those authorities the right of recourse. The regulations establish the rules necessary to seek reimbursement referred to in this article.

paragraph of measures to be taken in Article 4 of the Mexican Constitution,<sup>22</sup> which guarantee the protection of the organization and development of the family. -----

Thus, if the damage from the severe human rights violations are diverse and are manifested in various levels, from the individual to the victim who experiences them directly; the relative impact experienced by the couple and the children, as well as the immediate family (indirect victims), as in the case of [Black out], who, as husband of the victim, also suffered material consequences of family disintegration and inadequate medical attention, he suffered with the victim, which alters the right contained in Article 17 of the American Convention on Human Rights,<sup>23</sup> because the quality of life they had planned was disturbed, in addition to his ability to share a life with the woman he chose to accompany him and support as partner; and he now must provide attention not only to his youngest son newborn but also his now immobile and bedridden wife, and in that sense, the couple's life plan and family are gone. -----

But the harm suffered by the unfortunate couple [Black out] and the victim's parents also were involved, [Black out] who, with the hope that her daughter formed a family and cared for their offspring, with the joy that gives hope a new being, was transformed into great pain and suffering caused by the result of the C-section the liability is performed, which led to their dreams coming down, assuming therefore the responsibility of caring and seeing his daughter Irene on a bed in a vegetative state, in an arbor built in the backyard, given their limited financial resources, as evidenced by the photographs that appear in the summary. The dramatic scenario they face day to day to provide care to your child, makes it likely that these parents have also suffered a psychiatric trauma with anxiety and depression because of seeing their daughter in that state, leaving out payment for the costs for care of their daughter, which makes them **indirect victims** as the Inter-American Court of Human Rights has established that pecuniary damage supposes "*The loss or detriment to the income of the victims, the expenses incurred based on the facts and the monetary consequences that have a causal nexus with the facts of the case.*"<sup>24</sup> ---  
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Affectation that transcended [Black out] and [Black out] surname [Black out], brothers [Black out] as anthropological opinion with gender perspective have warned that by raising [Black out] (son of [Black out]) but mostly it is [Black out], who along with his

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Article 4. Men and women are equal before the law. **This will protect the organization and development of the family.**

[...]

Article 25. Family Protection

1. The family is the natural and fundamental unit of society and is entitled to protection by society and the State.
2. The right is recognized of men and women to marry and begin a family if they are old enough and meet the required conditions by domestic laws, insofar as they do not affect the principle of nondiscrimination established in this Convention.
- 3.

<sup>24</sup> Bámaca Velásquez vs. Guatemala. Reparations and Costs, supra, paragraph 43, and Case Massacres of El Mozote and surrounding areas Vs. El Salvador, supra, paragraph 382.

mother, have permanent care work [Black out], which involves feeding a [Black out] in sessions that can take up to three hours for the slow process that [Black out] dose is capable of receiving; washing the family clothes, diapers, the kitchen work to feed everyone and continuously ensuring that [Black out] does not get hurt<sup>25</sup>. -----  
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In another aspect, the national and international standards and jurisprudence have been commissioned to mark the extent of the rights of children and the importance of their protection in such a way that the rights of children are protected under the Convention on Children's Rights in<sup>26</sup> The Geneva Declaration on the Rights of the Child,<sup>27</sup> The International Covenant on Civil and Political Rights,<sup>28</sup> The International Covenant on Economic, Social and Cultural Rights<sup>29</sup>, The American Convention on Human Rights<sup>30</sup> and the Universal Declaration of Human Rights of 1948<sup>31</sup>. -----  
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<sup>25</sup> Pages 123-125 of [Black out] (anthropological opinion, gender perspective).

<sup>26</sup> Article 3 of the Convention on the Rights of the Child states: *1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts, administrative authorities or legislative bodies, a primary consideration is that it will serve the best interests of the child. 2. States undertake to ensure the child such protection and care as is necessary for their welfare, taking into account the rights and duties of parents, guardians and other persons responsible for them before the law and, to that end, shall take all legislative and administrative measures. 3. States shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, number and competence of its staff, as well as in relation the existence of adequate supervision."*

<sup>27</sup> Principle 2 states: *"The child shall enjoy special protection and opportunities and facilities, all dispensed by law and by other means to physically, mentally, morally, spiritually and socially develop in a healthy and normal manner and in conditions of freedom and dignity. In enacting laws for this purpose, the paramount consideration to be served will be the best interests of the child "*

