

PRESS RELEASE

Military Intervention in Handling COVID-19 Pandemic in Indonesia: Imposition of Problems in the Management of Health Care, Public Behaviour, and Social Assistance

Military Involvement in the COVID-19 Management in Indonesia

In the wake of the COVID-19 pandemic, the Indonesian Government involved the military institution in responding to the emerging outbreak and taking control of the situation, to ensure that COVID-19 cases are handled through organised, systemic managerial mechanism. This therefore involved the creation of COVID-19 task force consisting mostly of military personnel (see figure 1) which historically has an institutionalised form of control and management in carrying out their tasks.

The structure of the Covid-19 Task Force, which detailed in Presidential Decree No. 7/2020 and its amendments in Presidential Decree No. 9/2020, is heavily militarised, evident in the number of military personnels structuring the organisation, which although having tracked records in handling natural disasters, however, little is known about the management in the emerging diseases and illness, such as COVID-19. LaporCOVID-19 argues that more involvement from the healthcare personnel is required to instigate a more public health-centric approach in the management of emerging outbreak, which should also be reflected in its ad-hoc organisations' personnel created by the central government.

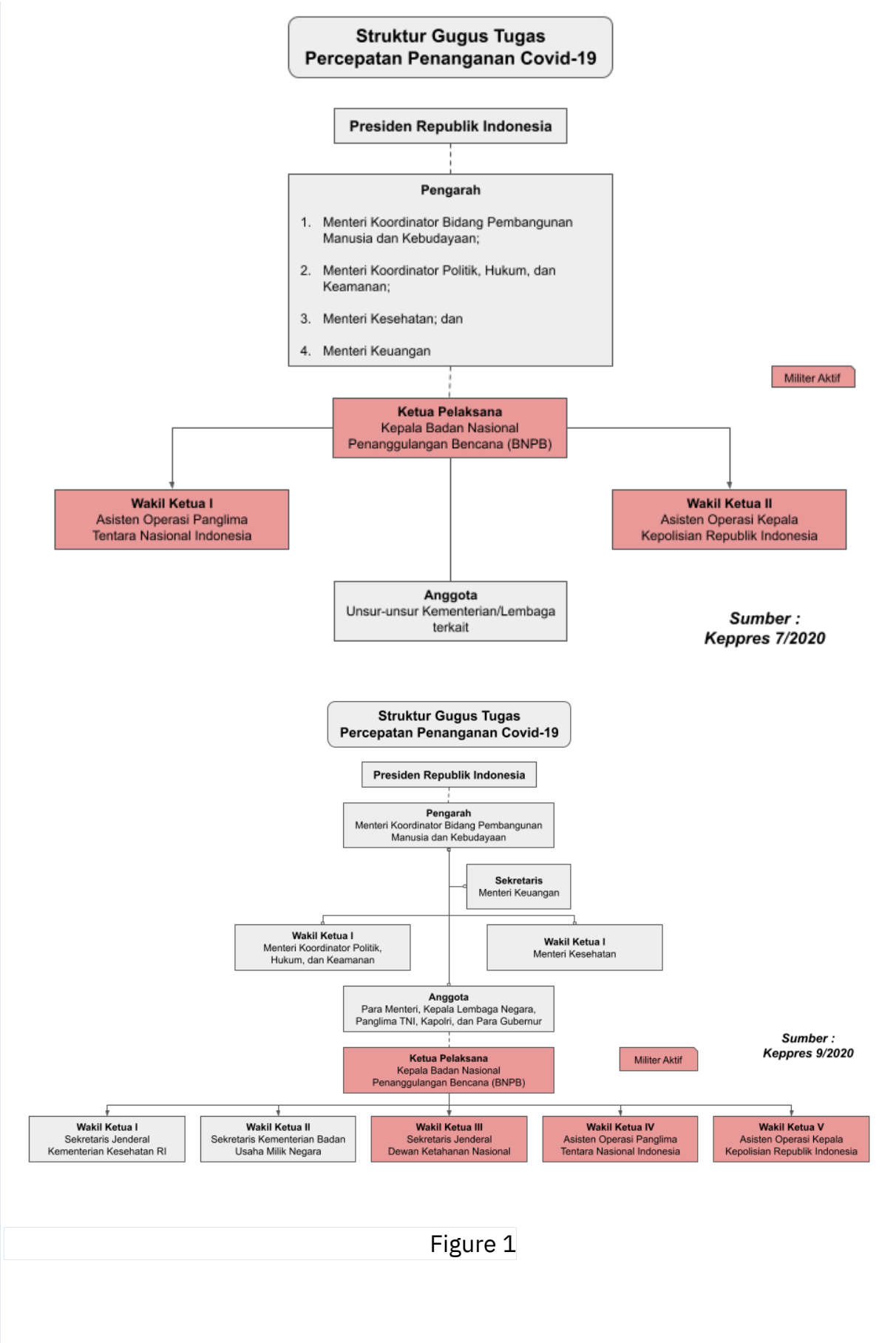


Figure 1

Militarised Authority in Managing COVID-19: Some examples

Medical practitioners in the primary, community and secondary level of care are the first point of contact to handle, manage and administer resources to handle COVID-19 cases. Due to the overwhelming cases and demands for care, the central government was propelled to respond to COVID-19 outbreak with military-dominated COVID-19 task force that holds more authority, discretion in conducting health-related tasks, than health practitioners. The tasks include doing the following:

