
GOVERNMENT COLONIAL POLICY AND INDIGENOUS ORGANIZATIONS IN THE FIELD OF HEALTH IN SURABAYA 1900-1939

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ABSTRACT

The purpose of this research is to determine the role of indigenous organizations and Dutch government policies as the implementing authority in addressing diseases that affected the community from 1900 to 1939 in Surabaya. This research study employs a historical method consisting of Heuristics (source collection), Source Criticism, Interpretation, and finally Historiography (presentation of data in written form). Based on the research findings and data sources obtained, it is revealed that the policies issued by the colonial government were the result of the involvement of intellectual figures and private organizations who actively conveyed criticisms. The research findings discovered that throughout its course, the colonial government collaborated with educated indigenous figures to promote a healthy lifestyle. In addition to establishing hospitals and health centers, the improvement of public health focused on preventive measures, such as promoting clean living habits among the community. The final results of this research indicate that the government's success in curbing the spread of diseases was not solely achieved through its own efforts, but through collaboration between the government, private parties, and the community.

Keywords: colonial government, disease, health, organization.

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INTRODUCTION

Diachronically, discussions about diseases and their management during the colonial period can be found in specific periods. For example, they are related to medicine, the causes of diseases, the development of specific diseases, and the provision of facilities and infrastructure. However, the availability of historical health literature in colonial Dutch East Indies is very limited, especially regarding specific regions like Surabaya. At least one book and an article served as references for the author in this research, namely the book by Von Faber titled *Nieuw Soerabaia: De Geschiedenis van India's Eerste Koopstad in the Eerste Kwarteeuw Sedert hare Instelling 1906-1931* (Soerabaia: N.V. Boekhandel en Drukkerij H. van Ingen). This work contains informative writings about health that depict the condition of the city of Surabaya, along with the habits of its people that may give rise to infectious diseases. Additionally, there is an article written by Kurniarini, Dina Dwi, Ririn Darini, and Ita Mutiara titled *Pelayanan dan Sarana Kesehatan di Jawa Abad XX* (Health Services and Facilities in Java in the 20th Century), which provides information on the efforts made by the colonial government in the field of health.

Based on this, practical benefits can be obtained, such as understanding the changes that have occurred over time in the field of health, further advancing and progressing the study of the history of health in the present and future. This is useful to avoid repeating past mistakes or failures. For historians, knowing the history of health and diseases can reveal many things. Through the

examination of economic, social, cultural, and habitual conditions of a society, one can observe how they influence the health development of a population. As exemplified by one of Tillema's writings below,

"The unpleasant odor emanating from the sewer made me look around, and it turned out that the water was contaminated with an indescribable color. All kinds of filth and garbage had accumulated there, becoming a breeding ground for germs."

This testimony was written by a pharmacist from the Netherlands who had a significant influence in the field of health in the early 20th century. The writing tells of someone travelling and then passing through the slums around Pandean and Djagalan. This view is seen directly when residents are bathing in the open back area surrounded by woven bamboo along the side of the building. The life of this community is a small group illustration of the great fact that the Bumiputra live in inadequate housing and use polluted water for their daily lives.

Departing from the conditions described above, finally, at the beginning of the 20th century, the ranks of the Dutch government carried out a breakthrough whose aim was to harmonize the order of people's lives in a better direction, in terms of education, irrigation and immigration. This movement was called ethical politics, or the politics of reciprocation, because the Dutch felt indebted to their colonial lands, whose natural wealth and population resources had been exploited. One of the highlights of ethical politics is improving public health and infrastructure for the Bumiputra community. However, in practice, it turned out that the colonial government was more based on health services for Dutch East Indies government employees, the military and government-owned companies at that time (Zulhaida & Zuhri, 2020).

The colonial government's concern for health began with the desire to improve the welfare of its employees in order to produce excellent performance (Lo et al., 2021). Later in their journey, they realized that providing health services was not enough for Europeans alone but that the native people, including environmental conditions, deserved attention. This was done to prevent the transmission of diseases that continued to spread in the late 19th to early 20th centuries due to the large number of urbanites who entered and built slum buildings in Surabaya. The emergence of slum areas (slum areas) was one of the causes of the emergence of disease, so the colonial government had to take certain actions in health services and improving the environment of the native people (Prayojana et al., 2020). However, the issued policies often reap controversy from the public because of injustice in their implementation.

