



Policy of Providing Health Protection During the Covid-19 Pandemic in the Town of Semarang

Farras Irfan Haryansyah; Solechan

Master of Law, Faculty of Law, Diponegoro University, Indonesia

E-mail: ipan.farras123@gmail.com

<http://dx.doi.org/10.47814/ijssrr.v6i2.1007>

Abstract

Health workers are at the forefront of the fight against the COVID-19 pandemic. It is very important for health workers to be at the forefront of handling positive patients infected with the Covid-19 virus. Called as the front line in handling Covid-19 because health workers directly deal with patients exposed to Covid-19. The risk of exposure to health workers due to the Covid-19 virus to cause death. With a high risk for health workers from being exposed to Covid-19 to cause death, the government takes a firm policy to provide prevention and assistance so that health workers can be protected from Covid-19. The policy given by the Semarang City government for health workers is to provide insurance protection for health workers who help patients exposed to Covid-19. The government issued Presidential Decree No. 2/2020 and Circular Letter of the Minister of Manpower Number M/8/HK.04/V/2020, and Kepmenkes No. HK.01.07/MENKES/392/2020, and Kepmenkes No. HK. 01.07/MENKES/215/2020. In providing incentives and death compensation, the Semarang City government claims to have disbursed incentive funds for health workers who handle Covid-19. The government also provides a large amount of incentives and death compensation to health workers in hospitals or health centers.

Keywords: *Health Care Protection Policy; Incentives Giving; Covid-19*

Introduction

The year 2019, the rest of the world saw a deadly contagion known as the corona virus, or covid 19. Covid 19 is the virus that first invaded the human respiratory tract and lungs that was found in the city of wuhan. The covid 19 virus is spreading like wildfire across the world, including Indonesia and is being proclaimed to be global pandemic by the who. Since the virus first appeared in wuhan many victims have been affected by the virus and have spread in various countries including Indonesia. The covid-19 virus brings harm to many fields, from tourism, health, employment, and economics.

In the United States, covid-19 confirmed 416,728 cases, of which about 4,039,835 people with covid-19 recovered and 142,026 died on October 1, 2021. (Direktorat Statistik Kependudukan dan Ketenagakerjaan, 2020). With the growing number of covid-19 cases, the Indonesian government issued lockdown policies in all areas affected by the covid-19 outbreak. The President also formed a task force made through the 2020 publication of the President's decision number 7 on the 2019 disease virus treatment cluster (covid-19). The President's decision was revised with his decree of no. 9 2020 for changes to the President's decree no. 7 of 2020 for accelerated treatment of the 2019 virus (covid-19). (Sholikin, 2020).

Covid-19 not only causes adverse effects in communities but also has the potential for inadequate health-care outage that causes covid-19 to rise, putting the covid-19 at risk for labor, such as a nurse or another with widespread covid-19 exposed.

Health workers are at the forefront of the covid-19 pandemic and exposed to dangers such as exposure to pathogens, long working hours, psychological stress, fatigue, work fatigue and the stigma (YUMNA, 2021). Health workers are essential at the forefront of the treatment of positive patients with covid-19 viral infections. Called the first guard at the covid-19 treatment because directly confronted patients exposed to the covid-19. (Hetharie, 2020).

The purpose of health care is to accommodate and assist needy communities especially those with the symptoms of covid-19 or even those identified as positive patients covid-19. The number of patients treated by health-care workers is at the forefront and can add to the workload. In these conditions, health services sometimes have to sacrifice their lives to protect communities from the spread of the covid-19 pandemic.

Caption covid-19 has been a major component of both medical and health care for these viral attacks. Additionally, the availability of health care and medical care facilities has been an important factor in successfully handling covid-19. Given the limitations of service facilities and medical equipment, health care has a high risk of treating a covid-19 patient.

The Indonesian medical association (idi), reported in 2021, reported 10,000 in jateng, which were confirmed with covid-19 from beginning of the population to 2021. Of these, 2,216 are physicians. While covid-19 and covid-19 died in Java, 128 people have been asked, 64 of whom are doctors. (Newswire, 2021).