- Close contact tracing officers from the Indonesia Military Bodies (TNI), especially *Babinsa*, are less effective, considering the fact that they need more trainings from the staff at the Primary Healthcare Centres
- Mobile RT-PCR test and Covid-19 drugs by Indonesia State Intelligence (BIN)
- Enforcement of Health Protocols by TNI/POLRI, accompanied by physical sanctions.
- Organizing Vaccination Centres by TNI/POLRI.

While such military approach is usual and yields results in other countries, however, this conduct of mechanism often results in the conflict of interests and risk of corruption. For instance, in the vaccination delivery services by TNI/POLRI, LaporCOVID-19 found a report on the vaccines being delegated to the non-vulnerable communities and in fact are commercialised.

The ineffectiveness of Military-Focussed Management in the Enforcement of Health Protocols.

During the period from July 2020 to April 2021, LaporCovid-19 **received 1,096 citizen reports** regarding non-compliance with health protocols by the public, despite the deployment of the TNI/POLRI in monitoring, conducting surveillance and punishing those who are not adhering to the health protocols regimes

The ineffectiveness of such approach can be traced back from the fact that corporeal punishment is not enforcing enough and only serves as an embarrassment for the public to witness, but it does not make people to internalise values and awareness within oneself on the importance of adhering to the health procotols. High-ranking officials complicates the

issue by organising activities that gather large crowds but are not given sanctions by the authorities. These discriminatory practices towards non-compliances, such that high-ranking officials are imposed impunity, while others are not, further prompting apathetical attitudes on the public health protocols adherence.

Perpetuating Violence

Physical sanctions for those violating health protocols include forcing people to do push-ups or sleep in the coffins and using water cannons to disperse the crowds. Beatings, torture, and excessive mass dispersal are also evident in some cases. In addition, military personnel was allowed to carry out repressive measures:

- Repressively terminating contracts of health workers at Wisma Atlet RSDC (Emergency Isolation Centres) who voiced their rights to incentives being violated, such that they are not getting paid while working in the Wisma Atlet
- The arrests of protesters voicing out their critical concerns on the unaccountable policies issued during pandemic. They were directed to assemble in a crowded space, such as a police car, thus have no place to keep a distance and were often ask to not wear the masks.

VAKSINASI SUDAH MULAI HALAL, SUCI DAN AMAN. Yuk siap dan berani. Ingat 5M jangan lalai agar makin terlindungi



HOME > NASIONAL >

Kisah Perawat Wisma Atlet Tak Diperpanjang Kontrak Kerja Usai Pertanyakan Insentif

Reporter: Egi Adyatama
Editor: Syailendra Persada

Kamis, 13 Mei 2021 07:17 WIB



Petugas membersihkan halaman rumah sehat COVID-19 wisma atlet tower 8, Jakabaring Sport City (JSC), Palembang, Sumatera Selatan, Rabu 12 Mei 2021. Pemerintah Provinsi Sumatera Selatan menjadikan wisma atlet tower 8, Jakabaring Sport City (JSC) sebagai tempat isolasi dan pengobatan pasien COVID-19 sebagai langkah untuk mengantisipasi tingkat keterisian tempat tidur (bed occupancy rate) di Kota Palembang yang hampir menyentuh 70 persen. ANTARA FOTO/Nova Wahyudi

TERPOPULER

- 1 BNPT Waspada Dampak Kemenangan Taliban di Afghanistan
- 2 Hakim: Hinaan dan Cercaan ke Juliani Jadi Pertimbangan wann Merinnankan Hukuman
- 3 Ketua DPD RI Tinjau Lokasi Festival Adat Kerajaan Nusantara 2021
- 4 Greysia/Apriyani Dapat Rumah, Menpora Amali Anreaciai Pihak Swasta
- 5 Tanggapi Isu Amandemen UUD 1945, Hatta Nilai Ada Sesat Pikir Soal PPHN



Source: 

- <https://nasional.tempo.co/read/1461918/kisah-perawat-wisma-atlet-tak-diperpanjang-kontrak-kerja-usai-pertanyakan-insentif/full&view=ok>
- https://kontras.org/wp-content/uploads/2020/06/2907_bhayangkara_Final.pdf

Multitude of Problematic Situations in the Administering of COVID-19 vaccines

1. COVID-19 vaccines are not administered to the vulnerable communities

In mid-August 2021, more than 53 million Indonesians received the first dose of the vaccine, and at least 27 million people received the second dose. However, the implementation of Covid-19 vaccination in Indonesia is marked with **unfair access**, that the vulnerable and marginalised communities are facing obstacles in getting vaccines.

