

Social Security Fund as a Form of Constitutional Responsibility for the Right to Health

Sisca F Usman

Mahasiswa Magister Hukum Universitas Indonesia, sisca.fathriana@ui.ac.id

Abstract: Health is one of the human rights that has been recognized and enshrined in the constitutions of many countries. To achieve a high level of health, Indonesia is not unlike many countries that have implemented and ensured the sustainability of social security programs in the health sector. This requires a stable source of fund. This study aims to compare the recognition of the right to health in the constitutions of developed and developing countries and sources of funding for social security for health programs using a literature review method. Developing and developed countries have recognized the right to health in their constitutions and regulate the social security system. There are many ways to regulate the sources of fund for social security programs. The state pays the contribution for their employers and for the poor, as well as providing financial support for implementing social security programs.

Keywords: constitution; contribution in social security funding; social health insurance; the right to health

Abstrak: Kesehatan merupakan salah satu hak asasi manusia yang telah diakui dan tertuang dalam konstitusi di berbagai negara. Untuk mewujudkan derajat kesehatan yang tinggi, banyak negara menyelenggarakan program jaminan sosial di bidang kesehatan. Tidak terkecuali Indonesia. Untuk memastikan keberlanjutan penyelenggaraan, program jaminan sosial kesehatan perlu didukung dengan sumber dana yang stabil. Penelitian ini bertujuan untuk mengetahui perbandingan pengakuan hak asasi manusia atas kesehatan serta sumber pendanaan program jaminan sosial kesehatan dalam konstitusi di negara maju dan negara berkembang. Kajian ini dilakukan melalui metode studi pustaka. Negara berkembang dan negara maju telah mengakui hak asasi manusia atas kesehatan serta mengatur mengenai sistem jaminan sosial dalam konstitusinya. Metode pendanaan jaminan sosial diatur secara bervariasi. Kehadiran negara terlihat dalam bentuk kontribusi negara dalam pendanaan baik sebagai pemberi kerja bagi pekerja Pemerintah, sebagai pembayar iuran bagi masyarakat miskin, serta sebagai pemberi dukungan finansial bagi terselenggaranya program jaminan sosial.

Kata kunci: konstitusi; kontribusi pendanaan jaminan sosial; jaminan kesehatan sosial; hak asasi manusia atas kesehatan

INTRODUCTION

Years have passed since the government first implemented the national health insurance program – *Jaminan Kesehatan Nasional* (JKN) in 2014. The implementation has come with its problems and challenges. In the majority of its seven-year journey, BPJS Kesehatan's balance sheet has experienced deficits. The government has covered the deficit several times. BPJS Kesehatan also contributed subsidies of 1.07 trillion IDR through their operational fund to cover the deficit. BPJS Kesehatan balance sheet continues to decline until it reached minus 17.78 trillion IDR in 2019. One of the causes of the deficit is the premium is set below the actuarial calculation.

Financial sustainability is one of ten Global Challenges in Social Security for the Asia Pacific (ISSA, n.d.). Indonesia needs to learn from other countries on addressing this issue, focusing on premium setting and sources of fund. Habibi (2020) compared two health insurance systems in terms of membership services and funding to identify which aspects Indonesia can emulate. Another study by Putri (2010) discusses the implementation of health insurance in Indonesia and Malaysia in accordance with social insurance principles. In addition, the authors also suggested some lessons learned from the implementation of National Health Insurance (NHI) in Taiwan.

Furthermore, studies about country comparisons of the right to health in the form of providing a social security fund and the premium setting of the social health insurance are scarce. This study will fill this gap by identifying best practices of constitutional recognition of the right to health, social security, fund sources, and premium setting.

METHOD

This research is conducted using a normative juridical approach (Soerjono Soekanto & Sri Mamudji, 1979) based on analysis of legal norms, both written law and statutes (in literature and legislation) (Dworkin, 1973). This study will scientifically examine the existence of legal events that occurred and perform analysis with a systematic method and are associated with the existence of positive law both nationally and internationally. The library materials needed in compiling this research are divided into primary, secondary, and tertiary legal materials. The primary legal materials used are all forms of laws and regulations that apply in Indonesia and in other countries, including international laws and regulations. While the secondary legal materials used are obtained from the results of similar research. Tertiary legal materials are obtained from national and international articles, both printed and electronic as well as related legal dictionaries. Comparative juridical approach is also used to compare the law enforcement in Indonesia with other countries in analysing the setting of social security premium and the source of funds. This research will also compare the constitutions of the research object countries to find out how the social security arrangements are in the constitutions of each country.

