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NEW MARGINALS, OLD MARGINALS IN THE AGE OF COVID-19 IN INDONESIA

MARGINALITAS BARU, MARGINALITAS LAMA DI ERA COVID-19 DI INDONESIA

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ABSTRACT

This study is a patchwork ethnography on how certain social groups in Indonesia are marginalized while coping with the ongoing global pandemic of COVID-19. A consortium consisting of social researchers living in different locations in Indonesia conducted observation to identify marginal/marginalized groups in their surroundings. We focus on the marginalization or marginalizing process by considering the vulnerability concept developed within the disaster studies field. Our observations are guided by questions: How vulnerable were the pre-existing marginal/marginalized groups in Indonesia before and during the outbreak? To what extent has the Indonesian government approach to managing the outbreak become a new vulnerability structure by creating new marginal groups within the society? Our observation identified that the ongoing pandemic has further marginalized the pre-existing marginal groups and emerged some new marginal groups within society.

Keywords*:* pandemic; vulnerability; marginalization; ethnography

ABSTRAK

Artikel ini merupakan hasil sebuah studi etnografi tambal-sulam tentang bagaimana beberapa kelompok sosial di Indonesia mengalami marginalisasi dalam upaya mereka bertahan dalam pandemi global COVID-19. Sebuah konsorsium peneliti dari beberapa wilayah di Indonesia melakukan pengamatan untuk mengidentifikasi kelompok marginal/dimarginalkan di sekitarnya. Kami fokus pada marginalisasi atau proses memarginalkan dengan mempertimbangkan konsep kerentanan yang dikembangkan dalam studi bencana. Pengamatan kami dipandu oleh beberapa pertanyaan. Seberapa rentankah kelompok marginal/dimarginalkan di Indonesia sebelum dan selama wabah? Sejauh manakah pendekatan pemerintah Indonesia terhadap wabah menjadi sebuah struktur kerentanan baru dengan menghasilkan kelompok marginal baru dalam masyarakat? Hasil pengamatan kami mengidentifikasi bahwa pandemi kali ini semakin meminggirkan kelompok-kelompok marginal yang sudah ada dan memunculkan kelompok marginal baru.

Kata kunci: pandemi; kerentanan; marginalisasi; etnografi

BACKGROUND

This paper is constructed based on data collected from a two-month patchwork ethnography in June–July 2020. Eleven social researchers living in different locations in Indonesia gathered spontaneously in a new research consortium. Each researcher observed what went on with the marginal/marginalized groups in their surroundings during the pandemic. At the outset of our observation, we did not refer to any scholarly literature on marginal/marginalized groups. Each researcher focused more on the marginalization rather than the state of being marginals/marginalized groups and was free to choose any group they wish to analyze. Team members agreed to the idea that *marginalization* is a socio-spatial concept. Derived from the Latin word *margo,* "margin" literally means "edge" or empty spaces located on the edge of a writing page outside the focus of common attention. Marginalization is a social process or treatment to put someone, a

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group, or an idea outside of the margin—a marginalizing process. Marginal groups can emerge as by-products of the mainsteaming efforts in society. Hence, as marginalization occurs, the current crisis and the way we address it create new patterns of such process within the society.

Several questions guided our observations. How vulnerable were the pre-existing marginal/marginalized groups in Indonesia before and during the outbreak? To what extent has the Indonesian government approach towards the outbreak become a new marginalizing structure by creating new marginal groups within the society? To address these questions, we frame the outbreak as a disaster and identify the marginalizing process by employing the concept of "vulnerability," particularly in a political economy/ecology perspective in disaster studies.

Below, we begin with a brief discussion on the concept of vulnerability developed in disaster studies. Subsequently, we explain our method of inquiry followed by a brief context of data collection. We then continue with our findings and discussions. However, it is not our intention to come up with technical nor practical solutions for the government and/or vulnerable/marginal groups. Instead, we conclude our paper with an open invitation to researchers of social and humanities to broaden their understanding of the marginalizing process in a post-pandemic world.