Vulnerable Groups Must Be Prioritized

Determining which vulnerable groups should be prioritised to get vaccination indeed depends on the current limited supply of vaccines, in accordance to the World Health Organisation's guidelines. Who are then these prioritized, vulnerable groups?

Stage I

- Health workers, especially those who handle Covid-19 directly.
- Seniors

Stage II

- Residents with Comorbidities
- Sociodemographic group with significantly higher risk of severe illness or death.
- Educators and Education

Stage III

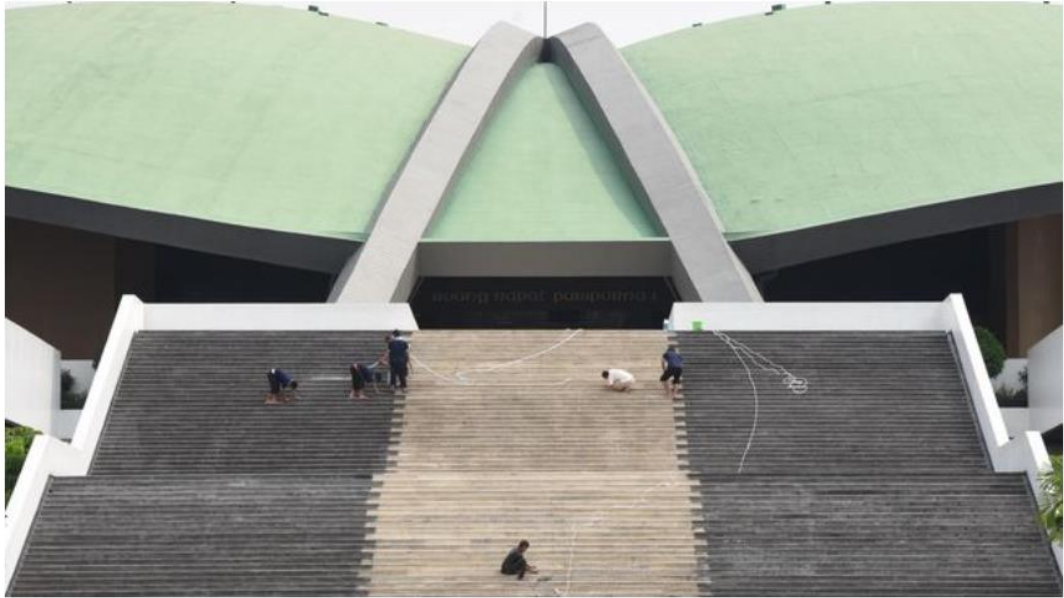
- Public Officer (essential to public service)
- public service)
- Pregnant mother
- Community groups who have essential jobs outside of public officials.

The Indonesian government does not seem to pay attention to **these WHO guidelines**. The government actually provides Covid-19 vaccinations for groups that are not a priority, such as celebrities, artists, to members of the DPR and their families, before priority groups get it.

Vaksinasi DPR dan Keluarga Tertutup, Jurnalis Dilarang Liput

CNN Indonesia | Jumat, 26/02/2021 11:21 WIB

Bagikan :



Ilustrasi. Kegiatan vaksinasi Covid-19 anggota DPR RI beserta keluarga dan staf yang berlangsung di Kompleks Parlemen berlangsung tertutup, pengambilan foto pun dilarang. (Foto: ANTARA FOTO/Akbar Nugroho Gumay)

Source: <https://www.cnnindonesia.com/nasional/20210226102721-20-611185/vaksinasi-dpr-dan-keluarga-tertutup-jurnalis-dilarang-liput>

2. Asymmetric Information

Extending the discussion beyond the vulnerable communities, **wider citizens in fact did not get the a full, complete information regarding COVID-19 vaccination**, especially regarding:

- How to access Covid-19 vaccine (registration & scheduling),
- Management of AEFIs (contacts, handling and results)

Impact:

- **There are doubts about vaccine safety, effectiveness, side effects, whether it is halal, and others.**

- Some residents are still having trouble finding health facilities that provide vaccination services
- This is exacerbated by the existence of domicile provisions as a prerequisite when registering for Covid-19 vaccinations.

