

Science, Public Health  
and Nation-Building  
in Soekarno-Era  
Indonesia



# Science, Public Health and Nation-Building in Soekarno-Era Indonesia

By

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## SPECIAL NOTE ON ORTHOGRAPHY AND TRANSLATION

Bahasa Indonesia is a dynamic language and has undergone several orthographic changes since it was adopted by the Indonesian nationalists in 1928 as the national language. Prior to 1972, the Indonesian spelling was influenced by the Dutch spelling system. The legacy of the Dutch spelling system survives in proper names. For purposes of consistency, I follow the old spelling system as it appears on documents published prior to 1972 for proper and common names. For example, Raden Kodijat, instead of Raden Kodiyat; *penjakit* (disease) instead of *penyakit*. With regards to place names in order to avoid ambiguity, I use the standardised spelling system adopted by the Indonesian government, *Ejaan Yang Disempurnakan* in 1972 (for example, Surabaya instead of Surabaja). All translations of Indonesian and Dutch sources, unless otherwise indicated, are my responsibility.



# CHAPTER ONE

## INTRODUCTION

In 1955, during the commemoration of the tenth anniversary of the proclamation of Indonesian independence, the Minister of Health, Johannes Leimena stated:

With the Declaration of Independence on August 17, 1945 the formation of a Government with its machine power (police and army), its territories and population, the Republic of Indonesia came into being. The Red-White flag was hoisted and the national anthem was heard in the smallest and most isolated places of Indonesia. It was previously gauged that this nation was going to face various difficulties if it was going to maintain its independence. These difficulties were felt in all fields of work, including Public Health, especially before the transfer of sovereignty on December 27, 1949. Yet, it may be said that the Indonesians during its early stage of independence showed a strong will to maintain its freedom amidst hardships and difficulties and no less did it show its courage to surmount the barriers during the transition period, also in the field of health.<sup>1</sup>

This quote illustrates the enormous challenges faced by the post-colonial state of Indonesia as it built itself as an independent nation. With respect to health, it had the daunting task to develop and implement a health policy throughout its entire territory, including many far-flung islands soon after the proclamation of independence in 1945 and the transfer of sovereignty in December 1949. In 1950, the country inherited a ruined health system after seven years of warfare: the Japanese occupation (1942-1945) and the Indonesian Revolution (1945-1949). Towards the close of the Revolution, Indonesia had only 1,200 physicians for a population of approximately 70 million people. Not surprisingly, the country was unable to combat the resurgence of epidemics not only because of a shortage of physicians but also due to the scarcity of essential drugs.<sup>2</sup> It was neither able to respond to these special challenges, nor to everyday challenges. During the Indonesian Revolution, nationalist physicians launched a number of highly symbolic albeit sporadic public health initiatives. When the armed struggle ceased, and the new nation was established, the tasks

faced by Indonesian physicians had not become any easier. Despite the initial euphoria that surrounded independence, the Indonesian Ministry of Health still had to resurrect the health infrastructure destroyed by seven years of warfare.

In 1950, with independence won, the Indonesian leaders were confronted with the enormous task of re-establishing the state's administrative machinery, in many respects, building it from scratch. It confronted a situation in which there was a lack of transport and communication infrastructures and industrial productivity had been ruined. Reflecting on the challenges facing the newly-independent nation, President Soekarno lamented:

Thus ended our period of struggle. And thus began our struggle for survival. The deed to the house called Indonesia was now securely in our hands, but it was a badly damaged house. It leaked aplenty. Its windows, doors, roof, and walls were broken. Our economy, government, administration, transportation systems, communications, media, methods of production were all damaged. Even morally and mentally we needed repairs.<sup>3</sup>

Following the transfer of sovereignty Indonesia found itself on the verge of bankruptcy as it took over a large debt from the former Netherlands Indies.<sup>4</sup> This was a source of considerable bitterness, since it included some of the costs of the colonial war against the Republic and frustrated independent Indonesia's plan for economic development. Later, in the 1950s, rampant inflation led to great problems.

Despite the many difficulties the new nation faced, the early 1950s were a time of optimism and promise. Indonesians worked together to realise the promise of the revolution and develop a state on the basis of Soekarno's *pantjasila* principles (the five principles being the belief in the one and only God, just and civilised humanity, the unity of Indonesia, democracy guided by consensus and social justice for all Indonesians) and the ideal of modernisation and development. But, while Indonesia was willing to receive international aid and advice about how to achieve this promise, it carefully guarded its own independence. It did not want to end up in the orbit of one of the larger powers and presented itself as a non-aligned nation. In 1955, at the Bandung Conference, Indonesia declared the solidarity of African and Asian nations as a countervailing force to the dominance of the Soviet Union and the United States. This conference resulted in the germination of the Bandung spirit, a notion that developing countries would embark upon their own path to modernity without undue influence from either the Soviet Union or the US. The Bandung spirit was

reflected within the field of Indonesian public health as well. Indonesia sought to carve a niche for itself in international health by aligning its public health programs with the objectives of the World Health Organisation (WHO), the intention being to maximise international aid while jealously safeguarding its political sovereignty. Indonesia was not a passive recipient of international aid; rather it creatively refashioned aid to suit its own requirements. The Bandung spirit expressed the optimism that Indonesia was capable of pursuing its own trajectory to modernity in public health.

