

**Discipline versus Gentle Persuasion in Colonial Public Health:
The Rockefeller Foundation's Intensive Rural Hygiene Work in the
Netherlands East Indies, 1925-1940**

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*[The people] should be lead, not driven. They
should be stimulated and learn to express a desire
To live more hygienically. It is the task of the
health worker to create this desire.*

-- Dr. John Lee Hydrick (1937)

Introduction

The Rockefeller Foundation's International Health Board's offer of medical services to the Dutch East Indies encountered both active and passive resistance from colonial public health authorities in Batavia. Initially, Dutch government physicians objected to what they called the Rockefeller Foundation's naive faith in education, propaganda and gentle persuasion in matters of public hygiene. In 1923, for example, the director of the Department of Public Health in the Dutch East Indies, Dr. J.J. van Lonkhuijzen, ridiculed the Rockefeller Foundation's proposal to help with the eradication of hookworm in Java by dismissing it as naïve and unsound and lacking in both "propriety" and "solidity." ²

As spokesman for the Dutch colonial medical establishment, Van Lonkhuijzen faulted the International Health Board for wishing to mount a public health campaign at the grassroots level and thus running the risk of disrupting the authentic customs and traditions (*adat*) of pristine village communities (*desa*) on the island of Java. Moreover, Dutch colonial healthcare providers were committed to a clinical and institutional practice of medicine; it seemed difficult for them to fathom what an educational public hygiene campaign might entail. In matters of contagious disease, epidemics and public sanitation, conventional medical wisdom in the Dutch East Indies emphasized discipline imposed from above, relying on curative and techno-scientific initiatives often deployed *ex post facto*. As the former director of the Public Health Service in West Java, Dr. P. Peverelli, reiterated in 1945, the Dutch East Indies *Dienst der Volkgezondheid* (Public Health Service) assumed that the blessings of Western medical science "should simply be imposed, either through courteous coercion (*printah*

haloes) or more forceful measures.” Minor success had been achieved in convincing the native population to take particular prophylactic medications or endure smallpox vaccinations. Peverelli implied, however, that until the 1920’s, public hygiene programs in the Dutch East Indies were grounded in *laissez-faire* preventive policies that might be characterized more aptly as “the politics of *laissez-mourir*.”³

As a result, it took several years of negotiations before the Rockefeller Foundation’s International Health Board gained a foothold on the island of Java, which constituted the political and demographic heartland of the Dutch East Indies. Once allowed to commence work in 1924, however, the Rockefeller Foundation public health endeavour was able to reach out to local communities through the intensive training of hygiene workers who conducted popular education with the aid of lantern slides, moving pictures, charts, health mobiles, pamphlets and other printed matter.⁴ Between 1924 and 1939, under the dedicated leadership of Dr. John Lee Hydrick, a wide range of activities were initiated, such as voluntary communal projects to limit soil pollution and build latrines to contain hookworm disease, develop anti-malaria measures, improve water management and boil drinking water as regular practice to reduce the risk of cholera and improve nutrition and infant care, altogether designed to change behavioral patterns in matters of hygiene at the communal level.

Why did officials in the *Dienst der Volksgezondheid* (Public Health Service) initially muster such resistance to the entry of the Rockefeller Foundation into the Netherlands East Indies? Aside from a sense of national pride concerning the highly professional character and scientific expertise of home-grown doctors trained in either the Netherlands or at the medical school in Batavia, a particular definition of a uniquely Dutch colonial

mission may also have played its part. The Netherlands' colonial governance of the Indonesian archipelago was grounded in a reverence for the distinctiveness of ethnic cultures and a desire to adjust Western values to local circumstances. Professions of respect for the autonomy of the *desa* and the authenticity of local and/or regional *adat* – that is, the cultural habits and traditions of each ethnic group in the archipelago – served as an ideological cornerstone of Dutch colonial policy in the Indonesian archipelago.

