Care for the sick tests a nation's health

Philip Setunga

Rangga, a four-month-old boy weighing only 1.4 kilograms (3 pounds), was diagnosed as suffering from malnutrition by a local doctor in the West Java town of Kedaton, Indonesia, and was referred to the Arjawinangun Hospital in Cirebon Regency for further treatment. The hospital refused to treat the child however, and Rangga was taken home.

The reason given for denying treatment was that the parents do not have the "blue card" called Askeskin, an insurance program for the poor. Later the father, accompanied by the head of the rural administration of Pegagan Lor Village, Kliwon Rusman, and with a letter certifying their impoverished status, went to the same hospital and was turned away yet again.

Meanwhile, the head of the healthcare office of Cirebon Regency said that a patient can claim their right for medication even without Askeskin if a reference letter from the local health clinic is produced. Is this simply a matter of bureaucracy?

In another case, a 22-year-old mother named Iis died in her home in Cipondoh in Tangerand District in mid-March, simply because the family did not have the money for medication. Juanda, her husband, admitted they did not have the money to take her to the doctor or the hospital. His daily income of 15,000 rupiahs (less than US$2) would not be sufficient to take her to the doctor. Given his poor status, the neighbors would not lend him the money he needed either. Consequently, she died at home after complaining of severe pain for a week.

In yet a third case, a similar death due to starvation took the life of a pregnant mother and a child toward the end of February in Makassar, South Sulawesi.

The situation in East Nusa Tenggara in West Timor is also very severe, as more than 90,000 cases of malnutrition have been reported. Moreover, throughout the country, an estimated 13 million children under the age of five are considered malnourished in Indonesia. These statistics beg a significant question: How many of these children will later die as well?

The Indonesian government ratified the International Covenant on Economic, Social and Cultural Rights two years ago, and with this ratification it recognized the right to an adequate standard of living for its people, which includes adequate food, clothing, housing and healthcare. Furthermore, in article 28H of the Indonesian Constitution, the right to health is well affirmed: "Each person has a right to a life of well-being in body and mind, to a place to dwell, to enjoy a good and healthy environment and to receive medical care."

While this right is enshrined in the Constitution for all Indonesians, it is not equally realized by everyone; for although the state has introduced various healthcare programs, the poor, as demonstrated in the above cases, who obviously should be the beneficiaries, have been excluded.

The simplest complaints relate to malpractice or bureaucratic lethargy. It is reported that in a number of cases the officers assigned to provide the required reference letters need to be bribed. This practice has resulted in well-to-do people in the cities becoming the beneficiaries of these healthcare schemes—designed by the state as the anti-poverty healthcare program Askeskin or the insurance scheme PT Askes—instead of the people who really deserve and need them.

Thus, if people's right to heath is to be safeguarded, there are a few major issues that need to be addressed. In the health sector, malpractice, negligence and accidents have been noted for a long time, and there have not been any effective remedies because these healthcare deficiencies have not been properly defined nor have standards been established. Thus, none of the complaints can be investigated.
Even if a complaint is made to the police, there are no national standards against which the behavior of any of the practitioners can be monitored or assessed. Everyone in the health sector is expected to be guided by their conscience. No service sector however, can function efficiently purely on the basis of a good heart or conscience. There must be standards to comply with, and mechanisms for efficient remedies in cases of violations.

The question of health is increasingly associated with the country's wider economic worries. If the statistics of 13 million children under the age of five are a fair reflection of the actual situation, a host of questions must be raised, including the role played by the state in the provision of adequate and nutritious food to its citizens.

At a recent meeting, the coordinating minister for people's welfare, Aburizal Bakrie, announced that more than 60 million people will be targeted in a special poverty eradication program to be initiated this year. It is expected to include a social program focused on education and insurance for low-income families, an empowerment program for rural citizens and a small-scale business program.

Given the culture of corruption in the country, it is important that the government explain in detail the process of implementation and the agencies involved. There must be strict accountability and transparency in order to avoid corruption. Moreover, strict visible standards must be stated with mechanisms for reporting malpractices and speedy remedies to avert calamities of death and starvation. Hunger and illness are not something that can be addressed at one's leisure. Delay can mean only one thing: death.

While 60 million people, or one-fourth of the population, are brought under the poverty eradication program, there is a need to examine the country's economic policies to assess their impact on the poorer sections of society. They must be seen from the perspective of providing adequate food, healthcare, education, housing and security as well as ensuring people's dignity. It would be tragic if people are only viewed as the recipients of social welfare. It is time that the dignity of all is taken as the highest priority, thereby securing their participation in all matters pertaining to their rights, including their right to health.

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