UNIVERSITAS WIRARAJA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT

Kampus : Jl. Raya Sumenep Pamekasan KM. 5 Patean, Sumenep, Madura 69451 Telp : (0328) 664272/673088
e-mail : lppm@wiraraja.ac.id Website : lppm.wiraraja.ac.id

SURAT PERNYATAAN

Nomor : 147/SP.HCP/LPPM/UNIJA/VI/2022

Yang bertanda tangan di bawah ini :

Nama : Dr. Anik Anekawati, M.Si
Jabatan : Kepala LPPM
Instansi : Universitas Wiraraja

Menyatakan bahwa :

1. Nama : Dr. Mohammad Hidayaturrahman, M.I.Kom.
   Jabatan : Staf Pengajar Fakultas Ilmu Sosial dan Ilmu Politik
2. Nama : Dr. Ita Rahmania Kusumawati, MA
   Jabatan : Universitas Hasyim Asy'ari Jombang
3. Nama : Dr. Sudarman, MA
   Jabatan : Universitas Islam Negeri Imam Bonjol Padang
4. Nama : Ahmad Hasan Ubaid, S.I.P, M.I.P
   Jabatan : Universitas Brawijaya Malang
5. Nama : Nur Inna Alfiyah, S.IP., M.Hub.Int.
   Jabatan : Staf Pengajar Fakultas Ilmu Sosial dan Ilmu Politik

Telah melakukan cek plagiarisme ke LPPM menggunakan *software turnitin.com* untuk artikel dengan judul ***"THE SUCCESSES AND FAILURES OF THREE DEMOCRACIES IN RESOLVING COVID-19: INDONESIA, THE UNITED STATES OF AMERICA, AND SOUTH KOREA"*** dan mendapatkan hasil similarity sebesar 9%

Demikian surat pernyataan ini dibuat untuk digunakan dengan sebaik-baiknya.

Sumenep, 21 Juni 2022
Kepala LPPM,

Dr. Anik Anekawati, M.Si.
NIDN. 0714077402

The Successes and Failures of Three Democracies in Resolving Covid-19: Indonesia, The United States of America, and South Korea

by Nur Inna Alfiyah

Submission date: 15-Jun-2022 11:05AM (UTC+0700)
Submission ID: 1857105354
File name: 0727039101-1410-Artikel-Plagiasi-14-06-2022.pdf (217.68K)
Word count: 6182
Character count: 34484

ATLANTIS PRESS
Advances in Social Science, Education and Humanities Research, volume 642
Proceedings of the Second International Conference on Public Policy, Social Computing and Development (ICOPOSDEV 2021)

The Successes and Failures of Three Democracies in Resolving Covid-19:
Indonesia, The United States of America, and South Korea

Mohammad Hidayaturrahman[1*], Ita Rahmania Kusumawati[2], Sudarman[3], Ahmad Hasan Ubaid[4], Nur Inna Alfiyah[5]

[1]*Wiraraja University, Madura Indonesia*
[2]*Universitas Hasyim Asy'ari Jombang*
[3]*State Islamic University Imam Bonjol, Padang, West Sumatera, Indonesia*
[4]*Brawijaya University, Malang, Indonesia*
[5]*Wiraraja University, Madura, Indonesia*
Email: hidayaturrahman@wiraraja.ac.id

ABSTRACT
Since Covid-19 spread throughout the world, all countries have been competing to stop its spread, including in three democracies: Indonesia, the United States, and South Korea. The most effective way these three countries stop the spread of Covid-19 is by limiting physical interactions between citizens by imposing restrictions on activities or physical distancing. These three countries have several similar phenomena to be analyzed, especially regarding their methods in handling pandemic covid-19. This research was conducted to analyze the successes and failures of these three countries in resolving the Covid-19 pandemic through two approaches. This research was conducted using an explanatory qualitative method through a comparative study approach to three countries that adhere to a democratic system. Data collection was carried out through various literature and articles regarding Covid-19 policies published online by the three countries and various other international journals. Additional data was collected from online symposiums that invited speakers from these three countries. The results showed that Indonesia and the United States were not able to handle the virus properly. Both were slow in responding to the early situations to the point of being critical. Meanwhile, other democracies such as South Korea were able to deal with the pandemic quickly and managed to contain its spread.

Keywords: *Covid-19, democracy, political system.*

1. INTRODUCTION

COVID-19 has become a world pandemic [1]. Almost all countries face considerable challenges in overcoming the disease [2], not least in democratic countries such as Indonesia, the United States, and South Korea. So far, the number of victims has reached millions, and the death toll has reached hundreds of thousands [3]. Day by day, the number of victims also continues to increase [4], and with the human-to-human mode of transmission, Covid-19 is rapidly infecting residents [5]. This has forced many countries to devote their resources, both human and financial resources, to care for their citizens who are confirmed positive for Covid-19 [6], the poor [7], terminated employees [8], and other citizens who cannot continue their business and activities [9].

