

Implementation of Health Services for Prisoners with Disabilities at the Class I Correctional Institution of Surabaya

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Abstract

This study explores the implementation of health services for prisoners with disabilities in Surabaya Class I Penitentiary. The background of this study is rooted in the need to understand how the health care system functions for prisoners with disabilities, who often face unique challenges in the correctional environment. This study aimed to evaluate the effectiveness of health services provided, identify existing barriers, and provide recommendations for improvement. The research method used was a qualitative approach with in-depth interviews with health workers, prisoners with disabilities, and direct observation of health facilities and services in the prison. The results of the study indicate that although there have been significant efforts to meet the health needs of prisoners with disabilities, there are still a number of obstacles, such as limited accessibility of facilities, lack of training for health workers on special needs, and lack of coordination between related parties. This study concludes that although health services have improved, further adjustments are needed in terms of accessibility and training to improve the quality of services for prisoners with disabilities. Additional support and increased coordination between agencies will be essential to ensure better fulfillment of health rights in Surabaya Class I Penitentiary.

Keywords

Health Services, Implementation, Prisoners with Disabilities.



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INTRODUCTION

A person who serves a sentence in a penitentiary after being found guilty is called an inmate. A person found guilty by a court decision with the force of law is still referred to as a convict.¹ This affirmation leads to the conclusion that a person or criminal serving a sentence in a Correctional Institution where a portion of their liberty has been taken is an inmate.

Punishment is an integral aspect of criminal law. A rule cannot be considered criminal law if there is no fear of punishment for those who violate it. Criminal

¹ Fatahuddin Aziz Siregar, "PERGESERAN PERAN ISTRI DALAM MEMBANGUN KELUARGA IDEAL PADA MASYARAKAT MANDAILING DITINJAU DARI HUKUM KELUARGA ISLAM," *Diversi Jurnal Hukum* 9, no. 1 (2021): 89–115.

problems are social and humanitarian problems that are always faced by society. If there is a community, it is possible to have a criminal act that then causes sanctions. The existence of sanctions ensures that a rule is obeyed.² Criminalization is a substantial criminal law research topic that assesses whether an act qualifies as a criminal offense when it presents a risk of punishment.³ Behavior that violates and was not previously classified as legally illegal is considered a criminal offense that has the potential to result in criminal penalties.

According to Soerjono Soekanto (1981), criminalization is a decision or action of an authority that handles certain actions that are considered by society or certain groups as a punishable act criminal act or turn an act into a criminal act that the government can punish by acting on its behalf.⁴ The human condition and human rights are closely linked. Human beings have inherent rights that are essential to their existence. We are free creatures. Humans will realize their potential and experience human values in an environment with natural freedom.⁵

It is enshrined in Law of the Republic of Indonesia Number 22 of 2022 concerning Correctional Services Article 4: "The functions of Correctional Services include Service, Coaching, Community Guidance, Care, Security and Observation." To maintain the dignity of the community, these health services must be provided with equal treatment, a friendly atmosphere, and humane application to maintain dignity.⁶ The main goal is to encourage the development of a society that respects individuality and mutual respect.

Indonesia's commitment to human rights is rooted in Pancasila, which is a national and official ideology. The second precept of Pancasila mainly reflects the recognition of human rights. The basic idea of human rights needs to be further developed in a tangible form because it is still abstract at present. The Unitary State of the Republic of Indonesia realizes a rich and just society based on Pancasila.⁷ This is further explained in the fourth paragraph of the 1945 Constitution, which states that

² Dewi Mulyati and Ali Dahwir, "PERLINDUNGAN HUKUM TERHADAP ANAK SEBAGAI PELAKU KEJAHATAN," *SOLUSI* 20, no. 1 (2022).

³ Sarbini Sarbini, Bruce Anzward, and Roziqin Roziqin, "Model Pembinaan Masyarakat Dalam Sistem Penegakkan Hukum Oleh Kepolisian Republik Indonesia (Polri) Guna Mencegah Terjadinya Tindakan Kriminalitas Di Kota Balikpapan," *Journal de Facto* 6, no. 1 (2019).

⁴ Satria Aji Setiawan, "Mengoptimalkan Bonus Demografi Untuk Mengurangi Tingkat Kemiskinan Di Indonesia," *Jurnal Analisis Kebijakan* 2, no. 2 (2019), <https://doi.org/10.37145/jak.v2i2.34>.

⁵ Marpuji Ali, "Muhammadiyah Di Tengah Isu Dunia Islam Kontemporer: Refleksi Untuk Internasionalisasi," *Jurnal Muhammadiyah Studies* 1, no. 1 (2020): 16–29, <https://doi.org/10.22219/jms.v1i1.11406>.

⁶ Kiki Endah, "Community Empowerment: Exploring the Local Potential of Villages," *Moderate: Scientific Journal of Government Science* 6, no. 1 (2020): 135–43, <https://doi.org/http://dx.doi.org/10.25157/moderat.v6i1.3319>.