This situation is also reflected in the division of residential areas based on certain groups or ethnicities, which places the native people at the bottom layer after the Dutch and Foreign East (Misbahuddin, 2021). Chinese, Malay and Arab settlements receive special treatment to live across the Kalimas River, according to a predetermined location. Unlike the case with the native people, the division (*wijkenstelsel*) does not affect their residence because there are no specific rules for living in certain areas (Anwari, nd). This segregation policy impacted the residences of the native people, which eventually spread to many places and seemed disorganized.

The native people have a very different life from Europeans and Arabs. The European and Indo-European groups live in settlements on the edge of the main road (Sari & Hendro, 2020). While the natives live behind the elite community housing. Behind the splendour of the European residential buildings, the mention of a native dwelling connotes a slum and messy village. The slum living conditions are often associated with the backwardness of the natives, both economically and

socially (Patten et al., 2022). This situation can be seen in the picture below, which shows the face of poverty from the native people.



Figure 1: Bumiputra community houses in Surabaya

Source: HF Tillema, *Kromoblanda Deel II, Over 't vraagstuk van 'het wonen' in Kromo's groote land*

This form of poverty is expressed through houses built sober and lean-like huts. Bamboo or wood is used as pillars, the roof is made of thatch, and the fences are made of woven bamboo. They also do not have proper drainage or sanitation, a major problem in the health sector (Wahyudin & Arifin, 2015). This scene with a roof made of old kerosene cans does not only occur in Surabaya but also other parts of the Dutch East Indies. This problem was exacerbated by the poor quality of the water produced 1917. The government restricted water consumption so that some residents were forced to consume water from unsanitary wells and eventually contracted malaria (Rachmawati & Surtiari, 2016). Fortunately, the government soon overcame this problem so that the deaths of people infected with malaria could be reduced. However, the health condition of the native people, especially those living in the lower cities, remains deplorable. This case of fever due to malaria cannot be stopped except by administering quinine which is carried out by health officers (Mawuntu, 2018).

The Civil Health Service sent paramedics to villages to give quinine tablets directly to residents. The number of malaria sufferers continues to increase until the death rate is higher. This was also described in the newspaper *de Locomotief*; the emergence of this disease was unexpected for doctors at the Health Service (BGD). According to Dr Terburgh (former inspector of medical services), malaria occurs due to a changing condition, such as a change in weather (Mardiana & Musadad, 2012). For several months the death rate increased sharply so that 7 to more people could die in a village within a week. This incident happened to more than one village until the statement "People are dying like rats in the villages" appeared.

The deplorable condition of the native people in Surabaya is also visualized in the book. Migrant communities and residents who have long lived in Surabaya also face the same problems in the residential area (Basudoro, 2017). The construction of bumiputra houses is dominated by bamboo or geck building materials, so this description is often associated with the condition of the building, which is more suitable for cattle pens than human houses. Low economic results and a lack of public and government awareness worsen their quality of life. It then raises a new problem that departs from unhealthy environmental conditions, namely the emergence of disease.

An endemic disease that developed in Surabaya in the early 20th century, besides malaria, was typhus. The cause is not a single factor but a poor sanitation system and unhygienic food and beverage processing, making typhus spread faster. Typhus strengthened again in Surabaya when people consumed ice drinks from shippers who delivered ice. This delivery process triggers the mixing of dust in the air with the ice carried by the officers and causes bacteria in the ice. This ice's sawdust (zaagsel) is dried on the road, mixed with dirt (mainly horse manure), and then swept up and used to pack the ice. This unhygienic manufacture increases the risk of typhus.

Diseases that appear in Surabaya are inseparable from the actions taken by residents, including people who are reluctant to make health improvements to their environment. This happens because of a lack of public awareness and the government's need for attention to the cleanliness of the environment in Bumiputra homes (Rahmadani, 2020). This situation continued to trigger the development of other types of diseases, such as what happened in 1910; the plague had spread in Surabaya and claimed many victims, including 272 Europeans; China 874 people; natives, 7,548 people; Arab, 193 people and 19 people Foreign East. Bumiputras rank first in Surabaya in high cases of bubonic plague. In the following two years, one village area was affected by the bubonic plague like that experienced by residents in Jalan Sasak. This is in line with the diseases that once plagued Surabaya, namely cholera which occurred in 1875, 1883 to 1896, 1900 and 1902. The diseases that emerged resulted from a lack of cleanliness and public awareness of building a good lifestyle. The bites of mosquitoes, rats, fleas, and polluted well water, which are still being used, have increased the risk of death for the population. European people who feel sorry for the lives of native people regret this situation because the disease can shorten human life (Basundoro, 2018).