Yet another basic assumption of Dutch colonial rule was that Javanese village life was guided by a fundamentally different economic logic. The Dutch economist J.H. Boeke, for instance, elaborated on this basic premise by formulating a cumbersome theory of economic dualism, positing that European colonizers in Asia superimposed – or juxtaposed – modern economic rationality with primitive, pre-modern production systems. Dual economic policymakers needed to acknowledge, therefore, that within the pre-modern sector of native farming communities, invoking rational arguments concerning efficient divisions of labor, self interest, and saving and planning for the future in order to maximize production or profits fell on deaf ears.⁵

As a result, the public health establishment of the Dutch East Indies clung to a view that interfering in, or trying to alter, the hygienic comportment of villagers at the grassroots level was an alien, even troubling, phenomenon. Despite these persistent doubts regarding what was appropriate in administering public health – and thus a lingering suspicion of the Rockefeller Foundation's interventionist approach – John Hydrick, once he settled in Batavia, was allowed to display his innovative approach to public hygiene. Nonetheless, his notable achievements in education and improved sanitation habits through the training of local healthcare workers

(*mantri*) and other forms of gentle, if proactive, persuasion, assisted primarily by native doctors and support personnel, were not entirely able to escape a curious mixture of bafflement and scepticism in the minds of Dutch government physicians throughout his fifteen years of active service in colonial Java.⁶

The Contiguous and Simultaneous Model of American Public Health in the Philippines

Quietly reverberating in the background of Dutch qualms about Hydrick's working methods in Java was the model of America's generous efforts to improve public health and education in the colonial Philippines. In the 20th century, an entirely different picture obtained in the Philippines under United States colonial tutelage. America's commitment of capital in the Philippines was substantial. Relative to the infrastructural expenditures of the Dutch government in Indonesia, the U.S. administration in the Philippines spent, proportionally, almost three times as much on education, social services, and public works.⁷ After all, as soon as Americans were ensconced in their new position as colonial masters in the early 20th century, they went to work with indomitable optimism. While serving as the first U.S. Governor of the Philippines during the period 1901-1904, future president William Howard Taft had championed a policy of "benevolent assimilation." After defeating Theodore Roosevelt in the presidential primary of 1908, President Taft justified America's colonial presence in Southeast Asia as being dedicated to the welfare of the Filipino people. "We are the guardians" of the Filipinos, he proposed, but not for the purpose of improving the interests and social position of the region's

Spanish-educated elites. Instead, as custodian of the Philippines, he noted, America was charged with “protecting the rights of the ignorant and uneducated who do not [yet] know their rights.”⁸

From the outset, the American government tried to downplay its official role as an imperial power and avoided the addition of a separate colonial department to its bureaucratic structure. Instead, for the administrative oversight of the Philippines, President McKinley had created a Bureau of Insular Affairs, which became part of the War Department. The Secretary of War, Elihu Root, appointed in 1899, envisioned America’s mission as one that was embedded in the text and spirit of the U.S. Constitution. America’s duty as a colonial power, he asserted, was to prepare Filipinos for their own “self government” that needed to attain a socio-economic basis and political viability as soon as possible.⁹

Accordingly, within a short period of time, U.S. colonial caretakers in the Philippines could boast of a lengthy list of conspicuous accomplishments, such as the construction of longer roads and the digging of better sewers than any colonial power in Asia. Immediate American disbursements for improved medical care enabled the Filipino population to double in size between 1900 and 1920. The colonial administration quickly established an educational system based on the American model, emphasizing individual skills and creativity among Filipino students. In the words of a sympathetic Dutch expert who wrote a comparative study of educational systems in the Philippines and the Dutch East Indies in 1923, American efforts were grounded in a curriculum that cultivated personal aptitude and fostered popular “autonomy” by strengthening the nation’s literacy rate from 20 percent to approximately 50 percent within one

generation.¹⁰ Yet, at no time did the Philippines represent either a real benefit or a genuine threat to the lifeblood of the American nation.

Nonetheless, a discernible ambivalence about the nation's role as colonial master already existed during the early years of the 20th century. A telltale sign of his political reversal concerning the wisdom of America's imperialist control of the Philippines was President Theodore Roosevelt's reference to the eventual independence of the Philippines as early as his State of the Union Address in 1908.¹¹ Less than a decade later the Democratic Congressman William Atkinson Jones, after having consulted the Filipino politician Manuel Quezon, drafted a Congressional Act that bore his name. Quezon served as one of two resident-commissioners charged with representing the Philippines Assembly in the U.S. Congress in Washington D.C.; he helped to formulate the Jones Act's stipulation that independence should become a reality as soon as Filipinos could establish a "stable government."