This research emphasises in the analysis of the formulation of legal regulation or legal institution that can solve the sustainability problem in the social security program (Hartono, 2006). This research ultimately aims to examine what laws should be made in the future, especially in solving the sustainability problems of the JKN Program by using a futuristic juridical approach (future law).

RESULTS

All countries in the world acknowledged the urgency of fulfilling the right to health as a part of the state's obligation to fulfil human rights. Meeting the need for health and welfare as a minimum standard of living also includes meeting the need for social security (Leilani Ismaniar Indar, Muh. Alwy Arifin & A. Rizki Amelia, 2019). Article 25 of the Universal Declaration of Human Rights (UDHR) states that it is the basic right for every individual to obtain an adequate standard of living, health, and well-being including health care and social services.

On December 16th, 1966, the United Nations General Assembly 2200A (XXI) adopted Article 12 paragraph (1) of the International Convention on Economic, Social and Cultural Rights, (Kontras) which provides assurance for the fulfillment of the right to health. Covenant countries recognized that the fulfillment of the degree of physical and mental health is the right of every human being. Other international instruments that recognized human rights in the health sector are Articles 12 and 14 of the International Convention on the Elimination of All Forms of Discrimination against Women and Article 1 of the Universal Declaration on the Eradication of Hunger and Malnutrition.

In the welfare state concept, authority is given to the state to play a major role in fulfilling human rights for its citizens. The state not only ensures that there are no violations of human rights but also ensures the fulfillment of all components of human rights in each country which includes the right to health. Article 2 Paragraph (1) of the Convention on Economic, Social, and Cultural Rights becomes the legal basis for the state's obligations in fulfilling the right to health. The application of social security for citizens is an effort in carrying out the obligation to fulfill basic health needs as part of human rights. However, the amount of the state's contribution in ensuring social security depends on the capabilities of each country.

Vietnam

In the constitution of the Socialist Republic of Vietnam, several articles regulate human rights and social security. The latest constitution of the Socialist Republic of Vietnam was adopted on November 28th, 2013, by the thirteenth national assembly and took effect on January 1st, 2014. It is the fourth constitution adopted by the Vietnamese government since the political reunification of the country in 1976.

Recognition of human rights, fundamental rights, and obligations of citizens is stated in Chapter II of the constitution of the Socialist Republic of Vietnam, Article 1 (Forum, 2014), as follows:

"1. In the Socialist Republic of Vietnam, human rights and citizens' rights in the political, civil, economic, cultural, and social fields shall be recognized, respected, protected, and guaranteed by the Constitution and law.

2. Human rights and citizens' rights may not be limited unless prescribed by law solely in case of necessity for reasons of national defense, national security, social order and safety, social morality and community well-being."

The constitution of the Socialist Republic of Vietnam guarantees the right to access social security and the right to protection and health services. The constitution also states that everyone is obliged to comply with the regulation in the context of disease prevention and medical examinations. This obligation provides a solid legal basis for all regulations regulated under the constitution.

The inclusion of the obligation to comply with regulations in the context of disease prevention efforts and medical examinations, along with legal rights obtained legally, shows the balance of arrangement between the rights and obligations of citizens in the constitution of the Socialist Republic of Vietnam.

The simultaneous regulation of human rights and obligations in the positive law aims to maintain a balance between the two. Individuals do have fundamental rights as their human rights, but they are also required to respect and uphold the human rights of other individuals. It means that in carrying out human rights, each individual cannot ignore or violate the human rights of other individuals.

Articles in the constitution related to the rights to social security and the rights to protection and health services are as follows: Citizens are guaranteed the right to social security (Article 34); Everyone has the right to health protection and care, and to equality in the use of medical services, and should comply with regulations on the prevention of disease and medical examination or treatment (Article 38).