<sup>28</sup>xi) Article 367. *1. Every child shall have, without any discrimination as to race, color, sex, language, religion, national or social origin, property or birth, the measures of protection given by his status as a minor, on the part of his family, society and the state. 2. Every child shall be registered immediately after birth and shall have a name. 3. Every child has the right to acquire a nationality."*

<sup>29</sup>Article 10. The States that are Parties to the present Covenant recognize that: *1. It should be accorded to the family, which is the natural and fundamental unit of society, the broadest possible protection and assistance, particularly for its establishment and while responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the future spouses. 2. Special protection is granted to mothers during a reasonable period of time before and after childbirth. During such period working mothers should be accorded paid leave or adequate social security benefits. 3. Adopt special measures of protection and assistance to all children and young persons without any discrimination for reasons of parentage or other status. Protect children and adolescents from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which should be prohibited and punishable by law the paid employment of child labor "*

<sup>30</sup> The American Convention on Human Rights in Article 19 provides: *"Every child has the right to the protection that his status as a minor requires from his family, society and the state."*

<sup>31</sup> It is prescribed in Article 25-2 that, *"Motherhood and childhood are entitled to special care and assistance" , so that "All children born in wedlock or out of wedlock, shall enjoy the same social protection."*

The application of these standards should be done in the best interests of the child, and for this should be taken into account, as designed to ensure and protect their development and the full exercise of their rights, as guiding criteria for developing standards and applying them in all fields of the child's life in accordance with the Mexican Constitution and the Convention on the Rights of the Child; normatively as this forecast is based on the dignity of human beings, in the children's own characteristics and the need to foster their development with full use of their potential; so, it serves two functions: a) as a guarantor of legal principle and, b) as interpretative guidance to resolve conflicts between the rights of minors .-----

In the case, the tragedy is not limited to husband and parents of the direct victim, as it encompasses the newborn son, who **should be seen as a direct victim** not having the opportunity to grow inside a family, but under the protection of grandparents and uncles; an event, of course, not due to the fault of the parents, but to the poor care that the mother suffered at the time of delivery; caused since last [Black out] the date on which the events occurred and the child was born until today has grown up without a mother figure; and although, no doubt his father (at first), grandparents and uncles (brother [Black out]) have helped, it may not be enough to replace the mother for the importance of their care and affection: for if the child has had to exchange that love of mother for the pain of seeing its mother bedridden, unable to move or utter a word, most likely not knowing that child is her son; a circumstance that certainly not only results in emotional distress in the short run, but also has been able to generate a psychological damage, regardless of trauma or possible rejection that can be felt or guilt for being born, his mother still remained in a vegetative state until it is now: in addition, it is unknown whether the infant, according to the expert interview experts conducted to give anthropological opinion, now known called [Black out] <sup>32</sup> with [Black out] years of age, it is not known whether he suffered any physical or mental disorder at the time of his birth, because despite conditions that occurred during childbirth there has not been done medical or psychological assessment, in addition to the opinion itself warns that his uncle [Black out] has many of the responsibilities as guardian of [Black out] and attends meetings of parents and this certainly means an **impairment of fundamental rights of the child** contained in Articles 1 <sup>33</sup> , 2 <sup>34</sup> , 6 <sup>35</sup> 24 <sup>36</sup> the Convention on the Rights of the Child. -----

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<sup>32</sup> Pages 126 and 127 of the [Black out]

<sup>33</sup> **Article 1.**

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

<sup>34</sup> **Article 2.**

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

<sup>35</sup> **Article 6.**

1. States Parties recognize that every child has the inherent right to life.

This is such, because the preamble to the convention cited, invokes the family as the fundamental group of society and the natural environment for the growth and welfare of all of its members, particularly children, who must receive the necessary protection and assistance to fully assume their responsibilities within the community. And as such, their rights related to physical and mental health as well as those related to bonding with family members must be guaranteed, including the father, **the mother**, siblings and grandparents, to strengthen the development and dignity of children to grow up in an environment of affection with his or her family and ensure their full enjoyment, which aspect in this case was not performed, because the child has grown up without the custody of his mother during his early childhood, because she suffered, as has been repeated, an impairment to her health, which left a mental disability and total motor immobility, consequently, the interests of that child has been disrupted .-----  
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The above is supported by case law 1a./J. 25/2012 (9th)of Courtroom One of the Supreme Court of Justice of the Nation, published on page 334 of Volume I, Book XV, Judicial Weekly of the Federation and its Gazette, Series Ten, December 2012 (Record 159897) <sup>37</sup> -----