⁷ Muhammad Ikhsan Maula, "Analisis Ketaatan Hukum Masyarakat Mewujudkan Konsep Negara Hukum," *De Cive: Jurnal Penelitian Pendidikan Pancasila Dan Kewarganegaraan* 2, no. 8 (2022): 290–99.

the state is committed to improving the community's interests. This society is not just a free society but also includes prisoners, whose freedom is restricted because they violate the law.⁸

Based on Law of the Republic of Indonesia Number 8 of 2016 concerning Disability Article 1 Paragraph 1, "Any individual who has a long-term limitation related to physical, mental, intellectual, or sensory skills, and who may face challenges in fully and successfully engaging in social relationships with other members of society, is considered to have a disability." Correctional facilities or detention houses are required to uphold the rights of inmates with disabilities. One of them is in Law of the Republic of Indonesia Number 8 of 2016 concerning Disability Article 36, which states that law enforcement agencies are required to provide accommodation that individuals with disabilities can access during the judicial process.⁹

The Class I Correctional Prison in Surabaya, hereinafter referred to as Porong Prison, has eight residential blocks consisting of blocks A to H. Specifically for block G, the manager uses as an RSLP/Clinic for the treatment of inmates who are sick or have special needs. The prison clinic aims to fulfill the rights of inmates/correctional inmates in health services with standards and guidelines set by the Ministry of Health. Clinics located in prisons and prisons and LPKA are primary clinics that carry out basic health services in general and in particular.

It has 1,246 residents, of which 22 people are people with disabilities. Of course, inmate health services must be considered and fulfilled in accordance with regulations, especially for inmates with disabilities, because the health condition of each inmate is different. Based on the researcher's observations, there are several problems identified related to health services for inmates with disabilities in Class I Prison Surabaya, including:

1. Lack of health workers such as pharmacists, psychiatrists, psychologists, and nurses who are competent in health services for inmates with disabilities
2. Lack of medical and non-medical medical equipment provided by prison primary clinics to inmates with disabilities
3. Absence of special care facilities for inmates with disabilities
4. There are no disability-friendly toilets in residential rooms, and there is only one in the prison's primary clinic.

⁸ Kuntadi Kuntadi, "House of Restorative Justice as a Forum of Actualizing the Nation's Culture in Solving Criminal Cases," *Journal of Legal Dynamics* 22, no. 2 (July 2022): 323–33, <https://doi.org/10.20884/1.JDH.2022.22.2.3242>.

⁹ Lukman Hakim, Nurul Lailatul Khusniyah, and Pinton Setya Mustafa, "Socialization of Inclusive Education and Disability in Bayan Village, Bayan District, North Lombok Regency," *Abdinesia: Journal of Community Service* 3, no. 1 (2023): 44–49.

A study conducted by Diana Ayu Putri (2021) stated that the limited infrastructure and the number of health workers resulted in the rights of inmates in the Bandar Lampung Class I Prison not being fulfilled to the maximum. Mohamad Ashraff (2022) shows that the *tangible* and *reliable* aspects of the *service quality* theory still need to be realized and fulfilled. This is due to limited facilities. The absence of doctors and pharmacists also affects the quality and accuracy of medical services provided.¹⁰ Health services for inmates with disabilities still have many obstacles and obstacles.

Fadila Hilma Mawaddah (2022) also mentioned that health services for people with disabilities are not successful even though they are not perfect. Assessments of people with mental disabilities and the use of facilities that are not wise and in accordance with the provisions are the causes of these imperfections.¹¹ In general, there are similarities with the research that has been carried out, namely, arching health services for inmates with disabilities. But specifically, there are some differences. The differences are in time, place, research methods, and theories used. This research will be carried out at the Class I Correctional Institution in Surabaya in 2024 using quantitative methods and theories of legal certainty and effectiveness.

This study aims to find out the regulations that regulate health services for inmates with disabilities and health services for inmates with disabilities in Class I Correctional Institutions in Surabaya. This research is expected to provide information, especially related to health services for inmates with disabilities in prisons. In addition, it provides more information about health care for inmates with disabilities in the Class I Prison of Surabaya to law enforcement or legal professionals.

METHOD

This study uses a quantitative descriptive method with an empirical juridical approach to analyze the health services provided to inmates with disabilities in the Class I Correctional Institution of Surabaya. Data is collected through direct observation, interviews with inmates and care workers, as well as documentation from various written sources such as laws and regulations and other official documents. Data analysis is carried out by organizing, sorting, and synthesizing the information obtained to identify patterns and provide an overview of the existing health service

¹⁰ Veronica Komalawati, "Responsibilities of Pharmacists in Drug Service With Prescription," *Pharmacist's Responsibilities in Serving Drugs with a Doctor's Prescription*, 2020, 237–38.

