

BOOK

**Nurturing Indonesia: Medicine and decolonisation
in the Dutch East Indies**

By Hans Pols

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By the mid-twentieth century, although there was neither a central issue nor a consensus over the approaches they employed, there were already substantial writings concerning health and medicine in the Dutch colonies. Despite the diversity of colonial health policies, common issues emerged from these writings, particularly in the case of the Dutch East Indies. While some focused on the politics of health and vulnerability in the tropics (Achmad 1999; Hull 2008; Overbeek and Stoker 1937; De Haas 1939; Gardiner and Oey 1987; Hull 1987; Hay 2001), others focused on measures and policies to control diseases or reduce mortality rates as well as on efforts to improve the health of the population (den Hartog 1989; Stein 2006). Hans Pols' book, *Nurturing Indonesia: Medicine and decolonisation in the Dutch East Indies*, offers a different perspective on the history of colonial medicine, particularly in Southeast Asia, as it explores the relationships among medicine, colonial modernity, and decolonization.

Colonial medicine, as argued by many scholars, was considered as both a tool of an empire and product of imperialism. In his work, Pols successfully showed how colonial medicine inspired anti-colonial sentiment and accelerated decolonisation in Indonesia. The Ethical Policy, which was seen by the Dutch government as a tool to reinvest the profits in the colony through modernity and development, played a part in modernising indigenous people by giving them access to medical training and European degrees. As emphasised in Chapter 1, this not only shaped professional ideas, but also developed political and anticolonial ideas among Indies physicians and medical students.

The great strength of this book is that it establishes the link between colonial medicine and Indonesian nationalism from the viewpoint of Indies physicians. In Chapters 2 and 3, Pols described how native medical training and involvement with student associations exposed Indies physicians and medical students to broader social, cultural and political issues, all of which served as catalysts for their engagement in local politics and anticolonial activism. As public intellectuals, Indies physicians and medical students engaged in debates, articulated their visions and views as well as advocated increased educational opportunities to uplift the social conditions of the indigenous people. This could be seen from the founding and activities of

Boedi Oetomo in 1908, which represented a significant milestone of political engagement by physicians and medical students during the first part of the twentieth century. Pols went on to clearly show the diversity of ideas, which reflected broader changes in the nationalist movement. The first generation of medical graduates, as advocates of modernity and progress, urged the natives to relinquish outdated traditions and embrace westernisation. The next generation, however, favoured a balance between traditional cultures and European modernity and began to counter views of the natives as primitive and backward.

As highlighted in Chapter 4, despite their qualifications, the ambiguous social status of Indies physicians, which was considered inferior to that of European colleagues thereby resulting in hostility against the former, translated into bitterness towards the colonial system and provided an additional spur for their political engagement. In line with many historians, Pols argued that colonial expansions, as observed by the Indies physicians, worsened the health conditions of the population, mostly due to poor living and working conditions. Pols highlighted that Indies physicians' criticism of the high prevalence of diseases among the indigenous population and the inadequate health care provisions under colonial rule was reinforced by their knowledge of health conditions and health arrangements elsewhere in Southeast Asia. This notion they particularly verified after their participation in international and trans-colonial networks, such as The League of Nations Health Organisation and the International Health Board of the Rockefeller Foundation, during the mid-twentieth century.

In Chapter 5, Pols described how the debate on the nature of the native mind in the 1920s marked a decisive turn in the political orientation of Indies physicians. Dutch colonial psychiatrists presented medical theories, which reinforced their opinions that natives were 'difficult and disruptive adolescents who bore the semblance of Europeans—of adults—but who were, at the core, impulsive and egotistical children with rudimentary intellectual capacities and negligible moral sensitivities' (Pols 2018, 117). Protesting against the notion, Indies physicians identified with the indigenous population by articulating 'identities which transcended the status of colonial subject and imagined a future beyond subjugation' (125), which explicitly advocated Indonesian independence. This was soon followed by the formulation of a non-cooperation policy with the Dutch. By taking their fate into their own hands, the Indies physicians went on to inspire Indonesian nationalists and continued to engage in medical research, which subsequently instigated the decolonisation of Indonesian medicine.

Influenced by Foucault, many scholars looked at colonial medicine as colonial authoritarian medical intervention, supremacy and control. It was often argued by scholars that the provision of health services was mostly made to protect the health of colonials, wealthy populations, and labourers whilst the health of the rest of the population remained at the bottom of the priority list. The Rockefeller Foundation's projects, asserted Pols, inspired the reorientation of the Indies physicians' view on the role of medicine in nation building. As explored in Chapter 6, this was to be done by focusing on the plight of the people, particularly those in the 'humble backwaters of the rural villages where most Indonesians lived—to the places that modern life had passed by' (159).

The period of Japanese Occupation from March 1942 until September 1945, as discussed in Chapter 7, witnessed the rise of three distinctive groups of Indies physicians and medical students. The first group involved a number of Indonesian intellectuals, including physicians who came to view Japan as 'the embodiment of an alternate, Asian path to modernity and thus, collaborated with the new regime (163). The second group consisted of a small group of Indonesian medical elite, who remained focused on medicine and was placed in charge of medical education and care during the Japanese occupation. The last group consisted of medical students who maintained an opposing stance against the Japanese occupation, resulting in acts of resistance.

Chapter 8 discussed how the diversity of political opinions among Indonesian physicians went through changes during the Indonesian revolution. The Indies physicians who had collaborated with the Japanese military administration were discredited as politicians and returned to their medical careers. The small medical elite, however, continued to assume control of Indonesia's medical system after the independence of Indonesia. Medical students who had earlier protested against the Japanese were commemorated as patriots and were subsequently awarded government and even university positions.

Chapter 9 focuses on the process of decolonising medicine as Indonesia's physicians began taking control of government health administrations, institutions, and medical schools. These physicians became the founding fathers of the current national health infrastructure backed by international health organisations. 'Normalised' as national medical doctors, they decided to focus on professional matters and safeguard medicine from politics, thus refraining from involvement in any forms of political participation.

Unfortunately, as Indonesian physicians continue to rely on international experts, they remain at a subordinate position, even in matters regarding their own country. With the emergence of global health initiatives since the turn of the twentieth century, the position of Indonesian physicians in the national and international levels continues to weaken as they were discredited as experts. Global health initiatives not only assimilated indigenous people into modern states of health, but also facilitated trans-national networks of disease surveillance, which provide a global system of disease prevention (Peckham 2016). This, claimed Pols, appears to ‘replicate colonial medicine’ as it focused, among others, on preventing specific diseases from threatening European populations even though it would mean bypassing national governments (239).

In summary, the richness of research involved in producing this material showcases the history of medicine and nationalism in Indonesia. The contents of this book are both interesting and illuminating as Pols effectively illustrates the ideas and activities of Indonesian physicians in the Dutch East Indies, their socio-political role in politics, the national awakening that transpired throughout different periods and, finally, the relationship between nationalism and medicine.

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