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2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

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**Article 24.**

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

<sup>37</sup>

THE CONCEPT OF A CHILD'S BEST INTEREST. In terms of Articles 4, paragraph eight, of the Mexican Constitution; 3 of the Convention on the Rights of the Child, ratified by Mexico and published in the Federal Official Gazette on January 25, 1991; and Articles 3, 4, 6 and 7 of the Law on the Protection of the Rights of

Therefore, if [Black out] has not received medical care or rehabilitation beyond that procured by the family after the surgery, the family cannot afford the rehabilitation services, and it was not possible to give her a medical and psychological evaluation as part of a formal procedure to certify her condition to access support programs for people with disabilities, these are circumstances, as expressed by the anthropological experts, that make [Black out] and her son [Black out] direct victims, with the indirect victims being [Black out] (mother); [Black out] (father); [Black out] surnames [Black out] (brothers) and even [Black out] (the husband of [Black out] and father [Black out] -----  
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As for determination of the damages caused to [Black out] and her family members, as well as the remedial measures that could be generated, it is pertinent to address the concluding points included in the anthropological opinion on gender issues prepared by the experts, Dr. [Black out] and teacher [Black out] who learned about [Black out] and her family's current condition based on the contact they had with them to issue their report, which is particularly important in view of the following highlights:

**DAMAGES CAUSED TO [Black out]**

The following damages can be determined from interviews with family and community members, and the criminal record file:

- Physical injuries that generated physical and psychosocial permanent and irreversible damage as the result of a medical malpractice disability.
- Insertion of an intrauterine device without consent
- Cancellation of the life project
- Complete dependence on others to meet basic needs and for survival
- Permanent risk to her safety, health and survival

**DAMAGES AT A FAMILY LEVEL:**

- Socioeconomic impairment
- Severe restrictions on disposal of time and mobility
- Restrictions to engage in other productive economic activities
- Restrictions to benefit from certain government programs
- Emotional damage on all family members
- Family restructuring after Irene's husband left
- Overload of housework
- Rupture of the life project of Irene's family member caregivers

**IMPACT PRODUCED ON [Black out]**

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Children and Adolescents, in all actions concerning children, the best interests of the child shall be a primary consideration. This concept was interpreted by the Inter-American Court of Human Rights (whose jurisdiction the Mexican State accepted the December 16, 1998) as follows: "The expression, the Best Interests of the Child...implies the holistic development of the child and the full exercise of its rights as the guiding criteria in preparing and applying their rules in all orders related to a child's life."



- **The family's economic decline represents a risk to the child in the case of accident and/or illness**

- There are no clinical or even psychological assessments that would serve to truly assess the full damages
- The family's economic insecurity threatens their life project and the possibility of continuing their studies

#### **IMPACT AT A COMMUNITY LEVEL**

- The community represents a network of family support and positive coping resources
- The knowledge of what happened to Irene and the experience regarding the lack of access to charity health care services, has generated fear and caused the women in the region to mistrust the public health care services.

#### **INTEGRAL RESTITUTION MEASURES**

- The following measures are proposed for an integral restitution based on the terms provided in resolution 60/147 adopted by the General Assembly of the United Nations, entitled Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, as well as the obligation to make restitution provided in Constitutional Article 1 regarding the General Law of Victims.

#### **REHABILITATION MEASURES**

Lifetime health care provided by the IMSS for [Black out] and [Black out].

In the case of [Black out], in the absence of the father and in light of the irreversible damage caused to his mother, and her vulnerable condition that makes her totally dependent on her closest loved ones for care, the provision of lifetime health care by the IMSS must guarantee the highest level of health.

#### **MEDICAL EVALUATION AND REHABILITATION**

Specialized medical comprehensive assessment to determine whether Irene enjoys the highest attainable standard of health in her current physical and neurological condition, and rehabilitation charged to the State treasury. That assessment could determine if it is relevant to introduce and develop a community-based rehabilitation system. There are civil society organizations in [Black out] with extensive experience in developing community-based rehabilitation systems with whom the state DIF could sign a collaborative agreement so that local actors in [Black out] and especially in the [Black out] community receive training and can create a community-based rehabilitation system.

#### **GYNECOLOGIC ASSESSMENT**

Since there are oral testimony and written evidence that an IUD was inserted in [Black out] after her c-section, and there are data suggesting that this

was done without her consent, there are justified grounds to confirm its existence and status with the less invasive methods, and if it has been in [Black out]'s body for 12 years since it was first inserted, it represents a health risk and must be removed.