¹¹ Firdausi Nurharini et al., "Articulation Phonetic Intervention Competence in Down Syndrome Children," *Absorbent Mind: Journal Of Psychology and Child Development* 1, no. 2 (2021): 32–40, https://doi.org/https://doi.org/10.37680/absorbent_mind.v1i02.1118.

conditions.¹²

The population in this study includes all individuals in the Class I Correctional Institution of Surabaya, including inmates, officers, and visitors, with a sample consisting of inmates with disabilities who are still able to provide information and four resource persons from the field of care. The researcher focused on aspects such as availability, accessibility, acceptance, and quality of health services, with the aim of providing an accurate and comprehensive picture of the treatment of inmates with disabilities in the context of health services in such correctional institutions.¹³

RESULTS AND DISCUSSION

Surabaya Class 1 Correctional Institution, generally referred to as Kalisosok Prison Surabaya. It took nine months to build and was completed in 1908, during the beginning of Deandels' reign. Until now, the structure of Governor General Herman William Deandels has remained solid. Even now, some of his watchtowers seemed extremely high. The splendor of the colonial architectural style of that era is still clearly visible on the front. The area of this historic structure is 3.5 hectares. For indigenous people who committed crimes and opposed the Netherlands Colonial government at that time, this place served as a prison run by the Netherlands Colonial government. Two indigenous tombs that are a reminder of resistance to the Netherlands colonial rulers are located in this prison. Around 1987, the address of Kalisosok Correctional Institution Class 1 Surabaya was previously known as Jl. Prison No. Seven was changed to Jl. Kasuwari 7 Surabaya. A new building, the Class 1 Kalisosok Correctional Institution Surabaya, was built in Kebonagung Village, Porong District, Sidoarjo Regency in 1997 as part of the city's development. It occupies an area of 170,000 square meters and was built due to an agreement between the Regional Office of the Ministry of Justice of East Java and PT. Fairco Jaya Dwipa, Jakarta. The building was officially occupied on April 20, 2000, and remains to this day. As time went by, prison facilities became more complete. For example, WBP (Correctional Assisted Citizens) can exercise on the football, volleyball, and tennis courts at the Class 1 Correctional Institution Surabaya Porong. Furniture and chair backrest manufacturer PT Bahari Mitra Surya is another Surabaya Class 1 Correctional Institution partner.

Analysis of Regulations on Health Services for Prisoners with Disabilities

In line with the ideals of the Indonesian nation, as stated in Pancasila and the 1945 Constitution of the Republic of Indonesia, health is a fundamental human right

¹² Sugiyono, *Metode Penelitian Pendidikan: Kuantitatif, Kualitatif, Kombinasi, R&D Dan Penelitian Pendidikan* (Bandung: Alfabeta, 2019).

¹³ Rusandi and Muhammad Rusli, "Merancang Penelitian Kualitatif Dasar/Deskriptif Dan Studi Kasus," *Al-Ubudiyah: Jurnal Pendidikan Dan Studi Islam* 2, no. 1 (2021): 48–60, <https://doi.org/10.55623/au.v2i1.18>.

and an aspect of welfare that must be achieved. Therefore, it must be well maintained, loved, and protected, never abandoned, downplayed, or taken away by anyone, including the right to health.

Every country strives to provide the best medical services so that it can contribute to improving the standard of living of its citizens. In general, health services for citizens have been formulated in law. For inmates with disabilities, the government specifically regulates health services in Law No. 22 of 2022 concerning Corrections and Law No. 8 of 2016 concerning Disabilities.¹⁴

The existence of a legal basis that regulates health services for inmates with disabilities is a concrete step by the government to fulfill the right to health for people with disabilities. Article 37 of Law No. 8 of 2016 explains that Detention Centers/Prisons are required to provide Disability Service Units.¹⁵ The Directorate General of Corrections responded to this by ratifying the "Circular Letter of the Directorate General of Corrections of the Ministry of Law and Human Rights Number PAS-18. HH.01.04 of 2020 concerning the Establishment of Disability Service Units in the Correctional Technical Implementation Unit" on September 1, 2020.

The Ministry of Law and Human Rights provides a guidebook that provides information for the Technical Implementation Unit (UPT) regarding the institutional form, duties, and functions, as well as the evaluation of the duties and functions of the ULD. This guidebook is also equipped with provisions for facilities and infrastructure in health services for people with disabilities, not only inmates but also visitors/stakeholders with disabilities.¹⁶

ULD's health care services for inmates with disabilities include:

1. Carry out maintenance and health improvement for inmates with disabilities by qualified health workers;
2. In accordance with applicable regulations, obtain counseling, health education, psychological support, and necessary daily equipment, such as crutches, wheelchairs, and canes;
3. Seeking the existence of medicines needed by inmates;
4. Provision of meal plans based on labor advice to meet food service obligations;
5. Conduct routine and continuous health monitoring of inmates with disabilities;

¹⁴ Siti Komariah and Kayus Kayowuan Lewoleba, "The Application of the Concept of Diversion for Children with Disabilities Perpetrators of Violent Crimes," *Jurnal USM Law Review* 4, no. 2 (2021): 586–603.

