

CORPORATE LIABILITY ON THE CRIME OF PRODUCING, DISTRIBUTING, AND UTILIZING NON-STANDARD VACCINES

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Abstract

Immunization is a mandatory program by government for every child in Indonesia. In 2016, however, the vaccine used for children's immunization was found under standardized or unqualified. It was mixed with particular substances which might lead the users into some allergies, minor or severe injuries, trauma, and even danger their lives. Parents certainly fully entrusted their children's immunization to the competent. The crime of producing, distributing, and using non-standard vaccines involved many parties both individuals and corporations, ranging from the task of producing, distributing, and up to injecting the vaccines into children. With the enormous profits of the crime, however, only private parties were sued while the corporations were still free from any accusation and thus, it made them have potential chances to redo such crime, violating medical laws, consumer protection laws, Money laundering legislation, and up to brand and geographical indications.

This study was a legal research with statute and conceptual approaches. It aimed to investigate the provisions of producing and distributing non-standard vaccines by corporations and to analyze their liability on such crime. The results, conclusions, suggestions, and recommendations for the problem were discussed.

Keywords

corporate liability, production, distribution, utilization, non-standard vaccines

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Introduction

The function of banks as financial collector and distributor is fundamental for economic activities, in particular to the real sectors. They allow people to do economic development activities through investments, distributions, and consumptions.

The distribution and utilization of non-standard or unqualified vaccines in Indonesia during 2016 was very apprehensive. It was found not standard yet had been injected into many children across the regions of Indonesia. The Health Minister, Nila Farid Moeloek, claimed that the unqualified vaccines had been distributed to several areas in Indonesia, such as Bekasi, Serang, Jakarta, and Bandung (Ambaranie Nadia Kemala Movanita, 2017). Many people of Indonesia concerned on this issue since those vaccines caused several problems on the children's health. Some children became vulnerable to particular illness and they might also have infections as it was not hygienic on its production. The antibiotic substance in unqualified and non-standard vaccines might even cause allergies to several users.

The subjects that produced, distributed, and utilized the non-standard vaccines were varied and organized in some areas. In the capital city of Indonesia, for instance, they acted as the producers, couriers, sellers, and label makers of the vaccines (Nabilla Tashandra, 2017).

With a very broad distribution of the non-standard vaccines, it was undeniable that doctors, nurses, and other medical staff or even hospitals were involved. Hence, the police force had arrested some doctors and medical staff related to this issue. They were found having various roles as the suppliers (e.g., the medical staff) and the executors injecting those unqualified vaccines into patients (e.g., the doctors) (Ambaranie Nadia Kemala Movanita, 2017).

Such practice had been long conducted, and it found that the syndicate had produced unqualified vaccines since 2003 and been well distributed across Indonesia by several agents, and thus, both experts and common people felt difficult to detect them all, particularly in pharmacology. Both sellers and producers gained huge profit from such illegal practices. The producers might gain approximately IDR 25 million per week, while the sellers might gain IDR 20 million per week (Fabian Januarius Kuwado, 2017). The non-standard vaccines were sold in low price. It made them popular in market demand.

A motive making them produce, distribute, and use non-standard vaccines was mostly due to business or profit factor. The accused showed the proof as they admitted that they did such practices in order to cover their daily needs. In addition, they even admitted that they gained multiple profits and had an extravagant life from those profits.

From legal perspective, the crime that related to the production, distribution, and utilization of non-standard vaccines had considered as legal violence; from the aspect of administration, civil, and up to criminal laws. In the aspect of administrative law, they had violated the license from Health Minister as they produced non-standard vaccines. In civil law, they had violated the law of brand as they used the genuine brand from its official for their products. From the perspective of consumer protection law, they had violated people rights to know the physical condition, expiration date, and entire package of vaccine they used for immunization, as well as its ingredients and side effects. The result in legal field would be much bigger. It was related to the utilization of non-standard vaccines which caused damages and even death to babies, and thus, the practice was charged by both *lex generalis* (Criminal Code) and *lex specialis*.

The crime of producing, distributing, and utilizing non-standard vaccines is not only found in Indonesia. Some countries such as United States, Philippine, and China are those encountering similar cases. The practice of producing, distributing, and utilizing non-standard vaccines leads to economic crime. The agents seek for profit as much as possible from such practice.