#### **QUALITY SERVICE AND CARE FOR [Black out]**

As noted earlier, the family's life projects and development opportunities have been affected because they spend all of their time caring for [Black out]. Therefore, in recognition of their quality as indirect victims and therefore beneficiaries of the restitution measures, and to benefit [Black out] herself, there are justifiable grounds to hire someone that the family trust to care for Irene, or pay the wages of those currently in charge of caring for [Black out], charged to the State treasury. These resources may be channeled through the municipality or the easiest and most accessible mechanism to be agreed with the family.

#### **SATISFACTION MEASURES**

- Tuition  
Provide formal education tools for [Black out] so he can develop his skills and build his own life project; therefore, a scholarship to guarantee his permanence in the educational system within or outside of the community through graduate studies, if this is his choice, are deemed relevant as a restitution measure. The public institutions that could execute such reparative measures are the Ministry of Education, the [Black out] Institute, [Black out] Public Education, and Higher Education Centers funded by [Black out].
- Flexibility of the rules of operation of Oportunidades (the Mexican government welfare program) and back pay.  
The [Black out] family is not enrolled in the Oportunidades program, given the complications faced by all of its members in meeting its requirements. The permanent care [Black out] requires round the clock, restricts their mobility and availability of time to attend the different events, meetings and talks established by the program as a condition for receiving the subsidy. Therefore, we suggest bending the rules for the family to enroll, and offering greater flexibility for them to benefit from the program while providing retroactive payment of the support the program offers families who have children in school.

#### **NON-REPETITION GUARANTEES**

- Intercultural female health care services and ob-gyn emergency services.  
There are justified reasons to have the State provide the following non-repetition measures:
- The National Health Care System should pay the wages of a licensed female physician, nurse and gynecologist to work at the [Black out] health care center.
- Equip the [Black out] health care center with the infrastructure and health supplies needed to provide emergency obstetric care.
- Public and institutional recognition by health care services.

- Establishment of working groups to collectively establish and implement an intercultural humanized birth model and women's health care during pregnancy and postpartum.
- Criminalization of forced, temporary or permanent sterilization, in the [Black out] Criminal Code making it an aggravating case when performed on indigenous people.
- Development of a training program and training for operators of justice and health care professionals on the rights of patients and the sexual and reproductive rights of women, as well as the obligations and duties to prevent maternal morbidity and mortality.
- Information campaigns aimed at the general population and especially indigenous women explaining how the imposition of family planning methods without conscious, free and informed consent is an act of violence and a violation of human rights.

### **Compensation**

Ask the state to pay the damages to the [Black out] family for having to travel several times between their [Black out] community and the [Black out] community for [Black out]'s medical care and rehabilitation, long stays of several for [Black out] and several of [Black out]'s family members, payment of medicines and medical studies while [Black out] was in intensive care. The damages must also include the costs incurred during the legal process and, since the family is self-supporting and depends on the economy of the rural indigenous communities, such costs cannot be verified, but must not be demanded to authorize their payment.

This payment is also justified for [Black out]'s lost profits given that since [Black out] lost out on all possibilities of working at home, in the field and other remunerated activities. This may be granted in the form of pension and be calculated by taking into account the life expectancy of women in rural areas, here age at the time of operation, payment of the working hours paid in the labor market in the municipality of [Black out], and payment of a work shift for the activities carried out at home.

Payment of [Black out] and [Black out]'s lost profits is also justified, as the [Black out]'s current caregivers and for losing out on the opportunity to get a paid job since [Black out]'s operation and tort. This may be granted in the form of pension and be calculated taking into consideration the number of years they have dedicated to caring for [Black out] and payment of [Black out]'s a work shift in the labor market, as well as payment for the hours spent on household activities.

It bears noting that there is also loss of profits by [Black out] and [Black out] who are involved in caring for [Black out], as they have been restricted from engaging in the other productive activities mentioned above.

