

2nd S.O.S.

**RELEASE ON MEDICAL, HUMANITARIAN AND LEGAL GROUNDS FOR
THE URGENT SALVATION OF MY LIFE**

Applicant: Carlos Manuel de São Vicente

Case: 827-21-B

Luanda District Court – 3rd Common Crimes Room

Viana Penitentiary Establishment

Date of arrest: 22 September 2020

Target audience:

His Excellency the President of the Republic

His Excellency the President of the National Assembly

Honourable Chief Justice of the Supreme Court,

Honourable Judge President of the Constitutional Court

Venerable Judge Counselor President of the Criminal Chamber and Coordinator of the
Ad Hoc Commission for the Analysis of Excessive Pre-Trial Detention at the Country
Level

His Honour Judge President of the District Court of Luanda

His Excellency the Attorney General of the Republic

His Excellency the Ombudsman

First Committee of the National Assembly

Her Excellency the Minister of Health

His Excellency the Minister of the Interior

His Excellency the Minister of Justice and Human Rights

His Excellency the Director General of the Penitentiary Services

Her Excellency the Provincial Director of Penitentiary Services

His Excellency the Director of the Penitentiary Establishment of Viana

His Excellency the Director of the Prison Hospital of São Paulo

His Excellency the President of the Angolan Bar Association

His Excellency the President of the Order of Doctors of Angola

His Excellency the President of the Association of Judges of Angola

Luanda

I. Object of the 2nd S.O.S.

This 2nd S.O.S. is presented on the date on which Mr. Carlos Manuel de São Vicente (the Applicant) should be performing the first of the three urgent surgical interventions he needs: Laser Urological Surgery, scheduled for June 16, 2026.

This was not possible because **the Applicant remains deprived of his liberty and has not received any effective response to his multiple requests** previously addressed to the competent Authorities.

This S.O.S. aims to obtain the **immediate release** of the Applicant for medical, humanitarian and legal reasons.

The Applicant is currently in a complex and progressively worsening clinical situation. At the age of 66, he suffers from multiple serious pathologies, including diabetes mellitus, arterial hypertension, Mobitz II 2nd degree atrioventricular block, obstructive lithiasis of the urinary system and benign prostatic hyperplasia, requiring three distinct and urgent surgical interventions.

The combination of these pathologies, associated with age, the prolonged period of deprivation of liberty and the limitations inherent to the prison environment, **exposes the Applicant to a serious, growing and potentially irreversible risk to his health and life.**

At the same time, the Applicant has been deprived of liberty for more than five years and eight months, despite considering that since 2024 and 2025, the legal requirements for the granting of parole and other mechanisms legally provided for his release have been met.

II. The Extreme Urgency of the Situation

The time factor is of critical importance currently.

Over the past few months, the Applicant has submitted several requests and alerts regarding the worsening of his clinical situation, exposing the urgent need for specialized medical treatment and the performance of the recommended surgical interventions.

To date, however, no measure has been adopted to allow these surgeries to be carried out, nor has a solution compatible with the severity of the clinical condition been presented.

Unlike court cases, which can continue to be heard and decided over time, **the deterioration of human health can become irreversible.**

Each week of delay **increases the medical risks** already identified and **reduces the prospects of the Claimant's full recovery.**

This petition seeks to prevent a serious medical situation from developing into **irreparable consequences** that could and should be prevented.

III. The 3 Unavoidable and Urgent Surgeries

The Applicant emphasizes that Laser Urologic Surgery is the priority that should be carried out on 16.6.2026, but it is not the only one. There are 2 more urgent surgeries as explained below:

1. Laser Urologic Surgery

Not performing laser surgery (ureterolithotripsy) to remove an impacted stone in the ureter can cause **irreversible kidney damage, serious infections, and even risk of death.**

When the stone clogs the canal, the body suffers consequences, divided into four main categories:

a) Loss of Kidney Function and Hydronephrosis

- **Swelling of the kidney:** urine accumulated above the obstruction dilates the kidney (hydronephrosis).
- **Renal atrophy:** prolonged pressure destroys functional kidney cells slowly.
- **Permanent injury:** Obstructions prolonged for more than a few weeks cause permanent scarring and irreversible loss of organ function.

b) Severe Urinary Tract Infections and Septic Shock

- **Stagnant urine:** The blocked channel acts like a dam, making it the perfect environment for bacteria to multiply.

