

Asian Flu Pandemic in Indonesia, 1957: Government and Public Response

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Abstract

This study aims to analyze the 1957 Asian Flu Pandemic in Indonesia, focusing on the government and public response. The 1957 Asian Flu Pandemic was the second pandemic in the world after the 1918 Spanish Flu Pandemic. The pandemic was caused by the H2N2 influenza virus and originated in China. From China, the virus spread to Hong Kong, Singapore, and the world, including Indonesia. The Asian flu was the first pandemic faced by the post-colonial government of the Republic of Indonesia. The pandemic occurred in Indonesia between May and August, with the number of sufferers reaching 202,469 people (according to the government). Using historical methods, this study shows that the existence of the Asian flu indirectly tested the government's work and readiness in dealing with a global pandemic. The Asian flu pandemic struck when the Indonesian government faced difficult problems after the War of Independence (1945-1949). This situation made it difficult for the government to act. Therefore, the policy of responding to the Asian flu seemed very careful and even slow. In addition, the lack of health sector services and infrastructure in various regions also interfered with handling the pandemic. This situation also caused poor coordination between the central and regional governments. As a result, the public became confused. People end up acting without direction, such as trying traditional medicine, spreading hoax news, violating quarantine rules, committing vaccination fraud, panic buying, and even performing various mystical rituals.

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Introduction

Since SARS-COV 2 virus became pandemic, the discussion about the disease or plague in the past has emerged. Many people re-discuss the disease or plague problem in the past to compare it with the current situation. The discussion is from a medical and a social point of view, especially about the effect and phenomenon of pandemics (Purwanto, 2020). In the history of the pandemic, there have been two influenza pandemics that have plagued Indonesia. There were Spanish Flu 1918 and the Asian flu 1957.

According to Sellwood (2009), Asian flu has been a global pandemic in Yunnan Province, China, since February 1957. Asian flu was the world's second influenza pandemic after the 1918 Spanish Flu. The pandemic was caused by the H2N2

influenza-A virus. When the virus hits a human, there are symptoms like cough, fever, and complications like pneumonia or bronchitis.

The emergence of Asian flu in Indonesia made it the first pandemic faced by the government of Indonesia. The emergence of the 1950 Asian flu also tested the readiness of the new government in facing a global pandemic. Moreover, in the 1950s, many problems confronted the government's steps in dealing with the pandemic, including the emergence of political turmoil that strained central-regional relations; the bad economic situation; the high number of people suffering from folk diseases (leprosy, malaria, yaws, and tuberculosis); the lack of medical personnel accompanied by disparities between regions; the government still owns few curative services (hospitals and polyclinics); the absence of regulations related to epidemics that are appropriate for the times (Boediono, 2016; Leimena, 1954; Neelakantan, 2019; Ricklefs, 1999). Especially in those years, health became a means to realize the aims of a socialist society under the principles of Pancasila (Neelakantan, 2017).

Despite having a crucial role, there are still rare historiographical records regarding Asian flu pandemic in Indonesia. In general, study related to the Asian flu pandemic is dominated by biological research and medicine, especially related to the epidemiological and genetisc patterns of the virus. However, there are studies that discuss this pandemic globally and slightly touch on its existence in Indonesia. For example, research conducted by Dehner (2012), Yoneyama & Krishnamoorthy (2010), CSellwood (2009), Dunn (1958), and Payne (1966).

Dehner (2012) discusses the history of Influenza in the world, including the Asian flu. Dehner (2012) also stated the major impact on people's lives in several countries when this disease emerged. The important point of his research is the discussion of research and production of vaccinations as an intervention step to end the Asian flu pandemic. Meanwhile, Yoneyama and Khrishamoorthy (2010) attempted to explain the emergence and spread of the Asian flu from a political perspective. He examined the relationship between the Cold War between the United States and the Soviet Union with the spread of the Asian flu throughout the world.

Unlike other studies, Dunn (1958) and Payne (1956) touched slightly on Indonesia's position in the dynamics of the spread of the Asian flu disease. Dunn (1958), in his paper "Pandemic Influenza 1957," explained the spread of the Asian flu in the world as a whole, including the number of sufferers in various regions. He explained sequentially from the beginning of the virus's emergence to its fading, from month to month. Through this research, Dunn also revealed that cases in Indonesia according to his calculations reached six million cases. Payne (1958) discussed the spread of the virus worldwide, including visually presenting it on map media. Payne revealed that the global spread of the virus was divided into two waves. The first wave occurred in mid-57, and the second wave occurred in early 1958. From here, the death rate in several areas was also revealed, along with the causes and treatment.

