

Covid-19 in Indonesia: Critics and Proposal

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ABSTRACT

COVID-19 has been a critical event that we are currently facing. Amidst this uncertain time, the Indonesian government is unable to resist the commercialization practice that exists in medical service, particularly for the COVID-19 cases. In addition to that, intractable neoliberalism led to health inequalities and unequal distribution; uncentralized policy triggered uncontrollable prices. As a result, those practice is harm people in the economic and health sectors. In a simple manner, the COVID-19 outbreak exposed the appalling circumstance of Indonesian healthcare infrastructure resilience. This paper aims to find out the existing commercialization practice of the healthcare service, which should be public goods, and its implication for the people. The research is conducted by utilizing the qualitative research method that includes interviews and secondary data collecting. With the emphasis on criticizing a medical neoliberalism practice, the paper also provides a proposal for the related issue. Regarding the proposals, the paper offers three suggestions: 1) prioritize the preventive measure, 2) prioritize the health budget allocation, and 3) educate people to get used to the self-testing.

Keyword: COVID-19, Critics, Indoensia, medical service, particularly

INTRODUCTION

As of July 28, 2021, the COVID-19 cases still remain high in Indonesia. According to Indonesia's Ministry of Health, the daily confirmed cases on July 28 reached 47,791 nationwide. This exponential growth of the cases are now contributed to the 3,287,727 total positive cases in Indonesia; the unprecedented increasing cases prevail unstoppable amid the Micro-Scale of Public Activities Restrictions Enforcement (PPKM) that have been extended since the beginning of the month by the government to flatten the curve (Oke News, 2021). Additionally, the economic condition in the country is slowly contracted and the consumption rate is low-hanging, which will affect the national economic recovery nationwide unfavourably (Putri, 2021).

In the midst of the new peak of the massive increasing cases, Indonesia also experienced a new 2,000 total death in a day (CNBC Indonesia, 2021). Indonesia is again leading the daily death cases from all countries of the world. The number far exceeds Russia, which is in second place with 779 cases. Indeed, this is the first time that the number of deaths from COVID-19 in Indonesia has reached 2,000 per day. However, for 12 days in a row, the number of deaths has consistently been above 1,000. The circumstance worsened because most health facilities in the country are currently over occupied and near to collapse (BBC News, 2021). The health equipment, vaccines, and other medical supplies are on edge.

Ever since the COVID-19 outbreak hit Indonesia in March 2020, Indonesia's Government never committed to a total lockdown policy. Instead, the government implements social and mobility restrictions to preserve economic activities at all levels to operate, especially small and medium enterprises (SME), which dominated the market (Lidy, 2020). In addition to those policies, an economic expert warned that avoiding lockdown could affect the country's further costs in the long game (Jelita, 2021). However, the government refused to implement a lockdown in regards to the condition of the vulnerable society, especially those who are working in informal jobs. Despite voicing for a lockdown, academics remind that the lockdown is only a small part of a grand strategy to deal with the COVID-19 epidemic, and it must be supported by other supportive policies, such as social aid packages distribution as it is already written in the National Law (Dzulfikar, 2020).

In the light of the near-collapse condition, the outbreak commercialization controversy emerges amid the society's debate in the country. Under the Minister of Health Regulation Number 10 of 2021, the government launched the "Gotong Royong" vaccination program, which aimed at the employees, families, and other individuals in the family whose funding is borne by legal entities or business entities. The Gotong Royong scheme started as of May 17, 2021 (Makarim, 2021). In response to this issue, the Head of Indonesian Labor Confederation (KSPI),

Said Iqbal, revealed that this program could threaten vaccines as public goods and it will further only bring benefit to several elites. In addition to that, most labour movements demand that vaccines should be free for all and not being commercialized amid this challenging times (Candraditya, 2021).

LITERATURE REVIEW

The devastating effect of the pandemic has been an endless problem for all nation-states. The countermeasure has led to the contentious issue, particularly in Indonesia. There is a dilemmatic circumstance amidst the policy-maker regarding the effective countermeasure to deal with the pandemic. Every decision should be made rigorously as it will have a multi-faceted effect. Indonesia, with a huge population and prospective economic growth, should face the dilemmatic situation about which should be prioritized between economy and health during this pandemic. It is in line with the fact that COVID-19 has disrupted the global economy and business activities (ASEAN Policy Brief, 2020)