- **Pyelonephritis:** The infection quickly rises to the kidney, causing high fever, chills, and severe pain.
- **Urinary sepsis:** bacteria from the clogged kidney invade the bloodstream. This is a **life-threatening medical emergency** if not treated immediately.

c) **Acute Renal Failure**

- **Total blockage:** if the patient has only one functioning kidney (single kidney) or if there are stones obstructing both ureters at the same time, the body **completely loses** the ability to filter blood.
- **Uremia:** there is a buildup of dangerous toxins and an imbalance of electrolytes, requiring urgent dialysis.

d) **Chronic Pain and Structural Damage to the Ureter:** recurrent renal colic crises that severely affect quality of life.

- **Persistent renal colic:** the ureter continues to perform violent and painful contractions in an attempt to move the stone.
- **Ureteral stenosis:** Prolonged inflammation caused by stone friction generates scarring that narrows the canal permanently, obstructing flow even after the stone comes out.

2. Cardiac Surgery

Not performing the indicated cardiac surgery — which in this clinical case consists of **the implantation of a permanent pacemaker** — has very serious and high-risk consequences for a patient over 66 years of age with **Mobitz II 2nd degree Atrioventricular Block (AVB)**.

Unlike Mobitz I, Mobitz II is a **malignant and unstable form of bradycardia** that occurs below the atrioventricular node. The heart fails to conduct electrical stimuli **in a sudden and unpredictable** way. In elderly patients, whose cardiovascular reserves are already naturally reduced, the absence of definitive treatment generates the following complications:

- a) **Progression to Total Atrioventricular Block (CAVB):** the greatest danger for Mobitz II is its **sudden progression to 3rd degree (complete)** block. When this occurs, the atria and ventricles electrically disconnect, causing the heart rate to drop to **critical levels** (usually below 30-40 beats per minute).

- b) **Sudden Cardiac Arrest and Death:** Due to the massive electrical failure and the inability of the ventricles to assume a safe escape rhythm, the patient is at **an imminent risk of sudden death.**
- c) **Syncope (Fainting) and Stokes-Adams Seizures:** The sudden interruption of blood flow to the brain causes **abrupt and unannounced fainting.** In the elderly population, this syncope often result in **severe falls, fractures (such as that of the femur) and head trauma.**
- d) **Acute Congestive Heart Failure:** With an excessively slow heartbeat (**severe bradycardia**), the heart cannot pump enough blood to the rest of the body. This leads to fluid accumulation in the lungs, causing **extreme shortness of breath (dyspnoea), chronic fatigue and disabling tiredness.**
- e) **Cognitive Impairment and Organic Ischemia:** Chronically low blood flow affects vital organs. In the brain, it manifests itself through **constant dizziness, mental confusion, memory loss, and cognitive decline.** In the kidneys, it can trigger **acute kidney failure.**

3. Prostate Surgery

Not performing prostate surgery when there is a clear medical indication can result in **irreversible structural and functional damage to the urinary system.**

For a 66-year-old patient with progressive Benign Prostatic Hyperplasia (BPH) for more than 10 years, the prostatic tissue had a prolonged time to obstruct the urethra. If medications no longer control symptoms or if there are complication criteria, postponing surgery exposes the patient to the following serious clinical risks:

a) **Bladder Failure and Structural Damage**

- **Stress bladder:** The bladder muscle (detrusor) is forced to exert chronic excessive force to overcome the prostate obstacle. This causes a thickening of its walls (**hypertrophy and trabeculation**).
- **Irreversible bladder atony:** Over the years, the muscle completely loses elasticity and contraction capacity (**bladder failure**). Even if the prostate is operated on later, the bladder may never be able to empty on its own, forcing the patient to **use catheter (tube)** chronically.

- **Overflow incontinence:** The bladder remains so full that urine begins to involuntarily "leak" in small amounts throughout the day.

b) Chronic Renal Failure (Kidney Damage)

- **Counterpressure hydronephrosis:** When the bladder does not empty, urine accumulated under high pressure flows back towards the kidneys, dilating the ureters and renal system.
- **Loss of kidney function:** This continuous pressure progressively crushes and destroys the filtering units of the kidneys (nephrons). The patient is at risk of developing **obstructive renal failure**, a serious condition that may require haemodialysis if not stopped in time.

c) Acute Urinary Retention (Medical Emergency)

- **Total blockage of flow:** The patient may suddenly be completely **unable to urinate**, experiencing severe pelvic pain and visible abdominal distension (bladder globe). This situation requires immediate travel to an emergency department for the placement of a **urinary tube**.

d) Recurrent Urinary Infections and Sepsis

- **Urinary stasis:** Urine that is permanently stagnant in the bladder serves as an ideal culture medium for the proliferation of bacteria.
- **Serious infections:** The patient risks frequent episodes of cystitis or bacterial prostatitis. In severe cases, bacteria can enter the bloodstream through the congested prostate, causing **life-threatening urinary sepsis (sepsis)**.

e) Stone Formation and Bleeding (Haematuria)

- **Bladder stones:** The precipitation of crystals present in stagnant urine leads to the formation of **bladder stones (stones)**, which increase pain, cause local injuries and aggravate the obstruction.
- **Haemorrhages:** The continuous growth of the prostate dilates the superficial veins of the urethral mucosa. The constant effort to urinate causes these vessels to rupture frequently, leading to **visible blood in the urine (haematuria)**.

