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(4) Department of Political Science, Faculty of Social and Political Sciences, Jenderal Soedirman University ,
(5) Department of Political Science, Faculty of Social and Political Sciences, Jenderal Soedirman University ,

(4) Department of Political Science, Faculty of Social and Political Sciences, Jenderal Soedirman University ,

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(3) Sociology Study Program, Faculty of Social and Political Sciences, Bangka Belitung University ,

(4) Sociology Study Program, Faculty of Social and Political Sciences, Bangka Belitung University

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(1) Department of Political Science and International Relations, Covenant University ,

(2) Department of Political Science and International Relations, Covenant University ,

(3) Department of Political Science and International Relations, Covenant University

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Politics of sickness: Political struggles over the meaning of “sick” in dealing with the COVID-19 pandemic in Indonesia

Politik sakit: Perjuangan politik makna “sakit” dalam menghadapi pandemi COVID-19 di Indonesia

Adam Amin Bahar^{1*}, Kacung Marijan², & Antun Mardiyanta³

¹Doctoral Program of Social Science, Faculty of Social and Political Sciences,
Universitas Airlangga

²Department of Political Science, Faculty of Social and Political Sciences,
Universitas Airlangga

³Department of Public Administration, Faculty of Social and Political Sciences,
Universitas Airlangga

Address: ^{1,2,3}Jalan Dharmawangsa Dalam, Airlangga, Surabaya, East Java Province,
Indonesia 60286

E-mail: adamaminbahar@yahoo.co.id

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Abstract

In dealing with the COVID-19 pandemic, political actors in Indonesia tend to interpret “sick” in different ways. This study aims to discuss practices of political struggles over the meaning of “sick” in dealing with the COVID-19 pandemic in Indonesia. By using qualitative discourse analysis where data were mainly obtained from January to October 2020, this study found that political struggles over the meaning of “sick” in dealing with the COVID-19 pandemic in Indonesia were dominated by three major powers, namely the government, capitalist, and medical professionals. The meaning of “sick” given by these groups is not only different but also keeps changing from time to time, especially in certain political moments. This study found four important political moments which were closely related to the way these three groups of actors interpret the meaning of “sick” in the context of the COVID-19 pandemic. In one moment, “sick” was interpreted narrowly, while in another moment, “sick” was interpreted broadly. This study concludes that the struggle for the meaning of sick is an inherent practice in dealing with the COVID-19 pandemic in Indonesia. A further consequence is that the meaning of sick is not fixed as it is known so far but is more unfixed and contingent.

Keywords: COVID-19 pandemic; meaning of sick; political moments; political struggles

Abstrak

Dalam menghadapi pandemi COVID-19, aktor-aktor politik di Indonesia cenderung memaknai “sakit” dengan cara yang berbeda-beda. Studi ini bertujuan untuk membahas pertarungan politik atas pemaknaan “sakit” dalam menghadapi pandemi COVID-19 di Indonesia. Dengan menggunakan analisis wacana kualitatif di mana data sebagian besar diperoleh dari surat kabar, majalah, dokumen pemerintah dan laporan dari Januari hingga Oktober 2020, studi ini menemukan bahwa pertarungan politik atas makna “sakit” dalam menghadapi pandemi COVID-19 di Indonesia didominasi oleh tiga kekuatan besar, yaitu pemerintah, kelompok bisnis, dan profesional medis. Makna “sakit” yang diberikan oleh kelompok-kelompok ini tidak hanya berbeda tetapi juga terus berubah dari waktu ke waktu, terutama pada momen-momen politik tertentu. Studi ini menemukan empat momen politik penting yang erat kaitannya dengan cara ketiga kelompok aktor ini memaknai makna “sakit” dalam konteks pandemi COVID-19. Dalam satu momen, “sakit” diartikan secara sempit, sementara dalam momen lain, “sakit” diartikan secara luas. Penelitian ini menyimpulkan bahwa perebutan makna sakit merupakan suatu praktik yang melekat dalam menghadapi pandemi COVID-19 di Indonesia. Akibat selanjutnya adalah bahwa pengertian sakit bersifat tidak tetap seperti yang dikenal selama ini, tetapi lebih tidak pasti dan tergantung.