In term of legal perspective, the practice of producing, distributing, and utilizing non-standard vaccines had violated several legal laws as mentioned in Act of 1999, No. 8 about Consumer Protection, and Act of 2009 No. 36 about Health. This crime had violated some laws (*lex Specialis*) and was considered as heavy crime since it related to the future life of children. Later, the sentence for this crime should be very heavy. Meanwhile, they only got caught and had proceeding session. Indeed, the related corporation played their roles. Given that such practices had broadly spread out into several areas, the corporation definitely played their roles in that practice. Thus, it should be investigated whether the related corporation was behind of those practices or acted as the executors as well.

It is not easy to ask the corporate liability of this case. It should previously consider the system of corporate liability used due to such practices and then consider

to what extent the crime of the defendant was (i.e, the doctor) to be defined as corporate crime (i.e., the hospital).

The crime of producing, distributing, and utilizing non-standard vaccines indicated that this case was a well-organized-and-systematic crime and it had involved many parties from the staff, manager, and up to the board of the hospital since long ago.

It is in line with the indications and tendencies of corporate crime. However, the victims were reluctant to report such crime as it related to corporate practice. Thus, it was few finding corporation to be judged. The legal officials were difficult to investigate the case due to the lack of evidence. It brought chances for both the individuals and corporation of a company to keep producing defective products in huge scale. Hence, it motivated them to gain more profit.

Such tendency is the characteristic of corporate crime, and the liability of the crime is on the corporation as the legal subject since the basic principle of the liability refers to the element of fault (i.e., liability based on fault). Verifying the element of fault in corporate crime is a difficult matter. Another characteristic of corporate crime is taking everything in secret, undercover, and the victims rarely realize the disadvantages they suffer from. Laws had treated corporation as like human (*i.e., natuurlijke persons*) having rights and obligations, but with different legal subject (Kristian, 2013). Some laws use identification theory or vicarious liability to sentence the criminals.

It needs the role of the government to fight against the practice of producing, distributing, and utilizing non-standard vaccines in order to eliminate any damages that thread Indonesian children -the next generation of this nation- and to restrict the corporation parties in having such practice. In addition, it needs a repressive action in the form of heavy sentences to the criminals, and also a preventive one for the victims by the government and other parties.

Therefore, some issues to be discussed in this present study referred to the regulation of the practice of producing, distributing, and utilizing non-standard vaccines by corporates along with their liability on such practice. It is a legal research; a study that investigates relevant laws, the legal principles, and the legal doctrines and examines the legal concepts along with the perspectives from some experts in order to

enhance the capacity of interpretation to encounter particular legal issues (Peter Mahmud Marzuki, 2010).

The Practice of Producing, Distributing, and Utilizing Non-Standard Vaccines

The kinds of vaccines for immunization across the globe, including Indonesia are BCG (*Bacillus, Chalmette, Guerin*), DPT (Diphtheria, Pertussis, Tetanus), HB, *Hib*, Hepatitis B, OPV (*Oral Polio Vaccine*), IPV (*Inactive Polio Vaccine*), Measles, DT (Diphtheria Tetanus), TT (Tetanus Toxoid), and TD (Tetanus Diphtheria).

Based on Article 27 of the Regulation of Health Minister of the Republic of Indonesia (i.e., *Permenkes RI*) No 42 in 2013, the authority to provide vaccines and do vaccination and immunization lies on doctors, specialist, midwife, and nurses. In particular to nurses, they are allowed to do immunization and vaccination only if the authorized doctors delegate them or if the medical service center has no doctors.

Unqualified Vaccine

As mentioned in Article 1 No. 2 the regulation of Health Minister of the Republic of Indonesia, particularly No. 42 / 2013 about the organization of Immunization, vaccine is an antigen that consists of either died, weakened, intact, or proceeded microorganism in the form of microorganism toxin called toxoid, recombined protein that provide specific immune against particular disease in individuals' physical body. Act of 2009 No. 36 on Health, however, did not mention the definition of vaccine. It was mentioned in Article 1 No. 4 that the pharmaceutical supply included medicines, medical ingredients, traditional medicines, and cosmetics. In this case, vaccines were categorized into medicines.

