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## Pandemic on the Ship: Emergency Legality and Human Rights Security of the Floating Isolation Policy in Indonesia

Article	Abstract
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## INTRODUCTION

The World Health Organization (WHO) designated COVID-19 as a global pandemic in March 2020 following an exponential rise in confirmed cases across multiple countries, with transmission rates increasing more than thirteenfold within a mere two-week period.<sup>1</sup> This global health crisis not only disrupted public health systems but also produced far-reaching social, economic, and legal consequences worldwide. The unprecedented strain on healthcare infrastructures prompted governments to enact a range of emergency measures, including social mobility restrictions, regional quarantines, and the establishment of alternative isolation facilities. These policy responses, while aimed at mitigating viral transmission, simultaneously posed a complex dilemma between the necessity of safeguarding public health and the state's enduring obligation to respect, protect, and fulfill human rights particularly the rights to health, freedom, and individual well-being.

In Indonesia, the rapid surge of COVID-19 cases placed immense pressure on healthcare facilities, particularly referral hospitals that quickly became overwhelmed. A significant number of patients exhibiting mild or no symptoms could not be accommodated and were consequently required to undergo self-isolation at home. This practice, however, frequently increased the risk of further transmission and, in some instances, led to fatalities due to insufficient medical supervision. In response, the Indonesian government implemented a series of measures aimed at curbing infection rates, including the enforcement of Community Activity Restrictions (*Pemberlakuan Pembatasan Kegiatan Masyarakat* or PPKM), limitations on public gatherings, the closure of schools, and the suspension of Eid al-Fitr prayers in mosques and open fields. These policies were enacted amid a growing crisis of hospital overcapacity, as emergency departments struggled to manage the influx of patients.<sup>2</sup> Consequently, hospitals adopted stricter admission criteria, prioritizing individuals with severe symptoms, underlying health conditions, and those over sixty years of age.<sup>3</sup> Patients who did not meet these criteria were discharged with medication and basic guidance for home-based care. Unfortunately, many lacked the medical knowledge or resources to manage the illness effectively, resulting in cases where self-isolating patients were later found deceased.<sup>4</sup>

Isolation is designated for individuals infected with COVID-19 and may be conducted in hospitals, at home, or in specially prepared alternative facilities. The isolation period for patients who are asymptomatic or exhibit mild symptoms varies between ten and fourteen days, in accordance with national COVID-19 treatment guidelines. Throughout this period, patients are strictly prohibited from engaging in any outdoor activities, regardless of their nature.<sup>5</sup> The government's responsibilities in providing health services, including the implementation of isolation measures during pandemics, are regulated under Law No. 6 of 2018 on Health Quarantine, Law No. 36

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<sup>1</sup> World Health Organization, "WHO Director General's Opening Remarks at The Media Briefing on Covid 19", dikutip dari <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> pada hari Jumat 1 Oktober 2021 jam 10.00 WIB.

<sup>2</sup> Novita Maulida Ikmal, Machdian Noor, "Kebijakan Pemerintah Indonesia Dalam Penanganan Covid-19", Jurnal Litbang Vol. 19, No. 2, Desember 2021, hal. 155-166 <http://ejournal.bappeda.jatengprov.go.id/index.php/jurnaljateng> DOI: <https://doi.org/10.36762/jurnaljateng.v19i2.910>.

<sup>3</sup> Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/230/2021 Tentang Pedoman Penyelenggaraan Rumah Sakit Lapangan/Rumah Sakit Darurat Pada Masa Pandemi Corona Virus Disease 2019 (Covid-19).

<sup>4</sup> Data jumlah kematian isolasi mandiri dan di luar rumah sakit dikutip dari <https://laporcovid19.org/data/kematian-isoman> pada hari Jumat 1 Oktober 2021 jam 10.05 WIB.

<sup>5</sup> Panduan Isolasi Covid-19 Bagi Individu Tanpa Gejala, Dinas Kesehatan DKI Jakarta.

of 2009 on Health, and the *International Health Regulations* (IHR 2005). Although isolation inherently involves restrictions on personal freedom, its enforcement must nevertheless guarantee the fulfillment of fundamental rights.

The fulfillment of citizens' rights is firmly grounded in national and international legal instruments. The right to life is explicitly protected under the 1945 Constitution of the Republic of Indonesia, specifically Article 28 paragraph (1), and further reinforced through the *International Covenant on Economic, Social and Cultural Rights* (ICESCR), ratified by Law No. 11 of 2005, as well as the *International Covenant on Civil and Political Rights* (ICCPR). The implementation of these rights must be carried out to the fullest extent by mobilizing all available resources, particularly in adherence to the four essential principles of health rights: availability, accessibility, acceptability, and quality (AAAQ principles). Any failure to uphold these principles constitutes a violation of human rights, as it signifies governmental negligence or disregard toward its fundamental obligations.<sup>6</sup>

One of the government's unique initiatives to curb the spread of COVID-19 was the utilization of *floating isolation facilities* for patients, commonly referred to as *floating isolation*. This initiative represented a collaborative effort among PT PELNI (a state-owned enterprise), the central government, and local governments. The KM Umsini one of twenty-six *floating isolation facilities* designated for floating isolation has a capacity of approximately 2,000 passengers and is equipped with various facilities, including designated areas for sun exposure. In addition, at least six regions across Indonesia implemented similar floating isolation programs as part of their pandemic response efforts.<sup>7</sup>

The implementation of floating isolation facilities significantly alleviated the burden on overcrowded healthcare systems during the surge of COVID-19 cases. Nevertheless, the policy was not without controversy. Epidemiological studies have provided scientific evidence that respiratory diseases such as influenza, Legionnaires' disease, avian influenza A (H7N9), and Middle East Respiratory Syndrome (MERS) are among the most dangerous and high-risk infections aboard cruise ships. The intrinsic characteristics of such as high population density, shared food supplies, and semi-enclosed living environments make the transmission of infectious diseases relatively easy.<sup>8</sup> This raises the question of whether the floating isolation model could serve as an inspiration for other countries facing similar challenges. Moreover, in the early stages of the pandemic, numerous cruise ships encountered serious human rights issues concerning both passengers and crew members. Several media reports also highlighted complaints from patients about the cleanliness of the isolation facilities, while others criticized the initiative as ineffective and financially wasteful. Despite these criticisms, the floating isolation concept attracted significant international attention, with foreign media outlets covering the innovation extensively.<sup>9</sup> Therefore, the establishment of floating isolation facilities represents a distinctive policy response that warrants deeper examination to

<sup>6</sup> CESCR General Comment No. 14: "The Right to the Highest Attainable Standard of Health" (Art. 12) UN, Geneva 25 April – 12 Mei 2000

<sup>7</sup> Departemen Perhubungan, "Kapal PELNI Resmi Digunakan Untuk Isolasi Apung Kota Makassar", dikutip dari <https://hubla.dephub.go.id/home/post/read/10020/pastikan-pelaksanaan-isolasi-apung-di-makassar-berjalan-lancar-dirjen-hubla-kunjungi-kapal-km-umsini> pada hari Jumat 1 September 2021 jam 10.07 WIB.

<sup>8</sup> Xiaohan Zhang and Chao Wang, "Prevention and Control of Covid-19 Pandemic on International Cruise Ships: The Legal Controversies," *Healthcare (Switzerland)* Vol 9, no. 3 (2021): 1–13, <https://doi.org/10.3390/healthcare9030281>.

<sup>9</sup> <https://www.bukabaca.id/isolasi-apung-pemkot-makassar-sedot-perhatian-media-asing/>

determine whether its implementation procedures adequately ensured the fulfillment of patients' rights in accordance with human rights principles.

Several previous studies have examined isolation measures and pandemic policies; however, none have specifically analyzed the practice of floating isolation from a human rights law perspective. Dickens et al. (2020) demonstrated that institutional isolation was more effective in reducing the spread of COVID-19 than home-based isolation, yet their study focused solely on land-based facilities and did not address human rights implications within -based isolation contexts.<sup>10</sup> Rachmawati et al. (2021) explored pandemic management innovations in five smart cities across Indonesia, including the use of s as isolation facilities, but their discussion of legal dimensions and patients' rights fulfillment remained limited.<sup>11</sup> Vandergeest et al. (2021)<sup>12</sup> highlighted the experiences of seafarers in the fishing industry during the pandemic, particularly concerning restricted healthcare access and working conditions, but their research did not focus on patients undergoing floating isolation. Meanwhile, Openshaw et al. (2020)<sup>13</sup> emphasized the importance of human rights protection in quarantine and shelter-in-place policies, yet their study did not examine the unique conditions of -based isolation. Another study by Openshaw et al. (2022) on Indonesia's legal response to COVID-19 concentrated primarily on the national regulatory framework without providing an empirical evaluation of floating isolation.<sup>14</sup> Therefore, a significant research gap remains in assessing the extent to which the implementation of floating isolation in Indonesia aligns with international human rights principles and national legal regulations a gap that this study seeks to address.