However, Indonesia is not the only country that cannot stand the dilemmatic situation about prioritizing which aspect in imposing the national policy direction. India, a populous country, is the determining policy to fix both economic and healthcare issues. To support the financial aspect for the citizen, the government has issued financial aid. Although state-sponsored support programs seem to be buffering, the huge impact is still mostly insufficient (Dhar, Jee, & Karmakar, 2021). B13t42

In accordance with the limitation of government to provide the balance between economy and healthcare policy, we cannot deny the existence of practice in commercializing the healthcare aspect. In further, the discussion about commercializing healthcare is notably explained by neoliberalism's view, which can comprehensively point out the neoliberal practice in the healthcare system. Long before the pandemic, some scholars have participated in giving a thought about a related issue. Eliason (2015) has illustrated how neoliberalism influences US healthcare, in which the commercialization practice in healthcare is common. She emphasizes how the individualism value uphold by neoliberal tends to harm the marginalized society. Sahoo's thinking (2018) also put the explanation about how privatization notion of neoliberal has affected the public healthcare in the US that leaves 15% of Americans without healthcare. During the pandemic, this practice is even inevitable. Private actors, particularly in the healthcare industry that might manufacture the necessary techniques and other equipment and pharmaceutical products, have made huge profits before. However, today they neither recognize nor are called upon by

governments to honour their duties towards public interest (Isaković, 2020). Similar to what happens in Spain, the lack of power in public health services exists due to the bias of the interests of economic and financial lobbies, to the detriment of the public, workers and consumers interests (Navarro, 2020). Navarro argues that "the continuation of neoliberal policies would be suicide for the country, increasing the suffering of the popular classes even more" (Navarro, 2020).

Thus, the neoliberal practice in healthcare, which in this article would be called medical neoliberalism, merits a more comprehensive explanation and critiques. As a new COVID-19 epicentre, Indonesia is worth it for exploration. The complex situation and imbalance between health and economic interest have triggered inappropriate policy and wrong priorities. The prior articles have examined how neoliberalism unfavourably has worsened the current pandemic. However, there is still a lack of exploration on Indonesian policy in commercializing the pandemic, which is decent for the research. Otherwise, most of them emphasize the European and North American countries. The disadvantages of commercializing the pandemic have been a primary concern for Indonesian citizens, yet there is a minimal discussion about it. Therefore, the article would like to contribute the criticism and proposals upon the issue of medical neoliberalism during the COVID-19 pandemic in Indonesia, which distinguishes the prior studies.

THEORETICAL FRAMEWORK

Medical neoliberalism comes into the term because of the implication of neoliberalism practice in the medical sector. In addition, discussing neoliberalism cannot be separated from the thoughts of Friedrich Hayek (1967); the idea that came from an economist who adhered to the values of liberalism had indeed economic studies that focused on the free market from the start. He underlined that the free market is very compatible with the availability of resources for the community's needs because it is through supply and demand (Hayek, 1967). According to him, free markets respond to individual needs so that markets should be allowed to operate freely. Therefore, the government should be limited to the possibility of spontaneous emergence in society. However, with the government's central planning unable to respond to the changing needs of each individual, central planning involves coercion and limiting the freedom of everyone and ultimately leads to an unlimited, totalitarian government.

Hayek saw the relationship between the three, which led to the idea that the big problem in the economy is how the economic actions in society are

related. But, as Adam Smith did, Hayek also noticed that the free-market system is more than just a system that focuses on economic activity alone but can also act as a system that coordinates the community's actions even though such coordination is not someone's desire. The philosophical implication of Hayek's thinking is that there are commodities traded unconsciously in the market and one concrete example of this is how now some people see health services as being traded commodities (Mooney, 2012).

While neoliberalism has many economic, social, political, and philosophical definitions, it is most commonly associated with a general orientation toward a strongly market-based approach that emphasizes deregulation, state minimization, privatization, and the emergence of individual responsibility. Besides, the term neoliberalism has been used in various contexts to describe its impact on the structure of health care services (Baru, 2018). Much scholarly and popular literature has framed neoliberalism as a hegemonic political project.

Medical neoliberalism has been a critical issue amidst this global pandemic. The implication of how neoliberalism makes in the medical stuff is creating another obstacle for the pandemic countermeasure. The involvement of a money-oriented party has worsened the problem. In this context, medical neoliberalism is founded as the barrier of the people to get appropriate treatment in facing the pandemic. The money-oriented party involves in public healthcare can be determined as both the government representative and private parties such as company or related profit organizations. The weak policy-maker shows how the private party easily controls the public healthcare system during the pandemic. It is in line with neoliberalism itself, which proposes the minimum involvement of the state and embraces private party participation.

