

COVID-19 HANDLING IN THE BORDER AREAS OF INDONESIA

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Abstract

Indonesia is a country that has contracted Coronavirus Disease 2019. The status of an archipelago and borders with ten countries at sea and three countries on land borders makes Indonesia must be extra hard to become its border region so that other citizens do not carry the virus transmission through the borders of Indonesia. Preventing management at the National Entrance (Airport, Port and PLBDN) in anticipation of COVID-19 includes the following aspects: Early detection of suspected travel perpetrators; Interview and anamnesis of the sick Traveler to ascertain the possibility of COVID-19 symptoms in the examination room; Reporting cases of Travel Actors suspected of contracting COVID-19 to PHEOC; Refer for isolation of Travel Actors suspected of contracting COVID-19 to the referral hospital using ambulances that match the criteria; Health quarantine in transports and items suspected of being exposed to COVID-19.

Keywords: Coronavirus Disease 2019, borders, regions

Introduction

Beginning in 2020 it opened with the Covid-19 virus that swept the world. The virus which was originally only located in one city in China, Wuhan, eventually spread to all countries in the world. All countries in the world are busy with the spread of this deadly virus and there are no drugs and vaccines. Instantly a large pandemic swept the world. All Leaders of Countries are made chaotic to deal with this virus, the world is not ready to face the massive spread of this virus. Every day there were mass casualties, overwhelming the hospital. Instantly the policies of many countries in the world have changed. The Head of State and his government are forced to take policies as quickly as possible to stop the pace and spikes and spread of this virus.

A number of unusual policies continue to be taken by a number of heads of State in the world, such as closing schools, places of worship, tourist attractions but still this virus has not been able to stop its spread, the State was forced to take even more extreme policies, namely closing its territory, or which called a lock down. Lock down is enforced in almost all countries in the world, namely by closing the doors in and out of the territory of a country. There must be no person who can freely enter and enter a territory of a State, be it his citizen or foreigner who will enter the territory of another State. This policy certainly affects many people, not only for citizens but also for foreigners who want to enter a territory of the State, including international refugees who are in a country to get protection or who will seek protection in a new country. As a result of the lock down set in a number of countries, of

course, greatly affects the border region of Indonesia with neighboring countries (Sakharina; 2020).

Coronavirus is a large family of viruses that cause diseases ranging from mild to severe symptoms. There are at least two types of coronavirus that are known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronavirus Disease 2019 (COVID-19) is a new type of disease that has never been identified before in humans. The virus that causes COVID-19 is called Sars-CoV-2. Corona virus is zoonosis (transmitted between animals and humans). Research says that SARS is transmitted from civet cats to humans and MERS from camels to humans. Meanwhile, animals that are the source of transmission of COVID-19 are still unknown.

For Indonesia, which has both sea and land borders with ten countries, border issues are also a serious matter which until now has not been completely resolved. The issue of the border between Indonesia and Timor Leste especially on land can be classified as a very unique problem, this is because the land border between the two countries consists of two parts. First, the border around the Oecussi enclave, which is an enclave that is part of the territory of sovereignty of Timor Leste located in West Timor (which is part of the Unitary State of the Republic of Indonesia (NKRI) in the Province of East Nusa Tenggara / NTT) and separated around 60 kilometers from the parent area. Second, the 149.9 km border which divides the island of Timor into West Timor in the west and East Timor in the east, until now the two countries are still faced with problems relating to land borders from both the socio-economic and defense-security aspects.

Until now, this epidemic continues to increase in its epidemic rate. On February 16, 2020, 51,857 confirmed cases of confirmation in 25 countries with 1,669 deaths (WHO, 2020) were reported. Based on data as of May 18 of the WHO Health Emergency Dashboard, a total of 4,628,903 confirmed cases were reported, 312,009 deaths were distributed in 216 countries. throughout the world since the beginning of the epidemic. One of the countries affected by the COVID-19 pandemic outbreak is Indonesia. President Joko Widodo announced the first COVID-19 case in Indonesia on March 2, 2020, where two Indonesian citizens tested positive for COVID-19 after making contact with the colors of the Japanese who came to Indonesia (Baskara, 2020). Until May 19, 2020, the number of confirmed figures in Indonesia was 18,010 people, 1,191 people died and 4,324 people recovered (Task Force for the Acceleration of Handling COVID-19, 2020). This article will discuss the handling of Covid-19 in the Indonesian border region.