Kata kunci: pandemi COVID-19; makna sakit; momen-momen politik; pertarungan politik

Introduction

The COVID-19 pandemic is an extraordinary event that has never been imagined by humans in this century. This pandemic has dramatically hit and changed the established order of modern human civilization (Zakaria 2020). Most of the areas of life in the era of globalization are affected by this pandemic, including negative impacts such as the decline of democracy and positive impacts such as the acceleration of information technology progress (Baker et al. 2020, Fealy 2020, Olivia et al. 2020). However, one thing that many people forget is that the cause of the widespread impacts of COVID-19 is not the virus objectively or being sick from it objectively, but rather the way modern humans, with their various technologies, interpret the concept of “sick”, especially in relation to this virus (Levy 2020). If “sick” only refers to a physiological disorder or simply the individual’s feeling of being sick, which is closely related to physiological disorders, the COVID-19 pandemic would not have as much impact as it was today. The problem is, the COVID-19 pandemic comes in an era where the concept of “sick” gets an expanded meaning whose boundaries are difficult to define with certainty (Conrad 2007). For example, “sick” not only means “feeling sick” but also at risk of getting sick (Dumit 2012).

Although there is a view that the medical field is neutral, objective, and free from political motives or political interests (Abraham 1995), however, the COVID-19 pandemic has demonstrated the fact that “sick” as the main object of medicine cannot be separated from politics (Fealy 2020, Mietzner 2020). In dealing with the COVID-19 pandemic in Indonesia, the meaning of “sick” is constantly being contested by different groups of actors. They tend to interpret “sick” in different ways. “Sick”, for example, can mean those who are confirmed positive for COVID-19 through an antibody test, or those who are confirmed positive through an antigen test, or those who have been identified as having been in contact with positive COVID-19 patients, or those who only come from areas where COVID-19 is spreading, or those who are elderly who have a susceptibility to this virus.

This study argues that political struggles over the meaning of “sick” are the main cause of failure in handling the COVID-19 pandemic in Indonesia in 2020. Various groups of actors continue to struggle so that the meaning of “sick” they proposed becomes the dominant one. This struggle mainly occurs because, in the context of this pandemic, the meaning of “sick” determines social, political, economic, cultural, religious conditions, and so on. When governments, politicians, economists, sociologists, humanists, religious leaders, community leaders, and businessmen discuss political, economic, social, cultural, religious, and other matters during the pandemic, the meaning of “sick” will be the main consideration. Those who were able to put the definition into the dominant definition would get various benefits. In this condition, “sick” becomes very political (Payer 1992, Moynihan & Cassels 2005, Dumit 2012). The move by the Indonesian government to narrowly defined “sick” at the beginning of the spread of this virus in the world clearly had a political motive for which the profit calculation had been taken into account. Likewise, the government’s move to broadly defined “sick” at the end of March 2020 cannot be separated from political motives by calculating profit and loss.

Based on these arguments, this study aimed to discuss practices of political struggles over the meaning of “sick” in dealing with the COVID-19 pandemic in Indonesia. This focus differs from the studies on the politics of “sick” which have been written to date on various subjects such as medicalization (Illich 1977, Conrad & Schneider 1992, Conrad 2007), disease mongering (Payer 1992), biomedicalization (Clarke et al. 2010), and pharmaceuticalization (Williams et al. 2011). These studies did not pay attention to the practice of defining “sick” with the rate of change occurring rapidly as happened in the handling of the COVID-19 pandemic.

Theoretically, this study is based on the political theory of Laclau and Mouffe (1985). According to them, social order is like language in the Saussurian sense where social meaning or practice is always incomplete and arbitrary so that under certain conditions, especially in conditions of dislocation, political struggles to seize meaning cannot be avoided. Actors or social groups always fight to dominate meaning because mastery of meaning—in this study the meaning of “sick”—will be of benefit to them.