The lack of handling by the government in the environmental sector has made settlements increasingly slum and one of the main causes of the emergence of bubonic plague (Siregar & Darmawan, 2022). This situation made the indigenous people restless because pinning their full hopes on the colonial government was not a solution. Departing from a feeling of disappointment mixed with anger and compassion for their people, finally, several native figures took a firm stance to overcome this. The figures consisted of the aristocracy, both those of aristocratic descent and educated figures. Their presence in society is fresh air and new hope to realize the right to a decent life (Adinuhgra et al., 2022). In a hygiene magazine, an article published by Professor JG Sleeswijk. This paper discusses the two institutions formed by native figures, namely Sarikat Islam and Indisch Partij. These two organizations plan to spread their criticism through the media by occupying columns in every newspaper. As quoted by De Indische Courant:

Weet gij wel, Nederlanders, dat er pesr heerscht op Java? Weet gij wel, dat de epidemic zich uitbreidt, dat het aantal gevallen toeneemt? -Pest! Dat word heeft zulk een onheilspellenden clank. zóóveel gevalen, zóóveel dooden. Men weet nu al niet beter, of 't hóórt zoo. Aan wie de schuld? Natuurlijk, in gevallen als deze is men spoedig geneigd naar zondebokken te zoeken.

Translation:

"Did you know, Dutch people, that there was violence in Java? Did you know that the epidemic is spreading and the number of cases is increasing? -dark death! The word has an unpleasant sound. So many cases, so many deaths, People do not know any better now, or they should. -Who is to blame? Of course, cases like this tend to look for scapegoats."

The quote above clearly targets government officials who are more apathetic towards their colonial lands. Even though this epidemic disease does not only claim victims from among the natives. Europeans who interact with native people also contract this disease, although the number is smaller. The village became deserted, and some were deliberately vacated due to an epidemic outbreak that could not be prevented. Graphically, it can be seen that from February 1911 to 1914, cases continued to increase, and the epidemic gradually spread from the old center of Malang to other cities in East Java, such as Surabaya. The cleaning service that was formed needed to provide complete comfort for the people of Surabaya. This was reflected when rat carcasses were found that died or were left on the road for a long time so that they not only smelled but also spread disease viruses. Medical services are also slowly handling the epidemic so that middle and lower-class people are helpless in preventing and treating this disease. They hoped that intermediaries such as the Sarikat Islam organization and other native-born organizations could help convey the true situation to the colonial government (De Nieuwe Courant, 3 March 1914, 62).

Organizations, as well as parties that often echoed and gave harsh criticism of the colonial government in order to pay more attention to native peoples, were Sarikat Islam and Indisch Partij. Even though many organizations were established, at least the role was dominated by these two institutions, which were simultaneously active in conveying criticism at meetings and in print media (newspapers, magazines). Gradually, this movement finally inspired people's hearts to rise and have the courage to channel their aspirations. Every community struggles to get proper rights from entrepreneurs and teachers, such as through the profession. These educated leaders then realized that building awareness of healthy living required cooperation between all levels, including by providing proper education so that people could be wise in protecting their environment. Therefore, these two organizations became accomplices of the community; in addition to achieving national independence, they also developed education and teaching for natives.

This article is here to fill the void that occurred and look for policies that the colonial government rolled out to control the people of Surabaya. On the other hand, it is to make the public aware of environmental health while at the same time looking at the policy from the community's point of view. The right policy has become an effective weapon to teach people a healthy lifestyle to avoid disease. Lastly, this research also examines the role of educated nationalist figures who work personally or by forming (mass) organizations in helping advance the native people from the side of hygiene, education and religion.

METHODS

This research method is historical. The initial stage of this research is data collection (source). This study uses a health history approach with various sources in the form of contemporary newspapers, photographs, archives, and sources obtained from the government. In addition, there are also books, research journals, articles and other secondary sources that support this writing. These sources were obtained from the National Archives, the Republic of Indonesia Library, and the archives of the City of Surabaya. Sources from official sites used include KITLV, digital collections, and Delpher.net. The second stage is verification or source criticism. At this stage, the writer sorts the data that has been collected to be processed according to the topic to be written. Source verification is divided into two, namely internal and external criticism. Internal criticism, in the form of criticism of the credibility or reliability of sources obtained, must follow the news's contents and

can be accounted for. This external criticism is criticism of the authenticity of the data obtained, such as ascertaining whether the authenticity of the issued source matches the name listed in the source. The third stage is analyzing data and facts by synchronizing the research to be studied, such as finding news related to the truth of a local organization formed by dr. Soetomo. The fourth stage is historiography (writing history) which is the final result of the above research process to be put into written form. According to Kuntowijoyo, the presentation of the writing results consists of at least three parts: the introduction, research results and conclusions.