Even though they continue to overcome the Covid-19 pandemic, many countries seem overwhelmed by it [10]. At the same time, countries experiencing the Covid-19 pandemic are also heading for a financial crisis [11] due to the many economic sectors that are running abnormally [12], weakening economy [13], and declining state income [14]. At the same time, the state still has to finance the government apparatus and people's representatives, including paying state debts [15], and providing social assistance to both residents infected and affected by Covid-19 [16].

To overcome this outbreak, the government urges its citizens to stay at home [17] and maintain physical distance from other people in social activities [18], [19] to avoid spreading a wider range of infection [20]. Indeed, before the Covid-19 vaccine was discovered, the most effective way to prevent this disease was by doing physical distancing [21], limiting social interactions between residents [22], and creating a smaller circle to interact with each other [23].

By several observers, these methods are seen as contrary to democratic values that support the spirit of freedom [24], because citizens in democratic countries are free to

carry out any activity without being disturbed by any party [25]. But with the Covid-19 pandemic, freedom is hindered by other restrictions [26]. This is a big challenge for a democracy hit by the Covid-19 pandemic [27]. Citizens who are used to the freedom must be limited in carrying out their daily activities due to the pandemic [28]. This is certainly not easy, especially for countries whose citizens are free to express themselves now that they must be restricted and prohibited from going out of the house, traveling, and gathering in public places [29].

Based on the summary of events above, three democratic countries such as Indonesia [30], the United States [31], and South Korea [32] have the same phenomenon in dealing with the Covid-19 pandemic. The Covid-19 pandemic has revealed the weak leadership of the Indonesian president in providing empathetic assistance to those affected. In this regard, some political observers have attempted to identify the political weaknesses and impacts of the Jokowi administration in dealing with the Covid-19 pandemic. Among those political observers was SZ from the Indonesian Institute of Sciences. *"Covid-19 that occurred in Indonesia was not taken seriously. That's because the government took decisions that allowed it to move freely through various policies."* (SZ, LIPI senior researcher) in the I-OTDA Online Study Series on Government Leadership in "fighting" the Covid-19 Pandemic (Tuesday, 19 May 2020).

America is said to have lost the fight against the Covid-19 pandemic. According to TP, Cornell University Professor, *"The condition of the United States is similar to what happened in Indonesia, only Donald Trump does not care about the effectiveness of his administration, and his ineffective response to public health problems, also with the condition of a polarized political system."* (TP, Professor Governance at Cornell University, in the Webinar Democratic Resilience in Indonesia: Strategy and Challenges, Center for Strategic and International Studies (CSIS) Indonesia, 22 July 2020).

During the global Covid-19 outbreak, South Korea became one of the affected countries after the Covid-19 pandemic hit China. Instead of implementing aggressive measures such as immigration control, lockdowns, or blocking of roads, South Korea undertakes a strategy of tracking, testing, and maintaining. South Korea extensively employs information technology systems to track individuals who are suspected of being infected or have been in contact with the infected.

The three democracies counries; of Indonesia, the United States, and South Korea have the same phenomenon to be analyzed through the approach of the political system, and government response of fighting Covid-19. This research was conducted to reveal why some democracies succeeded and some failed in facing the Covid-19 pandemic.

2. METHOD

This research was conducted using an explanative qualitative method through a comparative study approach by comparing three countries with democratic political systems, such as Indonesia, the United States, and South Korea in the face of the Covid-19 pandemic. This research also describes the steps taken by the country in dealing with the pandemic and the results. Data collection was carried out by searching various literature and articles dealing with Covid-19 published online by each of these countries and various other international journals.

To get additional data, researchers participated in various online symposia held by multiple institutions and state apparatus that invited speakers from the three countries such as Indonesia, the United States, and South Korea. The results of this online symposium are then transcribed in written form and presented in this article. The following are webinars and symposiums that the author participated in, relating to Covid-19 and democracy.

The next source of research data is explanations by experts, observers, and experts from the three countries about Covid-19, delivered in various webinars held around mid-2020. In this case, experts from Indonesia were represented by SZ, a professor from the Indonesian Institute of Sciences; AA, a professor from UIN Syarif Hidayatullah; and EP, a professor from the University of Indonesia. An expert from the United States represented by TP, a professor from Cornell University New York United States, and South Korea represented by GHK, a professor from Sungkyunkwan University South Korea. Henceforth, their explanations will be quoted by researchers as data to be analyzed. Following are these experts and their affiliates.

3. RESULT AND DISCUSSION

The Covid-19 pandemic that occurred in many countries has caused millions of deaths. Among the countries experiencing the Covid-19 pandemic are democracies, such as Indonesia, the United States and South Korea. In Indonesia, until 30 January 2021, the number of infected reached 1,066,313 people and the death toll of 29,728 people [33]. In the same period, the United States had the highest number of infected citizens, reaching 26,631,311 cases and 449,000 deaths [34]. Meanwhile, in South Korea, the number of infected citizens reached 86,992 people and the death toll reached 1,557 people (http://ncov.mohw.go.kr/en/). The following is a table of data on Covid-19 victims in three countries (Indonesia, the United States, and South Korea) in January 2021.

