Refugees and Asylum Seekers in Indonesia Amid the Spread of COVID-19: Case Study of Refugees and Asylum Seekers in Pekanbaru

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Abstract
This paper aims to analyze how the Indonesian government’s efforts to fulfill the health rights of refugees or asylum seekers who were in Indonesia when the COVID-19 case hit the world. Pekanbaru was chosen as a case study because it has broken the record for the highest number of additional COVID-19 cases in Indonesia. This condition is exacerbated by the fact that, Pekanbaru is also one of the cities with the highest number of receiving refugees in Indonesia. Using qualitative research methods, this paper argues that the acceptance of refugees by Indonesia on humanitarian principles is in line with the identity that has been shown as defenders of human rights. To maintain this identity, in terms of handling COVID-19 with refugees, it would be better if Indonesia adapted policies that were adaptive and sensitive to minority groups, in this case asylum seekers in Pekanbaru.

Keywords: refugee and asylum seeker; Pekanbaru; health rights; COVID-19
Introduction

Corona Virus Disease or known as COVID-19 is known initially found in Wuhan City, China, according to statistics compiled by Johns Hopkins University, this region is the center of epidemics, with almost 82% of the more than 75,000 cases recorded so far in China and the whole world comes from here. The rapid spread of the corona virus has paralyzed Wuhan City for several months. The tragedy that began at the end of 2019 continued until the spread of the corona virus spread very quickly throughout the world with its peak until it was determined to be a pandemic. The term pandemic is interpreted by WHO as a situation where the entire world population is likely to be affected by this infection and potentially some of them become sick. Eijkman Institute of Molecular Biology Researcher, David Handjojo Muljono states that the corona virus can spread when an infected person coughs or sneezes and then releases a droplet (saliva particles) that contains bacteria. Although droplets when coughing or sneezing are not visible, but the particles can be a medium of transmission of a virus (Detik, 2020). One effective effort to avoid the spread of this virus is the Physical Distancing method. Physical Distancing is the act of keeping a physical distance of at least 1.5 meters from others and avoiding crowds to prevent the transmission of COVID-19 disease. Are the facilities in the refugee camp sufficient for the Physical Distancing method?

Physical Distancing as a health strategy to prevent or slow the spread of the virus, even Physical Distancing becomes a new norm in life after the emergence of various diseases such as COVID-19. Although not 100% able to stop the spread of the virus, this method is proven effective to slow the rate of spread. In fact, people who are exposed to the COVID-19 virus may not show any symptoms. People like this have the potential to spread the virus to people who are more susceptible to disease, such as the elderly and infants. With this method, the potential to spread the virus becomes smaller, because of the great distance when meeting and not doing activities that are not important outside the home.

In the midst of conditions that are full of worries, there is one element of society that has been at the “surrender point” if one day it will be infected by COVID-19. They are refugees and asylum seekers in Indonesia with the number according to UNHCR reaching 13,497 people. They comprise 73 percent of adults and 27 percent of children (Nugraheni, 2021). In their article titled “Slow-motion genocide: coronavirus fears grow among asylum seekers in Indonesia, Bangladesh and Thailand”, Aisyah Llewellyn and Sen Nguyen said that the refugees have surrendered when they were later exposed to COVID-19. Their status as refugees, it is certain that they are not a priority group in handling the pandemic. From the aspect of facilities which are basic rights they are also very deficient, as written by Llewellyn.
and Nguyen: “They have not been provided with soap, masks or hand sanitizers. They also sleep three or four to a room at the cramped hotel, making any kind of serious social distancing impossible.” The worst scenario that will happen is if there is just one person from the refugees affected by COVID-19, then that will be a tragic end for all of them. Furthermore, she mentioned that this situation was like “slow motion genocide” or slowly genocide. The concept of genocide in this case means that conditions are difficult to obtain priority treatment if one day refugees are exposed to COVID-19 with the worst possibility of slowly dying without prior medical treatment (Llewellyn & Nguyen, 2020).

To prevent the spread of the virus, a number of affected countries adopted a lockdown policy. Interpreted by Professor of Health Law from the Washington College of Law, Lindsay Wiley, lockdown is used to refer to the quarantine of an area. Lockdown decisions can be applied at the city or country level. This means that someone is only allowed to be in an area for reasons of something emergency (Detik, 2020).

