THE IMPLEMENTATION OF INDONESIAN NAVY VICTIM IDENTIFICATION POLICY IN LADOKGI R.E. MARTADINATA

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Abstract. Soldier is a death-risk profession; thus, identification to have their exact identity is a fundamental right. The Presidential Regulation Number 107 of 2013 mandates Ladokgi RE. Martadinata as the investigator of victim identification activities for Indonesian Navy Soldiers. This study analyzes the implementation of the policy with a qualitative descriptive approach using the Edward III model analysis. Retrieval of primary informant data through in-depth interviews and secondary data, including observation and review of the literature, documents, and related laws and regulations. Data validation is done by triangulating data sources, theories, and methodologies. The results of the study indicate that there are several supporting factors. First, the Ladokgi bureaucratic structure factor has a Military Dentistry Department in charge of managing dental antemortem data and had gathered 9000 soldiers data by 2019. The second is the resource factor. Ladokgi has regular budget sources from the state budget, personnel, health materials, and routine training programs. Third, the Ladokgi leadership's disposition factor has made the Navy Forensic Odontology into a functional organization under the control of the Ladokgi Chief. The fourth is communication factors, the existence of a tiered reporting system to the top command. However, there are several inhibiting factors. From the bureaucratic structure and resource factor is the absence of a root organization with various supporting professions for the identification. There is still the absence of standard information flow procedures in the reconciliation phase in the communication factor. In the disposition factor, the micro policy is absent in the form of guidelines for identifying victims in the Indonesian Navy. Conclusion. The implementation of the policy of identifying TNI AL casualties in Ladokgi RE. Martadinata has been implemented but is still partial, such as dental-based antemortem data management. We recommend that the commitment from the leader is needed in this case the Head of the Navy's Health Service regarding the involvement of required cross-professional personnel in the organization of victim identification, through the revision of Presidential Regulation 107 of 2013 and the preparation of several technical policies needed in victim identification activities within the Navy.

Keywords: Identification, Indonesian Navy Soldier, Implementation, Ladokgi RE. Martadinata


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INTRODUCTION

Based on the latest strategic development on a global scale, the threat has shifted to asymmetric non-traditional with particularistic interests that endanger human security and threaten the country's sovereignty (Kusmayati, 2014). The aspect of weaponry also has changed from conventional weapons to chemical, biological, radiation, nuclear, and explosive weapons (CBRN–E) as weapons of mass destruction (Putri et al., 2018).

Under Indonesian Law No. 3 of 2002 concerning National Defense, the Indonesian National Army is a major component of national defense, which has a primary duty in maintaining national sovereignty and national safety from military threats and supporting elements from non-military threats. Furthermore, the regulation, Republic of Indonesia Law No. 34 of 2004 concerning the Indonesian National Army, states that the presence of TNI soldiers for the state and nation is designed to deal with three types of assignments, which are War Military Operations (OMP), Military Operations Other Than War (OMSP) ) and gradual and continuing exercise routines.

The Indonesian Navy is an integral part of the main component of national defense, which is responsible for defense operations at sea. The assignment of marine soldiers, in general, is often facing challenging conditions and situations that have the potential to affect their health, ranging from minor to severe injuries to loss of life (tniad.mil.id, 2016). The state of the navy is the condition of all aspects of the navy that can change at any time and affect the survival and implementation of human activities in the environment (Permenkes RI, 2013). Soldiers who do not return to their base while carrying out their duties which allegedly caused by the actions of the enemy or outside his control would be declared missing in the task then the state must continue to look for them (RI, 2004)

Even in calm conditions, the lives of soldiers are not far from risks that affect their health. Some incident examples are; Hercules C-130, which crashed in Medan in 2015 with all passengers and crew died. (Cnn. Indonesia, 2015) Also, The burning of the KRI Klewang 625 in 2012 in Banyuwangi and the burning and sinking of KRI Rencong 622 in the waters of Sorong in 2018. Not to mention, the explosion of ammunition warehouses in the Cilandak Marine complex (1984) and TNI AL Pondok Dayung Base (2014), and the sinking of the Amphibious Tank of the Marine Corps in Situbondo in 2008 caused the death of six soldiers.

