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CHRISTIAN THEOLOGY IN THE CONTEXT OF THE SUFFERING AND SACRIFICE OF THE COVID-19 MEDICAL TEAM

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ABSTRAK

Artikel ini berfokus pada konteks penderitaan dan pengorbanan, yaitu 'tidak ada pengorbanan tanpa penderitaan', khususnya: penderitaan dan pengorbanan anggota tim medis Covid-19 dalam mengatasi pandemi Covid-19 di wilayah Indonesia. Penelitian ini bertujuan untuk (1) mendeskripsikan pandangan teologis mereka terhadap realitas penderitaan dan pengorbanan dalam pelayanan mereka dan kaitannya dengan teologi Kristiani, (2) menganalisis peran teologi dalam pelayanan profesi mereka. Penulis dalam penelitian ini menggunakan metode campuran dengan pengambilan data yang dilakukan dengan pendekatan kuantitatif (alat: kuesioner) dan kualitatif (alat: video dari saluran Youtube). Penulis menetapkan dokter, perawat dan bidan yang menangani pasien Covid-19 di dua Rumah Sakit yaitu Rumah Sakit Santo Yusup dan Rumah Sakit Santo Borromeus di Bandung sebagai responden. Dalam penelitian ini, penulis juga mengutip pernyataan-pernyataan dokter, perawat atau bidan dari berbagai Rumah Sakit dalam video yang diunggah di saluran Youtube sebagai bagian dari data penelitian. Hasil penelitian ini adalah meskipun tidak sampai pada makna penebusan, tim medis Covid-19 yang mengalami kekecewaan, kesedihan, dan keprihatinan memandang pengorbanan yang dilakukan bagi kehidupan orang lain adalah tindakan mulia sehingga mereka tetap berjuang memberikan pelayanan terbaik. Doa dan ajaran-ajaran kebaikan yang diajarkan di dalam agama memberikan motivasi dan kekuatan bagi mereka untuk setia dalam pelayanan mereka.

Kata kunci: Covid-19, penderitaan, penebusan dosa, pengorbanan, teologi.

ABSTRACT

This study focuses on suffering and sacrifice, 'there is no sacrifice without suffering', particularly: the suffering and sacrifice of the medical team members in overcoming the Covid-19 pandemic in Indonesia. The objectives of the research are (1) to describe their theological view of the reality of suffering and sacrifice in their ministry and its relation to Christian theology, and (2) to analyze the role of theology in their professional ministry. The author of the research has utilized a mixed-method with data collection carried out using a quantitative (tool: questionnaire) and qualitative approach (tool: video from Youtube channel). The author stipulates doctors, nurses, and midwives who are involved in handling Covid-19 patients at the Santo Yusup Hospital and the Santo Borromeus Hospital in Bandung as respondents. In this study, the author also excerpts statements of doctors, nurses, or midwives from various hospitals in videos uploaded on the Youtube channel as part of the research data. The results of this study are that although it does not reach the meaning of redemption, the Covid-19 medical team who experience disappointment, sadness, and concern view the sacrifices made for the lives of others as precious actions so that they continue to strive to provide the best service. Prayers and good teachings taught in religion evoke their motivation and strength to be faithful in their ministry.

Keywords: Covid-19, penance, sacrifice, suffering, theology.

INTRODUCTION

a. Theology of Suffering and Sacrifice

Suffering is an uncomfortable state experienced by a person in consequence of the pain he/she suffers, both physically and psychologically, both mentally and spiritually. The word "to suffer" derives from the Latin word *sub* which means "from below, under" and *ferre* which means "to bear." The word "suffering" is closely related to the word "patience", which derives from the Latin word *pati* which means "to suffer". Sacrifice is an action taken by someone willing to bear suffering for the sake of the survival of his/her fellow human beings. Sacrifice always presupposes suffering.³⁴

Suffering constantly exists along with the pain felt by humans. Pain is included in human nature. Whether humans are sinful or not, pain remains a part of human life. Naturally, pain is a very useful symptom because it is a sign of something wrong has happened, something that requires special attention so that humans immediately take action to make recovery. In the medical world, a human disorder that causes humans to be unable to feel pain is known as Congenital Insensitivity to Pain with Anhidrosis (CIPA). It is very harmful to sufferers because they can injure themselves without realizing it, for example biting their tongue, lips, or fingers until they break.³⁵ Pain is not a punishment. Pain is something natural. Pain is a part of life.³⁶ From this point of view, pain is a "gift".³⁷

The reality of suffering, in fact, exists in everyday life. However, most people react to it and reflect on it only if it befalls them or their loved ones.³⁸ The reality of human suffering is a stumbling block for many people to believing in God.³⁹ If God exists then suffering never exists because the existing God will eliminate the suffering. Since suffering exists, then God does not exist. Suffering is usually a solid foundation stone for atheism.⁴⁰ This problem had long been considered by one

³⁴ Schnitker, Sarah A., Benjamin Houlberg, William Dyrness, and Nanyamka Redmond. The Virtue of Patience, Spirituality, and Suffering: Integrating Lessons from Positive Psychology, Psychology of Religion, and Christian Theology. *Journal of Psychology of Religion and Spirituality*. Vol. 9, No. 3, 264 –275. August 2017. Retrieved from <http://dx.doi.org/10.1037/rel0000099>.

³⁵ Congenital insensitivity to pain with anhidrosis. (2021, January 2). Retrieved from: <https://medlineplus.gov/genetics/condition/congenital-insensitivity-to-pain-with-anhidrosis/>.

³⁶ Kusner, Harold S. *When Bad Things Happened to Good People* (pp. 61, 62, 64). New York: Avon Books. 1983.