Of these, one of the central Java that was confirmed by covid-19 in the town of semarang. According to abdul hakam, as chief health officer for the city of semarang, in February through June 2021 the number of health workers in the town of semarang infected with covid-19 was 730. While the dead in the town of semarang were among those employed as doctors about 27 people who had died from covid-19 since covid-19 had already existed, and by June through July 2021 about 12 doctors had died in the town of semarang. (Saputra, 2021).

Covid-19 remains high, with doctors, nurses, and others at risk of exposure to covid-19. The risk is common because health-care workers work at health facilities such as hospitals or medical centers that have high levels of staff. Not only is the frequency of health-care work virtually nonstop because of alternating 24-hour work, shifts, and extended access to hospital access are responsible for covid-19 disease.

The covid-19 virus's leading health risk to causing deaths can certainly be anywhere but work. With high risk to health health being affected by covid-19 to the point of death, they provided protection for health care that was highly cared for for more playfulness at the time of covid-19. (Siti Soekiswati,

2021). Thus, governments take strong policies to provide prevention and assistance so that health-care workers can be protected from covid-19.

The policy the Semarang city government has given to health workers by providing protection for those who help patients are exposed to covid-19. The corruption of Indonesia has governed the general protection clause 28 d (1) in the 1945 chapter of the bill nri that gives the right to the recognition, assurance, protection and certainty of a just law and equal treatment before the law. Protection for health care is administered in section 5 section 2 chapter 24 verse (1) the government's rule no. 32 in 1996 on health care, which states that law protection is given to health workers who perform according to the professional standards.

Protection of law is an act or an effort to protect society from arbitrary rule of law, to establish order and order so as to allow man to enjoy his human dignity (Setiono, 2014). According to Satjpto Rahardjo's theory that enforcing the law has three elements to consider, including: certainty of law, justice of law and judicial expediency (Rompis, 2015).

That protective recognition of health powers is a fundamental principle of justice. According to John Rawls, justice is the supreme virtue of social institutions. But policies in all societies cannot override the sense of justice of everyone who has gained a sense of justice (Faiz, 2009).

Legal protection is used to address the legal side of health and safety to health. Workers' legal protection of safety and occupational health has been administered in the 2003 statute number 13 on employment. In chapter 86 employment laws state that every worker has the right to protection for the safety and health of work.

The Semarang government has also given policies on incentives and death benefits to health care of pasien covid-19, incentives are to suggest to people that they can work more and make a good job number, which is the suggestive nature of a material one (Dhita Adriani Rangkuti, 2019). Adequate incentives will certainly improve the performance of both quality and quantity in health-care workers.

Policies given by governments should be able to provide the motivation for health-care workers in service to covid-19 patients and help countries free from wabah covid-19. Incentives can provide high motivation for health-care workers to meet needs, so working they expect recompense for services that will be used to meet their daily needs. Especially if health-care workers die from covid-19, death benefits can help families in their daily needs.

With health-care policies provided, as well as policies that provide health care and incentives for health workers in service to covid-19 communities should be clear to the size of the covid-19. These should provide incentives and incentives in accordance with the decisions that have been made.

Based on this, the authors are interested in further identifying the question of policy meaning in providing health - care measures for health and health at the covid-19 pandemic. Identification based on legal protection of health workers comes with two theories of legal protection and the theory of justice.

Looking at the originality of conceptual thought articles, a few of the preceding articles had almost the same discussion and focused essentially on protecting the law. Research by the guardians "incentives policy on corona covid-19 virus medical personnel; Approach problems" (Harisah, 2020). The journal notes that incentives to medical care are made by governments in an effort to gain wealth for medical teams and communities throughout Indonesia. The journal reviews incentives with a broad approach. While the authors discuss the policy of providing protection and incentives and death benefits to the covid-19 in the Semarang city.