Indonesia is not ready yet to implement the lockdown policy as applied by various countries, this condition is influenced by various aspects with the main consideration being in the economic sector, with the number of cases reaching 2,67 million (data dated 15 July 2021). Due to the inability to lockdown, another solution the Indonesian government has taken to prevent its spread is to implement Large-Scale Social Restrictions or PSBB at 2020. PSBB means limiting certain activities of residents in an area suspected of being infected with the corona virus to prevent the possibility of spreading the virus further. The PSBB rules are listed in Minister of Health Regulation No. 9 of 2020. Then, a new policy was issued, namely Emergency PPKM which will be implemented from 3-20 July.

Almost all countries are in a state of uncertainty in dealing with this situation so that the response is also different. Particularly in Indonesia, the handling of the COVID-19 pandemic shows unseriousness at the national level, thus impacting on the absence of a system of anticipation and prevention when the pandemic has not spread. This statement is evidenced from the various acts of neglect by central officials related to the spread of the plague with various anti-science statements, and what is crucial is the absence of national guidance to manage the pandemic situation. The attitude of officials at the national level results in consequences for governance crises, as evidenced by; weak vertical and horizontal coordination, resulting in policy fragmentation, confusion of information, and indications of public doubt about the capacity of the state. On the other hand, a country is categorized as not responsive or has a low responsiveness when showing a tendency to underestimate the urgency of handling and the impact of a pandemic at the beginning of a crisis. This situation is a result of the absence
of leadership which can present adequate knowledge-based policies on crises (Mas’udi & Winanti, 2020).

The Deep Knowledge Group report published in Forbes 13 April 2020 shows that Indonesia is not included in the top 40 safety ranking countries but is among the countries in the highest risk category having failed to deal with COVID-19 (Margaretta, 2020). In addition, Indonesia is also in the lower category of country with the level of security from the threat of COVID-19. This situation is exacerbated by the assessment that the available health care system and health insurance system is still far from universal health standards.

COVID-19 is a virus pandemic that is different from previous pandemics with their transmission patterns through animal intermediaries or special interactions between humans (Madhav et al. in Jamison et al., 2018, in Mas’udi & Winanti, 2020). This condition actually has a wider impact because the characteristics of the disease are transmitted directly between humans (Shereen et al., 2020 in Mas’udi & Winanti, 2020). The virus characteristics and transmission patterns thus make COVID-19 more difficult to manage, especially given the very high mobility of people across national borders (Mas’udi & Winanti, 2020). Compounded by the symptoms felt by patients affected by the symptoms of the common cold, so it’s very difficult to detect without a medical examination.

Pekanbaru was chosen as a case study in this research because Pekanbaru included in the city in Indonesia with the highest increase in the number of patients exposed to COVID-19, on May 26, 2021, Riau became the province with the highest increase in the number of victims exposed to COVID-19 in Indonesia. The positive confirmed case of Covid-19 in Riau occupies the highest position, beating the densely populated provinces on the island of Java such as West Java, DKI Jakarta, East Java and Central Java. Based on data obtained and processed by researchers from the Immigration Office and the Ministry of Law and Human Rights of Pekanbaru in 2019, the number of foreign refugees spread over 8 community houses is as follows:
Geographically, Pekanbaru is on the island of Sumatra, Sumatra Island itself is an island located in the westernmost part of Indonesia, while foreign refugees who come to Indonesia are dominated by people from South Asia and the Middle East, this makes Sumatra as the first stopover for foreign refugees in Indonesia. Compared to two other cities on the
island of Sumatra: Medan and Aceh. Pekanbaru has its own uniqueness in terms of responding to the acceptance of foreign refugees, because despite experiencing various problems, the Pekanbaru’s government continues to accept foreign refugees and does not consider the problems caused by foreign refugees. As something that will present serious risks in the future, while the Medan’s government and the people of Medan are aware that the problems caused by the presence of refugees cannot continue to be ignored, the solution is that the Medan’s government firmly rejects the presence of foreign refugees who placed by the central government in the city of Medan. Meanwhile, the problems caused by foreign refugees stationed in Aceh are not so many when compared to the problems that arise in Pekanbaru and Medan. In addition, the trauma caused by the tsunami that occurred in 2004 made the people of Aceh feel the same as foreign refugees and open to accepting foreign refugees in Aceh (Charin, 2019).