³⁷ DeBrecht, Linda George. *Taking up one's cross with hope: a Christian approach to suffering* (pp. 164-165). Thesis Presented to the Faculty of the Graduate School of St. Mary's University in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Theology. 2017.

³⁸ Alcorn, Randy. *If God is Good, Faith in The Midst of Suffering and Evil* (pp. 23, 26). Colorado: Multonah Books, Colorado Springs. 2009.

³⁹ McMartin, Jason. Eric J. Silverman, M. Elizabeth Lewis Hall, Jamie D. Aten, and Laura Shannonhous. Christian Meaning-Making Through Suffering in Theology and Psychology of Religion. *Journal of Moral Theology*. Vol. 9, No. 1, 120-135. January 2020. Retrieved on January 5, 2021. <https://jmt.scholasticahq.com/article/11606-christian-meaning-making-through-suffering-in-theology-and-psychology-of-religion>.

⁴⁰ Alcorn, Randy. *If God is Good, Faith in The Midst of Suffering and Evil* (pp. 24).

of the ancient philosophers, Epicurus (341-270 BC).⁴¹ The reality of suffering can be comprehended from two opposing points of view. The first is from the point of view of atheism and the second is from the point of view of faith. The reality of suffering is relevant for both sides. For atheists, the existence of suffering can be used as a basis for denying the existence of God. For those who believe in God, the existence of suffering never negates their faith in God. It is always interpreted as a test, trial, or punishment from God that must be responded to by doing repentance and adjusting behavior to God's will.⁴²

In Christian theology, God does not remain silent about human suffering. God's concern is disclosed not by removing all human suffering, but by giving new meaning to it. God's concern is revealed in the mystery of the incarnation. The term incarnation comes from the Latin, *in* and *caro/carnis*, the process of entering or uniting oneself into the flesh. Incarnation is the process of unification of human nature into the Person of the Divine Word and this human nature remains in Him.⁴³ The term incarnation is taken from the words of Saint John in John 1:14, *Verbum caro factum est*, The Word became flesh for the salvation of mankind.⁴⁴ The emphasis of the mystery of the incarnation is not on transformation, but on divine participation in the flesh. The incarnation is more closely related to the word "came" than to the word "became" (Matt. 9:13). God's coming into human history does not leave His divine nature at all. God unites Himself into human beings by accepting all the consequences.⁴⁵ For Him, the suffering truthfully is not a necessity, but a choice. But by His free will and authority, Jesus as humans has chosen to be able to undergo the suffering. Even worse than that, the suffering that Jesus endured was the cruelest suffering ever done by humans to their fellow human beings. That is the suffering of the cross punishment.⁴⁶ However, it should not be interpreted that divine empathy merely occurs at the time of the cross. Divine empathy comes about because of human evil. As human evil itself has been going on from the beginning until now, so has Divine empathy. Thus, the essential meaning of the cross is the experience of God's inner suffering in participating in sinful human existence. This is the eternal cross felt by God. Jesus' suffering was the suffering of God Himself and Jesus' death was the death of God Himself.⁴⁷ In the context of the teaching of the Holy Trinity, the union between the Father and the Son comes to pass through the Holy Spirit.⁴⁸

⁴¹ Magnis-Suseno, Franz. *Menalar Tuhan* (pp. 222). Yogyakarta: Kanisius. 2006. Bdk. Braiterman, Zachary. *(God) After Auschwitz, Tradition and Change in Post-Holocaust Jewish Thought*. (pp. 23). New Jersey: Princeton University Press. 1998.

⁴² Alcorn, Randy. *If God is Good, Faith in The Midst of Suffering and Evil* (pp. 25).

⁴³ Martasudjita, Emanuel. *Pokok-pokok Iman Gereja, Pendalaman Teologis Syahadat* (pp. 144). Yogyakarta: Penerbit PT Kanisius. 2005.

⁴⁴ Katekismus Gereja Katolik, art. 461.

⁴⁵ Lee, Jung Young. *God Suffers for Us, A Systematic Inquiry into A Concept of Divine Passibility* (pp. 52-54). Netherlands: Martinus Nijhoff, The Hague. 1974.

⁴⁶ Stibbe, Mark. *Panduan Memahami Iman Kristen* (pp. 76-77). Diterjemahkan dari User's Guide to Christian Belief oleh Rm. Hasto dkk. Yogyakarta: Kanisius. 2009.

⁴⁷ Dister, Nico Syukur. *Teologi Sistematika 2, Ekonomi Keselamatan, Kompendium Sepuluh Cabang, Berakar Biblika dan Berbatang Patristika* (pp. 586-587). Yogyakarta: Kanisius. 2004.

⁴⁸ Lee, Jung Young. *God Suffers for Us, A Systematic Inquiry into A Concept of Divine Passibility* (pp. 64).

