Review Essay

Recollecting Jakarta’s Social and Medical History

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* What are the benefits of incorporating memoirs and medical biographies into mainstream Indonesian historiography? Much of the literature about the history of post-independent Indonesia deals with politics. Much less attention is given to social history, more specifically to the history of medicine. Firman Lubis' memoirs capture the socio-medical history of Jakarta during the first three decades of Indonesian independence between 1945 and 1979 and the political transition between the Soekarno and Soeharto eras (between 30 September 1965 and 12 March 1967). In some ways, the social history of Jakarta post-independence is a microcosm of the social and political upheavals that characterized the history of Indonesia during the same period.

The books under review were written from an Indonesian physician’s perspective in Bahasa Indonesia. The author—the late Firman Lubis—was...
Professor of Public Health at Universitas Indonesia (UI) and founder of Yayasan Kusuma Buana (1980), an Indonesian NGO that urged the acceptance of family planning in urban areas by addressing the needs of women and children in underserved areas.

Jakarta 1950-an

In Jakarta 1950-an, in which Lubis assesses Jakarta’s contribution to the formation of post-independent Indonesia’s national identity, he attributes Jakarta’s cosmopolitan outlook to the advancement of medical education under Dutch colonialism which saw the inauguration of the STOVIA (School tot Opleiding Voor Inlandsche Artsen) in 1902 (p. 71). The medical students of the time originated from diverse ethnic groups including Javanese, Minangkabau, Batak, and Ambonese. Nationalist student organizations such as Jong Java, Jong Celebes, Jong Batak, and Jong Minahasa, united in 1928 to declare the Youth Pledge which promoted three ideals: one motherland, one nation, and one language. As Indonesia’s diversity is reflected in Jakarta’s ethnic composition, Lubis rightly refers to Jakarta as kota kebangsaan (national city).

The second theme of the book is public health. The author recollects that during the 1950s, Indonesia was faced with the challenge of combating infectious diseases particularly smallpox, cholera, dysentery, polio, tetanus, and rabies. Unfortunately, the Indonesian Ministry of Health lacked adequate resources to initiate vaccination programs against smallpox and other infectious diseases. Tuberculosis was a major endemic disease in Jakarta that affected the overall vitality of the population. Lubis observes that during the 1950s, Jakartans perceived tuberculosis as a romantic disease that imbued its sufferer with higher sensitivity (p. 144).

The weak point of Jakarta 1950-an, in my view is the subordination of historical context to the enumeration of detail. While the author offers a primary account of Jakarta’s social and medical history, the presentation could be better organized thematically. For example, sanitation, public health, and flood control in Jakarta are interrelated themes that could be efficiently integrated into one section in chapter six that focuses on town planning and sanitation.
Whereas Lubis enumerates in great detail the various initiatives in Indonesian public health and political history—for example, the establishment of Fatmawati Hospital in Jakarta with Soviet aid (p. 146)—he does not explain how and why international aid assumed a dominant role in public health during the 1950s. It was around this time that the US realized the political significance of financing public health programs in developing countries as an important step to counteract the spread of communism. The Indonesian leaders astutely perceived that an uncritical acceptance of international assistance in health from either the US or the USSR would lead to the erosion of the country’s political sovereignty. Indonesian politicians sought to balance Indonesian political sovereignty in health through a non-aligned foreign policy, solidarity with developing nations in a similar position, and economic self-sufficiency. Although the Afro-Asian Conference convened at Bandung (1955) is cursorily alluded to in *Jakarta 1950-an*, the actual ramifications of Afro-Asian solidarity that were reflected in Indonesia’s participation in the World Health Organization and its regional body, the SEARO (The World Health Organization Regional Office for Southeast Asia, headquartered in New Delhi) do not find any mention in the section on public health. Nevertheless *Jakarta 1950-an* should be read profitably by Indonesian historians specializing in urban, social, and medical history for a nuanced understanding of the interaction between those involved in the everyday struggle for survival in a metropolis and public health.

