PANAMERICAN HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION

XVIII PAN AMERICAN SANITARY CONFERENCE

XXII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C., U.S.A.
SEPTEMBER-OCTOBER 1970

Provisional Agenda Item 26

CSP18/21 (Eng.)
ADDENDUM I
17 September 1970
ORIGINAL: SPANISH

HEALTH LEGISLATION

In compliance with Resolution XXVIII approved at the XIX Meeting of the Directing Council, the Director submitted Document CE64/12 entitled "Survey of Basic Health Legislation in the Americas Issued During the Last Twenty Years (1948-1968)", to the Executive Committee for consideration. At its 64th Meeting, the Executive Committee adopted Resolution XVI, reading as follows, on this matter:

"THE EXECUTIVE COMMITTEE,

Having considered the report of the Director of the Bureau (Document CE64/12) prepared pursuant to the recommendation dealing with health legislation approved by the Special Meeting of Ministers of Health of the Americas and Resolution XXVIII of the XIX Meeting of the Directing Council;

Considering that the report describes the most significant aspects of health legislation of the countries of the Americas in the last 20 years and indicates the main areas of concern, the priorities assigned to them, and the trends;

Bearing in mind that this report will be of use to countries that wish to revise their health laws and regulations or bring them up-to-date;

Considering that, in modernizing their legislation, the countries should give due attention to the teaching of health legislation in schools of law and schools of health sciences; and

Recognizing that the material available will facilitate an examination and modernization of the Pan American Sanitary Code,

RESOLVES:

1. To take note of the report of the Director on health legislation in the Americas in the last 20 years and to recommend that, when it has been revised and such additions as are deemed necessary are made to it, including bibliographical references and a list of legislation, it be widely circulated in the Member Countries.

2. To suggest to the Governments that they promote the revision of their health laws and regulations and screen, order, and modernize the present material and that they send to the Bureau copies of all new legal enactments.

3. To recommend to the Member Governments that they encourage the universities to give due attention to the teaching of health legislation in law schools, medical schools, and schools of public health.

4. To request the Director to continue, by such means as he deems advisable, the study of the essential aspects to be covered in a health code that the countries could use as a guide, bearing in mind their needs and characteristics.

5. To recommend to the Director that he continue to promote and conduct the necessary studies for the modernization of the Pan American Sanitary Code and that he submit a report thereon to the XVIII Pan American Sanitary Conference.

6. To request the Director to continue to provide the countries with technical assistance in revising and modernizing their health legislation.

7. To request the Director to promote the meeting of interdisciplinary study groups to discuss legal matters and the unification of the basic principles of health legislation."

With a view to implementing this Resolution, the original document was reviewed and brought up to date for submission to the XVIII Pan American Sanitary Conference (Document CSP18/21). It should also be noted that plans are being made for a study of the essential aspects to be included in a model health code to be used as a guide by the countries. Consideration is also being given to the procedure to be followed in revising the Pan American Sanitary Code.

PANAMERICAN HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION

XVIII PAN AMERICAN SANITARY CONFERENCE

XXII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C., U.S.A.
SEPTEMBER-OCTOBER 1970

Provisional Agenda Item 26

CSP18/21 (Eng.)
2 September 1970
ORIGINAL: SPANISH

HEALTH LEGISLATION

In compliance with Resolution XV approved at the 61st Executive Committee Meeting and Resolution XXVIII of the XIX Directing Council, the Director is pleased to submit the attached document covering "A Survey of Basic Health Legislation in the Americas Issued during the Last Twenty Years (1948-1968)," which contains a general description of the system of standards in effect in fields normally considered to be related to health, in the following countries:

Antigua, Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Surinam, Trinidad and Tobago, United States of America, Uruguay, and Venezuela.

This paper is divided into two parts, the first of which reviews pertinent materials from Latin American countries, and the second covers legislative materials relating to Antigua, Barbados, Canada, Guyana, Jamaica, Surinam, Trinidad and Tobago, and the United States of America.

For countries with a federal constitution, the central level was the main one covered, without overlooking the need also to review local legislation available in relation to which comments or quotations are attached as appropriate.

The document covers the main aspects of areas of legislation of concern to us in a succinct and graphic manner in order to give us a general picture of existing legislation, indicating the main lines that are most commonly found and their most noteworthy characteristics, in this way gathering together a collection of data which will make it possible to carry out subsequent studies on topics of special interest to the Organization and especially in the discussion of the basis and content of a Pan American Health Code.

Annex

SURVEY OF BASIC HEALTH LEGISLATION IN THE AMERICAS ISSUED DURING THE LAST TWENTY YEARS (1948-1968)

INDEX

Page

SURVEY OF BASIC HEALTH LEGISLATION IN THE AMERICAS ISSUED DURING THE LAST TWENTY YEARS (1948-1968)

INTRODUCTION

Health legislation in the countries of the Americas is a matter of increasing interest for various reasons, including the great importance being attributed to the health of the population and its direct relationship to the economic development of a country; the substantial increase in government health programs and the consequent establishment of complex and specialized health agencies endowed with significant authority; and the tendency of economic integration to require the harmonization of positive law in certain fields among countries linked by geographic proximity or common interests.

It is possible that the same considerations may be leading the legal profession to give more attention to health legislation and to extend its interest to the many and varied aspects of this vast regulatory field and their nature and identity. This trend is reflected in the existence of theses on the subject presented by candidates for a law degree or a licentiate in law, by articles and special papers submitted to international conferences, and by compilations prepared by lawyers from various countries under the sponsorship of national or international organizations.

The Pan American Health Organization has, for its part, supported the efforts of certain governments to review and bring up to date the legislation governing the activities and specific programs of their ministries, departments, or institutions responsible for health activities. It has also encouraged discussion of the topic "health legislation and the right to health," with particular emphasis on the relationship and influence of legal framework on the speed or difficulty with which action is taken in the field.

All this has led to an initial stage of discussion in which criticism is leveled against such conditions as "the inadequacy of existing legislation," the "lack of a flexible legal framework for action or the existence of extreme resistance to change," and "excess of legislation and regulatory disorder." A number of theoretical and practical problems, both procedural and substantive, have been raised, including some more closely related to the effectiveness of administrative performance than to the legal framework involved.

The formulation of "health legislation as a separate branch of law" has been proposed, in view of the fact that health law has traditionally been classified as a part of administrative law, notwithstanding its having achieved an identity of its own which would justify separate treatment.

In the absence of any means that would make it possible to take stock of the relevant laws and regulations, assess their positive and negative features (the latter as seen from opposing sides), and determine whether the

problems raised were equally applicable to all countries and whether there were uniform standards that might serve as a useful basis for the Pan American Sanitary Code which the times demand, the Directing Council, in Resolution XXIII, called for a first attempt to prepare a general survey of health legislation and regulations issued during the last twenty years.

1. OBJECTIVES

The objectives of this paper are:

1.1 To present an orderly arrangement of the basic laws and regulations dealing with matters directly and specifically related to individual and collective health which are generally identified as such by the countries of the Americas and whose administration is generally made a responsibility of the ministries or other public institutions in charge of health activities.

1.2 To present a brief and, to the extent possible, graphic description of the status of this legislation, the questions which have held the attention of legislators during these last twenty years, the priority assigned to these questions, and any observable trends or regular patterns.

1.3 To determine to what extent the uniform policies observed might, once discussed, serve as a basis for the new Pan American Sanitary Code.

1.4 To promote a review of legal material in each country in order to fill the gaps in the information already collected.

1.5 To encourage research and arouse the interest of the legal profession in this field and facilitate the collection of material for the future preparation of in-depth comparative studies.

1.6 To determine to what extent the available sources of dissemination and information are operating effectively to facilitate a knowledge of this body of legislation.

2. METHODOLOGY

2.1 Countries

The legislation of the following countries is included in the study: Antigua, Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Surinam, Trinidad and Tobago, the United States of America, Uruguay, and Venezuela.

2.2 Legal Documents

The following types of basic legal material were considered for the purpose of the survey:

- Relevant constitutional provisions
- The public health or sanitary code or health law
- Laws, regulations, or regulatory decrees on specific matters directly related to individual or public health
- The relevant provisions of penal codes

2.2.1 Constitutional Provisions

Included in the tables herein are constitutional provisions in which specific mention is made of individual or public health or of activities directly related thereto, or which specify the government agencies to which responsibility or jurisdiction in this field is assigned.

2.2.2 Public Health or Sanitary Code or Health Law

Because of their importance, all public health codes or laws or general ordinances were listed, including those promulgated before 1948; however, the compilation of provisions imposing mandatory rules on individuals is based on those that were promulgated after 1948.

2.2.3 Laws, Regulations, or Regulatory Decrees on Specific Matters Directly Related to Individual or Public Health

The selection of legal and regulatory documents to be classified under the heading of "health legislation" required some discussion and was based on working criteria which were doubtless arbitrary to some extent.

It should be kept in mind that the definition of health and the identification of the health sector has undergone substantial changes in recent years and that no consensus appears to have been reached by the medical profession, administrators, and men of government concerning the component of this social and institutional complex. This phenomenon is apparent in the legislation reviewed, for, as discussed below, the various countries show considerable differences in the terminology they use and in their criteria for including or excluding particular matters in their legal documents identified as pertaining to health or sanitation, as well as in their administrative arrangements for the assignment of responsibilities.

However, since there are consistent inclusions and exclusions and noticeable trends both in the consideration of health matters and in the assignment of administrative jurisdiction, it was possible to agree on the inclusion of the following types of material: laws and regulations recognized and identified in the documents as pertaining to health or sanitation; legislation dealing with the provision of services or the performance of activities related to the recovery and restoration of individual health; those regulating the organization of the medical and allied professions and their cooperation, and the supervision of their activities; and those establishing public, semi-public, or private organizations or institutions and assigning to them, or authorizing them to carry out, responsibilities involving the rendering of services or the performance of activities specifically identified as pertaining to health or provided for in the legislative documents mentioned above, or to exercise powers of public health control or inspection.

Provisions which, while definitely related to health, are only incidentally included in laws or regulations dealing with other matters (i.e., pension regulations, patent and trademark laws) were not taken into account. Also omitted were those provisions which are only indirectly related to health (i.e., social security or private insurance legislation) and which are essentially means of providing financial resources for health activities.

For countries with a federal form of government, only the federal level was considered, although certain state or provincial legislation may be referred to or listed to the extent that information is available.

2.2.4 Relevant Provisions of Penal Codes

In penal matters, consideration was given to penal acts regarded in existing penal codes as offenses against public health or public security. The purpose here was to determine the correlation between the laws establishing compulsory rules in the field of health and those that establish penalties for deviations from those rules.

2.3 Period

The survey was based on the laws and regulations issued during the period 1948-1968 because it was felt that most of the matters with which these dealt would probably have been subject to innovation and change over that period and that the compulsory rules adopted would necessarily reflect such change. The omission of a country from a given table means that no laws or regulations on the matter in question have been issued in that country or that those in effect were issued prior to 1948 and have not been subject to substantial changes. Where any such changes have been made they would, of course, be listed in the appropriate table.

2.4 Collection of Material

The working material was gathered from collections of official dailies and other compilations available in the libraries of the following organizations.

Pan American Health Organization

Organization of American States

United States Congress

United States Department of Health, Education, and Welfare

Embassies of Canada, Chile, and Venezuela

Collections of laws and decrees in the technical offices of the Pan American Health Organization

Private collections

This material was supplemented by means of documents received directly from certain countries.

A card index consisting of 3,119 cards, arranged by countries and subjects, was prepared, and the International Health Digest, a publication of the World Health Organization, as well as the legislative index of the Latin American Law Section of the United States Library of Congress, were used as guides for a partial revision of the material.

3. SURVEY OF BASIC LEGISLATION

3.1 Constitutional Provisions

Most of the constitutions of the countries included in this survey contain references to health. The subject is mentioned either directly and specifically or indirectly and in relation to other matters such as social security or labor law. References vary from the health of the individual to that of the population or a given group.

A variety of terms are used to denote a single concept; the most recent constitutions undoubtedly tend to employ the term "health" in a more inclusive sense and use the vocabulary currently prevailing in the medical profession, particularly among medical administrators. The change in terminology and the alternate use of the words "salud," "salud pública," "salubridad pública," and "sanidad" are signs of the changing concepts of health in recent years but also reveal a lack of consensus regarding the definition, equivalency, and scope of meaning of similar terms which are presumably technical.

The constitutions discussed herein may generally be said to range from those in which no specific mention of individual or public health is made (Argentina and the United States of America) to those which include a more or less structured and abundant group of provisions.

The provisions that refer specifically to "salud," "salubridad," or "sanidad pública" can be grouped by content as follows:

a. Those that proclaim, recognize, or include individual health or the right to its protection, preservation, and restoration, or certain related individual rights, as a fundamental guarantee or right of the individual;

b. Those that proclaim or include health, its protection, preservation, and recovery as a social right or a matter of collective public interest;

c. Those that assign compulsory regulatory power in this field to the State, supplemented by those that permit the relevant fundamental guarantees or rights of the individual to be restricted or suspended in the interest of public health or safety;

d. Those that provide for the organization of the public health function or service and which recognize or, in some cases, specify the public organizations to operate in this field, whether or not they indicate their responsibilities and composition, as well as certain features of the status of their personnel;

e. Those that impose specific personal obligations in the interest of collective health or that of certain groups of persons.

The distribution of these categories in the constitutions of the countries mentioned above is rather uneven, with most of the constitutions including only some of them (Table 1).

3.1.1 Inclusion of the "Right to Health" or to a "State of Health" as an Individual Right or Guarantee

As will be noted in Table 1, certain constitutions specifically include the "right to health" or to its "preservation, protection, and recovery" as a right guaranteed to the individual or to certain groups, while in others the reference in the title or chapter on individual or fundamental guarantees or rights is not to these as such but to the responsibility vested in the State or in particular agencies to see that the health of the population or health conditions in the countries are safeguarded. A third group of constitutions includes among these guarantees or rights certain partial aspects of health, generally its "protection," or recognizes the right to special services, benefits or guarantees related to the work situation of the person for whom these

rights are intended. Finally, in other constitutions the right to health appears to be included in broader and nonspecific categories such as "the rights inherent to life" or "the right to personal safety or integrity" (Table 1, No. 1).

3.1.2 Health Recognized as a Social Right or a Matter of Public Interest, or Included within the Chapter on Social Rights

The "right to health" or its "preservation, protection, and recovery" is included expressly and specifically in certain constitutions, although in most of them the mention of this matter is more inclusive and detailed in the titles or chapters on the obligations of the State or of special agencies in this field than in those on personal guarantees. In still other constitutions provisions on partial aspects of health and on the work situation of individuals are included along with other matters or by themselves in the former titles or chapters (Table 1, No. 2).

3.1.3 Recognition of the Powers and Authority of the State in the Field of Health

The role of the State in matters of health is considered in very diverse ways in the constitutions discussed herein.

In some cases it is covered by general and inclusive statements, while in others it is mentioned specifically and defined in detail in the assignment of legislative or executive functions in this field.

These provisions, supplemented by the ones that permit the curtailment of individual guarantees or rights in the interest of public health and those that impose obligations on the individual, also in the public interest, are the legal basis for compulsory public health action (understood as the recognized authority of the State to place legal conditions on individual rights in the public interest by imposing obligations which are enforceable by compulsory action); they are also the basis for the provision of public health services by means of which the population is assured permanent and continuing attention which is universal, compulsory, and, depending on the government's policy in this regard, more or less inclusive.

The framers of some constitutions apparently felt the need to include provisions recognizing or providing for the establishment of organizations to which health functions are assigned with varying degrees of explicitness, including certain cases in which the nature of their organization is indicated along with their degree of autonomy and their constituent elements, a situation which, while strengthening the status of these organizations, also renders it difficult to alter or eliminate them.

Some constitutions include provisions recognizing special administrative rights or guarantees of the entire staff or certain officials of organizations providing health services, in view of the nature of their functions (Table 1, Nos. 3 and 4).

3.1.4 Restriction of Fundamental Individual Guarantees or Rights

In most of the constitutions examined, the exercise of the basic individual guarantees or rights is subordinated to the requirements or demands of public health, which are considered paramount. The authority conferred on the State to legislate restrictions on those rights and to grant the responsible authorities power and jurisdiction to curtail those rights encompasses special situations (epidemics and the like) or the normal conduct of social or individual activities. The explicit mention of the individual guarantee that can be limited or temporarily suspended in the interest of public health is restricted to one or two fundamental rights in some constitutions but is spelled our in greater detail in others (Table 1, No. 5).

3.1.5 Individual Obligations

The recognition of health as a resource which it is in the public interest to foster and marshal,is strengthened in certain of the more recent constitutions by the inclusion of provisions establishing specific personal obligations which entail the observance of measures imposed by the sanitary authorities: avoiding action that will impair the health of the individual concerned or of his group, and/or providing a healthful working environment and conditions when in charge of a management situation (Table 1, No. 6).

3.1.6 Summary

The prevailing trends emerging from the content of constitutional provisions specifically relating to health are the following:

1. Specific and gradual recognition of health matters in constitutional texts, with health considered equal in importance to employment and education.

2. Explicit recognition of individual and collective health as a social resource, and its inclusion among the social rights.

3. Imposition of specific individual obligations in the interest of personal and collective health, and more comprehensive, although still incomplete, legal recognition of the principle of restricting individual guarantees in response to requirements, demands, or emergencies of public or collective health.