RESULTS AND DISCUSSION

Integration of environmental health improvements from the government and native organizations

Initially, public health services in the 19th century were still struggling with European medicine and military personnel. Then this awareness was finally formed along with the implementation of ethical politics at the beginning of the 20th century. The impact of this political policy, in addition to education, irrigation, and immigration, also affected public health, one of which was proven by establishing the municipal hospital (*stadsverbonden*). The Dutch colonial government began developing smallpox vaccination as a preventive measure to combat infectious diseases. The intensive implementation of this vaccination was carried out through the establishment of medical health services that launched health campaigns to fight diseases such as malaria, yaws, hookworms, and other epidemics (Neelakantan, 2017).

When Surabaya changed its status to *gemeente*, the management of Surabaya was regulated independently and had authority in managing its territory. However, this development encountered obstacles due to a lack of funds, especially from the central colonial government in Batavia. Therefore the implementation of development in Surabaya during the early period of the *Gemeente* government in 1906 tended to run slowly. One of the programs carried out by the *gemeente* to survive in meeting the needs of its city is by collecting taxes or paying rent which is charged to residents. This function fills in cash income for joint development in Surabaya.

One way of this development is represented by establishing a hospital with a concentration of *gemeente* for public health services. The emergence of civil medical institutions was massively built in three big cities in Java, namely Semarang, Batavia and Surabaya. As the party with the highest authority, the colonial government certainly did not do this alone. When the government made a subsidy law for private hospitals in 1906, more and more private hospitals were established and received subsidies. Several Bumiputra organizations also provide services to the general public and receive subsidies from the government. One is the Muhammadiyah Polyclinic, inaugurated in September 1924 and previously named PKU (Public et al.). The Muhammadiyah Association provided health funding assistance to *Plaatselijk gezondheidsdienst* (Local et al.) to deal with various diseases that appeared in Surabaya (Perwarta Surabaya, 26 November 1924). The following is a portrait from the Muhammadiyah Polyclinic showing the native people, children and adults, standing in front of the building's yard.



Figure 2. Muhammadiyah Polyclinic

Source: Faber, GH von. 1993 *Nieuw Soerabaia: De Geschiedenis van India's Eerste Koopstad In the Eerste Kwarteeuw Sedert hare Instelling 1906-1931*. Soerabaia: NV Boekhandel en Drukkerij H. van Ingen, p. 292.

One of PKU's programs is establishing a health centre with doctors from various ethnicities, such as dr. PHF Neynhoff, dr. Soeratman, dr. Soerjatin, dr. JW Grootinags, dr. Heerjan, dr. Djojohusodo and dr. Soetopo. The place where this building was built is also close to native houses, such as during the initial construction on Jalan Sidotopo, which then moved to the Pegirian area until they settled on Jalan KH Mas Masnyur and became a hospital.

The development of the polyclinic to become a Muhammadiyah hospital received support from the colonial government. Besides that, there were also other hospitals owned by private and government. As for them, the government-owned CBZ Simpang Hospital and private hospitals such as William Both, RKZ St Vincentius a Paulo, and Darmo Hospital. Even though Muslims owned the Muhammadiyah hospital, this did not make its top officials behave conservatively towards the Dutch. As it happened, the presence of foreign workers, Dutch doctors, could teach the practice of science and modern health services; at that time, health facilities and access were still limited to certain circles. In its development, this Islamic hospital has a central role in improving the health and welfare of the population apart from being a government-owned hospital. As reported in the newspaper with the headline *Polikliniek Mohamdyah*:

"Itoe policlinic, whose endeavour Dr Soetomo was diboeka on 15 September 1924, it was evident that there were great benefits. Itoe poor hospital has a share Vereeniging Mohamadyah. Afedeeling Soerabaia and it is located in Sidodadie."

The annual report (Verlag) shows that 50 people come for treatment daily. Most of them come from native people, and not a few Chinese and Arab people come for treatment. This report stated that most people who came lived in the northern area of Surabaya (Perwarta Surabaya, 26 January 1926, 6). This association also focuses on caring for orphans. These poor and sick people are also experiencing an increase in patients. A total of 16,761 patients 1929 came to seek treatment at the clinic, compared to the previous year, which had fewer numbers, namely 13,587 people. Doctor Soetomo is an important figure who plays a central role in helping the native people, and HOS Cokroaminoto heavily influences his Islamic ideology.