During the early 1950s, the Indonesian Ministry of Health launched an emergency program consisting of the control of infectious diseases (notably smallpox, plague, and cholera), and a campaign against endemic diseases, particularly malaria, tuberculosis, yaws, and leprosy. These measures led to a sharp decline in mortality, engendering much optimism within the Ministry of Health that the country had made satisfactory progress in meeting its milestones in public health despite an acute shortage of physicians. Between 1950 and 1955, the progress for Indonesia's public health seemed promising. During these years, bold plans had been formulated and a number of promising initiatives had been launched. Leimena presented an ambitious blueprint for public health (The Bandung Plan.<sup>5</sup> During the second half of the 1950s, optimism yielded to despair. The Indonesian state became dysfunctional due to the lack of coordination between central, provincial, district and local governments in the implementation of policy, corruption and rampant inflation. Even though there was a lot of idealism in the few years after independence, the financial position of the state was very poor. When the Indonesian economy collapsed, health programs suffered as well. The challenges that were encountered appeared much more difficult to solve than was initially estimated. The everyday reality of most Indonesians remained desperate and with little prospect of improvement.

The initial exuberance that characterised the early years of independence made way for pessimism and despair, as evident in the literature of the period. For example, Pramoedya Ananta Toer expressed his disillusionment about the fact that the high expectations of independence had not materialised into a higher standard for the Indonesian working class, in his collection of short stories entitled *Tales from Djakarta: Caricatures of Circumstances and their Human Beings*. In his short story *My Kampung*, set in urban Jakarta when the campaigns against infectious and endemic diseases were underway, Toer mocked the promise of the Indonesian state to guarantee a minimum standard of well-being for its citizens. In his short story, he expresses disgust that not even a small cautious guerrilla squad

(referring to the Indonesian revolutionaries immediately after independence) would lose ten people in two years but in his *kampung* (urban squatter) with its squalor, “people die one after another.”<sup>6</sup> Toer then enumerates the numerous deaths in his *kampung*: there is the case of the person who died of chronic venereal disease, of a woman who overfed and killed her favourite child with an overdose of worm medicine, of the print setter who died from lead poisoning, and many routine cases of tuberculosis.<sup>7</sup> Alternating between irony and despair, the tone of Toer’s short story implicitly criticises the Ministry of Health’s emergency public health program for its failure to address the socio-economic causes of ill health: “If killing by weapons is punished by the government, killing because of ignorance and poverty is not punished in my *kampung*, even if the killing is of one’s own child. It is a routine situation and is perhaps quite understandable.”<sup>8</sup> Toer’s short story illustrated that it is easier to formulate plans than to execute them.

I began with Leimena’s reflections on the state of Indonesian public health in 1955 to examine how health became an important component of nation-building. It aimed to resuscitate the newly-decolonised nation from three-and-a-half centuries of Dutch colonialism, three-and-a-half years of Japanese occupation, and four years of revolutionary struggle. In this monograph, I argue that formulating and implementing Indonesia’s health policy constituted an enormous challenge which involved building a health infrastructure throughout the islands of the Indonesian archipelago where none had existed before, without adequate financial support. At the same time, it meant achieving coordination between and within the state apparatus by negotiating the bureaucratic labyrinths at various levels, i.e., central, provincial, district and village. Of central importance to this monograph are: (a) the way in which health became a component of nation-building (*pembangunan*); (b) the way in which Indonesia sought to achieve an equilibrium between accepting international aid and ideas about public health while maintaining its hard-won political independence; (c) the way Indonesia positioned itself in the Cold War rivalry, which can be seen at both the Bandung Conference (1955) and in health matters; and, (d) the formulation of unique epidemiological strategies for disease eradication appropriate for Indonesia.

## **Health and Nation-Building in Indonesia in the 1950s: Integrating Disparate Historiographical Streams**

This monograph endeavours to integrate four disparate historiographical streams: (a) the political history of Indonesia before 1967 (the Soekarno

era); (b) the history of international aid in the area of health, with focus on the Indonesian context; (c) the history of science, technology and society (STS) in postcolonial Indonesia; and, (d) the history of Indonesian public health during the 1950s. The development of Indonesia's health policy during the Soekarno era between 1945 and 1967 sits uneasily at the interstices of colonial and postcolonial histories and coincides with the period of decolonisation in Southeast Asia.<sup>9</sup> In postcolonial Indonesian historiography, much of the literature is primarily focused on political developments, the waxing and waning of parliamentary institutions, and economic decolonisation. Two unexplored topics in the political history of Indonesia during the Soekarno era are how public health related to these political developments and how physicians and policy-makers related health to nation-building. Viewing politics as nation-building enlarges one's perspectives and enables one to locate the importance of health in it.

The history of international aid focuses on the diffusion of modernisation from the West to Indonesia whereas the history of science and technology studies explores the role of technology in the form of national identity, often focusing on large technological projects. Frequently, the transfer of aid and technology is viewed as a relatively unproblematic unilateral process; but neither of these two streams of historiography critically examines how Indonesians appropriated scientific ideas from international agencies and refashioned them to suit their own purposes. Within postcolonial Indonesian medical historiography, the 1950s remain lightly explored. By relating it to the previous themes, I aim to conceptualise the history of health and medicine in the Soekarno era as a central element in nation-building. More specifically, I would like to explore the ways in which Indonesians creatively received and transformed international ideas to apply them to their own context. Major gaps in the existing scholarly literature on Indonesia are the ways in which Indonesia critically engaged with public health at the national, regional and international levels, particularly within the Dewan Perwakilan Rakyat (Indonesian House of Representatives), the annual SEARO sessions (WHO Regional Office for Southeast Asia) and at the World Health Assembly conducted at the WHO headquarters, Geneva.

