

# Dr Oen Boen Ing

## Patriot doctor, social activist, and doctor of the poor

RAVANDO LIE

### ABSTRACT

This article examines the efforts and achievements of Oen Boen Ing, a Tionghoa doctor, to improve the quality of health of the poorer inhabitants of Surakarta. Dr Oen played an important role in five different periods: Dutch colonialism, the Japanese occupation, the Indonesian revolution, Soekarno's regime, and Suharto's New Order. Known for being a benevolent doctor, activist, and patriot of the revolution during his life-time, Dr Oen also gave medical assistance to the needy, which famously earned him the accolade of "doctor of the poor". During the Indonesian revolution, Dr Oen assisted the Student Soldiers (Tentara Pelajar) and afterwards was appointed the member of Supreme Advisory Council (Dewan Pertimbangan Agung/DPA) by Soekarno in 1949. As a benevolent doctor and activist, Dr Oen is remembered for founding the Panti Kosala Hospital which was renamed to perpetuate his name on 30 October 1983, exactly a year after his passing. When he died, thousands of peoples gathered to pay their final respects to the doctor. He was honoured with a ceremony conducted in the Mangkunegaran Palace. Dr Oen's name will be eternally respected, especially in Surakarta.

### KEYWORDS

Oen Boen Ing; social doctor; Tionghoa; Mangkunegaran; Panti Kosala.

### INTRODUCTION<sup>1</sup>

Thousands of people flocked towards the Panti Kosala Hospital at Kandangsapi, Surakarta on 31 October 1982. Jalan Brigjend Katamso was already crammed with a sea of people. They had been gathering since early

<sup>1</sup> The biography of Dr Oen (Ravando Lie 2017) will be launched by Penerbit Buku Kompas in Solo on 3 March 2017.

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morning, jostling with thousands of others, to mourn a Tionghoa<sup>2</sup> doctor who, during his life-time, had won renown as a philanthropist in Surakarta. Sobs broke out from the mourners as the doctor's body was taken from Panti Kosala to the Tiong Ting Crematorium. K.R.M.T. Sanyoto Sutopo Hadikusumo of the Mangkunegaran Palace was chosen to lead the procession, and K.G.P.A.A. Mangkunagoro VIII personally acted as the ceremony-master. Sukatmo Prawirohadisebroto, the mayor of Surakarta, led a minute's silence.

People usually refer the hero of this narrative as Dr Oen.<sup>3</sup> As a benevolent doctor, an activist, and a patriot of the revolution, Dr Oen played a significant role in five different periods, from Dutch colonialism, the Japanese occupation, the Indonesian revolution, Soekarno's regime, and Suharto's New Order. To date no study has specifically focused on his life. Therefore, this article will use the life of Dr Oen as a window on to the political dynamics of the development of modern consciousness in Tionghoa society in the twentieth century particularly within health sector. Its purpose is to offer a broad overview of the various approaches which can be taken in understanding the complexity and achievements of Tionghoa society in Indonesia. With the story of Dr Oen as its focal point, it will attempt to reveal a more nuanced view of the sophisticated relations within Tionghoa society.

Importantly, Dr Oen's story is an attempt to erase the common stereotype in current Indonesian revolution historiography that invariably depicts the Tionghoa only as victims or as NICA/Dutch spies. Although many Tionghoa, like John Lie<sup>4</sup> and Yap Tjwan Bing,<sup>5</sup> also became involved in the Indonesian revolution and fought on the Republican side, their achievements are still passed over in silence in Indonesian historiography. So far, the Tionghoa have always been portrayed as no more than "economic creatures" and their society is considered "apolitical". This stereotyping makes it all more important to examine Dr Oen's role as a benevolent doctor and an Indonesian patriot. In his medical role, Dr Oen always faithfully observed the tenet that, whenever

<sup>2</sup> The term "Tionghoa" is derived from the Hokkian (Fujian) dialect and has been officially used since the beginning of twentieth century to refer the Chinese who migrated to Indonesia in that period. During Soekarno's presidency, the term was used to refer to Indonesian Chinese, and in Suharto's regime the term was changed to "Cina". The use of these terms created confusion during the Indonesian reformation as some people used the term "Cina", others used "Tionghoa". Some other even used the English term "China". However, after the legalization of Presidential Decree No. 12 Year 2014, all electronic and non-electronic media have been encouraged to use the term "Tionghoa" to refer to Indonesians of Chinese descent, and "Tiongkok" to refer to the country. For further discussion see Eddie Lembong, *Istilah "Cina", "China" dan "Tionghoa"; Tinjauan historis dan masalah penggunaannya dewasa ini* (Jakarta: Yayasan Nabil, 2011); Leo Suryadinata and Charles Coppel, "The use the term 'Tjina' and 'Tionghoa' in Indonesia; A historical survey", *Papers on Far Eastern history* No. 2 (September 1970): 97-118.

<sup>3</sup> About Dr Oen's biography see Ravando Lie, *Dr. Oen; Pejuang dan pengayom rakyat kecil* (Jakarta: Penerbit Buku Kompas, 2017).

<sup>4</sup> John Lie Tjeng Tjoan (of Jahja Daniel Dharma), see Muhammad Nursam, *Memenuhi panggilan Ibu Pertiwi; Biografi Laksamana Muda John Lie*, (Yogyakarta/Jakarta: Yayasan Nabil and Ombak, 2008).

<sup>5</sup> See Yap Tjwan Bing, *Meretas jalan kemerdekaan; Otobiografi seorang pejuang kemerdekaan* (Jakarta: Gramedia, 1988).

he or she might require medical treatment, everybody should be seen to be equal. Moreover, the inheritance he passed on to his successors was that a doctor should be imbued with the spirit of service and put the patient's safety above all else.

Most of the sources used in this article are interviews, archival records, and newspapers. The author began to collect information about Dr Oen from the three commemorative books which issued by the Dr OEN Hospital.<sup>6</sup> These volumes opened a window and became a guide through which the author could trace other important sources like Dutch newspapers, which can be accessed through the website *delpher.nl*, and Tionghoa and Indonesian newspapers, which available at the National Library of Jakarta. Various archival records from the Nationaal Archief (the Netherlands) and Arsip Nasional Republik Indonesia/ ANRI (Jakarta) were also examined in an effort to retrieve data about Dr Oen's role in and contribution to the Indonesian revolution. The author has also had the opportunity to interview Dr Oen's relatives, ex-patients and some of his former colleagues at the Panti Kosala Hospital (the former name of the Dr OEN Hospital).

#### DREAMING OF BEING A DOCTOR



Picture 1. Dr Oen (sitting on the right) together with his extended family (source: Photo collections of Lenny Oen Family).

The doctor's full name was Oen Boen Ing, but people often called him Dr Oen (Picture 1). Born in Salatiga on 3 March 1903, he was the fourth in a large family of eight children. His parents were wealthy tobacco merchants

<sup>6</sup> *The spirit of Dr. Oen; The spirit of giving* (Surakarta: Panitia Peringatan 100 Tahun Dr. Oen Boen Ing dan 70 Tahun Yayasan Kesehatan Panti Kosala, 3 Maret 2003); *Enam puluh tahun mengabdikan; 60 Tahun Yayasan Kesehatan Panti Kosala Solo* (Surakarta: Yayasan Kesehatan Panti Kosala, 1993); *Lima puluh tahun mengabdikan; Rumah Sakit Panti Kosala, 1933-1983* (Surakarta: Panitia Peringatan 80 Tahun Dr. Oen Boen Ing dan 50 tahun Yayasan Kesehatan Panti Kosala, 3 Maret 1983).

in Salatiga, and Boen Ing is said to have been the son selected to continue the family tradition. However, he chose a different path and became a doctor (*Intisari* January 1976).

His source of inspiration was his grandfather, a prominent *sinshe* (Chinese traditional doctor) in Salatiga, who used traditional herbs to cure his patients. It was the custom of Boen Ing's grandfather not to ask for a fee after having taken care of patients. It was this attitude which would forever be enshrined in Boen Ing's heart. Boen Ing wanted to become a doctor, so that he could cure people and he was not interested in making a profit.

Boen Ing had the good luck to be raised in a wealthy and relatively well-educated family. At home, they read *Sin Po*, a progressive Malay-language newspaper published by local Tionghoa which contained reports about the local and national economy, and world politics. Whenever he had a quiet moment, Boen Ing lost himself in books and novels on various topics. Both his parents were perfectly aware of the fact that the only way for a Tionghoa could gain recognition in colonial society was by obtaining a better education. Boen Ing's father, Oen Hwie An, realized that the only way to ensure this was if he sent his children to Dutch schools. Therefore, Boen Ing attended the Hollandsche Chineesche School/HCS Salatiga, before continuing to Meer Uitgebreid Lager Onderwijs/MULO Semarang and Algemene Middelbare School/AMS Yogyakarta (*Bataviaasch Nieuwsblad* 10 Mei 1922).