The journal gerardus gegen, aris prio agus santoso, "the covid-19 incentive effect on nakes' performance at the hospital" (Rositoh, 2021) \The covid-19 incentive effect on nakes' performance at the hospital. In the study, the authors discuss policies of providing protection and incentives and death benefits to present health care covid-19 in the semarang city.

The journal christa gumanti manik, sri mardikani nugraha, Maya ryandita under the title "policies to protect health workers during coronavirus disease 2019 (covid-19) pandemic in Indonesia" (Christa Gumanti Manik, 2020). Talks about policies issued by the Indonesian government, especially the central government, were related to nakes protection at the time of the covid-19 pandemic. The journal USES a literature study by studying regulation, the press conference on the covid-19 task force on the paper, focusing on policies in providing protection and incentives and death benefits to the covid-19 in the semarang city

A journal with the title "legal protection of medical staff in maintenance sduring the covid-19 trophies era"(Elli Ruslina, 2020), Focused on aspects of the law on the protection of medical personnel at hospitals and the state's responsibility toward health officials at the covid -19 pandemic. On this post the authors focus the policy of providing protection and incentives and death benefits to the covid-19 present health force in the semarang city.

Journal with title "What Strategies Are Countries Using To Expand Health Workforce Surge Capacity During The Covid-19 Pandemic" (Gemma A. Williams, 2020) Focusing on the 44 countries in Europe, including Canada, strategy to provide protection and boost existing health-care efforts by using data from the current covid-19 health systems. On this post the authors focus on policy forms of protection and incentives and death benefits to the covid-19 present health force in the semarang city.

Formulation of the Problem

1. How can policy provide protection for health care during the municipality of semarang?
2. How were incentives and death benefits to the people of covid-19 in the semarang city? The purpose of the writing is to know the form of protection of law and policy in the giving of death.

Research Methods

The legal study used in this study is normatif jurisdiction, to study the legal principles on policy in providing health protection to health and health at the covid-19 pandemic. The specifications used are analytical descriptive words, which reflect on regulatory regulations on research subjects and objects as the research has done (Marzuki, 2014).

The analysis used has qualitative properties, and then the data that has been collected are then systematically selected and collated, and it is qualitatively analyzed for coming to a conclusion that is answerable to objectively and is the answer to the question of legal protection and occupational health efforts at the covid-19.

Discussion

1. Policies that Provide Protection for the Covid-19 in the Semarang City

Protection is a form of service required by law enforcement agencies or security forces to provide a sense of security both physically and mentally (Raharjo, 2007). Protection has a function of the law

itself, which has the concept that it provides justice, order, certainty, civility and peace (Ahmad Habibi Maftukhan, 2014).

Protection of the workforce is provided in article 28d (1) the 1945 law states that everyone has the right to recognition, assurance, protection, and certainty of a just law and equal treatment before the law. This is similar to chapter 5 of verse (1) the bill no. 39/1999 on human rights, which also states that each person is recognized as a person who has the right to demand and receive the same treatment and protection as his humanity before the law. Article 86 verses (1) a law number 13 in 2003 on an employment states that every worker has the right to safeguard the safety and health of work. Such regulations require that the work force be protected.

The presence of covid-19 health protection comes to the attention of the Semarang city government as a human resource in providing health services during the covid-19 pandemic. Health workers face severe risks in treating covid-19 to death.

According to Abdul Hakan, as chief health officer for the city of Semarang, in February through June 2021 the number of health workers in the town of Semarang infected with covid-19 came to 730 and caused death (Boyoso, 2021). Among the cases of the dead were the medical profession, since the beginning of the covid-19 pandemic, about 27 doctors in the town of Semarang died of covid-19, and in June to July 2021, covid-19 about 12 doctors died in the town of Semarang (Saputra, 2021).