Discussion

Definition of Border in the Perspective of International Law

Understanding borders in general is a demarcation line between two sovereign nations. At first the boundaries of a country or states border were formed with other countries, previously residents who lived in certain regions did not feel the difference and even not infrequently they came from the same ethnicity (Darmaputera, 2009). The word border or border according to Guo (1996), implies as a limitation of a political territory and a territory of movement, whereas a border region contains an understanding as an area that plays an important role in political competition between two different countries, which is an area that limits between two interests different jurisdictions (Rongxing Guo, 1996).

An area of the state ideally has national borders so that the state can exercise its sovereignty in accordance with its rights and obligations as subjects of international law. Sometimes permanent national borders agreed through agreements are not automatically obeyed, often even violated. This is due to a shift in the structure and structure of political life that triggered the intention to fight by questioning the boundaries of existing countries, but also because of the war new agreements arising to separate to form a new state or merging territories. As a geographical space that has been a territory of power struggles between countries since its beginning, especially marked by the struggle to expand national borders, as part of the history and existence of a country, the history of border areas cannot be separated from the history of birth and end of the state (Center for Management of Public Opinion Public Information Agency, 2008).

The territory of a country is defined as a space where people who become citizens or residents of the country concerned live and carry out all their activities. State borders are often defined as imaginary lines on the surface of the earth that separate the territory of a country from other countries. To the extent that this border is explicitly recognized by treaty and is generally recognized without explicit statement, the border is part of a state's right to territory. On that basis, each country has the authority to determine the outer boundaries of its territory (Andi, 2013).

In the opinion of political geography experts, the notion of borders can be divided into 2 (two) namely boundaries and frontier, both definitions have different meanings and meanings even though they are complementary and have strategic values for the sovereignty of the country's territory. Border is called frontier because of its position which is located in front (front) or behind (hinterland) of a country therefore, frontier can also be referred to as foreland, borderland, or march, while the term boundary is used because of its binding or limiting functions (bound or limit) a political unit, in this case the state. Everything contained in it is bound to become a unified whole and intact and integrated with one another. Boundaries are best used or used if a country is seen as a sovereign spatial unit.

In the opinion of Ladis KD Kristof (1959), a political geographer distinguishes between boundaries and frontiers as follows, frontiers have outward orientation, whereas boundaries are more inward oriented, frontiers are a manifestation of centrifugal force while boundaries are manifestations of centripetal forces, this difference is sourced on the difference in orientation between frontier and boundaries. Frontier is an integration factor between the countries on the one hand, while boundaries is a separating factor where boundaries are a transition zone between different situations of life which also reflects opposing forces from bordering states, while the frontier still allows interpenetration of influence between two bordering or neighboring countries.

In the opinion of D. Whittersley, boundary is the border of a country or border where demarcation of the state's position in a predetermined world rotation, and binding together over its people under a sovereign law and government, while the frontier is a border area in a country which has limited space but because of its location close to other countries, so that outside influences can enter the country which results in problems in the local economic, political and socio-cultural sectors which then also affect the stability and security and integrity of a country (Dhiksit 1982). According to Suryo Sakti Hadiwijoyo, the border region is a geographical area that faces a neighboring country, where residents residing in the region are united through socio-economic and socio-cultural relations after an agreement between bordering countries.

Border in the beginning is a geographic-spatial understanding, then becomes a social concept when we talk about people who inhabit or cross border areas, as the geographical concept of the border problem is resolved when the two countries that have the same border area agree on the territorial boundaries the country. Problems actually arise when borders are viewed from a social perspective because from then on, conventional boundaries melt away. Borders acquire new meanings as social and cultural constructions that are no longer bound by territorial notions.

According to Harsthorne (1936), the classification of international borders is functionally divided into 4 (four), :

1) *Antesedent Boundaries*

This boundary is also called the first border, in the sense of the border that is formed because new countries have preceded each other in putting up or setting their outer borders, so the formation of these borders before the cultural landscape takes place.

2) *Subsequent Boundaries*

Borders formed after the cultural landscape and its making after there is negotiation and mutual agreement between the two countries. This border follows ethnic cultural differences, especially in terms of language and religion, this type of border is often found in countries in Eastern Europe while in Asia especially on the border between India and Pakistan or Bangladesh.

3) *Superimposed Boundaries*

These superimposed boundaries are the types or types of boundaries that are formed with the same subsequent boundaries, but there are principal differences, namely superimposed boundaries do not conform to the socio-cultural division. This is because outside of the party that is supposed to hold negotiations or agreements there are other external forces involved, these forces are primarily concerned with the strength and political interests of a country.