3.1 Political System and Government Response in Indonesia

In dealing with the Covid-19 pandemic, the Indonesian government has formed various ad hoc teams, which are very unfortunate because of their overlapping work mechanisms. President Joko Widodo formed a Committee for Handling Covid-19 and National Economic Recovery led by Coordinating Minister for the Economy Airlangga Hartarto. The committee's formation is based on Presidential Regulation (Perpres)

Number 82 of 2020 [35]. Previously, President Jokowi formed a task force for handling Covid-19 through Presidential Decree (Keppres) Number 7 of 2020, which was later changed to Presidential Decree Number 9 of 2020. The task force was led by Doni Monardo [13], even though many other ministers are also assigned to handle the Covid-19 pandemic, such as the Ministry of Health, Ministry of Home Affairs, Police, and others [37].

Joko Widodo, as a representative of the central government, has instructed the public to maintain physical distancing through social restrictions, the implementation of which was left to the regional government to allow the community's economy to continue. As a representative of the central government, it strives to maintain low infection and death rates to compose citizens and spare them from fear. The central government also did not prevent people from returning to their hometowns as an attempt at lockdown. However, the opposite was done by DKI Jakarta Governor Anies Baswedan, who recommended locking down the capital completely due to high infection rates and closing bus routes to villages to prevent Jakarta residents from spreading the virus in other areas [38]. Regarding this difference in policy, EP, a professor at the University of Indonesia, stated, *"The Indonesian government cannot face disasters and pandemics such as Covid-19. This can be seen from the unclear coordination between government agencies in Indonesia, among ministries, the central government with provinces, districts and sub-districts. Dealing with a pandemic like Covid-19 does not only require policy but also requires good coordination between government agencies at the central and regional levels* (EP, a professor of the University of Indonesia, in the International Webinar "Governance and Public Administration Issues in the Middle of the Covid-19 Pandemic: Country Experience and Imperatives for Regional Cooperation", Thursday, 7 May 2020)."

On the legal front, the Indonesian government does not apply the existing quarantine law. President Joko Widodo has made Government Regulation No.1 of 2020 concerning State Financial Policy and Financial System Stability for Handling the Covid-19 Pandemic. The Government Regulation states that the state budget deficit can reach more than 3 percent of gross domestic product, protects Covid-19 program officials from criminal prosecution, and takes over the legislative role in the budget function [39].

However, this is considered a decision and action that can weaken the rule of law, undermine democratic values, and become a sign that Indonesia is entering a democratic deviation. According to AA, Professor of UIN Syarif Hidayatullah. "*Ignoring the judiciary, by increasing the cost of health insurance, even though the Supreme Court has canceled the presidential decision regarding the increase, is now being reappointed. This increase is very detrimental to many little people. Government policies, both directly and indirectly, are actually dangerous, can facilitate the Covid-19 pandemic, and the handling will be protracted. Policies that collide with each other contradict and conflict with each other. Not in line with what medical personnel is fighting for* (AA, Professor of UIN Syarif Hidayatullah in the I-OTDA Online Study Series on Government Leadership in Fighting the Covid-19 Pandemic. Accessed on Tuesday, 19 May 2020)."

3.2 Political System and Government Response in the United States of America

The United States government also has many agencies assigned to deal with the Covid-19 pandemic. Among these agencies are the US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) [40]. Other institutions include Child and Family Administration, Community Life Administration, Historical Preservation Advisory Council, Appalachian Regional Commission, Army Clinics, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid, and Head of the Council of Human Resources Officers [41].

The United States' initial lack of responsiveness due to its inability or reluctance to acknowledge the threat of the virus has resulted in the Trump administration failing to commit a clear response to Covid-19, even though the public is well aware of the actions needed [42]. The response was found to lack consistent political commitment and failure to adapt existing institutions to rapidly evolving threats, especially when considering the institutional arrangements for the Covid-19 epidemic by United States [43]. When the The United States announced its first case on 21 January 2020, citizens called on the government to swiftly track and limit the spread of the virus. In response to this, Trumph commissioned Vice President Mike Pence to lead the Covid-19 task force at the federal level. The acts attempted here to halt mitigation efforts and prohibit the travel of foreign travelers from 25 European countries [44]. This resulted in what he announced in mid-March about his government's commitment: *"We are using the full power of the federal government to beat the virus, and that's what we've done to be useless*." [45]. San Francisco was the first city in the US to impose stay-at-home mandates; and California was the first state to enforce statewide residency. The state worst hit by the virus, such as Washington and New York, show subnational commitment and absorption of fragmented ideas in implementing mitigation measures such as social distancing, travel restrictions, and virus testing [46].

The United States government has not yet enacted new laws regarding the Covid-19 pandemic. Instead, they keep establishing various rules and policies to deal with it. Among the policies made was not to impose a lockdown, arguing that it was bad for the American economy. Even so, Trump prohibited American citizens from traveling to China and Europe, including other countries exposed to Covid-19. Trump then politicized the problem of the Covid-19 pandemic [47]. Biden, who replaced Trump, then expanded the policy of using masks in public places. The Covid-19 pandemic has created a crisis that challenges national and local governments to

innovate in response to new problems amplified by structural barriers and social inequalities [48].