In the Christian faith, the suffering of Jesus is the answer to the problems of suffering.⁴⁹ In Jesus, God Himself felt suffering.⁵⁰ God never eliminates human suffering but gives a new meaning to it through Jesus, the meaning of redemption. The suffering and death that Jesus endured out of love for the human had a saving power of redemption. Redemptive love is love fulfilled with suffering. Suffering without love or love without suffering has no redeeming nature.⁵¹ The suffering of the innocent has the value of atonement for the sins of others. This religious belief was taught in the teachings of Judaism at the time of Jesus. It is contained in the hymn about the "Servant of God" (Isa. 42:1-4, 49:1, 50:4-9, 52:13-53:12). The Servant of God becomes a divine instrument through his suffering and death. Jesus Himself was identified as the Servant of God in the early Christian proclamations of faith (1 Pet. 2:22-25). Blood in itself has been considered a holy element that can cleanse sin and guilt. The Blood of Christ is closely related to the New Testament. The Church's faith in the saving power of Christ's death springs from Her faith in Christ's resurrection (1 Cor. 15:12-22).⁵² Human suffering gets a sacred meaning, the atonement of human sins and mistakes. Human suffering is elevated to a divine level. Suffering is no longer helplessness. It turns into a choice to endure it with patience and submission.⁵³ In union with the sufferings and sacrifices made by Jesus, every suffering and sacrifice made with sincere love by humans for the lives of others will take part in the mystery of atonement for sins, both for oneself and others.⁵⁴ Duties and roles, the burdens of life and work that are borne with love and compassion, through Christ, will become spiritual sacrifices pleasing to God.⁵⁵ Hence, all Christians are called to take part in carrying the cross for the work of sanctification.⁵⁶ In the context of suffering, Jesus always identifies himself or unites himself with the poor, the suffering, and the helpless. Regardless of the person's awareness or belief in the presence of Jesus in them, the act of caring for them is an act of caring for Jesus as well. Whether we realize it or not, whether we believe it or not, a good deed done for the poor, the suffering, or the helpless is a good deed done for God Himself. This belief is confirmed by Matthew in his Gospel (Matt. 25:38-40, 44-45). The act of love is the final point of spiritual reflection on human suffering.⁵⁷

⁴⁹ Rosa, VK Moratti. *Suffering, resilience, and spirituality: A practical theological guide for the clinical psychologist* (pp. 135-136). Dissertation accepted in fulfillment of the requirements for the degree Master of Arts in Pastoral Studies at the NorthWest University. 2020. Retrieved on January 5, 2021. <https://repository.nwu.ac.za/handle/10394/35023>.

⁵⁰ Magnis-Suseno, Franz. *Katolik itu Apa? Sosok-Ajaran-Kesaksiannya* (pp. 132). Yogyakarta: Penerbit PT Kanisius. 2017.

⁵¹ Lee, Jung Young. *God Suffers for Us, A Systematic Inquiry into A Concept of Divine Passibility* (pp. 60).

⁵² McBrien, Richard P. *Catholicism* (pp. 420-423). New York: Harper Collins Publishers. 1981.

⁵³ Salvifici Doloris (SD), art. 19, 21.

⁵⁴ Richard P. McBrien, *Catholicism* (pp. 420-423).

⁵⁵ Lumen Gentium (LG), art. 34.

⁵⁶ Beach, David Russell. *Following the Man of Sorrows: A Theology of Suffering for Spiritual Formation* (pp. 84). A Dissertation Submitted to The Faculty of Portland Seminary in Candidacy for The Degree Of Doctor Of Ministry. 2018. Retrieved from: <http://digitalcommons.georgefox.edu/dmin/28>.

⁵⁷ McTavish, Fr. James. Theological Reflection Suffering, death, and Eternal Life. *The Linacre Quarterly*. 83 (2), 134-141. May 2016. Retrieved on from: http://www.cmq.org.uk/CMQ/2017/Feb/linacre_quarterly_toc.html.

b. Medical Team Services in the Context of the Covid-19 Pandemic

The Covid-19 (Corona Virus Disease 2019) pandemic is a disaster for humans all over the world. Many people have died in less than a year. Based on news from the official website of WHO (World Health Organization) until January 1, 2021, there were 81,947,503 confirmed cases and 1,808,041 people died in 222 countries.⁵⁸ In Indonesia itself, based on the official website of KPCPEN (Committee for Handling Covid-19 and National Economic Recovery) until January 1, 2021, there were 751,270 confirmed cases consisting of 111,005 active cases, 617,936 recovered, and 22,329 died.⁵⁹ In this study, the author focuses the investigation on the experience of suffering and sacrifice of the medical team in direct contact with patients infected with Covid-19.

Doctor, nurse, and midwife as a profession have their professional code of ethics that they must adhere to as long as they carry out their profession. The profession of a doctor is under the auspices of the IDI (Indonesian Doctors Association) which was founded on October 24, 1950.⁶⁰ The profession of nurse is under the auspices of the PPNI (Indonesian National Nurses Association) which was founded on March 17, 1974.⁶¹ The profession of midwife is under the auspices of the IBI (Indonesian Midwives Association).⁶² Those who have chosen to get involved in these kinds of professions, whatever their motivation, must adhere to a code of ethics. Those who are unable and unwilling to comply with the code of ethics will be expelled from their professional organization. A doctor must be faithful to his oath to devote life to the benefit of humanity and put the patient's health and interests first. Doctors carry out their obligations to provide services accompanied by love and respect for human dignity.⁶³ A nurse, based on the VI National Conference of PPNI No.: 09/MUNAS VI/PPNI/2000, is responsible for those who need nursing care and for initiating and supporting various activities to meet the needs and health of the community. The services provided by nurses are always based on lofty ideals and pure intentions for the safety and welfare of the people without discrimination of nationality, ethnicity, skin color, age, gender, political and religious sects, and social position.⁶⁴ A midwife always provides complete services to clients, families, and communities through professional abilities based on their needs.⁶⁵ Thus, based on the professional code of ethics, during the Covid-19 pandemic, doctors, nurses, and midwives are the ones who must stand at the forefront of the

⁵⁸ Coronavirus disease (COVID-19) pandemic, Numbers at a glance. (2021, Januari 2). Retrieved from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

⁵⁹ Peta sebaran COVID-19. (2021, Januari 2). Retrieved from: <https://covid19.go.id/peta-sebaran-covid19>.

⁶⁰ Ikatan Dokter Indonesia (IDI). (2020, December 20). Retrieved from: <https://www.neliti.com/id/ikatan-dokter-indonesia/catalogue>.