Evidence of concern for the nation's fate is by voicing the people's voice through criticism in the seats of the Volksraad board. However, this struggle was still underestimated, so he felt he did not fit the position he occupied in the Volksraad. Soetomo finally left and focused on helping the native people's struggle by forming groups he created, such as the Indonesian Study Club (study group). The established study group focuses on teaching and preparing leadership cadres so that in its journey, this study defends the interests of the village and highlights government policies that are indifferent to residents. An example is the need for more allocation of funds provided by the government for improving environmental conditions and the cleanliness of villages. In this regard, an organized mass must respond to government policies to achieve common rights. His concern in fighting for people's rights is not limited to his profession as a doctor but as a social fighter who operates in the field.

The emergence of native doctors in the colonial era was only recognized in the 20th century because of the scarcity of European doctors who could not treat various diseases. Intensive health services also began to be encouraged when the Health Service was formed, whose members, besides doctors, were paramedics and midwives. These services are realized in buildings such as health centres because hospitals are only one place for health services. However, treatment centres, chemical investigation centres and special treatment buildings are also used to eradicate infectious diseases. For sufferers of the bubonic plague, the colonial government provided isolation rooms. It gave them a special place to live to prevent further transmission (Perwarta Surabaya, 2 February 1927). The following is a photo of one of the special care centres in Surabaya, which can be seen in the image below



Figure 3: Barracks in Pegirian specifically used for quarantine.

Source: Faber, GH von. 1933. *Nieuw Soerabaia: De Geschiedenis van India's Eerste Koopstad in the Eerste Kwarteeuw Sedert hare Instelling 1906-1931*. Soerabaia: NV Boekhandel en Drukkerij H. van Ingen, p. 291.

Various infectious diseases that spread in Surabaya finally knocked the colonial government's awareness to immediately take action so that the growing scourge of disease did not infect European citizens living in Surabaya. One aspect is campaigning for the ideology of healthy living. The Europeans realized that the unhygienic conditions in the Bumiputra settlements could harm their settlements, which were in constant contact with the native people.

Colonial Government Policies and Organizational Involvement in Voicing the Rights of Bumiputra Surabaya

This concern is manifested through the construction of hospitals or clinics and by holding NV Volkshuisvesting (people's housing) for the native people. Dr Soetomo was one of the movers who urged the government to establish special public housing, especially for natives whose homes were displaced by development. This housing is aimed at low-income residents so that it can provide significant benefits for those who occupy it in the future. In realizing this housing, Dr Soetopo, as the supervisory board, delivered a lecture about the cleanliness of the village that must be maintained (De locomotive, 16 February 1927).

Soetomo, as a member of the Volksraad (People's Council), had a high capability to voice the aspirations of the people. He actively emphasized that Dutch East Indies doctors (native Indonesians) played a central role in improving the physical strength of the population to achieve greater welfare. The association of Dutch East Indies doctors had a significant positive impact on changing the policies of the colonial government, which often discriminated against the native population (Pols, 2018).

Another task was also carried out by Dr Soetomo in the organization of the Sinoman Council (Sinoman Raad) in the 1920s by campaigning for a healthy life by carrying out mass circumcision (to prevent disease). The activities carried out by this social group carry an attitude of cooperation because the initial formation came from the village community, the majority of whom live with the same conditions and destiny. Sinoman then developed into a liaison between the authorities and the native people in various political and religious matters. These social groups' involvement eventually made the native people dare to protest, as happened at the end of 1932 in Kampung Dinoyo. Kampung Dinoyo is located in an urban area, so the government gradually clears this area of native buildings. At that time, the central Surabaya area was full of various industrial activities, so expansion was made for European housing developments to the south. Village residents refused to be evicted, coupled with pressure from the government, so residents stopped using village cemeteries and burying bodies. This refusal was confirmed by the native people who asked for help from the leadership of the PBI (formed from former members of the Indonesian Study Group), so a special meeting was held with the Sinoman Council throughout the city.