Neither the Act of 2009 No. 36 about Health nor other laws and subordinate regulations explicitly mentioned the definition of unqualified vaccine. However, the author defined unqualified vaccine as the pharmaceutical supply (i.e., vaccine) with non-standard ingredients and it did not meet the standard of function, quality, advantage, and security defined by the government in order to gain particular purposes such as huge profits or well-organized murder. The criteria of standard, function, quality, and security defined by the government were all mentioned in Article 2 of the Government Regulation No. 72 in 1998 on the Protection of Pharmaceutical supply and Medical Devices, as follow.

“Article 2

- (1) Produced and/or distributed the pharmaceutical supply and medical devices should meet the standard of quality, security, and advantages.
- (2) The standard of quality, security, and advantages as mentioned in subsection (1) is as follow:
 - a. The pharmaceutical supply in the form of medicines and its ingredients is based on the standard mentioned in Farmakope and other references defined by the Health Minister;
 - b. The pharmaceutical supply in the form of traditional medicines is based on the standard mentioned in Materia Medika Indonesia by the Health Minister;
 - c. The pharmaceutical supply in the form of cosmetics is based on the standard mentioned in Kodeks Kosmetika Indonesia by the Health Minister;
 - d. The medical devices are based on the standard defined by the Health Minister.

In case of producing, distributing, and utilizing non-standard vaccines, Article 1 subsection (3) of the Government Regulation No. 72 in 1998 about the Security of Pharmaceutical Supply and Medical Devices defined the term “producing” as an activity or process of making, preparing, processing, packing, and/or modifying the type of pharmaceutical supply and medical devices. This Article mentioned that the term “producing” here did not involve formulating by pharmacologists in medical services such as drugstore.

Article 1 subsection (4) of the Government Regulation No. 72/ 1998 about the Security of Pharmaceutical Supply and Medical Devices defined the term “distributing” as an activity or a set of activities of delivering or providing any pharmacy supply and medical devices for merchandising, non-merchandising, or alienation. In that Article, ‘merchandising’ in case of distributing the pharmaceutical supply and medical devices referred to an activity or a set of activities to sell and/or buy pharmacy supply and medical devices and other activities related to the alienation of the pharmaceutical supply and medical devices.

Article 16 subsection (1) of the Government Regulation No. 72 / 1998 about the Security of Pharmaceutical Supply and Medical Devices defined the term “utilizing” as an activity of using the pharmaceutical supply and medical devices in medical services in order to maintain and improve the level of public health, however, the utilization of

pharmaceutical supply and medical devices for scientific purposes was to study and develop the pharmaceutical supply and medical devices itself, which result will ultimately be useful for medical services. The scope of “utilizing” here referred to the utilization of vaccines by doctors, specialists, or nurses under the corporation of a hospital, not by private doctors or midwives organizing private practices out of the employment contract from a corporation.

They had several ways, modus, and efforts to produce, distribute, and utilize non-standard vaccines. Those were classified into three levels, including production, distribution, and utilization.

First, in production level, the subjects often used an ordinary place as their production house which might not meet the criteria of clinical standard of vaccine production. In case of the container for vaccine production, they used some used-containers from hospitals, used bottles which have been previously washed using alcohol and then drained before being contained with the liquid substance (infused liquid) and non-standard vaccines (i.e., certain vaccines such as tetanus) or the genuine yet expired ones. In addition, they used the brand of the genuine vaccines and attach them to their products. The packaging was also similar to the genuine one (Decky Ferdiansyah, 2016).

Second, in distribution level, their modus of operandi was by offering their unqualified vaccine products to hospitals and midwives. For hospitals, they offered their products to the logistic division by providing cheap prices compared to the original ones in order to make them buy their products. Some others even felt confident to involve some parties in hospitals. For private midwives, they offered their vaccine products with cheaper prices.

Third, in utilization level, it was common that some competent parties such as doctors, specialists, midwives, and nurses vaccinating people did not realize that the vaccines they used were unqualified in its standard as their duty (i.e., particularly to doctors and specialists) was solely providing vaccination to people without having participation in the process of producing those vaccines. Thus, it was difficult to prove their fault. However, some of them might become the subject of utilizing non-standard vaccines as they knew and intentionally used the non-standard vaccines. In hospitals, the subjects got their victims (i.e., parents of vaccinated children) to do direct payment to the doctor or nurses that treat their children without going through the procedural administration of the hospital in order to make the practice difficult to detect.

Related Laws on Producing, Distributing, and Utilizing Non-Standard Vaccine

Toward Act of 1999 No. 8 on Consumer Protection

Such practice was classified into the legal regulation of consumer protection as well. The consumers in this case were the parents of vaccinated children. They were protected by Act of 1999 No. 8 about Consumer Protection (UUPK) as the victims whose children were suffering the side effect of non-standard vaccines.