The only study on the Asian flu in Indonesia, written by an Indonesian researcher, was the book National Health History of Indonesia Volume 2 (1980), published by the Ministry of Health. In addition to discussing health problems in

Indonesia during the period 1950-1959, one part of the book addressed the impact of the emergence of the 1957 global influenza outbreak in the world on the deaths of Indonesian Hajj pilgrims in Mecca. Therefore, this study fills the gap by tracing the spread of the Asian flu pandemic in Indonesia and answering the questions: 1) What was the central government's (Ministry of Health) policy for tackling the Asian flu pandemic in 1957? 2) How did the public react to the existence of a pandemic?

Method

This study uses historical methods and structural approach to explain the history of pandemic influenza 1957 in Indonesia. According to Kuntowijoyo (2013) there are 5 historical method, including pemilihan topik, heuristic, verification, interpretation, and historiography. Data collection involved searching, discovering, and gathering information from the National Library of Indonesia (PNRI) and focused on reporting on government and private national newspapers and magazines. All newspapers or magazines include: *Kantor Berita Antara*, *Dunia Wanita*, *Djembatan*, *Indonesia Raja*, *Kedaulatan Rakyat*, *Merdeka*, *Pikiran Rakyat*, *Suara Merdeka*, *Sinpo*, *Starweekly*, and *Waspada*. This research uses secondary sources, including journals and books related to national health conditions in the 1950s.

Tracing the Origin of Asian Flu in The World

Asian flu in the world came from Yunnan Province, China, in February 1957 (Dunn, 1958; Payne, 1958; Sellwood, 2009). In China, at that time, there was an increase in influenza cases, causing community and public activity. Nevertheless, the worst medical situation in China was unknown. According to Ying (2018), there are no reports regarding the deteriorating health situation because China did not join the WHO. The absence of the WHO makes China view the report as having no particular urgency. This information is necessary to prepare the world to face the threat of an influenza outbreak that has the potential to spread all over the world.

The world's attention to the influenza virus started two months later. On 17 April 1957, the *New York Times* reported that in Hong Kong, there had been an increase in the number of people with influenza since 12 April (Offit, 2008). The symptoms they experienced included high fever, headache, muscle pain, and difficulty breathing. 10% or 250 thousand people out of two million experienced these symptoms. The emergence of this disease does not discriminate and can attack people of all ages and professions. As a result, the situation in Hong Kong at that time was chaotic. Almost every day, 10-20 thousand people were forced to queue to get treatment at the hospital. However, the world did not expect the incident in Hong Kong to be caused by a new variant of the virus, which later became a global pandemic. Experts suspect that the outbreak in Hong Kong is just a seasonal flu that people suffer from.

This view changed when similar conditions occurred in Singapore, Taiwan, and Japan at the end of April 1957 (Han, 2022). Due to this situation, at the beginning of May 1957, Singapore Laboratory and the United States Army Laboratory in Japan started research on the genetic influenza virus. After a week of research, the

researchers discovered a new type of influenza virus, namely a derivative of influenza virus (Payne, 1958). It was also reinforced by three leading research institutions in the world, such as World Influenza Center (London), the Institute for Medical Research (Melbourne), and the Walter Reed Army (Washington). All laboratories said the virus was a new variant because it was genetically modified and had never been found or had no match with existing influenza viruses. However, virologists did not understand the different genetic mechanisms behind the emergence of the new variant, so the exact origin of the new virus was not known (Honigsbaum, 2020). Contemporary research revealed that Asian flu originated from a genetic mixture of avian influenza virus (derived from poultry) and human influenza virus type H1N1, which was genetically referred to as type H2N2 (McMillen, 2016; Sellwood, 2009; Viboud et al., 2015). Because the spread of the virus originated in Asia, the word 'Asia' was attached after the word 'flu' became 'Asian flu'—the term for the influenza pandemic of 1957-1958.

This discovery was disseminated worldwide on 23 May 1957 by WHO, which announced that a new type of influenza outbreak would soon spread globally. However, the WHO's action was too late. The influenza virus has already spread worldwide, and many countries are not ready to deal with it. The delay was also caused by China not reporting the situation described earlier. If China announced in February that it had an influenza virus there, perhaps the world would have been a little more prepared.

The Emergence of the Asian Flu Pandemic in Indonesia

The news of Singaporeans and Malaysians infected by the new influenza virus caught the attention of national media in Indonesia. On a national scale, the newspaper has been busy reporting the conditions in Singapore and Malaya. For example, *Harian Merdeka* (1957) reported that in Malaya, 12 thousand people had been infected with influenza, and dozens of them died on 14 May 1957. In Kuala Lumpur, the spread of the virus forced many schools to close their operations because many students caught the flu. The influenza virus only took four days to infect the entire region, which has 57 thousand inhabitants in Malaya—those who are stricken experience extreme cold or chills.

