

A Ray Of Hope: Costa Rica's Progressive Approach to HIV/AIDS  
by Daniel Rosenblum

Since the first case of HIV in Costa Rica was diagnosed in 1984, the government has done an exemplary job of dealing with the epidemic. The Costa Rican judiciary has consistently ruled in favor of expanding and improving the rights of those infected with the virus. While the Costa Rican government faces problems with bureaucracy that have led to some neglected HIV/AIDS patients, once problems with treatment and issues with human rights are brought before the courts, Costa Rican judges consistently rule in favor of progressive pro-patient policies. From the mid 1990s through the present the Costa Rican judiciary, lower courts and later the Supreme Court have ruled in favor of expanding the rights and treatments available to those living with HIV/AIDS. Over the course of more than a decade, Costa Rican judges have established a precedent based on case law that has revolutionized the way people in Costa Rica receive treatment for HIV/AIDS. The positive changes made by the judiciary were only possible because of the actions of courageous HIV positive Costa Rican citizens who sued repeatedly for their right to excellent, universal care and for access to anti-retroviral therapy. The courts have extended the Costa Rican standard of care to all people in Costa Rica, citizen or not. The high standard of care available within Costa Rica has led many non-citizens to seek care within the Costa Rican health system; they have not faced discrimination due to their status as non-resident aliens. Costa Rican public opinion has shifted from an attitude of intolerance towards HIV/AIDS patients to one of determination to control a virus that is seen as a menace to all. The shift in Costa Rican public opinion was due to increased media attention brought by the swelling volume of HIV/AIDS cases before the Costa Rican judiciary and the Costa Rican government's efforts to educate their citizens about the virus.

During the 1980s the attitude towards HIV/AIDS patients in Costa Rica mirrored the hysteria that gripped the rest of the world. Myths and platitudes surrounded the virus. AIDS was shrouded in mystery. The first diagnoses of HIV in Costa Rica came in 1984 long before many of the facts surrounding the virus had been verified.<sup>1</sup> Costa Rican society's initial reaction to the virus was one of fear and apprehension. Hospital workers refused to work in clinics that treated people with the new unknown plague. Francisco Madrigal, president of the Triangulo Rosa (Pink Triangle)<sup>2</sup> an influential human rights group in Costa Rica, describes the dire situation of AIDS patients during the 1980s in

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<sup>1</sup> Francisco Madrigal. 2002. . *El SIDA en Costa Rica*. <http://www.cipacdh.org/sida/va8.htm> Accessed 11-24-05

<sup>2</sup> All Translation by author unless otherwise noted

Costa Rica, “Many HIV/AIDS patients preferred to suffer at home rather than seek treatment at a hospital. The patients were treated like lepers. Certain doctors refused treatment to many patients.”<sup>3</sup>

The situation in Costa Rica was not unique. During the 1980s, HIV/AIDS human rights violations abounded worldwide. In 1987 American President Ronald Reagan closed the US borders to all persons infected with the virus.<sup>4</sup> Costa Rica set out to tackle the largest public health issue with hundreds of times fewer resources their industrialized peers. By the mid-1990s, lawsuits by Costa Rican citizens began to reach the Supreme Court and the best HIV/AIDS prevention and treatment program in Latin America was born.

In 1996 and 1997 two landmark cases transformed the quality of HIV/AIDS care in Costa Rica. In 1992 Carlos Guillen Fernandez was abruptly fired from his job as a microbiologist working for the Costa Rican government. Mr. Fernandez, HIV positive, sued the government lab where he worked contending that he had been fired solely based on his HIV status. Fernandez lost repeatedly in the lower courts. Ultimately the Costa Rican Supreme Court took his case. Fernandez sued for personal reasons, though his case held importance for subsequent cases related to HIV/AIDS and human rights issues. Fernandez claimed that his rights were violated under article 37 of Costa Rica’s political constitution which guarantees, “the right for all Costa Rican citizens to fair treatment while employed.”<sup>5</sup> Judge Orlando Sánchez ruled in favor of Mr. Fernandez, writing in the majority opinion that “No Costa Rican citizen regardless of health status should face discrimination. The Costa Rican constitution clearly defines citizen’s human rights. Mr. Fernandez had been discriminated against...”<sup>6</sup> The wording of the opinion clearly states that Costa Ricans cannot be discriminated against based upon their HIV/AIDS status. This ruling exhibits the liberal nature of the Costa Rican judiciary while providing a precedent for others who may have been wronged to come forward and seek damages for abuses they were subjected to before this lawsuit came before the court system.