4. Recognition of the public health service and function, and a wider role for the State.

5. Policy centralization at the nationwide level, either absolute or restricted to certain matters, in most of the countries with a federal structure.

6. Increasing use of expressions derived from the vocabulary of medical administration, such as "the right to the state of health" and "the right to the preservation, protection, and restoration of health."

3.2 Special Health Legislation and Regulation

3.2.1 General

3.2.1.1 Volume

Any researcher will be impressed with the considerable volume of the basic legislation in effect in this field, although the actual volume varies from country to country. The considerable scope of this legislation is the result, mainly, of (1) the increasing number of substantive facets covered by these laws and (2) the apparent lack of a consistent methodology in the system of legislation. Actually, the multiplication of legal provisions in this broad area of activity stems from the way it is regulated. Some countries have no code nor law containing basic general principles, and therefore a special law and its regulations must be issued to cover each case and each matter, while others do have a public health code but have issued partial regulations, consisting at times of two articles, with no subsequent consolidation, or the code is inadequate in content and is largely a "framework law" requiring the issuance of regulations not only for its application but also to fill in the gaps in each matter.

The already sizeable pool of legislation is enlarged by innumerable and makeshift partial amendments which in certain cases are repealed or superseded by new provisions before they have been in effect for six months.

Many Latin American countries (perhaps because of this accumulative volume) have adopted the system of tacit repeal in which a new law or regulation specifies that "any conflicting provisions of earlier laws are hereby repealed." As a result of this, such compilations as do exist include laws or decrees of which only a part, consisting at times of one or two articles, is still in effect, or earlier texts concerning which there is no certainty as to how much of them is still in force. Because of this circumstance, some countries have laws still in effect which go back to as far as 1890.

In the federal countries, while there is now an observable trend toward the establishment of uniform basic policies or the establishment of standards at the national level for matters considered important, the general rule is that the different levels of political organization, even though adhering to those policies or basic standards, repeat the same legislation with local variations of detail that do not seem to respond to any essential technical need.

3.2.1.2 Systematization of Legal Material

The system of consolidating provision in such a way as to repeal the older one and of maintaining orderly current compilations, while typical of Canada and the United States of America, does not appear to have been frequently used in the Latin American countries during the period under review (1948-1968). In any event, gaining an understanding of these laws is a complicated matter for the layman or even for the lawyer who is not a specialist in this field. Indeed, in some countries it is almost impossible to give a total and orderly account of the matter. This difficulty becomes even greater, as noted above, to the extent that a country's health functions are dispersed, particularly if the problem is not reduced by at least a centralization of policy-making activities in this field.

3.2.1.3 Sources of Information and Dissemination

There are very few countries in the Americas that maintain up-to-date compilations of this vast legislation which are accessible to the public or even to the officials responsible for providing services and enforcing the laws. Although every country has an official publication (official daily or gazette) in which its laws or regulations must be published to have the force of law, and although some ministries, health services, or professional associations publish the latest legal developments, it is unusual to find systematic compilations such as those available for civil law, tax law, labor law, and other areas of legislation.

The systematic compilations that exist are the result of the interest of certain specialized publishing houses or of theses written by candidates for the degree of licentiate in law, and are not (at least within the period under review) the result of a continuing activity of information services of the official health agency, nor were they issued by agencies specializing in such publications. The few that do exist were promoted by the respective health services (Table 2).

Local law in the federally organized Latin American countries is difficult to compile because there are no accessible compilations of state, provincial, and municipal health legislation. As a general rule, the more recent compilations and the national publications, as well as those sponsored by international organizations, devote sole or preferential attention to the federal level.

3.2.1.4 Teaching Materials

The search for information makes it necessary to locate such data as may be contained in university teaching materials.

Up to now, and for understandable reasons, this legislation has been theoretically included for instructional purposes in materials dealing with public and administrative law, as most of the provisions of the basic documents are meant to establish the structure of state and municipal services and autonomous institutions with related or similar functions and to regulate the activities of their staff by defining their functions, responsibility, and authority with respect to different matters. Some health codes and special laws also include details on the status of the personnel.

Writers on administrative law are not concerned with the specialized fields of knowledge to which the provisions of law refer or with their vast content as such; they are concerned, rather, with the legal aspects of public health activities, with matters such as the constitutionality of the relevant legislative and executive acts, and with the ways in which the conferring of special powers on a public agency or agencies for the protection of public health is likely to affect the system of checks and balances between the three branches of government or the life of the citizenry.

The study, discussion, and identification of that substantial body of specialized law which today imposes restrictions on important areas of production, industry, and trade; regulates a number of activities in the interest of providing healthful work and housing conditions, and proper recreation; and seeks to ensure adequate quantitative and qualitative levels in the provision of public and private medical care and in many other social endeavors, does not appear to be receiving priority consideration or proportionate attention, either in the textbooks or in the hourly apportionment of curricula, and can therefore hardly be said to be duly transmitted to students at the university level, except in a few more or less recent cases where national or international institutes have been set up as separate entities or as units attached to universities, mainly to schools of public health.

3.2.2 Special Procedural or Substantive Considerations

The multifaceted content of this legislation, which regulates the widest variety of social, individual, public, or private activities, is a definite indication of the extent to which the scope of its jurisdiction has extended during the period under review as a result of:

a. The advance and growth of scientific and technical knowledge in medicine and allied fields and the active intervention of other disciplines and activities in the solution of problems relating to individual and group health.

b. Rapid change and expansion in certain economic and social activities having direct implications for the health of the population.

c. Considerable change in governmental policies for dealing with the problems involved; redefinitions sought by the medical profession; appreciable modification and expansion of bureaucratic structures responsible for the provision of preventive and/or curative services to the population; and a much more inclusive identification of functions attributed to the "health sector."

d. The expanded role of the State as a regulator and controller of actions, conditions, and situations and of means and results of social or private activities influencing or bearing directly on group or individual health.

A considerable predominance of the executive branch in the making of policy in this field - whether by virtue of delegated authority, usurpation of powers, the exercise of regulatory jurisdiction, or the zeal of specialized agencies with specific competence - is evident in all the countries.

The traditional distinctions between the different categories of legal texts, especially between laws and decrees, based on the degree of generality, importance, and specificity of the matters dealt with, have been largely blurred by the detailed regulatory provisions of some laws, the tendency of regulations to impinge on policy fields, and/or the system of "framework laws" in which the law itself contains no substantive provisions and delegates the setting of policies to decrees.

This phenomenon of laws that fail to legislate and are simply an instrument providing for legislation by way of the regulatory authority is not confined to Latin American legislation alone, as has been maintained; it is, in fact, a characteristic of health legislation as a whole and appears to be a general feature of the current law-making process in many sectors of social activity, even in the European countries. The phenomenon is noted by Roger Perrot,[1] who explains it as a result of the growth of increasingly complex and technical social activities to be regulated, the nature of which leads the legislators to delegate authority to technical agencies in the executive branch.

This circumstance is particularly applicable to the health sector, in which the rules are, or ought to be, based essentially on scientific or technical considerations, and it is the specialized agencies that are responsible for proposing the substance of a law or issuing the regulatory provisions

---

[1] Roger Perrot, Les éléments fondamentaux du droit, 1967.

and the subsequent amendments. This system, while providing a degree of flexibility appropriate to the needs of the health sector, can result in a proliferation of legal texts unless the process of amendment and production of such texts is properly held in check by previous study and suitable methods.

The agency in which this legislative or regulatory activity originates is generally the ministry or department responsible for governmental operations in the area concerned; as a matter of fact, the authority to initiate such action is exclusively or predominantly vested in cabinet departments in most of the countries in the Region.

Depending upon the extent to which the specialized agencies in the field of health are integrated, or the executive regulatory power is centralized, the legislation which concerns us will deal to a lesser or greater degree with the legal aspects of national agencies. In countries where the authority to establish or promote laws or regulations is divided to some extent, or is exercised at various levels (national or local), the volume of such legislation will be significantly larger.

In matters of health, the compulsory juridical rules are usually set forth in "sanitary," "health," "public health," or "public health and security" codes, either national or provincial; in general laws or laws on special matters, codified or uncodified; in municipal ordinances; and in decisions, rulings, resolutions, orders, or instructions issued by agencies competent in the field.

Various patterns of organization of these juridical rules can be discerned, depending on the use made of each of these arrangements, the level of the agencies competent to impose them, and the scope of their authority (Table 3).

In presenting our material, we shall discuss that for federal and non-federal countries separately.

3.2.2.1 Federal Countries (Federal Level)

(Argentina, Brazil, Canada, Mexico, United States of America, and Venezuela)

When we discussed constitutional provisions, we said that the political charters of Argentina and the United States of America did not contain any specific provisions with regard to public or individual health and that the British North American Charter of 1967 only made partial and very limited mention of the distribution of powers between the Federal and provincial levels in this field (Table 1). Consequently, according to general principles and to the interpretation given by scholars, the authority which sets standards in this area is usually located at the local, state, or provincial level and therefore the bulk of the legal provisions and the authority to administer them is allocated to the local level. Only exceptionally, in matters that are deemed to

be of international or interstate interest or of a criminal nature, depending on the country, the power and authority,is returned to the federal level, in many cases only through a flexible interpretation or by extension of legal precepts.

The political constitutions of Mexico, Brazil, and Venezuela refer specifically to the subject of public and individual health and, in principal, favor a distribution of powers between the various agencies in its political structure,which involves a relative centralization and normalization of the standard-setting authority, generally at the federal level, and the precedence of norms established at this level in this activity over the local norms, either restrictive or specific in form or just generally "in matters of general health." Local law is viewed as supplementary and not as contrary to federal law, and federal norms may come to have local application by agreement or local support or through lack of local legislation.

In spite of the fact that the constitutionality of normative intervention in Argentina, the United States of America, Canada and Mexico,at the federal level,has been theoretically questioned in legal texts, much progress has been made these last twenty years, and these countries possess a sizeable body of federal legislation relating to health matters, of course with different kinds for different topics and with more or less restricted application.

Argentina

The Political Constitution of the Argentine Republic, as has been stated, does not have specific provisions on this subject and, according to postulates contained in legal texts and the country's jurisprudence, the Federal Government would have jurisdiction only in the federal district and in the territories where such express delegation would apply, since there is no express delegation of authority. For their part, the municipalities would also have delegated powers in this field which could not be delegated further.

Nevertheless, based on a broad interpretation of Article 67, No. 16 of the Constitution, which provides that "the National Congress shall provide for all matters leading to the country's prosperity and the progress and well-being of the provinces," laws of national coverage have been promulgated on certain subjects.

This activity, the attempts to introduce a national health code, and the tendency to create national departments with special fields of activity, have led certain eminent jurists like Rafael Bielsa[1] to maintain that "the health policies followed up to this time have been useful but unconstitutional,"

---

[1]Rafael Biesa, Compendio de derecho administrativo /Compendium of Administrative law/, 1957, B.A.

since in his judgment this provision would not empower the national parliament or the federal executive to perform such activities. Other authors, however, recognize that federalism has given up some authority in the matter and that the theory of eclecticism would tend to provide adequate constitutional justification for this fact.[1]

As for special legislation, the Argentine Republic at present combines within its system federal laws on special health topics and their respective complete or partial regulations with different areas of coverage: (a) coverage of the federal district and of territories with delegated jurisdiction; (b) national coverage for specific topics of interstate importance, including the control of communicable diseases, the regulation of the importation, production, preparation, distribution and advertising of medicines, allied products, cosmetics, and medical goods intended for trade, and control over certain chronic diseases, or mental health; and c) provincial coverage by virtue of the fact of specific legal ratification of the province in question or of the lack of local legislation (e.g., national food regulations).

The topics that have been of most concern in legislative activity and federal regulations are listed in the tables submitted (Table 4 and those following).

Provincial legislation, the outcome of normative local autonomy in the matter, covers a substantial body of provisions in various fields referred to in this paper, with this activity varying, of course, depending on its age and on legislative and executive tradition on the subject in each province. The provinces of San Juan and El Chaco have promulgated Health Codes which in their content and structure are basically enabling laws regarding regulatory activity of the executive authority specializing in health matters.

Brazil

The Brazilian Federal Constitution of 1967 also granted the Union the authority to carry out health planning and generally to pass legislation on the protection and defense of health, in line with the constitutional provisions of Law 2312 of 3 September 1954, which already favored general and technical centralization at the national level.

Basic federal health documents in Brazil are Law 2312 of 3 September 1954, called "General Norms for the Defense and Protection of Health," and the Regulation promulgated under Decree 49974-A of January 1961 under the title of "National Health Code."

---

[1] Alberto Domínguez, Policía sanitaria, doctrina, legislación nacional y provincial /Health policy, national and provincial doctrine and legislation/, 1946, B.A.

Law 2312 of 1954 declared that general norms for the protection and defense of health issued by the Union are compulsory throughout the national territory and confers supplementary normative authority to the states.

It declares that the Union must maintain a specialized health agency which shall be responsible for carrying out studies and research in special matters indicated; that it must establish the authority of the federal agency with regard to international health; economic aid and advisory services to states, the federal district, and territories; planning of medical, sanitary, and hospital care; and guidance and education of the people in matters of hygiene. It alone has normative and inspection authority over the performance of the medical, pharmaceutical, dental, veterinary, and allied or supporting professions and illegal activities in these professions; over the production, handling, and sale of drugs, medicinal plants, medicinal products, cosmetics, and others; over the installation and operation of pharmacies, drugstores, test laboratories, and X-ray and other clinics which affect public health; over the trade in and use of narcotics; over advertising in connection with the medical, pharmaceutical, and similar professions; and over the content of information on labels and the packaging of pharmaceutical specialties, biological, cosmetic and other products.

For its part, the National Health Code, regulated under the law referred to in the previous paragraph, makes its terms obligatory for all individuals or companies in the national territory, including private persons; states, territories, and the federal district; municipalities; civil and military institutions; and public, semipublic, or private enterprises of any kind.

Basically, the provisions contained in this regulatory decree determine the functions of the federal health service and enable the Ministry of Health to operate in various fields, conferring attributes and powers upon it and indicating the limits of its authority.

Compulsory provisions which regulate rights, obligations, and activities of individuals occur only by exception. They refer mainly to the control of communicable diseases, the sanitary condition of rented property, the pollution of the atmosphere and of bodies of water resulting from the activities of industrial enterprises, and the control over medical, dental, pharmaceutical, and other activities related to the art of curing diseases.

The Code in question does not include criminal provisions or coercive procedures to force compliance with the compulsory and prohibitive provisions it contains.

In line with the provisions of Law 2312 referred to above and with the noncompulsory nature of the National Health Code, general compulsory norms have been enacted covering various topics as well as partially regulating them. The areas covered by laws and regulations on a priority basis are noted in Table 4 and those following in Appendix A.

The recent constitutions of the states of Minas Gerais, São Paulo, and Guanabara contain a body of provisions covering "public health" and "social health and assistance," respectively, the first stating that the state has the authority to legislate in health matters and incorporating the general principles contained in Law 2312 mentioned above.

Prior to Law 4098 of 23 March 1966, the State of Minas Gerais enacted "general norms for the protection, promotion, and recovery of health, as a supplement to the National Health Code." Thus Brazil has opted for general normative centralization at the federal level and for supplementary legislative authority for the states.

The municipalities share a similarly restricted and ill-defined area of authority.

Canada

Canadian law in health matters is based on two structural levels: the federal, with restricted jurisdiction, and the provincial, with full normative jurisdiction in all matters related to public and individual health.

The statutes issued by the Parliament in each province establishing the general compulsory principles and appropriate regulations covering the proper fulfillment of these statutes and the achievement of their objectives, are basically in accordance with this pattern. Such regulations are issued by the Cabinet, or the Governor by virtue of his regulatory authority, or of normative powers which have been specifically delegated.

The essential documents are the public health law and/or the public health service ordinance of each province by virtue of which the appropriate authorities are enabled to act and under which most health topics mentioned in previous chapters are regulated. Thus, it is at this level that the bulk of the following provisions exist: disease prophylaxis; the prevention of the spread of communicable diseases; the control and promotion of living, working, and recreational environments favorable to individual and group health; the education of the public on appropriate subjects; and the organization of services and general standards for the provision of medical and dental care and for rehabilitation from partial or total (permanent or temporary) disability caused by disease, age, or addiction to drugs or alcohol. State laws also provide that demographic and vital statistics be collected, tabulated, and analyzed and the activities of public health laboratories be defined.

Regulation of the activities of health professions and of supporting activities comes under the jurisdiction of special state laws administered by each professional group and under the general control of the provincial government.

The following are the judicial reserves, specifically in the field of health, which are restricted to the federal level:

(1) The setting of norms for the production, preparation, distribution, use, prescription, and storage of medicines, cosmetics, foodstuffs, and similar products, and the administration of and control over appropriate laws and regulations. The basic documents in this field are the Food and Drug Law (Chapter 38 of the Canadian Statutes, with amendments up to 1969) and the appropriate federal regulations in the field, officially consolidated in the 1969 edition;

(2) The establishment of norms for the production, preparation, distribution, and use of narcotics and the control over the illegal traffic, in accordance with the provisions of the opium and narcotic drug laws and their subsequent regulations;

The authority to legislate and regulate these two subjects and to provide for control over fulfillment of their provisions has reverted to the federal level by virtue of the criminal character of such normative codes. Thus, control over food and drugs was declared constitutional by the Court of Appeals of British Columbia specifically because of its criminal character, meaning that, as such, it fell within the federal field of authority according to Article 91 of the Statutes.*

(3) The establishment of norms in areas touching on environmental or sanitation hygiene which may be of interest to, or affect, more than one province, or which may have a bearing on the health of travellers or on interprovincial communication, or that relate to federal parks and territories dependent on the Federal Government;

(4) Control and spread of communicable diseases and especially international quarantine, the examination of immigrants, and the organization and functioning of the Federal Quarantine Service;

(5) The setting up of norms in matters connected with the propagation of epizootics which might affect more than one province, and the conditions and requirements for the production and distribution of pesticides and similar products; and

(6) Structural, administrative, and functional matters relating to health care services for certain groups in its area of responsibility.