Vietnam runs a social insurance system. The long history of the formation of the social insurance system is recorded in various regulations. In 1961, Vietnam passed the first law regulating health benefits for public-sector employees followed by medical benefits in 2005. Meanwhile, the health insurance law was enacted in 2008, implemented in 2009, amended in 2014, and implemented in 2015. Following the constitutional mandate in 2014, the Law on Social Insurance was drafted. It regulates social insurance regimes and policies; the rights and responsibilities of employees and employers; agencies, organizations, and all health insurance stakeholders (ILO, n.d.). A decree was issued by the Government in 2018 regarding the expansion of social insurance coverage for specific foreign workers working in Vietnam. From December 1, 2018 to 2022, foreign workers in Vietnam

are covered by social insurance with the same amount of contributions as Vietnamese citizens. Employers are mandated to pay contributions for all their workers, including foreign workers.

The Vietnam Social Security (VSS) is a government-attached agency which aimed at organizing the implementation of social health insurance policies; organizing the collection and payment of unemployment insurance contribution; managing and using social insurance funds, unemployment funds, and health insurance funds; and inspecting the payment of social insurance, unemployment insurance, and health insurance in compliance with the law. The Vietnam unemployment insurance is under the Ministry of Labor, War Invalids, and Social Affairs. The Ministry of Health and the Ministry of Finance are responsible of the financial mechanism of social insurance, unemployment insurance, and health insurance funds (VSS, 2020). The Ministry of Health also provides general supervision for health insurance.

The source of medical benefit fund of Vietnam's social insurance varies depending on the source of payment (ISSA, 2019):

1. The insured pays 1.5% of their gross monthly earnings.
2. The self-employed pays 4.5% of their legal monthly minimum wage. The second to fifth member of the household pay 3.15%, 2.7%, 2.25%, and 1.8% of the minimum wage respectively. An additional 1.35% is paid as a contribution for near-poor families, and 2.1% for students.
3. The employers pay 3% of the monthly payroll.
4. The government pays contributions as an employer. In addition, they pay contributions for certain groups of insured persons, such as children below 6 years old, people with special needs, and disabled people. The government also pay the contribution of near-poor civil servant which is calculated at 3.15% of the minimum wage and 0.9% for students. If needed, subsidies are also provided in addition to the obligations that have been paid by the government.

The minimum monthly earnings used to calculate contributions are the legal monthly minimum wage for civil servants. The maximum monthly earnings used to calculate contributions are 20 times the legal monthly minimum wage for civil servants. The legal monthly minimum wage for civil servants is 1,390,000 Dong or equivalent to 62 US\$.

India

India's constitution does not explicitly mention about social security. Article 43 of the Constitution of India (India, 2020) mentioned the State is obliged by law or otherwise, to guarantee an adequate standard of living for its citizens.

This provision is in line with The Universal Declaration of Human Rights that recognizes the right to social security in article 22, which states, "*Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-*

operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality." And article 25, which enshrines the right to an adequate standard of living, stating that "(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."

Therefore, the state shall endeavor to secure, by suitable legislation or economic organization or in any other way, a decent standard of living, which includes medical care and essential social services. India implements social insurance and social assistance system. The Law was enacted to regulate the social security system in India, such as employees' state insurance law in 1948, social assistance law in 1995, and unorganized workers' social security in 2008.

The medical benefit as part of social security in India involves many parties in its implementation. The medical benefit program is organized by The Ministry of Health and Family Welfare through supervision by the Ministry of Labor and Employment. Specifically, the task of collecting contributions and administering social security programs is the responsibility of the Director General, whose authority is distributed through regional and local offices. The coverage of the benefits of the national health insurance program consists of financing for inpatient services and mobilization costs for participants who meet the criteria. The same benefit applies to most states (ISSA, 2019).

The Employees with monthly earnings of up to 21,000 rupees or equivalent to 280 US\$ and working in a factory or firm with at least ten workers are covered by social insurance. In Maharashtra and Chandigarh, the minimum number of workers that enables social insurance coverage are 20 workers. No limitation of monthly earning is applied for disabled people. (ISSA, 2019).

An additional 1.75% of their wages must be paid by workers. For areas that are implementing the medical benefits program for the first time, a 1% reduction of wages is given for two years. In 2018, the average daily minimum wage in India was 138 rupees or equal to 2 US\$. This figure is used as the basis for calculating the contribution. The contribution is also considered for the financing of work accident benefits and unemployment benefits.

