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## Legal Protection of The Right to Health for People with Long-term Health Impact due to Disaster in Indonesia

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**Abstract** *Many disaster events occur in Indonesia which have an impact, especially on the health of the Indonesian people. Health impacts can occur directly and indirectly and some experience long-term impacts that affect their lives. The state cannot be absent in regulating various problems arising from disasters in Indonesia. Therefore, the legal regulation of the right to health for long-term health impact sufferers due to disaster Indonesia must be examined. The study used normative legal research, a study approach to*

*legislation, and library research. State policy ensures that the right to health is realized through legal products (primary legal materials) reviewed and then described and analyzed in answering how to fulfill the right to health in Indonesia due to disaster. As a result, the Indonesian Government has already ensured the fulfillment of the right to health of every citizen. However, Government should issue advanced services regulations as soon as possible to regulate the handling of long-term health impact sufferers due to disaster in Indonesia.*

**Keywords** *Disaster, Health, Legal Protection, Right to Health*

## **1. Introduction**

Many disasters occur in Indonesia, one of which is a national disaster is COVID-19. Indonesia is now considered successful in combating the spread of COVID-19. Many things have been done by the Indonesian government, one of which is officially designating COVID-19 as a national disaster. The decision was made in the Presidential Decree (*Keppres*) of the Republic of Indonesia No. 12 of 2020.<sup>1</sup>

Disasters are incidents or series of events that endanger and disrupt a community's daily activities and livelihoods. They are caused by both natural and non-natural factors, as well as human factors, and result in human casualties, environmental damage,

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<sup>1</sup> The Government of Republic of Indonesia, "Determination of the Non-Natural Disaster of the Spread of Corona Virus Disease 2019 as a National Disaster," Pub. L. No. Keppres No 12 Tahun 2020, 18 (2020).

property loss, and psychological effects.<sup>2</sup> A national disaster is an event that involves or impacts a very large and significant area, thus requiring the mobilization of national resources for handling and recovery. In this context, national disasters often involve coordination between the central government, local governments, and various domestic and international institutions and organizations.

Diseases related to disasters can arise as a result of the disruptive and often unsanitary conditions that occur during and after catastrophic events. These diseases are often categorized as communicable or non-communicable, depending on whether they are infectious and can be transmitted from person to person.<sup>3</sup> Individuals with pre-existing chronic conditions (e.g., diabetes, cardiovascular diseases) may also face challenges in managing their conditions due to disruptions in healthcare services and living conditions.<sup>4</sup> Disasters can also exacerbate mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD).<sup>5</sup> Industrial accidents or the release of hazardous materials during disasters can result in chemical exposures, leading to acute and long-term health effects.<sup>6</sup> Nuclear accidents or incidents involving radioactive materials can cause

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<sup>2</sup> The Government of Republic of Indonesia, "Disaster Management," Pub. L. No. UU RI No. 24 Year 2007 (2007).

<sup>3</sup> Najmeh Jafari et al., "Prevention of Communicable Diseases after Disaster: A Review," *Journal of Research in Medical Sciences* 16, no. 7 (2011): 956–62.

<sup>4</sup> Nina Lorenzoni et al., "Long-Term Impact of Disasters on the Public Health System: A Multi-Case Analysis," *International Journal of Environmental Research and Public Health* 17, no. 17 (2020): 1–17, <https://doi.org/10.3390/ijerph17176251>.

<sup>5</sup> Katherine Stroebe et al., "Chronic Disaster Impact: The Long-Term Psychological and Physical Health Consequences of Housing Damage Due to Induced Earthquakes," *BMJ Open* 11, no. 5 (2021): 1–9, <https://doi.org/10.1136/bmjopen-2020-040710>.

<sup>6</sup> World Health Organization, *Chemical Releases Caused by Natural Hazard Events and Disasters - Information for Public Health Authorities*, Licence: CC BY-NC-SA 3.0 IGO, 2018, <https://www.who.int/ipcs/publications/natech/en/>.

radiation exposure, resulting in various health problems.<sup>7</sup>

One of the issues that the Government needs to improve in handling the health impact due to disaster is to continue to follow up on people who have long-term health problems because of the disaster effect. One of the example is long COVID. Long COVID is a long-term symptom of COVID-19 experienced by patients several months after infection or during recovery.<sup>8</sup> A few studies have found that symptoms of long COVID are common in patients with increasing age, body mass index, and female sex. More than five symptoms during the first week of sickness were linked to a higher risk of long COVID.<sup>9</sup> The symptoms of long COVID that appear in the field of Ear, Nose, Throat, Head, and Neck include loss of ability to smell (anosmia) and impaired sense of smell in identifying odors (parosmia). In addition, the loss of taste ability (dysgeusia) is a symptom often found in patients with long COVID. In addition, other symptoms are coughing, shortness of breath, muscle aches, diarrhea, nausea, malaise, abdominal pain, and nervous disorders. Not infrequently, symptoms appear in the form of difficulty thinking, shortness of breath, heart rhythm disturbances, and other COVID symptoms. The impact of long COVID reduces a person's quality of life and does not rule out the possibility that severe symptoms will