The U.S. Congress voted in favor of the Jones Act and it was signed into law by President Woodrow Wilson in August 1916. In doing so, the American political establishment had thus accepted the ephemeral character of the relationship between mother country and her colonial possession.¹² It also fostered the loyalty and cooperation of such nationalist organizations as the Filipino *Partido Nacionalista*, because the Jones Act proposed a feasible timetable for future independence. However, Wilson had cautioned that Filipinos, in order to achieve true political autonomy, should first accept American tutelage so they could be taught how to absorb a sense of "discipline and order" that was grounded in constitutional law. Through the completion of an "apprenticeship of obedience" under the auspices of their American mentors, Filipinos would eventually learn "to

yield instinctively" to democratic rule.¹³

According to Raymond Kennedy, a professor of government at Yale University in the 1930's, American dominance in the Philippines constituted a "deviation" from the universal pattern of colonial mastery elsewhere in the world.¹⁴ Or, in the somewhat disingenuous words of a political scientist at Harvard University, Americans had always harbored an inherent distaste for the imperialist system. This so-called "natural" abhorrence for imperialism was the reason that the United States had begun to nurture an independent Filipino nation soon after seizing colonial control.¹⁵ In fact, the U.S. venture in the Philippines was considered a "national aberration" by some Americans from the very beginning. "Must we kill millions of people," as the distinguished descendent of John Adams and John Quincy Adams — and the author of the much-admired autobiography *The Education of Henry Adams* — asked as early as 1898, "to give them the comforts of flannel petticoats and electric railways?"¹⁶ The United States, however, tended to cloak its imperial venture in Southeast Asia in altruistic overtones. In popular lore, most U.S. foreign incursions were presumably dedicated to bringing democracy and the American Dream to less fortunate people around the world.¹⁷ In reality, however, Americans were just as interested in garnering financial profit as their colonial neighbors in the Dutch East Indies. Hence, it was likely that the precocious U.S. efforts to specify a chronological blueprint for Filipino independence resulted from a sober calculation that the Philippines might always constitute an economic burden rather than be a wellspring of material benefits for the mother country.

Quite predictably, the passage of the Jones Act caused consternation among America's colonizing neighbors in the Dutch East Indies. The

prospect of Filipino independence would remove America's political presence from the Southeast Asian region, and thus transform Japan into a potential threat to the Dutch East Indies. Worries about a Japanese expansion in a southward direction had arisen after the Japanese fleet's unprecedented display of military might during the Russian-Japanese war of 1904-1905.¹⁸ Nonetheless, despite the positive assessment of the Jones Act offered by the renowned Dutch legal scholar Cornelis van Vollenhoven and a few others, the predominant Dutch East Indies response was either a cavalier or a patronizing one. The conservative and business-minded Dutch politician Hendrik Colijn — whom the *New York Times* hailed as “perhaps the greatest living expert in the government of Malay races” — stated in an interview published on February 14, 1916, that he was convinced the U.S. would not prematurely abdicate its Filipino responsibilities because such an action might harm the security of all European settlements in Asia. The subtext of his viewpoint may have been a belief that America would never be so foolish as to jeopardize its commercial interests in the rubber, oil, and tobacco industries in any of the colonial territories in Southeast Asia.

The Netherlands Minister of Colonial Affairs, A.W.F. Idenburg, articulated a more circumspect opinion. Although he endorsed the American goal of using public education as a means of boosting Filipinos' positive sense of citizenship and civic duty, he worried about its “hectic tempo” or “frenzied pace.” Americans did not seem to have the patience to foster in each ethnic group and at every level of indigenous society the slow, organic growth of a civil society. He implied that the timetable for independence set forth by the 1916 Jones Act was impetuous — a concern Woodrow Wilson had also alluded to when he cautioned that Filipinos first

had to fulfill the requirements of a distinctly American curriculum that would teach them to acquiesce “instinctively” to the demands of modern democratic citizenship. These reasonable Dutch responses, however, conflicted with the condescending judgments of a few Dutch colonial commentators in conservative circles. One Dutchman wrote that the Jones Act’s passage highlighted Americans’ fundamental lack of political intelligence, because they exhibited nothing but “obstinacy” and a refusal to bear in mind the social and cultural complexities of Filipino society. Another Dutch critic charged that the “dizzying speed” of U.S. policy in the Philippines did nothing but entrench an indigenous “oligarchy” while completely failing to educate the Filipino “masses.”¹⁹

If Americans were aware of these criticisms, they might have attributed it to Dutch people’s obsessive attachment to, and economic reliance on, the wealth generated by their Southeast Asian colony. The prosperity of the Dutch nation was “almost wholly dependent on the colonies,” as American diplomat Richard Tobin, who served in the United States Embassy in The Hague in the Netherlands, argued in 1927. As a corollary, Tobin wrote that the situation of the Indies was a subject of enormous anxiety among all sectors of Dutch society because “the loss of the colonial possessions might result in financial as well as political ruin” of the Netherlands. Nonetheless, he conceded that the nationalist agitation in British India in the late 1920's had failed to cause alarm among the Dutch, who were convinced that their country had governed its colonial empire “with more wisdom than the British and more vigor than the French.”²⁰ This wisdom and vigor, one of Tobin's colleagues in Batavia, Henry P. Starrett, had noted a few years earlier, resided in a form of government that was “paternal and therefore not in any sense democratic.”