There is still a lot of homework that America must do regarding the laws and regulations of the State that must be made and carried out in dealing with Covid-19. The main difficulty in achieving this is the centrality of the federal government and the habit of characterizing subnational governments as non-professional. On the other hand, the centralist tradition and the imbalance of resources and information make it difficult for subnational officials to trust the behavior of national officials. An example of this lack of trust is the fact that many subnational governments have stricter rules and actions than the national governments of Argentina, Chile, and Colombia, who provide examples of practices that can increase trust between levels of government by changing institutional arrangements and also giving more power to local authorities [49].

3.3 Political System and Government Response in South Korea

In the face of the Covid-19 pandemic, the South Korean government, in collaboration with the Ministry of Health, issued a new law on the use of information technology to remote collect citizen's telecommunications data that can track potential Covid-19 cases in individuals. The Ministry of Health also requires health service providers to submit information about patients who are potentially infected. Citizens are given the right to undergo tests for new diseases at a cost borne by the government (Stasavage, 2020). According to GHK from Sungkyunkwan University South Korea: *"The success of South Korea in dealing with COVID-19 can be seen through strict control of the effects by studying SARS cases in 2003 and MERS 2015. The South Korean government itself is fairly dexterous in immediately providing adequate health infrastructure, including innovative Covid-19 test kits complete with neatly presented data. Finally, the government also provides health insurance services that are comprehensive but inexpensive for its citizens*" (GHK, a professor at Sungkyunkwan University, South Korea in the International Webinar "Governance and Public Administration Issues in the Middle of the *Covid-19* Pandemic: State Experiences and Imperatives for Regional Cooperation, Thursday, 7 May 2020)."

As stated by GKH, the South Korean government is fairly agile in providing adequate health infrastructure, guaranteeing comprehensive but inexpensive health services, and providing innovative and complete Covid-19 test kits with neat data. The South Korean government is also very focused on its IT-based epidemic containment strategy which includes documentation, modeling, and contact tracing, to identify sources of infection circulating in the community. The focus is on tracking infected individuals and anyone who has been in contact with them [50].

The main obstacle to implementing this contact tracing is the Personal Information Protection Act (PIPA) of 2011, which prohibits the collection, use, and disclosure of personal data without the consent of the individual who owns it [51]. To overcome this, the government gave authority to the Ministry of Health and Welfare (MOHW), the Institute for the Prevention and Control of Infectious Diseases (CDPCA); and Korea Disease Control and Prevention (KCDC) for ignoring specific provisions of PIPA. These institutions are permitted to collect, profile, and share categories of data relating to individuals who are infected or suspected of being infected. Meanwhile, the specific data collected includes location data, personal identification information, medical records and prescription, immigration records, credit card transaction data, debit cards, prepaid cards, transit pass records for public transportation, and closed-circuit television (CCTV) recordings. The KCDC is allowed to share data with national, municipal (local) governments, national health insurance agencies, and health care professionals and their associations. The KCDC can also send data quickly to epidemiological investigators [52].

The Ministry of Health will use the data to sort out the severity of patients and determine the routes and means of transportation for those infected, the medical institutions that must treat them, and the health status of the people associated with them. Some municipal governments even use the data to determine highly detailed routes, restaurant names, shop names, and other places of business that infected residents are allowed to visit. Epidemiologists also claim to be greatly helped by using an integrated IT system that saves resources and can automate the entire tracking process [53].

Since its first case was reported in January 2020, the health service committee has immediately recommended strengthening border control and disinfection protocols. The Korea Centers for Disease Control and Prevention also calls on avoiding private group gatherings, indoor sports, holding banquets, and other gatherings in the workplace [54]. Another policy is to determine the location of care for each patient using a triage system and require all confirmed cases to live in a designated area under supervision. The next rule set by the government & health professionals is the establishment of 600 Covid-19 screening sites, public health care clinics, drive-through centers, and online screening sites, drive-through screening.

Covid-19 screening questionnaire applications, provision and distribution of public protective equipment, and use of the Global Positioning System (GPS). An IT-based epidemic containment strategy includes documentation, modeling, and contact tracing. Modeling efforts were undertaken to locate potential sources of community-acquired infection. The focus is on tracking infected individuals and anyone who has been in contact with them [55]. To expedite this, the government in collaboration with the Institute for Prevention and Control of Infectious Diseases (CDPCA), the Ministry of Health and Welfare, and the Korea Centers for Disease Control and Prevention (KCDC) collect, profile, and

share categories of data relating to individuals who are infected or suspected of being infected [51].

The specific data collected includes location data, personal identification information, medical records and prescription drugs, immigration records, credit card transaction data, debit cards, prepaid cards, transit pass records for public transportation, and closed-circuit television (CCTV) recordings. The KCDC is allowed to share data with national, municipal (local) governments, national health insurance agencies, and health care professionals and their associations. The KCDC can also send data quickly to epidemiological investigators. The data reveals the routes and means of transportation for infected residents, the medical institutions that must treat them, and the health status of residents with whom they are associated. In addition, this data will reveal very detailed routes and places that infected residents can visit [56].