Soon after graduating from the AMS, Boen Ing pursued his dream of becoming a doctor. At a family meeting, he finally openly stated the idea and this ended by its being rejected by his parents, even his grandfather. Boen Ing's parents wanted their son to carry on and improve the family business which had been up and running for a few generations. Boen Ing's grandfather who had been his role model was afraid that Boen Ing would only want to make a profit from the sick. When his grandfather said: "No! If you become a doctor you will only pursue money and burden the sick!" His words always continued to echo in Boen Ing's head (*Intisari* January 1976). However, he did not let this rejection get him down. Instead, it only gave him extra motivation to prove that his main purpose of becoming a doctor was not to seek profit, but to aid poor people.

By and large, one reason that young Tionghoa people chose medicine as their career tended to be practical. At that time the number career options open to them was pretty restricted. Law and engineering were the favourite choices of most students, but not yet among the Tionghoa students. The reason was the latter eschewed him that most of such graduates would find places in strategic sectors of the colonial government—positions in which Tionghoa graduates would not be welcome (H. Schijf and B.A.M. The 1992: 43). The majority of the younger generation of Tionghoa were more interested in setting up a new business or becoming involved in the Tionghoa *peranakan* newspaper industry. Nevertheless, after the opening of School tot Opleiding van Indische Artsen/STOVIA (School for Training Native Doctors) in 1902, some Tionghoa students did begin to contemplate the profession of a doctor

as a prospective career (R. van Diffelen 1936: 42).

Boen Ing said that a position as a doctor would give him a guaranteed future which would not mean involving himself in a business, particularly at a time in which the ethnic segregation decreed by the colonial government was so rife. As Boen Ing argued, white-collar jobs did not suit his temperament, a gregarious person who loved to make new friends and to have to meet challenges regularly. Being a doctor would give him the freedom to move among various strata of society. Furthermore, the thought of enriching himself did not even cross his mind, not once. In short, no one could stop Boen Ing pursuing his dream, not even his own family. After saying farewell, he packed up his belongings and went to Batavia where he enrolled in STOVIA in the faculty of medicine to pursue his childhood dream.

Shortly after arriving in Jakarta, Boen Ing began to expand his network through the connection with Dr Kwa Tjoan Sioe, the founder of Jang Seng Ie Hospital (now Husada Hospital), who turned out to be a distant relative. In regular discussions with prominent Peranakan leaders like Ang Yan Goan, Kwee Kek Beng and others like-minded people, Dr Oen began to shape his critical thinking (Kwee Kek Beng, Oen Boen Ing, Ang Eng Tjoei 1954). Undoubtedly, Boen Ing's friendship circle gave him food for thought about the relationship between the Tionghoa and the Indonesian population in general, and about the people's right to have equal access to the health service. Through his connections, Boen Ing was given an opportunity to assist at the Jang Seng Ie Hospital during its most critical period in 1928-1929 (*Jubileum 25 Tahun Jang Seng Ie* 1951).

#### THE TIONGHOA AWAKENING AND THE BIRTH OF THE CHUNG HSIOH

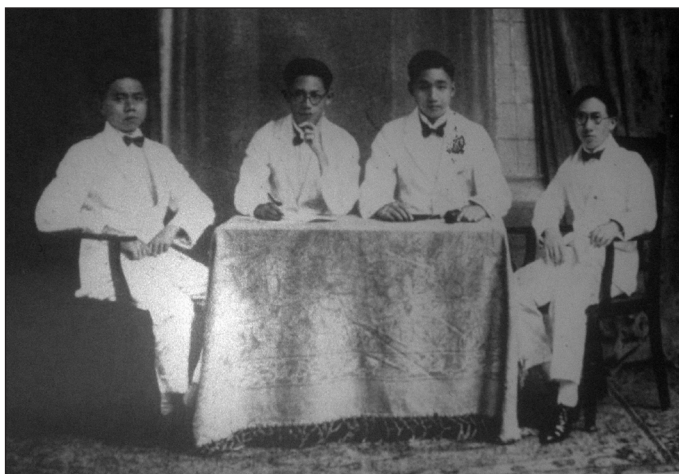
The year 1900 marked the birth of Tionghoa nationalism in Java; its most important landmark being the establishment of the THHK (Tiong Hoa Hwe Koan) on 17 March 1900 by a group of Tionghoa businessmen and journalists: Phoa Keng Hek, Khouw Kim An, Khouw Lan Tjiang, Tan Kim San, Lie Kim Hok, and Lie Hin Liam (Adam 1995: 127; 144; 149-150). The rise of the THHK was more than just a beacon in the emergence of Chinese nationalism in the Indies, even more importantly it became a catalyst for sudden flowering of Tionghoa youth organizations in the Netherlands East Indies, prominent among them the *Chung Hsioh* and the *Ta Hsioh Hsioh Sing Hui*.

The birth of the *Chung Hsioh* or the Tionghoa Student Association in the Netherlands East Indies (Bond van Vereenigen van Jong Chinezen in Nederlandsch-Indië),<sup>7</sup> was embodiment reflection of the contemporaneous rapid developments in China itself. Established in 1923, the aim of this organization was to encourage the Tionghoa youth in Indonesia to remember

<sup>7</sup> Since 1927 *Chung Hsioh* was no longer using the term "Nederlandsch-Indië" (Jong Chinezen Bond in Nederlandsch-Indië), but "Indonesië". This fact is quite interesting, because although most of *Chung Hsioh* members were the Tionghoa youth with Dutch education background, *Chung Hsioh* decided to use the term "Indonesië", which actually quite controversial to be used at that time (see *Orgaan der Centrale Chung Hsioh* March 1927, April 1927).

their roots as Chinese, particularly at a time in which they were being caught up in a maelstrom of influences from western culture. The Chung Hsioh had various branch office located in big cities like Jakarta, Bandung, Cirebon, Yogyakarta, Surakarta, Semarang, Malang, and Surabaya. Most Chung Hsioh members were either Hogere Burgerschool/HBS or AMS pupils, but in Jakarta some STOVIA students also joined (*Soeara Publiek* 28 December 1927, 29 December 1927). As it gradually found its feet, the Chung Hsioh regularly organized various activities such as sports tournaments, theatrical performances, and fun fairs (*pasar malam*) alongside its routine academic discussions.

As a student who enjoyed the cut and thrust of discussion and being caught up in a whirlwind of activities, Boen Ing was naturally attracted by the Chung Hsioh. He was even listed as a commissioner on the Chung Hsioh Central Board (*bondbestuur*) in the period of July 1926 to December 1926 (Picture 2). On the executive board, he worked together with Khoe Woen Sioe, Oh Sien Hong, and Liem Ting Tjaj. The last had been Boen Ing's classmate at AMS. Besides his activities in the Chung Hsioh Central, Boen Ing was also actively involved in the Chung Hsioh Batavia (*Orgaan der Centrale Chung Hsioh* October 1926).



Picture 2. The executive board of Chung Hsioh Central (Juli 1926-Desember 1926). Left to right: Khoe Woen Sioe (commissioner), Oh Sien Hong (secretary), Liem Ting Tjaj (president), and Oen Boen Ing (commissioner) (source: *Orgaan der Centrale Chung Hsioh* October 1926).

At that time it was very common for Tionghoa organizations or communities to have at least one media portal which could be utilized to propagate their ideas, for example the *Sin Po* group with its daily *Sin Po*, the Chung Hwa Hui (CHH) with *Chabar Perniagaan (Siang Po)*, or the Persatuan Tionghoa Indonesia (PTI) with *Sin Tit Po*. Through the medium of the vernacular press, the Tionghoa had a platform in which to debate issues affecting their community. The Chung Hsioh also had its own periodical, *Orgaan der Centrale Chung Hsioh* (OdCCH). The OdCCH's central administration office was

located in Pasar Baru, Weltevreden. Written in Dutch in the form of monthly bulletin, the OdCCH covered a wide variety of issues, ranging from gender, religion, Chinese culture, history of China, to contemporary events in China. Interestingly, the OdCCH also had a special page in every edition devoted to the discussion of women issues. This section was known as the “*damesrubriek*” (rubric for women). Within its organization, the Chung Hsioh also had a special division called the “*damesafdeling*” (women’s division) which was established in every branch. Its main task was to manage any activities relating to women affairs (*Soeara Publiek* 29 December 1927).