In providing health care and comfort, Semarang city governments provide health care through covid-19 medical tools, bringing incentives and death benefits and legal protection to health force. To ensure the safety of health workers in treating covid-19 patients, the Semarang government guaranteed supply and a pressure on covid-19 patients, Semarang city required that people wear a cloth mask when leaving or traveling.

In anticipation of the violent and ill - health problems involved in treating a covid-19 patient, the Semarang government provided legal protection for the health force. The protection of the law is divided into two that is, the protection of preventive law and repressive (Tampubolon, 2016).

The protection of preventive law is a law intended to protect workers through legislation, which includes from various aspects of employment such as welfare protection, health protection, security of work and law protection in the United States. Whereas the protection of repressive laws is the law of the worker's rights in legislation to maintain his or her normative rights if there is any conflict or other lapses of the worker (Agus Antara Putra, 2020).

With preventive measures, the government has issued a 2/2020 rating on covid-19 task force and employment of ministry of the republic of Indonesia No.M/8/HK.04/V/2020 on the protection of workers/laborers in the occupational crash program in occupational disease cases (Sir) because of the covid-19 plague. The handbill instructs that the governor should ensure that any employee on the worker who is at risk of covid-19 to apply:

- 1) Health and safety of the work;
- 2) Enlisting workers/laborers in the social security program on labor BPJS; and
- 3) Making sure that each job has the right to ensure that an accident on accident is based on the regulations of the law.

To ensure health protection, health-care workers receive legal protection under article 27 of the verse (1) a 36-year 2009 law on health, which states that health workers are entitled to legal rewards and protection in performing professional duties. Enhanced by section 57 with section 36/2014 on health care, which mentions that health workers who practice practice have a legal right to protection throughout

performing duties according to professional standards, professional service standards, and operational procedure standards. The above rules authorise governments to observe legal commands in guaranteeing legal protection to health workers. In connection with the covid-19 acceleration task force.

In providing health protection protection under section xii under section 164-166 act no. 36 year 2009 on health. In chapter 164 of the verse (1) that explains work's health efforts to protect workers in good health and escape from their occupational ailments and adverse effects. Chapters 165 verses (1) and verses (2) explain that the manager of the workplace is obliged to make all forms of health efforts through prevention efforts, improvement, treatment and recovery of the workforce, and compulsory workers create and maintain the health of a healthy workplace and observe the rules in the workplace. Chapter 166 clarifies below:

- (1)Employers or entrepreneurs are obliged to ensure the health of workers through prevention efforts, improvement, treatment and recovery and are obliged to cover all costs of worker care.
- (2)Employers or entrepreneurs pay for ailments resulting from labor imposed by workers according to regulations of the law.
- (3)Governments provide encouragement and assistance for the protection of workers as indicated in verses (1) and verses (2).

Repressive to ensure health protection in the fore front of the covid-19 prevention and treatment of the plague, the government issued policy on incentives and death benefits through decisions made by the Indonesian republic of health minister No.HK.007/MENKES/392/2020 on incentives and death benefits to the health services handling the corona virus disease 2019 (covid-19), and kepmenkes No. HK.007/MENKES/220/15 2020 using specific health allocations for prevention and treatment of covid-19 years of the 2020 budget.

The above rules authorise governments to observe legal commands in guaranteeing legal protection to health workers. Given the covid-19 acceleration management of health services, governments have an obligation to provide health-care workers with health privileges. Those rights afforded by health services are the increasing incentives and santures of death, to the health force that serves or falls in the performance of its duty.

2.Incentives and Death Benefits to the People of Covid-19 in the Semarang City

Health workers are at the forefront of the covid-19 pandemic and exposed to dangers such as exposure to pathogens, long working hours, psychological stress, fatigue, work fatigue and the stigma (YUMNA, 2021). Health workers were governed by the 2014 section no. 36 (3) health administration of section 21 (3) the 36-year 2009 act on health. With the outbreak of covid-19 health workers became the first line of defense in treating a covid-19 patient. Because of the mandatory work of health-care workers 24 hours and 7 days both under normal circumstances and with the current disaster of covid-19(Giani C. Montolalu, 2021). Thus, health care is essential in securing occupational safety and health when dealing with covid-19 patients. Safety and health of work are vital elements in protecting workers, companies, the environment, and the surrounding communities from harm caused by work accidents (Utami Wahyuningsih, 2021).