However, the existing news got less attention from the Indonesian government. There was no statement from central government officials regarding the influenza outbreak in several Southeast Asian countries, especially from the Ministry of Health. In addition, the central government has issued no preventive policies regarding influenza. That was a fatal error. Indonesia had the potential to be the following country affected by the virus attack because it had open transportation access and was located close to the infected country. If the government releases information about the influenza outbreak, the public will increase vigilance.

The Asian flu pandemic was detected in Indonesia in early May 1957, in Medan, North Sumatra ("Rakjat dan penjakit," 1957). Geographically, Medan is close to the affected areas (Malaysia and Singapore) and is a meeting point for ships from within

and outside the country. According to the Women's World report, the initial traces of the Asian flu were seen in thousands of people who came to hospitals or clinics with complaints of flu that were different from usual ("Rakjat dan penjakit," 1957). They complain of similar symptoms: unstable body temperature (hot and cold), high fever, severe headache, bone pain, fatigue, vomiting, abdominal pain, diarrhoea, hoarseness, and coughing. Conditions persisted for the next few days. The Medan City People's Health Service (Dinas Kesehatan Rakjat Kota Medan) noted that 30% of patients with influenza complaints went to the Medan General Hospital (Rumah Sakit Umum, RSU) on 16 May 1957. Unfortunately, the health department did not take the increasing number of influenza cases in Medan seriously. The Department of Health has covered this information and made the media unaware of the increase in influenza cases in Medan.

The situation changed four days later. On 20 May 1957, cases of Asian flu increased dramatically. It was recorded that five thousand of the total 400 thousand residents of Medan were stricken with influenza ("1/5 penduduk Medan terserang influenza," 1957). General hospitals, government, and private polyclinics get many visits from patients with influenza complaints. In General Hospital, 70% of patients are influenza sufferers. Doctors were confused about diagnosing this complaint because it differs from general influenza, commonly called *pilek*. Due to many patients, few doctors in various clinics expressed their inability to care for people who sought treatment ("1/5 penduduk Medan terserang influenza," 1957). The doctors were forced to work almost a full day with only one hour of rest time because they had to serve many influenza patients. For example, in the testimony of doctor Tan Tik Hong to *Waspada*, the number of visitors who lined up for treatment at his clinic from 08.00-09.30 reached 92 people. It continued to increase in visits until the evening. This condition is different from the usual conditions when the patient's presence can be counted on the fingers within 1.5 hours. In addition, doctor Chen Tsen Tshui, a different clinic owner, also said that the patients who came to his place were "too many" ("Keliwat banyak"). Therefore, Dr. Tshui urges the public to take care of their health and not travel if they are sick. The aim is to reduce the rate of spread of the virus while reducing the burden on medical personnel ("1/5 penduduk Medan terserang influenza," 1957).

In that situation, doctors at Medan Regional Hospital held a meeting to plan preventive measures to prevent the spread of Asian flu. However, the Medan City Health Department was still not too concerned. The Health Department did not take preventive measures because, according to them, there was no worrying news about the flu. The Health Department's attitude was undoubtedly deplorable because it tended to trivialize the existence of the disease. The virus was already rampant in society: patients crowded hospitals, and public places became deserted because of the many sick people ("Penjakit III," 1957; "Semua sekolah di Kotapradja Medan ditutup," 1957).

The news of the influenza outbreak in Medan became the national spotlight. Many media are reporting on the worst situation there. They all reported that in the

capital city of North Sumatra, there was an anomaly of the influenza virus, which made the health situation there chaotic. However, other news was conveyed by the *Kantor Berita Antara*, the state-owned media. *Antara* wanted to straighten out the narrative of the current information by making a different report entitled: "North Sumatra has not yet had an Influenza Outbreak." ("Di Sumatera Utara belum terdapat wabah influenza," 1957). In this edition, *Antara* interviewed dr. I. Made Bagiastra, Head of Inspection of the Health Service of North Sumatra Province (Inspeksi Kesehatan Provinsi Sumatera Utara) on 21 May 1957. Dr. Made denied reports that North Sumatra was being attacked by an influenza epidemic that had infected 50% of Medan's population. However, he also does not deny that influenza cases in his area have increased, which can be proven empirically in the number of visits by patients who seek treatment but have not yet entered the epidemic category. This was due to the unstable weather in Medan, which is sometimes hot and rainy, so the population's immunity decreases, and they can easily catch influenza. In his view, "people should never go to the house of someone who has the flu, do not go out a lot at night, and do not let the rain fall."