Table 10 lists the main federal statutes and the agencies charged with their administration.

*Standard Sausage Co. & Lee - 1934 - I-DLR 706

Mexico

In accordance with the contents of the political charter of the United States of Mexico, it is the responsibility of the Congress of the Union to legislate in matters affecting general health in the Republic (Item XVI of Art. 73), and the Health Council, a direct dependency of the President and the federal executive, exercises the appropriate regulatory power. The Department of Health and Public Assistance is responsible for the interpretation and application of federal health laws and regulations.

Thus, it is the responsibility of the above Council, in accordance with the principles mentioned and the provisions of its internal regulations, to discuss and approve all general norms which are enforceable on a national basis. The measures it issues in connection with its campaigns against alcoholism and the sale of substances which are harmful to individuals or lead to the degeneracy of the race, are subject to review by the Federal Congress. For its part, it is the responsibility of the Department of Health and Public Assistance to enact immediate preventive measures in cases of serious epidemics or the threat of invasion by exotic diseases and to carry out the executive duties allocated by the Constitution to the health authorities, making its provisions compulsory for all administrative authorities in the country.

Although the basic documents do not define or make any pronouncement about the coverage of the concept of "general health," Article 3 of the 1954 Federal Health Code fills this gap by listing subjects to be understood as involving the country's general health: immigration and emigration; the prevention and fight against communicable and exotic diseases; the regulation and supervision of laboratories, factories, stores, sales outlets, drugstores, and pharmacies which produce, distribute, store, or sell medicines, serums, vaccines, or substances for the prevention or cure of communicable diseases, as well as over sanatoriums or clinics for the treatment of such diseases; the general campaign against alcoholism and the production, sale, and consumption of substances harmful to the individual and which degenerate the human race; the general means of communication; the importation of merchandise whatever its destination or whether in transit; the production and sale of medicines of all types which are intended for consumption outside the state in which they are produced, or of those imported from abroad; the use and exploitation of waters under federal jurisdiction; rural, elementary, high, secondary, and professional schools and other institutes covered by Item XXI of Article 73 of the Constitution; animal diseases transmissible to humans or which may cause any change in human health; health schools, hygiene or medical studies or pharmaceutical institutes which do not come under a university and which are the responsibility of the Federal Government; fulfillment of health obligations established under international treaties; and other activities and provisions of a general character contained in this Code and other laws.

A parallel local normative authority is maintained in all areas which are not alluded to in the previous paragraph, in accordance with Article 124 of the Constitution, which provides that all authority not delegated to federal officials is understood to be reserved for the states. Special codified or non-codified legislation exists in the various states on this basis, relating to the subjects of concern to us, and there are municipal ordinances within their specific area of jurisdiction. At the state level, there is a long tradition of state legislation when one remembers that the Health Code of the State of Veracruz issued in 1900 is not substantially different from certain codes presently in force in other countries. It should be noted that the Federal Health Code is in force in some states as the result of an agreement or because of local consent.

The basic federal legislative document in the health field is the Health Code of 29 December 1954, promulgated on 1 March 1955. This Code has national as well as Federal District coverage in fields recognized as covering general health, in all aspects covered by the provisions of its Article 276. The measures indicated in the regulations are also in force in territories, zones, islands, and buildings subject to federal jurisdiction.

In accordance with the provisions of its Article 278, regulations implementing a substantial number of its provisions have been issued by the government department responsible. These regulations have local application and their provisions are consonant with whatever general provisions the Health Council may at any time enact on this subject.

By virtue of regulatory power conferred upon the President of the Republic under Item 1 of Article 89 of the Constitution and by virtue of provisions in the Health Code or special laws, regulations have been issued with national coverage, such as those covering medicines and products in that category as defined on 1 March 1960, and those covering sanitary meat processing issued on 13 February 1950.

The rest of the standard-setting picture consists of various laws on subjects directly or indirectly linked with health. Table 4 and the following tables in Appendix A indicate the subjects on which legislation or regulations have been issued over the past twenty years.

United States of America

Health legislation in the United States is the largest in the area, because of the size and development of the country, and the most complex and heterogeneous because of its political structure and vitality at its various levels.

In general - and in summary - one can distinguish three levels of compulsory norms in matters of concern to us: a) federal, b) state, and c) local.

A. Federal

While, as has been said, the text of the Federal Constitution does not contain any reference whatsover to public or individual health, a broad interpretation of the general content of the Preamble, which maintains that the purpose of legislative activity is the promotion of general progress of the nation and the inclusion of health activities among the authorities granted to Congress, along with the establishment of norms for international and interstate commerce, the levying of taxes, postal services, and its complete jurisdiction over the District of Columbia and territories and federal reserves, has led to an increase in federal legislation in health matters over the last twenty years. Even though this kind of juridical and interpretative arrangement has led to doubts about the constitutionality of the legislation enacted, and has provoked special conflicts, it is no less certain that the judicial power, especially that of the Supreme Court, has supported such normative activity within juridical limits with regard to legislation in the field of air pollution and has ruled that "the movement of air pollutants across state boundaries constitutes interstate commerce and, consequently, may be regulated by the Congress."[1]

The following are federal-level basic documents: The Code of the United States of America (1964 Edition), which includes general and permanent laws, and the Code of Federal Regulations (1969 Edition), which includes all regulatory standards issued by the executive authorities in the exercise of their regulatory powers or semi-legislative authority delegated specifically under the pertinent law.

Such Codes contain the codification and consolidation of laws and regulations, respectively, as of the date of the last edition. Laws promulgated subsequently, which are supplementary, or which constitute partial or total derogations, will be consolidated as such in the new official edition of the Code which is being prepared. The 1969 Edition of the Code of Federal Regulations consolidates and includes the pertinent regulations.

The Code of the United States of America contains precepts pertaining to specific questions of individual or community health or related thereto in the following Titles: Agriculture (7); Public Revenues (26); Food and Drugs (21); Hospitals, Asylums, and Cemeteries (24); Mines (30); Public Health and Welfare (42); Postal Service (39); and others.

---

[1] U.S. vs. Bishop Processing Company, D.C., Md., 1968, 287F. supp. 624. U.S.C.A. Title 42, page 512.

Title 42, which pertains to "Public Health and Welfare," includes provisions regarding specific individual and public health matters and others related directly or indirectly thereto.

With regard to health, basically the aforementioned Title contains standards related to the following four types of questions:

a. Administrative;
b. Standards governing the rights, obligations, and activities of individuals in matters considered to be within the competence of the Federal Government;
c. Penal provisions which establish the constituent elements of misdemeanors and crimes, and also indicate the appropriate sanctions;
d. Administrative or special procedures and jurisdictions pertaining to the commission of misdemeanors and crimes and appropriate trial procedures.

a. Administrative

In the field of administration, the precepts refer mainly to the following: legal statutes of the Public Health Service, including its structural and functional reorganization upon the initiative of the President; legal authority of the Secretary for Health, Education, and Welfare and the Surgeon General in the area of the public health services, and partial standardization of the work regulations applicable to personnel of that service.

The legal authority of the above-mentioned personnel includes the following:

(a-1) All administrative powers and authority required for service activities and implementation of programs;

(a-2) Standards governing the regulations required for establishing obligatory rules or standards in pertinent matters; and

(a-3) Special standards of authority required in order to act in specific cases (committal of drug addicts and others to institutions).

Federal legislation has covered support for health activities or those directly connected with health through the allocation of budgetary appropriations and the powers granted by law to the Secretary of Health or the Surgeon General to cover its administration in the form prescribed by law for establishing compulsory standards, as follows:

Research and experimentation in many fields: mental health, mental retardation, chronic diseases, national morbidity, dentistry, nutrition, air and water pollution, the disposal of solid and radiation-contaminated wastes and related medical therapy, medical libraries, the administration and financing of medical services, and so on;

The training and upgrading of human resources for health, either through direct assistance to individuals through scholarship programs, loans, or assignations, or to non-profit teaching, training, or experimental establishments, or to appropriate state programs;

The construction and modernization of teaching establishments and services for demonstration and experimentation purposes and for basic scientific research as well as for health sciences;

The construction and modernization of hospitals and the establishment and modernization of medical care services, either general or specialized;

The construction of community mental health centers and centers for the care of the mentally retarded and for the rehabilitation of narcotic and alcoholic addicts; the development of overall regional health programs; the development of specific programs involving federal and state collaboration; special immunization programs against communicable diseases; nutrition programs and especially school feeding programs;

The compiling, cataloging, mechanization, and distribution of basic scientific materials relating to medical and scientific knowledge, especially in relation to the establishment of the National Library of Medicine and regional medical libraries, and assistance to existing specialized libraries.

Such budgetary appropriations imply the promotion and development of the activities mentioned by making subsidies or grants available to states, institutions or individuals, as the case may be, under conditions established by law and following prior compliance with requirements or meeting compulsory standards which may be established by the health services, in accordance with the regulatory powers or quasi-legislative authority delegated to the Secretary of Health or the Surgeon General.

b. Rights, obligations, and activities for private individuals are covered by provisions contained in Title 42 referring to:

(b-1) The regulation of interstate or international traffic and biological products, the conditions for their packaging and labeling, and the regulation and licensing of operations in establishments devoted to the distribution, preparation, or manufacture of such products (this refers to those not included under the Food and Drug Control Law);

(b-2) The regulation of interstate operations of chemical laboratories and the conditions for granting or cancelling their licenses to operate;

(b-3) The regulation of radiation arising from electrical products and especially the obligations which affect the manufacturers or importers of such products and the conditions and requirements involved in importation and trade;

(b-4) Regulation and international quarantine as well as medical examination of immigrants;

(b-5) Medical care of specific groups of persons, and management of those establishments which provide such services;

(b-6) Internment and treatment of narcotic addicts; and

(b-7) Air pollution regulation, especially the obligations and prohibitions affecting the manufacturing, importation, or operation of vehicles which may emit such pollution.

c. and d. Penal and Procedural Provisions

Criminal dispositions and those covering administrative and judicial procedures in a particular item relate to infractions or crimes which may be committed through failure to comply with compulsory provisions cited under the various numerals in the preceding paragraph.

Title 21 of the Code of reference includes the Federal Law on the regulation of food, drugs, and cosmetics; all subsequent and supplementary or amending legislation; special laws which regulate the quality of food and the conditions for its production, preparation, packaging, transportation, and storage, when such food is intended for interstate or international trade, whether through imports or exports; and laws which legislate the production, use, or traffic in narcotics, hallucinatory, or other drugs which may be habit-forming, except for those covered under Titles 19 and 26 of the same Code.

These bodies of law include criminal provisions defining infractions or crimes resulting from nonconformance with its provisions, establish the appropriate penalties, and determine the investigative or prosecuting authority and appropriate judicial or administrative procedures and practices.

The Title under consideration also includes enabling juridical administrative provisions covering the Food and Drug Administration activities, attached to the Department of Health, Education,and Welfare and those of the Office of Narcotics Control of the Department of Justice, which, respectively, are responsible for the administration of these bodies of provisions.

Title 7 (Agriculture) covers, among others, provisions which regulate trade in perishable agricultural products; control of animal products and subproducts (meat, chicken, milk, and byproducts), and control of zoonosis and enabling authorities for the Department of Agriculture and its appropriate dependencies (Table 11).

The detailed regulation of provisions of the Titles under discussion and of those mentioned earlier is contained in the Federal Regulations Code, 1969 consolidated edition.

B. State

State legislation, especially as regards health, is basically contained in the Administrative Code, in statutes or laws enacted by the respective state congresses, with full jurisdiction to legislate on all matters related to or connected with public or individual health; and in the regulations covering state boards of health, using the authority conferred by state laws implicitly or explicitly, in general or in particular, for the purpose of implementing the aims and objectives of the law.

The quasilegislative jurisdictional powers of boards of health vary from state to state, depending on the area of authority conferred upon them and to the extent this may be shared with other municipal or local authorities.

Some states recognize the authority of the Board of Health to "alter, adopt or render effective any reasonable provision over the whole or in part of the state, either on a permanent or temporary basis, to protect public health and provided it is not in conflict with federal statutes or with the ordinance of any major city."

State laws which have been codified in almost all states do not make any special mention of such matters as health, public health, or public health and safety. In any event, they refer separately to matters of medical care and the regulation of institutions devoted to such activities. In some states, depending on the administrative organization and distribution of functions, regulation of food and drugs is the subject of a special title or is spread over many, generally including agriculture. In the same way, regulation of health professions is covered within the statute for the general regulation of professions or is the subject of a special title, and matters of school health are governed by titles or codes dealing with education. An exception to this are the codes recently amended in which a clear tendency is evident in some parts toward greater unity in the public health function and greater normative consolidation in handling such matters.

C. Local

According to the political subdivision of the states (and different in each one), local units responsible for the health field will vary (county, city, municipal corporations), without there being any single pattern of normative jurisdiction in the matter, or similar norms covering the same subjects.

Although such political units have no other authority in the matter than that which has been conferred on them by the states, by their charters and constituent statutes, it is nonetheless a fact that this responsibility is relatively clearly defined and, therefore, different in each state.

Customary legal documents at this level are ordinances issued by the municipal government within the authorities duly granted,and norms and regulations of public health bodies duly authorized by the state to add to and to carry out the objectives of legislation in force. The content of such bodies of norms must be reasonable, nondiscriminatory, and consistent with state and federal laws, while nevertheless imposing greater requirements or demands than those contained in state legislation.

It is worth noting that in the case of states which contain such important cities as New York,there is, at the city level, a more complete and up-to-date codified public health legislation than at the state level in other regions of the country.

Venezuela

Venezuela's 1961 basic political charter provides that the technical direction, the establishment of administrative norms, and the coordination of services aimed at protecting public health are the responsibility of the National Government and that it is permissible to nationalize such services in accordance with the interests of the community by means of appropriate legislation. It also provides that "it lies within the jurisdiction of the municipal authorities to manage and administer the affairs of any unit covering such matters as health or social welfare." Even when such postulates do not explicitly cover the allocation and normative authority in health matters, the two levels recognized are evident in the legislation in force, as this country combines in its system national laws covering all special health topics and municipal ordinances within the limited jurisdiction of these units. At the state level, health provisions are contained in the police codes.

In any event, Venezuela's National Health Law No. 20846 of 11 July 1942, which is in force at this time, provides that "all matters relating to health in the national territory will be covered by the provisions of this law and that the top management of the Health Service of the Republic would be the responsibility of the Federal Executive, which would exercise it through the agency of the Ministry of Health and Social Welfare," similarly stating that coordination and cooperation between the Nation, the states, and municipalities in sanitary matters was a matter of public interest affecting health in the Federal Republic. This coordination would be aimed at standardizing technical principles to be complied with and the health procedures to be used.

Furthermore, the municipalities have recognized the supplementary nature of their legislation as, for example, in the case of Article 182 of the First Section of Chapter II, "Hygiene and Public Health," of the Urban and Rural Police Ordinance of the District, dated 27 September 1926. It provides that "with regard to hygiene and public health, precedence will be given to the provisions contained in laws and regulations regarding national health and relating to those professions directly connected with public health."

Venezuela's abundant legislation is contained in the national legislative compendium of 1967, and the subjects covered are noted in Table 4 and those following.

3.2.2.2 Non-Federal Countries

(Antigua, Barbados, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Surinam, Trinidad and Tobago, and Uruguay)

Compulsory juridical norms in specific health subjects in the above-mentioned countries are formally organized into two systems: A) codified, and B) noncodified.

A. Codified System

(Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Panama, and Peru)

This system comprises:

(1) The Health or Sanitation Code and partial regulations affecting this sector.
(2) Laws, decree laws, and regulations which add to and partially amend the Code.
(3) Laws and regulations on specific matters not regulated in the Code.
(4) Municipal ordinances.
(5) Legal-administrative acts of appropriate authorities.

A-(1) Sanitary or Health Code (Table 12)

A review of the documents leads to the conclusion that the term "Code" has been used in a rather liberal sense and with a different meaning in the various countries. Thus, for example, the Sanitary Code of Colombia is in reality a regulatory law on subjects relating principally to environmental hygiene, sanitation in the home and in establishments of various kinds, and regulation of foodstuffs. For its part, the Code in Haiti, with its compilation listed by subject matter, includes laws, decrees, and resolutions in force, international agreements, and part of the Pan American Health Code.

Sanitary codes in the remaining countries have a very similar basic formal pattern. All of them contain substantially the same type of provisions, and they are not inclusive with regard to the subjects involved, as one can note from the appreciable number of complementary laws.

The subject matter is formally submitted and listed in three basic groups:

(1) The areas of jurisdiction in health matters of state agencies and/or the structure and authority of agencies in the executive branch specializing in, and responsible for, the public health service function.