While these conditions had provoked dismay among educated Indonesians and social-democratically oriented European residents, he admitted that it had nevertheless served the best political and commercial interests of the colony. Dutch political practices had also protected the native population: "perhaps in no other way could these needs be so fully and completely met than by such an autocratic power intelligently applied."²¹

One of the secrets of Dutch colonial success, another American diplomat wrote to his superiors in Washington from Surabaya in 1924, is that they leave the indigenous peoples of the archipelago culturally unencumbered; Dutch colonial civil servants allowed the native residents of their districts to uphold and celebrate "their own customs or *adat*" as long as they were peaceful and did not "interfere with European exploitation."²² A *New York Times* journalist, Nicholas Roosevelt, who was a scion of yet another famous political family, concurred. In a book entitled *The Philippines: A Treasure and a Problem*, he suggested that the Dutch never interfered with native traditions and superstitions. The average American or Englishman, he claimed, had little patience with habits that were impractical albeit deeply rooted in the cosmology of various ethnic groups in either the Philippines or India. Roosevelt concluded that the Dutch, instead, simply "accept and make the most of it."²³

According to Dutch East Indies government officials involved in either education or public health, the difference between Dutch governance in the Indonesian archipelago and colonial policies in the Philippines next door was not only salient but also disturbing. In terms of popular healthcare, American physicians engaged in a rigorous effort, as the medical historian Warwick Anderson has recently argued, to "refashion Filipino bodies and social life, to forging an improved sanitary race out of

the raw material found in the Philippine *barrio*.²⁴ In raising Filipinos' level of literacy in several decades, U.S. colonial rulers also set new educational standards for other Southeast Asian colonial territories. During his journey through Java in 1926, Dr. Harry Luman Russell, a representative of the Rockefeller Foundation's International Education Board, repeated in his diary a comment made by the Dutch East Indies Minister in charge of education, who had allegedly informed a Rockefeller representative that he had "no personal animosity towards you or your work, but if it wasn't for what the damn Yankees in the Philippines have done, I would not have to spend so much money on schools."²⁵ A few years earlier, a U.S. Navy officer writing an intelligence report observed that natives in colonial Indonesia did not appear as contented as Filipinos. Instead, they were subjected to a paternalistic, if benevolent despotism in which "they have no real voice in their government." These half-hearted educational efforts, according to one of his Dutch informers, were intentionally kept to a minimum because they were deemed unnecessary: "look at your own Filipinos: you only educate them to shoot them!" He observed that a few Dutchmen had honestly told him that the so-called preparation for native self-government would never be realized because the Indonesian people "will never been capable of handling such complicated political tasks."²⁶

Until the outbreak of World War II, Rockefeller Foundation doctors – as well as a number of American journalists and scientists – expressed on various occasions their amazement that, after 300 years of Dutch colonial rule in the Indonesian archipelago, only a "tiny minority [of the indigenous population] was literate."²⁷ As late as 1941, Archibald Steele reported in *The Washington Star* that a Dutch official had told him that too

much American education and prosperity had “spoiled” Filipinos: they would have been a “happier and less restless people if they had been given fewer of the benefits of Western civilization.” The gospel of the Dutch colonial administration, instead, was “don’t educate the people and they won’t want things they don’t need . . . prevent the spread of subversive propaganda and you won’t have unrest; exile or imprison the worst of the radicals and you don’t need to fear serious revolt.”²⁸

All of these invidious Dutch-American comparisons were further aggravated by the “Djambi Affair” in 1921. The Minister of Colonial Affairs in The Hague, Simon de Graaf, had secretly maneuvered to keep the Standard Oil Company from gaining access to the newly discovered oil deposits in central Sumatra. This affair also added to the history of the Rockefeller Foundation’s involvement in public health education in colonial Indonesia, which Victor Heiser described in 1936 as the Foundation’s “great contribution to Java.” Before our arrival, Heiser opined, Dutch colonial civil servants had achieved their commanding authority by learning “the Malay language, the folklore, religion and customs.” With his customary hyperbole Heiser concluded in 1936, however, that because of the heroic efforts of Dr. John Lee Hydrick and the financial support of the Rockefeller Foundation’s International Health Board, the Dutch “system of teaching has been changed at its roots. Where once the student [preparing to enter the colonial civil service] was taught to command, now he is instructed in the principles of persuasion.”²⁹