As a government representative, the *Antara* news report can be seen as a step to streamline information to calm the public to avoid excessive panic caused by influenza. However, the report also caused a controversy because it was different from the facts on the ground and seemed to cover up the actual situation in the community. This attitude can undoubtedly eliminate the public's readiness to face a pandemic threat. Transparency of information is essential in this situation, considering that many Indonesians are unfamiliar with influenza outbreaks.

Government's Policy: Cautious and Slow

The large flow of human movement through various modes of transportation and the opening of borders which allows people to come from infected countries has made the Asian flu spread rapidly in Indonesia. It took only one month from the first case, in the last week of April 1957, to infect thousands of people in Java, Sulawesi, Kalimantan, and the Maluku Islands. ("Djuga di Makassar influenza mulai berdjangkit," 1957; "Influenza menjerang Kota Ambon dan sekitarnya," 1957; "Wabah influenza di Bandung," 1957). After that, all cities affected by the Asian flu experienced similar conditions: thousands of residents fell ill; public places were deserted and even closed by the government; and hospitals, clinics, and pharmacies were crowded.

According to Neelakantan (2019), health affairs are the region's responsibility in Indonesia. The Ministry of Health only formulates policy guidelines. Therefore, in the context of a pandemic, the main focus of handling the pandemic is on the Ministry of Health. The Ministry of Health is at the forefront of handling the pandemic. However, since the virus was an outbreak in Indonesia (May 1957), there was no preventive or curative action from the central government. This omission makes many local governments confused because they have to determine policies without the direction of the central government to deal with this new emerging disease. For example, since the virus became an outbreak, the government of Medan made a policy to lockdown

their city. This policy was made because the government did not know how to overcome the pandemic.

On 26 May 1957, the Minister of Health, dr. Azis Ali appeared in the media for the first time to discuss the Asian flu. He said that the Asian flu was not dangerous and no more dangerous than endemic diseases such as malaria, tuberculosis, and leprosy ("Menteri Kesehatan Dr. Azis: Penduduk tidak perlu khawatir dan takut akan wabah influenza," 1957). A similar statement regarding this was also conveyed by dr. Makmoen, Head of the Center for Epidemiology of the Ministry of Health. Dr. Makmoen was a government envoy tasked with investigating the influenza virus in Singapore. After returning from Singapore, he said that the Asian flu is not dangerous ("Djangan gelisah," 1957). However, this statement is not following the conditions in the field. After a week of the Asian flu infecting Indonesia, and after dr. Aziz and dr. Makmoen statement, terrible news about the pandemic continues to emerge. The number of patients continues to increase. There have been cases of death ("135 orang meninggal di Kota Medan", 1957). These numbers are not just a matter of statistics. Many people, especially children, suffer from the Asian flu. They can also not run the economy and other activities due to their illness.

The Indonesian government, through its elite officials, particularly at the Ministry of Health, repeatedly conveyed recommendations to the public, which were disseminated by the media crew. During the outbreak, three officials on behalf of the government delivered statements at different times, including dr. Makmoen (Head of Epidemiology, Ministry of Health, 28 May 1957), dr. Johannes Leimena (Vice Prime Minister, 5 June 1957) and dr. R. Pingardi (Secretary-General of the Ministry of Health, June 8 1957). The three of them conveyed similar things in general terms, including 1) a new type of influenza virus caused the outbreak; 2) a virus is harmless if it has no complications; 3) there is no need to carry out regional quarantine and closure of public places; 4) Do not panic; 5) and it is crucial to maintain the health of each individual ("Djangan gelisah," 1957; "Dr. Maamoen: Influenza tidak berbahaya," 1957)

In dealing with the existence of a pandemic, the central government is in a dilemmatic position. They want to suppress the spread of disease. However, on the other hand, they want to let the economy of a newly recovering country be disrupted due to the implementation of regional quarantine under *Staatsblad* 1911 No. 277 on the *Quarantine Ordonantie* *Staatsblad* 1911 No. 299 on the *Epidemie Ordonantie*. At that time, the epidemic's rules referred to Dutch Colonialism rule, *Staatsblad* 1911 No. 277 on the *Quarantine Ordonantie* and *Staatsblad* 1911 No. 299 on the *Epidemie Ordonantie*. The critical point in the two rules is holding a quarantine in case of an outbreak. As a result, the government chose a bold step: allowing the disease to spread widely and focusing on treating patients ("Influenza menjerang Indonesia," 1957). The research report that revealed that the H2N2 influenza virus is not dangerous has become a reference for the Ministry of Health in handling the pandemic. The main focus is treating the patient's symptoms (curative), not stopping the spread of the virus (preventive). The Ministry of Health believes that preventive policies such as quarantine are futile because they are proven not to contain the spread of the virus.