IV. The combination of Diabetes, Hypertension and 2nd Degree Atrioventricular Block Mobitz II

The combination of **Diabetes Mellitus, Arterial Hypertension and Mobitz II 2nd Degree Atrioventricular Block (AVB)** in a 66-year-old patient creates a clinical scenario of **high cardiovascular risk**. The main danger lies in the fact that diabetes and hypertension **structurally damage the heart and arteries**, while Mobitz II operates as **a serious and unpredictable electrical fault that can abruptly stop the heartbeat**.

These three conditions can lead to a **fatal outcome** if left unchecked, as explained in detail below:

a) Progression to Total Heart Block and Asystole

Mobitz II 2nd Degree AVB is an arrhythmia considered **malignant** because it occurs below the atrioventricular node (in the His-Purkinje system). Unlike other blocks, Mobitz II has a very high tendency to suddenly evolve into **3rd Degree Atrioventricular Block (Total)** or cause **Asystole** (total stopping of the ventricular beat). When this happens, the heart stops pumping blood to the body from one moment to the next, leading to **sudden fainting (Stokes-Adams syncope), cardiorespiratory arrest, and sudden death.**

b) Acute Myocardial Infarction (Heart Attack)

Diabetes and **Hypertension** act together to accelerate **atherosclerosis** (accumulation of fatty plaques and stiffness in the coronary arteries). Diabetes causes inflammation and damage to the vessel wall (**endothelium**), while hypertension generates constant physical pressure that can rupture these plaques. If an artery in the heart clogs, a **heart attack occurs**. In a heart that already has an active electrical failure (Mobitz II), a heart attack further reduces oxygen in the heart tissue, which can **dramatically worsen the electrical blockage or trigger instantaneous fatal arrhythmias (such as ventricular fibrillation).**

c) Severe Heart Failure and Cardiogenic Shock

Chronic hypertension forces the heart to force itself to pump blood, causing the heart muscle to thicken and become stiff (**ventricular hypertrophy**). Diabetes also directly damages the muscle cells of the organ (**diabetic cardiomyopathy**). Because Mobitz II causes the heart to miss beats intermittently, the amount of blood pumped per minute (cardiac output) drops dramatically. This combination can lead to **decompensated heart failure** or **cardiogenic shock**, where vital organs (such as the brain and kidneys) no longer receive enough oxygen to survive.

d) Massive Stroke

The unstable and slow blood flow caused by the bradycardia (slow heart rate) of the Mobitz II, combined with the arteries already weakened and stiff due to hypertension and diabetes, significantly increases the risk of clots or rupture of brain vessels. This can result in severe **ischemic or haemorrhagic stroke**, with potential fatality depending on the extent of the affected area in the brain

Summary of Risk Factors for the Applicant at the age of 66

- **Age (66 years):** The heart's electrical conduction system undergoes **natural wear and tear and fibrosis** with advancing age, making Mobitz II blockage even less tolerable by the body.

- **Multiplier Effect:** The isolated presence of diabetes or hypertension already increases the **risk of cardiovascular death**, but the coexistence of both **multiplies this risk by four**, serving as fertile ground for an electrical failure (Mobitz II) to become a **medical emergency**.

In short, the Claimant is seriously exposed to the **risk of death** if not treated urgently.

V. Legal Arguments for the Release of the Applicant

The refusal of the Angolan authorities to comply with Opinion No. 63/2023 of the Working Group on Arbitrary Detention of the UN Human Rights Council and to apply the articles of the Angolan Penal Code on probation **seriously violates constitutional and international legality**.

1. Arguments from International Law (UN HRC Opinion No. 0 63/2023)

a) **Primacy of International Law:** Article 13 of the Constitution of the Republic of Angola (CRA) enshrines that general international law is **an integral part** of the Angolan legal order. Therefore, Opinion No. 63/2023 is applicable and mandatory in Angola.

b) **Binding to Human Rights:** Article 26 of the CRA determines that constitutional and legal norms relating to **fundamental rights** must be interpreted in harmony with the Universal Declaration of Human Rights and with the international treaties ratified by Angola.

c) **International Covenant on Civil and Political Rights (ICCPR):** Angola has ratified this covenant. The UN Working Group on Arbitrary Detention acts under the mandate of the Human Rights Council, which makes its Opinions official treaty monitoring reports. Ignoring Opinion No. 63/2023 constitutes a **frontal violation** of the sovereign commitments assumed by the Angolan State before the international community.