⁶¹ History of Indonesian National Nurses Association. (2020, December 20). Retrieved from: <https://ppni-inna.org/index.php/public/about/information-history/>.

⁶² Indonesian Midwives Association (IBI) Brief History. (2020, December 20). Retrieved from: https://www.ibi.or.id/en/article_view/A20150113002/history_ibi.html.

⁶³ Darwin, Eryati, Prof. Dr. dr. PA (K) dan Dr. dr. Hardisman, MHID, Dr.PH (Med). *Etika Profesi Kesehatan* (pp.18-20). Yogyakarta: Deepublish. 2014.

⁶⁴ Kode Etik Keperawatan Indonesia. (2020, December 20). Retrieved from: <https://gustinerz.com/kode-etik-keperawatan-indonesia/>.

⁶⁵ Novianty, Asry, M. Keb. *Konsep Kebidanan* (pp. 39-40). Jakarta: Penerbit Fakultas Kedokteran dan Kesehatan Universitas Muhammadiyah. 2017.

struggle to restore public health in general and patients in particular in hospitals. In this study, the author explores the suffering and sacrifice experienced by the medical team in their ministry according to their views. Afterward, the author analyzes them in the context of Christian theology. In addition, the author analyzes the role of their theological understanding in ministry. Humans are creatures who always seek and give meaning to the events of their lives in history. Suffering and sacrifice will remain a mere reality if there is no meaning found in them or given to them. By finding or giving meaning, the medical team's suffering and sacrifice become meaningful. This research is very significant in the context of a society that has socially ignored and discriminated against the Covid-19 medical team members. Some cases of rejection of the corpse of the Covid-19 medical team members by the society surprisingly had surfaced. It seems to have turned a blind eye to the services of the Covid-19 medical team in carrying out treatment for Covid-19 patients.

METHOD

The method used by the author in this study is a mixed method of quantitative and qualitative methods. The quantitative method is realized by making a semi-open electronic questionnaire as a data collection tool, a questionnaire that contains questions with both answer choices that have been determined by the author and answer choices that can be determined by the respondent. This questionnaire is distributed to respondents through social media applications. The qualitative method is realized by quoting statements directly uttered by the Covid-19 medical team, recorded in videos, and uploaded on the Youtube channel. In pandemic situation, the author can't conduct interviews in person due to health protocols. The data obtained quantitatively and qualitatively are described in an integrated manner into a narrative by taking into account academic principles. Respondents are medical team members (doctors, nurses, and midwives) who are involved in handling Covid-19 at two private hospitals in Bandung. The research has been conducted for 3 months, from October 2020 to December 2020. The number of respondents is 41 people consisting of 1 doctor, 37 nurses, and 3 midwives. Qualitative data is taken from the medical team members involved in handling Covid-19 in any hospital. The perspective used to understand reality as far as it is contained in the data is the perspective of Christian theology. The theological method used by the author is a synthesis model of contextual theology. The synthesis model is a model that combines various approaches, namely the translation approach, the attitude of considering the theological context carefully, and the epistemological dynamics of the praxis model.⁶⁶

⁶⁶ Bevans, Stephen B. *Teologi dalam Perspektif Global, Sebuah Pengantar* (pp. 248, 250). Maumere: Penerbit Ledalero, 2010.

RESULTS AND DISCUSSION (ANALYSIS)

a. Respondent's Background

Table 1. Profession, Age, Status, Religion, and Motivation of Respondents

No.	Queries	Responses	Number	%
1.	Profession in hospital	Nurse	37	90.3 %
		Midwife	3	7.3 %
		Doctor	1	2.4 %
2.	Age ... years	26-30	27	65.8 %
		31-35	9	22.0 %
		36-40	1	2.4 %
		> 40	4	9.8 %
		0-5	27	65.8 %
3.	You have been working in the hospital for ... years	6-10	7	17.1 %
		11-15	3	7.3 %
		> 15	4	9.8 %
4.	Marital status	Not married yet	25	61.0 %
		Married, no children	5	12.2 %
		Married, have a child or children	11	26.8 %
5.	Reasons for carrying out the profession	Job	18	43.9 %
		Heart calling	18	43.9 %
		Duty	4	9.8 %
		Form of responsibility	1	2.4 %

The data in Table 1 explain that overall almost all of the respondents carry out their profession as heart calling (43.9 %) and job (43.9 %). Others carry out their professions as duties (9.8 %) and form of responsibility (2.4 %). There are no respondents who carry out their profession because of coercion. This profession is their choice. In terms of age, the majority of respondents are relatively young, namely 26-30 years old (65.8 %) and 31-35 years old (22.0 %). The majority of respondents have experience in working in a hospital for 0-5 years (65.8 %) and 6-10 years (17.1 %). The medical team involved in handling Covid-19 patients is prioritized young people who are assumed to have stable immunity. Most of them are also unmarried (61.0 %).

According to Dewi Nur Aisyah, the Expert Team for the Covid-19 Handling Task Force, one of the groups who are vulnerable to being exposed to Covid-19 is the elderly. The highest mortality rate for Covid-19 patients occurs at the age of 60 or older. The majority of those who died in that age group were men. The second group with the most deaths due to Covid-19 is the pre-elderly group in the range of 46-59 years.⁶⁷ The aging process results in decreased immunity. Thus, pre-elderly and elderly people are vulnerable to Covid-19.⁶⁸ However, when there are elderly doctors who still want to devote their lives to treating Covid-19 patients, no one can prevent it because apart from humanitarian factors, there is also a need for medical personnel. For instance, a pulmonary specialist at Graha Kedoya Hospital, West Jakarta, Handoko Gunawan, 80 years old, opted to devote himself to helping treat Covid-19 patients. He does not regard age as a limiting factor. He

⁶⁷ Ini 5 Kelompok Rentan Terpapar Covid-19, Lansia Paling Rentan. (2020, December 20). Retrieved from: <https://mediaindonesia.com/humaniora/333674/ini-5-kelompok-rentan-terpapar-covid-19-lansia-paling-rentan>.