Medan is an example of this view.

Medan is the first city to hold a regional quarantine since the emergence of the Asian flu. On May 21, dr. Bagiastra, the head of the Medan City Health Department, decided to close school operations and public facilities (cinemas, performance venues, and swimming pools) for up to one week, from 23-30 May 1957 (“Semua sekolah di Kotapradja medan ditutup,” 1957). The spread of influenza could be stopped. This decision was made because Medan’s health condition worsened after five thousand residents of Medan, or 1.2% of the population, contracted the Asian flu. At that time, many students could not attend school because of illness. As a result, clinic visitors were increasingly booming; doctors were overloaded, and markets and offices were quiet visitors. However, the quarantine result states the spread of the virus was getting out of control and has even claimed lives. Therefore, the government has no intention of implementing a regional quarantine.

However, curative policies also tend to be late and slow. The main obstacles are drug delivery delays, the disparity in the number of doctors between regions, and the lack of government hospitals and polyclinics. However, the Ministry of Health seems to have failed to understand that the number of sufferers is not a matter of statistics alone. Behind it, there is a process of very severe pain that every sufferer, young or adult, has to deal with from day to day, which then results in the cessation of daily activities.

In response to this view, the government refused to hold the Asian flu vaccination. On 8 June 1957, WHO stated that an anti-influenza vaccine would be available by the end of July (“Vaccine anti-flu,” 1957). However, the government stated that in Indonesia, the Asian flu vaccination is not available (“Dr. Makmoen Soeriadilaga,” 1957). He said the vaccination process would be useless if not implemented. By calculation, for the Asian flu to disappear, 70% of Indonesia’s 80 million population, or 56 million people, must be vaccinated.

Moreover, to realize vaccination, Indonesia must have 56 million vaccine doses available if one person takes a 1cc dose with an effectiveness of 6 months. The problem is that there is not a single pharmaceutical factory in Indonesia capable of producing that many vaccines in such a short time. Even if the production was successful, there were problems regarding cost, distribution, and personnel. The government also forced the community resistance. Moreover, this impacts the length of time for vaccination. It could be months or even years—which does not match the urgency of a vaccine that must be implemented quickly. On this basis, the government did not undertake to carry out vaccinations. Moreover, the government also focuses on eradicating malaria, bubonic plague, tuberculosis, and leprosy through vaccines. It is more focused on vaccinating these diseases than the Asian flu.

On June 12, 1957, as reported by Sinpo, the Directorate of Pharmacy, Ministry of Health, had sent influenza medicines to all drug depots in the regions, including Bandung, Semarang, Jogjakarta, Surabaya, Padang, Medan, Banjarmasin, Makassar, and Ambon—which was later distributed to nearby towns (“Obat2 influenza dikirim ke seluruh Indonesia,” 1957). The drugs sent included sulfadiazine tablets, acetose,

Pacheco, sulfaguanidin, acid salicylamide, codeine, vitamin C, and multivitamins ("Obat Influenza kedaerah2," 1957). The drugs were sent by trains and airplanes. Even though it is late because the epidemic is quite severe, this policy must also be appreciated as a state concern. In addition, the People's Food Institute (Lembaga Makanan Rakjat, LMR), led by Poorwo Soedarmo, also conveyed ways to avoid influenza. People must consume food according to "4 Sehat, 5 Sempurna," with the following composition: 1) a plate of rice; 2) a bowl of vegetables; 3) a piece of meat and tempeh; 4) fruits. LMR claims that if the public fills the portion of food, their health will be protected from various diseases, including Asian flu ("Apa jang kita harus lakukan kalau wabah influenza mengamuk," 1957). LMR also urges that the consumption of vitamin C must be accompanied by nutritious food.

The Public Response

The government's main focus in tackling influenza outbreaks is treating the sufferer's symptoms (curative), not stopping the spread of the virus (preventive). The Central Government believes that preventive policies such as quarantine are futile because they have not been shown to contain the spread of the virus. However, the central government is different from the local government. Many local governments issue preventive policies, such as closing places of potential epicenters of the virus. In addition, the direction of the central government to focus on curative actions often does not go well. Outside Java or other remote areas, it appears that the handling of the outbreak is not optimal. The cause is due to inadequate health facilities and infrastructure. The most common cases are the shortage of medical personnel, the scarcity of medicines, and the high cost of health care. In addition, the local government was quite distraught about dealing with the Asian flu pandemic.