4) *Relic Boundaries*

This border is a line that has lost its political function, especially in its cultural landscape. This type of border usually occurs in a country that enters the territory of another country, both voluntarily and through the process of imperialism, for example the boundary that once existed between East Germany and Russia; the boundary between Poland and Germany (during Hitler's administration); and the boundary between Mexico and the United States (during the Spanish occupation of Mexico).

History of Coronavirus Disease 2019 (COVID-19)

On December 31, 2019, the WHO China Country Office reported a case of pneumonia of unknown etiology in Wuhan City, Hubei Province, China. On January 7, 2020, China identified pneumonia of unknown etiology as a new type of coronavirus (coronavirus disease, COVID-19). On 30 January 2020 WHO has designated the Public Health Emergency of International Concern (KKMMD / PHEIC). The increase in the number of COVID-19 cases took place quite quickly and there has been a spread between countries. As of March 3, 2020, globally 90,870 cases of confirmation were reported in 72 countries with 3,112 deaths (CFR 3.4%). Details of countries and the number of cases are as follows: Republic of Korea (4,812 cases, 28 deaths), Japan (268 cases, 6 deaths), Singapore (108 deaths), Australia (33 cases, 1 death), Malaysia (29 cases), Viet Nam (16 cases), Philippines (3 cases, 1 death), New Zealand (2 cases), Cambodia (1 case), Italy (2,036 cases, 52 deaths), France (191 cases, 3 deaths),

Germany (157 cases), Spain (114 cases), United Kingdom (39 cases), Switzerland (30 cases), Norway (25 cases), Austria (18 cases), Netherlands (18 cases), Sweden (15 cases), Israel (10 cases), Croatia (9 cases), Iceland (9 cases), San Marino (8 cases), Belgium (8 cases), Finland (7 cases), Greece (7 cases), Denmark (5 cases), Azerbaijan (3 cases), Republic Czech (3 cases), Georgia (3 cases), Romania (3 cases), Russia (3 cases), Portugal (2 cases), Andorra (1 case), Armenia (1 case), Belarus (1 case), Estonia (1 case), Ireland (1 case), Republic of Latvia (1 case), Lithuania (1 case), Luxembourg (1 case), Monaco (1 case), Mak North edonia (1 case), Thailand (43 cases, 1 case), India (5 cases), Indonesia (2 cases), Nepal (1 case), Sri Lanka (1 case), Iran (1,501 cases, 66 deaths), Kuwait (56 cases), Bahrain (49 cases), Iraq (26 cases), United Arab Emirates (21 cases), Lebanon (13 cases), Qatar (7 cases), Oman (6 cases), Pakistan (5 cases), Egypt (2 cases), Afghanistan (1 case), Jordan (1 case), Morocco (1 case), Saudi Arabia (1 case), Tunisia (1 case), United States (64 cases, 2 deaths), Canada (27 cases), Ecuador (6 cases), Mexico (5 cases), Brazil (2 cases), Dominican Republic (1 case), Algeria (5 cases), Nigeria (1 case), Senegal (1 case) (RI Ministry of Health Directorate General of Disease Prevention and Control (P2P), 2020).

Among these cases, there were already several health workers who were reported to be infected. Based on scientific evidence, COVID-19 can be transmitted from human to human through close contact and droplets, not through the air. The people most at risk of contracting this disease are people who are in close contact with COVID-19 patients, including those who treat COVID-19 patients. Standard recommendations for preventing the spread of infection are through regular hand washing, applying the ethics of coughing and sneezing, avoiding direct contact with livestock and wild animals and avoiding close contact with anyone who shows symptoms of respiratory illnesses such as coughing and sneezing. In addition, implementing Infection Prevention and Control (PPI) while in a health facility.

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Research says that SARS is transmitted from civet cats to humans and MERS from camels to humans. Meanwhile, animals that are the source of transmission of COVID-19 are still unknown. Common signs and symptoms of COVID-19 infection include symptoms of acute respiratory distress such as fever, coughing and shortness of breath. The average incubation period is 5-6 days with the longest incubation period of 14 days. In severe cases COVID-19 can cause pneumonia, acute respiratory syndrome, kidney failure, and even death. The clinical signs and symptoms reported in the majority of cases are fever, with some cases having difficulty breathing, and X-rays show extensive pneumonia infiltrates in both lungs.