*Jakarta 1960-an*

In *Jakarta 1960-an*, Lubis critically expatiates on the role of Jakarta in the emergence of an Indonesian identity post-independence. The author interprets the 1960s as a controversial decade in Indonesian history for two reasons: (a) the introduction of Guided Democracy in 1959; and, (b) the controversy that shrouds the 30 September 1965 incident that led to the killing of six military generals and the subsequent mass killings and repression of alleged communists. Additionally, he explores the establishment and transformation of medical education in Indonesia, with special reference to the Faculty of Medicine at the UI during the colonial and post-colonial eras. This book is largely based on careful analysis of Soekarno’s speeches,
Pramoedya Ananta Toer’s novels (particularly *Bumi Manusia*, *Anak Semua Bangsa*, *Jejak Langkah*, and *Rumah Kaca*), Indonesian medical biographies including Professor H. Djamaloeddin’s *50 Tahun Mengabdi Scalpel* (Fifty Years of Service with the Scalpel), and the author’s personal recollections regarding medical education at the UI.

In *Jakarta 1960-an*, Lubis observes that the most significant landmark in the history of Indonesia was the declaration of the Presidential Decree No. 5, 1959 that promulgated Guided Democracy after the impressive victory of the central government against the PRRI (Pemerintahan *Revolusioner Republik Indonesia*, or the Revolutionary Government of the Republic of Indonesia) and the Permesta rebellions that demanded local autonomy for the Outer Islands. According to Soekarno, parliamentary democracy was unsuited to Indonesian conditions as it was based on the rule of the majority. Instead, he advocated a government by consensus. Furthermore, Soekarno entertained political ambitions of becoming a world leader in the newly-decolonizing African and Asian nations’ struggle against colonialism (p. 8).

During the 1960s, the demographic composition of Jakarta’s population was influenced by Indonesia’s bilateral relations. Due to the deteriorating bilateral relations between Indonesia and the Netherlands, most of the city’s Indo-Europeans were repatriated to the Netherlands. Indonesians of Chinese descent constituted over 10% of the city’s population (p. 49). Lubis notes that as *Cina* was considered a pejorative term for the Chinese Indonesians in Bahasa Indonesia, the word *Tiongkok* was used instead. The Chinese influence, according to the author is evident in Jakarta’s cuisine and incorporation of its vocabulary into the lexicon of Bahasa Indonesia.

Lubis observes that as the Chinese Indonesians emerged as middle-men in colonial Batavia’s (the name of Jakarta during the colonial period) economy there was considerable resentment between the *pribumi* (native Indonesians) and the Chinese Indonesians even prior to the transfer of power to the Indonesian republic in 1949. During the late 1950s, Chinese Indonesian newspapers, particularly *Sin Po* and *Keng Po* were banned from publication in Chinese (p. 54). *Keng Po* later resumed publication under the name of *Pos Indonesia*. Lubis recollects that by 30 September 1965, discrimination against the Chinese Indonesians had escalated due to fears of China’s alleged involvement in support for the *Partai Komunis Indonesia*.
(The Indonesian Communist Party, or PKI), which was held responsible for the killing of six Indonesian military generals.

The establishment and transformation of medical education at Dokter Djawa, STOVIA (School ter Opleiding van Inlandsche Artsen), GHS (Geneeskundige Hoogeschool), Ika Daigaku (Medical Academy established during the Japanese occupation), and later at the Faculty of Medicine, UI between the mid-nineteenth century and the 1960s constitute the third overarching theme of the book. In chapter four, the author reminisces on his student years at the UI medical school during the 1960s. In contrast, in chapter five, Lubis describes in great detail the evolution of medical education in Indonesia with the establishment of Dokter Djawa during the mid-nineteenth century. Lubis jumps back and forth chronologically between chapters four and seven. Whereas chapters five and six trace the evolution of the Faculty of Medicine at UI, chapter seven is a reflection of Lubis’ life at the medical school. I see Lubis’ recollection of the history of medical education (beginning the mid-nineteenth century) as a historiographical interpretation that attributes the rise of Indonesian nationalism to student-led political organizations at the medical school in the turn of the twentieth century.