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<sup>7</sup> Claire Leppold et al., "Public Health Implications of Multiple Disaster Exposures," *The Lancet Public Health* 7, no. 3 (2022): e274–86, [https://doi.org/10.1016/S2468-2667\(21\)00255-3](https://doi.org/10.1016/S2468-2667(21)00255-3).

<sup>8</sup> Elisabeth Mahase, "Covid-19: What Do We Know about 'Long Covid'?", *The BMJ* 370 (2020): 9–10, <https://doi.org/10.1136/bmj.m2815>; Matthew Whitaker et al., "Persistent COVID-19 Symptoms in a Community Study of 606,434 People in England," *Nature Communications* 13, no. 1 (2022): 2022–24, <https://doi.org/10.1038/s41467-022-29521-z>; Carole H. Sudre et al., "Attributes and Predictors of Long COVID," *Nature Medicine* 27, no. 4 (2021): 626–31, <https://doi.org/10.1038/s41591-021-01292-y>.

<sup>9</sup> Sudre et al., "Attributes and Predictors of Long COVID."

appear in special cases.<sup>10</sup> Long COVID can be considered a chronic condition caused by the COVID-19 pandemic, which can be viewed as a disaster due to its widespread impact on public health and the healthcare system. The long-term effects and persistent symptoms experienced by individuals with long COVID can be seen as a consequence of the initial disaster of the pandemic. The ongoing health problems that people experience after being infected with the virus that causes COVID-19 can be viewed as a chronic health issue resulting from the disaster of the pandemic.

Long-term health problem due to disaster is not a standard term, and it might be a bit unclear definition and limitation. In this paper we define the long-term health impact due to disaster is long-term health issues that may arise as a result of exposure to disasters. Disasters can have long-term health implications, both directly and indirectly. The long-term health effects of disasters can vary widely depending on the type and magnitude of the disaster, the response and recovery efforts in place, and individual vulnerabilities. Public health initiatives, ongoing medical care, and mental health support are crucial components of addressing the long-term health impacts of disasters.<sup>11</sup>

The Government of Indonesia is committed to guaranteeing every citizen's right to health during disaster. Every citizen must be guaranteed the fulfillment of the right to their health. The Constitution clearly and unequivocally mandates the Government to fulfill these health rights. As a legal state based on the constitution,

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<sup>10</sup> Whitaker et al., "Persistent COVID-19 Symptoms in a Community Study of 606,434 People in England"; Sudre et al., "Attributes and Predictors of Long COVID."

<sup>11</sup> Disease Control Priorities Project (DCPP), "Natural Disasters, Coping with the Health Impact: Disease Control Priorities Project," *Disease Control Priorities Project*, no. July (2007): 1–4.

the Government must still refer to the constitution and its elaboration to fulfill the right to health. The Constitution of the Republic of Indonesia 1945, Article 28 H paragraph 1 affirms that everyone has the right to live a prosperous life born and mentally, to live and to have a good and healthy living environment, and the right to get health services.<sup>12</sup> Article 28, paragraph 4 of the 1945 Constitution of the Republic of Indonesia confirms that protecting, promoting, enforcing, and fulfilling human rights is the state's responsibility, in this case, the Government. Article 8 of Law Number 39 of 1999 concerning Human Rights regulates this.<sup>13</sup>

The Government, both the central and local Governments, must ensure that everyone exposed to disaster is also exposed to health services. The health services are not only curative phase or treatment but also preventive. There are five levels of prevention, ranging from health promotion, specific protection, early diagnosis and prompt treatment, disability limitation, and rehabilitation.<sup>14</sup> Handling

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<sup>12</sup> Government of Republic of Indonesia, "The 1945 Constitution of Republic of Indonesia" (1945).

<sup>13</sup> Government of Republic of Indonesia, "Human Rights," Pub. L. No. Law Number 39 Year of 1999 (1999).