Moreover, the Chung Hsioh also had a special division to promote the Chinese language, which it did by organizing affordable lessons for Tionghoa youth. This policy, introduced by the *bondbestuur* of the Chung Hsioh, was prompted by the consideration that many Tionghoa youth, particularly those who attended Dutch schools, no longer received formal Chinese lessons at school. Therefore, most of them, including Boen Ing, could not speak Chinese. This issue became a polemic in Tionghoa societies, most vehemently discussed in its more conservative parts. More conservative people thought that most of the Tionghoa youth had already abandoned, or even completely forgotten, their Chinese roots. Renowned Tionghoa Peranakan newspapers like *Sin Po* and *Keng Po* published articles on this issue, giving this problem wider publicity. The Chung Hsioh took the first step in solving this problem by appointing Ang Kiauw Goan from Semarang head of the division. With the assistance of Lim Bok Sioe from the Indonesian Correspondence School in Jakarta, he set up a course which could be run at a reasonable price (*Soeara Publiek* 29 December 1927).

As a person who immersed himself in mixed Dutch-Chinese culture, Boen Ing spoke various languages, including Dutch, Indonesian, Javanese, French, and German. In acknowledgement of his language skills and his broad general knowledge, Boen Ing was chosen to be the editor of the OdCCH. With Liem Ting Tjaij, Oh Sien Hong, Koo Tjaij Sing, and Lie Tek Ho, he was responsible for selecting the articles which were sent to the Chung Hsioh address at Defensielijn van den Bosch 41a, Weltevreden (*Orgaan der Centrale Chung Hsioh* June 1926). It was during this period that the brilliant Boen Ing, who was thirsting for knowledge, began to express his ideas by writing articles. Interestingly, Boen Ing did not write many articles on health issues, which were actually within the compass of his studies; instead he wrote and translated many articles about the nationalist movement in China, the Japanese invasion of China, and cultures in Europe.

One of his most notable and outspoken articles was entitled “*De Chineesche Beweging*” (the awakening of Chinese), which was published in the OdCCH in September 1925. It was Boen Ing’s blatant criticism of the coverage of the *Nieuws van den Dag voor Nederlandsch-Indië*, a top tier Dutch newspaper published in Java, of current conditions in China. The *Nieuws van den Dag* had published article about China’s wars against England and Japan; or what Oen Boen Ing named sarcastically the war between China and foreign

imperialism and capitalism (*Orgaan der Centrale Chung Hsioh* September 1925). As Boen Ing (1925) argues, the article tended to be biased and attempted to discredit China.

Boen Ing sarcastically refers to the author as being just an “*de econoom voor de portemonnee*” (an economist who worked for the money), without any deep understanding of the history of China. Consequently the author saw the movement in China as just a brutal uprising, engineered by a number of rebels. Boen Ing attempted to clarify the “rebels” trademark from the attitude adopted by the *Nieuws van den Dag* towards Chinese patriots, by contrasting the Chinese situation with the revolt of William of Orange. Although William of Orange had now been adopted as a national hero by Dutch people, the Spanish ruler dismissed William and his followers only as *een oproerig gespuis* (seditious rebels). To strengthen his argument, Boen Ing took another example, the Swiss man-of-legend named Wilhelm Tell, whom the Austrian ruler belittled as nothing more than a *geboefte* (rogue). Boen Ing also discussed figures from the French Revolutionary period (1789-1799) who, despite having initiated a series of rebellions against the French monarchy, have finally attained the status of heroes in French history: “Bagaimana dengan para pemimpin Revolusi Perancis? Bukankah mereka yang dahulu menginisiasi pemberontakan justru kini malah memperoleh posisi terhormat dalam sejarah Perancis?” (*Orgaan der Centrale Chung Hsioh* September 1925: 22).

Having adduced these comparisons, Boen Ing (1925) turned to the core matter of his article: the most recent conditions of Chinese workers. He was in absolutely no doubt that the workers in China were suffering from appalling conditions yet, Boen Ing claimed, if they wanted to raise their status they were facing an uphill battle. The most effective fundamental strategy was to give them proper education so that they could be better informed about class stratification and their rights in a company.

In the same article, Boen Ing also criticized factories in China which employed under-age children as outsource workers. Most of them had to labour almost every day in a miserable and unhealthy work environment. Their place, Boen Ing argued, was not in a factory but at school. If these conditions were allowed to continue, Boen Ing was afraid they would have an adverse effect on the children’s future development. Therefore, Boen Ing makes a strong recommendation that a law be passed to control and regulate the child labour issues in China.

Boen Ing also turns his attention to the issue of a mass labour movement in China which, in his opinion, would not have happened spontaneously. To make it happen, workers would have to be 100 percent behind the movement and focus their attention on external factors first. Boen Ing emphasizes the need for a coalition and co-operation between Chinese workers, teachers and students, supported by labour unions worldwide. He urges them to take the streets and make their demands clear. The press should also play an important role by covering this issue from both sides. A Chinese Workers’ Union should be established immediately as a follow-up to the labour congress held in



Canton, China, in May 1922, which was attended by 160 labour representatives from all around the world. Boen Ing takes an example of how labourers in Hong Kong fought for their rights in conditions which forced them to work for fourteen hours a day on an empty stomach. Before taking to the streets, the Hong Kong Labour Union had united and submitted a petition which was addressed to the British colonial government in Hong Kong. They demanded a salary increase of between 15-30 percent within three months. Boen Ing was convinced that the labourers' movement in Hong Kong was a concrete example which could also be espoused by Labour Unions in other countries. Once again, Boen Ing was emphasizing the need for consolidation and organization before taking action.

Boen Ing also gave another example of the successful labourers' strike in Shanghai in February 1925. Initially the strike was confined to one cotton-mill company but, within a short time, it had spread to and involved workers from the port, streets, water companies, and tobacco factories who worked for English and American businesses. Nor was the strike directed solely at English and American companies, it also extended to Japanese companies in Shanghai. The principal complaints were the long working hours and the poor protection of the labourers' safety and health. The movement was a criticism of companies whose treatment of their workers were seen to be rather inhumane and exploitative.

In a nutshell, Boen Ing is urging the Chinese government to take action and exercise some control over this penetration by foreign capitalism. Although a spirit of nationalism was still an important key to reaching success, this could not be achieved without changing the mindset of the workers. Although attempts by owners of capital to oppress the labour movement would still not be eradicated, and perhaps they would continue to be successful, the spirit of anti-capitalism and anti-imperialism should be unremittingly propagated by the labourers. If they took up this challenge, it would not be impossible that they could fulfill their dreams in the future.

To make his argument more compelling, Boen Ing also quotes an article written by a famous economist whose name he does not mention. Nevertheless, Boen Ing claims that this economist is an expert in his field. On the basis of the data and statistics presented by this economist, China was already on the right track and was beginning to experience significant and sustainable economic growth. The Centre for Chinese Studies in London had issued a report showing that China's economy was growing rapidly compared to the past twenty year period. The population and the economic growth were developing side by side. Big cities like Shanghai, which had developed into the biggest seaport in the world, were inhabited by more than a million people and Hankou, populated by 1.5 million people, was the biggest coal and iron producer in China. Roughly 950,000 and 811,566 people lived in Canton and Peking and they were playing an important role in transforming both cities into immense trade centres in China. The total population of China at that time was estimated to be around 400 million people. Within only 34 years, there

were already 53 factories and 26 power plants all over China. These numbers did not include 18 transportation companies, 16 cotton mills, 12 mining and other big companies. Most of the population were proud of their own products, although some foreign products also imported had to be imported (*Orgaan der Centrale Chung Hsioh* September 1925).

The revolution which had occurred in China, Boen Ing argues, was the reincarnation of the series of events and revolutions which had been taking place in Europe, in which people fought for equality and their basic rights to achieve “*de rechten van den mensch*” (human rights). Therefore, the idea of socialism-communism could also be implemented by Chinese workers. The younger generation could also play a decisive role if its members participated in the movement. This would be an imitation of what had occurred during the French Revolution in which many students participated. The South German Revolution in 1820 had also been initiated by a group of students.

#### GRADUATION FROM STOVIA

The announcement of Boen Ing's graduation was published in *De Indische Courant* (13 December 1932) and *Het Nieuws van den Dag* (8 December 1932) under the heading “D.V.G” (*Dienst van Volksgezondheid*, Public Health Service). Boen Ing could now officially use the title of “doctor”. Furthermore, he was permitted to open his own clinic and assist senior doctors at a European hospital. His career as a doctor had officially begun.

Permitted to open or pursue a practice in the Netherlands East Indies, as a physician, surgeon, and obstetrician, and in places with no pharmacist to dispense medicines until a trained pharmacist occupy that position) (*Het Nieuws van den Dag* 8 Desember 1932).<sup>8</sup>

Dr Oen decided to set up a general practice in a small clinic named *Gie Sing Wan*. Located in Kediri, East Java, the clinic had been funded by a Tionghoa organization called the Hua Chiao Tsien Ning Hui (HCTNH) Kediri. Like any other Tionghoa clinic in the Netherlands East Indies, the continuity of the *Gie Sing Wan* was completely dependent on donations from its supporters and the board of its organization (*De Indische Courant* 13 December 1932).