The Dokter Djawa School was established in Batavia in 1851 and initiated by Willem Bosch, head of the Netherlands Indies medical service, who organized the training of medical professionals to be employed as smallpox vaccinators (p. 130). The training lasted for two years and successful graduates were awarded the title of Dokter Djawa, an appellation that distinguished them from the university-trained physicians from the Netherlands. In 1902, when the school was renamed STOVIA (School ter Opleiding van Inlandsche Artsen), the curriculum was revised once again. STOVIA students, who successfully passed all of their examinations, were awarded the title of Inlandsche Arts. Graduates from STOVIA holding the appellation of Inlandsche Arts were distinguishable from Dutch-educated physicians who were awarded the degree of Indische Arts in terms of lower salaries (p. 138). As a result, many native physicians such as Abdul Rivai undertook further training in the Netherlands to earn the appellation of Indische Arts.

The year 1927 saw the opening of the GHS (Geneeskundige Hoogeschool), which awarded the same medical degrees as universities in the Netherlands. The defining feature of medical education at the GHS (1927-1942) was the implementation of the Dutch model of vrije studie (free study), then prevalent in the Netherlands. The Dutch model emphasized individualized
preparation of the medical student for the annual examinations, which were conducted orally and could be taken whenever the student felt adequately prepared. As a result, it became very difficult for the GHS administration to determine how many doctors would graduate from the medical school at any given point in time. Attrition levels at the annual examinations were relatively high. Often, the GHS was unable to address the acute shortage of skilled medical professionals for the Dutch East Indies.

Subsequent to the Japanese occupation of Indonesia during the War in the Pacific (1942-1945), the GHS was closed for one year. In 1943, the Japanese established the *Ika Daigaku* (Medical Academy) in Jakarta. In 1946, a year subsequent to the proclamation of Indonesian independence in 1945, the Dutch established the *Nooduniversiteit* (Emergency University) in Jakarta, which consisted of the Faculties of Medicine, Law, Humanities, Agriculture and Technical Education. In 1947, its name was changed to Universiteit van Indonesia. The Universiteit, which was then under Dutch control, was able to continue its educational programs uninterrupted until December 1949. In 1950, it was renamed Universiteit Indonesia, and was again renamed Universitas Indonesia (UI) in 1954. Lubis thus offers a detailed description of medical education in Jakarta between 1927 and the mid-1950s, characterised by disjuncture, attributable to War in the Pacific and revolutionary struggle against the Dutch.

The GHS bequeathed the Dutch model to the medical faculty at UI. The author notes that extant features of the Dutch model such as individualized study of students for the annual examinations continued uninterrupted. Unfortunately, so Lubis argues, by the mid-1950s, the high standard of the Dutch curriculum could not be sustained at the UI medical faculty. The Dutch professors who continued to work in Indonesia subsequent to the transfer of sovereignty (1949), now, in the context of the New Guinea affair and troubling relationships between Indonesia and the Netherlands, departed for the Netherlands.

Lubis notes that a sea of change occurred in the medical faculty at the UI concomitant with its affiliation to the University of California, San Francisco (UCSF) in 1954 and incorporation of the American model of medical education, although efforts in that direction were underway since 1951 (pp. 159-60). In 1951, E. Ross Jenney (Chief of the US Technical Mission to Indonesia and Head of the Public Health Division from 1950-1953) proposed ‘adoption’ of the Indonesian universities particularly UI and Airlangga
University (UNAIR) by American Universities (p. 160). The Indonesians had reservations about using the word ‘adoption’ with regard to receiving technical assistance from universities in the US as such a term implied the subservience of Indonesian universities to their American counterparts. For this reason, the word ‘adoption’ was replaced by ‘affiliation.’ The China Medical Board—a private philanthropy originally founded as the China Medical Commission of the Rockefeller Foundation that financed the Peking Union Medical College until 1951—was expelled from mainland China following the communist takeover. Subsequently, the Board concentrated on financing medical education in Southeast Asia (p. 161). Between 1951 and 1953, the Board funded the purchase of essential textbooks for the UI medical library and established its Departments of Parasitology and Pathology. Unlike the Dutch medical model implemented at the UI medical school prior to 1954—that emphasized research, individual study and allowed individual students the freedom to appear for annual examinations whenever they felt prepared— the American model, introduced during the academic year 1954-55, facilitated cohort-based rather than individualized examinations and the development of critical thinking.