Every soldier, including Navy personnel, is a professional human resource who is always close to risks affecting their health conditions, such as minor injuries, disabilities, and loss of life. (Ma’arif, 2014). Therefore, the TNI Law also stipulates that every soldier and his family are guaranteed welfare through various official services, including health care (RI, 2004). Recognizing the risks of their duties that have an impact on the health and safety of TNI soldiers' lives, the state has prepared regulations that granting health and life insurance, and also duty insurance for military operations (RI, 2004, Permenhan, 2010). When fulfilling the soldier's rights, administrative requirements are needed. One example of which is if a soldier dies, a death certificate is required, which explains the certainty of the victim's identity through the identification process (Panglima, 2011).

The process of victim identification involves various scientific fields and is carried out through four stages, firstly the acquisition, then the second is preservation. The third is the analysis, and the fourth is the presentation (Maramis, 2015). One of the scientific fields is forensic odontology, which is part of the identification activities carried out by dentists who have the authority and competence using a database of ante mortem and post mortem teeth facility. In some countries, the use of dental facilities for identification has contributed significantly to establish the identity of victims (Guimaraes et al., 2017).

Health service providers for members of the TNI and their families were initially being carried out in a self-managed manner through Health Facilities within the TNI. However, since the enactment of the National Social Security System (SJSN) in 2014, the TNI is one of the institutions that include its members as BPJS participants, but BPJS supports not all of the health
services needs of TNI members. This is the background of the issuance of Presidential Regulation no. 107 of 2013 about Certain Health Services for Operational Activities of the Ministry of Defense, the Indonesian National Army, and the Indonesian National Police (known as Perpres Yankestu).

Yankestu is a health service that is organized to provide health support for operational activities and to support the primary duties and functions of the Ministry of Defense, the Indonesian National Army, and the Indonesian National Police, which are not guaranteed by the Social Insurance Administration Organization. In point 14, letter (b) explains that the identification activities for the Indonesian Navy are held by TNI AL Dental Agency (Ladokgi); in this case, the executor of duties according to the policies of the Navy's Health Service is the Navy's Ladokgi RE. Martadinata Jakarta.

R.E. Dental Institute Martadinata is a Technical Implementation Unit of the Navy's Health Service that is obliged to hold dental and oral health learning, education, and training for dental health workers, research, and development both internally and in collaboration with other agencies. It is also conducting dental and oral health support for member soldiers The Navy, providing specialist dental and oral health services and antemortem data collection for members of the TNI in general and the Navy in particular and their families. (Prokerja, 2019).

Based on the problem background described above, this study aims to determine the extent of the implementation process of the policy that regulates the identifying activities of the Navy in the Indonesian Navy Ladokgi RE. Martadinata, using the Edward III analytical framework. According to Edwards III (in Wahab, 2012), the process of implementing a policy is influenced by four variables, which are the bureaucratic structure, resources, disposition, and communication. Every policy, according to Grindle (in Akih, 2010), requires a complicated process of implementation by every stakeholder, which is the political and administrative process that is influenced by context and content. In context, in this study, how far the application process of identifying members of the TNI policy by Ladokgi TNI AL RE Martadinata needs to be analyzed. Whereas, in terms of content, we want to know how the process of implementing the policy is related to the main tasks and functions of the Ladokgi TNI AL RE Martadinata.

**METHODS**

This type of research is descriptive qualitative using an analysis framework of public policy implementation from Edward III. The use of this method aims to explore the answers to the problems studied through the bureaucratic structure, resource, disposition, and communication variables. The selection of informants using purposive sampling techniques is based on the principle of adequacy and appropriateness. Appropriateness means that the informants are chosen based on their knowledge of the input process and program output following the research topic. Adequacy means the number of informants selected is adjusted by the type and depth of information needed.