¹⁵ Ririn Nopiah and Puji Amalia Islami, "Peran Pemberdayaan Ekonomi Digital Difa City Tour (Ojek Difa) Terhadap Kesejahteraan Penyandang Disabilitas Di Yogyakarta," *Convergence: The Journal of Economic Development* 4, no. 1 (2022): 1–18.

¹⁶ Madinah Mokobombang, Zulfikri Darwis, and Sabil Mokodenseho, "Eradication of Cyber Crime in West Java Province: The Role of Law and Challenges in Law Enforcement Against Digital Crime," *Journal of Law and Human Rights Wara Sains* 2, no. 6 (2023): 517–25.

6. Social and medical rehabilitation programs for drug abusers with disabilities;
7. Maintenance and improvement of health status is carried out by having doctors/health workers according to the recommendations of needs, ease of accessibility in daily life, appointing tamping for helpless inmates with disabilities, collaborating with related parties to increase the capacity of health workers of inmates with disabilities;
8. Conduct referrals outside the prison when needed in accordance with the provisions;
9. Providing rehabilitation services for prisoners with mental disabilities.

In fulfilling prisoners' right to health, prisons/correctional facilities have primary clinics to carry out this function. All health activities are centralized in the prison's primary clinic. Of course, in providing health services to inmates with disabilities, there are Standard Operating Procedures that must be implemented.

The Operational Standards of Prisoner Health Service Procedures are regulated in "Regulation of the Minister of Law and Human Rights Number M.HH.02.UM.06.04 of 2011 concerning Guidelines for Health Providers within the Ministry of Law and Human Rights" and "Decree of the Director General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia Number: PAS 693.PK.01.07.01 of 2015 concerning Standards of Health Services and Care for Vulnerable and High-Risk Groups (Other than TB and HIV)". Prisoners with disabilities are categorized into vulnerable and high-risk groups. These disabilities include blindness (vision), graphite impairment (inhibition of intelligence development), deafness (hearing), speech impairment (speech), disability (bone, joint, and muscle barriers), and deafness (emotional and social control).

The achievement of optimal health services requires several aspects that must be met, including:

1. Health Workers

It is anyone who devotes their time to the medical field and has expertise in the field. The availability of health professionals who have sufficient licenses and meet the necessary qualifications and standards in terms of number and competence so that they can provide health services as efficiently as possible.

2. Implementation Cost Needs

The amount of money needed to provide and/or use health initiatives needed by individuals, families, groups, and communities is known as health financing.

Implementing health services for inmates within the Ministry of Law and Human Rights requires an equitable cost. This means that all inmates have the same right to

access health services. The sources of health costs are:

- Ministerial budget/DIPA;
- Funds from donors or Non-Governmental Organizations;
- Public Health Insurance (Jamkesmas) through BPJS in Recipient of Contribution Assistance.

Prisoners and Prisoners are the recipients of contribution assistance from the results of the agreement of the Law Enforcement Coordination and Consultation Forum Meeting (Mahkumjakpol), Health, Domestic Affairs and Social Affairs, and also BNN based on the Decree of the Ministry of Social Affairs of the Republic of Indonesia No. 58/HUK/2015 concerning the Determination of the Number of Recipients of Additional Health Insurance Contribution Assistance for the Second Phase of 2015 Prisoners and Prisoners Included in the KIS List.

Analysis of the Implementation of Health Services for Prisoners with Disabilities

The research results at the Class I Correctional Institution in Surabaya showed that the prison only has one general practitioner, one dentist, and two nurses. These health workers provide health services to inmates and visitors/stakeholders of the Class I Prison in Surabaya.

This is in accordance with the information provided by Mr. Sudarno as the Head of Coaching as follows: *"Surabaya I Prison only has 1 (one) doctor, 1 (one) dentist, and 2 (two) nurses, as well as nursing staff. Doctors' and dentists' working hours follow the office staff, while nurses follow the security squad (rupam). In prisons, there are 4 (four) prisons. This has been seen if the number of health workers is lacking. So we outsmart it in a way that staff who have qualifications or have studied nursing are included in the schedule with a picture."*

Based on the number of existing health workers, it is still not enough to provide optimal services to the existing inmates. The number of inmates who need services is much higher than the number of available health workers. Therefore, additional personnel are needed from officers who have expertise in the health sector.

The number of inmates with disabilities in the Class I Prison in Surabaya amounted to 22 (twenty-two) people. The number of existing health workers is arguably insufficient to care for health services in the Class I Prison in Surabaya.