COVID-19, VULNERABILITY, AND MARGINALIZATION

Disasters differ from *hazards*–the former is a result from a complex intertwining between the latter and patterns of vulnerabilities (see Oliver-Smith, 1999, 2002; Oliver-Smith & Hoffman, 2002). Recent developments in disaster studies aim to prevent the re-occurrence of disaster by looking at ways people build "socio-technical resilience" (Amir, 2018). Although environmental hazards are inevitable, we can reduce the level of damages by managing vulnerable structures and building resiliency in times of occuring unexpected, hazardous environments. Disaster reliefs and mitigation strategies are intended not only to recover from the damage, but also to build resilience to prepare society for impending environmental hazards.

To date, more scholars of disasters and risk management acknowledge the so-called "vulnerability theory" in constructing a more comprehensive understanding of disasters for it enables broader analysis of cultural and material impacts of environmental hazards (Oliver-Smith, 2002; Stallings, 2002). The conceptualization of *vulnerability* can be traced from its etymological meaning root: "to wound" or "open to harm or under threat of harm" (Wrigley & Dawson, 2016). In the context of disaster studies, it is defined as the degree of human or social groups dis/ability to adjust to sudden, unexpected, hazardous environments (Bankoff, 2003; Hilhorst et al., 2004; Oliver-Smith, 1999, 2002, 2010). Scholars of disasters argue that the production, distribution, sustaining, and reproduction of vulnerability in society is cultural, social, and political (Hilhorst & Bankoff, 2004).

To study vulnerable patterns is to study the history of marginalization or marginalizing process (Rozario, 2007). It is a socio-spatial concept referring more to a marginalizing process than merely a state of being marginal. Vulnerability theory has enabled scholars to elaborate on the issue of in/accessibility and control over natural resources which may put some community "at risk" (Collins, 2008; Watts, 2000). It argues that although the entire community suffers from the perils, it is usually the marginalized groups who experience risks (Oliver-Smith, 2010; Rozario, 2007). The surviving poor communities do not have appropriate socio-economic resources to return to a normal state as quickly as the rich do (Cernea, 1997; 2003). Many poor people live in hazard-prone areas not because they wanted it, but because they have been socially, politically, and culturally marginalized. Consequently, they had no other option than to dwell in vulnerable, risky areas (Bankoff, 2003; McCabe, 2002; Oliver-Smith, 2010). Poverty, then, is a mixture of social, cultural, and political marginalization shaping unequal economic orders for disaster-prone society (Rozario, 2007).

Following this idea, we could perceive the current pandemic COVID-19 as a kind of disaster.

The potent hazardous environmental hazard is the virus: SARS-CoV-2. If the virus meets a person with vulnerable health conditions, it might turn into a disaster for that person. If many people get infected in an area that lacks proper health facilities and systems to handle the patients, it might turn into a disaster for society. SARS-CoV-2 is among other coronaviruses scientists have detected. Following an article by Cui et al. (2019) published a year before the current pandemic spreads, there are various variants of coronaviruses. In 2002, a type of coronaviruses, i.e., SARS-CoV, was detected to cause the Severe Acute Respiratory Syndrome (SARS) outbreak in China. In 2013, another type of coronaviruses, i.e., MERS-CoV, was detected to cause Middle East Respiratory Syndrome (MERS) outbreak. Between October 2016 and May 2017, another coronavirus, i.e., SADS-CoV, attacked pigs, especially piglets, in Guangdong, China, causing the Swine Acute Diarrhea Syndrome (SADS). What makes the current SARS-CoV-2 different from previous pathogenic coronaviruses is it uses the human body as its host (Wu et al., 2020). Since it does not require other species, the current disease transpires through human-to-human transmission, making its global spread is inevitable. This novel coronavirus has spread across countries in less then three months, with new cases in China, Iran, Italy, and South Korea (Nature, 2020b).