The number of selected informants is five persons, which are from the leader element as informant A (Head of Ladokgi TNI AL RE Martadinata), from the Matra Sea Health Section of the Navy Health Service as informant B, and the planning section as informant C. The informant D is from the Urikes and odontology forensic section, and informant E is a representation of Ipadokgimil experts, the specialization that developed the forensic odontology who holds an identification process using dental facilities.

We collect data through semi-structured in-depth interviews, and from secondary data in the form of literature, regulatory documents, related research results. Data collection tools used are interview guides, consent sheets, notebooks, stationery, voice recording devices, and laptops. The data was validated using triangulation techniques, which are data source triangulation, theory triangulation, and methodological triangulation. Triangulation is very important because it aims to improve the validity and reliability of research, improve the accuracy of interpretation, and increase the factuality of the data/information collected (Wibowo A., 2014).

**RESULTS AND DISCUSSION**

**The Implementation Supporting factor from the Bureaucratic Structure**

The Ladokgi TNI AL, as the bureaucratic structure variable, in the activities of identifying victims of Navy troops is de jure based on Presidential Regulation No. 107/2013. Ladokgi RE Martadinata is also the manager of dental antemortem data, which is regulated in Perkasal Number, 54 / X / 2011. This data management activity has become a routine agenda with budget support from the state budget and implemented by the Department of Military Dentistry from 2014 until now. Hierarchically, the results of this antemortem data management activity are reported to the command of the Navy Navy Health Service, in this case, the Navy Health Sub-Agency as the technical supervisor of the health facilities for the Navy troops.

**Bureaucratic Structure Constraints on the Implementation of Identification Process**

The results shows that all the informants (A, B, C, D, and E) and supported by observations in the field and a
review of existing documents, Ladokgi TNI AL RE, Navy Soldiers has conducted the identification process partially. The process was the acquisition of the Navy troops' dental antemortem data. This activity was done following Navy Chief of Staff Regulation Number 54/X/2011. The data collection has started since 2014 through two scenarios, which are the mobile team who go to the members in their respective units and the stationary group who serve soldiers who had dental health examination tests at the Comprehensive Clinic of the Department of Military Dentistry. Types of data collected are according to technical instructions of the dental identification program for the needs of forensic odontology for the Navy troops issued by the Navy Health Service. The type of antemortem data collected consists of dental prints, digital photographs of the face, panoramic x-ray photo, and odontogram, or charting. The charting data collection has reached 100% by utilizing a network of dentist members spread throughout the Indonesian Navy.

Ladokgi TNI AL RE, Martadinata, in its organizational structure, already has an odontology forensic section that is responsible to the Head of the Military Dentistry Department. However, according to informants B and C, as the stakeholders, the identification process is still limited to the collection and maintenance of antemortem data. This is due to the lack of advanced administrative support from the Yankestu Perpres regarding identification activities for the Indonesian Navy. This administrative support needed is in the form of policies for the implementation of identification, such as operational standards for identification procedures that include forensic odontology, rules for involving military dentists in identification activities, implementation guidelines, or technical guidelines for identification activities using dental facilities.

Implementation of identification is generally done in the form of task forces that involve both health and non-health elements. Forensic odontology is one of the health elements that is responsible to the task force leader. Based on the information from informants B and E, the identification of forensic odontology cannot do operations independently, thus requiring other scientific parts incorporated in the task force. This situation is in line with Edward III’s theory (in Winarno, 2007) about the constraint of the process of implementing an identification policy for the Navy, which is fragmentation. This fragmentation is the dissemination of responsibility to several parts of the organization outside of the Navy Ladokgi RE. Martadinata thus requires further coordination. In general, the greater the coordination needed to implement a policy, the less likely the program or strategy will be successful

According to Winarno (2007), fragmentation results in differing views for some bureaucratic institutions and impacts on the unsuccessful implementation of policies. This is due to the absence of strong authority in policy implementation; thus, certain functions are split into different institutions. Also, each of these institutions has limited field jurisdiction, so that many important tasks have the potential to pile up in various bureaucratic agendas. The second reason is a narrow view of the institution that has the potential as a barrier to change. Identification activities specifically for members of the TNI are new activities and health support activities that require devotion. If there is a related institution that does not have a high interest in realizing it, then the institution has the potential to negatively respond to the identification policy as part of its ability.