Political struggles over meaning in this sense are not first understood in terms of essentialism. This means that this study does not assert the existence of essential identities and interests. On the other hand, identity is pre-conditioned by the discourse. However, because of its incompleteness, in the context of dislocation, it is possible to create an agency that opposes this identity. Social meanings or practices that are hegemonic will dominate meaning and are important for the formation of identity (Laclau & Mouffe 1985). However, in the condition of dislocation, as had happened in dealing with the COVID-19 pandemic, there would be many agencies ready to oppose this hegemonic meaning. This thinking is important in the context of COVID-19 in Indonesia, especially because dislocation in this context tended to occur rapidly as an effect of this pandemic.

Research Method

This study used the qualitative discourse method which was believed to have methodological relevance to the objectives of this study. A discourse method is a form of constructivist and reflexive analysis that seeks to explore how ideas and objects are socially produced (Phillips & Hardy 2002). The use of this method has an impact not only on the search and analysis of data but also the way in which the findings of this study are presented in the same way as qualitative studies in general, for example, Geertz (1989). The data in this study were mainly obtained from both printed and electronic newspapers (especially Kompas, Tempo, and Media Indonesia), magazines (Tempo and Gatra), as well as government documents, government reports, and other sources that are relevant to this study such as discussions on national television, and advertisements both from government and private agency. The data in this study were mainly limited to the time span from January to October 2020. It should be emphasized that in a discourse approach, all data are important primary data without distinguishing between primary or secondary data sources (Howarth 2005).

Meanwhile, analysis of data was carried out during the data search process. At the final stage of the study, however, coding was also carried out to review findings, confirm previously prepared patterns whose main purpose was to review their relevance to theory and provide a conclusion. In the entire research process of this study, one thing that is the main principle in this study is reflexivity. As a qualitative study in general, this principle is the main guiding principle in this study (Alvesson & Skolberg 2000).

Results and Discussion

Political struggles over the meaning of "sick" in handling COVID-19 in Indonesia

Since the outbreak of the COVID-19 in Indonesia in early 2020, discussions about this new virus and its various impacts have become dominant, capable of covering up and even temporarily eliminating various other issues. When governments, politicians, economists, sociologists, cultural figures, religious leaders, community leaders, businessmen discussed political, economic, social, cultural, religious, and other matters, especially in the context of public good, the issue COVID-19 always become an issue that would never be overlooked. In almost all well-known media in Indonesia, especially since March 2020, not a day has passed without news of the COVID-19. In short, all discussions in the Indonesian public sphere are filled with the discourses of this virus.

Discourses about this virus actually had a big impact on political, economic, social, cultural, and other conditions in Indonesia. Meanwhile, the virus would not be able to objectively have a major impact without the meaning given to it. One thing that is important in the discourses about COVID-19 is the definition of "sick". This means that social impacts, political economy, culture, and so on are largely determined by the definition of sick. Therefore, it is important to pay attention to the struggles over the definition of sick in dealing with COVID-19 in Indonesia.

However, in order to understand the political struggles over the meaning of sick, this study does not start by first determining which actors are most involved in it as Laclau and Mouffe's discourse theory

assumes that the identity of the actor is not essential. Therefore, the right step to start a discussion on this issue is to focus on important moments when dealing with COVID-19 in Indonesia and the discourses that arise in each of these moments. From here, we will find out which actors or groups of actors are closely involved in the political struggle over the meaning of “sick” in the face of the COVID-19 pandemic in Indonesia.

There are at least four important moments of the COVID-19 pandemic in Indonesia which involve real political struggles in an effort to define the concept of “sick”. First, the moment when the COVID-19 outbreak had been reported around the world but there had been no confirmed positive cases of COVID-19 in Indonesia. Second, the moment when this virus first spread in Indonesia. Third, the moment when this virus had become more widespread in Indonesia and the negative economic impact was increasingly real. Fourth, the moment when two major political issues emerged in Indonesia, including the implementation of direct regional elections and the ratification of the omnibus law.