This difference indicates a failure of coordination between the central and local governments. Moreover, in the 1950s, the political situation between the center and the regions experienced tension, resulting in a lack of coordination between the Ministry of Health and local governments, which led to the obstruction of health policies (Neelakantan, 2019). Poor coordination related to efforts to overcome this influenza pandemic has confused the Indonesian people. As a result, they are trying to deal with the plague in their way, from using traditional medicine to acting according to beliefs and customs. In addition, these failures also impact the emergence of incorrect information. Some people are looking for profits amid a tense pandemic atmosphere.

Panic-Buying

The public response when news of the pandemic spread was panic buying. The lack of information from the government caused the public to panic and buy vitamin C, anti-influenza drugs, and fruits in large quantities. This response made medicines and food ingredients scarce. Their prices also skyrocketed. All the goods purchased were not proven effective in preventing Asian flu. For example, when the Asian flu appeared on 28 May 1957 in Palembang, people flocked to pharmacies throughout the city to buy vitamin C ("Sekitar influenza," 1957e). As a result, the supply of vitamin C

in all pharmacies was sold out. In addition, people also scrambled to buy oranges. Antara correspondents suspect that some people took advantage of the situation by hoarding goods to sell at high prices. In Banjarmasin, for example, fruits containing vitamin C were rushed and sold out in the market, so they became rare and expensive. The price of oranges also skyrocketed. The price of large oranges, for example, became IDR 30 per 10 pieces, from previously only IDR. 15 per 10 pieces ("Influenza naikan harga buah-buahan," 1957).

Hoax and Criminal Acts

In Jakarta, 1 June 1957, *Starweekly* also reported the presence of "tukang tjatut" (kleptomania) in several drug stores and grocery stores ("Varia influenza," 1957). The people bought large quantities of vitamin C, quinine pills, and influenza tablets. In their actions, they claimed to be government officials so that they could freely order employees to carry out all drug procurement. They argued that the drugs would be distributed freely to the public. They lied and intended to resell them at high prices. The drugs eventually became increasingly scarce, their prices soared, and they made huge profits after reselling them.

On 5 June 1957, *Sinpo* reported the disgraceful actions of unscrupulous persons against the residents in several Jakarta villages ("Djumlah korban lebih besar di kampung2," 1957). At that time, the village became a fertile place for the spread of influenza. This is because the environmental conditions are dirty, and the population is far from healthy (Lubis, 2008). This lousy situation attracted the attention of individuals who claimed to be government employees and doctors assigned to eradicate the plague. They asked for a fee of Rp1 to Rp4 to spray and inject anti-influenza drugs. However, people complained that their bodies were itching and their hands were swollen after taking action. Then, the person immediately disappeared. Regarding this case, *Sinpo* said, "*keadaan di desa2 lebih lagi mengenaskan. Bukan sadja mereka kena penyakit pilek, demam, dan kepala pusing, alias influenza, tetapi di beberapa desa mereka juga kena tjatut* [The situation in the villages is even direr. They get colds, fevers, and headaches, aka influenza, but in some villages, they were lied to]".

Traditional Medicine

During the Asian flu, Indonesian people used traditional medicine. According to Susan Jane-Beers (2001), the tradition of traditional medicine in the post-independence era was common. Indonesian President Sukarno wanted his nation and society to be independent. On that basis, people tried to treat diseases based on traditional medicine methods by utilizing their natural resources. Moreover, modern medicines were challenging to obtain at that time.

On 17 June 1957, *Suara Merdeka* published the method and testimony of a survivor named Wiardjo, who recovered from influenza ("Labu Ut Obat Influenza," 1957). Wiardjo survived the 1918 Spanish flu and the 1957 Asian flu. He recommended that people consume pumpkin as a cure for influenza. In 1918, when the Spanish flu infected his entire family, he drank a pumpkin concoction and survived. Then, he

repeated this method in 1957 when the Asian flu struck, and he quickly recovered. Wiardjo shared his tricks with *Suara Merdeka*: “Wash the pumpkin until clean, then grate it to get the water. Drink the pumpkin water as often as possible until the body is healthy again.”