Vulnerability and *marginality* are two different concepts, but many have used them interchangeably. Scholarly discussions agreed to a condition that both concepts are not a natural process, but socially and culturally constructed into a group or individual (Henrickson & Fouché, 2018). This means the condition of being vulnerable and marginal is very contextual and may differ in each temporal and spatial context. Vulnerability should be understood as a spectrum, instead of a binary. The more access someone has to resources and power, the more they have social control, and the less they are vulnerable. Simultaneously, someone could change vulnerability to *resiliency*, especially when he/she could access resources and power to address threats. During the outbreak, for example, a nurse could become vulnerable because their daily routines force them to have close contacts with the patients. However, when the nurse could get access to proper personal protective equipment, have rights for routine tests and health insurance, his/her vulnerability could become resiliency.

Marginality should be understood as the condition resulting from a process of putting someone, a group, or an idea at the social, economic, political, ecological margins excluding them from resources, assets, services, freedom of expression, and many others (Henrickson & Fouché, 2018). Wisner's study (1998) discovered marginalizing process occurred to homeless groups during the Kobe earthquake, 1995. The groups were marginalized in the recovery of the earthquake because they were not listed in the registry office were not listed in the disaster-preparedness program by the government. Thus, the act of de-marginalization is not for the sake of marginal groups, but rather a critic to elites and the government for creating such marginality (Henrickson & Fouché, 2018). In this study, health practitioners might be in a high degree of vulnerability, and when the government could not provide security for them, they become a new marginal group. Anyone becomes marginalized when he/she got invalid or false information about the outbreak, when there were no affordable testing and good tracing, when there were improper countermeasures performed to tackle the crisis, or when no substantial evidence was used to label some groups for having and spreading the virus.

METHODS

Since the ongoing COVID-19 situation limits our movement for doing ethnographic fieldwork, we address the situation by adopting an experimental approach of "patchwork ethnography" proposed by Günel et al. (2020) which refers to:

"Ethnographic processes and protocols designed around short-term visits, using fragmentary yet rigorous data, and other innovations … research efforts that maintain the long-term commitments, language proficiency, contextual knowledge, and slow thinking that characterizes so-called traditional fieldwork, while fully attending to how changing living and working conditions are profoundly and irrevocably changing knowledge production."

The research was conducted by a research consortium consisting of 11 (eleven) voluntary researchers from 9 (nine) different locations in Indonesia, namely Bandar Lampung, Tangerang, South Jakarta, Yogyakarta, Jombang, Surabaya, Pamekasan, Mataram, and Banjarmasin. In two-months of June–July 2020, each research member tried as best as they could to collect the first-hand experience in each location and combined the result with other screen-mediated techniques. Each researcher was free to pick any marginal group in their surroundings and came out with different marginal groups to observe. We identified new marginal groups because of the current outbreak. However, we also observed other groups which were already marginalized before the pandemic. Below, we provide narrative stories from each group in each location.[1]

PATCHING THE NARRATIVES

(1) Working without protection

In this subsection, we try to describe three groups that become vulnerable in the time of COVID-19. Two were "old" and one was "new" marginal groups. They were working with no guarantee at the time of COVID-19.

Among others, health practitioners have become one new marginal group due to the COVID-19 pandemic. Health workers, from doctors, nurses, pharmacists, medical records, and their supporters, are at the forefront of fighting the pandemic. Unfortunately, at the beginning of the pandemic, not all hospitals referred to handle COVID-19 patients were ready to face what was coming. Our observation in a private hospital for COVID-19 patients in Surabaya discovered that health workers serving in the frontline, and emergency unit, were not equipped with proper personal protective equipment. The hospital management only provided nurses with medical gloves and masks. Only entering June was the equipment, such as hazmat suits, face shields, hair caps, masks, and gloves for nurses serving in the emergency room eventually ready.