Based on Article 1 subsection (1) UUPK, consumer protection was any effort to guarantee people with legal certainty in order to give protection to them as consumers. However, Article 1 subsection (2) defined the term 'consumer' itself as each user of goods and/or service publicly provided, both for personal, family, and other needs, and not for sale.

The term "goods" here was both tangible and intangible objects, removable and non-removable, expendable and non-expendable, that could be traded, used, and functioned by consumers (article 1 subsection [4]). The pharmaceutical supply in the form of vaccines was classified into tangible goods. Article 4 UUPK had defined the rights of consumers. Those rights would become the liability of the enterprises as explicitly mentioned in Article 7 UUPK. Article 8 UUPK also mentioned several prohibitions for corporation (Ophi Khopiatuziadah, 2016).

Toward The Act of 2009 No. 36 about Health

The crime of producing and distributing non-standard vaccines was judged using Act of 2009 No. 36 on Health. It was reasonable as it was classified into medical crime and thus, the legal process was based the principle of *lex specialis* in medical field. In addition, the process of investigation by general prosecutor in proceeding session would be easier by using medical law. The apparatus of legal official applied Article No. 196 and 197 of the Act of 2009 No. 36 about Health as the primary prejudgment in a criminal practice of producing, distributing, and utilizing non-standard vaccines.

Toward Act of 2009 No. 44 about Hospital

The distribution and utilization of non-standard vaccines in hospitals had violated some regulations in those hospitals. Hospitals should meet the standard of pharmacy and guarantee the provision of qualified, beneficial, safe, and affordable pharmaceutical supply and medical devices as mentioned in Article 15 of Act of 2009 No. 44 about Hospital. The hospital should be responsible on any intentional fault and

negligence from the authorized parties in pharmaceutical installation causing the distribution and utilization of non-standard vaccines. Additionally, Article 46 of this Act also mentioned this matter.

Toward Act of 2010 No. 8 about Preventive and Repressive Action on Money Laundering

The criminal subjects commonly had various ways to hide or disguise their asset record that their gained from criminal practices in order to hamper the process of investigation by legal officials, and to be able to use those assets for their personal interest, both legal and illegal. The crime of producing, distributing, and utilizing non-standard vaccines was also sentenced by Act of 2010 No. 8 about Preventive and Repressive Action on Money Laundering (i.e., PPTPPU). The subject, both individual and corporation, might have huge profit from such illegal practice.

PPTPPU saw this case in the perspective of the origin in which the assets was gained, including from corruption, drugs, or terrorism. The crime of producing, distributing, and utilizing non-standard vaccines was mentioned in Article 2 subsection (1) letter (z) as another crime which sentence was 4 years in prison or more. It was due to the application of a legal provision such as Medical Law in its prejudgment, and the sentence of such crime was 4 years in prison or more (e.g., 10-15 years in prison).

Toward Act of 2016 No. 20 about Brand and Geographical Indication

The crime of producing and distributing non-standard vaccines was classified by the regime of intellectual asset law (i.e., HKI), particularly the crime in brand. In the level of production and distribution, the subject had used the official brand of genuine products as the brand of their products. The kind of delict in this law referred to the victim's legal action (i.e., the owner of the brands) which might sue the subject. However, the subject could not be sued by the Law of Brand unless the owners sued them. In this case, the owners might sue the corporate subject, as mentioned in Article 100 of this Act. On the other hand, the vaccinated children were ones that suffered the most as they were vaccinated with non-standard vaccines.

Corporate Liability as the Subject Producing, Distributing, and Utilizing Non-Standard Vaccines

Theory of Corporate liability

Following Sutan Remi Sjahdeini, corporation had both narrow and broad definitions. In narrow context, it was seen as a legal entity. In this case, Corporation was a legal figure authorized to do particular legal practices under the provision of civil law. Thus, Civil Law recognized the existence of corporation and provide them “life” or authority to do legal practices as a legal figure. Similarly, the “death” of corporation, (e.g., a bankrupt corporation) was recognized by that Law (Sutan Remi Sjahdeini, 2006). In broad meaning, it was set in criminal law. In this case, corporation was both legal and non-legal entities. It was not solely in the form of incorporated companies, institutes, and other legal cooperative groups, but also firm, limited partnership or CV, and alliances or *maatschap*; enterprises which were not recognized as legal entities in the perspective of civil law.