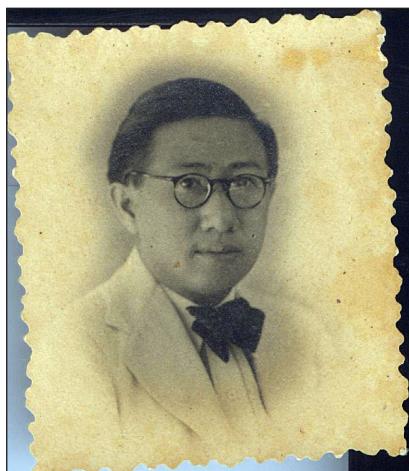
In Kediri, Boen Ing was destined to meet Corrie Djie Nio, the daughter of Djie Thay Hien, a Tionghoa Major who had formerly served as Tionghoa Kapitan in the area. They were married on 16 November 1934. After living in Kediri for six years, Boen Ing decided to move to Surakarta and take up a private practice. Before his departure for Surakarta, the HCTNH held a special farewell party in April 1935 to thank Dr Oen for his sincere contribution and dedication to the *Gie Sing Wan*. Tan Khoen Swie, the chairperson of the HCTNH Kediri, led the farewell ceremony. In his speech, he praised Dr. Oen's sincerity in helping the poor and wished Dr Oen all the best in his new career

<sup>8</sup> *Toegelaten tot uitoefening in Nederlandsch-Indie der genees-, heel- en verloskundige praktijk, alsmede op plaatsen, waar geen apotheker gevestigd is, tot de uitoefening der artsenijsbereidkunde.*

in Surakarta. During the ceremony, Dr Oen was asked to deliver a farewell speech. He underlined the important role of the Gie Sing Wan in assisting poor people, and he hoped the organization would continue to maintain this idealism by prioritizing to healing of sick people instead of money-grubbing.

He [Dr Oen] emphasized that this place [the Gie Sing Wan] must continue to exist to help sick people who do not have the money to pay for a doctor or purchase medicines) (*Soerabaiasch Handelsblad* 27 April 1935).<sup>9</sup>

Dr Oen's speech was a pleasant ending to his career in Kediri. A new challenge was already awaiting him.



Picture 3. Dr Oen Boen Ing (source: Private archive of Dr Oen Surakarta Hospital).

#### MOVING TO SURAKARTA

Dr Oen (Picture 3) experienced and took part in almost every regime transition in Indonesia. When he began his career as a young doctor in Surakarta, he became an assistant doctor at the Ziekenzorg Hospital (now Rumah Sakit Umum Daerah/RSUD Dr Moewardi Surakarta) (*The spirit of Dr. Oen* 2003: 6). After spending few years there, Dr Oen set up his own clinic in Jalan Kestalan, Banjarsari, Solo.

Apart from his medical activities, Dr Oen was also appointed chairman of the Tiong Hoa Hwe Koan (THHK) Surakarta. Trustworthy colleagues like Jap Kioe Ong, Kwee Tiong Tjhing, Liem Thaj Tjwan, and Tan Wie Gan assisted him in running the organization. In conjunction with other Tionghoa communities, Dr Oen regularly organized a number of activities including artistic performances, sports tournaments, and fun fairs. On most occasions, these activities were not exclusively for Tionghoa people, but also involved other Indonesian youth organizations or the community in general.

<sup>9</sup> *Hij drong er op aan, dat deze zou blijven bestaan om diegenen te helpen, die geen geld bezitten om een dokter of medicijnen te betalen.*

The Japanese occupation was perhaps one of the darkest chapters in Tionghoa history in Indonesia. During the occupation, the Japanese deliberately segregated the Tionghoa, forcing them to attend specific schools and to speak Chinese outside school (Winarta 2008: 58-59). "Any discussion or organization [...] concerned with the political administration of the country" was forbidden by the *Gunseikanbu*, the Japanese military government (Benda 1958: 11). The treatment of the Tionghoa was purely arbitrary and was entirely dependent on the local Japanese commander. In some regions of Indonesia, the Tionghoa were detained, tortured, or even killed (Pearson 2008: 79-81).

As an activist and graduate of a Dutch school, Dr Oen was very lucky not to have been detained during the occupation. The *Gunseikanbu* even permitted him to continue his private clinic at his small house in Jalan Kestalan. The distance he had taken from the political world since he had become a doctor was probably the reason for their latitude. Nevertheless, just as other Tionghoa revolutionary leaders who were imprisoned by the Japanese at Bukit Duri and Cimahi, Dr Oen refused to make any formal commitment to the Japanese government (*Procureur-Generaal bij het Hoogerechtshof van Nederlands-Indië, Inventaris nr. 628*).

As a "remembered history", besides being glorified as a moment of unified struggle in Indonesian history, the Indonesian revolution often dwells in people's memories as a period of upheaval (in Javanese, *gegeran*), marked by ejections, takeovers, and annexations. Sartono Kartodirdjo posits that, given the political crisis, conflicts between groups were inevitable and exacerbated the government's subsequent inability to guarantee the safety of its citizens (Sartono Kartodirdjo 1981: 3). During this period, unexpected violence erupted in many parts of the country. The main cities in Java and Sumatra were scenes of countless kidnappings, disappearances, shootings, thefts, street fights, and murders, with former Dutch internees systematically attacked and fired upon (Post 2010: 5-6). In the eyes of Leo Suryadinata, the Indonesian revolutionary period was the genesis of modern anti-Tionghoa movements in Indonesia: "The government had changed and were now in the hands of the 'indigenous' population, but the economic factor, at the root of past conflicts, remained" (Suryadinata 2005: 155).

During the revolution, Dr Oen chose to fight on the Republican side. He used his medical skills to treat and heal wounded soldiers. Thanks to his contribution, any argument which questioned the role of the Tionghoa during the war of independence can be countered. During a period of great turmoil, Dr Oen assumed the role not only of a doctor but also of a warrior who had to be ready to be sent to the battlefield at anytime. Although he might never have borne arms, he unstintingly gave his precious time whenever it was needed by the Tentara Pelajar (Student Soldiers). He often risked his life by entering the "red zone" to treat wounded Republican soldiers. Importantly, Dr Oen was the man who regularly supplied General Sudirman with penicillin during the guerilla war (*Suara Merdeka* 1 November 1982).

Boen Ing's close connection with the Tentara Pelajar obviously did not

escape the surveillance of the Centrale Militaire Inlichtingen Dienst (CMI, Central Military Intelligence Service) or the NEFIS (Netherlands East Indies Forces Intelligence Service). In a secret report entitled "Doktoren te Soerakarta" (Doctors in Surakarta), compiled on 24 December 1948 and addressed to Lieutenant G.Th. Vermeulen, Dr Oen's name was paid special attention by the intelligence service because of his strongly forged links with Republican leaders (*Procureur-Generaal bij het Hooggerechtshof van Nederlands-Indië, Inventaris nr. 628*).

The report mentions that Dr Oen was one of a very few Tionghoa doctors who operated in Surakarta during the war of independence. He served in the Rode Kruis (Red Cross) and was also known as the chairperson of the Jebres Emergency Hospital, the personal physician of the Mangkunegaran, and Goesti Noeroel's private doctor. He was portrayed as a figure who was "ontzettend populair bij alle bevolkingsgroepen" (incredibly popular among all his fellow citizens) and "erg behulpzaam" (very helpful). The report also said that Dr Oen was able to assist more than 200 patients a day and more than half of them did not have to pay a single penny. He was a person who could mingle easily with all kinds of people and it was no wonder that he "heeft een uitgebreide vriendenkring" (had a wide circle of friends) (*Procureur-Generaal bij het Hooggerechtshof van Nederlands-Indië, Inventaris nr. 627*).

When a series of anti-Tionghoa upheaval erupted in Surakarta, Dr Oen was supposed to be evacuated to a safe place by the Republican government. However, after hearing such a plan, people in Surakarta submitted a petition rejecting the idea and hoping Dr Oen would remain in Surakarta to assist the poor. The political turmoil in Surakarta did not frighten Dr Oen and he decided to remain in Surakarta.

The popular petition to have Dr Oen remain was clearly at odds with the prevailing climate. Although the relationship between the two groups of people was still relatively harmonious in many places, the role of Dr Oen as an agent of change has emerged as absolutely crucial in breaking through the stigmatization and stereotyping which continually cast doubt on the Tionghoa and their contribution during the Indonesian National Revolution (*Procureur-Generaal bij het Hooggerechtshof van Nederlands-Indië, Inventaris nr. 627*).