⁶⁸ Hindari Lansia Dari Covid 19. (2020, December 20). Retrieved from: <http://www.padk.kemkes.go.id/article/read/2020/04/23/21/hindari-lansia-dari-covid-19.html>.

stated, “Kalau saya mati juga ga apa-apa, tua, masih bisa lakukan banyak hal yang berguna bagi orang banyak” (If I die it's okay, I'm old, I can still do many useful things for many people).⁶⁹

b. Respondent's Psychic Suffering and Sacrifice

Table 2. Psychological Dynamics of Respondents

No.	Queries	Responses	Number	%
		< 1	4	9.8 %
1.	You have been in charge of handling Covid-19 patients for ... months	1 - 2	6	14.6 %
		2 - 3	6	14.6 %
		3 - 5	5	12.2 %
		> 5	20	48.8 %
		Dangerous, lethal virus	30	73.3 %
2.	Your view on Covid-19	Dangerous virus, not lethal	8	19.5 %
		Ordinary virus, harmless	1	2.4 %
		Dangerous for people with certain diseases	1	2.4 %
		Dangerous virus, lethal depending on the context	1	2.4 %
		So-so	15	36.6 %
3.	Your feelings when you were assigned to treat Covid-19 patients	Glad, amazing, happy	15	36.6 %
		Obliged	5	12.3 %
		Worried, scared	3	7.3 %
		Disappointed	1	2.4 %
		Stressed	1	2.4 %
4.	Your feelings when you carry out the task of caring for Covid-19 patients	Sorry	1	2.4 %
		Sincere and resigned	24	58.6 %
		Worried/scared/anxious	15	36.6 %
		So-so	1	2.4 %
		Obliged	1	2.4 %
5.	Your feelings when you see Covid-19 patients continue to increase	Annoyed/upset	16	39.0 %
		Caring, concerned	15	36.6 %
		Stressed	4	9.8 %
		Miserable	2	4,9 %
		So-so	2	4,9 %
		Worried, scared	1	2,4 %
		Confused	1	2,4 %

The data in Table 2 assert that almost half of the respondents have been involved in handling Covid-19 patients for more than five months (48.8 %). While other respondents are below or equal to 5 months. Almost all respondents (97.6 %) state that Covid-19 is a dangerous virus and most of them state that this virus is lethal (73.3 %). This view, of course, greatly affects the inner disposition of the respondents in carrying out their duties. However, most of the respondents seem to be used to dealing with this kind of situation in the hospital so when they are assigned to treat Covid-19 patients, they feel so-so (36.6 %). Those who see this as a heart calling accept this task happily (36.6 %). However, other respondents feel obliged, worried, scared, disappointed, stressed, and sorry. When carrying out their duties, more than half of the respondents choose to be sincere and resigned (58.6 %), and worried/anxious (36.6 %) because anything could happen. Other respondents feel so-so and obliged. In comparison, there is an increase in the number of respondents who feel worried/scared/anxious from the accepting task stage to the carrying out

⁶⁹ Viral Dokter Pahlawan Corona Bernama Handoko Gunawan. (2020, December 20). Retrieved from: https://www.youtube.com/watch?v=_YHrx4R6s0Y.

task stage. That is from 7.3 % to 36.6 %. This indicates an increasing concern. When respondents witness that Covid-19 patients continue to increase, various reactions emerge. The most dominant reaction is annoyed/upset (39.0 %). The next dominant reaction is caring, concerned (36,6 %). Other respondents feel stressed, miserable, so-so, worried, scared, and confused.

The Covid-19 medical team has felt a lot of discomforts, both physical and psychological. The Covid-19 medical team must wear Personal Protective Equipment (PPE) that covers their body from top to bottom for more than 10 hours. As a consequence, during that time, they cannot eat, drink, urinate, and defecate. Those who cannot hold pee, can use adult diapers provided by the hospital. Debryna Dewi, a doctor who works at Wisma Atlet Kemayoran, Central Jakarta, said, *"...Gimana kalau lapar, haus dan lain-lain, kayaknya kalau yang sudah biasa puasa kayaknya si okay ya tapi nahan pipis itu susah sih. Kalau saya sih mentalnya belum kuat pakai diapers jadi ... saya berusaha menahan sekuat mungkin. Tapi memang disediakan popok dewasa kalau misalkan tahu diri gak bisa tahan pipis"* (What if you're hungry, thirsty, etc., I think if you're used to fasting, it's okay, but holding pee is hard. I'm mentally not strong enough to wear diapers, so... I try to hold on as hard as I can. But adult diapers are provided if you know you can't stand peeing).⁷⁰ In addition, they also have to endure longing not to meet their loved ones for a long time. Ige Gandi, an isolation room nurse, Pertamina Central Hospital (RSPP), South Jakarta, said, *"...takut?... pastinya, tetapi demi kemanusiaan saya rela ga pulang merawat pasien-pasien... kami kangen keluarga, pingin dekat dengan suami dan anak, untuk semuanya di rumah aja. Terima kasih untuk keluarga yang telah mendukung kami. I love you"* (scared?... sure, but for the sake of humanity I'm willing not to go home to treat patients... we miss our family, we want to be close to our husband and children, for everyone, just stay at home. Thank you to our family who has supported us. I love you).⁷¹ Afit Rianti, a nurse from Wisma Atlet Kemayoran, Central Jakarta, expressed her longing for her toddler child by bringing her baby clothes to work. He said, *"o ya... sebelumnya aku bawa, I always bring this, (sambil mengeluarkan pakaian bayi dan menciuminya berulang kali), I always bring this, my baby with me..."* (o yes... before, I have brought this, I always bring this, (while taking out baby clothes and kissing it repeatedly), I always bring this, my baby with me).⁷²