Integrating the four disparate streams of historiography will further scholarly understanding of how Indonesia attempted to achieve an equilibrium between the alignment of its public health programs with policy prescriptions of the WHO and other international agencies while remaining fully independent despite foreign intervention. The central political positioning of Indonesia as the leader of the developing nations of Africa and Asia, who sought to chart their own trajectories to development

based on the Western model but without either Soviet or American intervention, can be called the Bandung spirit. At the 1955 Bandung Conference, Indonesia aimed to present itself as a non-aligned nation, which in solidarity with other recently decolonised nations, wished to negotiate its own path to development and international politics. This study represents a challenge to the writing of the history of postcolonial health of Indonesia inasmuch as it draws upon a rich diversity of primary sources, in particular Indonesian, WHO, Rockefeller, and Australian archives, medical biographies, novels and Indonesian parliamentary proceedings to critically situate the country's health policies within the broader context of the Cold War.

### ***Significance of the 1950s: How Historians Have Approached the Soekarno Era***

During the 1990s, historians of Indonesia depicted the 1950s as a disappearing decade due to the political polarisation between Java (the political core) and the Outer Islands (for example Sumatra and Sulawesi, the periphery) that complained of "Jakartaism" or the diversion of natural resources from the Outer Islands to Java.<sup>10</sup> In addition, the 1950s witnessed rising tensions between political parties, the rise of political infighting and the growing importance of corruption.<sup>11</sup> The most influential question guiding the political historiography of the 1950s was the debate between Herbert Feith and Harry Benda as to whether Indonesia would follow Western-style modernisation or follow its own way. In 1955, Indonesia nurtured the Bandung spirit that sought to encourage developing countries to pursue their own trajectories to modernity without alignment to either the Soviet Union or the US, establish economic self-sufficiency, and develop solidarity with Asian and African countries in their struggle against imperialism.

The early years of Indonesian independence were characterised by a permanent sense of crisis attributable to political instability. Henk Schulte Nordholt argued that if 1950 had been the zenith of nationalism, the general elections of 1955 illustrated the success of electoral democracy because 90 % of the voters cast their votes in the absence of irregularities.<sup>12</sup> Nevertheless, the outcome of the 1955 elections was the failure of the Constituent Assembly to deliver a new constitution. The legitimacy of the nation-state was undermined by corruption.<sup>13</sup> Everyday Indonesians were disillusioned by the fact that the promise of the Revolution to establish a just and prosperous society had not materialised. In his short story "Creatures behind Houses," written 1955, Pramoedya Ananta Toer expressed disappointment because promises of a better standard of living



were not fulfilled for all classes of Indonesian society.<sup>14</sup> In another short story “The Mastermind,” Toer sketches the career of Mas Kariumun, who became a civil servant during the era of Dutch colonialism, a debt-collector during the era of Japanese occupation (1942-45), a hero of the Revolution, a bureaucrat and finally as Member of the Parliament following the transfer of sovereignty in 1949. Kariumun was the embodiment of the political opportunism and corruption that characterised post-independent Indonesia. He regarded the common people as sheep who could be manipulated to further his political ambitions.<sup>15</sup> Toer’s disappointment regarding the growth of political corruption during the early 1950s turned to outright cynicism by 1957, expressed in Mochtar Lubis’ novel *Sendja di Djakarta* (Twilight in Jakarta) that captured the dark underside of urban life in Jakarta that was characterised by appalling poverty, inequality and the indebtedness of the common man.<sup>16</sup>

Ruth McVey, with reference to the general relationship between ideology and social change in Indonesia, observed that the fundamental question for historians dealing with the 1950s was “commenting on what Indonesia should be like.”<sup>17</sup> The New Order Regime (1967-1998) represented the 1950s as Pandora’s Box, the lid of which must be kept firmly closed as it represented political deadlock, economic decay and social tension.<sup>18</sup>

The chief disagreement between Harry Benda and Herbert Feith in 1964 had its genesis in the decline of constitutional democracy in Indonesia during the late 1950s.<sup>19</sup> Benda maintained that political developments during the Soekarno era should not be seen vis-à-vis adjudging the country’s democratic institutions in terms of Western standards. Democratic institutions that functioned in the West were extrinsic to Indonesian culture. Feith argued that the process of modernisation of Indonesia arising from the nationalist movement in the pre-World War II period resulted in the establishment of Western-style democracy in Indonesia.<sup>20</sup> While one may not fully embrace Feith’s thesis that the decline of constitutional democracy in Indonesia could be attributed to the different agendas of the “solidarity makers,” personified by Soekarno and the “administrators,” whom he identified with Mohammed Hatta, opposition to liberal democracy was facilitated by the disillusionment of the Indonesian public with parliamentary institutions.<sup>21</sup> Although modernisation theory is used to analyse social and political change in Indonesia, an important lacuna remains in historiography. Historians have not adequately addressed the influence of the Bandung spirit in international development, i.e., the argument that Indonesia was not a passive recipient of international aid but actively sought to refashion aid to

meet its requirements.<sup>22</sup> It sought to foster solidarity with the newly-decolonised African and Asian nations and engineer its own path to modernity based on the framework of Western Science.