The meeting was also attended by the Head of Sinoman from Kampung Keputran, namely Soewongso, who expressed his objection to the Gemeente policy. The native people who live in Dinoyo are reluctant to give up the village cemeteries that have existed for generations and are considered holy and sacred at the same time. For them, all Surabaya youths must be responsible for their ancestors and the Islamic religion. PBI finally supported the people of Dinoyo Village to protest and suggested that the community agree with the Gemeente (municipality). The upheaval did not go smoothly; in fact, the gemeente gave strict sanctions in fines to people still carrying out burials in the designated areas. Gradually, the people of Dinoyo village half-heartedly gave up their burial land and the land rights involved in it. The policies of this gemeente often have values from two different sides in the eyes of society. For European citizens, this policy is beneficial because development bureaus (bouwmaatschappij) can massively build real estate in strategic areas such as Darmo, Gubeng, Ketabang and other areas. This is different from the Bumiputra community, whose land must be taken over by the government and purchased at a lower price. This old building was demolished and then replaced with a European settlement, so the selling price was higher. As a result, the native people who occupied the previous house could not buy it back.

This policy, considered discriminatory, had oppressed the native people so that social groups or the private sector stepped in to help and became intermediaries in conveying the people's aspirations to colonial officials. This is the same as what happened in other cases, namely the colonial government's policy, which reaped the pros and cons of dealing with waste. This method was pursued in two ways: making thousands of trash cans and making a special rule called the filth law or trash ordinance (*Vuilnisverordening*) in 1922. Every resident was required to dispose of garbage in front of their respective homes, which the government had provided. At the same time, the collection part was carried out by the local cleaning staff (Von Faber 1936: 148, Howard Dick 2000: 173, Husain 2016: 347). This statement later drew protests and was written in the *Javasche Courant* newspaper regarding garbage disposal, which sparked anger among the native people. The reason is that each house must have its trash can, and mixing human waste into the tub is not permissible. For them, it is burdensome to separate the dry (recyclable) waste from the wet (*Javasche Courant*, August 1922, No. 64).

Then at the end of the year, *Sarikat Islam* issued a motion intended for *Djikerman* as the mayor of Surabaya. This decision departs from the insistence of native people uncomfortable with waste disposal regulations. In the end, a meeting between the *Sarikat Islam* was held at the *Royal Baliwerti Cinema Building*, which was attended by 3,000 native people, 30 of whom came from workers' associations and other groups from the city of Surabaya (*Gemeentebld* No. 225, 1923). In order to discipline all its citizens, the government made a policy requiring the purchase of 60 dM trash cans. For people who do not comply with these regulations, the consequence is having to pay fines up to imprisonment (according to the level of mistakes made). However, in practice, the policies issued when in the field differ from the policies' contents. This control requires time and understanding of the *Bumiputra* community at large.

The understanding conveyed was like explaining science about the bad effects caused when human waste (faeces) is disposed of carelessly, including carrying diseases. Through the bacteriological paradigm, excrement must be avoided because it contains a microbe or small organism, considered the initial factor for disease onset. It is the same as blood, pus, and urine, which must be avoided because they can make the body dirty and, from a medical perspective, can be the forerunner of disease (Jaelani, 2017). Another solution the government takes to prevent people from behaving in a dirty manner is to build special latrines or toilets so that people do not dispose of faeces in trash cans.



Figure 4. Latrine construction in Kali Mas Surabaya

Source: <https://www.maritiemdigitaal.nl/index.cfm?event=search.getdetail&id=120088472>
accessed on 30 November 2020 at 10.15

The bathroom was established in 1924 by the Gemeente to prevent the disposal of faeces anywhere. For example, by building toilets on the Gilis and providing public toilets and a place to bathe in Mesigitplein. This effort was intended to prevent people from bathing or defecating in the waterways along Westernbuitenweg (currently Jalan Indrapura) (Pewart Soerabaia, 30 July 192). Efforts to discipline the community could have run smoothly due to a lack of awareness from the community in protecting the surrounding environment. This habit can also be found when residents urinate carelessly near the Kemayoran mosque, even though the gemeente has provided public toilets. The problem is that they are reluctant to spend a penny on urinating (Pewart Soerabaia, 7 January 1928, Husain, 2016: 347). The construction of latrines and the construction of trash bins are small examples of the colonial government's policies in preventing disease transmission due to the bad habits of the Bumiputra people. The focus on improving public health conditions is not limited to building clinics or hospitals but on the community's healthy lifestyle that must be changed.