In Indonesia, particularly, the neoliberal practice in the medical context has influenced a worse effect of pandemic countermeasure. The high price of testing, minimum access to testing for the low-class people, the high price of medicine, and minimum access to vaccines are evidence of how the neoliberal practice has worsened the situation in Indonesia. We argue that such practice of medical neoliberalism has been the main factor in this deadly situation.

RESEARCH METHOD

Our research will be conducted by the qualitative approach and utilize the secondary data as our primary data. The data sources will be cultivated by including books, personal sources, journals, newspapers, websites, government records

and other related sources. To collect qualified data, we also interview respondents who relate to commercialization practice during the pandemic. Three respondents are interviewed to share their experience related to affording the Covid-19 recovery treatment in the public hospital and another three respondents are interviewed about their experience related to the 'quarantine business' practice for the passengers from abroad. The interview process was conducted in an unstructured method to give the respondents the chance to share their experiences broadly and firmly. It is also beneficial for the authors to gather as much as information. It aims to deliver the related issue to be more specific and in an in-depth analysis.

DISCUSSION

Global Pandemic as the Medium of Medical Commercialization

The COVID-19 outbreak has affected public healthcare considerably. The non-exclusive measure has been proposed as an effective way to deal with the pandemic (Maulaya & Jasuma, 2021). The public should be able to help people freely and not be limited to specific groups. A state with the government in it has the authority to make it right. It is in line with the 1945 Constitution of the Republic of Indonesia article 34(3) "The state shall have an obligation to provide sufficient medical and public service facilities". It shows how the state plays a very critical role in ensuring public healthcare for the people.

With its decentralized system of healthcare, Indonesia's public healthcare service has a different regulator at each level (central to district). Aiming to produce an effective and efficient service in each level of healthcare, the regulator enforces a policy that suits its local needs. However, with the rising demands of healthcare services, Indonesia opens the chance for investment from the private sector, which results in for-profit private providers. It includes private hospitals, clinics, pharmacies, and other medical practices. This makes the public healthcare service becomes very diverse in society in terms of private and public providers.

Although the government has issued health insurance through the programme called JKN (Jaminan Kesehatan Nasional) to help people survive the funding for a health problem, the global pandemic has chronically influenced the process of healthcare delivery. While JKN grants people, particularly the low-income class, to have free access for healthcare service, pandemic hits them differently. Many medical services related to the covid-19 is not free or granted by the government. Both medical providers, public and private, claim paid service for related covid-19 cases, while the

government confirms that the healthcare-related to covid-19 is free of charge (Tim Komunikasi Komite Penanganan Corona Virus Disease 2019 (Covid-19) dan Pemulihan Ekonomi Nasional, 2021). Not only for treatment during the infected period but testing attempts like SWAB Antigen and SWAB PCR are not cheap stuff for some people.

In private and public hospitals and laboratories, the range price of the covid-19 test is started from Rp. 120.000 to Rp. 3.000.000 (\$8 - \$200) (ALODOKTER, 2021). It is almost no difference between private and public medical providers in this context. Although at the local level, like district and sub-district, there are numerous healthcare facilities like Puskesmas, they have minimal medical facilities to provide testing efficiently. The procedure is quite complicated for people, particularly its administration process. In Pemalang, a small town in Central Java, for instance, people who would do SWAB Antigen test in Puskesmas or local public hospital should book the appointment up to two days before the testing day. The result is released more than six hours; otherwise, the SWAB Antigen in private hospitals in the big city only takes approximately thirty minutes after the testing.

While discussing treatment for the patient, many claims that they spend a huge amount of money for it, Covid-19 has been a critical event that drives the commercialization in medical service. A respondent mentioned that he needed to afford at cost Rp. 111.000.000 (\$7.697,16) to support his father when being hospitalized for a month. Likewise, a respondent also had to pay Rp. 60.000.000 (\$4.160,63) to afford the specific medicine for his unconscious mother, who died two days after the medicine being injected. Although most of them already hold health insurance that granted by JKN, such an amount still need to be paid since it is not covered by the government.