Accordingly, the actual history of the “Intensive Rural Hygiene Work” conducted by Dr. John Hydrick on behalf of the Rockefeller Foundation in Java can reveal an abundance of insights. It can contribute to long-standing debates about the relative importance of technoscience versus

“environmental and nutritional conditions” in the improvement of living conditions and declining mortality rates in formerly colonized societies in Asia.³⁰ At the same time, an exploration of this history will also yield a greater understanding of the nature of Dutch colonial rule and its ideological justifications by comparing it with American public healthcare initiatives in the Philippines.

The Rockefeller Foundation in Dutch Colonial Java: A Concise History

On December 20, 1922, the evening edition of *De Nieuwe Rotterdamsche Courant* (NRC) featured an article entitled “An astonishing fact.” During the interbellum, the daily NRC was a ‘liberal’ free-trade newspaper in the city of Rotterdam, which had achieved not only widespread distribution but also a nation-wide political reach. The article, trying to decipher the mind set of the Minister of Colonial Affairs of the Netherlands, noted that the Rockefeller Foundation’s offer to subsidize the medical efforts to cure hookworm disease in the Dutch colony of Surinam in the Dutch West Indies was declined because Minister Simon de Graaff considered it “superfluous.”³¹

Half a year later, on the other side of the world in the Dutch East Indies, the Javanese physician Dr. Abdul Rivai referred to this specific article in an address to the *Volksraad van Nederlands-Indië*, which was the proto-parliament of the Dutch East Indies with a consultative rather than legislative function. During a meeting on June 28, 1923, Dr. Rivai expressed his personal amazement at the “astonishing facts” raised in the NRC report. He urgently called on the Dutch East Indies government in Batavia to explain the decision of the Minister of Colonial Affairs in the Netherlands.

From his perspective, the rebuke of the Rockefeller Foundation's generous offer revealed a blatant lack of concern at the highest political level with the physical health of the indigenous populations of either the Dutch West Indies or the Dutch East Indies.

In response, the director of the Civilian Medical Service (which would be renamed the Public Health Service or *Dienst der Volksgezondheid* in 1925), Dr. J.J. van Lonkhuijzen, tried to explain to Dr. Rivai and his fellow *Volksraad* members why the Minister of Colonial Affairs in The Hague had rejected the Rockefeller Foundation's gesture to assist with a hookworm campaign in the Dutch West Indies:

The Dutch colony of Surinam is geographically located very closely to the United States; this may have made the Minister reluctant to put the Rockefeller Foundation to work in that region. I would like to add, however, that the Rockefeller Foundation has also asked whether it might help us in our struggle against hookworm disease in the [Dutch East] Indies. Because in this region we can collaborate with the Rockefeller Foundation more safely, we have granted our cooperation. In the course of this year, the Rockefeller Foundation will send us someone. This is a courtesy that will be gratefully and politely acknowledged but, as a matter of fact, one should not expect it to be a great leap forward. We have our own people here

and they will undoubtedly do no worse than the Rockefeller Foundation's representatives.³²

In the debating society that was the *Volksraad*, a pointed exchange ensued between Dr. Abdul Rivai and Dr. van Lonkhuijzen. Rivai argued that while the American doctors sent out by the Rockefeller Foundation might be no more competent than Dutch doctors, "they are rich and we are poor." Van Lonkhuijzen retorted, however, that a solitary but "very generous and hard-working" American doctor would not be able to bring about improvements in public health conditions in the Dutch East Indies. Van Lonkhuijzen proceeded in a more directly critical tone:

[The Rockefeller Foundation] will send us one or two men. That is what they do in every country. They label it a so-called campaign of 'education to public health.'³³ Mr. Rivai will have to concede, however, that one single man can not provide the impetus to eradicate hookworm disease. Moreover, from our perspective as down-to-earth Dutchmen, they pursue their work in a manner that lacks propriety.³⁴ One can conjure up the image of a cavalry soldier on horseback, charging ahead to cure hookworm disease as if it were a hostile army. This does not give us Dutchmen an impression of solidity. Even if in America these methods might encourage the cooperation of the population, it will