Finally, there are justifiable grounds to ask the State to pay compensation for moral or immaterial damages to the indirect victims, her mother and father [Black out] and [Black

out], her sister and brothers [Black out] and then-husband [Black out]. This case highlights the moral damage caused by the public institutions responsible for ensuring the highest possible level of health care for people significantly worsen [Black out]'s health, and limited her family's possibilities; hence, the family was actually abandoned by these institutions. Finally, the moral damage is enhanced because the institutions responsible for procuring and administering justice had an unreasonable delay that has not permitted determining liabilities, and punishing those responsible or fully repairing the damage." <sup>38</sup> -----

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In the case, it is also important to note the lack of access to justice and full restitution of the damage claimed by the Curiae Amicus when mentioning the case of [Black out] that has been seriously marked by a lack of due diligence of the authorities to provide an effective and appropriate remedy that would repair the violation of their human rights, including their personal safety and health without discrimination of gender, ethnicity, class and health status, and access to justice to allow her access to comprehensive restitution for herself and her family. The lack of due diligence is evident because 12 years after the events that were reported in [Black out] by the former husband [Black out], the case was concluded because of the criminal statute of limitations without any reasonable justification or technical measures that might justify its delay; on the contrary, the manifest disregard of the investigating authorities that gave rise to the injustice, is ongoing. They add that given [Black out]'s situation and the difficulties she and her family face in moving the case forward, the authority should be proactive and diligent in ensuring its proper development and permitting the proper investigation and punishment of those responsible while also promoting a restitution procedure, regardless of the efforts made by the victim and her family.<sup>39</sup> -----

**In this context, a constitutional mandate establishes that all state agencies must oversee the physical safety and emotional integrity of persons who suffer from a health issue, and this obligation becomes even more relevant (due to emotional distress involved) when the injury or damage is caused by a medical professional working for a State institution created to provide medical care to their constituencies; and damage to an immanent function of the [Black out] courts to protect human rights is established in the Constitution, international treaties and ordinary laws, either against the actions of the state or other individuals, and imperative seen in numeral 124 of the General Victims' Law <sup>40</sup> and in numerals 4, <sup>41</sup> 12, <sup>42</sup>**

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<sup>38</sup> This is derived from the anthropological gender-sensitive opinion included on Pages 129-136 of the case file.

<sup>39</sup> Pages 23 and 24 [Black out] concerning the written report or memorial presented in this Court by the Amicus Curiae.

<sup>4040</sup> Article 124. It is up to the members of the judiciary within their jurisdiction:

I. To guarantee the rights of victims in strict compliance with the Constitution and international treaties;

II...

and 14<sup>43</sup> the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. -----

The above is supported by thesis 1 CXCVI/2012 (10th) of Courtroom One of the Supreme Court of Justice of the Nation, visible on page 522 of Volume I of Book XII of the Judicial Weekly of the Federation and its Gazette, Series 10, September 2012 on FULL RESTITUTION OF THE DAMAGE OR FAIR COMPENSATION. ITS JUDICIAL DETERMINATION IN CASE OF INFRINGEMENT OF THE RIGHT TO HEALTH.”<sup>44</sup> -----

In fact, the Mexican State's international and moral commitments have acquired on behalf of victims through the protection guaranteed by the Federal Constitution, the signing of various treaties and the issue of the General Victims' Law, results in an institutional duty

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<sup>41</sup> 4. Victims must be treated with compassion and respect for their dignity. They are entitled to access to the mechanisms of justice and prompt redress for the harm they have suffered, in accordance with national legislation.

<sup>42</sup> 12. When compensation from the offender or other sources is not sufficient, the States should endeavor to provide financial compensation:

a) To the victims of crimes who have sustained significant bodily injury and impairment in physical or mental health as a result of serious crimes;

b) To the family, in particular the dependents of victims who have died or become physically or mentally incapacitated as a result of the victimization.

<sup>43</sup> 14. Victims should receive the material, medical, psychological and social assistance required, through governmental, voluntary, community and indigenous means.