Based on four dominant discourses from the four existing moments, this study finds that there are three dominant actors or groups of actors in determining and influencing the meaning of “sick” in handling the COVID-19 pandemic in Indonesia, namely the government, medical professionals, and capitalist groups. The discourses and political struggles over the meaning of “sick” from these three groups of actors in four important moments in handling the COVID-19 pandemic in Indonesia will be discussed below.

In the first moment, precisely around January to March 2020 when COVID-19 spread from Wuhan, China, to several other countries in the world, the responses of various groups of actors in Indonesia to the COVID-19 virus was quite diverse even though the conflicts that emerged were still in the low category. The initial response that should be noted is the government’s response. Since the responses that emerge cannot be reduced to a single action, it would be appropriate to examine the government’s response by paying attention to the government’s main discourses. In this sense, discourse refers to a broad sense of discourse, which includes not only speech and text but also social practices and policies.

Although the government’s discourses were largely diverse, at least some dominant ones can be identified. In general, the main government’s discourse was a discourse of optimism, especially related to the health impacts caused by this virus. At the end of 2019 and early 2020, the Indonesian government tends not to take seriously the emergence of new diseases caused by this new virus as a health problem. Although it has been widely discussed around the world, the discourse that is considered serious is not about health problems or related to the spread of this disease but about economic problems, especially the economic impact of this new virus. The significant influence of China in Indonesia’s economic activities in recent decades has been widely discussed. In addition to the discourse on the disruption of economic cooperation relations with China, the discourse on the impact of the epidemic on tourism where China is the largest contributor to tourists in Indonesia in recent decades has become a hot topic of discussion.

Meanwhile, regarding health issues, the Indonesian government is optimistic not only about their readiness to deal with this virus but also about the disease caused by this virus not being a serious disease that people need to be afraid of. From January to March 2020, the media in Indonesia generally presented discourses such as good personal hygiene and a healthy lifestyle, including taking vitamins, supplements, and medicines, getting used to washing hands, and drinking herbal medicine to increase endurance. The government makes campaigns and policies to accommodate foreign tourists and at the same time asks the public to remain calm. In addition, government officials issued controversial statements, such as: “COVID-19 cannot reach Indonesia because Indonesia has a tropical climate”, “pray more often so that COVID-19 does not infect us”, and “run a healthy lifestyle by consuming traditional herbal ingredients” (Asmara 2020, Setyawan 2020).

Therefore, the discourse of optimism, in general, is integrated into two main discourses, namely economics and health. In terms of health, the government issued discourses such as: this virus can heal by itself, the death rate from this virus is very low, those who are not sick do not need to wear a mask, Indonesia has a tropical climate so it is difficult for this virus to develop, and consumption of ginger drink can boost immunity that is able to prevent contracting COVID-19. Minister of Health Terawan Agus Putranto, for example, at the end of January 2020 said that "the only thing against the virus is immunity. If our immunity is good, we don't have to be afraid of viruses" (Tempo 2020a). Meanwhile, the economic discourse is mainly related to the economic impact caused by this virus.

Interestingly, the government's responses were in many ways in line with the discourses of the majority of the business community (capitalist group) in Indonesia, especially those from industries such as tourism, hospitality, and aviation. From the beginning, they have encouraged discourses on the negative impact of this virus on the business sector. Apart from encouraging the provision of special incentives from the state to prevent companies from losing income which they think will have an impact on the country's economy, this community also generally encouraged economic activity to continue without public panic over this virus. The discourses from the business community were basically equivalent to the government's discourses on the call for people to be calm and continue to carry out their usual activities, especially economic activities. It became clearer when the government provided incentives for several industrial sectors such as tourism, airlines, and hotels and they encouraged people to take advantage of these facilities.

