



Reconstruction Regulation of Minimum Health Service Standards for Natural Disaster Victims Based on the Value of Justice with Dignity

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Abstract

The issue of implementing the Minimum Health Service Standards for victims of natural disasters is certainly something that must be considered because it relates to the right to life of many people. The study discusses why the regulation of minimum public health service standards for victims of natural disasters has not been based on the value of dignified justice. What are the weaknesses in the regulation of the minimum public health service standard for victims of natural disasters based on the value of dignified justice? how to reconstruct the regulation of public health minimum service standards for victims of natural disasters based on the value of dignified justice. The purpose of this research is to analyze and find the minimum public health service standards for victims of natural disasters that are not based on the values of dignified justice, to analyze and find weaknesses in the regulation of the minimum public health service standards for victims of natural disasters based on the values of dignified justice, and to find and formulate the reconstruction of regulations on public health minimum service standards for victims of natural disasters based on the value of dignified justice. This type of non-doctrinal research and sociological-juridical approach, in which the types of primary data are in-depth interviews and secondary data are primary legal materials, secondary legal materials, and tertiary legal materials, The results of the study found that the implementation of the minimum health service standards has not been effective, as indicated by the lack of implementation of the minimum health service standards for victims of natural disasters. Minimal service to victims of natural disasters in legal substance There are many rules and operational standards that must be fully implemented in the handling of victims of natural disasters. From a legal perspective, it is necessary to have an adequate number of health workers and quality human resources in the form of integrity, capacity, independence, and professionalism. In terms of legal culture, rules are required to regulate and limit various types of activities aimed at disaster victims.

Keywords: *Reconstruction; Regulation; Minimum Service Standards*

Introduction

Indonesia consists of a group of islands that have a very high and varied potential for natural disasters (Mitrović et al., 2019). These natural conditions increase the risk of natural disasters, despite the fact that the area is rich in natural resources (Mhlanga et al., 2019). In general, the risk of natural disasters occurs due to several factors, such as earthquakes, tsunamis, and volcanic eruptions; hydro-

meteorological disasters (floods, landslides, droughts, and hurricanes); biological factors (human disease outbreaks, plant and animal diseases, and crop pests); and technological failures (industrial accidents, transportation accidents, nuclear radiation, and chemical contamination) (Agrawal, 2013). Human-made disasters are related to the struggle for limited resources, ideological and political reasons, and natural disaster situations in a conflict area (Mhlanga et al., 2019). These disaster problems require an arrangement or careful planning in their handling and political reasons, and natural disaster situations in a conflict area. These disaster problems require an arrangement or careful planning in their handling. so that it can be implemented in a directed and integrated manner. The countermeasures carried out so far have not been based on systematic and planned steps, so there is often overlap and even important steps left unaddressed (Zhang, 2014).

The provision of health services during natural disasters is often inadequate because disaster situations always occur as emergencies in all aspects of life (Agrawal, 2013). Government paralysis, damage to public facilities, disruption of communication and transportation systems, and paralysis of public services, which results in disruption of the order of people's lives, if these conditions are not handled, can have a worse impact as a result of the disaster. As in Law No. 36 of 2014 concerning Health Workers, it is stated in Article 59, Paragraph 1, that "Health workers who practice at health service facilities are required to provide first aid to recipients of health services in emergencies and/or disasters to save lives and prevent disability." (2) Health Workers, as defined in paragraph (1), are not permitted to refuse health service recipients or to request advance payments. The extent of basic service coverage as government affairs is mandatory, and for service coverage it is necessary to set service standards, at least in the minimum category, based on standards set by the government to measure the level of service quality. The minimum service standard (SPM) is a benchmark for assessing the performance of basic service delivery to the community in the fields of general administration, education, health, public facilities, and other public services (Zhang, 2014). The application of SPM requires normative rules and has clear and strong legal force. so that it can be implemented properly.

The Central Lombok region attracts writers to be the object of research because this region has quite difficult geographical constraints for the provision of health services. In Central Lombok, there are frequent social conflicts between villages due to droughts, floods, and problems related to disasters that cause many health problems. However, services to the community must still be carried out in accordance with the minimum service standards that have been set (P- & Statutes, 2022).Based on the description above, the author proposes the title of this research, namely "Reconstruction of the Regulation of Minimum Public Health Service Standards for Victims of Natural Disasters Based on Values of Justice and Dignity".

Methodology

The research method is basically a natural way to get data with a specific purpose and use. In general, there are three types of research objectives: discovery, proof, and development. Discovery means that the data obtained from the research is completely new and has never been known before. Verification means that the data obtained is used to prove doubts about certain information or knowledge. Development means deepening and expanding existing knowledge. The author in this study uses the constructivism paradigm, which holds that jurisprudence only deals with statutory regulations. law as something that must be applied and tends not to question the value of justice and its use for society. The study of law and its enforcement revolves around what is right and what is not right, what is wrong and what is not wrong, and other forms that are more prescriptive in nature.

Result and Discussion

The emergence of disasters and the transmission of diseases that result in extraordinary events will certainly affect the health status of the people of Central Lombok, which will have an impact on the economy and socio-cultural landscape of the community, which has been growing rapidly (Isnaini & Muttalib, 2022). Apart from that, what will be more concerning is the view from outsiders, both domestic and foreign, that Central Lombok Regency will be bad, and in the end, they will be afraid to visit this region, which is blessed with the beauty and friendliness of its people. This condition must be of major concern because the status or degree of public health is one aspect that determines the success of the implementation of development and governance in the region. Therefore, a concrete step is needed in an effort to improve the health status of the community because health is a shared responsibility between the regional government, the health office, and other related agencies as well as the community, the private sector, and other partners (Yusriadi, 2019).