The colonial government's policy in dealing with disease turned into a preventive measure: getting used to people's lives being clean. As explained in the newspapers, Saturday night, a public meeting was held after the 5th PKVI (work union affairs) congress. During the meeting, several important discussions included highlighting hygiene and public health matters. Doctor Tankau explained public hygiene by recalling the advances of Roman civilization in the past. The Roman government succeeded in establishing water reservoirs to provide clean water for city residents. For cases in the Dutch East Indies, he thought that prevention was better than cure, so he strongly supported the government's concern for health services that had been established, such as DVG (Dienst der Volksgezondheid), CBZ (Central et al.), and polyclinics. He proposed modern medicine, such as using injections, which he considered useful for residents and supported various pieces of training that had begun to be formed, such as in Purwokerto, specifically for nurses and paramedics. Dr Rusli also gave many examples of obligations taught by religion (Islam), one of which is maintaining proper cleanliness, which can be adapted for the general public, especially Muslim natives (Algemeene Handelsblad, 30 March 1937).

Education as an Effort to Raise Community Awareness and a Tool for Habituating a Healthy Lifestyle

The progress of these preventive measures was also supported by the fact that many natives continued their studies at the STOVIA School tot Opleiding van Indische Arsten (the first medical school in Batavia) and at NIAS Nederlandsch Indische Arsten (the second medical school opened in Surabaya) so that they could assist the colonial government in carrying out health sciences and hygiene practices. The education provided by the colonial government raised awareness among intellectuals to advance their nation, especially when this revival was represented through an organizational movement that could organize more people (Effendi, 2012). Along with the colonial government's need to fulfil the increasing number of medical personnel, education was deliberately expanded to produce quality people from skilled natives. In addition, their knowledge was also used because it facilitated the work of the colonial government in "embracing" the population to comply with government policies. The educated natives will later become agents of reform and give birth to

a new identity as modern aristocrats from among the intellectuals. The doctors from Bumiputra who have been working in medical science also work with the paramedics to campaign for a healthy life.

One of the reformers of modern education outside of school institutions that has a strong influence in the Dutch East Indies is Muhammadiyah. The organization initiated by Kyai Haji Ahmad Dahlan spread its influence to Surabaya. It succeeded in establishing it on Jalan Sawahan I (now in Kalimas gang III). This first Muhammadiyah school was led by KH Mas Mansoer, whose goal was to strengthen people's belief in Islam while at the same time realizing a truly Islamic society (Muhammad, 2015). Besides that, Muhammadiyah Surabaya is also developing itself by establishing a General Welfare Assistance Council (PKU) as a Health Center in Sidodadi by cooperating with dr. Soetomo. Eventually, a growing organization has grown national awareness to move against the colony. Through education, educated natives are given the right to gain knowledge to progress in thinking and acting. Such a process has given birth to a new generation of intellectuals from civilized Indigenous people who can muster greater strength to awaken society.

The emergence of the educated class and the aristocracy in the 20th century in the world of government succeeded in moving other native-born organizations to grow. Another example is Sarikat Islam which has a big role in advancing education. The proof is with the inauguration of a special school for native women, namely the Kartini school, which is the result of the struggle of Sarikat Islam. Wondosoedirdjo chairs this school, and Ruslan Wongsokusumo is the secretary. At the beginning of the establishment of this school, not many natives wanted to send their daughters to school because they still adhered to their conservative principles. Their parents believe that a woman has to be a homemaker and does not need to be taught to write or read. However, thanks to the persistence and proselytizing of the figures who moved to advance the nation, in 1918 the Kartini school was given a legal entity and subsidized by the government. In addition, the Kartini school also experienced an increase in status from previously being equivalent to a second-grade school (Hongkong loro) and then becoming equivalent to a Dutch school (Holland Inlandsche school) for natives (Faber, 1936, p. 47). Establishing schools is important in conveying educational and religious values so that society becomes civilized and, at the same time, knows how to live a healthy life. Policy paths taken through education and habituation in schools so that people behave healthily and protect the environment are classified as effective.

Political turmoil continues to occur between the community and the government, so the number of organizations formed by the Bumiputra community, such as Poesoera, continues to increase. This organization was initiated by respectable founders from different backgrounds, ranging from doctors, political elites, and religious leaders to religious scholars. These figures include dr. Soetomo, dr. Yahya, dr. Soewandi, KH Mas Mansur, H. Nawawi Amin. One of Poesoera's tasks is to engage in education so that it holds important control in educating the native people and becomes an exemplary example for the people (Sartika, 2018, p. 27).

On another issue, the Oetoesan Indies from 10 to 12 February 1919 included the news that Sarikat Islam was considering the dualistic government that was still running. The government is under different auspices, namely Europe and the natives. Therefore there is a special division between natives and Europeans. Part of village power should consist of village services, position maintenance, market system, religious care services, cleaning in villages and slaughterhouses, as well as other household affairs related to the village (Het nieuws van den dag voor Nederlandsch-Indië, 25 February 1919).