Efforts to prevent the transmission of Covid-19 can be done personally and socially. Personally, what you can do is wash your hands with soap as often as possible, avoid touching your eyes, mouth, and nose, cover your mouth with a tissue when sneezing or coughing, wear a mask, and keep a distance of at least 1 meter from other people.⁷³ Socially, the government has implemented a lockdown mechanism or social restrictions, isolation, and quarantine for those exposed to Covid-19. In this way, patients will not exceed the capacity of the hospital and the ability of the

⁷⁰ Tenaga medis Indonesia lawan corona: Rindu keluarga hingga tahan kencing 10 jam - BBC News Indonesia. (2020, December 20). Retrieved from: <https://www.youtube.com/watch?v=rEHM7JmgcNY>.

⁷¹ Cerita Para Dokter dan Perawat di Tengah Wabah Corona. (2020, December 20). Retrieved from: https://www.youtube.com/watch?v=E_gt5FecvaQ, "[MENGHARUKAN].

⁷² Tenaga medis Indonesia lawan corona: Rindu keluarga hingga tahan kencing 10 jam - BBC News Indonesia. (2020, December 20). Retrieved from: <https://www.youtube.com/watch?v=rEHM7JmgcNY>.

⁷³ Paudel, Shishir. Ganesh Dangal, Anisha Chalise, Tulsi Ram Bhandari, and Ojash Dangal. The Coronavirus Pandemic: What Does the Evidence Show? *Journal of Nepal Health Research Council*. 18(46), 1-9. April 2020. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/32335585/>.

medical team to serve. However, this method makes the economic cycle slow and even stop.⁷⁴ Control mechanisms like this also have negative psychological effects, such as fear of meeting strangers, stress, depression, loss of control, feeling isolated or ostracized, and so on.⁷⁵

c. Social Suffering and Sacrifice of Respondent

Table 3. Respondents' Views on Community Attitudes.

No.	Queries	Responses	Number	%
1.	Community's attitude towards Covid-19 cases	The community does not care	27	65.8 %
		The community cares and alerts	6	14.6 %
		The community rejects the existence of Covid-19	4	9.8 %
		There are those who care and those who don't care	4	9.8 %
2.	Response to the attitude of the community above	Disappointed at the indifference	21	51.2 %
		Sad for the indifference	14	34.2 %
		Gratitude, proud of those who care	4	9.8 %
		Appreciate the decision	1	2.4 %
		Concerned about the indifference	1	2.4 %

The data in Table 3 emphasize that more than half of the respondents (65.8 %) opine that the community does not care about the Covid-19 case and even there are those who reject the existence of Covid-19 (9.8 %) and consider it just a fabrication. This makes most of the respondents feel disappointed (51.2 %) and sad (34.2 %). The community indifference adds a psychological burden to the respondents.

Deny Dwi Fitrianto, a doctor in Sampang, East Java, before he died on Sunday, June 14, 2020, gave his last message, *"Ini adalah realitas yang kita hadapi. Kita tidak minta dipuja. Kita tidak minta disanjung. Kalau memang Anda harus keluar rumah karena pekerjaan dan perputaran ekonomi, IsyaAllah kita akan memahami tapi jangan curigai kami dengan mengada-ada dengan penyakit ini. Karena kita tidak tahu penyakit ini akan mengenai siapa dan dimana."* (This is the reality we face. We don't ask to be adored. We don't ask to be flattered. If indeed you have to leave the house because of your work and economic cycle, God willing, we will understand but don't suspect us by making up this disease. Because we don't know who will be infected and where).⁷⁶ Not surprisingly, photos of the medical team carrying the words "Indonesia, terserah" (Indonesia, up to you) were viral on various social media.⁷⁷

⁷⁴ Dahlke, Johannes. Kristina Bogner, Maike Becker, Michael P. Schlaile, Andreas Pyka, and Bernd Ebersberger. Crisis-driven innovation and fundamental human needs: A typological framework of rapid-response COVID-19 innovations. *Journal of Technological Forecasting & Social Change*. 169 (2021) 120799, 1-23. April 2021. Retrieved from: www.elsevier.com/locate/techfore.

⁷⁵ Roberts, Mary Ellen, DNP, APN-c, FAANP, FAAN. Joyce Knestrick, PhD, APRN, FAANP, FAAN, Lenore Resick, PhD, CRNP, FNP-BC, FAANP, FAAN. The Lived Experience of Covid-19. *The Journal for Nurse Practitioners*. S1555-4155(21)00177-X. April 2021. Retrieved from: <https://doi.org/10.1016/j.nurpra.2021.04.013>.

⁷⁶ Ini Pesan Terakhir dari Dokter yang Meninggal Karena Corona. (2020, December 20). Retrieved from: <https://www.youtube.com/watch?v=3g4P5QGieck>.