Thanks to the implementation of these rules and policies, more than 15,000 screening tests can be carried out in one day. The movement of patients to prevent further transmission can be easily identified, and the socialization of the movement map to the population to take additional precautions is carried out well. Likewise, the obligation to use a mask and maintain physical distancing of more than two meters to avoid transmission through direct contact, respiratory droplets, and aerosol virus particles is also being reinforced [57]. In South Korea, the transparency of the government and KCDC has succeeded in increasing public trust and strengthening the effectiveness of handling the pandemic in South Korea [58].

The inaction of the Indonesian government in responding to COVID-19 was also exacerbated by the lack of scientific methods in handling the COVID-19 cases. The Indonesian government, through several officials in the central government, jokingly considered the people immune to Covid-19. Even though Harvard University had warned and advised that Indonesia was one of the very vulnerable countries to the infection, but the Indonesian Ministry of Health denied this fact. Besides, various international media and foreign health agencies also highlighted the inadequate ability of Indonesian scientists to detect and diagnose Covid-19 among the citizens.

The Covid-19 pandemic and the United States of America's response to it spawned multiple interests and multiple impacts. Due to weak institutional arrangements, the United States of America's health care infrastructure lacks the capacity to contain the increasing number of Covid-19 patients. Infection rates are increasing, but the need to save costs and regulations severely limits the availability of medical equipment nationwide. Without realizing it, the idea of Covid-19 being politicized as a foreign problem has created a sense of shared crisis at all subnational levels. There is a patchwork of policies ranging from voluntary social distancing to mandatory stay-at-home orders that not all states agree with. This kind of institutional inconsistency invites a spillover effect, where a weak policy in one area threatens the stronger policy. Even stringent measures such as punitive measures for non-compliance are institutionally weak and rely on normative social pressure to push for compliance.

The failure during the MERS outbreak in 2015 saw South Korea build a health response infrastructure by rapidly expanding high-level testing capacity in the first weeks of the Covid-19 epidemic in 2020. Within two weeks, thousands of test kits were available. On 29 February, the number of new confirmed cases peaked at 909. But in just six days, this number had halved to 438 patients as of 5 March. On 9 March, this further reduced to 248 cases. One of the healthcare actions is activated in tertiary hospitals to isolate patients and treat severe cases confirmed. One of these tertiary hospitals is Gil Medical Center (GMC), located in Incheon. In this hospital, medical experts and nurses are very concerned about the completeness of service facilities, such as an isolation ward with ten negative pressure rooms; Triage Center and Respiratory Safety Clinic; Entrance Control Station; HCW Monitoring and Work Restrictions; Monitoring of Health Workers and Occupational Restrictions, a daily update of the danger zone according to the situation report from WHO; and manufactures a lot of personal protective equipment. Tertiary hospitals in Korea play an essential role in dealing with the Covid-19 epidemic. They are also screened frequently to avoid exposure to the hospital. However, hospital protection requires multiple strategies that must be carried out simultaneously, and South Korea has demonstrated its tenacity and experience in controlling the Covid-19 epidemic based on the level of transmission in the country.

In this regard, the politycal system and response of government the South Korean support each other in preparing against this situation. Thus, it is natural that the handling of Covid-19 in South Korea has succeeded in reducing the number of Covid-19 sufferers for both South Korean citizens and immigrants. When the pandemic hit, the South Korean government responded very quickly. This can be seen from how the government handled this pandemic in the early days of its spread. The positive culture that the South Korean government and society have is easy and fast to learn.

4. CONCLUSION

The democracies of Indonesia, the United States and South Korea have their differences from one another. These differences include differences in culture, population, and others. So as, democratic countries have their challenges in dealing with the Covid-19 pandemic. The results showed that Indonesia and the United States were unable to respond to this challenge properly. Both were slow in responding to situations to the point of being critical. Meanwhile, other democracies such as South Korea were able to deal with the pandemic quickly and managed to contain its spread. Democracy with solid and responsive leadership and integration between central government institutions and local governments, state laws and regulations to deal with the outbreak and

support for public participation can overcome Covid-19. This combination is the key to success, as happened in South Korea. Vice versa, democracy with weak and unresponsive leadership, as well as the lack of integration in the application of the factors mentioned above, could be the cause of the failure in handling the Covid-19 pandemic as in the other two countries.

REFERENCES

[1] A. Trilla, "One world, one health: The novel coronavirus COVID-19 epidemic," *Med. Clínica (English Ed.*, vol. 154, no. 5, pp. 175–177, 2020, doi: 10.1016/j.medcle.2020.02.001.

[2] C. Sohrabi *et al*., "World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19)," *Int. J. Surg.*, vol. 76, pp. 71–76, 2020, doi: 10.1016/j.ijsu.2020.02.034.

[3] S. Jung *et al*., "Real-Time Estimation of the Risk of Death from Novel Coronavirus (COVID-19) Infection: Inference Using Exported Cases," *J. Clin. Med.*, vol. 9, no. 2, p. 523, 2020, doi: 10.3390/jcm9020523.