not automatically mean that they will also succeed
in the [Dutch East] Indies.³⁵

In this and earlier rejoinders, Van Lonkhuijzen proceeded from the assumption that Americans would not be capable of sharing the typically Dutch reverence of *adat* and commitment to preserve the sanctity of the *desa* communities. Once he arrived in Java in 1924, Hydrick was assigned as his working field the region of Bantam in West Java, an assignment that suggested that Dutch public health's officials in Batavia may have intended Hydrick's efforts to fail because Bantam was a region notorious for its combative and ornery native population. In fact on July 11, 1927, Dr. John Lee Hydrick forwarded to the head offices of the International Health Board an excerpt from a letter he had received two years earlier from an official of the Dutch East Indies Public Health Service, Dr. A. Tuyter in Serang. Without translating the paragraph into English, Hydrick repeated Tuyter's comments: "You know as well as I do that the leadership of the Department of Public Health greeted your arrival in the Dutch East Indies in order to commence your work with little enthusiasm. You were asked to begin your work in Bantam (West Java) because Department officials hoped – they were even convinced – that your project would result in total failure. This opinion was officially reiterated to me during my last meeting with [a senior member of the Public Health Service] dr. Mollinger." ³⁶

John Lee Hydrick's Success Story Malgré Eux

In his booklet entitled *Intensive Rural Hygiene Work in the Netherlands East Indies*, Hydrick chronicled the results of his arduous labors

in Java; without personal vanity or grandstanding, he recorded his achievements. His entire medical enterprise in Java was based on the straightforward premise that people's desire to live more hygienically could be cultivated through education, example and emulation. He wrote that "it is the task of the health worker to create this desire ... if the people can be taught that they themselves can carry out certain simple measures which will help them avoid one of the chronic diseases, they will learn to live more hygienically and thus build up their resistance to many other diseases."³⁷

Rather than relying on palliative care in the treatment of chronic or contagious disease, as was the practice of the Dutch medical establishment of colonial Indonesia – which prompted Dutch doctor P. Peverelli to call it somewhat facetiously the "politics of laissez-mourir" – Hydrick was a firm believer in gentle persuasion, which continued to provoke *sub rosa* doubts among his Dutch medical colleagues. As the Rockefeller Foundation's malaria specialist Dr. Lewis W. Hackett repeated again in his hand-written scribbles in a pocket-sized notebook during his travels in Sumatra and Java in March of 1928:

Hydrick started this work while surrounded by skepticism and active hostility of the Public Health authorities, who had not approved of the advent of the RF. The theory was (and to a great extent still is) that the ignorant, indolent and superstitious Javanese can never be educated to habits of sanitary living, but that a minimum of sanitation might eventually be secured

throughout the island by compulsory regulations³⁸

Hackett continued his remarks by suggesting that the Dutch East Indies government had soon thereafter been shamed into providing the financial means “for installation and adequate inspection” after Hydrick had practically controlled soil pollution within two years in “a large demonstration area in the interior of the island through education alone, without compulsion.” Hackett wrote that thanks to Hydrick’s energetic work:

“over 50% of the householders constructed an excellent type of latrine entirely at their own expense and of their own volition, and were using these latrines and keeping them clean with a minimum of official inspections. The number of latrines constructed is increasing annually and new areas are being started in different parts of the island. I inspected these latrines in 3 different villages and found them the least offensive and most effective rural latrines I had ever seen. The people wanted them, built them, and maintained them as useful and valuable pieces of property.

On March 26, 1928, while en route from Batavia to Singapore on board the steamer *S.S. Melchior Treub*, Hackett summarized his positive

impressions of the Rockefeller Foundation's work in Java. He recorded in his pocket calendar that Dutch authorities had "frankly changed their mind" as to the value of a division of Public Health education by making Hydrick an official "adviser" of the department while increasing "the budget of the division, which will have large commodious offices in the near future and a budget of 200,000 guilders." He also indirectly commented on jaundiced Dutch perceptions of Java's native population, which they would have to alter because "the educability of the Javanese in health habits has been proved in the civil hospitals of Java" as well as in village communities. Here he echoed the impressions Victor Heiser had earlier recorded in his 1915-1916 memorandum on "Medical Education in Java," in which he asserted that "the Javanese are eager to learn and make excellent students." Heiser lamented, therefore, that so few native doctors were being trained at the Medical School (Stovia) in Batavia: "it seems a pity that a race so peaceably disposed, so willing and anxious to learn, and so ready to assimilate knowledge, should be left to its present fate."³⁹