(2) Special matters connected with health whose titles generally include the following topics: control over communicable and noncommunicable diseases; international health; rural and urban environmental sanitation;

work and industrial hygiene; regulation of the production, preparation, supply, use, holding, and storage of, and trade in, foodstuffs, pharmaceutical products, drugs, and narcotics; regulation of the exercise of the medical, allied, and ancillary professions; mental health or hygiene; mother and child care and the care of school children; regulation of cemeteries; burial, exhumation, and the transportation of corpses; vital statistics; health laboratories; and health education.

(3) The coercive, infractional, or penal system, to bring about compliance with the provisions of the code, complementary laws, and regulations; the authority required for investigating, prosecuting, and punishing; and/or special or ordinary procedures.

The Codes of Honduras, Peru, and Chile have recently effected innovations with regard to this generally prevalent pattern, with the introduction of broader categories in the listing of subject matters in the second group: the promotion, protection, and recovery of health. It would not, however, appear that there was any consensus as to the criteria for including matters in such categories, when one bears in mind that the subjects dealt with may come under a number of such categories and since there is no uniform operational definition for terms normally used in the vocabulary of medical administration.

When we look at the content of these postulates and the objectives, which they seek to achieve, we can see that they essentially regulate four classes of subjects:

(1) The legal system for promoting, protecting, and recovering health for the population;

(2) The conditions affecting laws and activities of individuals or companies in areas which affect public or individual interests in matters of health;

(3) The coercive system to achieve compliance with the provisions listed above (administrative and/or criminal); and

(4) Special administrative infractional or criminal procedures.

Consequently, whatever the order in which this material is submitted, the nomenclature used in books, titles, or chapters, these four sets of provisions are ever present, even though the degree of latitude with which they are treated or the importance given to them varies from country to country. The prevalence of provisions which relate to the legal system of public services and especially those which assign functional authority and powers to the public authority, whether generally or under a specific or special title covering various topics given special treatment, is a salient and common characteristic, to the detriment of any collection of obligatory, prohibitionary, or permissive provisions which effectively regulate the rights and activities of private individuals.

Thus the sanitary codes under review tend mainly to provide an enabling law for the health authorities, with this situation becoming ever more apparent as a result of the tendency for it to be converted into a "blank check law," which lists subjects without giving general principles and only confers appropriate regulatory attributions to the authority responsible.

A-(2) Regulation of Sanitary Codes

The partial regulation arising out of sanitary codes has been covered with greater or lesser care in the various countries. In no case was there a complete systematized set of regulations, and it may be that the regulations developing out of legislation were the outcome of the priority given to problems, their critical nature, and the possibilities people had concerning compliance with them.

In any event, the part with the greatest number of technically-based, compulsory standards is to be found in this set of regulations, since, as was said before, sanitary codes leave whole topics to regulatory decrees which very often only provide that "the sanitary authority or the executive shall enact the appropriate regulation" without establishing any general basic compulsory postulates which had to be covered in the regulations.

It should be noted that since the appropriate regulation required by the code had not been enacted, there are considerable lacunae in a number of countries, or they are operating on the basis of regulations prior to that of the code which have been allowed to continue in force under the express general provision, merely requiring that they should not "conflict with the provisions of the Code."

A-(3) Special Laws and Their Regulation

A number of additional laws complete the legal picture with their respective partial or total regulations involving the filling of gaps which may have been left by the codes arising from the discovery of new problem areas, the presence of scientific progress, or greater intervention on the part of the State in redefining its functions as a controlling agency for special activities in the area.

There are also laws considerably amending the original text of the code in various countries: through the restructuring of health services; through alterations in their authority, either to increase, reduce, or consolidate it; through the creation of a public administrative career staff or of statutes which have covered all or part of its personnel; through alterations in attitudes toward matters, procedures, technical levels, or standards; or through increases in penalties or changes in procedures. Table 4 and those following in Appendix A indicate the main subjects which have been covered in the norm-setting activity in those countries during the period indicated.

A-(4) Municipal Legislation

According to the type of political organization in countries covered in this paragraph, the municipalities have executive authority and the authority to establish norms in health matters, although the former has been gradully restricting and taking precedence over the general and technical norms established by the central executive agency.

There is no additional information in this regard.

B. Noncodified System

(Antigua, Barbados, Cuba, Jamaica, Nicaragua, Paraguay, Surinam, Trinidad and Tobago, and Uruguay)

At this time, Cuba, Paraguay, Nicaragua, and Uruguay do not have a health or sanitation code in force. The National Code of Transmissible Diseases in Uruguay (Decree of 5 September 1961), as its title suggests, is in reality a regulatory law in this area, whose second part contains a manual for the diagnosis and treatment of such diseases.

During the period covered by this review, laws, decrees, executive agreements, resolutions, and orders have been enacted with varying degrees of care in all countries. These contain compulsory provisions with regard to health. If this collection of provisions were to be organized by subject matter, it would become a compilation which would include administrative provisions with regard to the assigning of authority to national and local public agencies in matters of public or individual health or related to these; the organization of public agencies specifically responsible for the public health function in its various aspects, and the allocation of functions and attributions; a general and specific modus operandi with regard to each area of interest; compulsory prohibitive postulates which regulate rights, obligations, and certain activities on the part of individuals in the same areas of interest (control over transmissible diseases, environmental hygiene, housing, control over food and drugs, nutrition) and the conditions and requirements for the exercise of professional, industrial, or commercial activities directly or indirectly related to public or individual health. There is no systematization as regards penalties and procedures.

According to the type of political structure, the local municipal level also possesses norm-setting authority. Information was available in regard to Uruguay alone, in whose case ordinances were on record with regard to the control and inspection of food substances in Montevideo, Soriano, Rivera, Canelones, Cerro Largo, and Paysandu, among others.*

*Latin American Survey of Food and Drugs, Inter-American Bar Association, 1959.

The health laws of Antigua, Barbados, Jamaica, and Trinidad and Tobago are based on the British judicial system.

Laws and ordinances in force comprise part of the general codification of legislation,and separately regulate health matters relating to food, drugs, industrial hygiene, sanitation, professional activities, medical and hospital care, and other subjects mentioned before with regard to other countries.

Important documents of the system are contained in the Public Health Law and the Public Health Service Ordinance,which, as enabling documents covering the appropriate public authority, also cover certain specific subjects.

Various laws and ordinances on special health topics have been enacted during the process of reviewing and modernizing legislation referred to, and these apply nationally.

The authority and responsibilities of the state agencies in Surinam are derived from the statutes of the Kingdom of the Netherlands and Surinam. Health legislation is contained within laws enacted by a legislative body (Staten) and in decrees enacted by the Governor, whose objective, as in other juridical systems, is to achieve the enforcement of the laws for which details for its execution are established.

The subjects dealt with cover ones similar to those listed for other countries, and even when the texts are of long-standing their gradual revision has been effected.

3.3 Coercive Administrative and Penal System

Our review of the main content of legislation and regulations under review led us to the conclusion that a substantial part of the provisions referred to the system of control and administrative coercion to ensure compliance with compulsory postulates relating to public or individual health protection. The provisions are contained in organized form under one title in most of the Latin American sanitation codes, under chapters of enabling or organic laws covering the government service responsible, or in articles of special laws which deal with special matters.

Certain sanitary codes and special laws in health matters in various countries include specific infractions, the penalties in each case, the authority,and criminal proceedings which comprise amending or complementary documents to the Penal Codes.

3.3.1 System of Coercive Administrative Control

In their special legislation, a majority of countries confer attributions and special powers to the sanitary authority, which is required to enforce them and to watch over the protection of public health, ensuring the due and proper fulfillment of details established in legal and regulatory provisions and of orders that the authority may enact in the exercise of its authority. Such attributions enable the sanitary authority: (1) to carry out control activities; (2) to enact security measures; and (3), in some countries, to impose penalties.

(1) Control and inspection activities cover those aimed at ensuring the fulfillment of legal and regulatory compulsory norms and take cognizance of events involving violations of such provisions. The most common are ordinary and extraordinary inspections, taking of samples, making of verification analyses, the registration and inspection of private establishments or the official entry and search of private houses.

(2) Security or preventative measures are those which, while they may involve a financial penalty for anyone involved, are conceived and applied to avoid the continuation of any infraction,in order that its consequences and results should not become more serious or expand, and to discourage their repetition. These include, among others,total, partial, temporary, or permanent closure of establishments, locations, or buildings; the forfeiture or confiscation of movable assets (merchandise, instruments, machinery, equipment); the voiding or destruction of products and merchandise; the removal of products and merchandise from trade or circulation; the destruction of animals; the suspension or cancellation of licenses, permits, or authorizations; the isolation or internment of persons; the suspension and ordering of projects; and the destruction or construction of physical works and of special devices.

(3) The authority to impose penalties for infractions of legal or regulatory provisions is in some countries conferred on the sanitary authority, by virtue of the recognition of their administrative authority, but these are viewed not as penalties but as special coercive measures to obtain the fulfillment of compulsory postulates.

In this system, administrative authority is usually joined with penal authority; health officials are empowered to impose penalties without prejudice to the penal and civil responsibility of the plaintiff if the facts of the offense constitute a crime or have caused injury to third parties.

As a general rule, these administratively imposed penalties appear in sanitary codes under a special title as part of a graduated hierarchical system, to be applied with discretion, making it permissible to issue warnings or notices in the case of first violations,and a more severe penalty in the form indicated in the law,in the case of repeated violations or refusal to comply with orders or obligations.

In countries that do not have a sanitary code in force, such provisions are covered in special laws for each topic and in each of these penalties and procedural measures are indicated for each type of violation.

Within this system, the most common penalties are a fine, a fine that can be commuted with a prison term according to a legally established equivalence in the case of a refusal to pay the fine, and arrest for short periods established by law.

As a result of this acknowledged attribution, these legislations confer on the authority the power to investigate, to take cognizance of the facts which are involved in the violation, to inquire into these, to judge these, and to impose penalties indicated by law within the limits established.

It should be noted, however, that certain legislations give the sanitary authority the power to investigate and determine the facts involved in the violation, but make the imposition of penalties the responsibility of special or ordinary lower-level courts.

Procedures

Given the fact that the law gives to the sanitary administrative authority special powers which may financially and personally affect private individuals, compulsory procedures and formalities are established and by this means most countries provide for the formalities to be followed in inspections, registration, and seizures or, in any event, for the manner in which these latter must be allowed for in normal compulsory procedures. Similarly, guidelines are established for proving violations,as well as for the requirements to formally establish the fact of all acts, in particular the imposition of the safety measures such as the internment of mental cases or the isolation of those infected with certain transmissible diseases.

In countries which allocate administrative responsibilities for taking cognizance, passing judgment, and imposing penalties, summary or very summary procedures are established and compulsory formalities are laid down covering the investigation and verification of events, the means of proof and the time allowed for the production of evidence, delays within which the authority concerned may take action, the formalities involved in an indictment for the imposition of a penalty, and resources to which the accused delinquent may have recourse to defend himself against such an indictment. One notices, however, that the outline of these provisions is only of very relative clarity, leaving out a number of aspects that would be considered indispensable in international juridical systems.

In those countries in which the sanitary authority is held responsible only for investigating and taking note of events, procedures and formalities are also established which would determine in each case whether it should go before one of the special or ordinary courts which have jurisdiction in the area.

3.3.2 Penal System

In matters of health, the penal provisions relate to the determination of certain specific criminal infractions, their prevention, and punishment. Such subjects are covered in penal codes, in some sanitary codes, and in laws covering specific health topics. The latter has resulted in the fact that a large part of the legislation that is considered to be related to health, and especially that included in certain sanitary codes under the title of sanitary policing, has come to be considered as penal in character. Laws regarding the control of activities touching on food, medicine, and narcotics in particular are considered to be essentially penal, as it is felt that their provisions - even when they establish standards or limitations for food and medicines - are aimed at preventing or penalizing fraud and damage that may affect the consuming public as a result of their trade or supply. This characteristic is all the more evident in countries where the penal code does not allow for parallel criminal actions nor, of course, for penalties to cover them, which means that in such cases health legislation obviously becomes complementary to penal legislation.

All countries make cognizance of events which constitute a crime against public or individual health, the responsibility of ordinary penal courts and provide for an obligation on the part of the sanitary authority to make these courts cognizant of such crimes. In those countries which recognize a coercive administrative control with the power to impose penalties, these are imposed without prejudice to criminal or civil responsibilities which this same delinquent may incur for these same events.

As a general rule, in cases where there is no special penalty for infractions of legal or regulatory health provisions, they are treated and are subject to penalties as violations.

Penal codes in most countries in the area are concerned, on the one hand, with the life and inviolability of the individual (homicide, injuries, abortions, and others) independently of crimes aginst public health or sanitation, in some cases with the presence of well-structured provisions falling under these headings.

The penal codes of Canada and the United States* are an exception to this, as they do not contain any infractions expressly concerning public health.

For the purpose of restriction, illegal acts in violation of public health and hygiene are treated in the penal codes or special laws under the heading of offenses or crimes, or simple offenses, according to the penal system of each country. The same illegal or a similar act, however, may be considered a crime or simple offense in some countries and merely a violation in others.

---

* P.L. 89-793 of 1966 amends Title 18 of the U.S. Code, Criminal Code and Criminal Procedure (Offenses for the Use of Marijuana and Narcotic Drugs)

In theory, there is an element of risk which characterizes these offenses; in other words it is implied that these offending actions to the detriment of public or community health should be subject to penalties due to the element of risk or assumed danger which they involve, even though they may produce no damage or specific hurt to individuals. If these offenses continue, the offense becomes more serious and is treated in a special category. In this way, the fact of causing water, for domestic consumption by the public, or foodstuffs, to become noxious and the mere fact of making available or offering any item in this category for sale, would be subject to penalties as a result of the risks or dangers that this would imply without this necessarily involving effective damage or hurt to health.

However, legal elements for the definition of all these crimes vary in the codes of the various countries, and in a large number of these it is required that prejudice, damage, contagion, or the overrunning of epidemic conditions should in fact occur for these offenses to be punishable.

The use of antiquated language and inadequate technical concepts results in a vague definition of offenses and renders proof difficult to establish. Crimes which today we can define with greater clarity lie outside the scope of penalization, as do others which have come into the scene as the natural result of the development or expansion in countries of general industrial commercial activities and of others specifically relating to health.

Where countries do not specifically cover crimes relating to the preparation, traffic, or supply of hallucinants, it is necessary to align general criminal definitions with provisions contained in the sanitary code, regulations, or special laws.

The most recently amended codes tend to incorporate the theory of risk in a more precise and objective manner and to simplify the problem of defining crimes.

In most countries, the involvement of a professional from the medical or similar fields, or of state officials from some appropriate department, as a transgressor or accessory in crimes against public health, is considered to be an aggravating circumstance and is punishable with a penalty greater than that covering the ordinary transgressor and/or may, in particular, involve cancellation of a license to carry on a profession, office, or to hold a particular position.

Certain penal codes and special laws include specific crimes that might be committed by the above-mentioned professionals on the occasion of, or by virtue of, the exercise of their professions.

There are recurrent subjects that have been of concern to legislators in all countries, and in this area as well one notes a universality of topics with the only difference lying in the degree of emphasis or in the fact that some matters are made the subject of exceptions.

Offenses covered in most penal codes relate mainly to offenses with regard to the manufacture, trading, supply, or storage of substances which are considered to be basically noxious or dangerous to health; offenses which involve the converting of substances, products, or merchandise into noxious or harmful elements to health; offenses involved in the transmission or spreading of transmissible or epizootic diseases; the illegal performance of medical or allied professions; and, in the most modern penal codes, crimes against the population's food supply.

It should be noted that provisions which penalize offenses relating to the burial or exhumation and transportation of corpses are covered in almost all codes, but only in some of them are they included under the heading of crimes against public health and in yet others they are treated only as violations or special offenses.

A careful reader of these texts will immediately get the impression that among all these manifold provisions which jointly play their role - the constitutional, special, and penal - it is the penal which is the least complete and up to date, as the terminology generally used is not the same as in health laws and regulations, except in the cases of the most recent codes enacted or amended in Brazil or Argentina. This lack of relation is of importance when one bears in mind that for the purposes of determining and judging the nature of events, ordinary courts will, of necessity, on the one hand, have to adjust their actions to the written text and, on the other, to the reports and expertise of the medical profession or of specialist technicians in the field.

Tables 14 et. seq. of Appendix A show the offenses covered by the penal codes, as well as the different ways of describing them in the different countries.

SUMMARY

The review of the legal materials which relate to health in countries covered by the present text, and which were issued over the last twenty years, allowing for limitations and omissions in the course of gathering them together, enables one to make the following comments:

1. All countries covered in this study possess legislation and regulations covering the central topic of interest, while the depth and extension with which they treat matters connected with individual and community health, as well as the care, degree of sharpness, and systematization in covering these areas and their appropriate regulations vary from country to country.

2. Looked at chronologically, this legal material indicates the impact of change as regards evaluations in the field of health, the language used, the increase in the area of authority covered by the public health function, and the intervention by the state as a controlling agency, and it can be viewed as a flexible and easily changeable body of legislation.

3. The universality of areas of critical interest is clearly evident as a result of the recurrent mention of these in the texts of all countries which have produced legislation or regulations on similar topics and as a result of the evident and even common priority assigned to establishing norms covering them.

4. The content of this legislation and system of regulations is very similar in essence, and in some cases even in terminology used, suggesting a transfer of standards. This has led many professionals to maintain that they are irrelevant to the particular needs of each country. Such an argument is only relatively valid when one remembers that in many countries of the area there is a disequilibrium and disproportion in the degree of development of the capital cities, the main cities, and the rest of the country, with the need for legislation in some matters covering the requirements even at the highest developmental level.