In his memoir, Lubis recollects that medical education at the UI in the early 1960s was organized into premedical, preclinical, and clinical years. At the preclinical level, incoming medical students were oriented towards biology, chemistry, and physics (p. 171). During their second and third years at the medical school, students were instructed in preclinical subjects, in particular anatomy, histology, biochemistry, public health, pharmacology, and microbiology.

The fourth and fifth years were dedicated to clinical study. Clinical education consisted of internship in cardiology, pulmonology, gastroenterology, endocrinology, obstetrics and gynaecology, paediatrics, psychiatry, neurology, ophthalmology, and medical ethics. Lubis notes that medical education at UI was fragmented into watertight compartments—often staffed by a single academic—that inhibited interdisciplinary collaboration across clinical disciplines (p. 272). Clinical training in paediatrics, midwifery and surgery afforded an opportunity for medical students to apply the theoretical knowledge they had gained during the first three years of premedical and preclinical study through careful bedside observation of patients. During the internship training in midwifery, students studied cases of septic abortion at Rumah Sakit Tjipto Mangoen Koesoemo, the UI
medical school’s teaching hospital. Soon after attending such cases, the lecturers would organize students into small groups and initiate discussions centering upon the socio-economic factors affecting the prevalence of septic abortion and associated risks, and the necessity of introducing birth control as a prophylactic measure. The clinical training of medical students at the UI thus afforded an opportunity for problem-based experiential learning that sought to situate public health problems within their broader socio-economic contexts and develop pragmatic solutions to these problems.

Towards their final year of medical training, students would undertake practical training in community health centres (puskesmas). The author recollects that he was posted in the health centre at Rawasari between 1967 and 1968 prior to his graduation from the medical school at UI (p. 303). During his training at the puskesmas at Rawasari, Lubis became acquainted with the socio-economic factors affecting the prevalence of disease within a community.

Because *Jakarta 1960-an* is the only work that examines the history of medical education in the Dutch East Indies and Indonesia, it would be of particular interest to historians of medicine. The memoir sheds new light on the transformation of the medical curriculum from the Dutch to the American model. For these reasons, *Jakarta 1960-An*, is an original contribution to the history of medical education. The organization of the narrative, in my view, is the weakest aspect of the memoir. For example, chapters six and ten could be integrated into one chapter, outlining the history of medical education in UI. Another drawback of the memoir is the subordination of the argument to factual details, which makes it difficult for readers to gain a nuanced interpretation of Indonesian medical history.

**Jakarta 1970-an**

In this work, the author carefully captures the political transition from the Soekarno to the Soeharto era in 1967. Lubis suggests the notion of desoekarnoisasi to understand the process of political transformation under President Soeharto. *Jakarta 1970-an*, is based largely on the author’s recollection of the 1970s and his experience as a lecturer and practitioner of public health in Jakarta. The three underlying themes of *Jakarta 1970-an*
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are: (a) the process of political transformation of Indonesia under Soeharto;
(b) *pembangunan* (Indonesian economic development) during the 1970s;
and, (c) the author’s recollections as a practitioner of public health.

