



Crisis Leadership on Health Emergency Management (Case Study : Eruption of Mount Sinabung)

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Abstract: Crisis leadership is a special case which specific reviews, these tools of influence performs a critical role. In a crisis, time line, a more critical. There is not as much time for reflection. Rapid decision making and a higher call to action become the norm^[1]. Eruption of Mount Sinabung in Karo Regency of North Sumatera Province on 15 September 2013, is a catastrophic incident very surprising residents and ranks of the Regency Government. According PVMBG (Vulcanology and Mitigation Disaster Center), Mount Sinabung determine the status of the level II (alert) to level III (standby), and recommends 3 km radius of the crater there is no activity. From the first day of the disaster there were 6.259 refugees and growing life within an hour of up to 15.000 inhabitants on September 18, 2013. The local government's readiness to be respon sible for leading disaster management and refugee turned out to be very fragile and slow. Incident Command System (ICS) is not functioning because of local institutions never present in any coordination meeting at the Emergency Response Command Post. This is a qualitative research, phenomenology, which aims to determine how the mechanism of ICS, the role and figure Incident Commander (IC), and how the role and readiness of Karo Regency Health Office in dealing with disasters and refugees. The results showed that the ICS is not running because the upper echelons of the Regency government did not have the sense of crisis, and crisis leadership. Health services especially enviromental health respons are not fully under the control of the ICS, as Karo Regency Health Office is not active in ICS. IC preferably is a military figure / commander, and to be more emphasized in disaster management legislation.

Key words : Crisis Leadership, ICS / IC, emergency health support.