It should be noted, however, that there are other industrial fields with discourses that are fundamentally different from this one, one of which is the medical industry. The discourses of the medical industry, in general, had quite a lot of similarities with the discourses of medical professionals (doctors), especially those of the Indonesian Doctors Association (IDI). From the start, these two groups were actively involved in the COVID-19 discussion. Slightly different from the groups discussed earlier, both the medical industry, especially the pharmaceutical industry, and medical professionals considered this virus dangerous from the beginning. The main discourse of these two groups was the call for the public to be more disciplined in medical practices, especially in terms of using and utilizing medical products. In the case of the medical industry, for example, the multivitamin category is most clearly found in various medical product advertisements, both from the biomedical industry such as Kalbe Farma with its product like Imboost Force and traditional medicine industries such as Sido Muncul with its product like Tolak Angin.

Based on the discussion, in the first moment, the definition of "sick" tends to be different. Governments and the business community narrowly defined "sick". They generally saw the risk of being sick from this virus as low so that economic activity could continue normally. Meanwhile, medical professionals and the medical industry tended to define "sick" broadly. They generally saw that the risk of getting sick was very large so the community needs to take precautions, especially by disciplining using medical products and running medical practices.

The second moment occurred between March and May 2020, the moment when the virus first entered Indonesia. Basically, the three previous forces, namely the government, business, and medical professionals still dominate the discussion of COVID-19 in Indonesia, but subgroups within each of these groups have formed at this stage. From the government side, the discourses were not only dominated by the discourses of the central government but regional governments tend to have their own discourses which sometimes conflict with the central government's, for example, regarding the social restriction policy. On the one hand, the central government was against prohibiting local governments from doing a lockdown without the approval of the central government, while some local governments refused to implement the lockdown policies ordered by the central government. At this moment, the discourses of the government were very different from the previous moment. While previously the government tended to define "sick" narrowly, on the contrary, they tended to define "sick" broadly at this moment.

Primarily, this came to light when the government passed Government Regulation number 20 of the year concerning Large-Scale Social Restrictions and Presidential Decree number 11 of 2020 concerning the Establishment of the 2019 Coronavirus Disease (COVID-19) public health emergency on March 31, 2020. In this stage the government encouraged the use of masks, closing schools and carrying out the online learning process, closing some places of worship, offices, and tourist attractions, prohibiting Eid holidays. Risk reduction was the keyword for all government actions at this stage.

Not much different from the government, the business community at this stage softened a little. This community was not reactive to the social restriction policies issued by the government which would have a major impact on many of the industries of this group. However, it should be noted that before the government's social restriction policy was enacted, the government provided incentives and other regulatory conveniences to the business sector.

In addition, at this stage, the large technology industries (Big Tech) were the largest group in support of the discourses from the government regarding regulations on restricting activities outside the home. A large number of activities carried out online was an important moment to permanently integrating technology into every aspect of civic life. In a global context, many scientists have found that this pandemic is an important moment for big tech to permanently integrate technology into every aspect of civic life (Klein 2020). Therefore, at this moment, the business community tended to accept and in part even promote the broad definition of "sick" from the government. Meanwhile, the medical profession and the medical industry had not changed their view, namely interpreting "sick" in a broad sense. Their discourses were crucial in increasing public discipline on medicine, including the impact of increasing consumption of medical products.

Based on the discussion, it can be concluded that at this moment, the narrow definition of "sick" by the government and the business community had tended to change. If previously they only saw the community as healthy people, which means that they were not infected or had no potential to contract this virus, on the contrary, most of the people were considered to be potentially infected by this virus at this moment. Therefore, preventive measures needed to be taken. It is interesting that at this moment, political pressure is one of the causes to suppress the spread of COVID-19 in Indonesia.