Refugee and Asylum Seeker in Human Security Approach

Security studies have changed the focus after the cold war. Security during the cold war and (also previously) was seen as a form of threat that was militaristic and state centric, when the state was considered the only form of threat that could threaten the stability of the security of other countries. After the end of the cold war, which was marked by the collapse of the Soviet Union as a balanced pillar of the power of the Western Bloc, the orientation or outlook on security has expanded. Security is not only seen as a traditional form of security, but also emerges security that is present (non-traditional). Expansion of security issues can be seen in many scopes, based on the actors involved, as well as what issues can threaten security. A new type of security threat is called non-traditional security, the approach assumes that the state is not the only subject of security, but humans are the main subject of security, also known as human security (Ullman in Behera, 2004).

The character of current security issues is very closely related to social problems such as humanitarian issues, which are included in one of them is security issues related to refugees. In this case the refugee problem is categorized as a non-state security problem. Departing from the concept of non-traditional security, which explains that refugees who are non-state actors can also threaten the stability of security in an area, whether it threatens the state at large or threatens the security of the people with life that intersect. The arrival of refugees often has implications for the emergence of economic, social, environmental and health problems for host countries. But before assessing further, a more comprehensive reason is needed in looking at the implications of the arrival of refugees to a country, because what often happens is the main reason a person/group of people is forced
to move from their home country to their destination country for survival. There are many things that cause a group of people or people, whether from a particular religion or ethnic group to move or evacuate, the cause is the instability of security in their home country, due to war or conflict, due to disasters, expulsion from the land of birth by the ruling regime and people who basically do not have any citizenship.

Kanti Bajpai argued that human security is a concept related to the protection and creation of welfare for each individual citizen so that each individual can get security and freedom to obtain their welfare (Bajpai, 2009). In simple terms, human security exposes the state and its sovereignty to the individual sovereignty of its citizens. Based on the 1994 Human Development Report document issued by UNDP, the definition of the concept of human security contains two important aspects: First, human security is security from fundamental threats such as hunger, disease and unemployment. Second, human security also implies that there is protection for one’s daily life patterns, whether in the home, work, or community from various disturbances that come suddenly and are painful. In understanding the notion of threats based on the concept of human security, UNDP formulated seven types of threats related to human security; threats to economic security, threats to food security, threats to health security, threats to environmental security, threats to personal security, threats to public security, and threats to political security. Human security talks about how a child does not have to die of hunger, an plague that should not spread, someone who does not have to lose a job, ethnicity that does not have to be a victim of violence. Human security is not talking about weapons, but the focus is on human life (people-centered) (UNDP, 2013).

Starting from 1999 to 2003, the wave of the presence of foreigners who passed through Indonesia with the aim of fleeing to their destination countries was 1,093 people, starting from 2001 to 2004, 789 refugees had left for a third country or destination country (Havid, 2004). While in 2010, the number of refugees only reached 2,882 (Astiana, 2018). In the following years, the increase in the number of refugees in Indonesia was quite significant, recorded the number of refugees rose to 30% from 2014 to 2015. In the following year, the upward trend continued and showed no signs of slowing down. Based on the UNHCR report, around 4,100 refugees and asylum seekers live in 13 immigration detention centers spread across various regions in Indonesia, while 4,448 people live in community houses funded by the International Organization for Migration (IOM). The rest, more than 5,700 people live autonomously among local residents (Adiputra, Missbach & Prabandari, 2017). Asylum seekers and refugees are mostly from countries that are involved in internal conflicts in the Middle East region and include Rohingya refugees from Myanmar. Asylum seekers to
the final or destination country must pass a long route and not just use one transportation. On their journey to the destination country, they have also experienced various traumatic things, such as being deceived by brokers or illegal travel agents, surviving without an adequate supply of food on trips via sea, not a few who actually lost their lives before they arrived in their destination country. The length of this route as shown in the following figure.

Figure 1. One example of an asylum seeker travel route from Iraq to Australia through Indonesia (Hugo, Tan & Napitupulu, 2017).

Air travel to Malaysia is usually traveled by visa as a tourist, when visa is no longer valid, asylum seekers travel through the sea to Indonesia (Misbach & Sinanu in Hugo, Tan & Napitupulu, 2017). In terms of administration, Malaysia is very selective in choosing asylum seekers who can evacuate in their country, asylum seekers with incomplete documents will be deported from Malaysia, not infrequently Rohingya refugees who arrive from Myanmar using ships via sea, must be driven out by local authorities. Unlike the case with Indonesia, which was considered by UNHCR to be very friendly towards asylum seekers, asylum seekers can live in Indonesia even if it only relies on documents which are letters of introduction from UNHCR.