As a continuum to Feith's thesis, Dewi Fortuna Anwar argues that ideological differences between different political *alirans* (streams) such as Islam (modernist and traditionalist), secular nationalism, communism and socialism made political consensus difficult given the Cabinets' high instability on the eve of the 1955 elections.<sup>23</sup> Besides the polarization that persisted between different political *alirans*, political forces in Indonesia were divided into "solidarity makers" and "administrators."<sup>24</sup> The "administrators," who were represented by Hatta, recommended that after achieving political sovereignty, Indonesia should leave the revolution behind and concentrate on rebuilding the national economy and advancing the welfare of the people. To achieve its goal of economic development, Indonesia needed to enlist the support of international organisations such as the World Bank which would provide monetary and technical assistance. The "solidarity makers," exemplified by Soekarno, thought that the revolution was far from over as West Irian was not yet liberated. During the 1950s, several political issues were contested such as whether to prioritise economic development over the liberation of West Irian, the proper relations between the central government at Jakarta and the provinces, or whether to have Islam officially recognised in the Constitution.<sup>25</sup>

The initiation of the Bandung Conference of 1955 coincided with the need to improve the image of the *Partai Nasionalis Indonesia* (Indonesian Nationalist Party or the PNI) prior to the 1955 elections. The events that precipitated the convening of the Asian-African Conference at Bandung were: (a) the failure of Indonesia to secure the liberation of West Irian by peaceful means; and, (b) the upcoming elections of 1955. The outgoing PNI's poor record regarding its economic policies attracted criticism from the Masjumi. The Conference generated considerable political capital for Prime Minister Ali Sastroamidjojo (from the PNI) as it established Indonesia's credentials as leader of the Third World.

Since 2005, historians have characterised the Bandung Conference as an epoch made up of little histories, reflecting unanswered questions as to whether the Conference was a continuation of Cold War concerns, a continuation of the struggle against imperialism, a protest against centuries of racial humiliation or a communist plot.<sup>26</sup> Throughout Indonesia's tryst with multiparty democracy (1950-1957), foreign policy was a hotly contested issue among the nation's political elite. This seven-year period saw the rise and fall of no less than seven cabinets in rapid succession and no single government could form an absolute majority. A number of

political parties such as the Islamist Masjumi sought to forge closer relations with the US and weaken communism at home. Other parties, e.g., the PNI espoused a more radical foreign policy.<sup>27</sup> During the Soekiman cabinet (1951-1952), when the dominant Masjumi politicians were vehemently anti-communist, Indonesia's Foreign Minister Subardjo secretly signed an agreement with the US, committing the country to US economic and technical assistance. Disclosure of the agreement led to the fall of the Soekiman cabinet in 1952.<sup>28</sup> The impact of the Bandung Conference within Indonesia was not only profound but benefitted Ali Sastroamidjojo's government and the PNI, prior to the country's first general elections in 1955 at a time when Indonesia's economic policies were in disarray.<sup>29</sup> Leading Indonesian political analyst Dewi Fortuna Anwar observed that at the time of the Bandung Conference, Sastroamidjojo rallied the Indonesians under the banner of Third World solidarity against colonialism and imperialism, a good example of Feith's "solidarity making" activities.<sup>30</sup> Anwar interpreted the Conference as a continuation of struggle against imperialism.

The Conference established non-alignment with the two superpowers, the US and the USSR, as the central pillar of Indonesia's foreign policy. Bandung provided the inspiration for the creation of a non-aligned bloc and subsequently the Non-Aligned Movement during the 1960s. It helped to link the idea of non-alignment, which had been confined to India, Burma and Indonesia, to the broader Afro-Asian family of nations. The Bandung Conference served Indonesia well, instilling a sense of self-confidence in its foreign policy and, for Soekarno, in distancing Indonesia from the West.<sup>31</sup> The Conference talked about the need to promote economic and technical cooperation among African and Asian countries. Its most lasting legacy was the promotion of the Bandung spirit which signified Third World solidarity in promoting global peace, justice and solidarity.<sup>32</sup> Dipesh Chakrabarty argued that Bandung was an attempt to foster a sense of African-Asian solidarity in the midst of Cold War disagreements.<sup>33</sup> The prevailing discourse in the nations that came together at Bandung reflected an uncritical approach to modernisation.<sup>34</sup> Within the developing countries, the political leadership aspired for achieving modernisation, independent of Western intervention. Yet, the ideal of modernity was formulated in Western terms.<sup>35</sup> The emphasis on development as catching-up-with-the-West produced a sharp differentiation between the elite nations and their subaltern counterparts.

This monograph contextualises the history of postcolonial Indonesian medicine in the light of political developments. As Adrian Vickers points out, telling the history of modern Indonesia is complex as the nation does

not have a single narrative.<sup>36</sup> Most historical accounts either focus on the activities of a small group of political leaders who led the country to independence, the decline of parliamentary institutions, or whether Indonesia should follow the Western style of modernisation or follow its own way. This study represents part of a complementary trend in historical scholarship that seeks to contextualise postcolonial health of Indonesia from a transnational perspective. As well, it critically examines the ways in which maintaining the population's health came to be seen as an essential part of nation-building.<sup>37</sup>

### ***Historiography of International Aid: The Indonesian Context***

The history of international aid in the Indonesian context is sparse and has largely remained the preserve of historians of Cold War and science and technology studies.<sup>38</sup> Their accounts reveal that technical assistance was a new form of diplomacy during the post-World War II era that sought to spread ideas of modernisation from developed to less-developed countries, often motivated by political agendas. This study seeks to disentangle itself from modernisation and instead, explores how Indonesia appropriated technical assistance, particularly from the WHO, and cautiously sought to balance its hard-won sovereignty in the political sphere with increased openness to international aid.