Worker safety is certainly a priority in any area of employment. When work environments are good, workers can improve performance while poor work environments can lower worker performance. The work environment in the workplace is important to note the employers' management (Kusri Suwardi, 2018). The implementation of k3 at work makes work safety and health an obligation to any agency or company. This can be seen in chapter 87 of the 2003 law number 13, which states that "every corporation

is required to implement a safety and health work system that is integrated with the management of the company's management system."

The employer-giver's obligation to labor is by guaranteeing the safety and health of the workforce during the time of the covid-19 (Amalina, 2021). Employers also have the right to provide protection through incentives and death guarantees of death benefits, to commissioned health workers and fallen in handling covid-19.

Incentives are rewards in the form of outpayable money that organizational leaders give to workers with employee intent can work with motivation and excellence in job achievement goals. The concept of assurance of death is set in article 1 rule 2 of 2015 government No. 44 rule, which states that the further abbreviated guarantee of death is the cash benefits awarded to heirs when participants pass away from work accidents.

Health-care workers at the forefront of covid-19 patients' staffs play a valuable role in promoting maternal care. The high and varied risks of employment make health services worthy of appreciation and appreciation. Incentives and death benefits are efforts by governments to provide health protection. With incentives and guarantee of death the government issued health minister No. HK 01.07/ 392/2020. Pmekasism payment for incentives and death benefits and letter of finance minister No. S-239 /MK.02/2020, about monthly incentives and the snatations of death for the health workers who handle covid-19..

Governments also issue a magnitude of incentives and a guarantee of death benefits to health-care workers, which, in turn, incentives will be given to one-month health-care workers, and a death guarantee will be provided if health-care workers fall in charge of covid-19. Letter of finance minister No. S-239 /MK.02/2020, it said that incentives and grants to health care for covid-19 patients should be credited with restructurization of 2020 budget/reallocation activities, and with the provision:

- a) The budget load on activities became a central government authority was allocated through the ministry of health;
- b) The budget load for activities becomes a local government authority allocated through a transition to health and APBD operating assistance.

According to bank Indonesia the central bank/bi's decision to raise its key rate by 25 basis points to 8.25 percent, he said. TKDD consists of capital allocated funds (DBH), general allocation (dau), physical allocation (dak), non-physical investment, state-funded incentives (foreign exchange, 2021). He said the rupiah was expected to strengthen to rp9,100 per dollar in the Jakarta interbank spot market on Tuesday. 07/2021 on transfer management to the area and village fund year 2021 in support of the corona virus pandemic treatment (covid-19) and its effects.

In article 5 of the ordinance, physical appropriations are set at \$63,68,200,000,000 (sixty-three trillion six hundred thirty-eight billion.) Dak physical, consisting of an type of physical type/field/subtract according to the province/district/city of rp 63,318,942,736,00000 (sixty-three trillion three hundred and eighteen billion nine hundred and forty-two million seven hundred and thirty-six thousand dollars). For a physical portion of rp 329,257,264,00000 (three hundred twenty-nine billion two hundred and fifty seven million two hundred and sixty-four thousand dollars).

Physical action is set in chapter 5 of verse (2), disabling; Education, health and family planning, housing and housing, small and middle-class industries, agriculture, oceans and fisheries, fields of tourism, roads, drinking water, santization, irrigation areas, environmental transportation, country transportation, and ocean transport. In chapter 5 of verse (2), a portion of the physical ailment provided by

health services, rp 19,796,485,885,00000 (nineteen trillion seven hundred and ninety-six billion four hundred and eighty-five million eight hundred and eighty-five thousand dollars).