Indonesia is willing to accept refugees based on humanitarian principles and respect for international regulations, which are regulated in
the Constitutional Law 1945, Constitution Number 39 of 1999 concerning Human Rights, Constitution Number 37 of 1999 concerning Foreign Relations, and TAP MPR, Number: XVII/MPR/1998 concerning Human Rights (HAM) and also Constitution Number 1 of 1979 about Extradition. As a consequence, Indonesia is partly responsible for the survival of refugees during the waiting period.

The manifestation of Indonesia’s concern has been proven by the issuance of Presidential Regulation No. 125/2016. Normatively, the rules has filled the legal vacuum regulating refugees and asylum seekers in Indonesia, which is affirmed in Article 28G of the Constitutional Law 1945, and Articles 25-27 of Constitutional Number 37 of 1999 concerning Foreign Relations. Substantially, SUAKA, as an NGO that actively engages in research related to refugee issues, appreciates the Presidential Regulation because it has been sufficiently complete to protect the rights of refugees and asylum seekers, including special attention to vulnerable people who are in an emergency at sea and on land, sick, pregnant, disabled, child and elderly; give recognition for family reunification; clarity of definition of refugee; the distribution of interagency roles and the principle of sharing responsibility; and the use of the state budget for refugee protection. In practice, however, there are still many large tasks that must be completed by the Indonesian government, because in reality the local government in the city where refugees are located still feels confused, so the problem that occurs is precisely the miscoordination between institutions and overlapping roles, to the neglect of basic refugee rights.

Indonesia has not yet become a participant in the 1951 Convention relating to the Refugee State (Refugee Convention) or the 1967 Protocol, so that Indonesia is only a second country or also referred to as a transit country, not a third country or destination country for refugees. Indonesia is not yet a participant in the 1951 Convention relating to the Refugee State (Refugee Convention) or the 1967 Protocol so that Indonesia is only a second country or also referred to as a transit country. This status makes Indonesia have no responsibility to determine refugee status. Refugees who transit to Indonesia are usually refugees who go to Australia as their destination. Not being a participant in the 1951 Convention and 1967 Protocol, the Indonesian government does not have the authority to determine the status of refugees or Asylum seekers Status Determination (RSD), so that refugee management regulations in Indonesia rely solely on the statutes of the United Nations High Commissioner for Asylum seekers (UNHCR), in accordance with the mandate received by Indonesia in 1951 (UNHCR, 2017).

During their lives in Indonesia, all responsibilities for fulfilling the rights of refugees are borne by international organizations such as the UNHCR and IOM. UNHCR is specifically responsible for determining
refugee status and seeking placement in a third country (resettlement), while various matters related to food, clothing, shelter are fulfilled by IOM. However, regarding the right to health and education, IOM’s support has always been insufficient to fulfill the needs of refugees. As a result of the non-ratification of refugee conventions and protocols, the survival of refugees in Indonesia is threatened, because education rights, health rights and work rights cannot be fulfilled.

The situation of refugees waiting is exacerbated because the policy to stop accepting refugees issued by Australia since 2014. This condition made asylum seekers have to stay in Indonesia for a long period of time without any certainty how long they have to wait, and also made it more difficult for refugees and asylum seekers to fulfill their needs with limited funding from IOM as said the IOM Pekanbaru Daily Staff, which is Rp. 1,500,000/month for adults and Rp. 500,000/month for children.

Indonesia’s Identity as Human Rights Defender on the Issue of Refugees

Although it has not yet ratified international instruments of refugees, Indonesia is one of the countries that has great attention to the issue of refugees. This has started since Indonesia was willing to make Galang Island a refugee area for 250 thousand refugees from Vietnam in 1975 to 1996 (Fitzpatrick & Franklin, 2009). However, when Indonesia again experienced a flood of refugees, especially from Afghanistan and Myanmar, Indonesia was faced with the condition of a dilemma between ratifying international instruments regarding refugees, or continuing to accept refugees without legal clarity. In response to this dilemma, the Jokowi government published the Presidential Regulation Number 125/2016.