In his monograph *Machines as the Measure of Men*, Michael Adas observes that the term “modernisation” was used with reference to the post-World War II era to denote America’s path to political stability and prosperity through the rational management of its resources and the application of science and technology.<sup>39</sup> American policymakers and social scientists cited America’s path to prosperity as the model for the underdeveloped nations of Africa and Asia. Modernisation theory was based on the postulate that non-Western societies not only could, but also would develop along scientific and industrial lines pioneered by the West. Though the modernisers regarded Western capital as critical to Third World development, they envisioned that Africans and Asians, not Westerners, were the major agents of transformation of underdeveloped societies.<sup>40</sup> Along similar lines, Michael E. Latham argues that during the Cold War (1945-1990) modernisation theory provided the means for US to redefine who it was vis-à-vis others.<sup>41</sup> Modernisation theory, with its claims to universality and assumptions about the malleability of traditional societies assumed that developing countries as diverse as Iran, Ecuador, Burma and the Congo could advance along a linear trajectory from tradition to modernity under the tutelage of America. Neither Adas nor

Latham contextualise modernisation theory from the perspective of the birth of new nation states in Asia and Africa and the specific ways in which the UN agencies and the political elites of Africa and Asia reconfigured modernisation within the framework of state-mediated national development.

By the mid-1950s, Indonesia had become a major recipient of technical aid from the International Cooperation Administration or ICA, an American Federal agency that managed overseas assistance programs intended to promote American foreign policy.<sup>42</sup> American political interests equated peace and security in Indonesia with the promotion of economic and technical aid based on an ideology of development that would countervail the rising influence of communism. Suzanne Moon argues that Indonesian and American bureaucrats differed on strategies about the proper approach to development.<sup>43</sup> Whereas the Americans envisioned a linear transformation of Indonesian society from agricultural to industrial, the Indonesian leaders emphasised self-sufficiency, generally defined with respect to food and, by extensions to agriculture. In practice, technical assistance became a dialogue between the Americans and their Indonesian counterparts, rather than a unilateral transfer of technology from the US to Indonesia. Despite the ideological conflicts that persisted between the American and Indonesian technocrats on how to achieve development, both shared the view that the goal of development was transformation to a Western ideal of economic growth and productivity.<sup>44</sup> Technical assistance as a policy prescription for less-developed countries to plan and modernise is well-represented in the scholarly literature on international development in terms of American modernization theory. However, the role of the UN as an autonomous diplomatic actor in terms of assisting the economic planning of newly-independent nations (particularly Indonesia) is less visible.<sup>45</sup> Technical experts recruited by UN agencies tailored economic development according to the requirements of the recipient country through liaison with the central planning bureau and transmitted scientific expertise to less developed countries that would ultimately lead them to a Western—if not an American—economic model.<sup>46</sup>

The Indonesian Planning Bureau originated with a call for centralised economic planning. The UN assigned technical experts to advise the Indonesian government on planning and the controlled financing of the Technical Assistance program but mandated that the foreign experts report to the Indonesian government. For Djuanda Kartawidjaja, who was Head of the National Planning Bureau (*Biro Perantjang Negara*), centralised planning was a formalised expression of exerting the sovereignty of the

state.<sup>47</sup> In 1955, during the planning process, differences emerged between Djuanda and the foreign experts regarding the role of the state in economic development. Planner-politician conflict within Indonesia accelerated during the late 1950s as Soekarno and other nationalists began to turn away from developmentalist solutions and disengagement from international trade in favour of economic policies that ensured the country's self-sufficiency in economic affairs.<sup>48</sup> Although the existing historiography related to the history of international aid in the Indonesian context highlights the conflict between the foreign technical experts and the Indonesian politicians over the administration of the technical assistance programs, what needs to be studied is the actual implementation and evaluation of these programs.

Most scholarly literature pertaining to technical assistance focuses on the diffusion of modern technologies from the West to the newly-independent countries of Asia and Africa with a view to transforming the latter countries based on the Western model of development. Instead of examining technical assistance solely as an American Cold War strategy intended to contain the spread of communism, this study seeks to examine the specific ways in which technical assistance (particularly in public health) was incorporated into Indonesia's nation-building ideology.

### ***The Historiography of Science and Technology Studies***

Current scholarly literature on science and technology studies in Indonesia largely centres on the role of technology in the formation of a national identity.<sup>49</sup> The contributions of individual Indonesian scientists are overshadowed by discussion of the institutionalisation of Indonesian science.<sup>50</sup> What needs to be studied in conjunction with the role of science in the emergence of Indonesian identity is the contribution of individual Indonesian scientists and the specific manner in which they rhetorically aligned their research with nation-building.

Suzanne Moon's article titled "Justice, Geography, and Steel: Technology and National Identity in Indonesian Industrialization," examines the interactions of technology and national identity through the lens of a steel plant in Cilegon, West Java.<sup>51</sup> The issue of industrialisation in Indonesia was associated with the socialist ideal of achieving technological self-sufficiency. The location of the steel plant in the town of Cilegon was invested with symbolic significance. Cilegon, which was an ostensibly impoverished town, was a lively part of the Majapahit Empire, a Java-based empire that established its influence over the Outer Islands, particularly Sumatra, Bali, Borneo and the eastern islands that

constituted the Indonesian archipelago. For Soekarno, the site of the steel plant symbolised the aspirations of the postcolonial state in its march towards modernization. Moon's article, however, does not examine the contribution of how individual Indonesian scientists sought to align their research with nationalist ideology.<sup>52</sup>

In his monograph *The Floracrats: State Sponsored Science and the Failure of the Enlightenment in Indonesia*, Andrew Goss contends that Indonesian science has had broad middle-class support since independence. It was linked to the global culture of science and scientists. For many Indonesians, the appeal of science was its enlightenment ideal of revealing the workings of nature.<sup>53</sup> Viewed internationally, Indonesian research has been less competitive internationally as Indonesian scientists have sought to measure their success by their usefulness to the nation and the creation of a scientific community. The scope of Goss' monograph is restricted to biology, in particular to botany. Although nationalist physicians particularly Sarwono Prawirohardjo were influential in establishing a blueprint for Indonesian science during the early years of independence, the role of applied sciences (particularly medicine), while significant, remained marginal in Goss' narrative. A significant gap in the historiography of science and technology studies is the symbolic significance of applied sciences such as agriculture and medicine in the furtherance of the nationalist rhetoric of ensuring Indonesia's self-sufficiency in economic affairs (*berdiri di atas kaki sendiri*).