According to Dr. M. Abdul Hakim head of the Semarang city, the incentives for health services were taken from the APBD 2021 fund, the Semarang government claims to have cashed incentives for the health services that bill COVID-19. The magnitude of health incentives depends on the number of COVID-19 cases involved. If the COVID-19 case increases, the incentives given by the COVID-19 should be greater each month.

Abdul Hakim (head of Dinkes), exemplify in January through March the COVID-19 case in the city of Semarang, the incentives to the average health fund at \$8.8 billion per month. But in April, when the COVID-19 case begins to grow, the incentives for health services will increase to \$9 billion. In the first quarter of this year, the government's incentives reached about rp 12-14 billion. The increase in the incentives from early March is \$1.8 billion to \$1.12-14 billion which is more than us \$6.5 billion. However, the Rupiah still had a chance to strengthen to rp9,100 per dollar, he said.

The government adjusts incentives and grants to health services, implementing incentives and death benefits to the existing policy of the Indonesian Ministry of Health, CHK.007/MENKES 392/2020 on incentives and death benefits to the people handling Corona Virus 2019 (COVID-19). The incentives for a labor governed in such decisions include health facilities, health-care criteria that receive incentives to death benefits. The high number of incentives that the Semarang city administration gives to health personnel at each health care facility, which is regulated by these regulations, incentives to health workers at the COVID-19 reference hospital include:

- a) The specialist, rp 15,000,000,- / ob,
- b) The general dentist and his teeth, rp 10 million,-/ ob,
- c) Midwives and nurses, rp 7,500,000,- ob and
- d) Another medical personnel, \$5 million,- ob

Meanwhile, the medical center gave an incentive of 5 million. For the benefit of death to the health workers who provide services at health facilities by causing death to be caused by COVID-19 given an amount of rp 300 million,-

Conclusion

The government provided health protection during the COVID-19 pandemic, as health power was a human resource in providing health services during the COVID-19 pandemic. Preventive measures, in providing health protection, the government issued a Keppres 2/2020 on COVID-19 task force and employment of Ministry of the Republic of Indonesia No.M/8/HK.04/V/2020 on the protection of workers/laborers in the occupational crash program in occupational disease cases (Sir) because of the COVID-19 plague.

With the repressive protection of health forces in the forefront of the COVID-19 epidemic prevention and treatment, the government issued policy on incentives and death benefits through decisions made by the Indonesian Republic of Health Minister No.HK.007/MENKES/392/2020 on incentives and death benefits to the health services handling the Corona Virus Disease 2019 (COVID-19), and Kepmenkes No.HK 007/MENKES/220/15 2020 using specific health allocations for prevention and treatment of COVID-19 years of the 2020 budget.

In incentives and grants of death, the Semarang government claims to have cashed the incentives for health services that fund COVID-19. The Rupiah was expected to strengthen to rp9,100 per dollar in the

Jakarta interbank spot market on Tuesday morning as investors bought the local unit. The magnitude of incentives that the Semarang city administration gives to health care at the COVID-19 reference hospital include:

- a) The specialist, Rp 15,000,000,- / ob,
- b) The general dentist and his teeth, Rp 10 million,-/ ob,
- c) Midwives and nurses, Rp 7,500,000,- ob and
- d) Another medical personnel, \$5 million,- ob

Meanwhile, the medical center gave an incentive of 5 million. For the benefit of death to the health services rendered in health facilities by causing death to be caused by COVID-19 given an amount of Rp 300 million.