(d) **International good faith (*Pacta Sunt Servanda*):** According to the Vienna Convention on the Law of Treaties, a State may not invoke the provisions of its domestic law to justify non-compliance with an international obligation.

Continued detention after a formal declaration of **arbitrariness by the UN** constitutes an **international wrongdoing** and a **direct violation of the principle of the rule of law** under **Article 2 of the CRA**.

2. Arguments of Angolan Law (Conditional Release in the Angolan Penal Code)

The Angolan Penal Code (Law No. 38/20, of 11 November) explicitly provides for the deadlines **and conditions** for granting parole. Failure to comply with these deadlines constitutes **an illegal restriction of freedom**.

- a) **Right to Conditional Release for serving half of the sentence: Article 90, paragraph 1** of the Penal Code stipulates that the court must grant parole when half of the sentence is served (provided that the formal and behavioural requirements of the prisoner are met).
- b) **Right to Conditional Release for serving two-thirds of the sentence: Article 90, paragraph 2** of the same code provides for the compulsory or facilitated granting after the completion of two-thirds **of the sentence**.

If the Applicant has served half (1/2) or two-thirds (2/3) of the sentence with demonstrated good behaviour, the rejection without adequate grounds **violates** the substantive requirements of the Angolan Penal Code applicable to the execution of sentences. Continuous confinement takes on the nature **of illegal imprisonment**.

- c) **Principle of Legality and Typicality:** Article 63 of the CRA establishes that **no one may be deprived of liberty** except in the cases provided for in the Constitution and the law. Keeping a prisoner in detention beyond the time in which he meets the requirements for release by law (or without evaluating his process) **violates** the constitutional principle of legality.

Article 65 of the CRA **prohibits arbitrary penalties** or those that exceed the limits by a final and unappealable sentence.

3. Constitutional and State Responsibility Arguments

- a) **Violation of the Principle of the Dignity of the Human Person:** Article 1 of the CRA defines Angola as a Republic founded on the dignity of the human person. The continuation of a **detention considered arbitrary** by the UN violates this basic principle.
- b) **Right to Effective Legal Protection:** Article 29 of the CRA guarantees everyone access to the courts and effective judicial protection. The prison and judicial authorities have an **ex officio duty** to refer probation cases to the Judge for the Execution of Sentences as soon as **the time limits (1/2 or 2/3) are reached**.
- c) **Crime of Illegal Detention:** The undue prolongation of imprisonment or the omission of legal acts that result in the illegal deprivation of liberty may constitute the **crime of private imprisonment** or **abuse of power** by the responsible officials (prison directors and magistrates).

d) **Duty to Protect Life and Health:** The Constitution of the Republic of Angola imposes on the State the duty to protect the life, physical integrity and health of citizens.

In the face of a serious, documented and progressively worsening clinical condition, this duty takes on added importance and requires the adoption of measures proportionate to the urgency of the situation.

Conclusion

Parole is not a mere discretionary "clemency" of the Executive (like pardon), but a **subjective right of the prisoner** and a regular and mandatory phase of the execution of the sentence. Once the objective (time) and subjective (behaviour) requirements are met, its non-granting constitutes an **excess of execution**, transforming detention into **illegal deprivation of freedom**.

The release of the Applicant in the current circumstances will not constitute a demonstration of the fragility of the State, but rather an affirmation of its humanity, its commitment to human life and respect for the principles of the rule of law.

The Applicant continues to believe that the institutions of the Republic of Angola will be able to act in a manner compatible with the constitutional, humanitarian and legal values that govern the Angolan Nation.

VI. Requests

In view of the seriousness of the situation exposed, the Applicant hereby respectfully requests:

- a) Their immediate release, on medical, humanitarian and legal grounds;
- b) Urgent authorization to travel and perform the 3 surgeries in Lisbon, with his family and medical team;
- c) Guarantee of specialized medical follow-up appropriate to your clinical condition;
- d) The urgent adoption of measures to safeguard his physical integrity, dignity and minimum health conditions.

The Applicant appeals to the high sense of institutional and humanitarian responsibility of all recipient entities, considering the extreme urgency of the situation and the serious and irreversible risks that currently exist.

Sincerely,

Carlos Manuel de São Vicente

Viana Penitentiary, June 16, 2026

C/c:

- UN Human Rights Council - Working Group on Arbitrary Detention
- UN Special Rapporteur on the Independence of Judges and Lawyers
- UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- African Commission on Human and Peoples' Rights
- International Red Cross
- Amnesty International
- Human Rights Watch