⁷⁷ Several links accessed on November 15, 2020 uploaded news about expressions of disappointment from the medical team towards the behavior of people who did not care about health protocols:

1) <https://www.bbc.com/indonesia/trensosial-52631517>,

2) <https://www.kompas.com/tren/read/2020/05/20/060200565/indonesia-terserah-ekspresi-kekecewaan-dan-bentuk-protos-kepada-pemerintah-?page=all>,

The suffering of the medical team is not only due to the ignorance of the community but also because of the stigma and discriminatory treatment from the community towards them and their families. There are families of the medical team who died because they could not bear the stigma and discrimination practiced by the community. Bobi Kurnia Setiawan, a dentist, son of the late doctor Heru Sutantyo who died with indications of Covid-19, in an exclusive interview with Rosianna Silalahi on the Kompas TV program with the theme "Duka Doctor Duka Indonesia", said, *"jadi ayah saya ga ada itu apa yang disebut dengan nama stigma itu luar biasa buat kami... ibu saya tidak kuat dengan stigma itu di masyarakat... untuk disapa aja ga... ibu ga kuat depresi tekanan dari situ... mama itu saat papa ga ada itu dia bengong terus... sedih berlebihan gitu ditambah lagi foto papa selalu ada di media... pada saat papa meninggal itu dikucilkan begitu tetapi kita harus lewati aku sudah bilang ke keluarga kita harus kuat, cuek aja..."* (so after my father had died, we got a terrible stigma from society... my mother couldn't stand it... they didn't want to greet us... my mother wasn't strong enough to get depressed from that pressure... after my father had died, my mother kept dumbfounded... very depressed, moreover, my father's photo was always published in the media... when my father had died we were ostracized, we have to get through this kind of situation, I told my family to be strong, just ignore it).⁷⁸ Seven days after his father died, his mother died of depression. What is even more concerning is the rejection of patient corpses that occurred in various places in Indonesia, including the medical team who died due to Covid-19. This issue urges the government to assure the public that the funeral process will be carried out in accordance with the health standards set by WHO.⁷⁹

Medical team who is not part of the Covid-19 medical team members is usually infected with Covid-19 from patients who are dishonest in providing information about their health conditions. Bobi Kurnia Setiawan testified about this, *"...banyak pasien yang menutup diri. Jadi kita tanya, bapak berpergian kemana atau apa, dia selalu menutup diri. Banyak pasien yang kita bisa katakan dia tidak jujur dengan apa yang kita tanya gitu..."* (many patients do not speak frankly. When we asked him where did you go or what did you do, he always kept himself closed. Many patients are not honest with what they say).⁸⁰ In order to maintain the health of the medical team, Aditya H.S., a general practitioner, Mayapada Hospital Tangerang, advised the patients, *"...tetapi hanya satu permintaan dari kami, katakanlah keluhan kalian dengan sejujur-jujurnya untuk keluarga yang menemani katakanlah keluhan kalian dengan sejujur-jujurnya supaya kami dapat melakukan diagnosis dengan baik supaya kami dapat menscreening dengan baik apakah ini mengarah ke Covid atau tidak karena ini merupakan virus yang sangat menular."* (but only one request from us, tell us what you are suffering from honestly, for the family of patient, please tell us your complaints honestly so that we can make a proper diagnosis and we can screen accurately whether this

3) <https://health.grid.id/read/352158332/jumlah-dokter-di-indonesia-paling-sedikit-di-dunia-para-tenaga-medis-geram-lihat-warga-belanja-baju-lebaran-di-mal-indonesia-terserah?page=all>.

⁷⁸ Penuh Haru! Ungkapan Hati Keluarga Dokter yang Meninggal Karena Covid-19 - ROSI (Bag 1). (2020, December 20). Retrieved from: <https://www.youtube.com/watch?v=mk-cKCu6Urw>.

⁷⁹ Dwinantoaji, Hastoro, Sumarni DW. Human security, social stigma, and global health: the COVID-19 pandemic in Indonesia. *Journal of the Medical Sciences* (Berkala Ilmu Kedokteran). Volume 52, Number 3 (SI), pp. 158-165. Juli 2020. Retrieved from: <http://dx.doi.org/10.19106/JMedSciSI005203202014>.

⁸⁰ Penuh Haru! Ungkapan Hati Keluarga Dokter yang Meninggal Karena Covid-19 - ROSI (Bag 1). (2020, Desember 20). Retrieved from: <https://www.youtube.com/watch?v=mk-cKCu6Urw>.

disease leads to Covid or not, because this virus is very contagious).⁸¹ Honesty is very important in this regard as it is estimated that 80% of people infected with Covid-19 show no symptoms at all.⁸²

d. Respondent's Theological View

Table 4. Respondent's Theological View of the Pandemic Situation.

No.	Queries	Responses	Number	%
1.	Your religion/belief	Christian of Catholic	17	41.5 %
		Christian of Protestant	12	29.3 %
		Islam	11	26.8 %
		Hindu	1	2.4 %
		Call for repentance	17	41.5 %
2.	The meaning of the Covid-19 pandemic	God's punishment for sin	11	26.8 %
		Common disease outbreaks	9	22.0 %
		Caring for health	2	4.9 %
		Caring for nature	1	2.4 %
		No response	1	2.4 %
3.	The theme of religious teachings that are most often remembered when carrying out tasks	Good service and deed	27	65.9 %
		Miracles and healing	7	17.1 %
		Repentance and forgiveness of sins	5	12.2 %
		Suffering and punishment for sin	1	2.4 %
		No response	1	2.4 %
4.	Religion provides service motivation	Yes	38	92.7 %
		It can be	3	7.3 %
5.	Prayer gives strength	Yes	40	97.6 %
		It can be	1	2.4 %
		Strength	21	51.2 %
6.	Request in prayer	Shelter	8	19.5 %
		Serenity	5	12.2 %
		Faith	4	9.8 %
		Endurance	3	7.3 %

The data in Table 4 attest that all respondents embrace religion. This makes them interpret the Covid-19 pandemic situation not only from a medical, biological point of view but also from a theological point of view. This theological point of view will also affect how they deal with the Covid-19 pandemic situation. More than half of the respondents give theological meaning to the pandemic event, namely a call for humans to repent (41.5 %) and God's punishment for human sins (26.8 %). The most dominant religious theme is the theme of service and good deeds (65.9 %). The next theme is the theme of miracles and healing (17.1 %) and the theme of repentance and forgiveness of sins (12.2 %).