On September 23, 1997 the Costa Rican Supreme Court ruled in favor of an appeal filed by William Garcia, a psychology graduate student who was seriously ill with AIDS. The ruling directed the government funded health care provider, Caja Costarricense de Seguro Social (CCSS), to provide William with the retroviral medications that he needed to survive. The CCSS had previously refused to provide any

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<sup>3</sup> Francisco Madrigal. 2002. . *El SIDA en Costa Rica*. <http://www.cipacdh.org/sida/va8.htm> Accessed 11-24-05

<sup>4</sup>*Timeline: A Breif History of AIDS/HIVE*. AEGIS. 2002. <http://www.aegis.com/topics/timeline/default.asp> ‘So Little Time: An AIDS History’ Accessed 11-25-05

<sup>5</sup>Title Five Constitution 1998. *Title Five Social Rights and Guarantees*. [http://www.costaricalaw.com/legalnet/constitutional\\_law/engtit5.html](http://www.costaricalaw.com/legalnet/constitutional_law/engtit5.html) Accessed 11-25-05

<sup>6</sup> See Carlos Gullien Fernandez v. Costa Rica Resolución 96-320.LAB On rights in the workplace

of these medications to AIDS patients in Costa Rica, with the exception of AZT, which was given only to HIV+ pregnant women.<sup>7</sup>

Garcia's case brought an unprecedented amount of press coverage to not only his case but also to HIV/AIDS issues in Costa Rica. In 1996 there were only 114 articles written mentioning HIV/AIDS in La Nación, the majority of which referred to HIV/AIDS issues in neighboring countries such as Honduras or El Salvador.<sup>8</sup> On September 27, 1997 El País ran a story on the ruling. Richard Stern, director of health for Triangulo Rosa, reacted to the judgment saying "This is a historic decision in favor of people that have been discriminated against for many years."<sup>9</sup> The ruling provided an important precedent for Costa Rica and the rest of Central America. The increased media coverage of HIV/AIDS related issues made Costa Ricans more aware of HIV/AIDS. Even if they did not know anyone infected, they read about their fellow citizens fighting for their basic human rights on the front page of their newspaper every week. Costa Rica was the first country in Central America to offer AIDS drugs to its citizens free of charge. As a result many people from other countries in Central America and even the United States tried to go to Costa Rica in order to receive free HIV/AIDS treatment.<sup>10</sup>

When the Costa Rican high court ruled in favor of Mr. Garcia, the Costa Rican government opened itself up to a deluge of people who claimed they had been abused or neglected by the system. A 1999 article in La Nación quotes Rudolfo Piza, the president of the Costa Rican social security system, on cost of foreigners rushing to Costa Rica for treatment, "We have tried to communicate with immigration services, we do not want to violate the human rights of non-residents seeking care, but people cannot overlook the cost."<sup>11</sup> In the two short years after the Garcia ruling the Costa Rican Social Security system spent nearly 2 million dollars towards the care of non-Costa Rican nationals.

People rushed to Costa Rica because it had the most liberal HIV/AIDS policy in the western hemisphere. By 1999 fully 11% of those treated within the Costa Rican universal health system were resident aliens or illegal immigrants.<sup>12</sup> The judiciary could have taken a conservative approach to tackling the deluge of new AIDS cases. The Costa Rican Supreme Court receives an abundance of appeals every year. Each year they only

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<sup>7</sup>July 30, 2000. *The International Lesbian and Gay Association; World Legal Survey; Costa Rica* [http://www.ilga.info/Information/Legal\\_survey/americas/costa\\_rica.htm](http://www.ilga.info/Information/Legal_survey/americas/costa_rica.htm) Accessed 11/25/05

<sup>8</sup>La Nación. 'SIDA+Carlos Guillen Fernandez+1996' <http://www.nacion.com/search> Accessed 11-25-05

<sup>9</sup> Patricia Leitón September 27 1997. *Fallan a favor de pacientes con sida.* [http://www.nacion.com/ln\\_ee/1997/septiembre/27/pais8.html](http://www.nacion.com/ln_ee/1997/septiembre/27/pais8.html) Accessed 11-25-05

<sup>10</sup> See Thomas Scot Cochran, v. Director de la Clínica del Centro de Atención Institucional La Reforma y la Ministra de Justicia. Case # 04-004351-0007-CO On foreigners receiving free medical care for AIDS related issues