[4] R. E. Jordan, P. Adab, and K. K. Cheng, "Covid-19: Risk factors for severe disease and death," *BMJ*, vol. 368, no. March, pp. 1–2, 2020, doi: 10.1136/bmj.m1198.

[5] M. A. Shereen, S. Khan, A. Kazmi, N. Bashir, and R. Siddique, "COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses," *J. Adv. Res.*, vol. 24, pp. 91–98, 2020, doi: 10.1016/j.jare.2020.03.005.

[6] A. Asyary and M. Veruswati, "Sunlight exposure increased Covid-19 recovery rates: A study in the central pandemic area of Indonesia," *Sci. Total Environ.*, vol. 729, p. 139016, 2020, doi: 10.1016/j.scitotenv.2020.139016.

[7] C. Hevia and A. Neumeyer, "A Conceptual Framework for Analyzing the Economic Impact of COVID-19 and its Policy Implications," 2020.

[8] International Labour Organization, "ILO Monitor: COVID-19 and the world of work. Third edition Updated estimates and analysis," 2020.

[9] A. Kalyvas, "The basic norm and democracy in Hans Kelsen's legal and political theory," *Philos. Soc. Crit.*, vol. 32, no. 5, pp. 573–599, 2006.

[10] S. L. Dalglish, "COVID-19 gives the lie to global health expertise," *Lancet*, vol. 20, p. 1, 2020, doi: 10.1016/S0140-6736(20)30739-X.

[11] J. Hiscott *et al*., "The Global Impact of the Coronavirus Pandemic," *Sci. Total Environ.*, p. 135577, 2019, doi: 10.1016/j.scitotenv.2019.135577.

[12] A. De Vito and J. P. Gómez, "Estimating the COVID-19 cash crunch: Global evidence and policy," *J. Account. Public Policy*, vol. 39, no. 2, p. 106741, 2020, doi: 10.1016/j.jaccpubpol.2020.106741.

[13] W. J. McKibbin and R. Fernando, "The Global Macroeconomic Impacts of COVID-19: Seven Scenarios," *SSRN Electron. J.*, 2020, doi: 10.2139/ssrn.3547729.

[14] D. Zhang, M. Hu, and Q. Ji, "Financial markets under the global pandemic of COVID-19," *Financ. Res. Lett.*, no. April, p. 101528, 2020, doi: 10.1016/j.frl.2020.101528.

[15] R. D. Handoyo, A. Erlando, and N. T. Astutik, "Analysis of twin deficits hypothesis in Indonesia and its impact on financial crisis," *Heliyon*, vol. 6, no. 1, p. e03248, 2020, doi: 10.1016/j.heliyon.2020.e03248.

[16] M. McKee and D. Stuckler, "If the world fails to protect the economy, COVID-19 will damage health not just now but also in the future," *Nat. Med.*, vol. 26, no. May, pp. 640–642, 2020, doi: 10.1038/s41591-020-0863-y.

[17] Z. H. Feng, Y. R. Cheng, L. Ye, M. Y. Zhou, M. W. Wang, and J. Chen, "Is home isolation appropriate for preventing the spread of COVID-19," *Public Health*, vol. 183, pp. 4–5, 2020, doi: 10.1016/j.puhe.2020.03.008.

[18] J. A. Patel *et al*., "Poverty, Inequality & COVID-19: The Forgotten Vulnerable," *Public Health*, vol. 183, pp. 110–111, 2020, doi: 10.1016/j.puhe.2020.05.006.

[19] A. S. Bhadoria, S. Mishra, A. Mohapatra, A. Singh, R. Kant, and S. Nundy, "Physical distancing amidst social connectivity: time to re-visit 'social distancing' as India fights COVID-19," *Curr. Med. Res. Pract.*, 2020, doi: 10.1016/j.cmrp.2020.05.008.

[20] S. L. Hagerty and L. M. Williams, "The impact of COVID-19 on mental health: The interactive roles of brain biotypes and human connection," *Brain, Behav. Immun. - Heal.*, vol. 5, no. April, p. 100078, 2020, doi: 10.1016/j.bbih.2020.100078.

[21] R. C. Chen *et al*., "Touch Me Not: Physical Distancing in Radiology During Coronavirus Disease 2019 (COVID-19)," *J. Am. Coll. Radiol.*, no. April, pp. 19–22, 2020, doi: 10.1016/j.jacr.2020.04.019.

[22] L. Jacob *et al*., "COVID-19 social distancing and sexual activity in a sample of the British Public," *J. Sex. Med.*, 2020, doi: 10.1016/j.jsxm.2020.05.001.

[23] T. Kawashima *et al*., "The relationship between fever rate and telework implementation as a social distancing measure against the COVID-19 pandemic in Japan," *Public Health*, 2020, doi: 10.1016/j.puhe.2020.05.018.

[24] P. Hodge, "Freedom of expression," *The Lancet Psychiatry*, vol. 1, no. 3, pp. 183–184, 2014, doi: 10.1016/S2215-0366(14)70327-X.

[25] L. A. Alexander, *Freedom of Expression*, Second Edi., vol. 2. San Diego: Elsevier Inc., 2012.