Physicians dominated the first generation of nationalists in the Dutch East Indies. Decolonisation was yoked to scientific progress as the physicians deployed organic metaphors of society and state, gained from their medical training, to diagnose and treat the ills affecting the proto-national body politic.<sup>54</sup> As Toer writes in his novel *Jejak Langkah* (Footsteps), "A doctor not only aids in the recovery of a patient but also awakens the spirit of his people weakened by ignorance."<sup>55</sup> This monograph contends that subsequent to the transfer of sovereignty to the Indonesian Republic in 1949, the legacy of physicians in shaping scientific thinking continued in terms of symbolically aligning medical research with Soekarno's characterisation of the Indonesian Revolution as a period of investment.

### ***Representing the Historiography of Indonesian Health within the Context of International Health: The 1950s***

The lack of interest in the history of public health in Indonesia during the 1950s may come as a surprise given the fact that there is a well-established

scholarship on the history of welfare.<sup>56</sup> Anne Booth argues that despite the political instability that characterised the 1950s, there was some progress aimed at establishing planned economic growth in the Natsir government in 1951. The fruits of economic growth during the 1950s were unevenly distributed with bureaucrats and politicians benefitting in real terms whereas in the case of estate labour, wage rates were falling in real terms due to inflation.<sup>57</sup> Between 1951 and 1960, the Gross National Product (GNP) grew at a rate of 36%; but, the population growth of 18% for the decade neutralised the growth of the GNP.<sup>58</sup> Human development improved somewhat in the late 1950s compared with two decades earlier. Life expectancy improved marginally due to the control of malaria and other diseases. Eminent economic historian of Indonesia Pierre Van der Eng sketched a nuanced picture of Indonesian famines during the 1950s characterised by the high prevalence of endemic malnutrition and hunger oedema that affected some regions of Indonesia more than others. He attributes the recurrence of famine in some regions of Indonesia to localised food shortages that resulted from population growth that outstripped the supplies of food, natural disasters, and excessive government controls related to the marketing of rice. These occurrences diminished the incentives for surplus food production and inhibited the capacity of the free market to alleviate supply shortfalls in deficit areas.<sup>59</sup> As the above authors indicate, the history of health in postcolonial Indonesia is closely related to the history of welfare.

Within the history of social welfare in post-colonial Indonesia, the question of health is invariably overshadowed by the housing problem. Freek Colombijn argues that in post-colonial Indonesia, political leaders were imbued with the conviction that they had to do better than the colonial state in fulfilling the basic needs of all Indonesians, particularly housing.<sup>60</sup> In August 1950, administrators from various Indonesian provinces congregated in Bandung to attend *Kongres Perumahan Rakjat Sehat* (Congress on Healthy Public Housing), their aim being to explore how the houses of the less well-to-do could be improved.<sup>61</sup> The Congress delegates were convinced that Indonesians had to shake off their inferiority complex. They should no longer regard small houses as inferior; rather they should pay specific attention to the construction of houses that were healthy, both in the physical and social senses. In 1952, Hatta observed that most houses in Indonesia resembled cowsheds and were inappropriate for an independent self-confident nation.<sup>62</sup> The implementation of *rumah sehat* (healthy housing) was entrusted to the local government; and the Ministry of Public Works and the Indonesian parliament pledged financial support for the project. Nevertheless,



economic constraints dampened the lofty ideals of the Congress of Healthy Housing. Limited state funds, available for public housing, became eroded by inflation. As a result, the Ministry of Public Works had to restrict public housing to civil servants. Despite the empty rhetoric of *rumah sehat* for everybody and the notion of “self-help housing,” a major difference between the colonial period and the 1950s was the fact that the Indonesian administration, at least in principle, professed a responsibility to house the whole population.<sup>63</sup> Colombijn’s article, which addresses the relationship between health, housing and national self-confidence, does not spell out how health embodied the notion of social justice as enshrined in the *Pantjasila*. In the history of welfare and housing, health concerns have played a central role. Yet, in these histories, the history of medicine did not receive any attention.