Resource Supporting Factor to the Successful Implementation

The results show that the resources available at the Department of Military Dentistry of the Ladokgi RE Martadinata consisted of six military and civil dentists, six dental therapists, two administrative staff, complete equipment for identification of dental facilities and budget support from the Budget State Expenditure Revenues (APBN) with an annual target of 1500 personnel.

The antemortem dental data collection was carried out in two ways, by visiting scheduled members and for soldiers who came to the Comprehensive Clinic of the Department of Military Dentistry in preparation for overseas activities for at least six months.

Resources Constraints on the Implementation of Identification Process

The process of implementing the policy to identify members of the TNI in Ladokgi TNI AL RE Martadinata has not been able to be optimally deployed because there are obstacles in information and authority. The obstacle in this information area is related to the identification activities stakeholder that the identification process is a health support operation that involves the strength and ability of personnel with various professions, both medical and non-medical. Ladokgi RE Martadatanata has a limited ability because it only served in developing forensic dentistry.

The obstacles related to authority are dentist personnel in Ladokgi RE Martadinata, as the executor of the identification activities, even though they have competency but do not yet have the authority. Although some members of the Navy dentist often help the National Police for disaster identification operations, the rules of engagement are still based on Memorandum of Understanding between the Police and the TNI, Number B / 2 / I / 2018 and Kerma / 2 / I / 2018 concerning TNI Assistance to the National Police in the framework of Kamptibmas. This is still
not following the regulation contained in TNI Law number 34 of 2004 in article 20 paragraph (2) that stated the use of TNI force in the context of military operations other than war must comply with statutory regulations.

Disposition Supporting Factor to the Successful Implementation

Disposition in the form of commitment, honesty, and democratic nature has a big influence on the implementation of the soldier identification policy in Ladokgi RE Martadinata. Based on the Decree of the Navy Chief of Staff No. Kep / 54 / X / 2011 Ladokgi RE, Martadinata has carried out antemortem dental data collection activities in the past four years, consisting of odontogram data, digital facial photographs, panoramic x-ray images, and dental prints. The scheme on the coordination of postmortem data obtained at the Department of Military Dentistry shows that victim identification activities require the role of other professions within the Navy that work collaboratively in the form of task forces.

Disposition Constraints Factor on the Implementation of Identification Process

The disposition variable, according to Edward III in Wianrno (2007), is one of the crucial factors in the process of implementing policies to be effective. If the implementing personnel have a tendency or positive attitude towards a policy, the implementation can likely be successful. Vice versa, if the implementing staff are negative towards the policy for specific reasons, it can be ensured that the implementation will be hampered.

The results of the study show that the attitude of the leadership and implementation personnel in Ladokgi RE Martadinata was very positive, requiring the Ladokgi RE. Martadinata can carry out the identification of forensic odontology for members of the TNI in general and Indonesian Navy in particular. This is proofed by the documents of the formation of the OFAL organization, Navy Forensic Odontology. However, the establishment of a new organization requires a complicated effort, involving various parties of health and non-health within the Navy Headquarters to regulate budgeting, personnel needs, logistics, and infrastructure facilities.

Communication Supporting Factor the successful implementation

Policies can be implemented well if there is effective communication between the implementer and the target groups. The goals and objectives of the policy can be adequately socialized to avoid any distortion of the policy. The results of the study show that there is excellent communication between Ladokgi RE Martadinata and work units related to the process of data collection on dental antemortem.