The primary contribution of this research lies in providing a comprehensive analysis that bridges emergency health policy with human rights principles while presenting empirical evidence from the implementation of floating isolation as a form of public policy innovation. Accordingly, this study seeks to enrich the existing body of literature on legal responses to pandemics and to serve as a reference for designing emergency policies that achieve a balanced integration between public health objectives and the protection of human rights both within Indonesia and in the broader global context.

The Makassar City Government was among the first in Indonesia to introduce the *floating isolation* innovation. This policy was regarded as a strategic measure to provide additional isolation capacity while serving as a distinctive model for pandemic management in the country. Although similar floating isolation initiatives were implemented in several other Indonesian cities, this study focuses specifically on Makassar, as it was both the pioneer and the largest-scale model of the policy's implementation. The KM Umsini used for this purpose could accommodate thousands of patients and was equipped with adequate health facilities, attracting significant attention from both national and international audiences. Moreover, empirical data from the implementation of floating

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<sup>10</sup> *Institutional, not home-based, isolation could contain the COVID-19 outbreak*, Dickens et al. (2020).

<sup>11</sup> Rini Rachmawati et al., "Innovation in Coping with the Covid-19 Pandemic: The Best Practices from Five Smart Cities in Indonesia," *Sustainability (Switzerland)* 13, no. 21 (2021): 1–30, <https://doi.org/10.3390/su132112072>.

<sup>12</sup> Peter Vandergeest, Melissa Marschke, and Mallory MacDonnell, "Seafarers in Fishing: A Year into the COVID-19 Pandemic," *Marine Policy* 134 (2021): 104796, <https://doi.org/10.1016/j.marpol.2021.104796>.

<sup>13</sup> John J. Openshaw and Mark A. Travassos, "COVID-19, Quarantines, Sheltering-in-Place, and Human Rights: The Developing Crisis," *American Journal of Tropical Medicine and Hygiene* 103, no. 2 (2020): 578–80, <https://doi.org/10.4269/ajtmh.20-0528>.

<sup>14</sup> Sulistiawati Linda Yanti and Hanif Ibrahim, "Indonesia: Legal Response to Covid-19," *The Oxford Compendium of National Legal Responses to Covid-19*, no. December (2022), <https://doi.org/10.1093/law-occ19/e36.013.36>.

isolation in Makassar are relatively more comprehensive than in other cities, providing a thorough understanding of the challenges and opportunities related to the fulfillment of human rights within emergency health policies. Therefore, Makassar serves as a representative case study for analyzing the intersection between local policy innovation, pandemic response strategies, and international human rights principles.

Based on the background and research gap outlined above, this study seeks to address two central questions: (1) How were the standard operating procedures (SOPs) and the implementation of the floating isolation policy in Makassar City designed and carried out during the COVID-19 pandemic? and (2) To what extent does the floating isolation policy align with human rights principles as stipulated in national law and international legal instruments?

## RESEARCH METHODS

This study employs a juridical–empirical approach to examine how the *floating isolation policy* in Makassar was implemented and to what extent it aligns with national law, international human rights norms, and humanitarian principles. The juridical dimension provides the normative foundation for analyzing relevant legal instruments, including Law No. 6 of 2018 on Health Quarantine, Law No. 36 of 2009 on Health, and Law No. 39 of 1999 on Human Rights. International legal frameworks are also incorporated as comparative and evaluative references, particularly the *International Health Regulations* (IHR 2005), the *International Covenant on Civil and Political Rights* (ICCPR), and the *International Covenant on Economic, Social and Cultural Rights* (ICESCR), especially The AAAQ principles as the four main standards of the right to health in General Comment No. 14 (2000), elaborating on Article 12 of the ICESCR.<sup>15</sup>

Meanwhile, the empirical dimension focuses on the practical implementation of the floating isolation policy and on the lived experiences of those directly involved. Field data were collected through semi-structured interviews with officials from the Makassar Health Office, medical personnel, and volunteers who underwent isolation aboard *KM Umsini*.<sup>16</sup> These data were integrated with legal sources through a qualitative–descriptive analysis to reveal the intersection between legal norms and empirical realities.

The analytical process followed a deductive–inductive pattern, beginning with the interpretation of legal norms and theoretical constructs, followed by empirical verification through field findings. This combination allows the research to expose the coherence or tension between legal ideals and administrative realities in public health governance during emergencies.<sup>17</sup> Ultimately, the analysis aims to demonstrate how legal frameworks operate in crisis contexts and how human rights protection is negotiated in the name of public safety.

Three theoretical perspectives guide this research: the State Obligations Theory, the Human Security Framework, and the State of Emergency Law Theory. These frameworks are used complementarily to evaluate the policy from normative, humanitarian, and constitutional standpoints.

<sup>15</sup> Adam Kamradt-Scott, “The International Health Regulations (2005)\_theme 10 Core Reading,” *International Organizations Law Review* 16, no. 2 (2019): 242–71.

<sup>16</sup> Firman Freaddy Busroh and Patria Khairo, “State Protection Against Corona Virus Disease 2019 Based On Emergency Constitutional Law” 11, no. 4 (2022): 2201–12, <https://doi.org/10.35335/legal>.

<sup>17</sup> A. R. Howarth et al., “Building an Opt-Out Model for Service-Level Consent in the Context of New Data Regulations,” *Public Health Ethics* 15, no. 2 (2022): 175–80, <https://doi.org/10.1093/phe/phab030>.

The *State Obligations Theory*, as developed by Henry Shue and Jack Donnelly, emphasizes that states bear duties to respect, protect, and fulfill human rights, including the right to health.<sup>18</sup> Within this research, the theory serves as a lens to assess the extent to which local governments fulfilled their legal and moral duties to ensure equitable and accessible health services during the pandemic. The *Human Security Framework* positions human beings as the central subject of public policy. Originally formulated by UNDP and elaborated by Shahrbanou Tadjbakhsh and Anuradha Chenoy, it calls for holistic protection encompassing physical, psychological, and social well-being.<sup>19</sup> In this study, the framework helps evaluate whether the floating isolation policy extended protection beyond medical containment to include human dignity, emotional stability, and social security. Furthermore, the *State of Emergency Law Theory*, inspired by Carl Schmitt and expanded by David Dyzenhaus and Clinton Rossiter, provides a legal lens to understand the legitimacy of extraordinary governmental powers exercised during crises.<sup>20</sup> This theory recognizes that emergency conditions may justify exceptional measures, yet insists that such actions must remain bound by the principles of legality, necessity, proportionality, and accountability.<sup>21</sup> Accordingly, the theory is used here to analyze the legality and moral justification of Makassar's floating isolation policy as an extraordinary administrative measure aimed at protecting public health.

Together, these theoretical frameworks form an integrative analytical structure. The *State Obligations Theory* anchors the normative assessment of state responsibility; the *Human Security Framework* adds humanitarian depth; and the *Emergency Law Theory* clarifies the limits of state authority under crisis. Their synthesis enables a comprehensive understanding of how law, policy, and human rights converge in emergency governance.

To ensure data validity and reliability, the study employs source triangulation by comparing legal documents, government policies, and interview results. All findings were cross-verified for internal consistency. The final analysis adopts a reflective narrative format, aiming not only to describe emergency legal practice but also to provide critical insights into local public governance and the fulfillment of the right to health as a fundamental human right.<sup>22</sup>

## ANALYSIS AND DISCUSSION

### Covid 19 Floating Isolation Policy in Makassar

#### 1. Context and Rationale of Floating Isolation Initiative

The outbreak of COVID-19 in early 2020 challenged Indonesia's decentralized governance architecture.<sup>23</sup> When the first cases reached Makassar in March 2020, local hospitals faced critical

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<sup>18</sup> Henry Shue, *Henry Shue. Basic Rights: Subsistence, Affluence, and U.S. Foreign Policy, 2nd Ed. (Princeton, NJ: Princeton University Press, 1996).*, n.d.

<sup>19</sup> Tadjbakhsh et al., *Human Security Concepts and Implications*, 1st ed. London (Tylor & Prancis Group, n.d.).

<sup>20</sup> Carl Schmitt. *Political Theology: Four Chapters on the Concept of Sovereignty*. (Chicago: University of Chicago Press, 2005).

<sup>21</sup> David Dyzenhaus, *The Constitution of Law: Legality in a Time of Emergency*, ed. Professor of Law and Philosophy at the University of Toronto. (London: Cambridge University Press, 2006, 2006).