[26] N. S. Jean and P. Bouchard, "South-Africa: challenges and successes of the Covid-19 lockdown," *Ann. Med. Psychol. (Paris).*, p.

106408, 2020, doi: 10.1016/j.prostaglandins.2020.106408.

[27] B. Paital, K. Das, and S. K. Parida, "Inter nation social lockdown versus medical care against COVID-19, a mild environmental insight with special reference to India," *Sci. Total Environ.*, vol. 728, p. 138914, 2020, doi: 10.1016/j.scitotenv.2020.138914.

[28] M. A. Acuña-Zegarra, M. Santana-Cibrian, and J. X. Velasco-Hernandez, "Modeling behavioral change and COVID-19 containment in Mexico: A trade-off between lockdown and compliance," *Math. Biosci.*, vol. 325, no. May, p. 108370, 2020, doi: 10.1016/j.mbs.2020.108370.

[29] D. Ibarra-Vega, "Lockdown, one, two, none, or smart. Modeling containing covid-19 infection. A conceptual model," *Sci. Total Environ.*, vol. 730, p. 138917, 2020, doi: 10.1016/j.scitotenv.2020.138917.

[30] R. Djalante *et al.*, "Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020," *Prog. Disaster Sci.*, vol. 6, p. 100091, 2020, doi: 10.1016/j.pdisas.2020.100091.

[31] A. Dehkordi, M. Alizadeh, P. Derakhshan, P. Babazadeh, and A. Jahandideh, "Understanding epidemic data and statistics: A case study of COVID-19," *J. Med. Virol.*, no. November 2002, pp. 1–15, 2020, doi: 10.1002/jmv.25885.

[32] K. M. Ha, "Emergency response to the outbreak of COVID-19: the Korean case," *Microbes Infect.*, no. January, pp. 10–12, 2020, doi: 10.1016/j.micinf.2020.04.001.

[33] D. E. Nugraheny, "Tambah 14.518, Kini Ada 1.066.313 Kasus Covid-19 di Indonesia." 2021.

[34] J. Bosman and G. M. Donald, "U.S. Coronavirus Cases Are Falling, but Variants Could Erase Progress." 2021.

[35] G. Intan, "Jokowi Forms Integrated Team for Handling Covid-19 and Economic Recovery." VOA Indonesia, Jakarta, 2020.

[36] D. B. Bramasta, "Investigating the Duties and Functions of the Task Force for the Acceleration of Handling Covid-19, which Jokowi Disbanded." Kompas.com, Jakarta, 2020.

[37] G. Fealy, "Jokowi in the Covid-19 Era: Repressive Pluralism, Dynasticism and the Overbearing State," *Bull. Indones. Econ. Stud.*, vol. 56, no. 3, pp. 301–323, 2020, doi: 10.1080/00074918.2020.1846482.

[38] M. Mietzner, "Populist Anti-Scientism, Religious Polarisation, and Institutionalised Corruption: How Indonesia's Democratic Decline Shaped Its COVID-19 Response," *J. Curr. Southeast Asian Aff.*, vol. 39, no. 2, pp. 227–249, 2020, doi: 10.1177/1868103420935561.

[39] Thejakartapost.com, "Democracy in time of corona," *Opinion*, Jakarta, 2020.

[40] Digital.gov, "Coronavirus (COVID-19) Guidance for U.S. Government Websites and Social Media." Digital.gov, 2020.

[41] M. V. Almeida and B. S. J. de M. Oliveira, "united states administrative state and covid-19: context and perspectives," *Rei - Rev. Estud. Inst.*, vol. 6, no. 3, pp. 878–903, 2020, doi: 10.21783/rei.v6i3.567.

[42] C. J. Bowling, J. M. Fisk, and J. C. Morris, "Seeking Patterns in Chaos: Transactional Federalism in the Trump Administration's Response to the COVID-19 Pandemic," *Am. Rev. Public Adm.*, vol. 50, no. 6–7, pp. 512–518, 2020, doi: 10.1177/0275074020941686.

[43] D. P. Carter and P. J. May, "Making sense of the U.S. COVID-19 pandemic response: A policy regime perspective," *Adm. Theory Prax.*, vol. 42, no. 2, pp. 265–277, 2020, doi: 10.1080/10841806.2020.1758991.

[44] S. Devi, "Travel restrictions hampering COVID-19 response," *Lancet*, vol. 395, no. 10233, pp. 1331–1332, 2020, doi: 10.1016/s0140-6736(20)30967-3.

[45] S. M. Parodi and V. X. Liu, "From Containment to Mitigation of COVID-19 in the US," *JAMA - J. Am. Med. Assoc.*, vol. 323, no. 15, pp. 1441–1442, 2020, doi: 10.1001/jama.2020.3882.

[46] A. Evans and D. Steven, "Shooting the Rapids COVID-19 and the Long Crisis of Globalisation," *Sci. Am.*, pp. 1–56, 2020, doi: 10.1038/scientificamerican0694-32.

[47] J. A. Balogun, "Lessons from the USA delayed response to the COVID-19 pandemic," *Afr. J. Reprod. Health*, vol. 24, no. 1, pp. 14–21, 2020, doi: 10.29063/ajrh2020/v24i1.2.