<sup>11</sup>Ángela Ávalos Rodríguez September 26, 1999. *Foráneos vienen a tratarse sida.* [http://www.nacion.com/ln\\_ee/1999/septiembre/26/pais5.html](http://www.nacion.com/ln_ee/1999/septiembre/26/pais5.html) Accessed 11-25-05

<sup>12</sup> Ibid.

hear a small fraction of the appeals that are filed, twenty to twenty five a year. In the time between Mr. Garcia's case in 1997 and the present day, the Supreme Court has chosen to hear more than eighty cases concerning HIV/AIDS and human rights issues related to HIV/AIDS.<sup>13</sup>

Due the high volume of cases before the judiciary in 1997, the Costa Rican government worked with both national and international non-governmental organizations (NGOs) to author a national law outlining the fundamental rights for those persons infected with the virus, strategies for educating the general population and penalties for those who violate the rights of those infected. This made Costa Rica the first country in Central America to pass any legislation mentioning HIV/AIDS, and Costa Ricans the first people in Central America to be officially guaranteed HIV/AIDS care. In addition to being offered free care, Costa Ricans were officially protected against discrimination directly linked to their HIV/AIDS status. Article 3 of the general law on HIV/AIDS states "Those persons affected by the HIV/AIDS virus are to be afforded the same human rights as all citizens of the republic."<sup>14</sup> In an extra effort to not be construed as too vague the law goes on to further define discrimination in article 48 which states "Whoever violates the basic human rights afforded to HIV/AIDS patients in this law shall be sanctioned under either the penal or civil codes..."<sup>15</sup>

While the law was a landmark piece of legislation, many NGO's and homosexual advocacy groups within Costa Rica complained that the law was not specific enough.<sup>16</sup> Agua Buena, in concert with international human rights groups, urged the Costa Rican government to widen the definition of the HIV/AIDS law. UNAIDS reports that Costa Rica receives more than forty percent of its HIV/AIDS funding from international aid organizations.<sup>17</sup>

Costa Rica's heavy reliance on foreign aid left the Government susceptible to pressure from its donors regarding the nation's HIV/AIDS policy. In 1998 Miguel A. Rodriguez, President of Costa Rica, issued executive order 27894-7 that clarified the rights of those infected with the virus. The order states that "In order to clarify

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<sup>13</sup> The author is confident there are more than 80 cases however 80 cases appeared on the Costa Rican government's Ministry of Justice search engine

<sup>14</sup>Franciso Madrigal 2004. *El SIDA in Costa Rica*. Centro Cultural de la Diversidad Sexual de Costa Rica. <http://www.cipacdh.org/sida.htm> Accessed 11-26-05.

<sup>15</sup> Ibid.

<sup>16</sup> Though many human rights groups provide continuous criticism of the Costa Rican government's HIV/AIDS policy, the most influential human rights HIV/AIDS is Agua Buena. Agua Buena was referred to the author by Maria Tallarico director of UNAIDS for Central America. Ms. Tallarico also provided valuable information about landmark cases concerning HIV/AIDS in Costa Rica as well as conditions in neighboring countries. Agua Buena can be accessed through the internet at <http://www.aguabuena.org>.

<sup>17</sup> Ibid.

discrepancies within the general law passed in May of 1998...Those persons infected with the HIV/AIDS virus regardless of sexuality or nationality will be treated fairly under the law”<sup>18</sup> President Rodriguez’s interpretation of the law set down a liberal, inclusive precedent that was above the auspices of the judiciary. The Costa Rican executive branch was receptive to critiques from both national and international human rights groups and amended the law to make it more effective. No matter how a judge feels personally about the general HIV/AIDS law he is forced to look to President Rodriguez’s order when ruling on a case that concerns HIV/AIDS policy.

Former President Rodriguez’s change in the language of the bill is especially significant when examined within the larger context of his personal politics. Rodriguez is a member of the Social Christian Unity Party (SCUP). SCUP was founded upon Catholic principles. Historically it is a conservative party, though recently it has supported such initiatives as legalized abortion and even same sex marriage.<sup>19</sup> The switch in party policy worldwide has not been taken to such extremes in Costa Rica, though the party has begun to address issues such as HIV/AIDS in an aggressive manner. Rodriguez’s executive order served to further liberalize the stance of the SCUP. Rodriguez was reelected in 1998, a rarity in Costa Rica; he served until 2002. While Rodriguez’s executive order broadened the definition of who could be a HIV/AIDS patient in Costa Rica, the case of Mena Vilchez helped to broaden the definition of who was considered ‘infected’ within the Costa Rican health care system.