In general, the principles of liability in civil law were classified into several types. (Shidarta, 2004). First, *liability based on fault*. It was the principle of liability based on the element of fault. This principle claimed that a subject should not be legally responsible unless the elements of his/her fault were found. Second, *Presumption of Liability*. This principle claimed that the defendant should always be presumed as one with liability (i.e., presumption of liability) until he/she was found guilty. Hence, the weight of evidence was on the subject of the crime (Shidarta, 2004). This principle applied reversal evidence (i.e., *omkering van bewijslast*). Third, *Presumption of Non-liability*. It was the reversal of *presumption of liability*. Forth, *Strict Liability*. It was identic with the principle of absolute liability (Sutan Remi Sjahdeini, 2006). This principle took the fault as a determinant factor. However, there was still a possible exception for the subject to be free from any liabilities due to force major, for instance. Fifth, *Limitation of Liability*. It was the most “favorite” option to be mentioned as an exoneration clause in the standardized agreement that the subject made. In an agreement of photo printing, for instance, it was agreed that if the negatives of the photos were lost or damage due to the staff’s negligence, the consumers might only get restricted compensation maximally 10 times of the price of a new photo roll (Shidarta, 2004). Sixth, *Product Liability*. The producers could freely produce and distribute their products to any markets without feeling worried of the product quality, and thus, it was a must for the consumers to be aware and careful in consuming any products for the sake of their life.

The most precise theory and principle applied for suing any practice of producing, distributing, and utilizing non-standard vaccines by a corporation, particularly in civil law context, was *vicarious liability* and *corporate liability*. Those

theories claimed that the employers should be responsible on any damages their employees did (i.e., *captain of the ship doctrine*).

Following Marshall B. Clinard and Petter C. Yeager, corporate crime referred to any corporate practice which got legal sentence from Government, either under administrative law, civil law, or criminal law (Setiyono, 2005).

In regard to the liability of corporate's crime, three basic theories underlying the charge were identification theory, vicarious liability, and strict liability. The first theory –theory of identification- argued that in order to charge a corporation with liability, it should previously identify the real subject of the crime. The liability was charged to the corporation if the *directing mind* of that corporation was found guilty (Evan Elroy Situmorang, 2008). The second theory –theory of vicarious liability- argued that the liability was charged to a subject due to another subject's crime. Based on the doctrine of vicarious liability, an individual could be charged with liability due to another subject's crime. The third theory –theory of strict liability- argued that the liability could be charged to particular subject of crime without verifying whether or not the element of fault did exist (i.e., either it was intentional or unintentional). In short, the subject's liability was not matter in this this theory (Evan Elroy Situmorang, 2008).

Law-Based Sentences for Corporations that Produced, Distributed, and Utilized Non-Standard Vaccines

Based on Act of 1999 No. 8 about Consumer Protection

Article 61 – 63 in the provision of Act of 1999 No 8 about Consumer Protection mentioned the liability of the crime. This Act applied *identification theory*. As mentioned in Article 62 subsection (1) and (3), the phrase “violating enterprises” was defined as anyone, either individual or corporation, violating the regulation of UUPK. The corporate as the key subject in a practice of producing, distributing, and utilizing non-standard vaccines was represented by the *directing mind* of the corporation. The corporation staff would not be charged unless any evidence leading to corporate's fault was found.

Based on Act of 2009 No. 36 about Health

The provision of Act of 2009 No. 36 about Health set the sentence for corporation, although this Act did not explicitly describe the definition of corporation, enterprise, and legal instance as a legal subject. Particularly, the provision was mentioned in Article 201 subsection (1) and (2) of the Act of 2009 No. 36 about Health. This Act

applied *identification theory*; that a corporation could be charged due to a crime if the subject of the crime was previously identified. The liability of the crime would be charged to the corporation if the *directing mind* of that corporate was found guilty. The crime by direction board was identified as a corporate's crime. A practice might be considered as corporate crime only if the crime as conducted by senior staff authorized to act as a *directing mind* of that corporation. The corporate staff could not be charged with liabilities unless any corporate fault was found.