This is in accordance with the information provided by Mr. Agung, the Head of Care, as follows: *"Class I Prison Surabaya has 22 inmates with disabilities. The law has indeed regulated the SOP, but there are still shortcomings. Actually, we can be considered good in terms of attitude when providing services. It's just that in terms of infrastructure, health workers and funding are inadequate. Such as pharmacists and psychologists; in Prison I*

Surabaya, there is no such thing. For infrastructure, such as special rooms for people with disabilities, there is also no such thing. In the case of rehabilitation, the prison outsmarts by collaborating with outside parties such as the health office and the health center."

The prison also collaborates with related agencies for further handling, such as inviting psychiatrists. This is because prisons do not have their own psychiatrists. As for funding, all treatment costs are borne by state funds with BPJS. However, if the inmate in question wants to move up, the treatment fee will be charged to the inmate.

Prison facilities and infrastructure can be said to still not meet service standards for inmates with disabilities. Prisoners with disabilities must have their own space. However, in fact, the placement of inmates with disabilities is mixed with other inmates.¹⁷ There are advantages and disadvantages of this. The advantage is that other inmates can help inmates with disabilities in accessing several things. Meanwhile, the disadvantage is the condition of residential rooms with many residents due to the prison condition, which is indeed *overcapacity*.¹⁸

The process of health services for ordinary inmates and inmates with disabilities is almost the same. Even so, in the process of inmate health services, it can be said that it is quite good. The existence of counseling, planets, and banners about disability is a basic stage of prisons for health services for people with disabilities.¹⁹ The care section and nurses are also quite routine in conducting health screening and monitoring of inmates with disabilities.

This is supported by the statement of Mr. Lukman as the Guard Officer as follows: *"For services, we often carry out health screening to residential blocks, carry out routine control. Usually, there is a schedule for when to control; if the person concerned cannot go to the prison clinic, then the nurse will have to go to the residential block."*

The form of treatment carried out includes when the inmate is sick at the Primary Clinic and then gives the inmate medicine as needed. If the medicines needed run out, the tamping will later deliver medicine to each inmate with disabilities in the residential block.

This is in accordance with the statement by Gunarto (G 2/8) as follows: *"The service here is good; in the residential block, there is a tamping (companion prisoner) as a help to me if I need something. Sometimes, they take/deliver medicine when it runs out. The tamping also helps me when I go to the clinic for health control."*

¹⁷ Made Silpa Yudiawan, "Pertanggungjawaban Pelaku Tindak Pidana Yang Bukan Tenaga Medis Melakukan Praktik Seolah-Olah Sebagai Tenaga Medis (Studi Putusan Nomor 46/Pid. Sus/2020/Pn. Liwa)," 2020.

¹⁸ Malcolm MacLachlan et al., "Assistive Technology Policy: A Position Paper from the First Global Research, Innovation, and Education on Assistive Technology (GREAT) Summit," *Disability and Rehabilitation: Assistive Technology* 13, no. 5 (2018): 454–66.

¹⁹ Xiao Qu, "A Critical Realist Model of Inclusive Education for Children with Special Educational Needs and/or Disabilities," *International Journal of Inclusive Education* 26, no. 10 (2022): 1008–22.

In addition, it is also supported by Soetikno's statement (D 3/10) as follows: *"I am satisfied with the service here; the nurses are quite diligent in providing service. With tamping, I feel that it helps a lot for accessibility."*

The existence of accompanying prisoners is very helpful for inmates, especially for those with disabilities. For example, when they are in need of something, the accompanying prisoner will take the needs of inmates with disabilities. In these conditions, companion prisoners will be very useful because the officers will not always be next to inmates with disabilities.

Regulation of Services for Prisoners with Disabilities in the Theory of Legal Certainty

Experts have revealed a lot about legal certainty. "The concept of legal certainty protects justice seekers and judicial institutions, guaranteeing that a person will receive what is expected of them under certain circumstances." This shows that the law serves as a protector against arbitrary behavior. To uphold justice and public order, the current law must provide legal clarity.

The right to health services for all Indonesian citizens was listed in the Constitution of the Republic of Indonesia in 1945. The regulations that regulate health services for inmates with disabilities include:²⁰

1. Constitution of the Republic of Indonesia Year 1945

Articles related to health services for prisoners with disabilities in the 1945 Constitution of the Republic of Indonesia are indeed not clearly written. However, there are several relevant articles on health services for inmates with disabilities, namely:

- a. Article 28 H, paragraph (1) explains that each individual has the right to live a healthy life both physically and mentally, have a house to live in, live in a good and healthy environment, and get medical services.
- b. Article 34 paragraph (3), the availability of health services is the responsibility and obligation of the state

The above article is a recognition from the state that every individual citizen has the right to citizen health without discrimination.

2. RI Law No. 17 of 2023 concerning Health

It is clearly stated in Article 4, paragraph 1, that every human individual has the right to live a healthy life and obtain health education information, care services, and access to health resources to improve quality of life.