The history of medicine in the post-World War II Soekarno era in Indonesia remains overlooked within the current literature on international health. Since 2006, some attempts have been made to study the history of public health from a transnational perspective that sought to include some South and Southeast Asian nations including India, Burma and Indonesia.<sup>64</sup> But, Indonesian contributions to international health during the 1950s have been largely overlooked in the existing historiography in favour of developments within India. Similarly, the extant literature on the history of medicine in the Soekarno era is scarce and focuses on medical pluralism, family planning or the implementation of public health initiatives in Java whereas public health initiatives on the Outer Islands of the Indonesian archipelago, particularly Sumatra, Bali, Sulawesi, Kalimantan and Lombok, or the development of medical education remain unexplored.<sup>65</sup> In addition, there is no authoritative work that examines the nature of colonial medicine in the Dutch East Indies although there is a modest literature that explores the debate surrounding acclimatization in the nineteenth century (the effect of tropical climates on the health of Europeans), the limited reach of the Netherlands Indies Health Service, the initiation of medical education, and how and why public health became a nationalist issue during the 1930s.<sup>66</sup>

One of the earliest studies of the history of post-World War II international health was undertaken by Sung Lee, who accorded primacy to the role of the WHO in international health subsequent to its creation as an arm of the UN in 1948. He argues that as an intergovernmental organisation operating within the jurisdiction of sovereign nation states, the WHO could not override the will of its member governments. Consequently, the historical, political and economic relationships among nations were played out in the WHO arena.<sup>67</sup> The WHO saw itself both as

waging a war against disease and an agent of modernisation, viz. leading the ex-colonial nations to Western-style society. The modes of assistance to newly-independent nations were hotly debated, but always within the paradigm of Western medicine. Western powers were adamant about restricting their aid to technical assistance whereas for the leaders of the newly-independent nations, the WHO served as a forum through which they could air their grievances against the ex-colonial powers and extract aid (medical supplies or funds). Randall Packard also privileges the role of the WHO as the agent of socio-economic modernisation of ex-colonial nations through the inauguration of the malaria eradication program and the association of malaria eradication with development.<sup>68</sup> Packard contends that within the US, there was a growing awareness that the development of the so-called underdeveloped world through the control of tropical diseases including malaria was a critical ingredient for US post-World War II economic interests in ensuring the uninterrupted supply of raw materials to American industries and creating an overseas market. Additionally, the control of tropical diseases such as malaria was perceived as a critical weapon in the fight against communism. Central to the malaria education campaign was a highly technological top-down solution to a health problem, which the WHO and technocrats hoped would be a model for other disease eradication programs. It required neither public health education nor extensive cooperation with local health agencies.

In *Cold War, Deadly Fevers*, Marcos Cueto contextualises malaria eradication within the context of the Cold War between the US and the USSR from the late 1940s up to the mid-1960s that was marked by US technical assistance to developing countries to overcome poverty and disease.<sup>69</sup> During the 1950s, Mexico subscribed to a modernisation model of development that eased its strained bilateral relationship with the US. Malaria eradication was perceived by the Mexican government as a process of political centralisation and state building and a tool that would increase the national productivity of the population.<sup>70</sup> Cueto attributes the failure of malaria eradication in Mexico to resistance of the *anopheles* species to the insecticide DDT (dichlorodiphenyltrichloroethane), and popular resistance to anti-malarial operations. The literature on international health has not sufficiently explored how disease eradication campaigns undertaken in developing countries shaped the epidemiological strategies of the WHO. Even less attention is paid to the differences between the WHO and the governments of developing countries related to the organisation of disease eradication campaigns. Unlike the majority of the literature on international health, I do not view the campaign against

malaria and other endemic diseases as a Cold War strategy of the US to contain the spread of communism in the Third World. Rather, I seek to understand the motivations of the Indonesian state in aligning endemic disease control with the agenda of international agencies in which the continued interplay of nationalist health priorities with international development was crucial for ensuring financial support for the program.

Sunil Amrith represents the newer trend in the historiography of international health, which has transcended the politics of the Cold War. He explores the transnational circulation of public health technologies across the Southeast Asian region under the umbrella of the WHO. In his influential monograph *Decolonizing International Health: India and Southeast Asia, 1930-1965*, Amrith highlights the tension between the increased involvement of postcolonial states in international organisations, particularly the WHO, and the ineffectiveness of the states to govern the health of their populations.<sup>71</sup> Amrith contends that the history of public health in Asia during the twentieth century was irreducibly transnational and international. The problem of Asia's health emerged as a result of transnational debates between nutritionists and rural health officials channelled through international organisations. The WHO emerged out of a widely shared belief in the post-World War II era that modern disease control strategies could be standardised and implemented across national boundaries. India played a greater role in shaping Asia's problems than did the Burmese and Indonesians, who were preoccupied with the fundamental problems of establishing the legitimacy of the state amidst much ethnic violence.<sup>72</sup> This line of argument fails to do full justice to the Indonesian initiatives in transnational health that were implemented across the Southeast Asian region of the WHO, particularly the nurturing of the Bandung spirit that sought to achieve an equilibrium between increased participation of Southeast Asian nations in international health, on one hand, and safeguarding their political sovereignty, on the other. Indonesia was not a passive recipient of international technical assistance in public health. Rather, it questioned the very integrity of the epidemiological strategies designed by the WHO epidemiologists at Geneva. The Indonesian experience regarding the control of endemic diseases informed the WHO about the practicalities of executing disease eradication campaigns in developing countries with diverse socio-economic, demographic and climatic conditions where a uniform epidemiological strategy would not work.

Within the existing literature pertaining to the post-World War II Indonesian public health of the 1950s, the country's collaboration with the WHO in its campaign against endemic diseases and Indonesian appropriation

of WHO ideas, remain lightly explored areas deserving further investigation. Steve Ferzacca argues that health became a part of nation-building in postcolonial Indonesia.<sup>73</sup> Ferzacca's essay overlooks the political significance of the 1950s in terms of how Indonesian physicians critically engaged with social medicine and reinterpreted it within the context of *pembangunan* ideology.