<sup>44</sup> **FULL RESTITUTION OR FAIR COMPENSATION. ITS JUDICIAL DETERMINATION IN CASE OF INFRINGEMENT OF THE RIGHT TO HEALTH.** The right to health is a fundamental and indispensable guarantee for the exercise of other human rights, since a person who lacks health, or has some type of disability —especially if it is total— will have a very hard time finding work and, therefore, cannot generate income to meet their own needs and their family's needs, which also implies a steady decline in their assets due to the different treatments and medications required. Thus, a person whose health has been affected as a result of an accident is entitled to compensation that compensates the damage suffered, and for it to be fair, its determination depends on the damage caused. In this sense, the modern tort law looks at the nature and extent of damage caused the victims and not the perpetrators, so that restitution must not generate a profit for the victim, but grant the appropriate compensation. Now, limiting the liability by establishing a quantitative ceiling implies marginalizing the specific circumstances of the case, the actual value of the repair or deteriorating health; that is, compensation is unfair when limited with caps or fees, rather than having the judge quantify the case based on criteria of reasonableness, because only he knows the peculiarities of the case and can quantify it with justice and fairness, unlike the legislator that would arbitrarily set the compensation amounts, regardless of the case and its reality. Therefore, in order to guarantee that the indemnifications are not excessive, a court should be empowered to determine them based on the principle of full compensation for damage and individually, according to the specifics of each case, including the nature and extent of the damage, the possibility of rehabilitation of the injured party, the medical expenses and treatments to cure or rehabilitation, the possible degree of disability, the degree of responsibility of the parties, their economic situation and other specific characteristics, in order to secure a payment that is sufficient to meet the needs of each particular case. However, fair compensation is not aimed at restoring the equity balance lost, as the repair refers to the assets of the personality; that is, it pursues a just and sufficient restitution so that the affected party can meet all of its needs and lead a life of dignity.

for this court to perform this analysis in order to find the highest compensation possible for the damage caused to the victim and her family, so that they do not continue to be in oblivion, as they are to date, without the possibility of receiving the minimum medical, psychological or any other care required for the damage suffered, of course, due to lack of financial resources; and in that context, the State must generate the elements needed to ensure restitution through government, voluntary, community and even local means, or to financially compensate the direct victim [Black out], who suffered physical harm and was disabled, and to the minor [Black out] that is also considered a direct victim, and their family members [Black out] (husband) and [Black out] and [Black out] (the parents of the unresponsive patient), [Black out] and [Black out] (brothers of [Black out]) who assumed the task of caring for the direct victims; and to provide them with material, medical, psychological and social assistance needed. -----  
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To achieve these purposes, the transcript of this order must be sent through official documents to the president of the National Human Rights Commission; the Director General of Care for Victims of Crime, the First Inspectorate General of that Commission; to the Deputy Public Prosecutor for Victims, Restorative Justice and Community Services based in this city; to the President of the [Black out] Human Rights of the Commission, the Ministry of Health [Black out]; the Office of the Director General of the State Integral Family Development (DIF), to the Human Rights and Health Regulations Office of the General Coordination of Legal Affairs and Human Rights, to the Ministry of Health, and to the National System for Integral Family Development (DIF); to the Deputy Prosecutor of Human Rights, Victim Care and Community Services of the Office of the Attorney General of Mexico; to the Office of the Director General for Care for Victims of Crime, Implementation Unit of the Criminal, Amparo (relief proceeding), and Human Rights Reforms of the Federal Judiciary Council; to the Office of the Director General of Human Rights, Gender Equality and International Affairs of the Federal Judiciary Council, and the Ministry of the Interior; to the Justice Center for Women (CEJUM) in [Black out] as well as [Black out], [Black out] so they can provide the care required by the victim [Black out], within the scope of their jurisdiction, and their families (spouse, parents and children) and if applicable, determine the restitution and rehabilitation measures, including the medical, psychological, and social care they need, given that from the evidence submitted by the investigating judge, it does not appear that they have received any support of this nature.

Considering that the [Black out] victims, their young son [Black out] and [Black out], [Black out]'s parents who are know to live in [Black out], according to Articles 17, 46, paragraph two, and Article 53 of the legal framework object of this consultation, send a telegram ordering the [Black out] judge to support of the work of this Court and order the person concerned, to personally notify the content of this ruling to said victims and to [Black out] and her young son, through their representatives. -----  
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Furthermore, the appointed Federal Public Prosecutor, as the representative of society, is ordered to oversee and enforce compliance with the restitution and rehabilitation measures to be provided to the victims. -----  
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Finally, inform the National Women's Institute (CEDAW). In Mexico, Federal District and to the [Black out] Institute residing in this city so that they can provide the necessary support for her or her dependents, if applicable. Therefore, once the activities carried out to support such person have been completed, we ask that you inform this Jurisdictional Entity of the facts. **LET IT BE KNOWN TO THE PARTIES AND SO ORDERED.** -----  
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Thus, it was provided and signed by [Black out] before [Black out] of agreements, [Black out], who authorizes and attests to the truth of all of the statements contained herein." **Two illegible signatures. INITIALS** .-----  
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**I HAVE TRANSCRIBED THIS FOR YOUR INFORMATION.**

**SINCERELY YOURS,**

[Black out]

BY AGREEMENT [Black out]

**THE SECRETARY**