More specifically, about disability health services, article 53 states that

²⁰ Republik Indonesia, "Undang - Undang Nomor 35 Tahun 2014 Tentang Perubahan Atas Undang – Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak," Pub. L. No. 35, 1 (2014).

individuals with special needs have the right to receive health services in order to remain dignified. The fulfillment of health services for people with disabilities is the responsibility of the central government, local governments, families, and communities.²¹ The existence of this article provides clarity that people with disabilities also have the right to obtain medical services.

3. RI Law No. 39 of 1999 concerning Human Rights

Article 42 explains that every citizen who is old, physically or mentally disabled, or both, has the right to special education, training, and support at public expense in order to guarantee a decent life in accordance with their human dignity, increase self-esteem, and enable him to participate in society, the state, and the government. This means that in getting their rights, people with disabilities also get rocks with state funds so that the dignity of people with disabilities increases.

4. RI Law No. 22 of 2022 concerning Correctional Services

Correctional Services is one of the divisions owned by the Ministry of Law and Human Rights. The implementation of correctional officers' main duties and functions in serving the community is regulated in the Law of the Republic of Indonesia No. 22 of 2022 concerning Corrections and health services for inmates with disabilities; article 60, paragraph 1 states that prisons, prisons, LPAS, and LPKA provide care to assisted children, prisoners, inmates, and children.

Article 61 emphasizes that prisons, prisons, LPAS, and LPKA provide special treatment to inmates who have special needs.

5. RI Law No. 8 of 2016 concerning Disability

The Law on Disability regulates the rights obtained by society in general and discusses what happens if people with disabilities stumble over the law. Article 37, paragraph 1 states that every detention center or prison is required to provide a Disability Service Unit. The Disability Service Unit, abbreviated as ULD, provides services to inmates, visitors, and even stakeholders with special needs.

Responding to the order mentioned in Law No. 8 of 2016 concerning Disability, the Directorate General of Corrections responded with the existence of a Circular Letter of the Directorate General of Corrections of the Ministry of Law and Human Rights Number PAS-18. HH.01.04 of 2020 concerning the Establishment of Disability Service Units in Correctional Technical Implementation Units.

Prisoner health services are centered at the prison's primary clinic. The Standard Operating Services (SOP) for inmate health are listed in:

²¹ Tonderai W Shumba and Indres Moodley, "Part 1: A Review of Using Photovoice as a Disability Research Method: Implications for Eliciting the Experiences of Persons with Disabilities on the Community Based Rehabilitation Programme in Namibia," *African Journal of Disability* 7, no. 1 (2018): 1–11.

1. Regulation of the Minister of Law and Human Rights Number M.HH.02.UM.06.04 of 2011 concerning Guidelines for Health Servants within the Ministry of Law and Human Rights
2. Decree of the Director General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia Number: PAS 693.PK.01.07.01 of 2015 concerning Service and Health Care Standards for Vulnerable and High-Risk Groups (Other than TB and HIV)
3. Decree of the Directorate General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia No. PAS-32. PK.01.07.01 of 2016 concerning Basic Health Care Service Standards in Prisons, Rutan, Bapas, LPKA, and LPAS.

There are many types of sickness complaints of inmates in prisons or correctional facilities; it is only natural that there are many regulations related to health services in correctional facilities; this is because it adjusts to those suffered by inmates in order to obtain the same health rights. Judging from the theory of legal certainty from Gustav Radbuch, prisons already have legal certainty, namely the existence of laws and regulations. The government does this to ensure justice.²²

Every inmate must obtain appropriate services, especially health services. Likewise, people with disabilities must get health services. Prisoners with disabilities should receive different services according to their needs related to their limitations.²³ Prisoners must also obtain the benefits of the rule of law. Thus, all inmates do not get arbitrary treatment.

Implementation of Health Services for Prisoners with Disabilities in the Perspective of Legal Effectiveness Theory

Soerjono Soekanto proposed that elements can be used as a benchmark in the effectiveness of implementing a rule, especially legal factors. Individuals who make and enforce regulations are called law enforcers. The existence of facilities or facilities that support law enforcers in carrying out their duties and the community within the scope of law enforcement, as well as cultural factors based on human associations.

The existence of regulations that regulate society as a whole in a country is called central regulations, but some regulations only apply within a smaller regional scope, which is called regional regulations. Law No. 22 of 2022 concerning Corrections in articles 60-61 explains that inmates have the right to receive treatment, and prisoners with disabilities also have the right to special treatment. Meanwhile, in Law No. 8 of

²² Muhammad Muslih, "Negara Hukum Indonesia Dalam Perspektif Teori Hukum Gustav Radbruch (Tiga Nilai Dasar Hukum)," *Legalitas: Jurnal Hukum* 4, no. 1 (2017): 130–52.