<sup>14</sup> Bambang Wirjatmadi, "Peran Zat Gizi Pada Imunitas Tubuh," *Prosiding FK UC 1*, no. 1 SE-Articles (February 18, 2022): 9, <https://journal.uc.ac.id/index.php/PFK2021/article/view/2522>; Hanna Tabita Hasianna Silitonga, "Preventing Stigma in Society," *Prosiding FK UC 1*, no. 1 SE-Articles (February 18, 2022): 10, <https://journal.uc.ac.id/index.php/PFK2021/article/view/2523>; Nurlela Darmayanti, "Clinical Manifestation and Early Treatments in COVID-19," *Prosiding FK UC 1*, no. 1 SE-Articles (February 19, 2022): 13, <https://journal.uc.ac.id/index.php/PFK2021/article/view/2540>; Sherly Intanwati, "Using Basic Science for Disease Prevention," *Prosiding FK UC 1*, no. 1 SE-Articles (February 17, 2022): 1, <https://journal.uc.ac.id/index.php/PFK2021/article/view/2510>; David Nugraha and Kevin Luke, "Social media dualism during Covid-19 pandemic in indonesia: reliable information is the key," *Prosiding FK UC 1*, no. 1 SE-Articles

disaster should cover all levels and be regulated in regulations as a reference for handling disaster in Indonesia.

One of the challenges of implementing the right to health guarantee during national disaster is the collaboration of the Central Government and Regional Governments in overcoming national disaster. In the context of a unitary state, the Central Government is responsible for carrying out Government tasks. In the context of Indonesia, the decentralizing Government power, the existence of regional Governments is present to carry out certain tasks which ultimately give rise to a reciprocal relationship between the central Government and regional Governments both in terms of authority, finance, supervision, and between Government organizational units.<sup>15</sup> The fact is that many processes of fulfilling the right to health are hampered due to the non-synergy of the Central Government and Regional Governments. Several times the facts in the field of central and regional Government policies overlap with each other.

The policy of disaster in Indonesia certainly cannot conflict with the law as an implication of Indonesia as a country of law. However, the effectiveness of the running of the law is strongly influenced by the awareness and legal culture of the community. A good legal culture of the community to comply with all legal products issued by the Government will greatly affect the success of the disaster management, especially in handling long-term health impact, in Indonesia.<sup>16</sup> Therefore, this research aims to examine the legal Protection of the right to health for People with Long-term Health

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(February 20, 2022): 40,  
<https://journal.uc.ac.id/index.php/PFK2021/article/view/2588>.

<sup>15</sup> Nimatul Huda, *Perkembangan Hukum Tata Negara Perdebatan Dan Gagasan Penyempurnaan (The Development of Constitutional Law Debates and the Idea of Refinement)* (Yogyakarta: FH UII Press, 2014).

<sup>16</sup> Purba, 2017

Impact due to Disaster in Indonesia. This research is useful for the right to health of Indonesian citizens, especially who suffers from long-term health impact due to disaster, fulfilled by legal products that are born and obeyed by the community in practice.

## **2. Method**

The study was conducted with normative legal research. State policy guarantees the fulfillment of the right to health through legal products (primary legal materials) reviewed with a statute approach and library research. The study's results were described and then analyzed to answer how to legally protect the right to health in Indonesia for people who suffered from long-term health impact due to disaster. Normative legal research was the process of finding laws that apply to the questions posed by the facts of a case. Legal research and legal analysis were used in this research, and conducting legal research usually involves analytical principles. Legal analysis and legal research aimed to analyze factual events to determine how the law regulates certain things. The context of this paper was how the state, in this case the Government issues legal policies and passes legislation to guarantee the legal protection of the right to health.

## **3. Result & Discussion**

### **A. The Right to Health in Indonesia**

Article 25 Universal Declaration of Human Rights (UDHR) states: everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including the right to food, clothing, shelter, and health services, necessary social services, and the right to security in times of unemployment, illness, disability, abandonment by his spouse, the elderly, or other circumstances



resulting in a deterioration in the standard of living beyond his control.<sup>17</sup> The right to health in this declaration means that everyone must be adequate in health and prosperity not only for himself, but also including his family in it.

The right to health includes the right to food, clothing, shelter and to health services. In addition, if a person's condition regresses due to certain situations that result in him being constrained to productively live his life, then the right to continue a prosperous and safe life becomes an important part that must be fulfilled. The state must be present in this situation, so that what is fulfilled is not only his personal health, but his health socially.

Article 1 paragraph (1) of the Health Law stipulates that the definition of Health is a person's healthy state, both physically, mentally, and socially and not just free from disease to enable him to live productively.<sup>18</sup> This definition specifically stipulates that health is not just free from disease as most people know. However, health includes the state of a person who is mentally and socially healthy. The unique thing is the statement of socially healthy or social health. Humans as social beings must live pleasantly with others with healthy physical and mental health.<sup>19</sup> Having a socially positive life is a necessity for everyone.