Covid-19 Handling in Indonesian Border Areas

In the framework of implementing the International Health Regulation / IHR (2005), ports, airports, and the State Cross-border Post (PLBDN) carry out quarantine activities,

inspection of transportation equipment, vector control and sanitary measures. Implementation of IHR (2005) at the state entrance is the responsibility of the Port Health Office (KKP) along with all agencies at the state entrance. The main ability to enter the country according to the mandate of the IHR (2005) is capacity in routine conditions and capacity in the World Health Anxiety (KKMMD) conditions. Activities at the state entrance include efforts to detect, prevent, and respond to COVID-19 at ports, airports, and PLBDNs. These efforts are carried out through the supervision of transportation equipment, people, goods, and the environment that come from regions / countries affected by COVID-19 carried out by the CTF and coordinate with related sectors.

In the context of preparedness to face the threat of COVID-19 as well as diseases and potential health risk factors for Public Health Emergency (KKM) at the entrance (ports, airports, and PLBDN), a contingency plan document is needed in order to deal with potential diseases and health risk factors KKM. The Contingency Plan can be activated when a potential health threat to the KKM occurs. Contingency plans are prepared on the basis of coordination and mutual agreement between all parties involved in the airport, port and PLBDN.

In the context of such preparedness, several things need to be prepared including norms, standards, procedures, criteria (NSPK), policies and strategies, Rapid Motion Team (TGC), infrastructure and logistical facilities, and financing. In general the preparedness includes:

a. Human Resources

Establishing or activating TGC in the area of the authority of the entrance of the country at the airport / port / PLBDN. The team can consist of KKP, Immigration, Customs, Animal Quarantine officers and other relevant units in the area of the entrance authority of the country that have the competence needed in preventing the importation of diseases. Increasing the capacity of human resources assigned to state entrances in preparedness to face COVID-19 by conducting training / drills, table top exercises, and simulating COVID-19 countermeasures.

Improve cross-program and cross-sector networking capabilities with all authority units at the airport / port / PLBDN.

Facilities and infrastructure

The availability of interview room, observation room, and quarantine room for passenger management. If it is not available, prepare a room that can be modified quickly to manage temporary sick passengers.

Ensure that transportation vehicles (ambulances) of infectious diseases or special equipment to refer infectious diseases that can be used at any time to transport to a referral hospital. If there is no special ambulance available for infectious diseases, referral can be carried out with the principles of infection prevention (using Personal Protective Equipment / PPE and application of disinfection);

Ensure the function of early detection devices (thermal scanners) and sanitary devices and the availability of supporting materials;

Ensuring the availability and function of communication tools for coordination with related units;

Prepare logistical support for needed health services including supportive medicines (life-saving), medical devices, PPE, Health Alert Card (HAC), and complete other logistics, if there is still a shortage;

Preparing risk communication media or materials for Communication, Information and Education (IEC) and placing them in the right location.

Availability of preparedness guidelines for dealing with COVID-19 for health workers, including mechanisms or procedures for patient management and referral.

Early Detection and Response at the State Entrance

Early detection and response are carried out to ensure that the airport, port and PLBDN are in a state of no transmission. The following detection and response efforts are made at the entrance of the country: Improving the supervision of transport equipment, especially those from the affected region / country, through inspection of transport health documents and examination of health risk factors on the conveyance. Ensure that the conveyance is free from risk factors for COVID-19 transmission. If complete documents and / or disease and / or health risk factors are not found, quarantine-free approval can be given for transportation. If the document is incomplete and / or diseases and / or health risk factors are found, limited quarantine approval is given to the conveyance, and further health quarantine measures are needed (such as disinfection, deratization, etc.). In carrying out detection and response efforts, the CTF coordinates with other related sectors, such as the DHO, referral hospitals, immigration offices, etc.

In general, the case finding activity of COVID-19 at the state entrance begins with the discovery of a fever patient accompanied by respiratory problems originating from the infected country / region. The following activities are monitoring the arrival of people: 1) Increasing supervision of travel agents (crew / personnel, passengers), especially those from affected regions / countries, through temperature monitoring with thermal scanners or infrared thermometers, and visual observations. 2) Carry out checks on health documents on people. 3) If a traveler is detected with a fever and shows symptoms of pneumonia on the conveyance, the KKP officer inspects and handles the conveyance using the appropriate PPE (Appendix 11). 4) Monitoring the arrival of people is done through body temperature observations using a mass temperature scanner (thermal scanner) or infrared thermometer, as well as through visual observations of travelers who show the characteristics of people with COVID-19. 5) If a traveler is found to have detected a fever through a thermal scanner / infrared thermometer, separate it and conduct further interviews and evaluations.

Conclusion

In the framework of implementing the International Health Regulation / IHR (2005), ports, airports, and the State Cross-border Post (PLBDN) carry out quarantine activities, inspection of transportation equipment, vector control and sanitary measures. Implementation of IHR (2005) at the state entrance is the responsibility of the Port Health

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