In the context of life in the hospital, the medical team must not give false hope to the patient including the hope that a miracle will occur. The medical team is just trying to give their best. Patients are always assumed to experience healing in the context of a continuous process of care in the hospital. Because of this, they focus more on the theme of service and good works that

⁸¹ Cerita Para Dokter dan Perawat di Tengah Wabah Corona. (2020, December 20). Retrieved from: https://www.youtube.com/watch?v=E_gt5FecvaQ, "[MENGHARUKAN].

⁸² Setiati, Siti, Muhammad K. Azwar. COVID-19 and Indonesia. *Journal Acta Med Indones - Indones J Intern Med*. Vol. 52, Number 1, pp. 84-89. January 2020. Retrieved from: https://www.researchgate.net/profile/Muhammad-Azwar-5/publication/340645813_COVID-19_and_Indonesia/links/5e96ba6a92851c2f52a2ef2e/COVID-19-and-Indonesia.pdf

establish them in their work as a medical team rather than on the theme of healing miracles that happen to patients. Most of the respondents regard religion as a motivation provider (92.7%) and prayer as a source of strength to them (97.6%). In the midst of his fear, Haryo, a general practitioner at Pertamina Central Hospital, asked for prayers from all who wished to pray, “... *kita jadi takut ya untuk pulang ke rumah karena di rumah sakit ini, sangat banyak kemungkinan kita bertemu dengan pasien-pasien maupun disengaja maupun tidak. Untuk itu untuk saat ini jujur saya takut menularkan kepada keluarga saya sendiri. Makanya saya mohon doa dari teman-teman sekalian untuk kesehatan kami semua agar kami tetap sehat dan merawat dengan baik pasien-pasien... semoga pandemi ini juga cepat berlalu...*” (we are so anxious to go home because in this hospital, there are so many possibilities that we meet patients either intentionally or unintentionally. Therefore, for now, honestly, I am worried about transmitting the virus to my own family. That's why I ask for prayers from all of my friends for our health so that we can stay healthy and be able to take good care of patients... may this pandemic will pass quickly).⁸³ Mikhael Robert Marampe, a doctor in Jakarta before he died on Saturday, April 25, 2020, gave a message, “*Hari ini adalah hari kedelapan saya dirawat dan saya menjadi salah satu dari korban Covid-19. Buat saya menjadi seorang dokter itu menjadi kebanggaan tersendiri. Tetap bisa melayani pasien, bisa membantu banyak orang, dan tidak ada penyesalan sedikitpun. Buat temen-temen semua di garda depan, tetap semangat dan wajib menggunakan APD yang lengkap. Selalu semangat temen-temen semua dan Tuhan Yesus memberkati.*” (Today is my eighth day of treatment and I am one of the Covid-19 patients. For me to be a doctor is a matter of pride. I can still serve patients, I can help many people, and I have no regrets at all. For all my friends on the front line, keep your spirits up and use complete PPE. Always cheer up my friends and Lord Jesus bless you).⁸⁴

CONCLUSION

During the Covid-19 pandemic, the Covid-19 medical team members (doctors, nurses, and midwives) experience a lot of suffering in their duties to treat Covid-19 patients. Death is the worst consequence that must be borne. The willingness of the medical team to endure all this suffering for the good of the lives of others can be said as a sacrifice. They sacrifice their own lives for the lives of others. They do not receive suffering passively. They actively receive and endure suffering for the sake of the lives of others. They cannot be considered victims. In the context of Christian theology, they are referred to as a priest who sacrifices life for the life of others. Whether they realize it or not, believe it or not, this sacrifice is the most pleasing to God. This sacrifice is a holy sacrifice and it can sanctify human life. In essential union with the sacrifice of Jesus on the cross, it provided atonement for the sins and guilt of oneself and others. This Covid-19 pandemic event can be an opportunity to be involved in saving people in here life and in hereafter life. People who do not know or believe in Christ can become far more Christian if they do the will of Christ, sacrificing their lives for the lives of others.⁸⁵ Revelation is not only a historical fact, and

⁸³ Cerita Para Dokter dan Perawat di Tengah Wabah Corona. (2020, December 20). Retrieved from: https://www.youtube.com/watch?v=E_gt5FecvaQ, “[MENGHARUKAN].

⁸⁴ Fakta Dokter Muda Meninggal Dunia yang Rela Tunda Pernikahan Demi Tangani Corona. (2020, December 20). Retrieved from: <https://www.youtube.com/watch?v=LFJ0kngJ2hc&t=79s>.

⁸⁵ Johnson, Kevin Orlin, Ph.D. *Why Do Catholics Do That? A Guide to the Teachings and Practices of the Catholic Church* (pp. 49). New York: Ballantine Books. 1994.

it is not only an act of God that saves mankind, but it is also a command which He revealed to us primarily through the example of Christ (*mandatum Dei in exemplo Christi*). According to this third aspect of revelation, faith is obedience to God's commandments by following the example of Jesus Christ.⁸⁶

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⁸⁶ Dister, Nico Syukur, Dr., OFM. *Pengantar Teologi* (pp. 154-155). Jakarta: BPK Gunung Mulia, Yogyakarta: Penerbit Kanisius. 1991.

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