The amount of the medical benefits contribution for voluntary insured persons is determined in nominal terms. In 2018, the required contribution is 10 rupees per month or less than 1 US\$ per month. Self-employed are exempted from social assistance premium payment. However, the employer is required to pay a contribution for social insurance of 4.75% of the wage. For areas that

are implementing the medical benefits program for the first time, a 3% deduction of wage is given for two years for employers. All social assistance contributions are paid by the state government. In addition, they also pay 12.5% of the cost of health benefits. Unemployment benefit recipients receive financing for work injury medical benefits and medical care costs paid by the state government (ISSA, 2019).

Venezuela

The Constitution of the Bolivarian Republic of Venezuela drafted in 1999 and amended in 2009 is Venezuela's current and twenty-sixth Constitution. There are four articles under Chapter V: Social and Family Rights, which regulates the recognition of health care and social security. Article 83 and 84 states that health is a fundamental social right and the responsibility of the state to finance the program as a part of the right to life. To guarantee the right to health, the State develops guidance and administers a national public health system that involves multi stakeholders. It is decentralized and participatory, integrated with the social security system and governed with the principles of gratuity, universality, completeness, fairness, social integration, and solidarity (Project, 2009).

Article 85 of the constitution regulates that the financing of the public health system is the responsibility of the State. The article shows the commitment and responsibility of the State in fulfilling the right to health through the financing of an integrated public health system. Furthermore, the financing system must be integrated with sources of income, compulsory social security contributions, and other sources of financing provided by the Law.

The Venezuelan Constitution regulates the fulfillment and recognition of the right to health through the implementation of social security. It states that everyone is entitled to social security as a non-profit public service to ensure health and protection in a social welfare emergency service. The State is mandated and responsible for ensuring the implementation of the universal and comprehensive social security system with co-financing, unity, efficiency, and participation from direct and indirect contributions. To ensure the fulfillment of the right to health, the social security system still provides protection to non-paying people. The low ability to pay is not a reason to exclude people from receiving health care protection.

The social security fund is managed prudently and separately dedicated to specific spending. Contribution paid by employees to cover medical and health care services and other social security benefits will be provided for social purposes only, under the State guidance. The state allocates fund for health education and social security which are used as contributions to those services. The constitution authorizes the establishment of special laws to govern the social security system.

The first social insurance law in Venezuela was enacted in 1945. Multiple laws regulate the medical and cash benefit for health care namely the social security and social insurance law enacted

in 2012. Venezuelans can access medical and childbirth benefits under the Sickness and Maternity Program. Cash and medical benefits are provided through a social insurance scheme for all workers, while persons receiving old-age, disability, or survivor benefits; and certain persons and their dependents only receive medical benefits.

Insured person pay contribution for social insurance as much as 4% of their monthly earnings, in which contributions are paid weekly. The minimum monthly wage was used as the basis to calculate the minimum contribution.

Cash and medical benefits are financed from the contributions which are also used to finance the medical benefits of the unemployed. Self-employed persons contribute 13% of their reported wages. The range of contributions from private sector employers is 9% to 11% depending on the level of risk. Public-sector workers pay a minimum of 4% of the monthly wage with a maximum amount of five times the monthly minimum wage as a basis for calculation (ISSA, 2020).

The government is also responsible for financing the entire program, including in the event of a deficit. Financing is at least 1.5% of the total monthly earnings for administrative costs. This obligation is contained in article 85 of the Constitution, which regulates the state's responsibility for the administration of social security in Venezuela.

Instituto Venezolano de Los Seguros Sociales (IVSS) administers the program based on the latest law under general supervision from the Ministry of the People's Power for the Social Process of Labor. IVSS will progressively transform according to the New Social Security System, developed in the Organic Law of the Social Security System (Art. 127 LOSSS).

Canada

Canada's constitution was enacted in 1867 and amended in 2011. There is no stipulation related to social security or recognition of the right to health (Project, 2011). The constitution only mentions state support for the elderly and the disabled in article 94A in which delegates The Parliament of Canada to create laws concerning old-age pensions and supplementary benefits, including survivors' and disability benefits irrespective of age. However, several laws regulate sickness, maternity, and parental benefits from 1957.