Lubis notes that towards the close of the Soekarno era (between 1960
and 1967), the Indonesian economy suffered major setbacks due to divert-
ing resources to the West Irian Front (in its confrontation with the Dutch),
and Indonesia’s confrontation against newly-decolonized Malaysia. Con-
sequently, nearly 60% of the country’s population lived below the subsist-
ence level (p. 3). Soekarno era political idealism was based on the thinking
that as a newly-independent nation, Indonesia needed to gain respectabil-
ity within the international community. For this reason, he emphasized
that the nation was capable of standing on its two feet and of developing its
own trajectory to modernity, independent of any assistance from the inter-
national communities. But Soekarno’s political opponents were critical of
his diverting of the nation’s resources to political questions such as mobili-
zation of the population on the West Irian question. With the official com-
 mencement of Soeharto’s presidency in 1968, the notion of *de-soekarnoisasi*
was instituted, the essence of which was evident in the transformation of
the President’s role from being the leader of the Indonesian Revolution to
being the supreme commander of the country’s armed forces. Lubis is of
the opinion that unlike the political leadership of the 1950s—particularly
Soekarno, Mohammed Hatta, Sjahrir, and Mohammed Natsir (the 1928 gen-
eration), who were Dutch educated intellectuals—administrators of the
Soeharto era (the 1945 generation) were educated towards the end of the
Japanese occupation in 1945. Thus, they lacked statesmanship, unlike their
predecessors of the Soekarno era (pp. 35-6).

The second theme of the memoir is *pembangunan* or economic devel-
 opment. *Pembangunan* during the Soeharto era was narrowly associated
with increasing Indonesia’s national income. The BAPPENAS was the cen-
tral agency that coordinated planning across various sectors of the Indo-
nesian economy. Lubis observes that development during the Soeharto
era was as lopsided as the government was repressive. Military generals
were appointed as administrators resulting in what Lubis characterizes
as ‘the wrong man in the right place’ (p. 28). The Betawi community, who
were native to Jakarta and subsisted on agriculture, were displaced under
the guise of development (p. 65). Despite real estate in Jakarta becoming
increasingly more expensive during the 1970s, Betawi land in Menteng—a Jakarta neighbourhood which was a Betawi stronghold—was acquired by developers at throwaway prices. Subsequently, the Betawis established a niche within Jakarta’s informal economy as petty traders.

Public health is Lubis’ third theme. In 1969, after his graduation, the author was appointed as a lecturer in the Department of Public Health, UI. In 1972, the UI established the Faculty of Public Health with assistance from the US. Lubis recollects that American aid to Indonesia during the 1970s was an expression of US gratitude to Soeharto’s decimation of the PKI, and a symbolic gesture of Indonesia’s inclusion into the free world (p. 170). Concomitant with the US assistance to the faculty of Public Health at UI, Indonesia was at the forefront of international aid. This was particularly so in the field of family planning. The US, the WHO, and the World Bank were deeply concerned that population growth would hamper economic development in Africa and Asia. Lubis notes that at the turn of the 1970s, family planning had gained the official approval of President Soeharto. By 1975, family planning was introduced to the rural areas of Indonesia.

Written from an insider’s perspective and eschewing generalizations, Jakarta 1970-an, is a significant contribution to the political history of Indonesia. While the notion of de-soekarnoisasi may be adequate to capture political transitions from the Soekarno to the Soeharto era, the generational differences between the generation of 1928 and the generation of 1945 merit further elaboration.

Conclusion

Lubis’ memoirs offer a refreshingly original Indonesian perspective of the history of medical education in Indonesia since independence. They collectively examine the political transition from the Soekarno to the Soeharto eras. The memoirs address a specialized readership consisting of historians of medicine and those interested in urban history. The notion of de-soekarnoisasi could open a new debate among Indonesianists about the political significance of the 1970s to Indonesian historiography.

A major shortcoming of the memoirs, particularly Jakarta 1950-an, and Jakarta 1960-an, is the overshadowing of the underlying arguments
by minute details, which makes it difficult for the reader to sketch the larger picture. For instance, it is not until *Jakarta 1970-an* that we learn that Indonesia was a recipient of overseas aid in health and medical education from the US (throughout the 1950s and the 1960s) and from the USSR (until 1965). And key questions remain, such as whether the transformation of the UI medical curriculum based on the American model improved the graduation rates.