Communication Constraints Factor on the Implementation of Identification Process

The communication variable, according to Agustino (2016), is an essential factor that influences the
achievement of the objectives of public policy implementation. In the implementation of the policy of identifying members of the Navy in Ladokgi TNI AL RE. Martadinata, the communication variable can not be applied because there is a blockage in the flow of communication to the top command that does not have an organization tasked to control the overall identification activities. The flow of information from the antemortem and post mortem data needed in the identification process in the reconciliation phase is not yet supported by technical policies in the form of operational standards. Whereas the most crucial stage in determining the victim's identity according to the Interpol standard is the matching phase of post mortem and antemortem data.

A further inhibiting factor of communication is related to the limited understanding of victim identification activities for Indonesian Navy soldiers at the top command level. This is reflected in the regulation of Presidential Decree 107 of 2013, which limits the identification of the organizers to the Navy's Ladokgi. The development of Forensic Odontology is the scientific responsibility of Ladokgi R.E. Martadinata. In its use in the field, this activity is intended to provide health support for Indonesian Navy soldiers when incidents occur in the assignment of military operations or training and require identification of victims using dental facilities.

CONCLUSION

Implementation of the identification policy of victims of Indonesian Navy Soldiers in Ladokgi R.E. Martadinata according to the mandate of Presidential Regulation No. 107/2013 is vital to meet the basic needs of identity certainty. The problem in organizing victim identification is dentists' ability is limited only to the use of dental facilities so that it requires the role of other professions whose existence is outside the Ladokgi work unit and which can control is the Navy's Health Service. Ladokgi RE. Martadinata has implemented an identification policy, but up to four years, it is still partial. Its works are the acquisition (acquisition) of four types of antemortem data of the Indonesian Navy soldier's teeth, which are odontogram data, panoramic x-ray images, digital photographs of faces, and dental prints. For the victim identification activities that can be done within the Navy, a revision of Presidential Regulation 107 of 2013 and other technical policies are needed to regulate the duties, roles, and responsibilities of the professions involved are required.

RECOMMENDATION

We recommend that commitment from the leader, in this case, the Head of the Navy's Health Service is needed regarding the involvement of cross-professional personnel required for the organization of victim identification, through the revision of Presidential Regulation 107 of 2013 and the preparation of several technical policies needed in victim identification activities within the Navy.

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REFERENCES

5. Anne Kusmayati, 2014, Membangun Kewaspadaan Dini Terhadap Ancaman CBRN-E, Iptek Untuk Indonesia Sejahtera, Berdaulat
Dan Bermartabat, Bunga Rampai Pemikiran Anggota Dewan Riset Nasional.
13. Undang-Undang Negara Republik Indonesia Nomor 3 Tahun 2002 tentang Pertahanan Negara;
14. Undang-Undang Negara Republik Indonesia Nomor 34 tahun 2004 tentang TNI;
15. Undang-Undang Negara Republik Indonesia nomor 25 tahun 2009 tentang Pelayanan Publik;
17. Peraturan menteri pertahanan republik indonesia nomor 25 tahun 2010 tentang perawatan dan pemakaman jenazah prajurit tentara nasional indonesia/purnawirawan dan pegawai negeri sipil/wredatama di lingkungan kementerian pertahanan dan tentara nasional indonesia;
18. Telegram Panglima TNI Nomor ST/143/2011 tanggal 18 Februari 2011 tentang tertib administrasi penghormatan dan penghargaan terhadap penerima gelar, tanda jasa dan Tahor khususnya mengenai pemakaman dengan upacara militer;
20. _____Kemhan RI Nomor kep 008/M/V/2017 tentang Kebijakan Pertahanan Negara
21. _____Petunjuk Teknik Nomor Juknik VI/06/Diskes tentang Pelaksananan Program Identifikasi Gigi untuk Keperluan Forensik Odontologi bagi Prajurit TNI AL
29. https://tniad.mil.id/2016/04/profesi-keprajuritan- penuh-tantangan-resiko-dan-pengorbanan/, diakses pada 17/10/2019 pukul 05.00 wib