Lewis Hackett concluded the travel diary recording his impressions of the Dutch East Indies with a subtle attempt at humor. He noted that "if the educability of the Dutch authorities is equal to that of the Javanese people, this Public Health movement may lead to the development, extension and intensification of preventive health measures in rural populations as the basis of health units with local direction and support." His final observation was that "the Dutch are beginning to feel the pressure of public opinion and have greatly increased the educational programs – the health program should keep pace."⁴⁰ Of course, neither Dutch East Indies' popular education nor public health provisions "kept pace" with the model set by American teachers and doctors in the Philippines next door. However, whatever progress may be

discerned during the 1920's and the 1930's in public hygiene programs, a lot of credit was due to John Hydrick. His firm commitment to teaching Java's indigenous population about hygiene, clean water and its linkages to the habits of daily life rendered them healthier and, as a significant subtext, more productive and capable of generating greater profits for Dutch colonial export commodities such as coffee and tea, rubber and tobacco, or tin and bauxite. As the anthropologist Eric A Stein has recently argued, at the end of Hydrick's fifteen years of hard work in colonial Java, he had spawned what he liked to call an "awakening" by nurturing a "utopian vision of rural hygiene in which Javanese peasants were to actively embrace handwashing, toothbrushing, boiling water, sweeping yards, and whitewashing homes... water spigots and latrines that prevented communicable disease."⁴¹

¹ As in the title of John L. Hydrick, *Intensive Rural Hygiene Work in the Netherlands East Indies*, (New York: The Netherlands Information Bureau No. 7, 1937, reprint 1944).

² Malaria, cholera and beri beri were later added as additional targets. Han Mesters translates Van Lonkhuijzen criticism of the Rockefeller Foundation's proposition as "distasteful." in "J.L. Hydrick in the Netherlands Indies: An American View of Dutch Public Health Policy," in Peter Boomgaard et al (ed), *Health Care in Java. Past and Present* (Leiden: KITLV Press, 1996), pp. 51-62.

³ P. Peverelli, *De zorg voor de volksgezondheid in Nederlands-Indië* (Den Haag: W. van Hoeve, 1945), pp. 12, 16.

⁴ Victor Heiser, in his autobiography *An American Doctor's Odyssey* (New York: W. W. Norton, 1936), p. 478.

⁵ See, for example, J.H. Boeke, *Economics and Economic Policy of Dual Societies as Exemplified by Indonesia* (Haarlem: Tjeenk Willink, 1953).

⁶ See also Mesters, "J.L. Hydrick in the Netherlands Indies", pp. 51-62. Heiser, *An American Doctor's Odyssey*, wrote about the climate of "skepticism which continued on the part of many of the Dutch officials," p. 478.

⁷ In 1929, for example, American investments in the Philippines amounted to 80 million dollars; in 1936, this number grew to 92 million dollars. See US Department of Commerce, Bureau of Foreign and Domestic Commerce, *American Direct Investments in Foreign Countries* (Washington DC, 1930), p. 26, and *Ibid* (1938), p. 16. See also Friend, *The Blue-Eyed Enemy. Japan in Java and Luzon, 1942-1945* (Princeton: Princeton University Press, 1988), pp. 15-16.

⁸ John A. Beadles, "The Debate in the United States concerning Philippine Independence, 1912-1916," in *Philippine Studies*, Vol. 16, No. 4 (1968), pp. 421-441, quoted by N.A. Bootsma, *Buren in de koloniale tijd. De Philippijnen onder Amerikaans bewind en de Nederlandse, Indische en Indonesische reactie daarop, 1898-1942* (Dordrecht, Foris, 1985), pp. 13-14.

⁹ Bootsma, *Buren in de koloniale tijd*, p. 13.

¹⁰ G.J. Nieuwenhuis, *Opvoeding tot autonomie. Een sociaal- paedagogische studie van het Philippijnse onderwijsstelsel vergeleken met het Nederlands-Indische* (Groningen: Wolters, 1923), passim.

¹¹ Bootsma, *Buren in de koloniale tijd*, p. 16.

¹² Friend, *The Blue-Eyed Enemy*, pp. 12, 29, and Karnow, *In Our Own Image*, pp. 246-247.

¹³ Quoted by George W. Stocking, Jr., "Lamarckianism in American Social Science, 1890-1915," in *Race, Culture, and Evolution. Essays in the History of Anthropology* (1968; repr. Chicago: University of Chicago Press, 1982), p. 253; see also Karnow, *In Our Image*, p. 200.

¹⁴ Raymond Kennedy, "The Colonial Crisis and the Future," in Ralph Linton, ed., *The Science of Man in the World Crisis* (1945; repr. New York, 1980), p. 308.