The presidential regulation is a breakthrough in the handling of refugees in Indonesia, because it has answered the legal vacuum that has been an Indonesian dilemma. The presidential regulation, which became effective in 2017, affirms Indonesia’s recognition of refugee status and explains technically how to deal with refugees and asylum seekers. Based on the presidential regulation, the handling of refugees is an issue that involves cross-agencies coordinated by the Ministry of Political Coordination of Law and Security. Coordination is carried out in the context of the formulation of policies which include the discovery, storage, security and supervision of immigration (Article 4 of Presidential Regulation 125/2016). Therefore, through this presidential regulation Indonesia reiterated that the principle of non-refoulment must continue to take precedence in the handling of refugees.

The issuance of a presidential regulation regarding refugees has shown Indonesia’s commitment to play a greater role in dealing with refugee issues which are currently of international concern. This is interesting
because when other countries such as Australia, the US, and the European Union carry out restrictive policies on refugee management, Indonesia chooses to make policies that facilitate refugees. Referring to research conducted by Sirait and Charlotte (2019), using the concept of international recognition in the perspective of constructivism, countries will engage in a “struggle for recognition” that leads to the formation of a collective identity so that these countries have an interest in harmonizing collective identity that has been formed (Wendt in Sirait & Charlotte, 2019). In this case, efforts to gain recognition as a “human rights defender” are a determining factor for the Indonesian government in making policies.

In the concept of international recognition formulated by Wendt (1999), identity is one of the most basic aspects for a country to have. Wendt (1999) defines identity as an attribute that is inherent in the actor who drives its actions. There are four types of identity in international relations. The first is personal identity related to the characteristics of the country determined inward-looking such as ideology, the symbol of the state, nationalism, and others. The second is group identity (type), which is when one country with another has the same or similar characteristics as a democratic, authoritarian, capitalist, and others. Third is the role identity associated with the activities of a country and get responses from other countries. The fourth is a collective identity, namely a shared identity that belongs to a group of countries. Indonesia’s identity as a “human rights defender” can be analyzed through the third type of identity, namely role identity. Role identity explains how the state’s position in the international community is based on its behavior.

Starting from Soekarno as Indonesia’s first president in taking policies to prioritize humanitarian issues, evidenced by the formation of the Indonesian Red Cross, one month after Indonesian independence. It was emphasized through the enactment of Constitution number 59/1958 regarding Indonesia’s participation in all Geneva Conventions of 1949. The provisions govern humanitarian treatment of war victims. Surely this is in accordance with the second principle in Pancasila, which is fair and civilized humanity. During the New Order era, although there were a number of human rights violations that crossed Indonesia’s name in the world, Suharto also made efforts to show that Indonesia’s existence as a “human rights defender” was still valid. The handling of international refugees in Indonesia was the first time carried out during the Suharto era. In 1979, Suharto agreed to establish the Refugee Crisis Center on Galang Island to house the thousands of Vietnamese who had fled because of the Vietnam war. Various activities for refugee self-development are programmed, so that the camp on Galang Island has been named by the UN as the best refugee camp compared to other refugee camps in Southeast Asia which also accommodate refugees from Vietnam (Hananto, 2015).
In the reform era, Indonesia has increasingly enhanced human rights protection through the enactment of the 1945 Constitution articles 28A to 28J, MPR Decree Number XVII/MPR/1998 on Human Rights, the Press Law, the Law on Freedom of Expression, the Election Law, the Political Party Law, and the constitution on ratification of the Convention against Racial Discrimination. Habibie, who became the first leader of the reform era, prioritizes the improvement of the image of Indonesia through various improvements in the protection of human rights in Indonesia. This was done through the ratification of five international conventions on human rights and the formation of a women’s national commission. Followed by Abdurrahman was called “the father of pluralism.” Abdurrahman also paid great attention to resolving the Israeli-Palestinian conflict. This was done with his involvement in the formation of the Commission of Three Religions (Islam, Christianity, and Judaism) so that Gus Dur was believed to be one of the figures representing the Muslim world (Madji 2012 in Sirait & Charlotte, 2019).