5. There is no evident unity of viewpoint in identifying all compulsory standards that could make up a "health law" and at this time legal texts which have been said to cover "health" or "public health" include subjects which relate to the promotion and protection of the health of the community. Nor are the subjects included in or left out of such books, titles, or chapters merely as a result of exercising judgment as to their selection or identification.

6. The legislation reviewed only exceptionally appears in the form of material forming one single unit to cover the three aspects of development, promotion, and protection. This characteristic is more accentuated in countries where the public health function is only relatively, or to a small

extent, specialized, and where it is shared between various government departments, in accordance with the interests and objectives being in effect sought, or with the restrictive or penal character of its legislation.

7. One notes a high degree of heterogeneity and introspective norm-setting, particularly in federal countries, which does not seem justified from any scientific or technical point of view that alone would justify such norms.

In some federal countries the tendency toward the standardization of the central norm-setting authority is evident, but it should be seen more as an effort at rationalizing compulsory standards or as due to inactivity or lack of capacity to act at the local level.

8. The whole body of codified or noncodified legislation which touches upon individual or community health or which can be specifically identified as such in all countries, includes four main types of provisions:

8.1 Administrative, relating to the legal system of the public department authorized to act in certain areas and the powers and attributions which are conferred on the health authorities, generally, or as regards special topics.

8.2 Specific provisions relating to health subjects, those which find their justification or basis in science or technology; they regulate rights and obligations of natural or juridical persons; they govern their actions or activities to the extent that they are of interest to, or affect, public or individual health; they determine the requirements and conditions under which such actions and activities can be developed; and they establish the requirements and characteristics which must be met by their outcome or product, as appropriate.

8.3 Coercive or penal provisions, to bring about compliance with compulsory stipulations and to penalize infractions of compulsory standards covered in the previous item.

8.4 Procedural provisions, to which the individual is subject when exercising his rights or carrying out his daily activities and also public officials who are responsible for carrying out the duties of sanitary policing both in their control aspect and as a public service.

9. Greater authority is undoubtedly given to administrative and penal legal provisions.

In effect, almost all health laws at present are really enabling instruments for the appropriate authority in each subject and/or laying

down the organization of the respective public department. Generally speaking, this legislation basically establishes the framework of the attributions for which each is responsible and its functions in the case of each topic.

The provisions (orders, prohibitions, or authorizations) covering the population in its capacity as subjects personally responsible for the health of the community to which they belong and for their individual health are, comparatively speaking, very limited. The power to establish specific standards is largely transferred to the field of regulation, and for this reason countries with limited or out-of-date regulations have considerable gaps in their standards, even in cases where sanitary codes or special laws are in force.

10. The juridical system in this field which requires a coherent, synchronized, and complementary network involving constitutional, special, and penal provisions appears to be in a state of internal conflict in some countries and not to possess complementarity in others.

11. Almost all sanitary codes fail to meet the requirements of providing a juridical method which would contain "complete documents, adequate to meet the needs of the area, which establish general principles on the basis of a logical pattern with considerable internal consistency, without its being necessary to complement them with other laws but only to provide for their regulation in order to facilitate compliance with them or to establish technical details with regard to them."

12. In all countries, the authority or authorities covering the health function have been provided with ordinary and extraordinary powers and authority, granted on a legal basis and very much greater than those of other bodies at the same administrative level, enabling them to require compliance with the laws and regulations, to achieve the fulfillment of their objectives, and to carry out those actions entrusted to them.

13. Most countries keep their materials in a disorganized state, and there is no evident legislative function in existence nor any system for permanently bringing them up to date or consolidating them. Both legal and regulatory documents as well as the innumerable and hurried amendments seem to be the outcome of pressures or needs of the moment.

14. With very few exceptions, there is no apparent distribution of materials or their transmission to the people, as an organized function and with clearly defined objectives, making it possible to keep the population apprised of its contents. Its great volume and the lack of up-to-date texts leads to ignorance of its content even by those people responsible for specific functions and by the nonspecialized members of the legal profession.

Appendixes

SUPPLEMENT

INTRODUCTION

The supplement of tables has been prepared on the basis of the material collected on the corresponding cards.

Only the legislation corresponding to the period 1948-1968, as stated in the body of the report, is included. The diagrams of distribution by subjects are presented in order to give a rough idea of how this distribution occurs in the total of 3,119 cards. It is felt that, although the quality and inclusiveness of the documents vary, the quantity is a general indicator of the concern and the interest in the topics in question, since it has produced the whole series of activities required for passing a law, a regulation or a resolution.

The subjects for which computed data are given are the ones which are first in priority in all of the countries.

SUPPLEMENT

INDEX OF TABLES

TABLE 1

SPECIFIC PROVISIONS RELATING TO INDIVIDUAL AND/OR PUBLIC HEALTH
CONTAINED IN THE POLITICAL CONSTITUTIONS IN FORCE
IN THE COUNTRIES LISTED

Political Constitution in chronological order	Express recognition of individual rights related to health (1)	Express recognition of health or of related subjects as being part of social law (2)	Power and fuctions of the State in health matters (3)	Powers of special public agencies or provisions with regard to their attributes, organization and personnel (4)	Restrictions on individual guarantees arising out of public health needs (5)	Duties of individuals or groups arising out of public health situations (6)
USA 1789, with subsequent amendments						
ARGENTINA 1853 with subsequent amendments						
CANADA 1867 with subsequent amendments			The quarantine service and setting up and upkeep of naval hospitals is a federal responsibility. The establishment, upkeep and administration of hospitals, asylums, institutions and charity care organizations in each province, with the exception of naval hospitals, are the responsibility of provinces.			
COLOMBIA 1886 with subsequent amendments			To regulate and inspect professional and occupational activities relating to public health. The higher level inspection of teaching establishments in order to ensure a better physical training of teachers, among other things.		Restricts the freedom to work in so far as it regulates professional activities and the inspection of professions as regards public health.	
MEXICO 1917 with subsequent amendments			The Union Congress is responsible for legislating with regard to the country's general health The Union Congress and state legislatures enact legislation to fight alcoholism. The Department of Health issues preventive measures required in the cases of epidemics or invasion by exotic diseases, submitting these for approval to the President of the Republic. The general dispositions enacted by the Health Council shall have national application. The measures which the National Health Council enacts in its campaign against alcoholism and the sale of substances noxious to the individual and which may degenerate the race will be subject to review by the Union Congress within its field of competence. The health authority shall have executive power and its provisions shall be complied with by the administrative authorities of the country.	The Supreme Health Council will report directly to the President of the Republic without passing through the Department of State and its general provisions shall be effective over the whole country.	Restricts the inviolability of the home by authorizing forceful entry on the part of the appropriate authority to ensure that health regulations are being complied with. Subjects the right of entry, egress and transit into, out of or through the country to limitations imposed in the appropriate health laws.	Any employer shall as far as possible and in relation to the nature of the work being done observe hygiene and health rules in his installations and adopt measures required to prevent accidents and protect the health and well being of workers.
CHILE 1925 with subsequent amendments			To watch over public health and sanitary well-being of the country. The municipalities are responsible in particular for health policy.	Provides for the setting up of a public service to watch over the country's health and the allocation of sufficient funds to maintain a national health service.	Restricts the right to work to the extent that this or any industrial activity may imply danger to public health.	
PERU 1933		Provides broad protection for maternity.	Legislates with regard to the inviolability and guarantee of life, health and hygiene in industrial activities. Responsible for publich health and for private health care, enacting legislation covering control over health and sanitation and the physical, moral and social improvement of the population. To protect physical, mental and moral health of minors.	Set up technical councils for administrative cooperation in the fields of ..... and health.	Restricts the right to work if this involves any threat to public health or well being. The right of entry, transit and egress into, through or out of the country is subject to limitations of a health nature.	

TABLE 1 (cont.)

Political Constitution in chronological order	Express recognition of individual rights related to health (1)	Express recognition of health or of related subjects as being part of social law (2)	Power and functions of the State in health matters (3)	Powers of special public agencies or provisions with regard to their attributes, organization and personnel (4)	Restrictions on individual guarantees arising out of public health needs (5)	Duties of individuals or groups arising out of public health situation (6)
CUBA 1940 amended by 1959 basic law		Grants rights and special guarantees to working women before and after child birth and during breast feeding.	The municipal government is responsible for adopting and executing sanitary and local inspection rules within the boundaries of the municipality.	Establishes hospital, sanitary, forensic medicine and other careers, as required in order to provide adequate appropriate government services.		
PANAMA 1946 amended 1956	Recognizes the right of the individual to the protection, preservation and recovery of his health.	Allows for broad protection of maternity cases.	To fight transmissible diseases; to provide protection for maternity and reduce infant mortality; to add to the food supply of needy students. To provide medical supervision for school children. To disseminate the principles of scientific feeding. To undertake the administration of affairs when municipalities are unable to do so in the case of epidemics. To enact a sanitary code.	Provides for the setting up of hospitals, dental clinics and dispensaries to provide free medical care and medicine to those who lack financial means.	Restricts the inviolability of the home and of work places by permitting health inspections. Restricts freedom of movement and change of residence, on health grounds. Restricts freedom to practice a profession or business, on health or public security grounds.	Individuals are under the obligation to protect their health.
COSTA RICA 1949		Ensures the protection of mother and child, the aged and invalids.		Makes the National Home for Children, a self governing special institution, responsible for mother and child care.	Restricts the inviolability of the home by permitting access to private homes or places after issuance of written orders by the authorities in order to prevent serious hurt to individuals.	Employers shall enact the measures required to protect hygiene and safety at work.
NICARAGUA 1950	Recognizes special rights in the case of pregnant women and the general protection of maternity cases.		To supervise industrial and mining undertakings to ensure health and security of the workers.	Establishes that the position of Deputy and Senator is not incompatible with that of hospital director or physician.	Restricts the inviolability of the home by permitting access to the authorities in the event of epidemics, or to visit homes to gather statistics or effect sanitary inspections. Restricts the right to work to the extent that this conflicts with public health. Authorizes the executive to suspend all or certain individual guarantees in the event of epidemics or public disaster.	
SURINAM 1955			Lays down legal provisions covering activities of public health authorities in all matters concerning the practice of obstetrics medicine and pharmacology.			
VENEZUELA 1961		Everyone has the right to health protection. Mother and child from time of conception shall be given overall protection.	Watch over the maintenance of public health and provide preventive means and care for those who lack adequate means. The technical management, setting of administrative norms and the coordination of services for the defense of public health is a national responsibility. Under the law, these services may be nationalized in accordance with the community interest. The administration of units such as those covering health is the responsibility of municipal governments.		Restricts the inviolability of the home to allow for sanitary visits which must be carried out after prior notification has been served and in accordance with the requirements established by law. Restricts profitable activities in the field of health.	Everyone is under the obligation to abide by sanitary measures established by law, compatible with a respect for the human individual.
JAMAICA 1962					Permits legal restrictions on personal liberty in the case of persons of unstable mind, drug addicts or alcoholics, in order to provide for their care and treatment and in order to protect the community interest. Authorizes legal restrictions on liberty of conscience, expression, assembly and association in the interest of public health or well being. Authorizes legal restrictions on the right to property to the extent that this may endanger health of human beings, animals and plants. Authorizes legal restrictions on the inviolability of the home in community interest and as required by public health.	

TABLE 1 (cont.)

Political Constitution in chronological order	Express recognition of individual rights related to health (1)	Express recognition of health or of related subjects as being part of social law (2)	Power and functions of the State in health matters (3)	Powers of special public agencies or provisions with regard to their attributes, organization and personnel (4)	Restrictions on individual guarantees arising out of public health needs (5)	Duties of individuals or groups arising out of public health situation (6)
EL SALVADOR 1962		Recognizes health as a public asset. Reduction in duration of night shifts and of shifts in dangerous or insalubrious occupations. Prohibits those under 18 from working and imposes limitations similar to those above in the case of women.	To watch over the preservation and recovery of health. To give free assistance to the sick who lack the required resources when such treatment provides effective means of preventing the spread of disease. To protect the physical and mental health of minors.	The Supreme Health Council set up with equal representation from those professions indicated shall watch over public health. Provides that public health services shall be essentially technical. Sets up a sanitary and hospital profession for specialized personnel.	Restricts the inviolability of the home for sanitary purposes as prescribed by law and regulations.	Individuals must care for the preservation and the recovery of their health. All people are obliged to submit themselves for treatment if this should be an effective manner to prevent the spread of transmissible diseases. Employers are under the obligation to provide medical and pharmaceutical services and such others as are established by law. In those cases established by law, they shall provide the worker and his family with satisfactory housing and medical care.
TRINIDAD AND TOBAGO 1962, with amendments to 1968					Authorizes legal restrictions on fundamental rights and liberties in the case of public emergencies resulting from the outbreak of pestilence, epidemics or other similar or different calamities.	
HAITI 1964	All workers are entitled to health protection.	The health of the inhabitants of the country is defined as a public asset.	To ensure free medical assistance to the sick. To prevent and limit the spread of contageous or endemic diseases. To protect physical, mental and moral health of minors. To be responsible for indiginous people who, through their physical and mental capacity, are not in a condition to work.	Recognizes a Supreme Health Council as being responsible for watching over the people's health.	Restricts the right to work in that it establishes that the exercise of professions directly connected with health shall be strictly regulated by law.	
GUATEMALA 1964	Recognizes the right of prisoners or detainees to have their natural needs supplied and not to be compelled to undertake work that may be prejudical to their health or incompatible with their physical constitution.	States all campaigns for improving the food and health of the people to be of public interest. Recognizes special right and guarantees for working pregnant women, after childbirth and during breast feeding.	To sponsor and help the operation and technical development of health and aid programs, or with the collaboration of international agencies. To support health and social welfare projects and to give special protection to those who require it due to their physical condition. To watch over the physical, mental and moral health of minors and to ensure that workers' housing meets the sanitary conditions established. The President of the Republic shall watch over the preservation and improvement of the inhabitants health; shall ensure the maintenance of national health condition and struggle against alcoholism; he shall pay special attention to vegetal health.		Denies recourse in any case of redress against sanitary measures and those issued for the purpose of preventing or containing calamities.	
HONDURAS 1965		Confers rights and special guarantees on pregnant working women after childbirth and during breast feeding.	The President of the Republic shall: Watch over the preservation of public health and the improvement in the country's sanitary conditions. Watch over physical, mental and moral health of those in infancy. Promote the construction of housing and settlements for workers and ensure that they meet sanitary conditions.	Recognizes a division of public health in the executive departments of the Government.	Authorizes the President to suspend individual guarantees in the case of epidemics or other calamity. Gives the right to the authorities to inspect workers dwellings and settlements in order to ascertain whether they are in a suitable hygienic state. Restricts the inviolability of the home in urgent cases of epidemic or danger.	Employers are under the obligation to abide by legal provisions concerning hygiene and health in their installations and they shall so organize work that it guarantees the life and health of workers in a manner compatible with the nature of their joint association ..... The law establishes which undertakings shall provide medical or other services to ensure the physical and moral well being of workers and their families.

TABLE 1 (cont.)

Political Constitution in chronological order	Express recognition of individual rights related to health (1)	Express recognition of health or of related subjects as being part of social law (2)	Power and functions of the State in health matters (3)	Powers of special public agencies or provisions with regard to their attributes, organization and personnel (4)	Restrictions on individual guarantees arising out of public health needs (5)	Duties of individuals or groups arising out of public health situation (6)
BARBADOS 1966					Allows for legal restrictions on personal liberties to prevent the propagation of infectious or contagious diseases and in the event that a person is or it is suspected to be mentally unbalanced, a drug addict or an alcoholic, when the purpose is to protect that person, to cause that person to be treated or placed in seclusion for the protection of the community. Authorizes legal restrictions on the right to property when such property constitutes a danger or a threat to public health. Authorizes the registration and forceful access by law into private homes in connection with public health matters. Authorizes legal restrictions on freedom of conscience, expression, assembly and association for reasons concerning public health. Authorizes restrictions on freedom of transit in order to subject a person to care or treatment in a hospital or other institution when in cases of mental defects or diseases.	
GUYANA 1966					Authorizes legal restrictions on personal liberty to prevent the propagation of infections or contagious diseases and when it is suspected that a person is mentally unbalanced, a drug addict or an alcoholic, when the purpose is to protect care for and treat that person or place him in seclusion for the protection of the community. Authorizes legal restrictions on the right to property when that property constitutes a danger or a threat to the health of individuals. Authorizes restrictions on freedom of conscience, expression, and assembly for reasons of public health. Authorizes the registration and the right to search for reasons pertaining to public health and security. Authorizes legal restrictions on the freedom of transit in the interests of public health and to provide care and treatment in a hospital or other institution for those persons suffering from physical or mental defects.	
DOMINICAN REPUBLIC 1966	Guarantees the inviolability of life, prohibiting procedures or penalties implying any reduction in physical integrity or individual health.	Gives broad recognition to maternity protection.	To take measures to avoid infant mortality. To watch over the improvement in feeding, sanitary services and conditions of hygiene. To prevent and treat epidemic and endemic diseases and others. To give free assistance to those with reduced financial means.	Provides for the setting up of centers of specialized agencies to fight social ills by satisfactory means and with the help of international agreements.	Restricts the liberty of transit in compliance with provisions of sanitary laws.	

TABLE 1 (cont.)