In short, Dr Oen had to live through and survive a harrowing period of wars, which required constant vigilance. Conditions could be really dangerous for him, not only because of his "Chineseness", but also because of his pro-Indonesia political stance. His political choice put him in danger of being robbed of his idealism, even his life at any moment. In fact, nothing could be farther from the truth. When a series of anti-Tionghoa riots erupted in Surakarta and Salatiga (Soejatno 1974: 107-111), Dr Oen was hailed as a hero. Nobody ever entertained any doubts that he was one of the freedom fighters who helped to defend the Republic.

Like any other historical event, the revolutionary period cannot be viewed from one single perspective. As Didi Kwartanada has argued in *Nabil Forum*, many Tionghoa also fought side by side Indonesian patriots, namely John

Lie, Tony Wen, Tang Kim Teng, or Tan Djiem Kwan; yet their names remain unsung in Indonesian history textbooks (Kwartanada 2011: 48-55).

#### DR OEN AND HIS POLITICAL CAREER

Before the full transfer of sovereignty from the Dutch to the Indonesian government on 27 December 1949, Soekarno appointed Dr Oen a member of Supreme Advisory Council of Indonesian Republic (Dewan Pertimbangan Agung/DPA), replacing Ir Liem Ing Hwie (*De Locomotief* 20 December 1949). The main task of the DPA at that time, with reference to the 1945 Constitution of Republic Indonesia (Undang-Undang Dasar/UUD 1945) Article 16, was to be "[...] obliged to give answers to the question(s) of the president and to have the right to propose motions to government". In short, the DPA was thought of as the president's deputy in running the government (Supomo 1958).

However, after the 1950s Dr Oen tried to keep his distance from the political world. Indeed, his myriad activities as a doctor and chairperson of the hospital consumed most of his time. The only Tionghoa organization in which he remained involved was called the Chung Hua Tsung Hui (CHTH) Surakarta. Dr Oen was one of the seven candidates nominated to be the chairperson of the CHTH Surakarta. The others were Dr Kwie Tjie Tiok, Tan Djiem Kwan, Tan King Tjai, Jap Siong Khiem, Kwik Thiam Hwat, and Mr Sie Djie Pik. *Ex-officio* the president of the CHTH would occupy a position in city council (*gemeenteraadslid*) and the Tionghoa faction was assigned five seats in the regional council. Considering there were more than 30,000 Tionghoa people living in Surakarta, the number of seats assigned was naturally too few in the eyes of the CHTH. Therefore, it proposed that it be allotted additional seats so it could work more effectively to serve the Tionghoa population in Surakarta (*De Locomotief* 12 January 1950). Kwik Thiam Hwat, the former vice-president of the CHTH Surakarta, was elected its new president. At Jalan Mesen, on 25 January 1950, Kwik announced his cabinet, and Dr Oen was included in it. For the next five years, Dr Oen collaborated with Liem Thiam Tioe in administering the medical sector, so intimately linked to his own passion and professional field (*De Locomotief* 28 January 1950).

In a later development, Dr Oen also served as the chairman of the Komite Pertunjukan Seni (Committee of Art Performances/*kunstavondcomite*) in the CHTH Surakarta. On several occasions, he coordinated big artistic performances in Surakarta to which he invited such famous musicians or performers as Sylvia Chang Ching Yia (soprano) and Oey Tjong Lee (piano), or Elsie San Fang Tjiok's ballet performances (*De Locomotief* 19 September 1953, 13 September 1954).

On 1 October 1950, Dr Oen was also entrusted with initiating the commemoration of the founding of the People's Republic of China (PRC). This annual event was celebrated by most of overseas Tionghoa in Indonesia. In Surakarta, the CHTH Surakarta formed a committee to celebrate the first anniversary of the establishment of the PRC with Tan Djiem Kwan, Oen Boen Ing, Chang Ming Ching, and Liem Tjoen Hwie as the core committee. Their

main task was to initiate a “*pesta rakyat*” (people’s party) in Surakarta. This event was a great success and attracted a great deal of attention. A number of traditional Chinese performances such as *Wayang Potehi* (Chinese Puppet), *Barongsai* (Lion Dance), and *Liong* (Dragon Dance) also featured in the event. Hence, it also offered an important opportunity to promote Chinese culture and tradition (*De Locomotief* 15 September 1950)

#### MANGKUNEGARAN DOCTOR

The professional and emotional relationships between Dr Oen and the Mangkunegaran Palace were very close. Dr Oen had been serving as the personal physician to the Mangkunegaran family since 1944, a position he continued to hold until his death. He was a good friend of K.G.P.A.A. Mangkunagoro VIII, and even assisted at the birth of all K.G.P.A.A. Mangkunagoro VIII’s children (including K.G.P.A.A. Mangkunagoro IX). In general, Dr Oen was charged with the medical care of all the Mangkunegaran family members, ranging from the ruler, K.G.P.A.A. Mangkunagoro, to the royal courtiers (*abdi dalem*) in the palace.

As token of appreciation for his faithful service, K.G.P.A.A. Mangkunagoro graciously bestowed the title “Kandjeng Raden Toemenggoeng (KRT) Obi Darmohusodo” on Dr Oen. “Obi” stands for “Oen Boen Ing”, Dr Oen’s full name. The ceremony took place in the Mangkunegaran Palace on 11 September 1975. In his speech, K.G.P.A.A. Mangkunagoro VIII referred to Dr Oen’s sincerity by saying “... whenever Dr Oen Boen Ing treats any health issues of the Mangkunegaran family, he is never willing to accept a single penny” (*The spirit of Dr. Oen* 2003: 29).

A decade after Dr Oen’s decease, the Mangkunegaran Palace decided to raise Dr Oen’s honorary title from K.R.T. to “Kandjeng Raden Mas Toemenggoeng Hario Obi Darmohoesodo” (K.R.M.T.). The ceremony was held on 24 January 1993 in the Palace. K.G.P.A.A. Mangkunagoro IX, symbolically bestowed the title on Corrie Djie Oen Nio who had come to represent Dr Oen’s family, and Drg Tjan Khee Swan as the representative of the Dr OEN Hospital (see Picture 4). In his official speech, K.G.P.A.A. Mangkunegoro IX recalled his personal memories of Dr Oen, praising him as a sincere and caring person who gave completely of himself.

[...] his dedication to serving the sick wholeheartedly. He cured people with his heart, without any ulterior motives, and even sometimes neglected his own health, considering that his medical practice already began at 03.00 a.m. Seeing people happy and healthy was his personal joy [...] Frankly speaking, the Mangkunegaran Palace will never see his like again. For these reasons we confer a title “Kandjeng Raden Mas Toemenggoeng Hario Obi Darmohoesodo” on Dr Oen. (*The spirit of Dr. Oen* 2003: ix.)<sup>10</sup>

<sup>10</sup> [...] pengabdianya melayani masyarakat yang sedang sakit. Beliau (me)nolong dengan pelayanan yang sangat menyentuh hati, tanpa pamrih, tanpa memperhatikan diri sendiri karena praktek dari jam 03.00 hingga larut malam. Banyak pasien kurang mampu yang beliau berikan uang untuk membeli obat. Bahagia bagi orang lain merupakan kebahagiaan tersendiri bagi almarhum [...] Karena itulah, almarhum



Picture 4. Left to right: K.G.P.A.A. Mangkunagoro VIII, Dr Oen, Corrie Djie Nio, and Gusti Putri Mangkunagoro VIII (source: Private archive of Dr OEN Hospital Surakarta).

#### INVITATION TO CHINA

The establishment of the People's Republic China (PRC) in October 1949 was an important inspiration not only to Chinese in China, but also to overseas Chinese (*hoakiao*) in Indonesia. Diplomatic relations between China and Indonesia began to intertwine. China openly considered Indonesia to be an important partner and dispatched its first ambassador to Jakarta. The first diplomatic group was led by Ambassador Wang Ren Shu, who came to Jakarta accompanied by Attaché Zhong Qing Fa, Consul-General He Ying, and some other assistants and secretaries who had taken up residence in Hotel Des Indes one day before (Ang Yan Goan 2009: 231-234).

The relationship between the two countries became even closer after China had established an embassy in Jakarta. At this time, overseas Chinese in Indonesia were also becoming more curious about the developments taking place in the new China. To encourage their interest, the Overseas Chinese Affairs Office in Beijing initiated a special programme and invited 40 prominent Chinese Indonesians, ranging from doctors, reporters, community leaders, political figures, etcetera, to visit China for a fortnight. All transportation and accommodation would be provided by the Chinese government (Ang Yan Goan 2009: 231-234).

This was the easiest way for overseas Chinese to travel to China because the Indonesian government had not yet provided an official link which would facilitate such a visit. The first official visit to China took place in late 1951. Indonesia was the first country in Southeast Asia to receive an invitation. The majority of delegates in this first batch were from Jakarta. They were led by Sung Chung Chuen, the senior editor of *Sin Po* (Chinese edition).