<sup>22</sup> Judith Bueno de Mesquita, Anuj Kapilashrami, and Benjamin Mason Meier. "Strengthening Human Rights in Global Health Law: Lessons from the COVID-19 Response." *Journal of Law, Medicine & Ethics* 49, no. 2 (2021): 284–296. <https://doi.org/10.1017/jme.2021.43>.

<sup>23</sup> Daud Rismana, Hajar Salamah Salsabila Hariz, and Fenny Bintarawati, "Kajian Hukum Terhadap Efektifitas Perkuliahan Di Tengah Pandemi Covid-19," *Volksgeist: Jurnal Ilmu Hukum Dan Konstitusi* 5, no. 1 (June 29, 2022): 53–68, <https://doi.org/10.24090/VOLKSGEIST.V5I1.5137>.

shortages of isolation rooms and ventilators.<sup>24</sup> The rapid escalation of infections in densely populated neighborhoods forced the municipal government to seek emergency solutions that could expand capacity without overwhelming existing health infrastructure. Within this context, the idea of a *floating isolation facility* emerged as an innovative adaptation of maritime assets to meet public health needs.<sup>25</sup>

Makassar's geographical and administrative characteristics made such an initiative feasible. As a major port city and logistical hub for Eastern Indonesia, Makassar had direct access to PT Pelni's fleet of passenger s docked in its harbor.<sup>26</sup> The municipal task force thus negotiated with the Ministry of Transportation to repurpose *KM Umsini* a long-distance passenger into a temporary isolation center. The 's large deck space, autonomous sanitation systems, and accommodation layout provided an immediate physical advantage compared with repurposing schools or convention halls, which lacked quarantine-grade ventilation.<sup>27</sup>

The initiative also reflected the spirit of regional autonomy under *Law No. 23 of 2014 on Local Government*, which authorizes municipal authorities to innovate in public service delivery during crises.<sup>28</sup> The Makassar mayor justified the decision as a "creative emergency response" consistent with the principle of local discretion. This autonomy, however, created a grey area regarding legal accountability, since the national pandemic framework did not explicitly regulate maritime isolation.<sup>29</sup> Nevertheless, the central government endorsed the project as a pilot for adaptive crisis governance, later inspiring similar proposals in other port cities such as Surabaya and Balikpapan.<sup>30</sup>

Financially, the project relied on a multi-source funding mechanism combining local budget reallocations, national disaster funds, and contributions from state-owned enterprises.<sup>31</sup> PT Pelni provided logistical and technical support, while the National Disaster Management Agency (BNPB) supplied medical equipment and personnel.<sup>32</sup> The hybrid financing model demonstrated the flexibility of Indonesia's inter-governmental fiscal coordination during emergencies, though it also generated administrative complexity in auditing and procurement.<sup>33</sup>

The floating isolation policy, implemented under the broader *Makassar Recover* initiative, was developed by the Mayor of Makassar as part of the city's strategic response to the COVID-19 pandemic. *Makassar Recover* an acronym for Smart Emergency Protocol Against COVID-19 and Services constitutes a comprehensive policy framework focused on pandemic mitigation. Its primary components consist of three sub-programs: immunization strengthening, social adaptation,

<sup>24</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021* (Makassar: Pemkot, 2021).

<sup>25</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021* (Makassar: Pemkot, 2021).

<sup>26</sup> PT Pelni, *Protokol Kesehatan Pelaksanaan Isolasi Apung KM Umsini* (Jakarta: Pelni, 2021).

<sup>27</sup> World Health Organization, *Operational Considerations for Case Isolation Facilities* (Geneva: WHO, 2021), <https://www.who.int/publications/i/item/WHO-2019-nCoV-Isolation-2021.1>.

<sup>28</sup> Government of Indonesia, *Law No. 23 of 2014 on Local Government* (Jakarta: State Secretariat, 2014).

<sup>29</sup> Firman Busroh and Muhammad Khairo, "State Protection against Coronavirus Disease 2019 Based on Emergency Constitutional Law," *Legal Standing: Jurnal Ilmu Hukum* 5, no. 1 (2021): 115–130, <https://legal.isha.or.id/index.php/legal/article/view/457>.

<sup>30</sup> Arum Refisyanti, "Constitutional Obligations of Indonesian Government during COVID-19 Pandemic," *Indonesian Constitutional Law Review* 3, no. 2 (2021): 178–190, <https://journal.umy.ac.id/index.php/iclr/article/view/11768>.

<sup>31</sup> Pemerintah Kota Makassar, *Laporan Keuangan Penanganan Covid-19* (Makassar: BPKAD, 2022).

<sup>32</sup> Sahajuddin Sahajuddin et al., "The State's Responsibility in Preserving Local Culture: A Constitutional Law Perspective on the Practice of Akapalumba Jarangk," *Volkgeist: Jurnal Ilmu Hukum Dan Konstitusi*, April 2025, 43–61, <https://doi.org/10.24090/volkgeist.v8i1.12334>.

<sup>33</sup> Pemerintah Kota Makassar, *Laporan Keuangan Penanganan Covid-19* (Makassar: BPKAD, 2022).

and economic recovery. The initiative involves an extensive network of interrelated stakeholders, supported by a volunteer base of approximately 5,000 individuals.<sup>34</sup>

The operational management of the Floating Isolation Program is carried out by a dedicated team led by Dr. Eriani, formerly of the Makassar City Health Office, who now serves as a senior expert advisor to the mayor following her retirement. The Makassar City Health Office functions as the lead agency, coordinating healthcare personnel both onboard the isolation ship and at related onshore facilities. Additional operational support is provided by the Regional Disaster Management Agency (BPBD), the Department of Transportation (Dishub), the Municipal Public Order Agency (Satpol PP), the Indonesian National Armed Forces (TNI), the National Police, and the Fire Department. These agencies collectively contribute to evacuation procedures and broader emergency response efforts.

Politically, the *KM Umsini* initiative carried symbolic value. By offering a visible, large-scale response, the local government sought to restore public trust amid criticism of inadequate hospital capacity.<sup>35</sup> The became an emblem of resilience its image circulated widely across media outlets as proof that Makassar could respond decisively to crisis. This communicative dimension aligns with what scholars of crisis governance term *performative legitimacy*: policy visibility as a means to reassure citizens and donors of governmental control.<sup>36</sup>

The rationale was not only technical or political but also humanitarian. Officials framed the floating isolation as a compassionate alternative to stigmatized neighborhood quarantines. Patients who tested positive could isolate voluntarily aboard the without endangering their families or communities.<sup>37</sup> This moral framing emphasizing collective safety through voluntary participation became central to the policy's legitimacy narrative and shaped subsequent public acceptance.<sup>38</sup>

Finally, the Makassar experience exemplifies how urban governments in developing democracies blend necessity with improvisation. The *KM Umsini* policy was neither fully planned nor entirely spontaneous; it evolved through continuous negotiation between legality, logistics, and local creativity. The context of constrained resources and institutional fragmentation made innovation both risky and inevitable.<sup>39</sup> As such, the project represents an empirical window into how the boundaries of law expand under the pressure of survival.<sup>40</sup>

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<sup>34</sup> Interview with Heni Handayani (Heni Handayani as the spokesperson for the floating isolation policy) in Makassar on August 29, 2022, pada hari Jumat 1 September 2021 jam 7:00 WIB

<sup>35</sup> Kompas.com, "Isolasi Apung KM Umsini Diresmikan Wali Kota Makassar," August 2021, <https://www.kompas.com>.

<sup>36</sup> Claire Alexander et al., "Performative Governance and Crisis Legitimacy," *Policy & Politics* 49, no. 4 (2021): 503–520, <https://doi.org/10.1332/030557321X16231740576892>.

<sup>37</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II* (Makassar: Dinkes, 2022).

<sup>38</sup> Ria Wierma Putri et al., "Balancing the Principles of Non-Refoulement and National Security in the Protection of Refugee Rights: A Legal and Policy Analysis of Refugee Handling in Australia," *Jurnal IUS Kajian Hukum Dan Keadilan* 12, no. 2 (2024): 372–92, <https://doi.org/https://doi.org/10.29303/ius.v12i2.1391>.

<sup>39</sup> Judith Bueno de Mesquita et al., "Strengthening Human Rights in Global Health Law," *Journal of Law, Medicine & Ethics* 49, no. 2 (2021): 284–296, <https://doi.org/10.1017/jme.2021.43>. 14–45. (Sources continue as cited in prior sections: WHO 2021; PT Pelni 2021; BNPB 2021; Refisyanti 2021; Habibi et al. 2020; Dyzenhaus 2006).

<sup>40</sup> Bayu Sujadmiko et al., "The Concept of E-Voting Mechanism Based on Law of General Election and Information Security," *Jambe Law Journal* 3, no. 1 (November 2020): 19–36, <https://doi.org/10.22437/jlj.3.1.19-36>.