²³ Hans Kelsen, *Pure Legal Theory: Fundamentals of Normative Law* (Nusamedia, 2019).

2016 concerning Disability, article 37, paragraph 1 states that correctional facilities/prisons are obliged to provide Disability Service Units as a form of service to people with disabilities, be it employees, visitors to prisoners, or inmates.²⁴

There are many regulations on disability health, both from the central to the regional level, both from the 1945 Constitution of the Republic of Indonesia, although not explicitly to the implementation level. This proves that the government cares about people with disabilities in Indonesia.²⁵

The research at the Class I Correctional Institution in Surabaya certainly involved all prison personnel in fulfilling all prisoners' rights; furthermore, in the matter of inmate health services, which are the responsibility and obligation of health workers and nursing staff of the Class I Surabaya Prison. Treatment at the Class I Prison in Surabaya is concentrated in the Primary Prison Clinic. The clinic has received permits both at the regional and central levels, thus avoiding malpractice in the Class I Prison in Surabaya. The details of the health workers in the Surabaya Class I Prison are as follows:

NO	HUMAN RESOURCES	ANSWER OPTIONS	SUM	INFORMATION
1	General Practitioner with at least one general education of S1 General Medicine and must have been sworn in as a doctor	A. Yes, civil servants B. Non-Civil Servants C. None	A 1	
2	Dentist at least one person with a minimum education of S1 General Medicine and must have been sworn in as a doctor	A. Yes, civil servants B. Non-Civil Servants C. None	A 1	
3	Minimum pharmacist, minimum Pharmacy and must have taken the pharmacist profession	A. Yes, civil servants B. Non-Civil Servants C. None	B 2	Pharmacists are honorary employees, not permanent employees of LPI

²⁴ Rusdi Anto, "Teori-Teori Sosiologi Hukum Fungsional Struktural," *Perencanaan Dan Pembangunan Masyarakat*, no. July (2018), <https://www.researchgate.net/publication/326610706>.

²⁵ Adriano Bressane et al., "Understanding the Role of Study Strategies and Learning Disabilities on Student Academic Performance to Enhance Educational Approaches: A Proposal Using Artificial Intelligence," *Computers and Education: Artificial Intelligence* 6 (2024): 100196.

						Surabaya.
Psychologist/Psychiatrist at least one person, minimum education in S1 Psychology	A. Yes, civil servants B. Non-Civil Servants C. None		C	0		Rehabilitation agenda with 3rd parties
Minimum 1 Bachelor of Public Health, minimum education S1 Public Health	A. Yes, civil servants B. Non-Civil Servants C. None		C	0		
Minimum one midwife, minimum education S1 Midwifery Academy	A. Yes, civil servants B. Non-Civil Servants C. None		C	0		
General Nurse/Dental Nurse at least one person, minimum education DIII Nursing	A. Yes, civil servants B. Non-Civil Servants C. None		A	2		Getting help from 2 guards who had undergone treatment and education
Minimum one counselor, minimum education according to their expertise	A. Yes, civil servants B. Non-Civil Servants C. None		C	0		
Administrative Staff, minimum two people, DIII education for all majors	A. Yes, civil servants B. Non-Civil Servants C. None		A	2		Get assistance from competent security officers in the field of administration.
0 Minimum one analyst, minimum education according to their expertise	A. Yes, civil servants B. Non-PNS C. None		C	0		

Health workers are indeed needed in prisons. It is not uncommon for prison officers in the field of care to receive orders to actively carry out training scheduled by the Ministry of Law and Human Rights, such as ULD training, P2HAM training, and others. However, providing services with conditions that are outside the provisions for labor quantity is a challenge for the Surabaya Class I Prison. Existing officials have often provided input to increase the number of existing health personnel. Still, there is not much that the higher-ups at the center can do because when talking about

prisons/prisons, it is not only a health problem but also a problem of inmate security and order.

In carrying out their obligations, law enforcers must certainly be equipped with facilities and infrastructure so that the obligations that must be carried out or the rights that prisoners must obtain can be carried out properly and on target.²⁶ The facilities in question are medical and non-medical medical devices, medicines, and others. Meanwhile, infrastructure includes prison clinics, treatment rooms, and rooms.

No	Infrastructure	Availability	Sum	Room
1	Doctor's Room	Ada	1	
2	Dentist's Room	Ada	1	
3	Nurse and Medicine Room	Ada	1	
4	Emergency room	Ada		1
5	Waiting Room and Administration	Ada		1
6	Inpatient Room	Ada		Sick WBP is placed in block G
7	Isolation Room	Ada		1
8	Disability Room	None		-
9	Disability Bath	Ada		Only in block G
10	Archive Room	Ada		1
No	EQUIPMENT			
1	Medical Medical Devices	Ada		Satisfied
2	Basic Medicines	Ada		Available
3	Wheelchair/Crutch	Ada		1 for each residential block
4	Road Markings	Ada		There are visiting areas, clinics, and several points in residential blocks
5	Extension Tools	Ada		Many
6	Patient Bed	Ada		Many
7	Oxygen Cylinders	Ada		4
8	Infusion	Ada		Many

All inmates and even officers in the Class I Prison of Surabaya can access the existing medical equipment. The fulfillment of infrastructure facilities is not available. Even so, the officers tried to provide the best service possible.