Political Constitution in chronological order	Express recognition of individual rights related to health (1)	Express recognition of health or of related subjects as being part of social law (2)	Power and functions of the State in health matters (3)	Powers of special public agencies or provisions with regard to their attributes, organization and personnel (4)	Restrictions on individual guarantees arising out of public health needs (5)	Duties of individuals or groups arising out of public health situation (6)
BRAZIL 1967	As regards workers, recognizes: hygiene and safety at work. Leave of absence for childbirth. Health assistance, including hospitalization and preventive medicine. For World War II veterans, recognizes the right to medical and hospital care.		It is the responsibility of the Union to establish national education and health plans; to legislate provisions covering general standards for the defense and protection of health.	Authorizes the holding of not more than two remunerated medical posts together with one teaching or another of a scientific and technical nature.		
ECUADOR 1967	Guarantees personal inviolability, forbiding the use of drugs and other means weakening personal faculties, except for therapeutic purposes.		To protect the mother and child from the time of conception. To protect the physical, mental and moral health of minors. To establish appropriate working conditions for rehabilitated workers. To protect pregnant working women. To suppress alcoholism and drug addiction. To stimulate health promotion.		Authorizes the search of enclosed private homes or places, after issue of appropriate order by established authority.	Employers are under the obligation to provide their workers with working conditions which do not endanger their lives or health.
BOLIVIA 1967	Recognizes the right of all persons to life, health and security.		To protect the health of the population. To ensure the continuing availability of means of subsistence and rehabilitation for invalids To protect the physical and mental health of infants.			Declares that laws concerning public health are compulsory and obligatory. All persons will be under the obligation to care for and feed their minor children and to protect and maintain their sick parents.
URUGUAY 1967	Recognizes the right to weekly time off, physical and moral health for all workers.		To legislate in matters of public health and hygiene, seeking physical, moral and social well being for the inhabitants. The free provision of preventive care and assistance to those who are destitute or without resources. To provide asylum for the destitute and for physical and mental invalids who are unable to work.	Public health services cannot be set up as autonomous agencies without some limitation on their autonomy to permit executive control.		All inhabitants have the duty to protect their health as well as to go into isolation in the case of disease.
PARAGUAY 1967		Includes health among social rights. Recognizes the right of inhabitants of the Republic to protection and the promotion of health. Provides for the protection of maternity and the overall protection of children from conception.	To establish a system of care for the indigent sick. To prevent and control transmissible diseases.			All inhabitants are under the obligation to submit to health measures established by law, compatible with respect for the human individual.

TABLE 2

COMPILATIONS PUBLISHED DURING 1948-1968	
COUNTRY	COMPILATIONS
ANTIGUA	1965 - Revised Law of Antigua - revised edition of Laws and Ord. - 1959 P. Cecil Lewis Printed by Waterlaw & Sons Limited Worship Street, London, E.C. 2 Designated by the Government of Antigua - 1965
BARBADOS	1954 - Laws of Barbados, 1954 - Volume VIII - Part I Compiled by the Attorney of the Nation of Barbados Printed by: Advocate Co., Ltd. Printers for the Government of Barbados Barbados, 1954
BRAZIL	1966 - Laws and Regulations (Federal) National Code of Health Pub. Waldener Bocorny 1961 - Index of Federal Sanitary Legislation 1889-1959 Maria Amelia Porto Migueis Public Health Special Service Fund Rio de Janeiro - 1961 LUX Graphic Typesetter
CANADA	1970 - Consolidation of the Law Food and Drug Regulations with modifications - December 12, 1969 The Queen's Press for Canada (Ottawa, 1970)
COSTA RICA	1965 - Summary of Food and Beverage Regulations Licentiate Edgar Ortiz Castro
ECUADOR	1961 - Summary of Laws and Health Regulations of Ecuador Adriano Rosales Larrea (Thesis for Doctorate in Jurisprudence)
UNITED STATES OF AMERICA	1969 - U. S. Code Annotated West Publishing Co. (St. Paul, Minn.) 1969 - Code of Federal Regulations Office of the Federal Register
JAMAICA	1953 - Index for the Laws of Jamaica Eyre & Spottswude Limited (Margate, 1957)
MEXICO	1965 - Mexican Sanitary Codification Andrade Juridic Publishing House, Inc.
DOMINICAN REPUBLIC	1953 - Dominican Sanitary Legislation Official Publication of the Government Secretariat of Public Health (Extensively modified. Does not include the Sanitary Code of 1957)
VENEZUELA	1967 - National Sanitary Legislation Venezuelan Juridic Publishing House, Inc.
SURINAM	1966 - Compilation prepared by M. D. Arrias, Attorney of the Ministry of Health

TABLE 3

SYSTEM OF SPECIAL JURIDICAL STANDARDS IN HEALTH

1948 - 1968

National level and operation Laws on specific matters, codified or not Law or general ordinance on health or public health Pertinent regulations	Antigua Barbados Guyana Jamaica Surinam Trinidad and Tobago Nicaragua Paraguay	Federal level and national operation Law on standards of health protection Special laws setting comprehensive technical standards for health protection Laws on matters designated as belonging in the federal domain Pertinent regulations State level and operation Laws on special matters Sanitary code or general law on health or public health Pertinent regulations Local level and operation Municipal ordinances within the limited jurisdiction	Brazil
National level and operation Sanitary or health code Laws on special matters Pertinent regulations Resolutions, agreements, orders or instructions of the competent authorities in health, according to delegated powers Local level and operation Municipal ordinances and agreements on specific matters in their limited jurisdiction	Bolivia Chile Colombia Costa Rica Ecuador El Salvador Guatemala Honduras Panama Peru Dominican Republic Uruguay (without code)	Federal level and national operation Laws on specific health matters within the limited jurisdiction Pertinent regulations Provincial level and operation Law or general code on health or public health Laws on specific matters Pertinent regulations	Canada

TABLE 3 (cont.)

SYSTEM OF SPECIAL JURIDICAL STANDARDS IN HEALTH

1948 - 1968

Federal level and national operation Laws and regulations on specific matters within the limited jurisdiction which apply on a national basis only in relation to the international or interstate interest State and provincial level Code of health, public health, health or security Laws on specific matters, codified or not Pertinent regulations or ordinances Local level Municipalities (City, county, others) Code of health, or of city public health Laws on special matters, codified or not Pertinent regulations or ordinances	United States of America Argentina	Federal level and national operation Sanitary code on matters designated as belonging in the domain of public health Special laws on matters designated as belonging in the domain of public health or national interest Pertinent regulations Federal level and local operation Sanitary code (federal district, territories, and states in Mexico) Pertinent regulations, also in the territories with special modification State level and operation Sanitary code (8 states) Laws on special matters Pertinent regulations Local level and operation Municipal ordinances	Mexico

TABLE 4

MEDICINES AND MEDICAL PRODUCTS: PHARMACIES, LABORATORIES, AND SIMILAR ESTABLISHMENTS General compulsory provisions and/or special statutory provisions on matters indicated** 1948 - 1968	ANTIGUA	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CANADA	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	U.S.A.	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD & TOBAGO	URUGUAY	VENEZUELA
Development, preparation, commerce, and supply in the field of drugs and medicinal products	x	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	
Registry, manufacture, and commerce in the field of patent medicines		x		x	x	x	x	x	x	x	x	x	x				x	x	x	x	x	x	x	x		x	x	
Development, preparation, and commerce in the field of biological and biochemical products, vaccines, serums, et al		x		x	x	x	x	x		x	x		x				x		x	x			x	x				
Manufacture and commerce in the field of cosmetics, toilette and hygiene items		x		x	x	x	x	x	x	x	x		x					x	x	x	x		x	x		x	x	
Preparation and/or commerce and/or supply in the field of antibiotics	x	x		x		x	x		x	x			x		x			x	x				x			x	x	
Containers and labeling of pharmaceutical products, patent medicines, and cosmetics		x		x	x	x	x	x	x	x	x	x	x				x	x	x	x	x	x	x	x		x	x	
Propaganda for medicines, patent medicines, and cosmetics		x		x	x	x	x	x		x	x	x	x			x	x	x	x		x		x	x		x	x	
Production, importation and traffic - supply of narcotics (opium, coca, marijuana)		x		x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x
Importation and commerce - supply of psychotropics or hallucinogens		x			x	x	x	x											x							x	x	
Importation and commerce - supply of barbiturates or other addictive substances					x	x	x						x	x					x	x	x		x			x	x	
Operation of pharmacies, drug stores (dry salteries) and similar establishments		x		x	x	x	x	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x	x	
Operation of establishments manufacturing chemicals, pharmaceuticals and medical products		x		x	x	x	x	x		x	x	x	x					x	x		x	x	x			x	x	
National Pharmacopoeia		x			x	x													x									
Recognition of foreign pharmacopoeias								x			x						x						x			x		
Pesticides		x			x	x	x	x	x	x	x		x	x	x	x		x	x	x			x			x		x

*Costa Rica - Generic products
**Federal countries, federal level

TABLE 5

HYGIENE OF THE ENVIRONMENT General compulsory provisions and/or special statutory provisions on matters indicated** 1948 - 1968	ANTIGUA	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CANADA	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	U.S.A.	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD & TOBAGO	URUGUAY	VENEZUELA
Control of the quality of drinking water		x			x	x	x	x	x	x			x				x	x	x		x					x		
Construction and operation of drinking water supply systems	x	x	x	x	x		x	x	x						x	x	x	x	x	x	x	x	x	x		x	x	x
Sewage system	x	x		x	x		x	x							x		x	x	x	x	x	x	x	x		x	x	x
Sanitary conditions of work sites						x	x	x				x	x															x
Air pollution					x	x	x	x					x				x	x										
Contamination of bodies of water			x	x	x	x	x	x					x	x			x		x				x					
Control of vectors (deratting, disinfesting and/or control of enterprises)	x	x	x					x	x	x					x			x	x				x		x		x	x
Disposal of excreta and used water	x	x	x		x			x							x		x				x		x	x	x	x		
Disposal of solid wastes	x		x		x		x	x					x	x	x		x	x	x		x		x		x			
Stables, animal markets, et al		x						x	x																			
Industrial and work hygiene		x		x	x		x		x			x	x	x			x	x	x			x	x	x				x
Hygiene in establishments or public places (theaters, meeting places, tourist areas, et al)			x					x									x	x	x		x		x	x				
Swimming pools		x					x	x	x												x	x						
Radiation and radio-active waste control		x				x	x						x															x
Housing, city planning and standards for construction and/or repair, modification of buildings	x		x				x	x	x			x	x		x		x		x					x	x			x
Others							x	x		x									x		x							

** Federal countries, federal level

TABLE 6

CONTROL OF FOODS AND FOOD ESTABLISHMENTS General compulsory provisions and/or special statutory provisions on matters indicated ** 1948 - 1968	ANTIGUA	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CANADA	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	U.S.A.	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD & TOBAGO	URUGUAY	VENEZUELA
General food regulations		x		x	x	x	x	x	x				x								x		x	x				x
Norms or technical standards for foods		x				x	x				x		x								x		x			x		
Sanitary standards for production, processing, handling, sale, supplying, storage and transport of foods	x	x	x	x	x	x	x	x		x	x		x		x		x	x	x		x		x	x	x	x		x
Control of adulteration, fraud and/or deterioration, alteration and contamination of foods	x		x	x	x	x	x	x		x	x		x		x		x	x	x		x		x	x	x	x		x
Sanitary control of meats, derivatives and slaughterhouses		x			x	x	x	x	x		x		x	x			x		x	x	x	x	x	x	x	x	x	x
Control of the production, processing and sale of milk and milk by-products & the producing & processing establishments		x			x	x	x	x	x	x		x	x	x			x		x	*	x		x	x	x		x	x
Sanitary control of the production and sale of fish and seafood		x			x	x	x	x					x														x	x
Sanitary control of the processing, sale and supplying of beverages and/or soft drinks		x		x		x	x	x	x				x								x		x					
Sanitary control of processing and commerce in the field of dietetic foods		x			x	x	x						x								x		x				x	
Containers, information on the label and/or registry of processed products (packaged and bottled)		x			x	x	x	x	x	x	x		x				x		x		x		x			x		x
Colorings and/or additives		x			x	x	x	x		x	x		x					x	x		x				x			x
Enriching of flour and/or iodization of salt		x		x	x		x	x	x			x		x			x		x		x		x				x	x
Sanitary requirements of the establishments producing and processing foods		x	x			x	x	x			x		x				x	x	x		x		x					x
Sanitary requirements of the establishments retailing and supplying foods	x	x	x				x	x	x	x					x		x		x		x		x	x	x			x
Food handlers		x				x	x	x	x		x	x		x			x	x	x		x		x	x	x			x
Others		x			x	x	x	x	x	x		x	x	x			x	x	x	x	x		x	x	x			x

* Nicaragua: Refers only to pasteurization
** Federal countries, federal level

TABLE 7

CONTROL OF TRANSMISSIBLE DISEASES

General compulsory provisions and/or special statutory provisions on matters indicated

1948 - 1968

	ANTIGUA	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CANADA	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	U S A	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD AND TOBAGO	URUGUAY	VENEZUELA
General provisions on: compulsory reporting; isolation and quarantine	x	x	x	x	x	x	x	x		x	x	x	x		x		x	x	x		x		x	x	x	x	x	x
Diphtheria - Compulsory vaccination and/or national campaign				x			x	x		x			*				x		x						x		x	x
Yellow Fever - Compulsory vaccination and/or national campaign		x		x	x			x	x	x														x		x		
Poliomyelitis - Compulsory vaccination and/or national campaign		x					x			x			*	x			x		x								x	
Typhoid - Compulsory vaccination and/or national campaign				x			x	x									x								x	x	x	
Tuberculosis - Compulsory vaccination and/or national campaign		x		x	x		x	x	x	x	x	x	*	x			x		x		x	x	x	x	x	x		
Smallpox - Compulsory vaccination and/or national campaign	x	x	x	x	x		x	x		x	x				x		x	x	x			x		x	x		x	
Bubonic plague					x	x				x	x																	x
Hepatitis							x												x									
Leprosy		x			x	x		x	x				x		x			x	x				x	x	x	x	x	
Malaria, national campaign		x	x	x	x			x	x		x	x		x			x		x		x	x	x	x	x			x
Measles							x						*															
Tetanus									x	x			*				x		x						x			
Whooping cough				x			x	x	x	x			*				x		x						x			
Trachoma					x																					x		
Venereal diseases		x			x		x		x	x		x	x		x						x	x		x			x	x
Compliance with the International Sanitary Regulations - 1967	x	x	x	x	x	x		x	x	x	x	x	•	x	x	x	x	x	x	x	xx	x	x	x	•	x	x	x
Others		x			x	x		x	x	x	x							x						x	x			

* USA - Subsidies for state voluntary immunization programs
* Approve the International Sanitary Regulations with reservations

TABLE 7a

ZOONOSES TRANSMISSIBLE TO MAN General compulsory provisions and/or special statutory provisions on matters indicated 1948 - 1968	ANTIGUA	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CANADA	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	U.S.A.	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD & TOBAGO	URUGUAY	VENEZUELA
General provisions			x	x	x	x	x	x	x			x	x				x	x	x		x		x	x	x	x	x	
Foot-and-mouth disease		x			x			x		x						x		x	x		x					x		x
Brucellosis		x				x			x										x					x	x	x	x	
Rabies					x		x	x	x	x		x		x			x		x		x	x		x	x	x	x	x
Bovine tuberculosis							x		x			x				x			x				x		x	x		x
Others		x					x												x							x	x	

TABLE 8

Legal and/or statutory provisions on registry and control of activities listed 1948 - 1968	ANTIGUA	ARGENTINA *	BARBADOS	BOLIVIA	BRAZIL	CANADA **	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	USA **	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD AND TOBAGO	URUGUAY	VENEZUELA
Physicians, physician-surgeon and specialties		x		x			x	x	x	x		x			x		x	x	x	x			x	x	x		x	
Pharmacists and/or chemist-pharmacist		x		x	x		x	x	x	x		x					x	x	x		x		x	x	x	x		x
Odontologists and specialties		x		x	x		x	x			x	x					x		x		x		x		x	x		
Veterinarians				x			x	x										x	x		x							
Nurses	x	x		x	x		x	x	x	x				x	x	x		x	x		x	x	x		x	x		
Midwives and obstetricians	x	x			x		x			x					x			x	x				x		x	x		
Optometrists - optical technician		x		x				x	x	x					x			x		x	x					x	x	
Physiotherapists and/or physiotherapeutist								x						x				x									x	
Radiologist and/or radiotherapist					x		x			x																		
Chemical biologist or biochemist							x	x						x														
Anesthetists and/or assistant in anesthesia		x																									x	
Nursing assistant		x			x			x								x		x									x	
Dietician		x			x													x										
Kinesiologist, physical therapist and/or kinesitherapeutists		x					x																x					
Laboratory technicians										x											x							
Clinical laboratory technicians										x								x										
Dental laboratorian and/or dental mechanical technician		x					x				x										x		x				x	
Masseur				x	x																x							
Interns		x					x																				x	
Psychologists					x		x																					
Chiropodist				x																	x							
Occupational therapist		x																x										
Others		x		x	x		x											x							x		x	

* Argentina - Covers Buenos Aires and Territories indicated

** In Canada and the USA, the control of professions is at the provincial or state level, respectively, and is in force in all of the latter