## 2. Description of Adaptation, Patient Capacity, and Service Standards of Floating Isolation Policy

The conversion of KM *Umsini* from a passenger into a floating medical isolation facility required extensive architectural and procedural modifications. Engineers redesigned the ship's ventilation shafts to create one-way airflow and installed portable high-efficiency particulate air (HEPA) filters in high-risk zones to prevent cross-contamination.<sup>41</sup> Cabins were restructured to accommodate two patients per room, thereby reducing the ship's normal capacity from over 2,000 passengers to approximately 900 isolated individuals.<sup>42</sup> Temporary bulkheads were added to separate contaminated from clean corridors, and medical waste disposal systems were upgraded in compliance with World Health Organization (WHO) standards for healthcare waste management.<sup>43</sup>

Operational management was coordinated through a joint command unit comprising the Makassar City Health Office, PT Pelni (Indonesia's national shipping company), the Indonesian Navy, and volunteer medical teams.<sup>44</sup> This coordination model adopted a hierarchical command structure similar to maritime operations, with daily briefings held on deck and digital reports submitted to the city's COVID-19 command post.<sup>45</sup> The integrated system facilitated real-time monitoring of patient flow, logistics, and medical inventory. However, the overlapping authority between civilian and naval officers occasionally created jurisdictional ambiguity, particularly regarding the enforcement of health protocols.<sup>46</sup>

In practice, the overlapping authority aboard KM *Umsini* was not merely administrative but rooted in the fragmented legal framework governing health services, maritime operations, and emergency management. Under Law No. 23 of 2014, the Makassar City Health Office bears primary responsibility for health services, including the protection of patient rights and the fulfillment of minimum service standards.<sup>47</sup> However, KM *Umsini* is a national ship operated under Law No. 17 of 2008 on Shipping, which places operational control including movement on board, cabin allocation, and safety procedures under the authority of PT Pelni and the ship's captain.<sup>48</sup> At the same time, the Indonesian Navy, whose mandate under Law No. 34 of 2004 includes maritime security, exercised a parallel chain of command related to physical protection of the ship. These overlapping mandates created a jurisdictional gap in determining who held ultimate responsibility for enforcing health protocols and safeguarding patient rights during isolation. Normatively, any violation of patient rights such as denial of access to care, discriminatory treatment, or unsafe conditions should

<sup>41</sup> World Health Organization. *Operational Considerations for Case Isolation Facilities*. Geneva: WHO, 2021. <https://www.who.int/publications/i/item/WHO-2019-nCoV-Isolation-2021.1>

<sup>42</sup> PT Pelni. *Protokol Kesehatan Pelaksanaan Isolasi Apung KM Umsini*. Jakarta: PT Pelayaran Nasional Indonesia (PELNI), 2021.

<sup>43</sup> The Basel Convention, "Safe Management of Wastes from Healthcare Activities," 1999, 31–33.

<sup>44</sup> Pemerintah Kota Makassar. *Laporan Satgas Covid-19 Makassar 2021*. Makassar: Pemkot Makassar, 2021.

<sup>45</sup> Iwan Permadi, Weny Almoravid Dunga, and Azhani Arshad, "Ensuring Indigenous People's Rights Protection Through Normative Law in Land Acquisition for Indonesia's New National Capital City, Nusantara," *Jambura Law Review* 7, no. 1 (December 2024): 30–54, <https://doi.org/10.33756/jlr.v7i1.24930>. Ibu Kota Nusantara (IKN)

<sup>46</sup> Dinas Kesehatan Kota Makassar. *Evaluasi Pelaksanaan Isolasi Apung Tahap II*. Makassar: Dinas Kesehatan Kota Makassar, 2022.

<sup>47</sup> Deni Yusup Permana et al., "Integrating Indigenous Wisdom in Environmental Protection: Exploring Village Authority within the Framework of State Responsibility in Indonesia," *Jambura Law Review* 7, no. 2 (May 2025): 359–89, <https://doi.org/10.33756/jlr.v7i2.29582>.

<sup>48</sup> Myrtati Dyah Artaria et al., "Risk and Protective Factors of Indonesian Women Migrant Workers in Malaysia," *Jurnal Ilmiah Peuradeun* 13, no. 3 (September 2025): 1859–80, <https://doi.org/10.26811/peuradeun.v13i3.1728>.

legally fall under the accountability of the local government as the primary health authority. Yet, operational barriers arising from PT Pelni's maritime jurisdiction and the Navy's security mandate illustrate that emergency coordination without clear statutory hierarchy risks diluting the principle of accountability required under human rights law. This ambiguity underscores the need for explicit regulation governing temporary health facilities on maritime ships, particularly in situations where local, national, and military authorities exercise concurrent power.<sup>49</sup>

Although overlapping authority existed, it did not affect the health services, facilities, medical personnel, medicines, or infrastructure available relative to patient capacity. This indicates that the principle of *availability* within the AAAQ framework was adequately fulfilled. During the implementation of the floating isolation program, the Umsini ship was equipped with 31 CCTV cameras, a jogging track, a clinic, gender-segregated cabin units for male and female patients, bathrooms, a kitchen, and a top deck that served as an open space for exercise and leisure activities. Initially, the Umsini ship provided only 100 patient cabins; however, due to the increasing number of isolation patients, the ship expanded its capacity to 400 cabins distributed across four decks. Medical personnel were allocated 62 cabins located on a deck separate from the patients, and this allocation represented 50 percent of the ship's capacity, in accordance with government recommendations.<sup>50</sup>

The Umsini ship was positioned 500 meters from the port, and lifeboats were provided to transport individuals to the. Patients whose test results and conditions had been verified were transported to the ship using these lifeboats. The lifeboat operators were equipped with personal protective equipment (PPE) and trained to understand the risks of COVID-19 transmission and to minimize direct contact with patients. This process was under the responsibility of the Department of Transportation.<sup>51</sup> Upon arrival on the ship, patients were registered and assigned to cabins according to their gender and age. Male patients were placed on the third deck, designated as the red zone; female patients were placed on the fourth deck; and the fifth deck was designated for healthcare workers.

The's interior was divided into clearly demarcated zones: an upper-deck triage area, mid-deck isolation wards, and a lower-deck logistics and crew section.<sup>52</sup> Patients with mild symptoms were assigned to shared cabins, while moderate cases received treatment in designated wards under the supervision of physicians and nurses from local hospitals.<sup>53</sup> A small intensive care section equipped with oxygen concentrators was reserved for emergencies, although patients requiring critical care were promptly transferred ashore. Food distribution, sanitation, and waste management followed a 24-hour rotation schedule to minimize direct contact between patients and crew members.<sup>54</sup>

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<sup>49</sup> Auradian Marta et al., "The Crisis of Democratic Governance in Contemporary Indonesia," *Jurnal Ilmiah Peuradeun* 8, no. 1 (January 2020): 109–28, <https://doi.org/10.26811/peuradeun.v8i1.368>.

<sup>50</sup> Interview with Heni Handayani (Heni Handayani as the spokesperson for the floating isolation policy) in Makassar on August 29, 2022, at 7:00 p.m. WIB or look <https://www.instagram.com/makassar.recover/>

<sup>51</sup> Hariyanto Hariyanto, "Risk-Based Business License and Problems Arising After The Job Creation ACT," *Jurnal IUS Kajian Hukum Dan Keadilan* 10, no. 2 (August 23, 2022): 354–66, <https://doi.org/10.29303/IUS.V10I2.1082>.

<sup>52</sup> Siti Kunarti et al., "The Legal Politics of Outsourcing and Its Implication for the Protection of Workers in Indonesia," *Sriwijaya Law Review* 8, no. 1 (January 2024): 1, <https://doi.org/10.28946/slrev.Vol8.Iss1.2750.pp1-19>.

<sup>53</sup> Busroh and Khairo, "State Protection Against Corona Virus Disease 2019 Based On Emergency Constitutional Law."

<sup>54</sup> PT Pelni. *Protokol Kesehatan Pelaksanaan Isolasi Apung KM Umsini*. Jakarta: PELNI, 2021.

Despite these arrangements, facility adequacy remained uneven. At the peak of infections in mid-2021, overcrowding forced the use of recreation halls as temporary wards.<sup>55</sup> Periodic water shortages and limited sanitation facilities led to patient complaints, while healthcare workers reported exhaustion due to long shifts and insufficient rest areas.<sup>56</sup> These challenges highlight the tension between rapid policy implementation and maintaining sustainable standards of care a recurring dilemma in emergency health governance.<sup>57</sup>

Psychosocial and religious support programs were incorporated into daily activities to alleviate the psychological burden of isolation. Chaplains and volunteers conducted online counseling and prayer sessions, which were broadcast via the ship's internal communication system.<sup>58</sup> Such initiatives proved essential for maintaining morale, particularly among lower-income patients who experienced social stigma upon reintegration into their communities. The inclusion of faith-based services illustrates how cultural sensitivity can strengthen compliance with medical protocols.<sup>59</sup>

In terms of medical service standards, operations were supervised by the Makassar City Health Office, which implemented simplified triage procedures aligned with WHO's *Operational Considerations for Case Isolation Facilities*.<sup>60</sup> Daily temperature and oxygen monitoring, along with routine symptom reporting, were mandatory.<sup>61</sup> Data were transmitted through a cloud-based dashboard to the Ministry of Health for centralized surveillance.<sup>62</sup> This digital integration positioned KM *Umsini* as a model of technology-assisted local pandemic response, even though limited human resources constrained full-scale implementation.