The benefits provided in the social security scheme in Canada are divided into medical benefits and cash benefits. All Canadian residents are included in the Universal Program scheme and entitled to receive medical benefits. The coverage provided is portable in the entire region and even includes emergency care in other countries.

Contribution amounts are different across states. British Columbia requires employees and self-employees to pay contributions. In Ontario the contribution is calculated from the amount of taxable income with a certain maximum amount, while in other regions there is no obligation to pay

contributions. Contributions are collected by the Canada Revenue Agency. For regions that do not collect contributions, funding is provided by the federal, provincial, and territorial governments. These areas must meet the requirements of the Canada Health Act to be able to obtain government funding through block transfers (ISSA, 2020).

DISCUSSION

After comparing the recognition of right to health in several countries' constitutions, we need to evaluate similar right in Indonesia. Article 28H paragraph (1) of the Constitution of the Republic of Indonesia states, "*Each person has a right to a prosperous life both physically and spiritually, to a clean and healthy environment, and to receive health care.*"

Although the Constitution of the Republic of Indonesia does not state that the right to health is a human right or part of human rights, the regulation of the right to health is in the chapter that regulates human rights. Thus, we can argue that Indonesia acknowledged health as a part of human rights.

Further regulation regarding state responsibility in fulfilling the right to health is stipulated in article 28I of the Constitution of the Republic of Indonesia: "*Protection, promotion, enforcement, and the fulfillment of human rights are the responsibilities of the State, particularly the Government. To uphold and protect human rights in accordance with the principles of a democratic and law-based state, the implementation of fundamental human rights is to be guaranteed, regulated, and laid down in laws and regulations.*" Therefore, the government is responsible for fulfilling the right to health as a part of human rights. It is essential to become a benchmark in improving people's living standards as the embodiment of human rights.

The social security regulation in article 28H paragraph (3) of the Constitution of the Republic of Indonesia states that each person is entitled to social security, enabling him to develop his entire self as a dignified human being. In article 34 paragraph (2) the state develops a social security system for everybody and empowers the weak and underprivileged in the society by preserving their dignity as human beings.

In general, the social security regulation in the Indonesian constitution is similar to those in other countries. However, the Indonesian constitution does not specify the percentage of the national budget allocated to fund the social security programs.

Social security arrangements in the Indonesian constitution are broad. The constitution does not regulate how social security is administered, the mechanisms, and sources of program funding. The Constitution only provides the basis for forming a social security law through the mandate of Article 34, paragraph (4).

Funding of social security programs in Indonesia must comply with the provisions of Article 43 paragraph (1) of Law Number 24 year 2011 concerning Social Security Administrative Bodies, as follow:

The following are the sources of the social security assets:

1. Social security contributions, including contribution subsidy.
2. Social security fund development.
3. Transfer of assets from the former social security administrating bodies
4. Other legal sources in accordance with the law and regulations

The use of the social security funds is limited to the following 3 activities:

1. Payment of benefits or financing of social security services.
2. Operational costs of implementing social security programs.
3. Investment in instruments in accordance with the laws and regulations.

The research results show that countries regulate the premium setting of social security programs in their laws. This is different from Indonesia where the premium calculation and setting is regulated in a Presidential decree. Premium setting is regulated in several schemes according to the type of participation. Contribution rate for employees is 1% of take-home pay, compared to the 4% paid by the employer. The minimum limit for calculating contributions is the minimum wage, with an upper limit of 12 million rupiahs. For the citizens categorized as the poor and near poor, the state pays the full amount of the contributions. For the informal sector, the contribution is set with a certain nominal. The amount of this contribution is reviewed every two years.

If the Social Security Fund is deficit, the Government may take specific actions in the form of:

1. Adjustment of the number of contributions by the provisions of the legislation;
2. Provision of additional fund subsidy for the adequacy of the Social Security Fund following the provisions of the legislation; and
3. Adjustment of benefits by the provisions of the legislation.

The financial arrangement during deficit is done through the injection of additional funds is similar to its rules in the social security program in Venezuela. Table 1 compares recognition of the human right to health in the constitution and the arrangement of fund for social security programs (medical benefits) in the research object countries.