After spending at least two months in China, they returned to Indonesia, and disseminated their stories about the massive developments currently taking place in China among their fellow Chinese. These overseas Chinese emerged as important agents for China to make the world aware of its rapid and promising developments in China.

In 1952, the Overseas Chinese Affairs Office once again invited a number of Chinese-Indonesian representatives to visit China. The majority of chosen delegates in this second batch were from outside Jakarta. This policy had been adopted after the PRC opened a consulate in both Medan and Makassar. Both consulates were asked by the Chinese embassy in Jakarta to select delegates who could be sent to China (Ang Yan Goan 2009: 231-234). Dr Oen was on the list of representatives to receive this invitation. His contribution in developing the *Tsi Sheng Yuan* hospital attracted the special attention of the Chinese government. With his wife and his travelling companions, including Mr Tan Tjong Yang and Hoo Liong Tjauw (Semarang), Liem Gwat Bing (Pekalongan), and Tjan Gwan Bie (Solo), Dr Oen set sail for China from Jakarta on 5 September 1952 (*De Locomotief* 1 September 1952).

In the 1950s, the PRC was the only major Asian country to have a close relationship with the Russian Bloc, also known as the “Iron Curtain” Bloc. Despite the economic embargo on China, the country still opened its gates to interested parties from other countries. The closure of China to the outside world only made overseas Chinese more curious about what was really happening there. Their only information came through mass media, although this news was often very subjective, leaving them more confused than enlightened about the real situation in their ancestral country. Therefore, when Dr Oen received an offer from the Overseas Chinese Affairs Office to visit China, he did not have to think twice about accepting this offer.

During the time he spent in China, Dr Oen did some field research about medical developments there. He was particularly interested in how China was trying to solve its medical problems during the economic blockade set up by the Western Bloc. By examining the situation in China, Dr Oen personally hoped that the Indonesian delegates could learn from China’s medical strategy and technology, and how those aspects could be implemented in Indonesia, which also was categorized as a newly emerging nation (*Keng Po* 27 November 1952).

After spending almost two months in the PRC (although the initial plan was for three months), Dr Oen and the other delegates returned to Indonesia on 25 November 1952. They brought dozens of boxes filled with hundreds of books. Most of the books were related to health and medicine and Dr Oen and his fellow travellers would use them for research purposes (*De Locomotief* 25 November 1952).

On 26 November 1952, Dr Oen and the delegates arrived in Surakarta (Picture 5). They were warmly greeted by the representatives of the *Kok Sia Thoan*. Meanwhile, as soon as the delegates alighted from their cars, a number of flag-waving school students were spotted in the main streets. In the evening,

dinner was held at the Chuan Min Kung Hui, Surakarta. On this occasion, Dr Oen talked about what he had seen and experienced during his time in China. In general, he expressed his deep admiration of the rapid development in China. As he boldly stated:

If, after seeing what was happening in China nowadays and still not be fascinated by its development, a Tionghoa could really be counted odd and it could be said that that person would probably like to see China being colonized again (*Keng Po* 27 November 1952).<sup>11</sup>



Picture 5. Dr Oen (third from the left), Corrie Djie Oen Nio (right) and other delegates just returned from China on November 1952 (source: Photo collections of Djie Family).

Meanwhile, in answer to a question about the PRC's ideology, Dr Oen stated that the PRC was not actually a communist country. He added that: "[...] the PRC was not yet on the level even of being a socialist country".<sup>12</sup> Unfortunately, he did not go into detail and avoided any further elaboration of the subject.

Referring to his personal observation of the PRC health sector, Dr Oen elucidated that the stock of medicine in the PRC was enough to last for the next few years. Most of medicines in circulation in the PRC were imported from either Hungary or Germany (Bayer). Some of them were also being manufactured in the PRC using special equipment imported from Europe. Traditional doctors like *sinshe* were given a training in basic hygiene and how to give an injection. Traditional Chinese medicines were also still popular among its citizens. In Dr Oen's eyes, the situation in the PRC, was quite like that in Indonesia during the 1930s. The number of doctors and

<sup>11</sup> Kalau seorang Tionghoa, setelah pergi melihat keadaan di Tiongkok dewasa ini dan ia masih juga tak merasa kagum, maka hal ini sungguh mengherankan dan ia dapat dikatakan memang dasarnya ia lebih suka melihat Tiongkok didjajah saja.

<sup>12</sup> Untuk mencapai negara sosialis saja RRT belum memenuhi kualifikasi.

nurses was extremely limited and hospitals could not accommodate all the patients requiring their care. The situation had worsened during the Japanese occupation and had not improved after Indonesian independence. Moreover, after the series of seemingly endless wars, the PRC had had to reorganize and rebuild its devastated public health services from scratch. On account of the shortage of doctors, the Chinese government had even had to shorten the doctor's training to only five years.

Before returning to Indonesia, the PRC government sent an important message to the overseas Chinese in Indonesia through Dr Oen, advising them not to bicker among themselves ("*Hoakiao janganlah saling cakar-cakaran*"). Instead, Mao Tse Tung had declared that the relationship between the two nations and races should be strengthened (*Keng Po* 27 November 1952).

#### DR OEN AND SOCIAL HOSPITAL

The development of one of the biggest Tionghoa hospitals in Indonesia, the Dr OEN Hospital in Surakarta, is inextricably linked to the founding of a small clinic by the *Hua Chiao Tsing Nien Hui* (HCTNH, Huaqiau Qingnian Hui, or Tionghoa Youth Association) in 1933. This was the response of the Tionghoa community to healthcare discrimination in Surakarta which favoured European residents. Poor housing and living conditions in combination with discriminatory health services meant that the latter were not freely available to the different groups of people in Surakarta, including the Tionghoa.

The problem was growing worse by the day, and to solve it the Tionghoa community in Surakarta decided to take real action by pioneering a social clinic which they believed could help in tackling the health problems in Surakarta. Eventually, on 29 January 1933, the clinic located at Clubgebouw in Jalan Mesen 106 was officially opened. As reported in *Sin Po*, the opening ceremony attracted many people. It was also attended by many prominent figures, among them I.S. Tan (the Tionghoa *Kapitan* of Surakarta), Dr Wedel, Dr Soepardi, Dr Oei Swie Poen, and Dr Tan Tjoe Han. Various mass organizations in Surakarta, including the HCTNH, sent representatives as did other groups from all over Java. One of them was Liem Swan Tik who was given the chance to deliver an address on behalf of the HCTNH Yogyakarta. In this speech, he expressed the hope that the HCTNH Yogyakarta clinic would always remain true to its guiding principal: serving the poor people (*Sin Po Maleische Editie* 31 January 1933).

On behalf of the HCTNH Surakarta, Jap Kioe Ong expressed his gratitude to all the donors. He explained that the aim of the clinic was to offer poor people healthcare services, particularly to those who had been badly hit by the Great Depression in 1929. He also added "[...] during these hard times, it is already more difficult for poor people to earn their own living. Do not make their life more difficult by burdening them with expensive doctors and medicines." By consensus, Jap Kioe Ong was chosen to be the first chairperson of the clinic. His first executive board consisted of: The Tjhioe Tik (secretary), Tan Kiong Djien (treasurer), Liem Tiang Hong, Gan Kok Sien, Siem Yong

Hay, and Jap Tiang Liem (commissioner). The Ping An was entrusted with shouldering the job of director. Jap paid special attention to Dr Wedel and Dr Soepardi, who had supported the clinic since plans for its development had first been mooted. He also encouraged all donors and board members to be unfailing in their support of the clinic (*Sin Po Maleische Editie* 31 January 1933).

Until the beginning of the twentieth century, there were few hospitals and *ziekenzorg* (healthcare services) established in Surakarta. No single hospital had been founded specifically to serve the non-European population. Therefore, the HCTNH clinic was the first of its kind to provide healthcare services for all different ethnic groups, including the European community. Albeit supported by various Tionghoa organizations and receiving regular donations from Tionghoa shops and Tionghoa philanthropists, in principle the clinic was open to all communities. Many Europeans and Indo-Europeans also frequently attended the clinic in search of medical treatment.

From the moment it was established in Surakarta, the HCTNH clinic began to introduce a number of important medical breakthroughs, like the smallpox vaccinations for infants and children, and regular consultations for pregnant women (including how to care for themselves during pregnancy or after giving birth). These policies were considered an essential step towards lowering the infant and pregnant mother mortality rate in Surakarta. The free vaccination was given once a month, whereas the consultations were scheduled twice to three times a week (*Sin Po Maleische Editie* 31 Januari 1933).