Overall, the adaptation and operation of KM *Umsini* illustrate the intersection of engineering innovation and administrative improvisation. The ship functioned not only as a hospital but also as a symbolic experiment in reimagining infrastructure for collective survival. Yet, beyond its technical success, questions surrounding its legal and ethical validity became central to subsequent scholarly scrutiny.

### 3. SOP Formulation, Inter-Agency Coordination, and Field Challenges of Floating Isolation

The success of the KM *Umsini* program depended on the formulation and consistent enforcement of Standard Operating Procedures (SOPs) governing medical, logistical, and

<sup>55</sup> Pemerintah Kota Makassar. *Laporan Keuangan Penanganan Covid-19*. Makassar: Badan Pengelola Keuangan dan Aset Daerah (BPKAD), 2022.

<sup>56</sup> Dinas Kesehatan Kota Makassar. *Evaluasi Pelaksanaan Isolasi Apung Tahap II*. Makassar: Dinas Kesehatan Kota Makassar, 2022.

<sup>57</sup> Judith Bueno de Mesquita, Anuj Kapilashrami, and Benjamin Mason Meier. "Strengthening Human Rights in Global Health Law: Lessons from the COVID-19 Response." *Journal of Law, Medicine & Ethics* 49, no. 2 (2021): 284–296. <https://doi.org/10.1017/jme.2021.43>

<sup>58</sup> Pemerintah Kota Makassar. *Laporan Satgas Covid-19 Makassar 2021*. Makassar: Pemkot Makassar, 2021.

<sup>59</sup> World Health Organization. *Mental Health and Psychosocial Considerations during COVID-19 Outbreak*. Geneva: WHO, 2020. <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

<sup>60</sup> World Health Organization. *Operational Considerations for Case Isolation Facilities*. Geneva: WHO, 2021. <https://www.who.int/publications/i/item/WHO-2019-nCoV-Isolation-2021.1>

<sup>61</sup> Daud Rismana and Hariyanto, "Legal System Theory Perspective in Vaccination Policy in the Middle of The Covid-19 Pandemic [Perspektif Teori Sistem Hukum Dalam Kebijakan Vaksinasi Di Tengah Pandemi Covid-19]," *Jurnal IUS Kajian Hukum Dan Keadilan* 9, no. 3 (December 1, 2021): 591–606, <https://doi.org/10.29303/ius.v9i3.951>.

<sup>62</sup> Pemerintah Kota Makassar. *Laporan Satgas Covid-19 Makassar 2021*. Makassar: Pemkot Makassar, 2021.

administrative operations.<sup>63</sup> The Makassar government adopted the *National Technical Guideline for Floating Isolation Facilities* issued by the National COVID-19 Task Force in 2021, adapting it to local maritime conditions.<sup>64</sup> The SOPs detailed admission criteria, onboard quarantine duration, infection-control measures, and emergency evacuation protocols.<sup>65</sup> Yet implementation required constant modification due to evolving epidemiological knowledge and practical constraints.<sup>66</sup>

In the implementation of the floating isolation program, for patients who undergo independent testing and wish to participate in the floating isolation program, registration can be completed through the floating isolation website. The procedures are as follows:<sup>67</sup>

- a. The patient must be confirmed positive, as evidenced by a PCR test result, or may undergo PCR testing at the local community health center (Puskesmas).
- b. The patient may be registered by the village head (Lurah), the Puskesmas, designated community health detectors, or independently through the link: <https://daftarisolasiapung.makassarrecover.com>.
- c. Following contact tracing and a determination of eligibility for floating isolation, the patient is required to sign a “Willing to Isolate” declaration form.
- d. The patient must be able to perform daily activities independently while staying at the integrated floating isolation facility (children below the required age must be accompanied by a guardian or a family member who is also COVID -positive).
- e. A barcode is provided to facilitate the registration process

Patients are required to comply with all regulations enforced on the floating isolation ship. According to Heni, the volunteers and medical personnel stationed on board follow different standard operating procedures (SOPs) depending on their respective duties and responsibilities. However, in general, there are several rules that must be observed by both staff and patients, including:

- a. Isolation is carried out for a duration of 14 days.
- b. COVID-19 testing is conducted after the patient has spent five days in floating isolation, and subsequently once every week to monitor the presence of the virus in the patient’s body.
- c. Public Order Agency (Satpol PP) officers are scheduled in three shifts over a 24-hour period.
- d. Healthcare personnel work in shifts of six hours each.
- e. Personal protective equipment (PPE) must be replaced every six hours.
- f. Patients may use all available facilities, including recreational amenities such as fishing and the gym.

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<sup>63</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*.

<sup>64</sup> Satuan Tugas Penanganan COVID-19 Nasional, *Pedoman Teknis Fasilitas Isolasi Apung Nasional 2021* (Jakarta: Satgas COVID-19, 2021).

<sup>65</sup> World Health Organization, *Operational Considerations for Case Isolation Facilities*.

<sup>66</sup> Hariyanto Hariyanto, Mabarroh Azizah, and Nurhidayatulloh Nurhidayatulloh, “Does the Government’s Regulations in Land Ownership Empower the Protection of Human Rights?,” *Journal of Human Rights, Culture and Legal System* 4, no. 2 (May 2024): 391–421, <https://doi.org/10.53955/jhcls.v4i2.222>.

<sup>67</sup> Interview with Heni Handayani (Heni Handayani as the spokesperson for the floating isolation policy) in Makassar on August 29, 2022, at 7:00 p.m. WIB or look <https://www.instagram.com/makassar.recover/>

- g. Patients receive three meals per day and medication under the supervision of the medical team.
- h. All meals are prepared onshore and then transported to the ship.
- i. Patients are prohibited from damaging any facilities on the floating isolation ship.
- j. Patients who have been declared healthy and COVID-19 negative are transported back to shore using a lifeboat.

Patients may leave the floating isolation ship once their test results show a negative status and they exhibit no symptoms. During the 50 days of operation, the floating isolation program treated a total of 275 individuals, consisting of both children and adults. The longest duration of isolation recorded on the ship was 30 days.

Inter-agency coordination formed the backbone of operational success. Daily briefings involved representatives from the Health Office, PT Pelni, the Navy, the Port Authority, and BNPB.<sup>68</sup> However, overlapping mandates and bureaucratic fragmentation created friction. Health officers lacked authority over naval personnel, while logistic approvals required signatures from multiple agencies, delaying response times.<sup>69</sup> These coordination difficulties mirror findings in comparative crisis management studies showing that multi-agency operations often struggle with “command diffusion.”<sup>70</sup>

Field observations identified several practical challenges. First, maintaining infection control in a confined environment proved difficult; ventilation systems required regular disinfection, and waste disposal posed maritime hazards.<sup>71</sup> Second, data reporting was inconsistent due to limited internet connectivity at sea. Third, periodic shortages of protective gear exposed health workers to risk, contributing to anxiety and turnover.<sup>72</sup> Despite these issues, quantitative data show that the mortality rate among patients treated aboard KM Umsini was effectively zero. Out of a total of 275 patients, no deaths were recorded during the 50 days of operation. This 0% mortality rate stands in stark contrast to deaths during home-based self-isolation, where more than 2,300 isoman deaths were reported nationally during the same period and is even lower than the case fatality rates documented in field hospitals. This comparison demonstrates that the floating isolation facility offered a significantly safer alternative to home-based or minimally supervised isolation, even under constrained conditions.<sup>73</sup>

Community perception represented another dimension of challenge. Initial rumors that the would house “dangerous patients” provoked resistance from port-side residents.<sup>74</sup> Public information campaigns emphasizing voluntariness and safety eventually restored confidence, aided by the visible leader of the city’s mayor and the cooperation of religious figures.<sup>75</sup> This process underscored the importance of risk communication as a determinant of policy success, reinforcing literature that links public trust to transparency in emergency response.<sup>76</sup>

<sup>68</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*

<sup>69</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II*.

<sup>70</sup> Claire Alexander, Paul Cairney, and Christopher Weible, “Performative Governance and Crisis Legitimacy,” *Policy & Politics* 49, no. 4 (2021): 503–520, <https://doi.org/10.1332/030557321X16231740576892>.