Efforts to realize optimal health services for the community need to be supported by the existence of adequate health facilities and good service quality (Winter & Winter, 2018). Utilization of health service facilities by residents can be obtained from health centers and hospitals (Mhlanga et al., 2019). In order to provide public health services, the government, in this case the Ministry of Health, has an obligation and responsibility to explore and foster community potential. The victims of the natural disaster in Central Lombok have not fully implemented the minimum standard of justice-based public health services. This is due to geographical conditions that are difficult to reach and the lack of understanding of health workers regarding the application of minimum health service standards for victims of natural disasters (Menap et al., 2021).

There are still frequent irregularities and violations of the rules and processes for implementing government minimum service standards, of course, due to several factors (Yusriadi, 2019). The weak factor of minimum service standard regulations is also the cause of violations and deviations in the implementation process (Reeve et al., 2013). The Regulation of the Minister of Health as a regulation that regulates minimum service standards is felt to be less strong, more dynamic, and subject to multiple interpretations, so that it is less effective and efficient in its implementation and that violations, deviations, and budget leaks are still common. The condition of such a large area is one of the weaknesses in the regulatory factors for minimum health service standards. Regulations on minimum service standards, which are only at the level of ministerial regulations, are also felt to lack the power and coercive power to ensure compliance with the minimum service standard regulations. Ideally, the regulation of minimum service standards should be at the same level as the law so that they can regulate firm and strong minimum service standards. In developed countries, the law has become the only legal framework that regulates minimum service standards (Mitrović et al., 2019). From the elements in the minimum service standard legal system, it can be seen that the health minimum service standard legal system used so far still has weaknesses (Al-Najjar & Saeed, 2021). The Ministerial Regulation that is used still has loopholes that are used to carry out arbitrary actions in the implementation of minimum health service standards. The long stages must be simplified and strengthened by ministerial regulations to become laws by including forms of deviation from the minimum health service standards and their criminal sanctions (Tønnessen et al., 2020). Legal substance encompasses all written and unwritten legal principles, norms, and rules. In this case, the application of minimum health service standards is closely related to Law No. 36 of 2009 concerning health and Law No. 36 of 2014 concerning health workers. Of course, the community must be socialized regarding the rights that they must get when they are classified as disaster victims. So that, with the information obtained, the community can play an important role in controlling the process of implementing minimum health service standards for natural disaster victims (Sugarman, 2006).

Disaster management policies and efforts in Indonesia are contained in Law No. 24 of 2007 concerning Disaster Management. In order to provide a clear legal basis for disaster management organizers, the government has enacted Law No. 24 of 2007 concerning disaster management, which contains basic provisions on disaster management including pre-disaster, during emergency response, and post-disaster. In Article 5 of Law No. 24 of 2007, it is stated that: "The government and regional governments are responsible for implementing disaster management." Article 6 The responsibilities of the government in implementing disaster management include: (a) disaster risk reduction and integration of disaster risk reduction with development programs; (b) community protection from the impact of disasters; (c) guaranteeing the fulfillment of the rights of communities and refugees affected by disasters in a fair manner and in accordance with minimum service standards; and (d) recovery from disaster impacts. As a result of this law, victims of natural disasters can experience a sense of justice. In its reform efforts in the field of minimum health service standards, the government must implement them systematically and thoroughly. Reform is not only in the area of regulation but also in the management of human resources and supervisory practices. To create good, clean Minimum Health Service Standards, many factors must be considered. One of the determining factors for creating good and clean Minimum Health Service Standards is human resources. The development and development of human resources in the field of minimum health service standards who are professional, have integrity, and have competence are priority matters. Professionalism, integrity, and competence of human resources in the field of minimum health service standards have not been well and evenly developed. As a result, many deviations are still made in the implementation of the Minimum Health Service Standards (Tønnessen et al., 2020). Weaknesses in the field of human resources in implementing the Minimum Health Service Standards are not only a lack of adequate numbers of health workers but also in terms of the quality of human resources in terms of integrity, capacity, independence, and professionalism. In addition, protection for health workers is still inadequate (Isnaini et al., 2022).

Efforts to increase the professionalism, capacity, and integrity of human resources are made not only through technical guidance or competency test training on health service standards for disaster victims but also by preparing incentives for human resources who are directly involved in helping disaster victims (Dewi, 2022). The government needs to think about improving incentives for human resources for health workers as well as a form of giving appropriate "rewards" and making an effort to improve the welfare of human resources for health workers among disaster victims. It is hoped that this increase in welfare will be directly proportional to the integrity and independence of those carrying out tasks in the field (Zuliyah, 2019).

Conclusion

The regulation of minimum public health service standards for victims of natural disasters has not been based on the value of dignified justice because there are still many victims of natural disasters who have not received optimal service. Besides that, there is also a need for training and capacity building for health workers in providing services in accordance with the rights of victims of natural disasters. Weaknesses found in the regulation of minimum public health service standards for victims of natural disasters that are not yet based on the value of dignified justice include legal substance, legal structure, and legal culture. From the aspect of legal substance, there are many rules and operational standards that are not fully implemented in handling victims of natural disasters. from the standpoint of the legal structure, namely the lack of adequate numbers of health workers with high levels of integrity, capacity, independence, and professionalism. facilities and infrastructure, which include systems, guidelines, curriculum, modules, standardization, and qualified and professional instructors and resources. from the standpoint of legal culture, specifically the lack of rules to regulate and limit various types of activities for disaster victims.

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