¹⁵ Rupert Emerson, *The Netherlands Indies and the United States* (Boston, 1942), p. 72.

¹⁶ Henry Adams, quoted by John Keay, *Empire's End. A History of the Far East from High Colonialism to Hong Kong* (New York, 1997), pp. 104-105.

¹⁷ Edward Said, *Culture and Imperialism* (New York, 1993), p. 285-288.

¹⁸ H. Bakker, "De internationale positie van Nederlandsch-Indie in de laatste 50 jaar," in *Jubileumuitgave De Indische Gids. 1879- 1929*, Vol. 51, No. 1 (1929), pp. 33-35.

¹⁹ The section on Dutch responses to the Jones Act is based on Bootsma, *Buren in de koloniale tijd*, pp. 35-41.

²⁰ Richard M. Tobin in the US Legation in The Hague to SecState, December 27, 1927, M-682, Records 1910-1929, Roll No. 28 (Bolshevism), 856D.00/12-2727, NARA.

²¹ Henry P. Starrett in Batavia to SecState, November 18, 1921, M-682, Records 1910-1929, Roll No. 28 (Bolshevism), 856D.00/11-1821, NARA.

²² Rollin R. Winslow in Surabaya to SecState, November 1, 1924, M-682, Records 1910-1929, Roll No. 46 (political matters), 856D.00/11-124, NARA.

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²⁴ Warwick Anderson, *Colonial Pathologies. American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham NC: Duke University Press, 2006), p. 1.

²⁵ RAC, RF, RG 12.1 (officers' diaries), box 126, Harry Luman Russell, International Education Board, Section III: Siam-Java-Australia, March 17-July 10, 1926, p. 194.

²⁶ Lt. R. H. Grayson, USS Huron, Intelligence report No. 208-44 to Office of Naval Intelligence, July 7, 1924, pp. 4, 8, RG 165, Records of the War Department, General and Special Staffs, Military Intelligence Division, Netherlands East Indies, Box 2631, NARA

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²⁸ A.T. Steele, "War Strengthens U.S. Ties with Netherlands Indies," *The Washington Star*, April 18, 1941.

²⁹ Victor Heiser, *An American Doctor's Odyssey* (New York: W. W. Norton, 1936), p. 479.

³⁰ Terence H. Hull, "Roots of Primary Health Care Institutions in Indonesia," in *Health Transition: The Cultural, Social and Behavioural Determinants of Health*, Proceedings of an International Workshop, Canberra, Australia, May 1989, Vol. II (Canberra, ANU Health Transition Centre, National Centre for Epidemiology and Population Health, 1989), p. 500.

³¹ Quoted by dr. Abdul Rivai in the 17th meeting of the Parliament of the Dutch East Indies on June 28, 1923. In *Handelingen van de Volksraad van Nederlandsch-Indië*, Begrooting voor 1924, Afd. V, dept van Onderwijs en Eeredienst, p. 568.

³² *Handelingen van de Volksraad van Nederlandsch-Indië*, June 28, 1923, p. 570.

³³ English in the original

³⁴ Original Dutch: "Verder heeft hun werkwijze voor ons, nuchtere Hollanders, weinig behoorlijkheid"

³⁵ *Handelingen van de Volksraad van Nederlandsch-Indië*, June 28, 1923, p. 570.

³⁶ RAC< RF, RG 5, Series 1.2, sub series 655 (Java), Box 310, Folder 3939.

³⁷ John L. Hydrick, *Intensive Rural Hygiene Work in the Netherlands East Indies*, (New York: The Netherlands Information Bureau No. 7., 1937, reprint 1944), pp. 14-15.

³⁸ RAC, RF, RG 12.1 (officers' diaries), accession no. 33, Box 9, Series 2, Folder 155, "Lewis W. Hackett, Diary, Personal and Official, 1910-1928," p. 60.

³⁹ Victor G Heiser, No 770, Memorandum on "Medical Education in Java," RAC, RF, RG 5, Series 2, Sub Series 652, Box 57, Folder 362.

⁴⁰ RAC, RF, RG 12.1 (officers' diaries), accession no. 33, Box 9, Series 2, Folder 155, "Lewis W. Hackett, Diary, Personal and Official, 1910-1928," pp. 61-67.

⁴¹ Eric A. Stein, "Colonial Theaters of Proof: Representation and Laughter in 1930's Rockefeller Foundation Hygiene Cinema in Java," *Health & History*, Vol. 8, No. 2 (2006), p. 19.