East Java was a province with the highest mortality rate of medical practitioners (Syambudi, 2020; The Jakarta Post, 2020). During the outbreak, hospitals in Surabaya were in high demand of medical practitioners. They opened job vacancies for alumni and final-year students at nursing vocational schools, even before they graduated. However, circulating news about the death of medical practitioners due to COVID-19 has made not alumni or students took that rare opportunity. One alumna of the nursing academy in Surabaya we interviewed said that a reputable hospital in Surabaya had hired her because of her perfect grades. Nevertheless, her mother forbade her from accepting it since she was unwilling to see her daughter enter a "lion cave." Information we collected from several fellow nurses regarding one nurse who died in a state-owned hospital in Surabaya some time ago showed that the nurse experienced excessive anxiety and fear. Without qualified mental health assistance, this would have affected physical conditions and increased civilian casualties due to this pandemic.

Even though the media expressed praise and motivation for the medical personnel to fight against COVID-19, some nurses we interviewed worked in fear. There is no guarantee that their health is protected from the risk of contracting the virus. Circulating news about health workers fighting at the forefront, especially nurses who contracted COVID-19, and some who died because of the diseases, brought a new great fear. Some nurses even refused to be assigned to the isolation room for COVID-19 patients. This narrative suggested we should discuss the basis of all roots of the current crisis we face: the vulnerability of health security, health system, and health infrastructures in Indonesia.

In a normal situation, the national health system and infrastructures could not handle regular, routine public health problems in the country. Social Insurance Administration Organization for Healthcare (BPJS-Kesehatan) program did not cover patients with COVID-19 (Putri, 2020a), putting some private hospitals in a financial crisis (Putri, 2020b). Simultaneously, Social Insurance Administration Organization for Social Security (BPJS-Ketenagakerjaan) program

[1] Early field notes were published on website, https://eutenika.org/publications/new-marginals.

was in limbo to cover all unemployment generated by the pandemic and global economic crisis which follows (Wardoyo, 2020). The pandemic has become a form of marginalization for health practitioners, especially those who were first in contact with COVID-19 patients. They were at risk because they were working without proper health equipment to prevent them from getting infected by the virus, while at the same time, there was no certainty in financial supports for private hospitals.

Working without guarantee has become means of marginalization for two other social groups we observed: horticulture peasants in Pamekasan and street vendors in South Jakarta. Farmers were among the social groups that were not included in the government's health and employment security systems and did not receive social safety nets by the time of our observation. For these groups, the outbreak was not the only crisis they experienced. From their perspectives, they were more affected by economic uncertainties.

Being non-members of BPJS-Kesehatan and BPJS-Ketenagakerjaan, two farmer families in rural areas of Pamekasan, Madura, experienced a significant loss because they lost all their opportunities to get money from selling their harvest. The restriction on large-scale mobilization made modes of transportations unable to bring the harvests to their buyers in large cities. As they had adapted their crops to the global market demands, such as chilies and onions, they could barely sell their harvests to the local market. They had let the chilies rot on their branches, or let birds eat them. As such, farmers no longer perceive birds as enemies for eating their harvest or stealing profits; the birds have instead become new friends that devour rotten chillies.

Street vendors, especially those working in food sectors in urban areas of southern Jakarta, had to face the reality of reduced income and limited space for sustaining their lives. Just a few months ago, they had to experience losses from flooding. Before they could fully recover, the pandemic broke out. For them, the crisis during the pandemic was not only a health crisis, but also an economic crisis. To survive and fulfill daily needs, they have no other choice but to keep selling. This condition makes them vulnerbale to contracting disease. Crowds of people have been sources of income for them. As workers in the informal economic sector, their income depends on the number of their daily consumers or buyers. The implementation of large-scale social distancing and limiting activities or crowds was a threat to their economy. The number of buyers was decreasing, and incomes were becoming more uncertain. Unlike employees in the formal sector in general, they worked without social security, such as health and employment security.