Reference

Journal

- Agus Antara Putra, I. N. (2020). Perlindungan Hukum Terhadap Pekerja Dengan Perjanjian Kerja Waktu Di Indonesia. *Jurnal Interpretasi Hukum*, Vol. 1, (No. 2, pp.16. <https://www.ejournal.warmadewa.ac.id/index.php/juinhum>.
- Ahmad Habibi Maftukhan, A. S. (2014). Keadilan, Kemanfaatan Dan Kepastian Hukum Dalam Putusan Batal Demi Hukum Sistem Peradilan Pidana Indonesia. *Jurnal Verstek*, Vol. 2, (No.2)pp.124. <https://jurnal.uns.ac.id/verstek/article/view/38857>.
- Amalina, R. F. (2021). Perlindungan Pekerja/Buruh Yang Bekerja Di Masa Darurat. *Jurnal Jurist-Diction*, Vol. 4, (No. 3),pp.111. <https://e-journal.unair.ac.id/jd>.
- Andini Dwi Saputri, S. H. (2021). Pengaruh Disiplin Kerja Dan Pemberian Insentif Terhadap Kinerja Karyawan PT Putra Karisma Palembang. *Jurnal Nasional Manajemen Pemasaran Dan Sdm*, Vol. 2, (No. 1), pp. 25-26. <https://doi.org/10.47747/jnmpsdm.v2i1.211>.
- Christa Gumanti Manik, S. M. (2020). Policies To Protect Health Workers During Coronavirus Disease 2019 (Covid-19) Pandemic In Indonesia. *Jurnal Penelitian Dan Pengembangan Pelayanan Kesehatan*, Vol. 4 (No. 2), pp.1. <https://doi.org/10.22435/jppk.v4i2.3274>.
- Dhita Adriani Rangkuti, S. C. (2019). Pengaruh Insentif Dan Komunikasi Terhadap Kinerja Karyawan Pt. Sinar Graha Indonesia. *Jurnal Global Manajemen*, Vol. 8, (No.1). pp.109. <https://jurnal.darmaagung.ac.id/index.php/global/article/view/203>.
- Elli Ruslina, A. R. (2020). Legal Protection Of Medical Staff In Hospitals during The Covid-19 Pandemic Era. *International Journal Of Latin Notary*, Vol.1, (No.1),pp. 29. <https://i-latinotary.notariat.unpas.ac.id/index.php/jurnal/article/view/5/6>.
- Faiz, M. (2009). Teori Keadilan John Rawls. *Jurnal Konstitusi*, Vol. 6, (No. 1),pp.140. https://www.researchgate.net/publication/308803683_Teori_Keadilan_John_Rawls_John_Rawls'_Theory_Of_Justice.
- Gemma A. Williams, C. B. (2020). What Strategies Are Countries Using To Expand Health Workforce Surge Capacity During The Covid-19 Pandemic. *Jurnal Ensuring Sufficient Workforce Capacity*, Vol. 26, (No.2),pp.51. <https://apps.who.int/iris/bitstream/handle/10665/336296/Eurohealth-26-2-51-57-Eng.Pdf>.