Table 1: Human Rights Recognition and Social Security Fund Source

	Vietnam	India	Venezuela	Canada	Indonesia
Recognition of human right to health in constitution	v	v	v	x	v
Social security di contitution	v	v	v	x	v

Fund source from member contribution					
Insured person/ employee	v	v	v	v	v
Employer	v	v	v	v	v
Self-employee/informal sector	v	x	v	v	v
Government	v	v	v	v	v

CONCLUSION

The Constitution of Republic Indonesia recognizes the concept of State responsibility in human rights, as seen in Article 28I (4) and (5), which states, "*Protecting, promoting, upholding, and the full realization of human rights are the responsibilities. To uphold and protect human rights in accordance with the principles of a democratic and law-based state, the implementation of fundamental human rights is to be guaranteed, regulated, and laid down in laws and regulations.*" Both are keys in seeing the constitutional responsibilities that the State, in this case, the Government, must undertake to carry out efforts to promote human rights.

The National Social Security System Law provides certainty for the protection of human rights and social welfare for all people as mandated in Article 28H paragraph 1 and 3, and Article 34 paragraph 2 and 4. To achieve the goals of the social security system in health, BPJS Kesehatan was established to manage the provision of health insurance to fulfill the basic needs of a decent life for all Indonesians.

Lessons learned from the constitutions of social security programs in other countries shows that the Indonesian constitution regulates social security in a more general approach. Specific regulations are required to translate the law more technically. It is necessary to make changes to the Indonesian constitution by adding articles about the obligation of citizens to comply with social security arrangements, strengthening the position of social security institutions, and the state's commitment to support and ensure the sustainability of the social security programs.

REFERENCES

- International Social Security Association. (2018.). *10 Global Challenges Social Security Asia Pacific*. ISSA. <https://ww1.issa.int/news/10-global-challenges-social-security-asia-pacific>.
- Soerjono Soekanto & Sri Mamudji. (1979). *Penelitian Hukum Normatif : Suatu Tinjauan Singkat*. Pusat Dokumentasi Hukum Fakultas Hukum Universitas Indonesia.
- Dworkin, R. (1973). *Legal Research*. Spring.
- Hartono, S. (2006). *Penelitian Hukum di Indonesia pada Akhir Abad ke-20*. Alumni.
- Kontras. (n.d.). *JKN, Hak atas Kesehatan dan Kewajiban Negara*. BPJS. <http://kontras.org/backup/buletin/indo/bpjs.pdf>.
- Leilani Ismaniar Indar, Muh. Alwy Arifin & A. Rizki Amelia. (2019). *Hukum dan Bioetik Dalam Perspektif Etika Dan Hukum*. CV. Budi Utama.

- International Labour Organization. (n.d.). *Vietnam Law on Social Insurance*. ILO.
<https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/99775/126463/F-1921723198/VNM99775%20Eng.pdf>.
- International Social Security Assosiation. (2019). *Social Security Programs Throughout the World: Asia and the Pacific, 2018*. SSA Publication.
- Vietnam Social Security. (2020). *Vietnam Social Security Function and Tasks*. VSS.
<https://vss.gov.vn/english/aboutus/Pages/function-and-tasks.aspx>.
- Ministry of Law of India. (2020). *The Constitution of India*. Constitution.
https://legislative.gov.in/sites/default/files/COI_1.pdf.
- Vietnam Law and Legal Forum (2014). *The Constitution of The Socialist Republic of Vietnam*. Vietnam News. <https://vietnamnews.vn/politics-laws/250222/the-constitution-of-the-socialist-republic-of-viet-nam.html>.
- Project, C. (2009). *The Constitution of the Bolivarian Republic of Venezuela*. Constitute Project.
https://www.constituteproject.org/constitution/Venezuela_2009.pdf.
- IVSS. (n.d.). *Historia del IVSS*. IVSS. <http://www.ivss.gob.ve/contenido/Historia-del-IVSS> .
- International Social Security Assosiation. (2020). *Social Security Programs Throughout the World: Asia and the Pacific, 2019*. SSA Publication.
- Project, C. (2011). *The Constitution of Canada..* Constitute Project.
https://www.constituteproject.org/constitution/Canada_2011.pdf?lang=en.