During this pandemic, street vendors were more vulnerable to conflict. Street vendors in Tanah Abang Market who continued to sell during the large-scale restriction period, for example, have triggered disappointment and jealousy from official traders who had to close their kiosks due to government regulations (Jannah, 2020). This was a continuation of conflict over public space between them and the government, represented by the Satpol PP, to eliminate slum areas in Jakarta. For a long time, street vendors have become objects of repressive municipal government policies and practices, and considered to damage the urban landscape's beauty. (Widyaningrum, 2009) During COVID-19, they were marginalized by the attribution of new stigma by triggering crowds and potentially spreading the virus. As crowds in Jakarta were still sky-high, the government seemed to blame this sector to cover up its stuttering and failure to compile clear regulations for controlling the spread of the outbreak and guaranteeing its citizens. However, from other viewpoints, we could interpret the existence of street vendors who did not implement safety and health protocols not as a matter of their low awareness of COVID-19, but rather as a symbol of the the government's ineffective socialization strategy. Their only income came from maintaining sales as the government did not have a definite program to ensure this group's safety in facing multiple crises in health and economy. In the future, standardization of health and hygiene in food safety would be another source of economic crisis because they must provide the standard on their own without a small to no subsidy from the government. At the same time, their income had decreased.

(2) Testing the sanity

In the emergence of the COVID-19 outbreak, a stigma of "virus carrier" was attributed to migrants, especially those who came home from overseas. The stigma functions as a form of marginalization to migrant workers. Many of them had to accept the fact that they could not renew their contracts due to the unstable financial condition of the workplace. Returning home, however, is no longer that simple since the governments have strengthened some regulations for those who wanted to travel across the borders. Problems arose because there was no regulation to control the test's price neither or coverage from BPJS-Kesehatan and the government's self-initiative test. The test is only free if a patient showed up at a state-funded hospital with symptoms of COVID-19. However, it was difficult to get access to the result; people had to wait for a minimum of one week. "Rapid test," an antibody test by taking a blood sample, has been the most affordable COVID-19 test. It determines whether the person had COVID-19 in the past and now has antibodies. The timing and the type of antibody test, however, can affect the accuracy. If someone had a test in the early phase of infection, it might not be detected by the antibody. Antibody testing is recommended at least 14 days after the disease's first symptoms. (Marshall, 2020)

For migrants who got fired and wanted to return to their homeland, this was a big issue. During the pandemic, some airlines increased ticket prices because of passengers' limitations in a route. In some places, flights were canceled or delayed for several days because the airlines could not get a minimum number of passengers. It was dangerous to book a flight at the time. By the time this research was conducted (mid-June), we observed that in Lombok, a rapid test fee was around 400.000 IDR and valid only for three days. A PCR test fee of more than 1.000.000 IDR was valid for seven days. This means if the flight delay exceeded the taken test's validity period, passengers had to pay for the test again. On the other hand, each passenger should take a COVID-19 test and show a negative result before the airline could include her/him in a flight. One migrant in Mataram, Lombok Island, we interviewed, for instance, could not return to his home in Sumatra after his job termination. It was not because he did not have enough money, but because his family in Sumatra prohibited him from returning home as they thought he might carry the virus. He was stranded in a foreign land and became an outlandish. Thus, taking a COVID-19 test was not only costly, but also risky for migrants who wanted to return home after their job termination. However, the test has become a new norm for individual's mobility freedom during "New Normal."

A non-reactive result of the rapid test has been widely used as a requirement for traveling or attending a public meeting in Indonesia, although it is less accurate compared with the PCR test which could detect the virus. Knowing this risk, some local governments required PCR tests for migrants and residents who traveled out of town or entered their territory. However, there was no regulation for the price limit of PCR tests from the government. In some places in Indonesia, taking a PCR test with a validity period of 14-days would cost more than three times the monthly minimum wage (Massola, 2020). In Surabaya, the municipality initiated a free PCR test at the Regional Health Laboratory (*Labkesda*) for residents while migrants or commuters still have to pay a low-cost120.000 IDR (Evanalia, 2020). Nonetheless, such an initiative did not automatically apply in other regions.