In addition, *Pikiran Rakjat* reported that many residents consumed raw aromatic ginger (*kencur*) as an antidote and reliever of influenza symptoms (“Kinine dan kentjur obat mandjur utk mentjegah influenza,” 1957). From Jogjakarta, *Kedaulatan Rakjat* suggested to the public a way to prevent influenza by eating orange peels (“Kulit Djeruk,” 1957). That newspaper claims that eating orange peel is much more efficacious against influenza, even though it tastes bitter. However, the efficacy of the two methods in two newspapers is not measured with certainty.

Religions as the Alternative Solutions

Indonesian society believes that the spreading virus is a warning from God because humans are disobedient. They also take steps to get closer to God. For example, in Medan, when the virus first appeared, the elderly believed that the outbreak was caused by many people who were disobedient to God. They thought this was a warning from the Almighty for the behaviour of people who did not remember God and committed many sins. Therefore, various rituals were born according to the customs believed by the community. This also happened in Bogor, as reported by Sinpo, on June 7, 1957; it was reported that the parents in the village held a slametan to ward off the dangers of the disease (“Influenza Djakarta dancing Bogor,” 1957). They made tumpeng a symbol of the antidote to the plague and asked God to keep them away from the Asian flu.

Meanwhile, in Yogyakarta, the community asked Sultan Hamengkubuwono IX (reigned, 1940-1988) to hold a *Kyai Tunggul Wulung* parade. According to Ricklefs (2013), *Kyai Tunggul Wulung* is one of the artefact collections of the Yogyakarta Palace, which is commonly used to ward off disease and evil because of its supernatural powers. Ravando (2020) noted that *Kyai Ngul Wulung* was paraded twice during the influenza outbreak 1892 and the Spanish Flu in 1918. However, the discourse on the *Ngul Wulung* artefact parade during the Asian flu pandemic was a societal debate. The debate emerged in the editorial column of *Kedaulatan Rakjat*, 24-29 June 1957.

On 24 June 1957, a Jogja resident named Suroño Tjokrowinoto wrote a letter requesting the sultan to hold a *Tunggul Wulung* parade (“Kjai Tunggul Wulung,” 1957). Suroño said that many residents wanted *Tunggul Wulung* to be paraded. He was convinced *Tunggul Wulung* could eradicate the influenza outbreak in Jogjakarta and Indonesia. Four days later, Suroño's request was taken seriously by another resident named H. Ahmad Basuni. Basuni considered the heirloom parade dishonourable because it was against Islam (“Tadjuk Rencana & Kjai Tunggul Wulung,” 1957). Basuni argued that the *Tunggul Wulung* parade could cause a new disease called mental illness (crisis of faith) in addition to influenza. The community would not pray to God but instead rely on the supernatural power of an object considered sacred, which happened to be in Yogyakarta, named *Kiyai Tunggul*

Wulung. This statement was a reaction from Islamists to the beliefs of the Javanese people. According to Soermarsaid Moertono, the Tunggul Wulung parade was a form of trust in the king's power to restore order, not just a matter of mysticism (Isnaeni, 2020). A few days later, talk about the Tunggul Wulung parade resurfaced. One of them came from residents named Dirjohartono and Djoemijo ("Pikiran Pembatja," 1957). They asked the sultan to hold the Tunggul Wulung parade to prevent disease outbreaks. They based their request on historical experience that disease outbreaks would subside after the Tunggul Wulung parade was held. The debate prompted Sultan Hamengkubuwono IX to intervene. In *Kedaulatan Rakyat* (July 4, 1957), the sultan permitted the Tunggul Wulung parade if the people wanted it ("Soal kelilingja K. Tunggul Wulung," 1957). However, after that, there was no more news about Tunggul Wulung. It is strongly suspected that the heirloom was not paraded because of the Asian flu, which later subsided.

Solidarity to Facing the Pandemic

During the Asian flu pandemic, people showed great solidarity and cooperation. On May 28, 1957, a Jakarta resident named Njoo Tjing Houw wrote an opinion piece asking the government to provide free vitamin C for workers ("Vitamin C untuk Buruh," 1957). How argued that low-income workers could not afford vitamin C because it was expensive. Houw encouraged the government and wealthy people to distribute vitamin C to workers and their families. In addition, volunteers from various sectors of society helped the government deal with the influenza outbreak. As reported by *Antara*, medical students from the University of Indonesia had volunteered to handle the Asian flu. Organizations such as the Indonesian Red Cross (PMI) also opened their doors to volunteers to help eradicate diseases in the community ("Rakjat dan penjakit," 1957). In Balikpapan, PMI provided free anti-influenza drugs for the entire community ("PMI tjabang Balikpapan," 1957). In Semarang, there was an act of generosity from a group of people ("Jg Sepele Sadja," 1957). They distributed free medicines to poor people who had contracted influenza. In addition, many rich people spontaneously gave medicines to those in need.

