

BOOK

Science, public health and nation-building in Soekarno-era Indonesia

By Vivek Neelakantan

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“Rakjat Sehat, Negara Kuat”

(Soekarno, 1950s)

Initial Indonesian historiographies of independence in the Soekarno-era often highlight the great narratives of the heroism of fighters in the military, the primacy and persistence of the *bumiputera* in education, and the tenacity of political diplomacy of the founders of Indonesia. This is reasonable since most historians focus on the period of Indonesian early independence, particularly the battle between the Indonesians and the Dutch who wanted to retain Indonesia as a Dutch colony. The fight for Indonesian independence created great fighters and diplomats who were involved in negotiations over independence.

These narratives of independence were hegemonic and legitimized by Indonesian scholars who studied the period of Indonesian early independence, such as George McTurnan Kahin, J.W.R Smail, and Benedict Anderson. While their narratives show the chaos as a result of the Indonesian war of independence these scholars do not give a clear view of Indonesia as a complex country. The figure of Soekarno as president is more often portrayed as a revolutionary leader rather than head of state. Most of these narratives also depict Soekarno only on the political stage, focusing largely on his political policies aimed to free Indonesians from colonialism, especially from the Dutch who intended to regain their domination over Indonesia. It is very rare that studies of Indonesian early independence to the 1960s, portray Soekarno as a “total” Indonesian president who did not only think of political exigencies alone but also of other broader concerns, including the basic needs of the Indonesians, such as education, health, economics, and cultural development and preservation.

While these narratives have been reproduced in contemporary scholarly works certain aspects of the early period of Indonesian independence remain understudied. Vivek Neelakantan’s *Science, public health and nation-building in Soekarno-era Indonesia* fills this gap. Focusing on health, this book attempts to relate the significance of the health sector in national development in the early days of Indonesian independence and its intersections with politics, education, and the dialectics between the “national” and “global”, to a certain extent.

Neelakantan presents his study in seven main sections. In the introduction, he presents the research landscape in terms of the basic premise of how the great narratives on the early period of Indonesian independence had left research gaps that have not been explored, one of which is public health, and details a scholarly argument to support his basic premise in four main topics, namely: the political context of Indonesia in the Soekarno era; the history of international aid in the field of health within the Indonesian context; the history of science, technology, and the socio-cultural context of postcolonial Indonesia; and, Indonesia's public health history in the 1950s.

After experiencing a long period of colonialism it was not easy for Indonesia to build an independent nation and protect its people from the threat of an epidemic at the same time. The limited number of health workers or smallpox *mantris* and health facilities during the colonial era also contributed to most Indonesians' familiarity and patronage with what Neelakantan refers to as Indonesian traditional medicine. Neelakantan perhaps did not want to focus on local conditions for this particular work so he did not highlight the roles of the shamans in the everyday life of the Indonesians. He, however, examined the relationship and interactions between Indonesian traditional medicine and Western medicine. "Nationalist physicians," Neelakantan says, "sought to enlist the support of traditional practitioners to provide cheap healthcare to rural communities, and defined the parameters of Indonesian medicine so that it would establish itself as an alternative to Western medicine" (59).

Neelakantan explains that eight years after the war against the Japanese (1942–1945) and the Indonesian National Revolution (1945–1949), Indonesia's health infrastructure was damaged and restoration was urgently needed. He then emphasizes the role of one of the primary figures in the development of public health in Indonesia, Johannes Leimena, who crafted the "Bandung Plan", which focused on the integration of preventive and curative public health endeavors, medical ethics, rehabilitation of the disabled, maternal and child health, among others, as key to public health development. According to him, Leimena's idealism and philosophy as reflected in the Bandung Plan later became the blueprint that set the trend in the contemporary medical world of Indonesia and grounded Indonesian health policies on technology rather than ideological considerations and political calculations.

As the United States (US) began to enter the Cold War era and became convinced of the danger of communism to developing countries, associating disease with poverty, the US also believed that this association could lead to communism. Neelakantan explains how the US crafted a policy to combat poverty in many underdeveloped nations of Asia, Africa, and Latin America. Their

campaigns of disease eradication, however, were aimed not only to halt the rapid spread of communism but also to direct those countries to adapt a Westernized advancement model of disease eradication.

In the fourth chapter, Neelakantan focuses more on the international relations between United Nations agencies such as the World Health Organization and the United Nations Children's Fund and the Indonesian Ministry of Health, and the socio-economic issues and political conditions that these agencies and the Indonesian ministry grappled with. He also underscores the development of a western medical model as a feature of contemporary medical practice in Indonesia and its impact on the medical curriculum of the faculties of medicine in Indonesia, such as those at the Universitas Indonesia (UI) and Universitas Airlangga (UNAIR). As he pointed out how the curriculum was unevenly taught across medical faculties Neelakantan also observed that instead of constituting one major basic curriculum Indonesia was selective in incorporating international curricula models in these universities' revised curricula, which resulted in a string of curricular experiments. In this regard, the turbulence brought about by the Cold War as well as the change in political situations between Java and the Outer Islands redefined the direction of medical education in Indonesia. Neelakantan, however, also pointed out that Indonesia's progress in public health faltered due to six main reasons, namely: internal political issues; administrative problems; political deadlocks; corruption; inflation; and, intervention from international agencies in funding (2017; 2015).

Neelakantan states that Soekarno's conceptualization of the Indonesian Revolution was envisioned with particular focus on the applied sciences, specifically nutrition and pediatrics. This was considered timely as the period was closely linked to the government's vision to improve the quality of its human capital thus its investment in the latter alongside national aspirations—both were deemed necessary to maintain economic and technological self-sufficiency. In addition, Neelakantan notes how the Soekarno era was filled with initiatives aimed to elevate public health in the country in different aspects, such as: efforts to sustain Afro-Asian solidarity in the socio-economic field; the directing of post-World War II science, particularly its focus on health; the incorporation of Western biomedical terminology into the Bahasa Indonesia lexicon; and, the highlighting of President Soekarno's contribution to postcolonial science, even if those remain unclear.

Science, public health and nation-building in Soekarno-era Indonesia presents a different approach to appreciate one of the most important eras in Indonesian history. Neelakantan has shown his ability to deliver the early “body of Indonesia's health” in a fascinating way by linking politics, health, and identity. While the

Soekarno era will be remembered in the history of Indonesian public health development as an era of bold plans and unfulfilled aspirations. Neelakantan's work strives to present a clearer understanding of the context of this period and in so doing fills this scholarly gap in Indonesian history. He leaves it to the reader, however, to decide whether his book could be considered a meta-narrative of Indonesian history.

References

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