[48] D. Badger and N. J. Michel, "Mask Mandates: Do They Work? Are There Better Ways to Control COVID-19 Outbreaks?," *The Heritage*, no. 3578. pp. 1–17, 2020.

[49] E. E. R. de la Cruz, E. J. Grin, P. Sanabria-Pulido, D. Cravacuore, and A. Orellana, "The Transaction Costs of Government Responses to the COVID-19 Emergency in Latin America," *Public Adm. Rev.*, vol. 80, no. 4, pp. 683–695, 2020, doi: 10.1111/puar.13259.

[50] Y. Park *et al.*, "Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020," *Emerg. Infect. Dis.*, vol. 26, no. 10, pp. 2465–2468, 2020, doi: 10.3201/EID2610.201315.

[51] S. Park, G. J. Choi, and H. Ko, "Information Technology–Based Tracing Strategy in Response to COVID-19 in South Korea-Privacy Controversies," *JAMA*, vol. 21, no. 323, pp. 2129–2130, 2020, doi: 10.1001/jama.2020.6602.

[52] H. J. Shi, J. B. Lee, M. K. Choi, Y. R. Jang, Y. K. Cho, and J. S. Eom, "Protection and Response of a Tertiary Hospital in South Korea to the COVID-19 Outbreak," *Disaster Med. Public Health Prep.*, vol. 15, no. 1, pp. e1–e5, 2021, doi: 10.1017/dmp.2020.199.

[53] D. Lee and J. Lee, "Testing on the move: South Korea's rapid response to the COVID-19 pandemic," *Transp. Res. Interdiscip. Perspect.*, vol. 5, p. 100111, 2020, doi: 10.1016/j.trip.2020.100111.

[54] S. Y. Park *et al.*, "Coronavirus disease outbreak in call center, South Korea," *Emerg. Infect. Dis.*, vol. 26, no. 8, pp. 1666–1670, 2020, doi: 10.3201/eid2608.201274.

[55] J. You, "Lessons From South Korea's Covid-19 Policy Response," *Am. Rev. Public Adm.*, vol. 50, no. 6–7, pp. 801–808, 2020, doi: 10.1177/0275074020943708.

[56] M. J. Moon, "Fighting COVID-19 with Agility, Transparency, and Participation: Wicked Policy Problems and New Governance Challenges," *Public Adm. Rev.*, vol. 80, no. 4, pp. 651–656, 2020, doi: 10.1111/puar.13214.

[57] Y. H. Jin *et al.*, "A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version)," *Med. J. Chinese People's Lib. Army*, vol. 45, no. 1, pp. 1–20, 2020, doi: 10.11855/j.issn.0577-7402.2020.01.01.

[58] Y. J. Choi, "The Power of Collaborative Governance: The Case of South Korea Responding to COVID-19 Pandemic," *World Med. Heal. Policy*, vol. 12, no. 4, pp. 430–442, 2020, doi: 10.1002/wmh3.376.

The Successes and Failures of Three Democracies in Resolving Covid-19: Indonesia, The United States of America, and South Korea

ORIGINALITY REPORT

9%	8%	8%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.tandfonline.com Internet Source	2%
2	eudl.eu Internet Source	1%
3	www.globalpolicyjournal.com Internet Source	1%
4	www.ncbi.nlm.nih.gov Internet Source	1%
5	daten-quadrat.de Internet Source	1%
6	www.cide.edu Internet Source	<1%
7	www.jcdr.net Internet Source	<1%
8	eprints.untirta.ac.id Internet Source	<1%
	link.springer.com	

9	Internet Source	<1%
10	www.newsweek.com Internet Source	<1%
11	Abdul Majeed, Seong Oun Hwang. "A Comprehensive Analysis of Privacy Protection Techniques Developed for COVID-19 Pandemic", IEEE Access, 2021 Publication	<1%
12	David P. Carter, Peter J. May. "Making sense of the U.S. COVID-19 pandemic response: A policy regime perspective", Administrative Theory & Praxis, 2020 Publication	<1%
13	Bayu Dwi Anggono, Fahmi Ramadhan Firdaus. "The House of Representatives' Role in Guarding Government Policies to Resolve the Covid-19 Pandemic According to the 1945 Constitution", Fiat Justisia: Jurnal Ilmu Hukum, 2021 Publication	<1%
14	www.cambridge.org Internet Source	<1%
15	Saif A. Azam, Lee Myers, Brandon K.K. Fields, Natalie L. Demirjian et al. "Coronavirus disease 2019 (COVID-19) pandemic: Review of guidelines for resuming non-urgent imaging	<1%

and procedures in radiology during Phase II", Clinical Imaging, 2020
Publication

16	www.alliedacademies.org Internet Source	<1%
17	Saerom Kim, Jin-Hwan Kim, Yukyung Park, Sun Kim, Chang-yup Kim. "Gender Analysis of COVID-19 Outbreak in South Korea: A Common Challenge and Call for Action", Health Education & Behavior, 2020 Publication	<1%

Exclude quotes	On	Exclude matches	< 10 words
Exclude bibliography	On		