The third moment that is important to pay attention to is the moment when this virus was increasingly widespread in Indonesia and the economic impact was getting bigger, especially at the end of May 2020. At this moment, a new normal discourse emerged, which was a discourse to relax the restrictive rules that were previously enforced in the midst of the increased widespread spread of COVID-19 in Indonesia. Some areas that were frequently discussed include easing in the retail and business sectors, offices, tourism, malls, and education. It was at this moment that the government and the business community were especially at the forefront of popularizing these discourses. For business groups, various forms of restrictions would have an impact on their income. Meanwhile, for the government, a decrease in business sector income would have an impact on the country's economy and - as is often stated in the state's discourse - an increase in unemployment. On one occasion, the chairman of the Indonesian Chamber of Commerce (Kadin), Rosan Perkasa Roeslani stated that: "employers and industry associations are ready to face the new normal and must adapt quickly. Activities can't stop. There must be a point to start opening up gradually with the strict COVID protocols..." (Tempo 2020b).

It is important to note that, at this moment, the discourse on categorizing who is allowed to go outside and live a new normal appears. People who were in the productive age, i.e., under 45 years old, can do activities as usual, while those who were over 45 years old still have to follow the existing restrictive rules (Tempo 2020a).

At this moment, what we want to say is that once again, there was a change in attitude towards the definition of "sick" from both the government and some parts of the business community. At this moment, they tend to interpret "sick" in a narrow way and even create categories of those who were vulnerable and not susceptible to COVID-19.

The fourth moment is the moment when the emergence of two major political issues in Indonesia, namely direct local elections in 270 regions, specifically in nine (9) provinces, 224 regencies, and 37 cities, and the ratification of the omnibus law, which was around the end of September to October 2020. At this moment, the response that emerged, especially from the government, was very ambiguous. The first thing to note is that the government was a group that supports the holding of local elections amid the increasing cases of COVID-19 in Indonesia. Although this local election was held in December, the process had been implemented since September, including open campaign activities. In this context, when it came to the issue of local elections, the government tended to define "sick" in a narrow sense.

In contrast, in the case of the omnibus law, the government tended to define "sick" broadly. The government encouraged workers and students not to carry out demonstrations or other gathering activities because there would be potential for transmission of COVID-19 as a result. Interestingly, these two events occurred at the same time. This means that in one issue, the government defined "sick" in a narrow sense, while in another issue, the government defined "sick" broadly. This can also be seen in the way the government defined "sick" in other issues, such as health and education issues, which in this case, the government tended to interpret "sick" broadly. The government's discourses were basically in line with the discourses of the majority of the business community in Indonesia. Meanwhile, discourses from medical professionals and the medical industry conveyed not much different from the previous moment, which is interpreting "sick" in a broad sense.

"Sick" as "The Political"

This study has shown that "sick" in the case of COVID-19 does not have a fixed and essential meaning. Therefore, the struggles over the meaning of "sick" in the face of the COVID-19 pandemic will always exist. According to Laclau and Mouffe, antagonism is always inherent in every social practice. Therefore, according to them, social practice is always the result of articulation practice (Laclau & Mouffe 1985). From the previous discussion, this thinking clearly shows that the meaning tends to be different at different actors and at different moments.

The meaning of "sick", which does not have a fixed and essential meaning, can basically also be found in the literature on the sociology of medicine or medical anthropology. Since the development of the field of medical sociology, the sociological concept of "sick" has been seen as a non-neutral concept. Medical sociology studies generally divide the concept of "sick" into three, namely disease, illness, and sickness. First, disease refers to a disturbance in a person's biological or physiological condition. In this definition, "sick" is generally viewed as a neutral entity. Second, illness refers to a person's experience of illness. "Sick" in this concept is subjective: by one individual it is interpreted as a disease while other individuals interpret it as something ordinary and do not require medical treatment. While in the third concept, "sick" refers to the condition of sickness according to the view of society. This view is important in constructing the individual's experience of sickness (Turner 1987). The same way is found in the discipline of anthropology. Anthropological studies have long shown that the way to interpret "sick" has long been recognized as not neutral. In anthropological studies, "sick" is viewed in two different ways, namely physical and non-physical problems. "Sick" as a physical problem mainly refers to a disturbance in the biological or physiological condition of a person. Meanwhile, "sick" as a non-physical problem is mainly associated with the disturbance of spirits believed by a society (Winkelman 2009).