Interestingly, the clinic had a sliding scale of fees for its patients. Every hospital normally already had a fixed rate for each ward, but at the HCTNH clinic, the patients paid a fee based on their monthly salary. Unfortunately no clear explanation survives of how the clinic staff could have possibly obtained this information (for example, by paycheck slip or based on trust only?), but this kind of scheme was definitely not common at that time. The patients were categorized into four groups (A, B, C, and D) on the basis of their monthly salary. Patients who earned less than 10 guilders per month would not be charged for inoculations or medicines. Those who earned more than 10 guilders per month would be charged depending on their monthly income. Table 1 shows the complete fees of the clinic when first inaugurated.

Later, the clinic played an important role in assisting the *Chineesche Burger Organisatie* (CBO) and the *Kakyo Sokai*. During the war of independence, the clinic was transformed into an emergency hospital to treat wounded Indonesian soldiers and refugees. In 1949, the clinic officially moved to Jalan Warung Pelem 72, where there was an additional room for a maternity clinic. Ny. Gan Hok Kwie, Ny. Rostri Adi Soeseno, and Ny. Moesriatoen (Ibu Moes), were the first generation of midwives who worked in the clinic. Dr Oen and Dr Santo Kromohardjo, who had been serving there since late 1930s, formed the medical staff (*Lima puluh tahun mengabdikan* 1983: 7-8).

Group	Monthly salary	1x injection	Weekly ticket	Bandage and medicine
A	> f.10	Free	Free	Free
B	> f.20	f.1	f.0.50	f.0.05
C	> f.30	f.1.25	f.1	f.0.10
D	> f.40	f.1.50	f.1.50	f.0.15
Rate for <i>consultatiebureau</i> (consultation bureau)				f.0.25
Rate for smallpox vaccination (first child)				f.1
Rate for smallpox vaccination (other child)				f.0.50

Table 1. The complete table of fees of the clinic (source: *Sin Po Maleische Editie* 31 January 1933).

After 1951, the official connection between the clinic and the HCTNH was officially dissolved, meaning it would no longer be subsidized by the organization. As a senior doctor, Dr Oen initiated an important step by changing the management of the clinic into an incorporated institution. He did this in order to be able to expand clinic's activities on to a wider scale. His efforts bore fruit. With the support of 22 community leaders,<sup>13</sup> on 31 August 1952, the name of the HCTNH clinic was officially changed to Yayasan Balai Kesehatan Tsi Sheng Yuan (Ji Shengyan), meaning "Lembaga Penolong Kehidupan" (Life Aid Foundation) in Bahasa Indonesia (Picture 6).

Although it began as a small hospital, because of the unflagging support of its donors and the progressive ideas of its executive boards, within a few years the Tsi Sheng Yuan developed into a bigger hospital. It frequently initiated mutual co-operations with the local government, indisputable evidence that the Tsi Sheng Yuan was also completely open to any co-operation with non-Tionghoa institutions (*De Locomotief* 7 Agustus 1953). As soon as it had acquired sufficient funds, in 1954, the board decided to purchase two hectares of land in Mojosongo (now Kandangsapi). At first building work was slow as the workers needed extra time to begin to lay the foundations because of the difficult access to the area. The ground was unstable, because it had lain waste for a long time. These conditions made it extra difficult for builders to lay a proper foundation.

<sup>13</sup> Those 22 community leaders were Dr Kwik Tjie Tiok, Drg Tjan Khee Swan, Drg Lie Hing Djan, Drg Tan Tjoen Liem, Dr Poerwadi, Ngo Gie Njin, Tio Djing Han, Lie Tjan Njam, Kwan Tjin Njan, Liem Hing Yin, Koo Soen Hok, Kwa Sam Hien, Tan Tjoe Ging, Sauw Thian Pie, The Tjhioe Tik, Lie Tjhing Po, Tjeng Hay Swie, Alie Mohamad Soengkar, Tjeng Hway Yam, Koo Siok Ik, Tan Tjee Liem, Tan Koo Lie. See *Anggaran Dasar Yayasan Kesehatan Panti Kosala* No. 24, 31 Agustus 1952.



Picture 6. Doctors and nurses who served for Tsi Sheng Yuan, a small clinic which established by HCTNH (Tionghoa Youth Association) (source: Private archive of Dr OEN Surakarta Hospital).

Leaving these difficulties aside, the board's decision to purchase the land was an important step towards developing a complete hospital. A year later, construction work could officially begin. Jamu Jago became the main sponsor of the first phase of development. As the representative of Jamu Jago, Ny. Phoa Tjong Kwan (Tjia Kiat Nio) had the honour of laying the foundation stone, marking the beginning of the office, the operating theatre, and delivery room. The amount estimated for the construction was equal to 20 kg of gold (Interview with Djoenaedi Joesoef 23 April 2015). However, limitations to the amount of funding meant that the construction could not be done at once. It had to proceed step by step, as it was highly dependent on incoming donations. Only in the 1980s was the hospital able to present a detailed blueprint of its future development.

The Gerakan 30 September (the 30th September movement) in 1965 was a pivotal event in the transition to the New Order and the elimination of the Indonesian Communist Party (PKI) in Indonesia. A number of Tionghoa in many areas were attacked and their property looted. There was an upsurge of anti-Tionghoa discrimination based on the excuse that Aidit had taken the PKI closer to China (Vickers 2005: 158). The upheavals led to the downfall of Soekarno and opened the door for the emergence of the Suharto's New Order. The political turmoil inevitably affected the continuity of Tionghoa hospitals in Indonesia, especially after the New Order government issued Decree Number 14 Year 1967, banning the display of Tionghoa-related activities in public, including the prohibition of Chinese symbols, characters, and language. Chinese-Indonesians were strongly advised to adopt Indonesian-sounding names. The new regulation also applied to Tionghoa hospitals. Tjandra Naya (Sumber Waras/1966); Sishui Zhonghua Yiyuan (Adi Husada/1975); and

Tsi Sheng Yuan (Panti Kosala/1965) are some examples. By Notarial Deed 28 December 1965, the Tsi Sheng Yuan was officially renamed “Yayasan Kesehatan Panti Kosala”, (Panti Kosala Health Foundation). The term “Kosala” was taken from Sanskrit and means “prosperous” or “calm”. Therefore Panti Kosala can be defined as “a prosperous place, a calm place in which to recover”. (*Anggaran Dasar Yayasan Kesehatan Panti Kosala* No. 60, 28 Desember 1965 and *Anggaran Dasar Yayasan Kesehatan Panti Kosala* No. 45, 11 Oktober 1978).

#### DOCTOR OF THE POOR

Dr Oen spent most of his life in only three places. The first of these was his house in Surakarta which also functioned as a clinic. The second was the Panti Kosala Hospital, where he usually spent two or three days of each week. The third and last was his weekend retreat in Salatiga where he usually spent his weekends with his wife and extended family.

It was common knowledge in Surakarta that Dr Oen’s clinic opened its doors at 3:00 a.m. in the morning. At first, Julius Pour, a senior reporter on *Kompas*, did not believe this rumour. His curiosity spurred him on to visit Dr Oen’s clinic in Jalan Kestalan, Pasar Legi (Picture 7). Before 3:00 a.m., patients were already flocking in front of Dr Oen’s house. “The patients seem to know how behave in an orderly manner [...] although dozens people were standing so close to each other”, said Julius Pour (*Intisari* Januari 1976). At exactly 3:00 a.m., Dr Oen appeared and opened the clinic himself.



Picture 7. Dr Oen’s private clinic in Jalan Kestalan, Surakarta (source: Photo collections of Lenny Oen Family).

After telling the patients in a loud voice to queue and take a number, he ushered the first patient into the room. By and large, Dr Oen took care of all the patients personally, but sometimes his relatives or colleagues also came to help. Practically speaking, Dr Oen was only assisted by a parking attendant whose task was to guard patients’ bicycles. Because he did not have a personal

assistant, all manner of medical tasks, including examinations, injections, writing prescriptions and even technical matters like summoning patients were done by him personally.

Following usual medical procedure, after diagnosing his patient, Dr Oen would write a prescription. The most interesting aspect of this phase is that, whenever Dr Oen knew a patient could not afford to pay for medicine, he would sign and stamp the prescription. Then, Dr Oen would ask the patient to go to a recommended pharmacist where he or she would receive the medicine for free. The pharmacist was already familiar with this sort of system. A prescription bearing Dr Oen's signature meant that the doctor himself would pay for it out of his own pocket. If the patient was willing or able to pay, they could put the money inside a box near the main door. Dr Oen never determined how much money each patient should pay for his services.