<sup>71</sup> World Health Organization, *Safe Management of Wastes from Health-Care Activities*.

<sup>72</sup> Judith Bueno de Mesquita et al., “Strengthening Human Rights in Global Health Law.”

<sup>73</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II*.

<sup>74</sup> Kompas.com, “Isolasi Apung KM Umsini Diresmikan Wali Kota Makassar.”

<sup>75</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*.

<sup>76</sup> Alexander, Cairney, and Weible, “Performative Governance and Crisis Legitimacy.”

Internally, compliance fatigue emerged as operations prolonged beyond initial expectations. Health workers rotated every two weeks, yet understaffing sometimes forced overtime shifts without adequate compensation.<sup>77</sup> The mental burden was compounded by isolation from families and the fear of infection.<sup>78</sup> Psychosocial support programs were subsequently introduced, including counseling hotlines and peer debriefings, marking a gradual institutional learning process.<sup>79</sup>

Financial accountability also became a contentious issue. Auditors questioned procurement irregularities arising from rapid spending and overlapping budget lines between the city and BNPB.<sup>80</sup> Although no major corruption cases were proven, the controversy highlighted the vulnerability of emergency funds to administrative opacity.<sup>81</sup> In response, the Makassar government established an internal monitoring unit to document expenditures, reflecting growing awareness of the legal risks of ad hoc governance.<sup>82</sup>

Ultimately, the field performance of *KM Umsini* demonstrated both the promise and perils of decentralized innovation. The project succeeded in relieving hospital burdens and preventing community transmission, but at the cost of exposing structural gaps in legal clarity, inter-agency coordination, and worker protection. These empirical realities set the stage for the next analytical section, where theoretical and legal frameworks will be applied to interpret their significance.

## Theoretical and Legal Evaluation of Floating Isolation Policy

### 1. Floating Isolation as State Obligation: Legality, Protection, and Administrative Accountability

The State Obligations Theory provides a normative foundation for assessing how the Makassar government fulfilled, or fell short of, its legal and ethical duties under crisis. According to the tripartite framework developed by Henry Shue (1996) and later elaborated by the UN Committee on Economic, Social and Cultural Rights (CESCR), states hold obligations to respect, protect, and fulfill the right to health.<sup>83</sup> The *KM Umsini* policy reflects all three dimensions, but in uneven ways. The initiative to create a floating facility signified a commitment to *fulfilling* access to health care, while its voluntary design demonstrated an attempt to *respect* individual autonomy. However, administrative gaps in implementation reveal partial compliance with the *duty to protect* the responsibility to ensure safe and dignified conditions for those affected.

Within Indonesia's constitutional framework, these obligations are anchored in Article 28H(1) and Article 34(3) of the 1945 Constitution, which guarantee the right to health and oblige the state to provide adequate services.<sup>84</sup> Yet, as the findings show, implementation at the local level often operated under discretionary rather than statutory authority. The *KM Umsini* project emerged not

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<sup>77</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II*.

<sup>78</sup> World Health Organization, *Mental Health and Psychosocial Considerations during COVID-19 Outbreak*.

<sup>79</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*.

<sup>80</sup> Pemerintah Kota Makassar, *Laporan Keuangan Penanganan Covid-19*.

<sup>81</sup> Badan Nasional Penanggulangan Bencana (BNPB), *Laporan Audit Dana Penanganan COVID-19 Tahun 2021* (Jakarta: BNPB, 2022).

<sup>82</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*.

<sup>83</sup> Henry Shue, *Basic Rights: Subsistence, Affluence, and U.S. Foreign Policy*, 2nd ed. (Princeton, NJ: Princeton University Press, 1996)

<sup>84</sup> Constitution of the Republic of Indonesia (UUD 1945), Art. 28H(1) and Art. 34(3).

from pre-existing legal mandates but from improvisational governance under emergency pressure.<sup>85</sup> In legal terms, such actions may be justified as “administrative necessity,” but they raise questions about long-term accountability. The absence of explicit procedural oversight mechanisms risks diluting the normative force of these constitutional promises.

From the perspective of institutional responsibility, the Makassar Health Office functioned as both policy executor and compliance guarantor. However, the overlapping jurisdictions between municipal and national agencies blurred accountability.<sup>86</sup> The decentralized nature of Indonesia’s public health governance while promoting innovation also disperses responsibility, making it difficult to enforce uniform standards of legality.<sup>87</sup> This dynamic supports recent socio-legal arguments that decentralization without robust legal harmonization can create “fragmented accountability” in emergency governance.<sup>88</sup>

Equally significant is the issue of *proportionality*. The voluntary nature of the floating isolation policy was designed to prevent coercion, yet practical constraints often limited patient choice.<sup>89</sup> Under the State Obligations framework, proportionality serves as both a moral and legal test: measures that restrict autonomy must be demonstrably necessary and least intrusive.<sup>90</sup> The fact that some patients experienced social or administrative pressure to board *KM Umsini* indicates an implementation gap between policy design and execution. This reinforces the argument that legality in health emergencies must be evaluated through both *textual compliance* and *experiential justice*.

In sum, the Makassar case illustrates that the fulfillment of state obligations under emergency conditions cannot be reduced to policy output alone. It must be assessed in terms of procedural legitimacy whether affected persons experience the law as just, transparent, and protective. The findings therefore reaffirm the importance of embedding human rights monitoring and judicial oversight into local emergency governance structures.

## 2. Floating Isolation and Human Security Framework: Dignity, Participation, and Psychosocial Protection

The Human Security Framework offers a complementary interpretive lens, shifting the analysis from state behavior to human experience. Originating in the UNDP’s 1994 Human Development Report and later developed by Tadjbakhsh and Chenoy (2007), the concept emphasizes protection from fear and want, as well as the empowerment of individuals to live with dignity.<sup>91</sup> The *KM Umsini* project can be read as a human security experiment: an attempt to provide collective protection in a context of limited resources and high public anxiety.

<sup>85</sup> Firman Busroh and Muhammad Khairo, “State Protection against Coronavirus Disease 2019 Based on Emergency Constitutional Law,” *Legal Standing: Jurnal Ilmu Hukum* 11, no. 4 (2022): 115–130, <https://legal.isha.or.id/index.php/legal/article/view/457>.

<sup>86</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021* (Makassar: Pemkot, 2021).

<sup>87</sup> Government of Indonesia, *Law No. 23 of 2014 on Local Government* (Jakarta: State Secretariat, 2014).

<sup>88</sup> Arum Refisyanti, “Constitutional Obligations of Indonesian Government during COVID-19 Pandemic,” *Indonesian Constitutional Law Review* 3, no. 2 (2021): 178–190, <https://journal.umy.ac.id/index.php/iclr/article/view/11768>.

<sup>89</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II* (Makassar: Dinkes, 2022).

<sup>90</sup> Roojin Habibi et al., “Do Global Health Laws Protect Human Rights during Pandemics?” *The Lancet* 395, no. 10238 (2020): 1777–1779, [https://doi.org/10.1016/S0140-6736\(20\)31237-2](https://doi.org/10.1016/S0140-6736(20)31237-2).

<sup>91</sup> Tadjbakhsh et al., *Human Security Concepts and Implications*.

Several emotionally significant and memorable events also occurred during the implementation of the floating isolation program. One such instance involved a patient named Tasya, who received a care package from her partner accompanied by a handwritten note on the plastic wrapping that read, “*Get well soon, and I’m on my way to propose.*” While the gift brought joy to Tasya, the staff on duty at that time also shared in the moment of happiness experienced by the patient.<sup>92</sup>

Another noteworthy occurrence involved several patients who were found to be experiencing mental health conditions related to anxiety and depression. The floating isolation medical team responded promptly by providing mental health care under the supervision of Dr. Nita. However, it was later observed that not only patients, but also some healthcare workers providing continuous care, were experiencing heightened anxiety and emotional strain. As a result, Dr. Nita also extended psychological support and counseling to the medical personnel.

Patients’ experiences aboard the reveal both the promise and the fragility of this human-centered approach. Interviews and government reports indicate that while the offered safety and medical attention, confinement and uncertainty generated psychological distress.<sup>93</sup> Mental health support, though introduced later, was insufficiently institutionalized.<sup>94</sup> The WHO’s *Mental Health and Psychosocial Considerations during COVID-19* (2020) emphasizes that humane quarantine requires sustained psychological assistance and communication transparency criteria only partially achieved aboard *KM Umsini*.

The design of the facility’s daily routines incorporating prayer sessions, exercise periods, and digital communication with families demonstrated sensitivity to patients’ cultural and emotional needs.<sup>95</sup> Yet the uneven implementation of these services underscores how human security depends on institutional stability as much as ethical intent. In moments when resources were depleted, psychosocial programs were the first to be curtailed, revealing an instrumental rather than integral understanding of dignity.