Based on Act of 2009 No. 44 about Hospital

The Act of 2009 No. 44 about Hospital set the liability of corporate crime in Article 62 and 63 that dealt with the hospital license. However, the Act did not further provide any other provisions for particular cases such as the distribution and utilization of non-standard vaccines. This brought opportunity for the hospital as a corporation to be free from any charge of liabilities due to the crime of producing, distributing, and utilizing non-standard vaccines, although the hospital had roles that allowed such criminal practice to happen. The supply of medical goods and services by a hospital was not carefully investigated and thus, it might allow particular negligence to happen in pharmaceutical logistic, such as intentionally supplying unqualified vaccine (*dolus*) to the hospital by having cooperation with a producer of non-standard vaccines, especially if the pharmaceutical installation of the hospital produced non-standard vaccines by themselves. It was necessary to set a criminal law that charged the direction board and the hospital with prison and fine, respectively, along with some additional sentences such as compensation issue, revocation of operational license and legal status of the hospital as a corporation due to the crime of producing, distributing, and utilizing non-standard vaccines.

Based on Act of 2010 No. 8 about Preventive and Repressive Action on Money Laundering

A legal action toward the corporation's crime was set under Article 6 and 7 of this Act by applying *identification theory*. Article 6 subsection (1) set that, according to this Act, any of crime was conducted by corporation, and thus, the corporation should be charged, and the practice was considered as corporate's crime if it corresponded to Article 6 subsection (2) letter (a) up to (d). The management of a corporation could not be charged with liability unless the corporate was found guilty.

Based on Act of 2016 No. 20 about Brand and Geographical Indication

The corporate subject could be sued by the owner of the brand, as mentioned in Article 100 of this Act. The term “whoever” in that Article referred to any individual and/or corporation. It led to Article 1 subsection (19) of this Act, that the subject was either individual in personal or corporation, and thus, no opportunity for anyone or even corporation to do crime in branding.

Act of 2016 No. 20 about Brand and Geographical Indication applied *identification theory*. It was apparent in phrase “violating subject”, as mentioned in Article 100 subsection (1) and (3). That phrase was defined the corporation as the subject of the crime that produced, distributed, and utilized non-standard vaccines. The *directing mind* of a corporation was considered as one that committed the crime. However, the management of a corporation could not be charged with any liability unless the corporate’s crime was found or verified.

The limitation of the liability mentioned in Act of 2016 No. 20 about Brand and Geographical Indication was the lack of additional sentences such as the revocation of operational license and/or the legal status as a corporation, or the acquisition of assets. The existing liabilities currently charged was only prison and fine, although the crime of producing, distributing, and utilizing non-standard vaccines might have caused damages on surrounding and people lives which led to death.

Conclusion

The crime of producing, distributing, and utilizing non-standard vaccines violated not only the Act of 2009 No. 36 about Health, but also other Laws such as Act of 2016 No. 20 about Brand and Geographical Indication, Act of 1999 No. 8 about Consumer Protection, Act of 2009 No. 44 about Hospital, and Act of 2010 No. 8 about Preventive and Repressive Action on Money Laundering.

In addition to civil lawsuit, another effort to sue a corporation that produces, distributes, and utilizes non-standard vaccines was by accusing them due to the misusing of brand, although it could only be filed by the owner of the genuine brand. It was consistent to Act of 2016 No. 20 about Brand and Geographical Indication. Furthermore, it could also be sued using the Acts of Consumer Protection and Money Laundering in order to make the corporate subject lose their rights over the profits they gained from the crime.

Suggestion

The crime of producing, distributing, and utilizing non-standard vaccines should not only be charged by Medical Law, but also by other Acts such as Law of Consumer Protection, Law of Brand and Geographical Indication, and Law of Preventive and Repressive Action on Money Laundering, given that such crime had brought enormous profits to the subject, caused damages which might threaten children's lives across the regions, and had been happening since long ago.

It is necessary to provide a treatment to the victims of non-standard vaccines in order to make them recovered from such illegal practice and have appropriate immunization for their optimal growth. Monitoring from all parties, from the government through Health Ministry and BPOM, public and private hospitals, medical staff, the suppliers of Pharmaceutical logistic, society, and up to parents is definitely necessary in order to prevent any of such similar practice to happen in the next future. The provision of Law should be well-managed to avoid any revision and overlapping on regulations of corporate' crime, particularly in Act of 2009 No. 44 about Hospital, and thus, the liability charged due to the crime of producing, distributing, and utilizing non-standard vaccines can be more optimal.

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