In 1998 the Supreme Court heard the case of Próspero Mena Vilchez v. CCSS. This case examined what level of care should be given to uninsured patients with HIV/AIDS within the Costa Rican universal health care system. Mena was an HIV patient who sued CCSS for payment of her medical bills because she lacked any means to pay for her medications. The CCSS defended their non-payment of her bills because up to that point they only paid for antiretroviral drugs for patients whose white blood cell count had decreased below 4,300 cells per cubic millimeter, the official level for someone that is HIV positive. The state knew that her white blood cell count was above the acceptable range because she underwent blood tests that were considered basic for the analysis of an AIDS patient.

Judge Adrian Molina ruled in favor of Ms. Vilchez and stated in his opinion that “In this case the CCSS has departed from the concepts of justice and solidarity that are imbued in the political constitution which is supposed to govern the actions of the CCSS. If patients are given a prescription for drugs by a licensed doctor, it is the duty of the

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<sup>18</sup>Miguel A. Rodriguez May 1998. *Decretos; El Presidente de la República y el Ministro de Salud* [http://196.40.56.12/scij/index\\_prg](http://196.40.56.12/scij/index_prg) Accessed 11/22/05

<sup>19</sup>Multiple Authors Last updated November 26 2005. *Christian Democracy* “[http://en.wikipedia.org/wiki/Christian\\_Democracy](http://en.wikipedia.org/wiki/Christian_Democracy) Accessed 12-2-05

CCSS to provide that patient with the prescribed medicines.”<sup>20</sup> This ruling broadened the definition of acceptable care provided by the Costa Rican government. Instead of waiting until the patient became officially “sick,” the individual has the right to seek treatment from the moment they are diagnosed HIV positive. Many HIV/AIDS patients do not dip below the 4.300 cells per cubic millimeter white blood cell threshold until years after they are diagnosed. This ruling proved that Costa Rica’s Supreme Court was committed to providing HIV/AIDS patients with the best care possible. This ruling provided a consistent policy that was adopted in all branches of government. Whenever a hospital received a new patient they checked the patient’s white blood cell count not to affirm that they could treat them, but solely for health care reasons. Whenever a Costa Rican lawmaker proposed a new law for to alter AIDS treatment he/she would have to abide by the medical standard set by the Supreme Court.

The government was not simply treating new patients; it was seeking ways to improve the quality of care offered. Beyond judicial policy, the Costa Rican government took steps to increase general awareness of the virus and how to detect it. In 1999 the ministry of health began marketing an over the counter test for HIV/AIDS. This campaign was at the cutting edge of HIV/AIDS treatment strategy. The new test was accompanied by a publicity campaign that included an article on January 27<sup>th</sup> 1999 in La Nación, in which Gisela Herrera Martínez, then director of AIDS prevention for the ministry of health, is quoted as saying “People can use this test to know definitively if they are a carrier of the virus or not. It is not safe to not know, knowledge is key to combating the virus.”<sup>21</sup> The article features a photograph of the test, with a caption reading, “The new test, called ‘Simplex’ only costs 7500 c. (~15\$).”<sup>22</sup> Instead of waiting until HIV/AIDS cases came before the courts’ the government designed a pro-active campaign designed to raise awareness of the disease.

The cost of treating HIV/AIDS patients encouraged the Costa Rican government to research how they could mount an effective HIV/AIDS prevention campaign. Before the introduction of generic alternatives, the average treatment for an HIV/AIDS patient cost the Costa Rican government more than US \$650 per patient. Costa Rica’s efforts at reducing the cost of drugs have been effective. Since 2003 the government has been buying generic drugs from Brazil for US \$200 per patient. The rising cost of HIV/AIDS treatment led the government to focus more time and resources on an effective program of preventive education. Solon Chavarra, the director of the Costa Rican’s Social Security AIDS program, told an International Press Service reporter that “Costa Rica has reduced

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<sup>20</sup> See Próspero Mena Vilchez v. CCSS Case # 97-007430-0007-CO

<sup>21</sup> Angela Avalos Rodríguez January 27, 1999. *Sida se detecta por la saliva*. [http://www.nacion.com/ln\\_ee/1999/enero/27/pais6.html](http://www.nacion.com/ln_ee/1999/enero/27/pais6.html) Accessed 11-26-05

<sup>22</sup> Ibid.