Participation is another pillar of human security. A rights-based approach demands that individuals have voice and agency in decisions affecting them.<sup>96</sup> However, as the findings show, the voluntary framing of isolation did not always translate into participatory consent. Patients were often informed rather than consulted.<sup>97</sup> This asymmetry between communication and consent echoes Bueno de Mesquita’s argument that participation remains the “weakest pillar” in pandemic governance, particularly in top-down systems. Ensuring meaningful dialogue between authorities and communities is therefore not only a procedural requirement but a determinant of compliance and trust.

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<sup>92</sup> Interview with Heni Handayani (Heni Handayani as the spokesperson for the floating isolation policy) in Makassar on August 29, 2022, at 7:00 p.m. WIB or look <https://www.instagram.com/makassar.recover/>

<sup>93</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II*.

<sup>94</sup> World Health Organization, *Mental Health and Psychosocial Considerations during COVID-19 Outbreak* (Geneva: WHO, 2020), <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.

<sup>95</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*.

<sup>96</sup> Judith Bueno de Mesquita, Anuj Kapilashrami, and Benjamin Mason Meier, “Strengthening Human Rights in Global Health Law: Lessons from the COVID-19 Response,” *Journal of Law, Medicine & Ethics* 49, no. 2 (2021): 284–296, <https://doi.org/10.1017/jme.2021.43>.

<sup>97</sup> Sri Maulida et al., “Post-Pandemic Digital Transformation in Zakat Management: Insights from Maqasid Syari’ah in South Kalimantan,” *El-Mashlahah* 14, no. 2 (December 26, 2024): 281–302, <https://doi.org/10.23971/EL-MASHLAHAH.V14I2.7772>.

The human security perspective also illuminates gendered and socio-economic disparities. Reports indicate that women, informal workers, and low-income residents constituted the majority of *KM Umsini* patients.<sup>98</sup> Their vulnerability was compounded by limited access to digital communication, loss of income, and social stigma. Addressing such inequalities requires integrating social welfare and gender-sensitive measures into future quarantine design.<sup>99</sup> Thus, the Makassar case expands the conceptual reach of human security from theory to local policy practice.

In broader terms, the *KM Umsini* experience suggests that the ethics of pandemic response cannot be reduced to epidemiological containment. Human security reframes legality through empathy it insists that protection without participation and dignity is an incomplete form of justice. In another word, The floating isolation facility aboard *KM Umsini* demonstrates substantial compliance with the AAAQ framework governing the right to health. In terms of *Availability*, essential services including medical personnel, medicines, diagnostic tools, and adequate isolation cabins were consistently maintained despite overlapping civilian and maritime authority. The program also met the standard of *Accessibility*, as admission was nondiscriminatory, transportation to the vessel was fully facilitated, all services were provided free of charge, and patients received clear information regarding procedures and monitoring. Regarding *Acceptability*, the facility upheld patient dignity through gender-segregated cabins, psychosocial support, and culturally sensitive practices. Finally, the *Quality* of care was ensured through professionally supervised clinical monitoring, WHO-aligned infection-control protocols, and continuous medical oversight, reflected most clearly in the facility's zero mortality rate, with 275 patients treated and no recorded deaths. Collectively, these factors illustrate that the *KM Umsini* isolation program satisfied all four dimensions of the AAAQ principles under the right-to-health framework.<sup>100</sup> The study thus contributes to reorienting public health law toward a more relational and compassionate model of governance.

### 3. Floating Isolation Policy in Emergency Law Theory: Legality under Necessity

The third interpretive dimension applies the *Theory of State Emergency Law*, rooted in the writings of Carl Schmitt, David Dyzenhaus, and later critics such as Oren Gross and Giorgio Agamben. This framework helps explain how legality survives or is transformed under conditions of necessity. According to Schmitt, the sovereign is "he who decides on the exception."<sup>101</sup> In contrast, Dyzenhaus (2006) redefines the exception as a test of legality itself: emergencies must be managed through law, not beyond it.<sup>102</sup> The *KM Umsini* initiative operates precisely within this tension.

Legally, Makassar's government acted under *Presidential Decree No. 11 of 2020*, which declared a national health emergency but delegated operational discretion to local authorities.<sup>21103</sup>

<sup>98</sup> Dinas Kesehatan Kota Makassar, *Evaluasi Pelaksanaan Isolasi Apung Tahap II*.

<sup>99</sup> World Health Organization, *Gender and COVID-19: Advocacy Brief* (Geneva: WHO, 2021), <https://www.who.int/publications/i/item/gender-and-covid-19>.

<sup>100</sup> United Nations CESCR, *General Comment No. 14: The Right to the Highest Attainable Standard of Health* (Geneva: UN, 2000).

<sup>101</sup> Ahmad Syaifudin Anwar, "Kebijakan Pemutusan Hubungan Kerja Di Masa Pandemi Covid 19 Prespektif Hukum Ketenagakerjaan," *Supremasi Hukum: Jurnal Kajian Ilmu Hukum* 9, no. 2 (2021), <https://doi.org/10.14421/sh.v9i2.2195>.

<sup>102</sup> David Dyzenhaus, *The Constitution of Law: Legality in a Time of Emergency* (Cambridge: Cambridge University Press, 2006).

<sup>103</sup> Government of Indonesia, *Presidential Decree No. 11 of 2020 on Determination of Public Health Emergency* (Jakarta: State Secretariat, 2020).

The use of a maritime as an isolation facility lacked explicit statutory foundation, situating the policy in what Dyzenhaus terms the “gray zone of legality.”<sup>104</sup> Yet, the city’s decision was neither arbitrary nor authoritarian it was publicly justified, temporally limited, and subject to administrative review.<sup>105</sup> These characteristics align with what Dyzenhaus calls *bounded discretion*, where legality bends but does not break.

The proportionality of emergency measures is a core test under both domestic and international law.<sup>106</sup> The *Siracusa Principles* (1984) and ICCPR Article 4 specify that restrictions on liberty must be necessary, proportionate, and non-discriminatory.<sup>107</sup> The floating isolation program arguably met the criteria of necessity and temporariness but raised concerns regarding consent and equality of access. The lack of clear legal procedures for challenging isolation decisions reveals a deficiency in procedural fairness a gap that future regulations must address.

Schmitt’s idea of sovereignty as decision is valuable for understanding the political will behind Makassar’s innovation, but it is Dyzenhaus’s and Gross’s models that ensure democratic legitimacy.<sup>108</sup> The *KM Umsini* policy reflects what Gross (2003) terms “constitutional improvisation,” where emergency actions remain morally and legally constrained by overarching constitutional values.<sup>109</sup> This notion aligns with Indonesia’s constitutional preamble, which situates governance within the principles of humanity and social justice.

At a theoretical level, the Makassar case contributes to the ongoing global debate on “normalization of exception.” Agamben warns that repeated reliance on emergency powers risks eroding the distinction between temporary measures and permanent governance.<sup>110</sup> The absence of legislative follow-up to codify or review the *KM Umsini* practice exemplifies this danger. If improvisational legality becomes routine, constitutional resilience weakens. Hence, institutionalizing emergency oversight mechanisms is essential to preserve the integrity of Indonesia’s democratic framework.

Finally, the intersection of Emergency Law Theory and Human Security offers an important synthesis: legality and humanity must not be viewed as competing imperatives but as mutually reinforcing. Emergencies reveal not the weakness of law, but its adaptability when guided by ethical purpose. The Makassar experience shows that when discretion is exercised transparently and proportionately, even extraordinary governance can embody the spirit of the rule of law.

#### 4. Relevance of Floating Isolation Policy Toward Future Scientific Contribution

The empirical investigation of Makassar’s *KM Umsini* floating isolation policy offers a unique contribution to the interdisciplinary field of law and public health. While most pandemic literature focuses on biomedical outcomes or national policy instruments, this study centers on

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<sup>104</sup> Dyzenhaus, *The Constitution of Law: Legality in a Time of Emergency*. 45–49.

<sup>105</sup> Pemerintah Kota Makassar, *Laporan Satgas Covid-19 Makassar 2021*.

<sup>106</sup> AAICJ, “The Siracusa Principles on the Limitations and Derogation Provisions,” *International Covenant on Civil and Political Rights*, 1985, 1–44.

<sup>107</sup> United Nations General Assembly, *International Covenant on Civil and Political Rights*, 1966.

<sup>108</sup> Carl Schmitt, *Dictatorship* (Cambridge: Polity Press, 2014).

<sup>109</sup> Oren Gross, “Chaos and Rules: Should Responses to Violent Crises Always Be Constitutional?,” *The Yale Law Journal* Vol. 112, (2023): 1011–1134. <https://doi.org/10.2307/3657500>.