The Constitution of the Republic of Indonesia in its opening part of the first paragraph expressly states that becoming a prosperous nation is part of its vision. A prosperous nation in addition to obtaining good health from food, clothing and shelter, evil also

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<sup>17</sup> UN, "Declaration of Human Rights," 1948.

<sup>18</sup> The Government of Republic of Indonesia, "Health Law," Pub. L. No. UU No. 17 Year 2023 (2023).

<sup>19</sup> Alireza Atarodi, Meisam Dastani, and Ahmadreza Atarodi, "Social Health and a Healthy Social Life Based on Wisdom and Intellectuality," *Library Philosophy and Practice (e-Journal)*, no. 2617 (2019).

includes good health. There is no prosperity without the health of every citizen. A prosperous nation is a nation that guarantees the health of every citizen.<sup>20</sup> In addition, in the opening section it was also found that two of the national goals and national ideals are to protect the entire nation and the spilled blood of Indonesia and promote general welfare. Both objectives if related to health, then the protection, promotion, enforcement, and fulfillment of human rights are the responsibility of the state, including the government. The right to health is a very important part to be protected and fulfilled by the State.

Article 28 H paragraph (1) of the Indonesian Constitution stipulates that, everyone has the right to live a prosperous life physically and mentally, to reside, and to get a good and healthy living environment and the right to health services. The right to health is an individual right that must be fulfilled. The right to health refers to the concept that every individual has the right to enjoy an adequate standard of health without discrimination in any name. Health Standards are an important measure to ensure that adequate health services must be carried out by the government both from health facilities and infrastructure and medical personnel.<sup>21</sup> This right is widely recognized as part of human rights, and this principle is enshrined in various international legal documents, such as the Declaration of Universal Human Rights and the International Covenant on Economic, Social and Cultural Rights.

There are several approaches to achieving the right to health, including prevention and treatment. Creating adequate conditions for

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<sup>20</sup> Indonesia, The 1945 Constitution of Republic of Indonesia.

<sup>21</sup> Iman Pasu Purba and I Made Suwanda, "Fulfilment of Right to Health During Pandemic Covid 19 in East Java," *Proceedings of the International Joined Conference on Social Science (ICSS 2021)* 603, no. IcSS (2021): 124–31, <https://doi.org/10.2991/assehr.k.211130.023>.

good health, guaranteeing the availability of food and work, suitable housing, and a healthy environment are all part of prevention initiatives. Optimal health treatments are provided in the interim to aid in the healing process. Health services comprise elements of social security for health, sufficient medical facilities, skilled medical staff, and community-funded, reasonably priced services.<sup>22</sup>

Globalization is one factor that is often ignored as a factor that affects the socioeconomic conditions of society that is directly related to the health security of each citizen. Both rich and poor countries will be directly or indirectly affected by efforts to fulfill the right to health. Efforts to fight disease and make people aware of the dangers of unhealthy lifestyles with instant conditions are a challenge. The high mobility of world citizens is one of the factors that cause infectious diseases to also spread quickly.<sup>23</sup>

Health risks are currently spreading globally in tandem with economic exchange due to population shifts and modifications to commerce, tourism, diet, and cultural traditions. This aligns with the growing globalization of global business and financial institutions, science, technology, healthcare, and medicine. There is no place to go from the effects of globalization on health because of the nature of health risk. Globalization puts everyone's health at danger, regardless of wealth. The institutions of the current international order permit those who today use their freedom to enhance their riches, independent of the social conditions that demand others to do the same, which makes the right to health, like all other socio-economic rights, extremely vital. It cannot be achieved if it is not possible to intervene in suffering activities because As globalization increasingly

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<sup>22</sup> Indra Perwira, "Memahami Kesehatan Sebagai Hak Asasi Manusia," *Lembaga Studi Dan Advokasi Masyarakat*, no. 1 (2014): 1–19.

<sup>23</sup> Tony Evans, "A Human Right to Health?," *Third World Quarterly* 23, no. 2 (April 25, 2002): 197–215, <https://doi.org/10.1080/01436590220126595>.

exposes us all to health risks, failure to implement systemic reforms will result in more and more infectious and chronic diseases and reduced access to the means to lead dignified and healthy lives.