(3) Confusing statements, lacking information

Another marginalizing process we detected was the emergence and widespread of infodemic about the disease. WHO defines infodemic as:

"An overabundance of information—some accurate and some not—that makes it hard for people to find trustworthy sources and reliable guidance when they need it." (World Health Organization, 2020)

The statement was motivated by the emergence and circulation of rumors and speculations about the outbreak. At that time, this epidemic was a novel area of knowledge, so not much was known by the scientific public and the lay public.

Infodemic is not a situation where information is absent. Until now, the infodemic continues since new facts and findings related to the pandemic still develop. We can see an overflow of information whose accuracy is difficult to prove, such as continued circulation of conspiracy theories, opinions without any scientific substantiation, or suggestions to counter COVID-19 whose accuracy is difficult to prove. In daily routines, there has been a growing social distancing as we have become increasingly cautious and suspicious with social gatherings, especially when they include people without masks. It is because we know about the high death rate of COVID-19 in Indonesia and the incapability of health facilities to handle patients. We observed a wide information gap among members of society. This happens because of the lack of transparency of COVID-19 information from government officials. Instead of giving valid information, government officials tend to cover up or hide some facts about COVID-19 (Riyanto, 2020). Others consider the disease as a joke instead of taking it seriously, which adds to the confusion amidst the plethoric flows of information, misinformation, and disinformation about COVID-19.

One intriguing response was from the Minister of Agriculture, Syahrul Yasin Limpo, who announced and endorsed the use of an anti-COVID-19 necklace. Limpo, representing the Government of Indonesia, claimed and promoted the idea that a special eucalyptus-based necklace could resist the coronavirus. His idea was similar to some local communities' perception of the disease. In Tulungagung, East Java, some villagers used charcoal to coat fronds and drew human faces on them (Hasani & Endi, 2020). Based on our observation, in Jombang, East Java, we collected information of people wearing "magic bracelets" made of woven coconut or banana leaves that had been given a prayer from Islamic leader, *kyai*. That said, all human-made materials would serve to ward off all kinds of calamities, including the current outbreak. What differentiates them was the Minister used scientific claims that eucalyptus could protect the coronavirus from infecting everyone who used it.[2] Our further inquiry on the phenomena of the magic bracelet in Jombang showed that the bracelet was the villagers' reminiscence of a plague which occurred in 1911. It was related to a disease transmitted through the bite of rats carrying *Yersinia pestis* bacteria which was spread when the importation of rice was implemented by the Dutch Colonial Government at that time. People affected by this disease have flu-like symptoms, such as fever, seizures, bleeding, coughing up blood, and lumps in the armpits or neck. The rice from Burma arrived at Surabaya's Perak Harbor and distributed to several areas in East Java, such as Turen, Malang, Blitar, Tulungagung, and Jombang (Janti, 2019). The incident became a reference that turned to a collective memory of villagers. In order to counteract this, a prayed amulet was created. In a form of bracelet, the amulet serves as an antidote setting that will free people from all kind of diseases. The question then becomes, could the bracelet cure people who contracted the plague and coronavirus? The answer is no. It was the villagers' way to perceive the outbreak. How they handled it was part of the local's definition of a particular hazard. From this definition, we could understand people's profound views about things threatening their lives about things threatening their lives (Ahimsa-Putra, 2012, p. 16), especially if the threat is new and comes with unclear information.

The use of amulets has become a cultural interpretation of disease outbreaks and protection for themselves, not from the COVID-19 pandemic. This was like Huet's description of how the Europeans dealt with the Spanish Flu (Huet, 2012). She explained that the word "plague" was used to describe the cause of not only a particular disease, but of all diseases. The plague is also seen as a strong reminder of how fragile life is, and how limited human knowledge is (Huet, 2012, p. 25). With all the limited information available, amulets serves as a medium provides villagers with safety from invisible threats. By wearing an amulet, people feel safe to go to public places meeting other people. Such a practice shows how people were blind in finding an explanation of what happened. Simultaneously, it is a way of