The End of Asian flu Pandemic in Indonesia

The Asian flu pandemic was reported to have disappeared when entering July 1957. Newspapers reported that influenza cases continued to decline. The situation gradually returned to normal as before the outbreak. The absence of reports from the local government regarding the Asian flu caused the Ministry of Health to officially declare that the Asian Influenza virus in Indonesia had "disappeared". This was stated on August 4, 1957 ("Influenza leap," 1957). The statement confirmed that the Asian flu pandemic in Indonesia had ended after three months of rampant among the Indonesian people.

Unfortunately, there was no clear reason behind the official government statement. From an epidemiological perspective, there is no "telah lenjap" [disappeared]. The term usually refers to the idea that the virus has become one with

the individual's immunity. This means that individuals, or the community on a large scale, have developed immunity to the H2N2 virus that causes the Asian flu. Although the Asian flu vaccine was available then, Indonesia was one of the countries that did not vaccinate. Therefore, it can be said that immunity was formed naturally or by herd immunity.

The number of sufferers and the number of deaths due to the Asian flu were never known. The challenge of reconstructing the past is further compounded by the limited historical sources and poor coordination of data delivery between local and central governments, resulting in inaccurate or even unrecorded morbidity and mortality rates. There are at least two versions that explicitly relate to morbidity or the number of sufferers. First, it was put forward by Frederick L. Dunn in his article 'Review of International Spread of New Asian Strains' (1958) which was presented in 1957 at the Influenza Pandemic symposium. According to Dunn's records, there were 6 million Asian flu sufferers out of 85 million Indonesians. Second, according to data from the Ministry of Health, the number of Asian flu sufferers in Indonesia was 202,469 people ('Influenza throughout Indonesia', 1957a). This data is the only data released by the government, but only up to June 21, 1957. After that, there were no more records of Asian flu sufferers.

Nevertheless, if we refer to the fact that it entered July 1957 until the outbreak was declared to end in August, there were no more than 200 thousand sufferers. Even if there is an increase, the possibility is only around 5-10 thousand sufferers, not soaring to hundreds of thousands. The government also did not explain further which areas had the highest infection rates. However, according to the West Java authority's report said, influenza suffered in West Java is 116 thousand people, contributing to 50% of the total cases in Indonesia, making it the highest influenza suffered in Indonesia ("Penderita influenza di Djabar," 1957)

Conclusions

The Asian flu pandemic occurred in Indonesia from May to August. There are two versions of the number of sufferers: there are 6 million people and 202,469 people. The Asian flu pandemic came when the Indonesian government was making reforms after the War of Independence. Health infrastructure and other supporting personnel, such as doctors and health workers, are minimal. This shortage makes all healthcare facilities crowded with Asian flu patients.

As the holder of control over handling the pandemic, the Ministry of Health is responsible for providing guidelines and directions to all regional governments at the provincial and city/district levels. This study objectively highlights the stuttering experienced by the Ministry of Health. This stuttering makes policies come out slowly and tend to be cautious. Another important aspect that stands out in this study is the government's view that tends to focus on treatment and ignore prevention. The research report that the H2N2 virus is not dangerous is the reason for the birth of this view. This caused the virus to spread rapidly until 350,446 Indonesians were infected with Asian flu, and formed herd immunity in the community. However, this does not

mean that the treatment aspect went smoothly.

The lack of health facilities and medical services was a major obstacle. Furthermore, the government was also slow in sending medical aid to various regions. However, the Ministry of Health's policy gives the impression that the government only views the number of sufferers as a statistical problem. Meanwhile, behind that is a very severe pain process that must be faced by every sufferer, both young and adult, from day to day, which then has an impact on the cessation of daily activities.

Although the central government in handling the existence of the Asian flu pandemic has caused quite a polemic, on the other hand, over time the Asian flu pandemic has succeeded in testing Indonesia's solidarity as a nation and state. Although economic problems continue to occur and have repeatedly failed to find political solutions, for health matters the central government, regional governments, and the community have succeeded in showing good cooperation and solidarity.

This is reflected in the emergence of attitudes of solidarity between communities and assistance flowing from the central government to all regions without discrimination even though the region is experiencing turmoil of disintegration. The discussion in this study is an entry point to see the existence of the Asian flu pandemic in terms of locality or transnationality, as well as to examine various other pandemics. Thus, this article is important to read as a reflection on the handling of the COVID-19 pandemic. This understanding makes us aware that experiences and historical lessons will be useful in living life. The goal is so that mistakes in the past are not repeated in the future.

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