In monitoring environmental cleanliness, the colonial government had established law enforcement agencies, such as police ranks, in the main cities of the Dutch East Indies, including Surabaya. This arrangement operated from the 1920s to the 1930s. The tasks include maintaining cleanliness and controlling the community (Kees Van Dijk, 2011). 1930 was a dark period for the community because Surabaya experienced a significant escalation of disease compared to previous years. The government then resumed the village cleaning program. (De Indische Courant, December 31, 1930).

The large number of lower-class people who were dominated by native Chinese besides Chinese also liked to litter, and this became an important issue for colonial officials. As reported in the *Pewarta Soerabaia* newspaper under the heading "Brandgangen", explained that residents who live in the Bubutan area are known to defecate and urinate in trash cans. They do this with the excuse of saving expenses because they do not have to pay for public toilets or latrines. The colonial government tried to overcome the activities of residents who littered, one of which was by closing the gutters (gutters) so that the water flow would be smooth and not clogged with garbage and sewage (*Pewarta Soerabaia*, 7 January 1928). Disposing of this waste was still carried out a decade later, as the *Pewarta Soerabaia* newspaper reported on 21 July 1939. Residents carried it out in the Pegirian River.

"People can self-test where the base and edges of the *jang soed* are plastered, and the slanted edges are hard; it is good that there are pictures of work-look like the marks of *jet Koenig*; if it is bare dirt, it is thrown on the site, but it might take a long time to become an item. If you later deal with it like that, of course, it is stucco; it will not be stucco anymore. It is just layered stucco...stained with fading like auto-military cars, only covered with thick dirt."

The river in Surabaya is one of the main supports in meeting the population's needs because water is used as a source for drinking and bathing, washing clothes and defecating. For those who live on the banks of the river, disposing of the waste does not cause problems in their lives because the water flow can carry away the waste. The community needs to fully carry out such incidents because other residents still demand that the *gemeente* be responsible for the area they lead. The evidence is also listed in the newspapers as stated below:

"But it *magnesian excrement* that landed on *Soesoen* on the *Soengei* walls, until some of the dry ones were covered in wet and of all colours, their book was not even covered, but everyone from *Djaoeh Soeda* could see, and even the people who had *toetoe Kakaea* had to see their eyes because their bodies were there very simple.

Do not say in a crowded center, where there are *pendoedoek*, famous people and pants; let us say in *Soenji's* place; after all, you cannot just keep quiet. We want to see if *Gemeente* can do this and let us make this dish. If you are still strong, we have no objection to making *vegrooting* from this photo (*Pewarta Soerabaia*, 4 August 1939).

This upheaval continued to occur because the community considered that most of the colonial government's policies in the health sector were still "children" of the lower-class native people. The lack of education instilled in the lifestyle of the native people made their existence less meaningful to the colonial government. This happens because not all people have the power to influence other citizens. Therefore, it is necessary to act as a motivator from respected people such as *Priya*, intellectuals who can be respected and have the charisma to make a positive impact, especially on health issues.

Health education was finally rolled out when the DVG (Dienst der Volksgezondheid) was formed and continued by each division under it. The mention of services in Surabaya is the Local Health Service. These scholars who have received higher education not only concentrate on the treatment of diseases in general but teach simple things to people. These include boiling water before drinking, sweeping the yard, washing fruits and vegetables with clean water before cooking and defecating in the toilet. The role of the paramedics and doctors is important in influencing the native family group because the approach is adapted to religious beliefs, circumstances, and attitudes in building people's sensitivity to health, disease and the body. Home visits are also carried out to ensure that the hygiene principles practised by the community are running properly. Besides that, native doctors like Soetomo also teach hygiene principles to school teachers and incorporate them into school teachings. The struggle to implement a clean life according to the principles of hygiene then continued when Japan entered the Dutch East Indies and controlled the city of Surabaya. Japan cooperates with scholars and figures such as doctors to influence the native people.

CONCLUSION

The movement led by intellectuals in Surabaya gathered the masses to fight against injustice from the colonial government's policies, especially regarding economic and social disparities between the native people and European citizens. The mass movements and private organizations that were formed succeeded in influencing the colonial government's policy to give more treatment to the native people, especially in health and the environment. Figures like dr. Soetomo and organizations such as Muhammadiyah and Sarikat Islam had important roles in this movement. However, this movement continued and shifted after the entry of Japan by forming Islamic organizations as a forum for introducing Japanese ideas and ideals and gaining support from the community.

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