AIDS-related mortality by 20 percent since 1988.”<sup>23</sup>

Costa Rica stands in stark contrast to its neighbors. In Bolivia where at least 70 percent of the population lives in poverty, thousands are still waiting for drugs from the UN Global Relief fund.<sup>24</sup> El Salvador also suffers from a chronic shortage of funding for HIV/AIDS issue. Many AIDS patients in El Salvador receive treatment for AIDS related illnesses, but their government has chosen to virtually ignore that the HIV/AIDS virus exists.<sup>25</sup>

Costa Rica’s proactive campaign of education has helped thwart the spread of the virus. In a further effort to raise public awareness of the disease in 2004 the government declared an ‘AIDS Emergency’ aimed at drawing the public’s attention to the problem. Minister of Health José Manuel Eshandi Meza, declared on November 23 2003 to La Nación, that “We are beginning a program of education with the help of twelve NGO’s and the Ministry of Education to education our citizens on methods of prevention, the campaigns will include the defense of the rights of persons infected with the virus.”<sup>26</sup> Rather than shy away from public education, Costa Rica has taken a pro-active approach to education and prevention that is successfully driving down HIV/AIDS infection rates.

By 2002 the Costa Rican judiciary ruled in *Jessie Patricia Blanco Padilla v. Juzgado Penal de Pérez Zeledón* that prisoners should not be prevented from receiving HIV/AIDS care. The Court sanctioned Ms. Padilla’s treatment while ruling against her claim that she was not offered an appropriate level of care. Ms. Padilla, imprisoned due to falsification of documents, was treated at a private hospital outside the normal auspices of the CCSS public clinic system. The judge Jesús Largo ruled, “Ms. Padilla’s treatment will be paid for by the CCSS system, however her claim of neglect is unfounded.”<sup>27</sup> During the course of her treatment Ms. Padilla was taken to many specialists, including a neurologist and cardiologist. While ruling in favor of the State the Judge Largo criticized the prison saying, “It is important that the patients, even prisoners suffering with late stage AIDS be afforded the chance to die with dignity.”<sup>28</sup> Largo felt that it important to establish that all HIV/AIDS patients should be treated fairly regardless or their status within Costa Rican society.

On May 18<sup>th</sup> 2004, the Costa Rican Supreme Court heard the case of Thomas Scott

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<sup>23</sup>Diana Cariboni December 1 2003. HEALTH: Access to Anti-AIDS Drugs Varies Widely in Latin America. Inter Press Service. <http://www.aegis.com/news/ips/2003/IP03106.html> Diana Cariboni Accessed 11-25-05.

<sup>24</sup> *ibid.*

<sup>25</sup> Richard Stern 2003. *Articles*. <http://www.aguabuena.org> Accessed 12-10-05

<sup>26</sup>Jairo Villegas Novemver 25 2003. *Piden Declarar Emergencia Por Sida* [http://nacion.com/ln\\_ee/2003/noviembre/25/pais7.html](http://nacion.com/ln_ee/2003/noviembre/25/pais7.html) Accessed 11-25-05

<sup>27</sup> See *Jessie Patricia Blanco Padilla*, funcionaria del Área Jurídica del CAI San José, contra el Juzgado Penal de Pérez Zeledón. Case #02-004004-0007-CO

<sup>28</sup> *ibid.*

Cochran v. Director de la Clínica del Centro de Atención Institucional La Reforma y la Ministra de Justicia. Mr. Cochran, an American incarcerated in Costa Rica for theft, alleged that he was not provided with a sufficient level of care. He sued for the right of better treatment. The judge in the case ruled in favor of the State. Mr. Cochran is American and the Costa Rican government was not officially responsible for care. The judge could have cited this fact in his opinion and been perfectly correct. Instead of citing Cochran's nationality the judge cites the excellent level of care that he did receive as grounds for dismissing his claim. The judge cites Cochran's medical records, "He was offered three kinds of antiretroviral therapy at hospital Mexico and the United States embassy was given full access to him."<sup>29</sup> Costa Rica extended care to non-nationals before Thomas Cochran, an American, sued the State for care. Cochran's citizenship is symbolic the excellence of Costa Rica's health care system. Cochran could have sought treatment in the United States, but he lacked the resources to pay for care under America's privatized health care system. The significance of an American receiving free HIV/AIDS care while in jail in Costa Rica is a dramatic example of the failures of the United States system of privatized health care and of the lengths that the Costa Rican system will go to treat anyone that needs care.