The guarantee, fulfillment, protection of the right to Health must take into account several main aspects related to the right to Health. The main aspects in question are:

### ***1) Equality and non-discrimination***

The right to health includes the right of every individual to equal and non-discriminatory access to basic health services, including prevention, care and treatment. Accessibility to health services should principally precipitate equality without discrimination in any name. In addition to discrimination on behalf of Ethnicity, Religion, Race, Intergroup, including discrimination based on economics because it relates to the ability to make payments for health services. The Constitution mandates the government as the organ that has the main responsibility for the fulfillment and protection of the right to health must refer to article 28 B paragraph 2 which stipulates that every child has the right to survival, growth, and development and the right to protection from violence and discrimination.

Article 28 H paragraph (2) of the Indonesian Constitution stipulates that everyone gets convenience and special treatment to obtain equal opportunities and benefits in order to achieve equality and justice. Referring to this constitution, that everyone as a citizen in accessing the right to Health, if due to certain conditions or situations experience obstacles to obtaining Health services because of their condition, then the principle of equality and justice is put forward to obtain this right. The government is responsible for ensuring accessibility to its citizens so that the fulfillment of the right to health can be supported by the principle of proportional justice as stated by

Rawls in his theory of fairness.<sup>24</sup>

## 2) *Availability and Quality of Healthcare*

States have a responsibility to ensure an adequate, affordable, and high-quality health system. This includes the provision of adequate health infrastructure, medicines, and medical facilities. The availability of adequate health services and health services is one of the major challenges in the context of Indonesia which has a geopolitical area of 5.9 million km<sup>2</sup> and a population of approximately 270 million people. The availability of health facilities and the availability of doctors in Indonesia is still lacking and not optimal.<sup>25</sup>

Indonesian Health Services in addition to the existence of hospitals, Community Health Centers, also known as *Puskesmas*, have a very central position and function in fulfilling the right to health to the availability of health services and adequate quality of health services. However, until now with the challenges mentioned earlier, the existence of *Puskesmas* and *Auxiliary Puskesmas* has not been adequate until now. The *Puskesmas* service rooms that are available in Indonesia are still restricted to individual health services such general polyclinics, dentistry, family planning, maternity and child health, immunizations, and pharmacies. In the meanwhile, there is a lack of accessibility to service rooms for public health initiatives, such as those for combined program counseling, nursing, nutrition, environmental health, and the elderly. The postpartum room is nearly always the most unavailable option for both breastfeeding and non-

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<sup>24</sup> Pan Mohamad Faiz, "Teori Keadilan John Rawls (John Rawls' Theory of Justice)," *Jurnal Konstitusi* 6, no. 1 (2009): 135–49, <https://doi.org/10.2139/ssrn.2847573>.

<sup>25</sup> Yandrizal et al., "Analisis Ketersediaan Fasilitas Kesehatan Dan Pencapaian Universal Health Coverage Jaminan Kesehatan Nasional Se Provinsi Bengkulu," *Jurnal Kebijakan Kesehatan Indonesia* 05, no. 03 (2016): 143–50.

nursing Puskesmas. The room that is almost not available is the postpartum room in *Puskesmas*.<sup>26</sup> According to the topography-based feasibility study for Puskesmas service rooms, most decent service rooms are found in ordinary areas as opposed to remote or extremely remote areas, non-archipelagic areas as opposed to archipelagic locations, and non-border areas as opposed to borders. Based on demographics, there are more decent service rooms in *Puskesmas* with a population of  $\geq 30,000$  compared to  $< 30,000$  people. Meanwhile, according to geography, the majority of urban health centers are more feasible than rural ones.

### 3) *Participation & Information*

Individuals have the right to participate in their own health-related decision-making. This involves the right to receive sufficient information and understanding about their health condition and available treatment options. Health promotion will be productive and effective to have a good impact on a country if patient and citizen participation is made central. In addition, patient participation will have a direct effect on sustainable health care.<sup>27</sup> Engaging patients consistently and sustainably will have a significant impact on responding to diverse ethical challenges that have the potential to increase and undermine the fulfillment of health rights to be obtained.

Decisions on health problems experienced by patients are no longer the authority and right of doctors or medical personnel who treat these patients. The shift from Doctor-Minded to Patient-Minded is a transformation of the decision of actions or health services that patients want to access or receive. The clinical decision of the patient's

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<sup>26</sup> Betty Rukmini, "Availability and Eligibility of Primary Health Center Room for Services," *Buletin Penelitian Sistem Kesehatan* 15, no. 4 (2012): 416.

<sup>27</sup> J Bioeth, "Patient and Citizen Participation in Health: The Need for Improved Ethical Support," *The American Journal Bioethics* 14, no. 6 (2014): 4.

healing efforts is in the hands of the patient himself. Therefore, complete information that is easily understood by patients is very important. Accurate and objective information must still be submitted by medical personnel with careful considerations so that the patient can decide correctly.