In the next regime, Megawati tried to maintain Indonesia’s identity as a “human rights defender” through the enforcement of various ratifications of human rights conventions including conventions on the elimination of all forms of discrimination against women, conventions on children’s rights, conventions on the prohibition of production and use of biological weapons and conventions on eliminating racial discrimination. At the international level, Megawati was firm in rejecting the Bush administration’s plan to invade Iraq. Yudhoyono’s administration which lasted for ten years put forward the logic of friendship in foreign relations. This is demonstrated through Yudhoyono’s foreign policy slogan, “million friends, zero enemy.” This is in line with the role of the Yudhoyono administration in the field of human rights. During his leadership Yudhoyono tried to show the international world that Indonesia was a democratic country, sought human rights protection, and had a moderate Islamic style (Alvian, Putri, & Ardhani, 2018 in Sirait & Charlotte, 2019).

Yudhoyono’s various efforts in maintaining Indonesia’s identity as a “human rights defender” can be said to be successful. This can be seen from the election of Indonesia as the UN Human Rights Council three times, namely the period 2006-2007, 2007-2010, and 2011-2014. Even Indonesian representative Ambassador Dian Triansyah Djani, held the position of vice president of the UN Human Rights Council in 2009-2010. In addition, Indonesia’s representative, Siti Ruhaini Dzuhayatin, was elected as chair of the OIC Human Rights Commission, in the 2012-2014 period. Identity as a “human rights defender” is also reflected by the administration of Joko Widodo. This can be seen from his attention to the humanitarian crisis in Myanmar. Until September 2018, Indonesian humanitarian assistance
provided through the Indonesian Humanitarian Alliance (IHA) has reached around Rp. 18 billion. Besides Myanmar, humanitarian diplomacy is also carried out through the contribution of humanitarian assistance to Palestine. This was provided through UNRWA, the agency that deals with the handling of refugees in Palestine. Indonesia increased humanitarian assistance tenfold from the previous year with a total of 30 billion for the 2019-2020 period. Therefore, Presidential Regulation 125/2016 is Indonesia’s attempt to maintain its identity as a “human rights defender state.”

Indonesia’s desire to be recognized as a “human rights defender” in the handling of refugees, conveyed the Director General of Immigration at the Ministry of Law and Human Rights, Ronny Sompie, handling refugees to be better with the Presidential Regulation of Refugees (Musyaffa, 2017). In a discussion group with UNHCR he said:

Previously, not all government agencies understood their respective roles. Now the tasks of each ministry and agency as well as the regional government regarding the handling of refugees are clearer. We do not treat them like lawbreakers. We have an immigration detention house to accommodate. We also have a community house working with IOM and UNHCR to treat them like refugees and asylum seekers.

Indonesia’s identity as a “human rights defender” related to refugee management has also received recognition from the United Nations and various international communities and other countries in the world, one of which is the US which is a “world police.”

Refugees and Asylum seekers in Pekanbaru amid the COVID-19

Refugees and asylum seekers are very vulnerable groups infected with COVID-19 based on two reasons: external and internal reasons. The external reason is the lack of adequate facilities to survive for refugees and asylum seekers in terms of shelter and health. Therefore, the recommendations for physical distancing and PSBB policies that require individuals to do activities at home with the #StayAtHome jargon will not be possible for asylum seekers. There is no difference in this condition for refugees, even though placed in a house or building, physical distancing is very impossible to do because they have to live with 4 people in a room measuring only 3x4m. As the example, refugees must live on the sidewalk of Kalideres Street, Jakarta. For the Pekanbaru case, refugees have to live with 4 to 7 people in a narrow and cramped room. Access to health facilities is also not accommodated properly. These basic needs should be given serious attention by the central government and local governments.
Internal reasons within refugees or asylum seekers themselves, most of them experience prolonged depression and anxiety due to unclear status to be placed in the destination country, even some of them have been waiting in this worrying condition for 10 years (Hugo, Tan & Napitupulu, 2017). Anxiety disorders and depression can result in a decrease in the immune system in the body, so the body becomes unable to ward off viruses that enter it. COVID-19 can be avoided by having to think positive and calm so that he is mentally healthy and the immune system is not weakened. With the immune system that is maintained well, the body will not be easily affected by disease. This condition is certainly impossible to be applied by refugees and asylum seekers themselves. In terms of fulfilling health facilities and rights, the living conditions of refugees in Indonesia are more or less the same as those in Myanmar. Rohingya refugees living in refugee camps must fight for basic services such as access to clean water and other basic services. HRW Asia Director Brad Adams explained that health conditions were already very bad for refugees in camps at Rakhine, Kachin and northern Shan, and the plague of COVID-19 was very threatening to this vulnerable community.