[2] Later, a spokesperson of the Ministry clarified that the necklace was not an antivirus, but an herbal medicine (Prabowo, 2020).

salvation for themselves. Contradicting cultural interpretations that are triggered by the current pandemic has put society in a more serious infodemic. This occurs because we have been living in a so-called "modern society." Infodemic challenges social bonds and mutual trust among society's members. The pattern is then repeated to other disasters (see Oliver-Smith, 2002, pp. 23–47). We are dealing with the powerful effect of information released on the public, whether the information is true, distorted, or wrong. We face two disasters, the infodemic and the pandemic of COVID-19, which encourage social inequalities in society, and widen pre-existing gaps between social classes. On the one hand, there are social classes that can withstand the infodemic because they have previously been trained in the information habitus and are supported by an established condition of economic capital. People of these social classes are more likely to survive with cultural capital and knowledge of COVID-19. On the other hand, there are social classes which have never been trained to manage information, and they have become the victims of infodemic.

Information vulnerability can be seen from a person's capacity to generate immunity to misinformation and disinformation overflow. Infodemic has the potential to be disastrous for people who are unfamiliar with managing information. Hence, the threat that is worrying is not only one's physical vulnerability to survive the COVID-19 virus and other diseases, but also their weak capacity to search, select, and distribute information about what is happening. The right or wrong flood of information about the latest developments of the COVID-19 pandemic has become another serious threat for maintaining social solidarity among members of society rather than the virus itself.

(4) Learning from home

The "study from home" situation forced the schooling system to deliver online study, *screen-to-screen* methods through cyberspace. Students at various levels, from pre-school to higher education, are required to be ready and able to endure this new method. This had opened our eyes to various facts of development gaps. The gaps are not only of human resources, but also of education facilities and infrastructures. The combination of those has become another form of marginalization. This argument is in line with our observation in one elementary school in Balawaian Village, Piani District, Tapin Regency, South Kalimantan.

The government's slogan "We are not on holiday. We only asked students to study at home" did not apply to students living in this area. Online methods did not only require tools, such as a computer, laptop, or smartphone, but also a strong and stable internet network which became problems for students living in rural and remote areas. This was among other facts the government command in deciding the study from home method. The Minister of Education and Culture, Nadiem Makarim, was surprised that there were still many regions in Indonesia that experienced limited internet access, and did not yet have electricity (Febryan, 2020). In Dalam Pagar village, Banjar Regency, South Kalimantan, students from first to sixth grades of one Madrasah Ibtidaiyah (Islamic Elementary School) did not receive online lessons from their teachers at all. They thought they had school holidays. The limitation of each family in having online learning tools and teacher's limited capacity in managing online teaching materials made the face-to-screen learning model not as easy as imagined. In the regency, students at a junior high school received their assignments from teachers every two weeks. Teachers scheduled when they gave and collected the assignments. This biweekly option was chosen because students needed to travel approximately one hour out of their home in the village to places where they could have good internet access. Even with this method, only five percent of the students did it. Most parents did not allow their children to walk out of the village because they were afraid their children would contract the virus. For the high school level, where schools were located near the city, students were much better in terms of owning online learning tools and as internet access because they live close to the city. Even so, students living far from the city still had to walk an hour to get internet access from Monday to Friday to continue learning.

While some people spend more time not doing anything "from home," some others, particularly those who have started to adjust to the situation, are getting used to making "home from anything". From there, more people are increasingly aware of studying and, to some extent, experiencing the continuing marginalization. These awareness, lessons, and experiences are more present just as we can manage our remaining time in the realm of death which is more real in the age of COVID-19.