#### 4) *A.4. Public Health*

The right to health also includes the responsibility to create an environment that supports public health. These include disease prevention, health promotion, and interventions aimed at improving general well-being. The most ethical, effective and efficient and sustainable approach in the process of fulfilling the right to health and empowering communities is Health Promotion. Health Promotion is considered to be very impactful in achieving good health. In 1986, WHO defined health promotion for the first time. However, the definition is refined by taking into account the context of new health challenges, a good understanding of economic, environmental, social health and disease factors.<sup>28</sup> The most widely discussed definition today is that Health Promotion is a process that allows a person to increase people's control over the factors that determine their health to ensure their health can be said to be good and improved.

Health promotion policies in Indonesia in the 21st century must refer to several factors such as the nature of health promotion from various sectors, analysis of trends in health and environmental problems that influence these trends.<sup>29</sup> From the results of previous analysis that in Indonesia urbanization and population aging are categorized as fast. Since 2010 it has been found that about 50 percent

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<sup>28</sup> Maggie Davies and Wendy Macdowall, eds., *Health Promotion Theory* (London: London School of Hygiene & Tropical Medicine 2006, 2006).

<sup>29</sup> Ira Nurmala et al., *Promosi Kesehatan* (Surabaya: Airlangga University Press, 2018), [https://repository.unair.ac.id/87974/2/Buku\\_Promosi\\_Kesehatan.pdf](https://repository.unair.ac.id/87974/2/Buku_Promosi_Kesehatan.pdf).

of the population will live in urban areas and the number of parents over the age of 60 will be equal to the number of children under five. From this trend, it is concluded that in the process of fulfilling the right to health, targeting healthy cities by caring for advanced citizens as the main target in implementing health promotion.

It is important to note that the right to health is not only the responsibility of the government, but also involves the active participation of the community and other stakeholders. Constant monitoring, measurement and assessment of these efforts is integral to safeguarding and promoting the right to health.

## **B. The Elaboration of the Constitution in the Laws and Regulations on the Fulfillment of the Right to Health for People with Long-term Health Impact due to Disaster in Indonesia**

Every citizen has the human right to health, as stated in Article 28 H paragraph (1) of the Republic of Indonesia Constitution of 1945, which states that everyone has the right to live a prosperous life both physically and mentally, to live in a good and healthy living environment, and to health services. Citizens' guaranteed health is part of achieving one of the Indonesian nation's national ideals, as stated in the Preamble to the Constitution, namely the protection of all Indonesian bloodshed. Citizens who are healthy will prosper.<sup>30</sup>

The most recent Health Law, Law Number 17 of 2023, regulates that health is a person's healthy state, both physically, mentally, and socially, and not simply being free of disease to enable him to live productively. A special norm that must be followed states that a healthy state is not only free of disease but also allows him to live a productive life. The Vision of a Healthy Indonesia in 2025, launched

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<sup>30</sup> Indonesia, The 1945 Constitution of Republic of Indonesia.



by the Ministry of Health, which is now the Ministry of Health, must specifically lower the standard, so that the condition that Indonesian citizens aspire to is not only disease-free, but also productive because their health can be achieved.<sup>31</sup>

The government concretizes its legal policies by regulating the implementation of health efforts in order to ensure the fulfillment of the right to health in accordance with the constitutional mandate. According to the latest Health Law, health efforts are all forms of activities and/or a series of activities carried out in an integrated and sustainable manner by the Central Government, Regional Government, and/or the community to maintain and improve the degree of public health in the form of promotive, preventive, curative, rehabilitative, and/or palliative. Regulation of health efforts aimed at rehabilitation and palliative care. Based on this definition, it is emphasized that for any disease, particularly chronic ones, citizens' health must be ensured through rehabilitative and palliative efforts.<sup>32</sup>

Rehabilitative health efforts refer to efforts to rehabilitate citizens' health, whereas palliative health efforts refer to efforts to alleviate citizens' suffering as a result of their illness. In the context of diseases caused by disasters, both natural and man-made, the government must guarantee the right to patient health not only during the treatment process, but also after the disaster is over, to ensure that citizens who are ill at the time are able to live productive lives.

Article 4 paragraph (1) letter K of Health Law No. 17 of 2023 confirms that every patient has the right to be protected from health risks. A health risk is the possibility that something will harm or affect one's health. In the context of diseases caused by natural and non-

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<sup>31</sup> The Government of Republic of Indonesia, Health Law.