While Costa Rica is a world leader in AIDS treatment and prevention, it could implement positive changes to become a more effective force for treating the virus. Human rights groups within Costa Rica are constantly pressing for more funding to aid both the treatment and prevention of HIV/AIDS within the country. While Costa Rica has one of the best treatment plans in Central America, many human rights groups, including "Agua Buena," Costa Rica's largest HIV/AIDS related human rights group, have pointed out the emphasis on prevention over treatment.<sup>30</sup> Richard Stern, the founder of Agua Buena, offered praise for Costa Rica's universal anti-retroviral coverage in an open letter to UNAIDS but also argued that Costa Rica can and must do a better job of treatment for its relatively small number of patients.<sup>31</sup> While the Costa Rican HIV/AIDS system is excellent, the bureaucracy of its nationalized healthcare system occasionally leads to patients becoming lost within extensive organization of clinics.<sup>32</sup> Through its decisions, Costa Rican judiciary and human rights groups have started the process of creating the best HIV/AIDS treatment programs in the world.

While the Costa Rican judiciary consistently widened the definition of acceptable

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<sup>29</sup> See Supreme Court Case 04-004351-0007-CO Thomas Scott Cochran v. Director de la Clínica del Centro de Atención Institucional La Reforma y la Ministra de Justicia.

<sup>30</sup> Richard Stern July 2003. *History* <http://www.aguabuena.org/ingles/historia.html> Accessed 11-30-05

<sup>31</sup> Richard Stern August 24<sup>th</sup> 2000. *Why UNAIDS has failed in Central America*.

<http://aidscommunity.org/hivmeds/medicine/UNAIDS.htm> Accessed 11-30-05

<sup>32</sup> Ibid.

treatment, the Costa Rican government's social programs have made considerable progress in shifting Costa Rican public opinion from stigmatizing those infected with HIV/AIDS to a collective determination to control the spread of the virus. For example, during the summer of 2005 I spent four and a half months working in the rural Costa Rican rainforest educating rural villagers about HIV/AIDS prevention and the discrimination faced by those infected. Although at first the villagers were skeptical, once they found out basic facts about the virus, not one of the hundreds of people I encountered voiced anything but determination to beat the virus and work towards a healthier Costa Rica. The villagers' attitudes were due in large part to government programs aimed at promoting AIDS awareness and prevention. In the September 29<sup>th</sup> 2004 edition of La Nación the government announced a new AIDS awareness campaign. Rodrigo Simán, the Minister of Health, is featured in the article saying "The program is meant to increase awareness of the disease while helping to make sure that all those that need access to treatment know that it is available."<sup>33</sup> The programs designed to promote AIDS education and awareness seem to be making a difference on the ground in Costa Rica, but more work is needed to increase tolerance and understanding for those living with the virus.

Although Costa Rica's system of universal care for HIV/AIDS patients has not always been perfect, it is a shining example of how to provide excellent care that is open to all people. Costa Ricans infected with the virus have acted individually to challenge Costa Rican law and the result has been a rapid, effective transformation of Costa Rican health care policy. The key to an effective strategy for combating HIV/AIDS is flexibility to accommodate the new challenges that present themselves as the virus mutates and effects new populations of people. More critical analysis of the Costa Rican approach to HIV/AIDS problem is needed in order to continue to expose both problems that can be solved, as well as what they are doing right. With further vigilance Costa Rica can serve as model for effective HIV/AIDS treatment throughout the developing world.

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<sup>33</sup> Associated Press September 29, 2004. *Pretenden Que La Región Declare Lucha Contra Sida Una Prioridad* [http://www.nacion.com/ln\\_ee/2004/septiembre/29/ultima-ce10.html](http://www.nacion.com/ln_ee/2004/septiembre/29/ultima-ce10.html) Accessed 11-30-05

## Additional Works Cited

This paper is based upon five cases accessed from the Costa Rican Ministry of Health. Website: *Costa Rica System of Judicial Information* <http://200.91.68.20/scij/>.

The cases can be accessed via case number. The case numbers are as follows:

Carlos Guillen Fernandez v. The State of Costa Rica. Case Number: 96-320.LAB

William Garcia v. La Caja Costarricense Del Seguro Social (CCSS) Case Number: 7474-A-97

Próspero Mena Vilchez v. CCSS Case Number: 97-007430-0007-CO

Jessie Patricia Blanco Padilla v. Juzgado Penal Case Number: 02-004004-0007-CO

Thomas Scott Cochran v. Director de la Clínica del Centro de Atención Institucional La Reforma y la Ministra de Justicia Case Number: 04-004351-0007-CO

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