German sociologist Norbert Elias describes how the challenge to prepare for death has been one greatest bio-social anxiety for the elderly (Elias, 2001). Each day they have to face that one-by-one person they know dies, and the images of death become more real and apparent. Such images are being reproduced and generating various rational actions in preparing the death. Biologically, being elderly increases the susceptibility to diseases, senility, and mobility. Sociologically, being elderly means entering a stage of loneliness. A combination of the two makes a person's dependence on others increase with age. The elderly need other people to monitor their biophysical conditions and accompany them in their old days for socialization. Even without the current pandemic, every human being will experience social distancing as he/she enters his/her golden age. In the view of the elderly, social distance widened when spouses, relatives, or friends died before him/her. When the configuration of their social environment changes, whether due to death or migration, a sense of intimacy decreased. Within such a context, "social distance" needs to be understood in the Simmelian concept which goes beyond physical or geospatial distance, and include the act of reducing intimacy of one with others (see Rogers, 1999). Physical distancing to prevent the spread of the virus did not make any difference to the daily routines of two elderly in Yogyakarta that we observed. As the only living space is their house, they do not have anyone to distance themselves from. Like many Javanese communities, people living in the neighborhood we observed have sibling ties, and almost every home has elderly family members. They have their ways to fill their routine in this pandemic.

For example, we observed one female elderly managing a boarding house. She rarely goes outside her house other than walking to the shop in front of her alley or occasionally attending a mourning prayer for loss. While doing so, she wore a mask and adhered to health protocols. Every morning she sat on the front porch reading the newspaper wearing her old negligee. We could see a pile of old newspapers neatly arranged under a terrace table of her house. Newspapers were her source of information, apart from information from family and television news. She followed the development of COVID-19 from the newspaper she read every morning. Since the first case of COVID-19 was announced on March 2, 2020, there was no significant change in her daily life, because she rarely left the house before the outbreak. In the afternoon, she installed a water hose to water the flowers in front of her house. When other family members came home from work, they gathered and chatted on the front porch of the house. No one could be sure if the family members are free from the virus. Another elderly, an older man living in front of her house, was a mosque member located about 100 meters from his house. He rarely left his house, except to the mosque. His daily activities were accompanying his young grandchildren playing at home and going to the mosque when the call to prayer echoes. During the pandemic, he was still going to the mosque to pray. What was different before the outbreak was he used a mask and brought his personal prayer mat from home. According to him, the close range of mobility of his house to the mosque was still tolerable. He continued to carry out mass prayers at the mosque despite the government's instruction to pray from home.

Based on our observation of these two elderlies, we did not detect economic fear. However, we observed the fear of loosening social and psychological intimacy between them and their family members. Although they considered their house as the safest place from the threat of the outbreak, no one could guarantee that other family members who were still having activities outside the house were free from bringing the virus home.

CONCLUSIONS

Our study adopts vulnerability theory developed in the disaster studies field to identify the marginalizing process occurring in pandemic COVID-19. To conclude, we would like to return to and address our research questions. How vulnerable were pre-existing marginal/marginalized groups in Indonesia before and during the outbreak? To what extent does the Indonesian government approach towards the outbreak become a new marginalizing structure by creating new marginal groups within the society?

We discovered that "old" marginalized groups, such as farmers, street vendors, migrant workers, students living in peripheral areas, and elderly people exist. These groups have already been marginalized before the outbreak and become more vulnerable during COVID-19. However, the degree of vulnerability differs from one another. Although we could easily identify economic vulnerability, we observe other vulnerabilities, such as social, cultural, and physical vulnerabilities. We also discovered new marginal groups during the pandemic, that is, health practitioners. There are several causes for this. First, this group is vulnerable because of the big possibility to be contracted the virus and other health problems, including mental health. Second, there was not much that the government had done to protect these groups. Third, there were still many people who neglect the health protocols.

The pandemic has unearthed a vicious circle of vulnerability hidden in pre-existing non-functioning policies. Throughout this paper, government's incapability in tackling the crisis has become another structure of marginalization by creating new vulnerability for pre-existing and new marginal groups. Since each vulnerability needs specific measurement, by considering the context of each group, no single action could solve all. The government should consider those varieties, the neglection of such variability would only add to and worsen each group's marginalization.

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