- Giani C. Montolalu. 2021. Tinjauan Yuridis Perlindungan Hukum Terhadap Tenaga Kesehatan Dalam Penanganan Covid-19 Di Sulawesi Utara. *Jurnal Lex Administratum*, Vol. IX, (No.8). pp.76. <https://ejournal.unsrat.ac.id/index.php/administratum/article/view/36582>.
- Harisah. (2020). Kebijakan Pemberian Insentif Pada Tenaga Medis Virus Corona Covid-19; Pendekatan Masalah. *Jurnal Sosial & Budaya Syar-I*, Vol. 7, (No.6),pp.519. <https://Journal.Uinjkt.Ac.Id/Index.Php/Salam/Article/View/15320>.
- Hetharie, T. L. (2020). Perlindungan Hukum Terhadap Keselamatan Kerja Bagi Tenaga Kesehatan Akibat Pandemi Covid-19. *Jurnal Sasi*, Vo. 26, (No.2), pp.282. https://Www.Researchgate.Net/Publication/343490706_Perlindungan_Hukum_Terhadap_Keselamatan_Kerja_Bagi_Tenaga_Kesehatan_Akibat_Pandemi_Covid-19.
- Kusri Suwardi, M. D. (2018). Analisis Pengaruh Keselamatan Dan Kesehatan Kerja (K3) Dan Lingkungan Kerja Terhadap Kinerja Karyawan Di Pt.Samudera Perdana. *Jurnal Manajemen Dan Keuangan*, Vol. 7, (No.1),pp.51. <https://Ejurnalunsam.Id/Index.Php/Jmk/Article/View/753>.
- Rompis, T. (2015). Kajian Sosiologi Hukum Tentang Menurunnya Kepercayaan Masyarakat Terhadap Hukum Dan Aparat Penegak Hukum Di Sulawesi Utara. *Jurnal Lex Crimen*, Vol. IV,(No.8),pp.173. <https://Garuda.Kemdikbud.Go.Id/Documents/Detail/1395909>.
- Rositoh, G. G. (2021). Pengaruh Pemberian Insentif Covid-19 Terhadap Kinerja Nakes Di Rs . *Jurnal Health Sains*, Vol. 2, (No.7), pp.01. <https://Jurnal.Healthsains.Co.Id/Index.Php/Jhs/Article/View/228/320>.
- Siti Soekiswati, U. B. (2021). Perlindungan Hukum Bagi Tenaga Medis Dan Kesehatan Di Masa Pandemi Covid-19. *Jurnal Fisiomu*, Vol. 2, (No. 3), pp.111 <https://Journals.Ums.Ac.Id/Index.Php/Fisiomu/Article/View/15210>.
- Sholikin, M. N. (2020). Aspek Hukum Keselamatan Dan Kesehatan Kerja (K3) Bagi Tenaga Medis Dan Kesehatan Di Masa Pandemi. *Majalah Hukum Nasional*, Vol. 50 (No. 2), pp.164. <http://Mhn.Bphn.Go.Id/Index.Php/Mhn/Article/View/74/58>.
- Tampubolon, W. S. (2016). Upaya Perlindungan Hukum Bagi Konsumen Ditinjau Dari Undang Undang Perlindungan Konsumen. *Jurnal Ilmiah Advokasi*, Vol. 4,(No.1),pp.53. <https://Jurnal.Ulb.Ac.Id/Index.Php/Advokasi/Article/View/356>.
- Utami Wahyuningsih, E. S. (2021). Pengenalan Keselamatan Dan Kesehatan Kerja Di Pt Cita Rasa Palembang. *Jurnal Pengabdian Pada Masyarakat Menerangi Negeri*, Vol. 3,(No.2),pp.157. <https://Doi.Org/10.33322/Terang.V3i2.431>.

Book

- Direktorat Statistik Kependudukan Dan Ketenagakerjaan. (2020). *Potret Sensus Penduduk 2020*. Jakarta :Badan Pusat Statistik.
- Marzuki, P. M. (2014). *Penelitian Hukum Edisi Revisi*. Jakarta: Kencana.
- Raharjo, S. (2007). *Ilmu Hukum*. Bandung: Pt. Citra Aditya Bakti.
- Setiono. (2014). *Rule Of Law (Supremasi Hukum)*. Surakarta: Magister Ilmu Hukum Program Pascasarjana Universitas Sebelas Maret.

Online

Kemenkeu. (2021). *Refocusing Tkdd Penting Untuk Penanganan Pandemi Covid-19*. Jakarta. <https://www.kemenkeu.go.id/publikasi/berita/menkeu-refocusing-tkdd-penting-untuk-penanganan-pandemi-covid-19/>: Wabset Kemenkeu.

Newswire. (2021). *128 Nakes Di Jateng Meninggal Karena Covid-19, 64 Dokter*. Jawa Tengah. <https://www.solopos.com/innalillahi-128-nakes-di-jateng-meninggal-karena-covid-19-64-dokter-1170363>: Semarangpos.Com.

Saputra, I. Y. (2021). *2 Bulan, 12 Dokter Di Semarang Meninggal Akibat Covid-19*. Semarang. <https://www.solopos.com/2-bulan-12-dokter-di-semarang-meninggal-akibat-covid-19-1143837>: Solopos.Com.

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).