TABLE 9

MEDICAL CARE AND MEDICAL CARE ESTABLISHMENTS General compulsory provisions and/or special regulatory provisions covering the areas mentioned ** 1948 - 1968	ANTIGUA	ARGENTINA	BARBADOS	BOLIVIA	BRAZIL	CANADA	CHILE	COLOMBIA	COSTA RICA	CUBA	ECUADOR	EL SALVADOR	U S A	GUATEMALA	GUYANA	HAITI	HONDURAS	JAMAICA	MEXICO	NICARAGUA	PANAMA	PARAGUAY	PERU	DOM. REPUBLIC	SURINAM	TRINIDAD AND TOBAGO	URUGUAY	VENEZUELA
General standards for medical care establishments	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x				x			x	x
General (public) hospital regulations		x			x		x		x	x		x			x			x	x	x	x		x					
Special public hospitals or (mainly) public hospitals	x			x	x	x					x		x	x	x	x		x	x		x	x	x		x		x	x
Hospitals, private hospitals, and/or private maternity homes		x					x	x	x						x			x	x					x		x		
Other											x																	

** Federal countries, federal level

TABLE 10

ADMINISTRATION OF FEDERAL HEALTH LAWS IN CANADA

National Department of Health and Welfare		Department of Agriculture	Department of Justice
Dept. of National Health and Welfare Act (RSC, Chapter 74 as amended)	Hospital Insurance and Diagnostic Services Act (RSC 1957, Chapter 28 as amended)	Animal Contagious Disease Act (RSC 1952, Chapter 9)	Criminal Code (Corresponding Part)
Blind Persons Act (RSC 1952, Chapter 17 as amended)	Leprosy Act (RSC 1952, Chapter 165)	Meat Inspection Act (RSC 1955, Chapter 36)	Narcotic Control Act
Canada Shipping Act Part V (Sickness and Hospital Care) (RSC 1952, Chapter 29)	Medical Care Act (RSC 1966, Chapter 64, effective 1968)	Human Slaughter of Food Animals Act (RSC 1959, Chapter 44)	Tobacco Restraint Act
Disabled Persons Act (RSC 1953-1954 as amended)	Narcotic Control Act (RSC 1960-61, Chapter 35)	Canada Dairy Products Act (RSC 1952, Chapter 52)	
Fitness and Amateur Sports Act (RSC 1960-61, Chapter 59)	Proprietary or Patent Medicines Act (RSC 1952, Chapter 220)	Cheese and Cheese Factory Improvement Act (RSC 1952, Chapter 47)	
Food and Drugs Act (RSC 1952-53, Chapter 38 as amended)	Public Work Health Act (RSC 1952, Chapter 229)	Cold Storage Act (RSC 1952, Chapter 52)	
Health Resources Fund Act (RSC 1966, Chapter 42) (Amended SOR 1969 (631))	Quarantine Act (RSC 1952, Chapter 231)	Fruit, Vegetables and Honey Act (RSC 1952, Chapter 126)	
Medical Research Council (RSC 1968-69, Chapter 27)		Milk Test Act (RSC 1952, Chapter 180)	
Immigration Act		Meat and Canned Foods Act	
		Fish Inspection Act	

TABLE 11

ADMINISTRATION OF THE PRINCIPAL FEDERAL HEALTH LAWS IN THE U.S.A.

DEPARTMENT OF HEALTH, EDUCATION & WELFARE

Public Health Service

Law 78-410 Public Health Service Act (Title 42, USC, Sections 201-299) with the modifications made by the following laws:

Comprehensive Health Planning & Public Health Services Amendments of 1966
Contagious Disease Prevention Act
Drug Addicts Care & Treatment Act
Epidemic Diseases
Graduate Public Health Training Amendments of 1964
Health Manpower Act of 1968
Health Professions Educational Assistance Act of 1963
Health Professions Educational Assistance Amendments of 1965
Health Research Facilities Act of 1956
Health Research Facilities Amendments of 1965
Heart Disease, Cancer & Stroke Amendments of 1965
Hospital & Medical Facilities Amendments of 1964
Hospital & Medical Facilities Construction & Modernization Assistance Amendments of 1968
Leprosy Treatment Act
Medical Library Assistance Act of 1965
Mental Health Amendments of 1967
Mental Health Study Act of 1955
Mental Retardation Facilities & Community Mental Health Centers Construction Act of 1963
Mental Retardation Facilities Construction Act
National Cancer Institute Acts
National Dental Research Act
National Health Survey Act
National Heart Act
National Library of Medicine Act
National Mental Health Act
Nurses Training Act of 1964
Partnership for Health Amendments of 1967
Radiation Control for Health and Safety Act of 1968
Public Health Service Commissioned Corp Personnel Act
Seamen Health Service Act
Vaccination Assistance Act of 1962
Veterinary Medical Education Act of 1966
Allied Health Profession Personnel Training Act of 1966
Clinical Laboratories Improvement Act of 1967
Community Health Services & Facilities Act of 1961
Migratory Agricultural Workers (P.L. 90-574/68)

OTHER LAWS:

Children's Bureau Act
Quarantine Acts
Alaska Mental Health Enabling Act
Appalachian Regional Development Act of 1965
Child Protection Act of 1966
Alcoholic Rehabilitation Act of 1968
Clean Air Act
Community Mental Health Centers Act
Crippled Children's Services Act
Health Services Act (Mothers & Children)
Maternal & Child Health & Crippled Children's Services Act
Maternal & Child Health & Mental Retardation Planning Amendments of 1963
Mental Retardation Amendments of 1967
Mental Retardation Facilities & Community Mental Health Centers Construction Act Amendments of 1965
National Emission Standard Act
Narcotic Addict Rehabilitation Act of 1966
Medical Care for Indians (P.L.86-121/59)

TABLE 11 (cont.)

ADMINISTRATION OF THE PRINCIPAL FEDERAL HEALTH LAWS IN THE U.S.A.		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE		
TITLE 21, UNITED STATES CODE THE FEDERAL FOOD & DRUG ADMINISTRATION IS IN CHARGE OF WITH SPECIAL DELEGATION OF POWER:	TITLE 42, UNITED STATES CODE WELFARE ADMINISTRATION	VOCATIONAL REHABILITATION ADMINISTRATION
Federal Food, Drug & Cosmetic Act The Fair Packaging & Labeling Act The Tea Importation Act The Import Milk Act The Filled Milk Act The Federal Hazardous Substance Act	Gives medical assistance to the needy	Gives vocational rehabilitation to the handicapped

TABLE 11 (cont.)

ADMINISTRATION OF THE PRINCIPAL FEDERAL HEALTH LAWS IN THE U.S.A.

Department of Agriculture	Department of Treasury	Department of Justice	Department of Housing & Urban Development	Department of the Interior	The Veteran Administration
Title 42 U.S. Code	Internal Revenue Service (IRS)	The Harrison Narcotic Act	Cooperation Agreement Law (Housing)	Water Research & Development Act	Provides medical care to veterans
Child Nutrition Act of 1966	Marihuana Tax Act	The Drug Abuse Control Amendments of the Food Drug & Cosmetic Act of 1965	Low Rent Housing Act	Coal Mine Inspection Act	
National School Lunch Act	Enforcement of regulations under the Narcotic Law		National Food Insurance Act of 1968	Wildlife & Fisheries Act	Other Agencies
Title 7 U.S. Code	Custom Service		Veteran's Families Housing Act	Federal General Safety Act of 1952	Atomic Energy Act of 1954 (Atomic Energy Commission)
The Meat Inspection Act	Narcotic Drugs Import & Export Act			Solid Waste Disposal Act	National Science Foundation Act of 1950
The Animal Quarantine Act	Opium Poppy Control Act			The Federal Metal & Non-Metallic Mine Safety Act of 1966	Water Resources Planning Act(Water Resources Council)
The Deseased Animal Transportation Act					National Water Commission Act(Water Resources Council)
The Virus-Serum Toxin Act					
Foreign Food Prm.					
Federal Insecticide, Fungicide & Rodenticide Act					
Pest Control Act					

TABLE 12

COUNTRIES	NATIONAL OR FEDERAL CODE OR BASIC LAW
ANTIGUA	Laws of Antigua Title 27 - Public and Medical Health Chapter 276 - Public Health Regulations 1957-1959
ARGENTINA	
BARBADOS	Laws of Barbados Title 52 - Public Health 1954
BOLIVIA	Sanitary Code Supreme Decree No. 05006 of July 24, 1958 With modifications
BRAZIL	General norms for defense and protection of health Law No. 12312 of September 3, 1954 National Code of Health Decree No. 49974-A of January 21, 1961
CANADA	
CHILE	Sanitary Code DFL No. 725 of December 11, 1967 DFL 1003 of 1968 modified
COLOMBIA	Sanitary Code Decree No. 1371 of May 27, 1953
COSTA RICA	Sanitary Code Law-Decree No. 809 of November 2, 1949 With modifications
CUBA	
ECUADOR	Sanitary Code Official Registry No. 78 of September 4, 1944 With modifications

... continued

TABLE 12 (cont.)

COUNTRIES	NATIONAL OR FEDERAL CODE OR BASIC LAW
EL SALVADOR	Sanitary Code of August 30, 1930 With modifications
UNITED STATES OF AMERICA	Code of the United States Title 42 - Public Health and Welfare USC 1964, ed.
GUATEMALA	Sanitary Code Decree No. 1877 of September, 1936 Modified by Decree No. 2438 of October 1, 1940 and other subsequent modifications
GUYANA	Public Health Ordinance Chapter 145
HAITI	Code of Hygiene, Public and Social Services - 1954
HONDURAS	Sanitary Code Decree No. 75 of January 5, 1967
JAMAICA	Public Health Law Chapter 320 Statutory Instruments
MEXICO	Sanitary Code of the United States of Mexico of March 1, 1955
NICARAGUA	Law on Public Health Protection of March 27, 1926
PANAMA	Sanitary Code Law No. 66 of November 10, 1947 with modifications

... continued

TABLE 12 (cont.)

COUNTRIES	NATIONAL OR FEDERAL CODE OR BASIC LAW
PARAGUAY	Organic Public Health Law Decree No. 2001 of June 15, 1936
PERU	Sanitary Code Law-Decree No. 17505 of April 18, 1969
DOMINICAN REPUBLIC	Health Code Law No. 4471 of December 29, 1956 with modifications
SURINAM	Health Service Law of 1938 with modifications in 1955 and 1958
TRINIDAD AND TOBAGO	Health Code Public Health Ordinance of 1917 Revised in 1950
URUGUAY	Organic Public Health Law of January 9, 1934
VENEZUELA	National Health Law No. 20846 of July 11, 1942

TABLE 12 (cont.)

COUNTRIES	STATE OR PROVINCIAL CODE OR BASIC LAW
ARGENTINA	
San Juan	Sanitary Code Law No. 2553, 1961
El Chaco	Sanitary Code
BRAZIL	
Ceara	Sanitary Code Decree No. 522, March 28, 1939
Minas Geraes	Health Law No. 4098, March 23, 1966
MEXICO	
Durango	Sanitary Code of the State of Durango May 31, 1950
Hidalgo	Sanitary Code of the State of Hidalgo July 13, 1934
Mexico	Sanitary Code of the State of Mexico May 23, 1930
Oaxaca	Sanitary Code of the State of Oaxaca February 11, 1933
Queretaro	Sanitary Code of the State of Queretaro January 9, 1959
San Luis de Potosi	Sanitary Code of the State of San Luis de Potosi Decree No. 74, January 3, 1944
Tabasco	Sanitary Code of the State of Tabasco October 23,1957
Yucatan	Sanitary Code of the State of Yucatan May 23, 1931

TABLE 13

FIFTEEN SUBJECTS COVERED BY REGULATION, RANKED ACCORDING TO THE VOLUME OF LEGISLATION
(Legal Provisions Issued in the Period 1948 through 1968)

1. Organization*
2. Control of drugs and narcotic drugs and pharmaceutical establishments
3. Control of foodstuffs and food establishments
4. Organization and control of health professions
5. Control of communicable diseases
6. Environmental sanitation and water supply
7. Medical care, medical care and rehabilitation establishments
8. Manpower education and training
9. Veterinary medicine and zoonoses control
10. Mental health
11. Control of cancer and other chronic diseases
12. Nutrition
13. Maternal and child health and school hygiene
14. Vital statistics
15. Inhumation, exhumation, and transportation of human remains
16. Other

* Organization includes the establishment and organization of public and semi-public institutions and agencies, and the assignment thereto of powers and duties.

(1 = largest volume)

TABLE 14

CRIMINAL TABLES ON PUBLIC OR INDIVIDUAL HEALTH INCLUDED IN EXISTING CRIMINAL CODES Drinking Water	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Haiti	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela
Contamination of drinking water for public or private use			x																	
Contamination of water to be used in foods or for public consumption					x														x	
Pollution of water to be used in foods or for public consumption					x												x			
Adulteration of water to be used in foods or for public consumption																			x	
Pollution of drinking water making it injurious to health			x																	
Spoiling of drinking water making it injurious to health			x																	
Hazardous pollution of water to be used in foods or for public consumption	x														x					
Unhealthful adulteration of drinking water to be used in foods or for public consumption	x					x														
Hazardous contamination of water to be used in foods or for public consumption	x					x		x							x					x
Dangerous spoiling of drinking water to be used in foods or for public consumption															x					x
Hazardous pollution of drinking water to be used in foods or for public consumption																				
To store or hold for distribution contaminated water			x																	
To throw object or substances into reservoirs, natural water courses, making water to be used for drinking injurious to health				x			x		x	x		x		x						

TABLE 15

CRIME TABLES ON INDIVIDUAL OR PUBLIC HEALTH INCLUDED IN EXISTING CRIMINAL CODES Diseases	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Haiti	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela
Spread of dangerous disease	X																			
Spread of contagious disease	X	X																		
Intentional spread of dangerous disease						X		X									X			
Intentional spread of contagious disease						X		X												
Causing of epidemics by the spreading of pathogenic germs			X		X				X											
Violation of the ordinances established by the competent authorities to inhibit the introduction or spread of epidemics		X	X			X	X	X											X	
Violation of the ordinances established by the authorities to inhibit the spread of an epidemic or dangerous disease									X											
Infraction of the regulations established to inhibit the introduction and spread of contagious diseases	X		X	X			X													
Infecting of other persons with syphilis or venereal disease					X		X													
Knowingly exposing other persons to the risk of contracting syphilis or venereal disease							X						X							
Infecting intentionally or maliciously with a dangerous communicable disease							X		X								X			
Intentional innoculation of an incurable or deadly disease																X				

Note: Canada includes in its Criminal code the infecting of a person with a venereal disease and abortion among the offenses against person and reputation.

TABLE 16

CRIMINAL TABLES ON INDIVIDUAL OR PUBLIC HEALTH INCLUDED IN EXISTING CRIMINAL CODES Narcotics	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Haiti	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela
Clandestine manufacture of narcotics or drugs which contain them	X				X		X		X											
Illegal or unlawful manufacture of narcotics or drugs which contain them	X												X							
Manufacture of enervating drugs without meeting the requirements of health regulations													X							
Planting, cultivation or harvesting of seeds or plants which have the nature of an enervating drug									X				X							
Clandestine planting and/or harvesting of plants from which narcotics can be made					X															
Illegal or unlawful planting and/or harvesting of plants from which narcotics can be made									X											
Clandestine introduction of alcoloids or narcotics	X		X		X				X											
Illegal or unlawful importation or introduction of enervating drugs	X		X						X				X							
Illegal or unlawful exportation of enervating drugs			X						X				X							
Clandestine introduction of plants or seeds which can be used to prepare enervating drugs									X											
Traffic or trade in narcotics by unauthorized persons	X								X											
Traffic or trade in narcotics or enervating drugs illegally or unlawfully	X	X	X		X		X		X				X							
Traffic or trade in seeds or plants which have the nature of enervating drugs									X											
Traffic or trade in raw opium or opium that is cooked or prepared for smoking													X							
Traffic or trade in enervating drugs without fulfilling the requisites of health regulations									X											
Trade in cocaine, opium or derivatives																			X	
Traffic in substances which degenerate the race or feed vices which poison the individual and have been the object of express declaration in international conventions													X							
Possession or storage of narcotics by unauthorized persons without legitimate justification	X		X		X		X						X							
Clandestine supply of narcotics of any kind	X		X		X															
Supply of narcotics in violation of the law			X				X						X							
Supply of narcotics by authorized persons without medical prescription	X																			
Supply of narcotics by unauthorized persons	X						X													
Supply of seeds or plants which have the nature of enervating drugs													X							
Provide location or establishment for the preparation of enervating drugs									X											
Provide location or establishment for the use of enervating drugs	X								X				X							
Instigation, induction or assistance in the use of narcotics	X												X							
Propaganda for the use of substances noxious to the health or of chemical products to feed vices which poison or cause the degeneration of the race									X											
Illegal or unlawful possession	X	X	X		X		X		X											

TABLE 17

CRIMINAL TABLES ON INDIVIDUAL OR PUBLIC HEALTH INCLUDED IN EXISTING CRIMINAL CODES Goods, Objects or Substances	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Haiti	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela
Intentional preparation of products in such a way that their normal use or consumption is dangerous to health																	X			
Unauthorized preparation of noxious or forbidden substances or products				X			X		X	X		X		X						
Authorized preparation of noxious substances harmful to health without the formalities prescribed by law				X										X						
Unauthorized preparation of chemical products which could cause great damage									X	X		X								
Unauthorized traffic in substances or products harmful to health, preparation and traffic in which is prohibited				X			X	X	X	X		X		X						
Authorized sale or traffic in substances harmful to health without the formalities established by law				X						X		X		X						
Traffic, offering for sale or distribution of goods injurious to health with concealment of their injuriousness	X					X														
Unauthorized sale or trade in chemical products or products which can produce great harm									X	X		X								
Sale, offering for sale or supply for consumption of falsified substances			X																X	X
Sale, offering for sale or supply for consumption of adulterated substances			X					X											X	
Sale of articles of prime necessity which are damaged, adulterated or altered or of a quality different from that agreed upon or advertised					X															
Adulteration of things intended to be sold					X															X
Poisoning, pollution or corruption injurious to health of substances intended for public use															X					
Sale, offering for sale or supply for consumption of corrupt substances			X																	
Importation, traffic or supply of products whose natural or probable consumption or use may be injurious to health																	X			