This condition is also confirmed by the British non-profit organization, Oxfam. “If someone is sick and needs treatment from a specialist, they have to ask for official permission which can take several days. Then they have to pay security escorts to go to the hospital” (BBC, 2020). The same severity also occurs in Indonesia. Difficult access to health for refugees and even cause them to lose lives. As in the case of M (31/P) in Makassar. M is an Indonesian citizen from Aceh who married a Rohingya refugee in Malaysia in 2000. M failed to give birth to their fifth child due to bleeding that cannot be controlled by the midwife. While they do not have enough costs and a wife who is too tired to travel independently to the hospital. In Jakarta, there was a case of a mother from Rohingya who had to have a baby by cesarean. IOM cannot be reimbursed for the cost, until finally the payment is made by a stranger who feels sorry for this family (SUAKA, 2016).

Practices that happened in every community house or home for temporary refugee shelters, there will be doctors who come once a week to open a health consultation. However, as happened in the Aceh and Pekanbaru community houses, the policy has changed by providing boxes containing requests for doctors to come. If a refugee is sick, the occupant can place the request in the box or box provided, and the IOM officer will follow up the request once a week, then process the request. But in practice, despite being asked, doctors rarely come to fulfill requests. This lack of health access is also exacerbated by inadequate shelter to survive, so that with the conditions of a very dense shelter camp and excess capacity, it is not possible for refugees to take physical distancing actions from one another.
In early 2021, the author witnessed it, 100 refugees in Pekanbaru staged a demonstration, demanding that they be provided with proper housing facilities. They had been in a cramped and cramped living quarters for 7 years. The residence measures 3x4 meters and is occupied by 5 to 7 people. Of course, this condition does not support the practice of social distancing for refugees. The safe space provided by the government is no longer safe, but it is risky. Multi-sectoral crises occur in the regions as well as at the center, but providing adequate facilities for refugees is also the government’s obligation, because the reason for accepting refugees is for humanitarian reasons, so ignoring refugee problems means ignoring humanity.

Indonesia as a transit country is expected to guarantee the security and right of life for the world’s citizens who have been expelled as refugees. Ignoring refugees, in the end also ignores humanity itself. Not only is the responsibility of IOM or UNHCR, but also the active role of all parties including the Indonesian government, both at the national and regional levels, is needed, by fulfilling various health facility shortages, not discriminating between refugees and asylum seekers with Indonesian citizens when there are infected by COVID-19 in refugee’s community house.

Conclusion

The principle of acceptance of refugees that is closely held by Indonesia is humanity and human rights. Indonesia’s identity as a “human rights defender” has been analyzed through international recognition theory by Wendt (1999), this identity is included in the category of role identity. Role identity explains how the state’s position in the international community is based on its behavior. Indonesia’s identity has also been recognized by various countries and the international community. But the practices of fulfilling refugee human rights in this case is refugees in Pekanbaru, that occur are far from ideal. Fulfillment of the health rights of refugees can not only be borne by one actor (IOM), but this process needs coordination between elements of stakeholders that can be started from the lowest level at the RT / RW level of refugee settlement areas, with a focus on contact tracing and crosscheck by medical personnel if there are refugees who show symptoms of COVID-19 in order to break the chain of transmission. Although not yet capable in fulfilling qualified health facilities, but based on human rights, Indonesia should not ignore the health conditions of refugees who need access to health even though they are not Indonesian citizens and only have temporary status, because fighting for COVID-19 is a collective act that does not relevant to anyone’s legal status. The main principle is, health is a basic right of every human being.
Refugees and asylum seekers are the one of the most vulnerable group to contract COVID-19 based on two reasons; external and internal. The external reason is the lack of adequate facilities to survive for refugees and asylum seekers in terms of shelter and health. Internal reasons come from within themselves refugees or asylum seekers themselves, most of them experience prolonged depression and anxiety. Anxiety disorders and depression can result in a decrease in the immune system in the body, so the body becomes unable to ward off viruses. COVID-19 can be avoided by having to think positive and calm so that he is mentally healthy and the immune system is not weakened. With the immune system that is maintained well, the body will not be susceptible to disease. This condition is certainly impossible to be applied by refugees and asylum seekers themselves. In conclusion, author suggest that would be better if Indonesia adapted policies that were adaptive and sensitive to minority groups, in this case asylum seekers in Pekanbaru.

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