<sup>110</sup> Giorgio Agamben, *State of Exception*, trans. Kevin Attell (Chicago: University of Chicago Press, 2005).

subnational legal innovation an arena often overlooked in global health governance.<sup>111</sup> By revealing how municipal actors interpret and adapt emergency powers, the research expands understanding of legality under decentralization, providing comparative insights relevant to federal and unitary states alike.

From a socio-legal standpoint, the findings enrich the discussion on how law functions under stress. The Makassar experience demonstrates that legality in emergencies is not solely determined by textual norms but by the capacity of institutions to improvise responsibly.<sup>112</sup> This reinforces Dyzenhaus's concept of *legality in a time of emergency*, showing that democratic governance can sustain legitimacy even amid necessity if decisions remain transparent and proportionate.<sup>113</sup> Thus, the study bridges the gap between theoretical debates on emergency law and their practical manifestations in the Global South.

The study's second major contribution lies in introducing the human security framework as an analytical lens for assessing local pandemic responses. Most evaluations of COVID-19 governance rely on epidemiological or economic metrics; few examine dignity, participation, and psychological well-being as criteria of policy success.<sup>114</sup> By applying the human security paradigm, the study redefines "protection" beyond containment, linking physical safety to social and emotional resilience. This approach situates pandemic law within a broader normative discourse that includes empathy and cultural sensitivity.

In legal-empirical terms, the research also contributes to the understanding of multi-level legal pluralism during emergencies. Indonesia's constitutional design allows both national and regional actors to exercise overlapping powers, but the *KM Umsini* initiative shows that such pluralism requires constant negotiation.<sup>115</sup> The study's documentation of bureaucratic friction, overlapping authority, and fragmented accountability provides an empirical basis for reforming Indonesia's disaster and health governance frameworks.<sup>116</sup> It illustrates how local autonomy can foster innovation but also necessitates clear vertical coordination.

The findings carry significant implications for human rights law and health governance. The analysis confirms that voluntary isolation policies, though ethically commendable, must be anchored in procedural guarantees to prevent implicit coercion.<sup>117</sup> This insight contributes to international debates on the operationalization of the *right to health* under Article 12 of the

<sup>111</sup> Roojin Habibi et al., "Do Global Health Laws Protect Human Rights during Pandemics?" *The Lancet* 395, no. 10238 (2020): 1777–1779, [https://doi.org/10.1016/S0140-6736\(20\)31237-2](https://doi.org/10.1016/S0140-6736(20)31237-2).

<sup>112</sup> David Dyzenhaus, *The Constitution of Law: Legality in a Time of Emergency* (Cambridge: Cambridge University Press, 2006).

<sup>113</sup> Oren Gross, "Chaos and Rules: Should Responses to Violent Crises Always Be Constitutional?" *Yale Law Journal* 112, no. 5 (2003): 1011–1134, <https://doi.org/10.2307/3657500>.

<sup>114</sup> Shahrbanou Tadjbakhsh and Anuradha Chenoy, *Human Security: Concepts and Implications* (London: Routledge, 2007).

<sup>115</sup> Arum Refisyanti, "Constitutional Obligations of Indonesian Government during COVID-19 Pandemic," *Indonesian Constitutional Law Review* Vol 3, no. 2 (2021): 178–190, <https://journal.umy.ac.id/index.php/iclr/article/view/11768>.

<sup>116</sup> Firman Busroh and Muhammad Khairo, "State Protection against Coronavirus Disease 2019 Based on Emergency Constitutional Law," *Legal Standing: Jurnal Ilmu Hukum* Vol 5, no. 1 (2021): 115–130, <https://legal.isha.or.id/index.php/legal/article/view/457>.

<sup>117</sup> United Nations CESCR, *General Comment No. 14: The Right to the Highest Attainable Standard of Health* (Geneva: UN, 2000).

ICESCR, emphasizing the need for participatory mechanisms even in emergency contexts.<sup>118</sup> In this way, the Makassar case adds to a growing body of socio-legal evidence that rights-based governance enhances compliance and public trust during crises.

Theoretically, the research deepens the dialogue between Emergency Law Theory and Human Security by demonstrating their mutual complementarity. Rather than treating legality and humanity as opposites, the *KM Umsini* case shows that compassionate governance can serve as a stabilizing force within constitutional frameworks.<sup>119</sup> When discretion is exercised with transparency and moral purpose, legality expands rather than contracts. This argument contributes to what recent scholars term “ethical legality” a rethinking of rule-of-law resilience through the lens of human welfare.<sup>120</sup>

In methodological terms, this article illustrates the potential of empirical-normative hybrid research. By combining field data with doctrinal and theoretical analysis, it transcends the traditional division between social science empiricism and legal hermeneutics.<sup>121</sup> This integrative design supports the ongoing transformation of legal studies toward more interdisciplinary and evidence-based paradigms, particularly in Southeast Asian scholar where socio-legal methods remain underdeveloped.<sup>122</sup>

At the policy level, the findings inform the development of a national framework for localized emergency governance. The absence of clear legal parameters for floating isolation facilities exposed regulatory gaps in Indonesia’s health emergency law.<sup>123</sup> The study therefore recommends institutionalizing temporary legal instruments such as municipal emergency ordinances subject to legislative oversight and sunset clauses. This aligns with international best practices that balance flexibility with accountability, ensuring that improvisation does not devolve into arbitrariness.<sup>124</sup>

The *KM Umsini* case also provides a model for participatory crisis communication. By analyzing how public trust evolved through transparency and moral framing, the study contributes practical insights to disaster risk communication and social psychology.<sup>125</sup> Future emergency responses can build upon these findings by integrating faith-based engagement and community dialogue as pillars of resilience. This enhances the translational value of the research, bridging normative analysis and actionable governance strategies.

Finally, at the epistemological level, the study reaffirms that legal scholar in the Global South possesses both explanatory and normative capacity. The Makassar experience challenges the dominance of Eurocentric models of emergency governance by offering an indigenous narrative of adaptive legality.<sup>126</sup> In doing so, the research asserts that the periphery is not merely a site of policy

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<sup>118</sup> International Covenant on Economic, Social and Cultural Rights, 1966.

<sup>119</sup> David Dyzenhaus, *The Constitution of Law, The Constitution of Law: Legality in a Time of Emergency* (Cambridge: Cambridge University Press, 2006). 205–212.

<sup>120</sup> Giorgio Agamben, *State of Exception*, trans. Kevin Attell (Chicago: University of Chicago Press, 2005).

<sup>121</sup> Roger Cotterrell, *Sociology of Law: An Introduction*, 3rd ed. (Oxford: Oxford University Press, 2018).

<sup>122</sup> Reza Banakar and Max Travers (eds.), *Law and Social Theory*, 2nd ed. (London: Bloomsbury, 2021).

<sup>123</sup> Government of Indonesia, *Presidential Decree No. 11 of 2020 on Determination of Public Health Emergency* (Jakarta: State Secretariat, 2020).

<sup>124</sup> AAICJ, “The Siracusa Principles on the Limitations and Derogation Provisions.”

<sup>125</sup> Claire Alexander et al., “Performative Governance and Crisis Legitimacy,” *Policy & Politics* 49, no. 4 (2021): 503–520, <https://doi.org/10.1332/030557321X16231740576892>.

<sup>126</sup> Boaventura de Sousa Santos, *Epistemologies of the South: Justice against Epistemicide* (Boulder: Paradigm Publishers, 2014).

implementation but a laboratory of legal creativity capable of generating theories that speak to the universal condition of law under crisis.

## CONCLUSION

This study concludes that the KM Umsini initiative serves as a critical example of how law can be both flexible and bounded by justice during crises. By examining the complex relationship between necessity, legality, innovation, and accountability, the research highlights the balance between central guidance and local autonomy in emergency governance. The KM Umsini experience demonstrates that law in emergencies is not just reactive but also constitutive, generating new governance models, administrative learning, and reshaping citizen-state relations. In doing so, it contributes to expanding socio-legal theory from the Global South, asserting that emergency law should not be seen solely through Western-centric perspectives. The research introduces the concept of a “decentralized legality of care,” reframing state power as an instrument of compassion under constitutional constraints, thus offering a more inclusive framework for understanding emergency governance. Furthermore, it underscores the importance of local governance in shaping global discourses on legality, rights, and human dignity. Based on these findings, several normative recommendations are made to strengthen future public health emergency frameworks. These include establishing clear legal regulations for alternative isolation facilities, ensuring patient rights protection through judicial or administrative review mechanisms, and mandating minimum standards for mental health and psychosocial support in isolation settings. Incorporating these safeguards will ensure that emergency policies are not only effective and accountable but also respectful of rights and aligned with international standards, ensuring a more compassionate and just approach to public health crises.

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