TABLE 18

CRIMINAL TABLES ON INDIVIDUAL OR PUBLIC HEALTH INCLUDED IN EXISTING CRIMINAL CODES Food substances	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Haiti	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela
Manufacture substances injurious to health which are intended as foods			X																	
Manufacture of food substances which are injurious to health																			X	
Manufacture and sale of food products without necessary authorization							X													
Manufacture of products intended for consumption with unauthorized processes or materials			X																	
Violation of leg. prov. in the prep. of water or soft drinks							X													
Selling food products in a state of decomposition			X				X													
Selling of rotten substances										X		X								
Sale, trade or distribution of altered or falsified food substances that are injurious to health															X					
Sale, possession or distribution of altered food or medicinal substances			X																	
Sale, trade, possession or distribution of substances injurious to health intended for consumption			X												X					
Traffic, distribution or possession of damaged food substances			X																	
Trade, possession or distribution of products manufactured with illegal materials or processes			X																	
Maintaining in storage or for distribution poisonous food substances			X																	
Maintaining in storage or for distribution adulterated food substances									X											
Giving false information on the label or container of food products			X																	
Trading or placing for sale as genuine food substances which are not genuine although they may not be injurious to health																				X
Producing scarcity or inflated prices of food articles by giving false information or by fraudulent means															X					X
Corrupting food substances			X																	X
Adulterating food substances			X						X										X	
Falsifying food substances			X																	
Alteration of medicinal-food substances			X																	
Poisoning food substances					X														X	X
Contaminating food substances					X															
Falsifying food substances in a manner injurious to health															X					
Alteration in a manner prejudicial to health of food substances															X					
Poisoning in a manner dangerous to health of food substances intended for public use or consumption	X					X														
Adulterating in a manner injurious to health food substances intended for public use or consumption	X					X						X								
Alteration with any mixture injurious to health, food or drink intended for public consumption				X				X		X		X		X						
Adulteration injurious to health of foods or drink intended for public consumption							X													X
Falsif. injurious to health of foods or food substances and drinks intended for public consumption																				X
Dangerous contamination of food substances	X																			
Trade or provision of adulterated food substances			X	X																X
Trade or provision of falsified food substances			X														X			X
Alteration of the quality or nutritive value of food articles or substances intended for public consumption		X																		

TABLE 19

CRIMINAL TABLES ON INDIVIDUAL OR PUBLIC HEALTH INCLUDED IN EXISTING CRIMINAL CODES Medicinal substances	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Haiti	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela
Prep. of therapeutic products which are injurious to health																			X	
Sale, delivery or distribution of medicines injurious to health, concealing their injuriousness	X					X									X			X		
Sale, display for sale or delivery for consumption of corrupted, adulterated or falsified substances			X																	
Sale or possession for distribution of damaged or altered medicinal substances			X	X	X				X			X								
Supply of damaged or deteriorated medicinal substances			X	X	X							X								
Shipment without legal or regulational formalities										X										
Sale or shipment of medicinal subs. without medical prescription								X	X										X	
Sale or shipment of medicinal substances which do not conform to the medical prescription	X		X					X							X				X	X
Sale or shipment of medicinal substances which do not conform to the medical prescription in a manner injurious to health					X				X											
Sale or shipment of drugs or medicines injurious to health without a doctor's prescription or altering the prescription		X																		
Sale of medicinal substances in quality or quantity other than that advertised or contained	X														X					X
Sale or supply of medicinal substances in a form other than that declared or patented in a manner injurious to health					X			X	X											
Sale of falsified or adulterated medicinal substances injurious or dangerous to health															X					
Sale of substances dangerous to health															X					
Trade, supply or storage of medicinal substances which are dangerous			X																	
False information on labels or containers			X																	
Poisoning or adulteration dangerous for health of medicines intended for consumption	X					X														
Poisoning of a medicinal substance			X																	
Corruption, adulteration or falsification of medicinal substances			X																	
Falsification or alteration injurious to health of medicinal substances															X					
Falsification or dangerous adulteration of medicinal substances																				X
Substitution of medicines dangerous to health				X																
Substitution of medicines										X										

CONSTITUTIONS

Argentina

Constitución de la Nación Argentina de 1 de mayo de 1953 con enmiendas hasta 1957. Buenos Aires, Imprenta del Congreso de la Nación.

Barbados

The Barbados Independence Order. Constitution of 1966. (Arts. 11, 13, 16, 17, 19, 20, 21, 22) Publication of the Department of Legal Affairs of the OAS.

Bolivia

Constitución Política del Estado, de 2 de febrero de 1967. (Arts. 7, 158, 164, 193 y 199) Primera edición de 17 de abril de 1967, pág. b. Editora Novedades, Ltda.

Brazil

Constituçao do Brasil. Promulgada el 24 de enero de 1967. (Art. 97, No. IV: Arts. 158, 178) Departamento de Imprenta Nacional.

Canada

The British North American Act, 1867, as amended. (Arts. 96 and 97)

Chile

Constitución Política de la República de Chile. (Art. 10, No. 14; Art. 115)

Colombia

Constitución de la República de Colombia. (Art. 30, No. 2; Art. 41) Imprenta Nacional, Bogotá, 1960.

Costa Rica

Constitución Política de la República de Costa Rica de 1949. (Arts. 23, 51, 55, 66 y 73) Imprenta Nacional, 1965.

Cuba

Ley Fundamental de la República de Cuba. (Arts. 34, 43, 121; Art. 80, No. 2.) Folletos de Divulgación Legislativa, Editorial Lex, La Habana, 1959. Ley Fundamental de 7 de febrero de 1959 concordada en la Constitución de 1940 y sus leyes complementarias.

El Salvador

Constitución política de la República de El Salvador de 1962 (Decreto No. 6). (Arts. 165, 179, 182, 184, 185, 205, 206, 207 y 208.) Dirección General de Publicaciones, Ministerio de Educación. San Salvador, C. A., 1965.

United States of America

The Constitution of the United States of America, 1789, as amended. Publication of the Department of Legal Affairs of the OAS, 1968.

Ecuador

Constitución política del Estado Ecuatoriano. (Art. 28, Nos. 1 y 2; Arts. 30 y 32; Art. 64, Nos. 15 y 16; Art. 67) Registro Oficial No. 133 de 25 de mayo de 1967.

Guatemala

Constitución de la República de Guatemala de 1956. (Art. 81, No. 4; Arts. 85 y 87; Art. 114, Nos. 8 y 9; Arts. 115 y 137) Tipografía Nacional de Guatemala, C. A., 1961.

Guyana

The Constitution of Guyana and Related Constitutional Instruments, 1966. (Arts. 5(g), 5(h), 8(v), 9(a), 11(a); Art. 12, No. 2(a); Art. 14, Nos. 1(b), 1(g)). Government Printer, Georgetown, Guyana.

Haiti

Constitución de Haití de 1964. (Arts. 24, 171, 176, 182, 183 y 184) Publication of the Department of Legal Affairs of the OAS, 1968.

Honduras

Constitución de la República de Honduras de 1965. (Arts. 118, 119, 124, 137 y 138; Art. 201, No. 36; Art. 202) Publication of the Department of Legal Affairs of the OAS, 1966.

Jamaica

The Jamaica (Constitution) Order in Council, 1962. (Chapter III, Nos. 15, 16, 18, 19, 21, 22, 23) Government Printer, Duke St., Kingston, Jamaica.

Mexico

Constitución política de los Estados Unidos Mexicanos de 1917. (Arts. 11 y 16; Art. 73, fracción XVI: Art. 123, fracción XV) Editorial Purrúa, S. A., México, D. F., 1967.

Nicaragua

Constitución de la República de Nicaragua de 1950. (Art. 58, No. 4; Arts. 69, 76 y 92; Art. 95, No. 10; Arts. 97, 144 y 197) Publication of the Department of Legal Affairs of the OAS, 1966.

Panama

Constitución de la República de Panamá de 1946. (Arts. 26, 27, 41, 54, 71, 92, 93 y 191) Editora Panameña, S. A., 1965.

Paraguay

Constitución de la República de Paraguay de 1967. (Arts. 85 y 93) Edición Oficial - Imprenta Nacional, Asunción, 1967.

Peru

Constitución política de Perú de 1933. (Arts. 42, 46, 50, 52, 67 y 181) Editorial Litográfica La Confianza, S. A., 1965.

Dominican Republic

Constitución de la República Dominicana de 1966. (Art. 8, Nos. 1, 4 15 y 17) Imprenta de la Junta Central Electoral, Santo Domingo, 1966.

Surinam

Constitución de Surinam de 1955. Imprenta del Gobierno - Folleto No. 53. Paramaribo, 1955.

Trinidad and Tobago

The Trinidad and Tobago Independence Act, 1962. (Arts. 1, 2 & 4.) Publication of the Department of Legal Affairs of the OAS, 1968.

Uruguay

Constitución de la República Oriental del Uruguay, 1966. (Arts. 44, 46, 54 y 186) Editorial Barreiro y Ramos, S. A., Montevideo, 1967.

Venezuela

Constitución de la República de Venezuela. (Arts. 30, 62, 74, 75, 76 y 96) Gaceta Oficial Extraordinaria No. 662, de 23 de febrero de 1961.

HEALTH CODES

Argentina

Código Sanitario de la Provincia de El Chaco
Código Sanitario de la Provincia de San Juan
Documentos Básicos de Legislación de Salud Pública - T.O. 1963.

Bolivia

Código Sanitario de la República de Bolivia. Editorial Don Bosco, La Paz, 1958.

Brazil

Normas Gerais Sôbre Defensa e Proteção da Saúde. Ministério da Saúde. Serviço Nacional de Educação Sanitária, Editorial Iguassú, 1964.

Chile

Código Sanitario. Publicación de la Sección Educación para la Salud del Servicio Nacional de Salud. Santiago, 1968.

Colombia

Código Sanitario Nacional. Imprenta Nacional, Bogotá, 1953.

Costa Rica

Código Sanitario. Imprenta Nacional. San José, Costa Rica, 1950.

Ecuador

Código Sanitario - Compilación de Leyes y Reglamentos de Sanidad. Talleres Gráficos de la Editorial Fray Jodoco Ricke. Quito, Ecuador, 1961.

Guatemala

Código de Sanidad y sus Reformas. Publicaciones de la Dirección General de Sanidad Pública. Guatemala, C. A., 1941.

Honduras

Código Sanitario de la República de Honduras. Diario Oficial "La Gaceta", Nos. 19057 y 19058, de 5 y 6 de enero de 1967, respectivamente.

Mexico

Código Sanitario de los Estados Unidos Mexicanos. Diario Oficial de 1° de marzo de 1955. México, D. F.

Panama

Código Sanitario. Editor: Napoleón Arce. Panamá, 1947.

Peru

Código Sanitario. El Peruano, Lima, 1969.

Dominican Republic

Código de Salud Pública de la República Dominicana. Editora del Caribe C. por A. Ciudad Trujillo, R. D., 1957.

PENAL CODES

Argentina

Código Penal, Ley 11.179 - 1921, Lajoune, B. A.
Talleres de México, Edición de 1960

Bolivia

Código Penal de 1834
3a. Edición Burillo y Cía., 1955

Brazil

Ley 1521 de 26 de diciembre de 1961

Chile

Código Penal de Chile
Publicación Oficial 1966 - Editorial Jurídica

Colombia

Código Penal, Colección Codex Brevis
Librería Voluntad, Ltda., 1958

Costa Rica

Decreto No. 368 de 1941
La Gaceta No. 192 de 1941

Cuba

Código de Defensa Social
Aprobado por Decreto Ley 1802

El Salvador

Código Penal
Diario Oficial de 1948 - Tipografía Ungo

Ecuador

Código Penal publicado en
Revista Información Jurídica del Ministerio de Justicia
Comisión de Legislación Extranjera 1958, Madrid

Guatemala

Código Penal de la República
Tipografía Nacional de Guatemala, 1936

Haiti

Código Penal
Decreto de septiembre de 1935

Honduras

Código Penal
Decreto No. 76 de 1906 (Diario Oficial)

Mexico

Código Penal
Editorial Purrúa, México, D. F., 1958

Nicaragua

Código Penal de 1881

Panama

Legislación Penal Panameña
Impreso en Argentina de 1943 - Imprenta López, Buenos Aires, 1941

Paraguay

Código Penal - Ley de 1914

Peru

Código Penal - Ley 4868 de enero de 1924

Dominican Republic

Código Penal
Editora del Caribe, C. A. - 1954

Venezuela

Ley de Reforma Parcial del Código Penal
Editorial Pensamiento Vivo, C. A. - Caracas, 1958

REFERENCES

Almeida Rodrigues, Dr. Bichat. Fundamentos de Administração Sanitaria. Rio de Janeiro, 1967.

Arenas, Antonio Vicente. Delitos contra la Vida y la Integridad Personal y Delitos contra la Propiedad. Bogotá, D. E., 1962.

Bielsa, Rafael. Compendio de Derecho Administrativo. Buenos Aires, 1964.

Bielsa, Rafael. Derecho Administrativo. Buenos Aires, 1964.

Corporación Canadiense para la Exposición Mundial de 1967. Reglamento de Salud Especial para la Exposición Mundial. Canadá, 1967.

Curran, R. E. Revision of the Health Law of Trinidad and Tobago, 1961 (Report to the Pan American Sanitary Bureau, Washington, D. C.).

Departamento de Asuntos Exteriores (División de Información). Documentos de Referencia No. 94, Otawa, Canadá, 1969 y Organización del Gobierno Canadiense.

Domínguez, Alberto. Policía Sanitaria, Doctrina Legislación Nacional y Provincial. Editorial Palma, Buenos Aires, 1946.

Editorial Andrade. Codificación Sanitaria Mexicana, 1a. Edición, 1965. México, D. F.

Editorial Jurídica Venezolana, S. A. Legislación Sanitaria Nacional. Caracas, Venezuela, 1967.

Editorial Waldener Bocorny. Leyes y Reglamentos, Código Nacional de Salud - nivel nacional. Brasil, 1966.

Fraga, Gabino. Derecho Administrativo, 8a. Edición, Editorial Purrúa, México, 1960.

Grad, Frank P. Public Health Law Manual - 1965. American Public Health Association. New York.

Inter-American Bar Association. Encuesta Latinoamericana de Alimentos y Drogas. Washington, D. C., 1959.

Ministerio de Comercio, Oficina de Estadística del Dominio (Canada). Anuario Canadiense. Otawa, Canadá, 1968.

Ministerio de Salud Pública (Brasil). Enfermagem. Rio de Janeiro, 1959.

Ministerio de Salud Pública de la Nación (Argentina). Organización Sanitaria Argentina. Buenos Aires, 1952.

Ministerio de Salud Pública y Bienestar Social (Argentina). Programa de Salud Pública para la Provincia de Santa Fé. Argentina, 1952.

Perrot, Roger. Les Eléments Fondamentaux du Droit. Paris, 1967.

Porto Migueis, Maria Amelia. Indice da Legislação Sanitaria Federal 1889-1959. Compositora Gráfica Lux, Rio de Janeiro, 1961.

Quero Molares, José. El Derecho Sanitario Mexicano. Revista de la Facultad de Derecho de la Universidad Nacional Autónoma de México, No. 49. México, D. F., 1963.

Reorganización del Ministerio de Salud Pública y Asistencia Social. Guatemala, 1969.

Rolland, Luis. Précis de Droit Administrativo. Dalloz, Paris, 1963.

Romero Zuloaga, Carlos y Luis Guillermo Ancay. Indice de las Leyes Vigentes. Mene Grande Oil Co., Depto. Legal. Caracas.

Rosales Larrea, Dr. Adriano. Recopilación de Leyes y Reglamentos de Sanidad del Ecuador. Editorial Fray Jodoco Ricke. Quito, 1961.

Servicio Nacional de Salud de Chile. Reglamento de los Organismos Locales de Salud. Imprenta Central de Talleres del Servicio. Santiago, Chile, 1968.

Organización Panamericana de la Salud. Sexta Reunión de los Países del Río de la Plata, Reunión Sanitaria Fronteriza. Porto Alegre, Brasil, 1968.

Organización Panamericana de la Salud. Tercer Congreso Regional de Enfermería. Rio de Janeiro, Brasil, 1953.

Ministerio de Salud Pública de la Nación (Argentina). Digesto de Salud Pública, 1950. Imprenta del Ministerio de Salud Pública de la Nación, Buenos Aires.

Ministerio de Asistencia Social y Salud Pública (Argentina). Legislación Sanitaria, Buenos Aires, 1965.

Borges, Nilo A. Compilación Ordenada y Comparada de la Legislación Cubana (1809-1950). Editorial Lex. La Habana, Cuba.

Diccionario Indice de la Legislación Argentina. Artes Gráficas Bartolomé Chiesino, S.A. Buenos Aires, Argentina, 1964.