<sup>32</sup> The Government of Republic of Indonesia.

natural disasters, the diseases suffered by patients frequently have an impact or associated health risk factors that can affect residents' productivity in living their lives. As a result, the government is obligated to provide patients with protection against health risks.

Article 7 (1) of the Health Law also stipulates that the Central Government and Regional Governments are responsible for improving and developing Health Efforts in order to improve access and quality of Health Services. The Central and Regional Governments are responsible for ensuring the health of patients not only to carry out treatment but including seeking policies to ensure post-treatment, namely rehabilitative and / or palliative for chronic diseases, for example in Covid 19 patients even though the pandemic period has ended, there are some patients who experience Long Covid. They are no longer productive in living their lives because the health risk factors associated with post-Covid 19 that they suffer are very difficult. The protection in question regarding access and quality of health services is indeed one of the keys to success, moreover, financing guarantees are also charged to the state, in this case the government, both central and local governments.

Referring to Article 20 of Government Regulation Number 22 of 2008 concerning Disaster Relief Funding and Management, rehabilitation funds are also part of disaster management funds. Article 28 of the regulation also stipulates that health is part of the basic needs that must be met by the government through health services. This means that rehabilitation funding for citizens suffering from illness is still guaranteed to fulfill their health by using disaster management funds.<sup>33</sup>

Article 22 paragraph 1 letter p of the Health Law stipulates that

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<sup>33</sup> The Government of Republic of Indonesia, "Disaster Relief Funding and Management," Pub. L. No. Government Regulation Number 22 of 2008 (2008).

the implementation of disaster health efforts is an important part. Disaster health needs to be addressed holistically starting from mitigation efforts, during disasters and after disasters. To protect all citizens, that after a disaster cannot be ignored because what happens instead after a disaster, citizens who were previously healthy and productive then suffer from illness and unproductivity. To achieve a Golden Indonesia and a developed Indonesia in 2045, the government must provide adequate health services for post-disaster patients and ensure the productivity of these patients. Disaster health arrangements in Indonesia specifically do not yet exist.

Article 26 paragraph 2 of the Health Law regulates health efforts through continued health services after primary health services. Advanced health services are an important part after the disaster because patients who were sick before the disaster and who were sick due to disasters both natural and non-natural disasters need to be guaranteed that health efforts for those who suffer from illness are fulfilled both through health service readiness and fund readiness. The lack of further health services is usually due to limited funds and lack of health facilities and personnel. Therefore, it is necessary to regulate the process of funding and providing health services carried out through central and local government policies.

Article 37 paragraph (1) of the Health Law stipulates that advanced health services are specialist and/or subspecialist services that prioritize curative, rehabilitative, and palliative services without neglecting promotion and prevention. Advanced health services in the aftermath of disasters, especially chronic diseases, certainly require special services with special expertise as well. Patients who experience limited funds are usually ignorant and do not really continue the process of further treatment. The state must be present by providing policies that favor citizens in need. Thus, the vision of making the Indonesian nation just and prosperous and protected by

its citizens can be achieved.

Article 37 paragraph (3) of the Health Law stated that advanced health services as referred to in paragraph (1) are funded by recipients of health services or through health insurance in the national social security system and / or commercial insurance. This regulation ensures that continued health care funding can be guaranteed through the national social security system or through commercial insurance services for wealthy citizens. This funding arrangement will be regulated through a Government Regulation, but until now there has been no Government Regulation. Maximum within a period of 1 (one) year, the government must ratify a Government Regulation on this matter.

Article 38 (1) In the development of advanced health services, the central government, local governments, and communities **can** develop national centers of excellence with international standards. It should not only be able to develop a national service center of excellence but should develop a national service center of excellence with international standards gradually based on priority standards. The norm gives the option not to develop a national service center of excellence with international standards in order to ensure the fulfillment of the right to health.

### **C. Health Disaster Management in Indonesia with Long COVID as a study case**

The Government Regulation on Disaster Management and the Minister of Health Regulation on Health Crisis Management also define disasters exactly the same, because they are normatively correct. The definition contains that disasters threaten and disrupt people's livelihoods both due to natural and non-natural factors, as well as human factors. Health is one of the important factors to ensure the undistruption of people's lives and livelihoods.

Article 57 of the Disaster Management Law stipulates that the implementation of disaster management in the post-disaster stage includes rehabilitation and reconstruction. Medical context, the rehabilitation activities in question include health services (Article 58 paragraph (1) letter f). The health services in question include follow-up health services to ensure in his hands post-disaster health problems or associated health risks that can have a direct impact on his livelihood.