In accordance with the commercialization practice, another evidence is also worthy of discussion. This is commonly known as the 'quarantine business' that requires people to afford a minimum Rp. 6.000.000 (\$415) for a quarantine service in a hotel in five days (Ramadhian, 2021). As the passengers from abroad are mandatory to do the quarantine, they have options about where they would be placed during the quarantine. Unfortunately, a huge amount is also costed to provide to hotel facilities for them. For people who can afford the hotel, they are supposed to be placed in Wisma Atlit during the quarantine. Although it is a well-maintained place, still, it is nothing compares to the 3-star hotel facilities. A respondent who experienced quarantine at a 5-star hotel mentioned that upon his arrival at the airport from his trip to the US, somebody approached him and gave the paper

of the hotel pricelist. He did not even get the chance to choose the option for Wisma Atlit.

The neoliberalism practice has endorsed the obstacles for some people who are not able to afford the high cost of medical service during this pandemic. The high price of testing and recovery treatment hits people differently. Non-exclusive healthcare has been highlighted as the proper countermeasure, yet the Indonesian government seems still facing obstacles in imposing this countermeasure. Either because of significant intervention from the private party or because of the inability of the government to ensure the health of the people. The medical service that is supposed to be free or at least efficient and affordable access for people is now being seen as the exclusive thing for some people. It is undeniable that some medical kits for the Covid-19 testing and medicine for the Covid-19 treatment are not cheap. Therefore, the hospital should set a high price to support the delivery of healthcare services. However, the healthcare providers, both private and public, often take advantage of it by imposing an unaffordable price. For the private providers, they compete to offer the best healthcare service even though the price is unreasonable for some people. Although the privatization practice can only be seen as very slight, the practice of capitalization through commercialization does still exist.

Implications of Commercialization

The form of privatization emphasized by neoliberalism is not only limited to the economic and trade sectors. As the principal source of classical liberalism, each of its ideas leads to individual freedom in all aspects of life, so that the privatization referred to by neoliberalism also realizes the privatization of other sectors, such as education and health. Every human being must fulfil two things in need in the world (SL, 2008). With the application of neoliberalism values, these two things are nothing but part of the traded commodities. The real implication is the emergence of education service providers who demand high fees; this can be seen in the number of private universities and tutoring services that also apply high rates to enjoy access to the education they provide. This privatization of education has an impact on the quality gap between providers of educational facilities that are relatively cheap and those that are expensive.

The same thing also applied to the health sector. Although it is the main thing that must be fulfilled by every human being, with the privatization of health, hospitals and other health services are also nothing but traded commodities. The positive impact is the continuous development of innovation so that the quality of health services will continue to

increase. But on the other hand, of course, the application of tariffs that are adjusted to the quality of service will be burdensome for those who cannot afford it (Pauline Barnett, 2020).

As the previous explanation mentions the understanding of the concept of privatization, the concrete implication that arises is that all sectors of public life can be privatized without exception of health. As with education, access to health services is the right of every individual and therefore, the state, through a sovereign government, must be able to provide services in these two fields (Sakellariou, 2017). The government provides education services in the form of formal schools along with educational level schemes that every citizen must follow. As for the health sector, every individual has the right to receive health services without discrimination. Therefore, health privatization can be interpreted as an activity to reduce public services, subsidies, and regulation of a health service (Scarpaci, 1989).

The privatization of the health sector has led to the existence of health infrastructure, including hospitals, clinics, providers of health equipment, medical personnel, including doctors and nurses, all of which are managed by private entities in the form of profit-oriented business entities. A clear difference between private health services and public health services is that private health services do not inclusively allow every individual to be able to enjoy health services because every service that is to be consumed has an economic value that must be paid for. Paid health services generally have a variety of service options that vary to suit the economic ability of consumers to pay the prices charged by service providers (Freedom Health Insurance, n.d).

The existing privatization of the health sector does not eliminate public health services, which is indicated by the still-standing of many government-owned hospitals and clinics in almost all countries in the world. However, as we know, most public stereotypes see that private management in the health sector results in more excellent services (Ravindran TKS, 2005). General views on private health services include: the speed of the service process, more variety of service choices, the time and place of service focused on consumer choice and the convenience of service infrastructure such as a more well-maintained physical building, for example. In addition, it should be noted that the various advantages resulting from the privatization of the health sector do not exist without polemics. Plus, reflecting from a conceptual understanding of health privatization, we can observe that the realm of privatization is spread over various things that underlie health service activities, not limited to infrastructure in the form of hospital buildings and

equipment but also medicines, including vaccines in them (RV, 2016).