However, the division contained in the sociology of medicine or medical anthropology does not directly reveal that "sick" is a political thing where its meaning is determined politically. Theoretically, studies related to political issues in defining "sick" have only just emerged in the middle of the twentieth century. One of the most influential works in this field is the work of Ivan Illich (1977) entitled "Medical Nemesis: The Expropriation of Health" which was first published in 1976. One of the key concepts in his book relating to the politics of illness is "medicalization". Medicalization, according to him, refers

to the process of expanding the boundaries of illness where problems that were not previously defined as medical problems become treated and defined as medical problems. For example, obesity, panic disorder, and premenstrual syndrome which were previously considered as common social problems are now defined and treated as medical problems. In general, Illich (1977) identifies the two forces most involved in the practice of medicalization, including the medical professional and the pharmaceutical industry.

In the next decade, after Illich's publication, the concept of medicalization became a widely discussed topic not only by scientists with socio-political backgrounds but also scientists with medical backgrounds. One of the most influential medicalization studies is that of Peter Conrad (1992, 2007). Conrad identifies a variety of medicalization practices that occurred mainly from the 1970s to the 2000s. He did not only identify the practice of medicalization but also showed various demedicalization practices such as homosexuality which was previously defined and treated as a medical problem in the 1970s but is no longer defined and treated as a medical problem (Conrad 2007). At the beginning of the 21st century, studies on the politics of "sick", in which "sick" is seen as a politically created thing, are becoming more and more widespread. This prompted various concepts. Some that can be identified include disease mongering (Moynihan & Cassels 2005, Tiefer 2006, Doran & Henry 2008, Arney & Menjivar 2015), biomedicalization (Clarke et al. 2010), and pharmaceuticalization (Williams et al. 2011). All of these concepts believe that political motives or interests have a major role in the definition and category of "sick". What we want to say in this discussion is that "sick" is not a fixed and essential concept but rather a political one. A condition in a certain time is categorized as "sick" but in other conditions, it can be defined as not. This means that "sick" is not just an objective physiological fact and its meaning is essential, as is commonly known today, but is a political thing in which its meaning is not fixed and contingent.

In the case of COVID-19 in Indonesia, this study has shown that the meaning of "sick" is not only unstable where at certain moments, but can experience changes. In addition, the actors who give the meaning do not have a fixed identity. These actors tend to give different meanings in different moments. For example, the governments in the first moment defined "sick" narrowly, while in the second moment, they tend to define it broadly. If viewed in-depth, the way to define this is not only related to issues of interest but also to the way they identify themselves with the existing moment.

Conclusion

This study has shown that in dealing with the COVID-19 pandemic in Indonesia, there were political struggles over the meaning of "sick" between various groups of actors. These political struggles mainly involved many actors and groups. In the context of the COVID-19 pandemic Indonesia, however, is mainly dominated by three main forces, namely, the government, business groups, and medical professionals. The meanings of "sick" given by these groups were not only different but also keep changing from time to time, especially in certain political moments. This is closely related to the interests of each of these actors. At one moment, this group of actors defines "sick" in a narrow sense, while in other moments, they define it in a broad sense. The definition of "sick" by the state sometimes differs from that of business groups or medical professionals depending on their respective interests. In the context of the COVID-19 pandemic in Indonesia, the main motivation in the way groups of actors defines "sick" is to identify themselves with the present moment, especially related to economic and political pressure in addition to health pressure.

In the current context, where sick is becoming very political, this political struggle is something that cannot be avoided because those who are able to dominate the meaning of "sick", especially in the context of a pandemic, tend to get many benefits, be it political, economic, and so on. Theoretically, this study has shown that the way of defining "sick" in the context of the COVID-19 pandemic occurs rapidly, especially in certain political moments. This needs to be a concern in other studies of politics of medicine that political moments are very crucial in studying politics of medicine. Therefore, the way

of looking at the politics of medicine cannot be reduced to actors or groups within the medical field but needs to see the broader political context.

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