Article 109 paragraph 1 of the Disaster Management Law stipulates that the Central Government and Regional Governments are responsible for the availability of resources, facilities, and the implementation of Health Services in disasters as a whole and sustainably. Comprehensive and sustainable health services must be fulfilled by the government because it is a constitutional mandate and evidence of the actualization of Pancasila values, especially the just and civilized human precepts and social justice precepts for all Indonesian people.

Article 109 paragraph 2 of the Disaster Management Law stipulates that Health Services in disasters include pre-disaster health planning, health services during disasters and post-disaster health services. However, in practice, post-disaster health services are often neglected or not optimally implemented. One of the most recent examples is for people with long covid. Until now, health service guarantees for those Long Covid patients have not been adequate or even neglected. Many of the current Long Covid patients are unproductive in life and avoidance. Specific arrangements related to post-disaster health service guarantees are very important to be normed or formulated in more specific rules. Article 113 of the Disaster Management Law stipulates that further provisions regarding the implementation of Health Services in disasters are regulated by Government Regulations, but until now these

Government Regulations have not existed.

The Non-Profit Institution, COVID Survivor Indonesia (CSI) released a survey in its internal community for the period 11 March-8 August 2021, where 70 percent of COVID-19 survivors experienced Long COVID. 349 Survivors experienced further symptoms for more than four weeks. The number of respondents was 496 people. In addition, the age range for most people experiencing Long COVID is the age of 31-45 years. This age is the productive age, where it should be that in this Long COVID, sensing must work and carry out activities normally every day. Those who experienced this long COVID were unproductive to support their families<sup>34</sup>

The social impact of survivors is often stigmatized. The stigma experienced is social stigma, environmental stigma, and structural stigma. The environmental stigma experienced by survivors can be in the form of distrust of those around them regarding the Long COVID they have experienced. Accused survivors are considered excessive, suggestive, psychosomatic, and hallucinating. In addition, the survivors were considered transformed and unlike before, were too mentally weak and forced to accept the circumstances and struggle with illness. Survivors tend to be forced to camouflage and not as they are to remain accepted and not considered strange. Structural stigma is given to survivors by cutting salaries, temporarily dismissing them, and even being fired. In addition, Juno Simorangkir also emphasized that survivors when working are considered weak and look for excuses because they are lazy. Finally, the survivors were also not given health insurance for either the treatment or recovery of the survivors.

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<sup>34</sup> Juno Simorangkir, "Kemanusiaan Yang Adil Dan Beradab? (Just and Civilized Humanity?)" (Jakarta: COVID Survivor Indonesia, 2022).

The matter experienced by COVID survivors who experienced Long COVID until they lost their jobs, and their careers were broken up did not happen in Indonesia alone, but in various worlds<sup>35</sup>. For example, the United States Washington DC. Journalist Christopher reported one example of a case was a worker named Patino who later experienced Long COVID, not only the excitement of work but also unproductively living his life. This proves that the Long COVID issue is not a local issue but a global one.

If referring to the experiences of various Governments in other countries, the handling of Long COVID has begun to be carried out by providing Special Clinics and special programs to fulfill the right to health for survivors who experience Long COVID. The United States, through Joe Biden, released a special program for its citizens who are experiencing Long COVID. In addition, Biden also asked national researchers to research Long COVID in his country. Quebec allocated its budget to create 15 clinics specifically to deal with Long COVID patients. Australia has also set up a clinic specifically for Long COVID. The UK has opened 80 clinics specifically for Long COVID patients. Saudi Arabia has also established the Long COVID National Clinic, while Japan is initiating research on Long COVID by scientists and doctors to formulate a treatment for Long COVID in its country. Until now, the news about Long COVID's concern is still minimal, and education about Long COVID is still minimal with the Indonesian Government.

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<sup>35</sup> Marisa Onrust et al., "Physical, Social, Mental and Spiritual Functioning of COVID-19 Intensive Care Unit-Survivors and Their Family Members One Year after Intensive Care Unit-Discharge: A Prospective Cohort Study," *Intensive and Critical Care Nursing* 75, no. April 2022 (2022): 103366, <https://doi.org/10.1016/j.iccn.2022.103366>.

#### **4. Conclusion**

Because of its status as a basic human right, the right to health cannot be reduced in its implementation under any circumstances. The realization of this right has ramifications for respect for the dignity of man. If referring to the constitutions and legal paradigms that are applied in various derivatives of the constitution that regulate the fulfillment of the right to health, then the Government should issue advanced services regulations as soon as possible to regulate the handling of long-term health impact sufferers due to disaster in Indonesia.

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The authors state that there is no conflict of interest in the publication of this article.

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