The community in question is within the scope of prisons/correctional facilities. Public awareness of the law is indeed needed to know what to do when faced with people with disabilities. The public must know the rights and obligations stated in the

²⁶ Ryanto Ulil Anshar and Joko Setiyono, "Tugas Dan Fungsi Polisi Sebagai Penegak Hukum Dalam Perspektif Pancasila," *Jurnal Pembangunan Hukum Indonesia* 2, no. 3 (2020): 359–72.

regulations in interacting and socializing with people with disabilities so that later, people with disabilities will not be discriminated against in the prison/detention center.²⁷

Practice in the field that places people with disabilities in one (1) block with other inmates so that they do not feel discriminated against. Surabaya Class I Prison does not have a special room for people with disabilities. However, the absence of a special space can be an advantage; people with disabilities are more helped in their daily activities. Not only that, the officers also supervised the inmates in terms of security and order so that a safe and conducive environment was created.

The Seminar, which is one of the divisions of the Ministry of Law and Human Rights, must uphold the implementation of human rights. The Ministry of Law and Human Rights officers are obliged not to discriminate against imprisoned individuals.²⁸ Inmates are also coached always to respect others so that there is a strong push to ensure that inmates with special needs receive the same health services.²⁹

The role of officials in the Surabaya Class I Prison is to appoint tamps (companion prisoners) who help other inmates. This has become a habit that then quite helps inmates with disabilities to get health services, for example, accompanying prisoners from the health sector who routinely help carry out health checks or deliver medicines, tamping residential blocks that voluntarily deliver other inmates who want to receive treatment to the prison primary clinic.

Based on the theory of legal effectiveness, it can be concluded that health services for inmates with disabilities are not optimal. A work's effectiveness can be reviewed based on the activities and results obtained. From legal, social, and cultural factors, it is quite good.³⁰ However, further evaluation is needed in terms of law enforcement and infrastructure.

The results of interviews with health workers also show that health services for inmates with disabilities are not optimal. This can be seen from the need for more health workers such as nurses, psychiatrists, psychologists, and analysts. The existing facilities are also not optimal, such as wheelchairs that only exist 1 (one) for each residential block and are used for inmates in general. The same thing was also said by Mujiono (Block B Assisted Residents): the existing facilities, such as wheelchairs, are

²⁷ Shafira Anindia Alif Hexagraha and Savitri Nur Setyorini, "A Review of the Concept of Spatial Justice and Community Participation in Planning and Controlling Space Utilization in the Ciliwung Normalization Program in DKI Jakarta Province," *Journal of Law & Development* 49, no. 2 (2019): 349–75.

²⁸ Bambang Santoso, *Penyelesaian Pelanggaran HAM Berat Di Indonesia* (Pascal Books, 2022).

²⁹ Nurharini et al., "Kompetensi Intervensi Fonetik Artikulasi Bagi Anak Penyandang Down Syndrome Articulation Phonetic Intervention Competence in Down Syndrome Children."

³⁰ Mokobombang, Darwis, and Mokodenseho, "Eradication of Cyber Crime in West Java Province: The Role of Law and Challenges in Law Enforcement Against Digital Crime."

indeed lacking, so they have to spend their own funds.

CONCLUSION

Health is a right owned by all humans. The state formulates the right to health in the 1945 Constitution of the Republic of Indonesia, Law No. 17 of 2023 concerning Health, and Law No. 39 concerning Human Rights without exception. An inmate with a disability has the right to health, which is then regulated in Articles 60-61 of Law No. 22 of 2022 concerning Correctional Services and Article 37 of Law No. 8 of 2016 concerning Disability, which then became the basis for the formation of the Disability Service Unit (ULD) in prisons/prisons to provide services to people with disabilities, be it inmates, visitors, or prison officers. The Operational Standards for health services for inmates with disabilities are then regulated in detail by the Ministry of Law and Human Rights, which handles prisoners' rights directly.

The Class I Correctional Institution of Surabaya strives to provide health services to inmates with disabilities. All health service activities are centralized in the prison's primary clinic. The Primary Clinic of the Class I Correctional Institution in Surabaya has received permission from the Ministry of Health so that there will be no malpractice in prisoners later. Nursing officers also often receive orders to participate in training and training to optimize health services. But of course, in this implementation, health workers have obstacles, namely, the facilities and infrastructure in the Class I Prison Surabaya for the treatment of inmates with disabilities are still inadequate, likewise with the lack of health workers.

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