3. Disproportionate Sanctions on the Mandatory COVID-19 Vaccination

Beranda / Berita

Pengurusan Adminduk di Payung Sekaki Lampirkan Bukti Vaksin Covid-19

Pengurusan Adminduk di Payung Sekaki Lampirkan Bukti Vaksin Covid-19

BERITA PEMKO 09 Juni 2021 15:25 Informasi 473



Camat Payung Sekaki Fauzan S.STP M.Si - Pekanbaru.go.id

PENGUMUMAN

TERHITUNG TANGGAL 09 JUNI 2021 , UNTUK TAMU YANG MENGURUS
SKCK / DUMAS / LAPORAN KEHILANGAN BARANG DI POLRESTA
PEKANBARU

**“WAJIB UNTUK MELAMPIRKAN BUKTI VAKSIN COVID 19 /
BUKTI BAHWA SUDAH MENDAFTAR”**

VAKSIN AMAN DAN HALAL GRATIS !!!!!

a.n. KEPALA KEPOLISIAN RESOR KOTA PEKANBARU
KA BRKT



The application of sanctions for delaying the distribution of or terminating social assistance is inappropriate and **violates the 1945 Constitution and Law 36/2009 on Health, where everyone has the right to independently determine the type of health service and treatment according to their needs.** Vaccines also **cannot be used as other administrative requirements**, such as for process administration for issuing a letter of good behavior by policy (SKCK), certification from the Village leaders, Citizen ID card.

Fulfillment of social security and public services is also a citizen's right and cannot be limited because they do not participate in the Covid-19 vaccination. Instead, the addressing such asymmetrical information should be the government response in order to expand vaccine coverages

4. Corporate Vaccination Scheme

Corporate Vaccination Scheme has three main problems:

1. **Violating the constitutional mandate**, that the state is responsible for the provision of proper health care facilities and public service facilities. While public-private partnership is often evident, however, this privatisation risks having the vulnerable communities neglected and brings more unequal outcomes in the delivery of care, especially during the pandemic.
2. **Manipulating herd immunity terminology.** Herd Immunity can only be achieved more quickly if vaccinations are given according to the priority of vulnerability, as well as ease and equality of access to those communities
3. **Inconsistent policy instruments: making the vaccine free, but also commercialising it to the corporates.** In December 2020, President Jokowi stated that the Covid-19 vaccine was provided free of charge to the entire community. In fact, the government actually organizes Mutual Cooperation for Private Vaccinations and Individual Paid Vaccinations. Recently, Individual Paid Vaccination was revoked after pressure from the community.

Social Safety Net Corruption Risks

In 2020, the government launched six social safety net (*Jaring Pengaman Sosial/JPS*) programs to mitigate the impact of COVID-19 on economically marginalized groups. These include:

- Additional recipients of *Program Keluarga Harapan* (PKH, a support in the form of cash and basic necessities intended for pregnant women to school children),
- Food card,
- Pre-Employment Card (*Kartu Prakerja*),
- electricity subsidies,
- additional market and logistics operations,
- relief on credit payments for informal workers.

JPS budget in 2020 reaches at least IDR 203.90 trillion



Problems Keep Recurring in the Management of Social Assistance

However, JPS was unable to fully reach the people affected by the pandemic. As a result, there are still many impacted citizens who have not received social assistance because:

- **Inadequate information about the registration**
- **Poor data collection**
- **Uneven distribution of social aid**
- **Poor quality of social assistance**

Corruption is Everywhere



The corruption of social assistance funds by Juliari Batubara is seen as the peak of the problem emerged from the lack of transparency in distributing and procuring social assistance. This corrupt practice can actually also be found in smaller units of governance, including neighbourhood units, community units, village officials, and third parties distributing social assistance to regional heads. **They use their authority and take advantage of loopholes in the lack of supervision and transparency of social services to enable such corrupted practices.**

The politicization of social assistance funds, especially during the 2020 Regional Head Elections and the practice of corruption, collusion, and nepotism are rampant.

Bawaslu: Bansos Covid-19 Ditempli Foto Petahana, Indikasi Politisasi

Kompas.com - 01/05/2020, 10:42 WIB

BAGIKAN:    

Komentar ¹



Kemasana Beras ukuran lima kilogram untuk warga terdampak Covid 19 yang terpasang wajah Bupati Ogan Ilir Ilyas Panji Alam menghebohkan warga Ogan Ilir terutama di media sosial Facebook hari ini. (HANDOUT)



Source: <https://nasional.kompas.com/read/2020/05/01/10420321/bawaslu-bansos-covid-19-ditempli-foto-petahana-indikasi-politisasi>

People are Still Having Trouble in Accessing JPS

The government decided to continue implement JPS service program in the 2021 Fiscal year. However, **in its implementation, citizens were still complaining via citizen report about the same pattern of problem emerging in 2020, such as data disintegration, poor quality of social aid, and uneven distribution.** This **mal-administrative situation** will make it more difficult for citizens to get their right to social protection, especially during restrictions on community activities and the difficulty of finding work or layoffs.