In the Indonesian context, vaccines commercialization can be seen in the form of the "Gotong Royong" program, which is administered under the State-Owned Enterprise Ministry. However, we must keep in our mind that vaccines are public goods, especially in the current circumstance of COVID-19 outbreak massive transmission. As a result, misinformation starts to spread among the society that COVID-19 measure by the government, e.g., vaccination program and PCR testing, has only been made for business profit only (Amirullah, 2021).

In the long run, the conditions like this are what bring conspiracy theories to life in times of crisis. The reason is that conspiracy theories and fake news always offer easy-to-digest explanations of seemingly endless chaos and uncertainty. At a time when normality that is known to many people seems to be getting away from everyday life, people usually tend to follow narratives that claim to know what or who caused the crisis. In Indonesia, especially in the midst of the COVID-19 pandemic, hoaxes and misinformation have become an acute problem. The Ministry of Communication and Information (Kemenkominfo) recorded that there were 1,600 hoaxes related to COVID-19 from January 2020 to June 2021. This figure was quoted by Rizky Ika Syafitri, a communications specialist for the development of UNICEF Indonesia, who has been working closely with the government to support the COVID-19 response (Ravelo, 2021).

One of the most common types of hoaxes and misinformation related to the COVID-19 vaccine. The theory circulating on many social media platforms is that vaccines contain magnetic chips. Some have even tried to prove this theory by making videos showing a coin or spoon sticking to the arm. However, hoaxes and disinformation about COVID-19 vaccination can also come from lack of information, information that keeps changing, or contradictory and complex to correct (BBC, 2020).

All in all, even though the Indonesian President has boldly ordered the Ministry to reduce PCR test prices, it is not increasing the COVID-19 testing rate (Ashar, 2021). As of August 13, the daily average of COVID-19 tests in Indonesia decreased by 7.71% compared to the previous week. In no small part, misinformation supported by the commercialization practices by the Indonesian government triggering the COVID-19 testing downgrading (Annur, 2021). By seeing this matter, we can conclude that the overpriced testing kit, hotel quarantine, and other medical-related tools are not centralized properly.

CONCLUSION

Ever since the COVID-19 outbreak emergence in several neighboring countries, Indonesia remains disavowal to prepare mitigation assessment and preventive measures to block the virus from entering the country's jurisdiction. Instead, the government actively promoted tourism destinations to both citizens and foreign nationals (Gorbiano, 2020). In March 2020, Indonesia first announced that its expert detected that the COVID-19 had infected some people via international flight. However, the government prevail to be denial; COVID-19 is not a serious threat and is under control. Our proposal is that the government should have apprehended the health expert about any possible contagious virus, especially when scientists worldwide already warned. With that part, the government will be able to determine proper policies in regard to this COVID-19 pandemic. Additionally, by calculating the economic cost, restrictive social regulation will be much cheaper if implemented earlier than the late serious response or a total lockdown after the COVID-19 cases skyrocketed; preventive measure is the key. Otherwise, it cost more people's lives and economic stability (Robertson, 2020).

Shortly after the government took serious measures with the kind of large-scale social restriction (PSBB), there are still data discrepancies and unsynchronized COVID-19 data between the central government and provincial government and between the government version non-government COVID-19 voluntary-based movement. With the uncentralized COVID-19 data, the decision-making process becomes imprecisely miserable and got the wrong target. For instance, the government injected 72 trillion IDR to the state-owned enterprises (BUMN) companies with the State Capital Participation (PMN) amid the healthcare facilities collapse (VOI Editorial Team, 2021). With such conditions, the Indonesian government could allocate more budget to the healthcare facilities to prevent shortages of ICUs and oxygen tanks (Lai, 2021). In this matter, we propose to reduce the non-essential sector to receive a high amount of state capital. Instead, prioritizing healthcare measurement should be the first thing to do.

While people discussing how hard it is to afford medical facilities during the pandemic, the testing price and the recovery treatment cost are the two biggest obstacles for Indonesian. However, those obstacles wouldn't be issues anymore if such countermeasures are adopted. For instance, having a broadened, well-educated citizen will be beneficial for the government and us simultaneously. Educating people about preventing the outbreak, including distributing and socializing the self-testing kit, are effective countermeasures to deal with the

pandemics. We can adopt how Singapore, the US, and other countries encourage people to do self-testing to easily track the infection and have a preventive action in a very early stage. In further, the distribution should be granted to be safe, fair, and affordable for all classes. The authorized party have a high authority to socialize and distribute the testing kit. All people should be ensured to receive equal rights over healthcare, particularly during the pandemic.

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