In *People, Population and Policy in Indonesia*, Terence and Valerie Hull move beyond a simple series of propositions that state that Soekarno was pro-natalist to argue that the President was sympathetic to family planning and birth control in the interests of maternal health. Nonetheless, as President, he did not want to be seen as accepting advice from international aid agencies or advocating family planning programs that were associated with immorality.<sup>74</sup> Hull and Hull offer a nuanced reinterpretation of family planning during the Soekarno era and situate the controversy surrounding family planning within the broader political context. Their findings on family planning during the 1950s reveal that uncritical receipt of international aid for Indonesia's development projects was regarded within the Indonesian political establishment as an erosion of Indonesian political sovereignty.

In his essay "Hygiene and Decolonization: The Rockefeller Foundation and Indonesian Nationalism, 1933-1958," Eric Stein highlights the role of the Rockefeller Foundation-sponsored hygiene projects in contributing to the growth of a unified Indonesian geography even prior to the Proclamation of Indonesian Independence which continued into the Soekarno era. Stein argues that health professionals and physicians of the Soekarno era saw their work as revolutionary, tied to a particular feeling of struggle that arose from decolonisation and perceived the vast rural populations as primitives.<sup>75</sup> Yet, many Indonesian health workers and physicians imagined a citizenry united by a shared scientific modernity through the health of its individual bodies.

Two important gaps remain in the existing historiography of postcolonial Indonesian health of the 1950s. First, whereas health issues are dealt with from a holistic perspective within the history of welfare, the history of medicine remains marginal in such narratives. Second, how did Indonesia carve a niche for itself in international health during the first two decades of the Cold War that sought to creatively appropriate international aid from the US and the WHO without compromising its political independence and following a Western trajectory of development without external intervention?

### ***Indonesian Medical Modernity: The 1950s***

Indonesia's vision of development during the 1950s was shaped by Soekarno's notion of *pembangunan* that sought to unify the country's centrifugal forces through a common project of shared national modernity.<sup>76</sup> The President's aspirations were evident in the government's efforts to promote comprehensive *pembangunan* by modernising agriculture, pilot health projects, a massive telecommunications system that aimed to knit the disparate islands of the archipelago together, and the construction of numerous monuments in Jakarta. These showcase projects epitomised the notion that a unified Indonesia was capable of pursuing its own path to modernity without external assistance. During the 1950s, the US supported disease eradication programs in developing countries as a Cold War strategy, to buy their political allegiances. The participation of the postcolonial nations of Africa and Asia in these programs had distinct political ramifications. In addition, accepting technical assistance often resulted in the continued dependency of these nations on Western technological knowhow. Instead, Indonesia favoured the Bandung approach that emphasised technological self-sufficiency, non-alignment and solidarity with nations in a similar position. The country's medical modernity, if viewed in terms of a tension between Indonesia's ambitions to maintain control over its public health programs and the need to enlist support from international agencies. It reveals that the country's political elite engaged with medical modernity within the framework of Western medicine but wanted to implement it under its own auspices.

There is a rich international health literature that examines how nationalist leaders refashioned long-standing organicist ideologies that equated the strength of the nation with the health and vitality of its ordinary citizens.<sup>77</sup> Gilberto Hochman highlights the asymmetries in the relationships between international agencies, governments, epidemiologists and individual physicians which at particular junctures influence the design of health policies.<sup>78</sup> Brazilian malariologists for example, opposed the WHO's decision to convert the country's malaria control program to eradication as it threatened the pre-eminence of Brazilian malariologists and could lead to changes in national malaria eradication strategies considered to be Brazilian. Conversion of malaria control to eradication would lead to subordination of Brazilian malariologists to international organisations such as the WHO.<sup>79</sup> A major gap in the scholarly literature addressing international health is the way in which political leaders from the Third World selectively appropriated international health ideas from the WHO that reflected their countries' demographic and cultural

particularities (for example, the execution of the Indonesian anti-yaws campaign) as well as their desire to maintain control over the process.

The extant historiography pertaining to the Soekarno era is heavily biased towards the study of Indonesia's parliamentary institutions, the country's role in cementing Afro-Asian solidarity at the 1955 Asian-African Conference at Bandung and economic decolonisation. To substantiate Prasenjit Duara's argument that nationalist movements in Asia and Africa were faced with the challenges of fulfilling the promise of their humanistic ideals and create the conditions for international competitiveness, it would be interesting to examine how Indonesian physicians of the Soekarno era critically refashioned social medicine to reflect the nationalist aspirations of achieving a just and prosperous society.<sup>80</sup> The history of medicine during the Soekarno era serves as a lens to examine Indonesia's initiatives in international relations, particularly its role within the WHO. Indonesia's initiatives in transnational health reflected the newly-independent nation's self-confidence of pursuing its own path to medical modernity, independent of US intervention but within the ambit of Western science. Between 1950 and 1955, there was a lot of optimism that Indonesia was making satisfactory progress in public health as the nation's leadership was faced with the daunting task of establishing a health infrastructure, particularly in the Outer Islands from scratch where none had existed prior to World War II. But by 1955, as the Indonesian state machinery became increasingly dysfunctional due to administrative frictions between the central, provincial, regency and local governments and corruption the overall optimism about the state of the nation's health proved elusive.

### **Plan of the Monograph**

Two gaps remain unaddressed in the scholarly literature appertaining to the history of medicine in Southeast Asia. First, few studies have analysed the development of post-World War II public health.<sup>81</sup> Second, none of the scholars have attempted to integrate perspectives combining WHO, Southeast Asian Ministries of Health and local dimensions of health interventions that involved the provincial governments. In other words, this monograph examines the contradictory process of formulating international public health campaigns by the WHO, appropriation and implementation by Indonesian authorities and the local response that they generated, particularly within the Indonesian parliament and the general population.