This kind of medical practice – or what people usually refer to as “*praktek ala Dr Oen*” – was still being conducted by Dr Oen in the early 1970s. By then, because of his advanced age and his deteriorating health, Dr Oen's practice was limited to Mondays and Thursdays only. A step he only agreed to take after his colleagues had successfully persuaded him to pay attention to his declining health. In fact, Dr Oen still insisted on taking care of his patients outside this official schedule. Patients continued to come to his house, the Panti Kosala Hospital, and sometimes to his weekend house in Salatiga. The upshot was that sometimes, even during off-duty hours, he was caring for sick patients. He never turned a patient who came to him away, not even once. “How can I turn them away? Don't you think a doctor's main task is to cure sick people?” said Dr Oen (*Intisari* Januari 1976).

A similar situation also prevailed in the Panti Kosala Hospital. Whenever his white Peugeot car number 3333 drove into the Panti Kosala courtyard, people would swarm towards him. As people were familiar with Dr Oen's office hours, whenever he was on duty, the number of patients who came to the hospital would swell dramatically. Patients were not afraid to go to hospital because they knew that Dr Oen would never force them to pay (Interview with Sulardi 24 April 2015).

Why did patients prefer to be treated by Dr Oen rather than other doctors? Firstly, the choice was dictated by Dr Oen's great medical skill. Most patients said that they recovered much more quickly after being taken care of by Dr Oen. His treatments tended to be simple and right on target, meaning patients did not have to pay a second visit. The second and most important reason was because people believed that Dr Oen would never turn away poor patients despite their lack of money. At that time proper healthcare was unquestionably an expensive privilege which could not be equally enjoyed by all people and the poor were afraid to go to hospital. Although they were fully aware that their complaint needed immediate treatment, their financial position discouraged them from having a check-up at a hospital or clinic. Consequently, their illnesses worsened and very often they ended fatally. Thanks to Dr Oen's benevolent contribution, those who had no money for



medical treatment did begin to go straight to the hospital rather than wait. They consulted Dr Oen about their illnesses more freely because they knew he would not force them to pay for his service. Very often he also paid for their medicine and would hand his patients extra money to cover fares or meals. Thirdly, Dr Oen worked tirelessly in the service of his patients. He refused to stop working until he had seen the last patient. This meant that sooner or later every patient would eventually have had a consultation. This knowledge gave his patients a feeling of security because they knew that Dr Oen would not demand that they come back again another day. Lastly, although he was known to be an educated person, Dr Oen never took on airs and thought himself better than his patients. He always treated them as if they were his equals. A simple gesture like speaking in *kromo inggil*, for instance, made his patients see him as a respectful and humble person.

Because of the success of Dr Oen's efficacious treatment, many patients believed that he was endowed with some kind of hidden power, a sort of sixth sense they said. Some patients even acted illogically, for example, they would believe that if they drank the ashes of a burnt prescription given by Dr Oen, their disease would go away. A few also believed that just seeing Dr Oen's face made them feel better already. Dr Oen was clearly opposed to these kinds of rituals on the grounds they contradicted medical logic. This is the reason that, when he fell ill, he wanted his body to be cremated and afterwards his ashes to be scattered on the Bengawan Solo. Dr Oen was afraid that if his body was buried, his grave would become a shrine for certain rituals (Interview with Ibu Kristin 1 July 2012).

Wanting to acknowledge and reward his dedication in developing the health sector over a number of decades and for his initiative in pioneering the Panti Kosala Hospital, the Indonesian government bestowed the "Satya Lencana Kebaktian Sosial" on Dr Oen at the Presidential Palace on 30 October 1979. The award was presented at the special request of the Student Soldier veterans who now occupied high positions in the government. They felt that their guerilla war in Surakarta could not be seen outside the context of Dr Oen's contribution. Most of them had been helped or cured by Dr Oen during the war of independence (Interview with Djoenaedi Joesoef 23 April 2015).

In April 1977, Dr Oen's condition began to deteriorate rapidly. He suffered severe pain and eventually passed away at the age of 79 at the Telogorejo hospital, Semarang, at 8:30 a.m.. His body first lay in state at the Panti Kosala Kandangsapi, before being taken to the Tiong Ting crematorium on Friday 5 November, 1982 (*Suara Merdeka* 1 November 1982). On the same day, a special ceremony was held in the Mangkunegaran Palace to pay tribute to and commemorate Dr Oen's many years of service. Sri Paduka Mangkunegoro VIII acted as the ceremony master, and a number of Mangkunegaran courtiers were chosen to act as bearers for Dr Oen's body (*Pikiran Rakyat* 5 November 1982). Raden Mas Ngabehi Surato Sumosupadio carried his parasol which denoted his rank of a "Bupati Sepuh Mangkunegaran". On behalf of K.G.P.A.A. Mangkunagoro VIII, K.R.M.T. Sanyoto Sutopo Hadikusumo was appointed

to lead the whole procession. Thousands of people followed in his wake.

A group of *voorrijders* (outriders) guarded the mass who had been flocking in front of the Panti Kosala since early morning. Most of them were residents of the surrounding kampungs who wanted to see their social doctor for one last time. Police had already anticipated the heavy traffic by diverting the route to Kandangsapi via Jalan Sorogenen. Nevertheless, congestion was inevitable because many vehicles from other cities also poured into Kandangsapi bearing mourners to pay their last respects to Dr Oen.



Picture 8. A ceremony to commemorate the first anniversary of Dr Oen's death was also marked by changing the name "Panti Kosala" to his. The ceremony was held on 30 October 1983 (source: Photo collections of Lenny Oen Family).

#### REMEMBERED AS A HOSPITAL NAME

To commemorate Dr Oen's contribution to the development of health services in Surakarta, the executive board of the Panti Kosala proposed the idea of changing the name of "Rumah Sakit Panti Kosala" to "Rumah Sakit Dr OEN". However, this plan met with some opposition as some local bureaucrats thought that using Dr Oen's name might potentially trigger racial conflict in Surakarta. Their objection was that "Dr OEN" was not an Indonesian-sounding name. Nevertheless, their objections did not discourage the executive board. Its members believed that Dr Oen had dedicated his entire life to the service of humanity and people appreciated and loved him for this. Therefore, instead of leading to a social collision between the two races, the plan would bring the two together and ultimately strengthen their relationship. Eventually, after lengthy debates and ardent lobbying, an agreement was reached between the board and stakeholders. The name Panti Kosala would be replaced by Dr Oen's name, and the decision officially came into effect on 30 October 1983, exactly a year after Dr Oen's death (Picture 8).

Perhaps this issue might sound like a storm in a teacup to some people,

but when the political constellation at that time, when everything related to China was discredited by the New Order regime, is analysed this change of name represented an important breakthrough. When most Tionghoa hospitals were being forced to change their Tionghoa names, abandoning them forever, the executive board of the Panti Kosala decided to go ahead and perpetuate Dr Oen's name. Indeed, with reference to Notarial Deed of 28 December 1965, the Tsi Sheng Yuan Health Foundation had been Indonesianized to "Panti Kosala". Nevertheless, the decision to use "Dr OEN" to replace "Panti Kosala", which to some people had an un-Indonesian ring, created a polemic among the bureaucrats. To date, only two hospitals in Indonesia use a Tionghoa name: the Dr OEN Hospital (Surakarta) and the Dr Yap Eye Hospital (Yogyakarta).

Coinciding with the centenary of Dr Oen's birth and the commemoration of 70 years of the Panti Kosala Health Foundation, the board decided to organize a big ceremony on 3 March 2003. During the commemoration, Dr Oen's statue and two other marble plaques, signed by Dr Handojo Tjandrakusuma, the chairperson of the Panti Kosala Health Foundation, were unveiled. One plaque bore the slogan by which Dr Oen lived: "The principal duty of a doctor is to cure people without discrimination against their race, religion, nation, political mainstream, or socio-economic position".

## CONCLUSION

As a doctor and an activist, both before and after Indonesian independence, Dr Oen is a concrete example of somebody who made an active contribution to the struggle against isolation and discrimination in the health sector in the Netherlands East Indies and, later, in Indonesia. By his own account, Boen Ing rebelled against the stereotype in Tionghoa society in his refusal to take over the running of his family business and choosing to be a doctor instead.

Boen Ing was a versatile person. Quite apart from being an enthusiastic writer of newspaper articles, he dedicated his whole life to aiding poor people by becoming a benevolent doctor. He devoted his life and energy to this cause, denying himself a regular income, causing his family to live in impoverished circumstances.

Indonesian historiography always portrays the "Indonesian Chinese" and the "Indonesian national revolution" as two opposite entities. The role of the Tionghoa during the revolution is passed over in silence, perceived as nothing more than a footnote to the large, heroic narrative of Indonesian historiography. Very often they have been portrayed as an anti-revolutionary group, too cowardly to bear arms to defend Indonesian independence, or as the victim of "the revolution that devours its own children". Indonesian revolutionary historiography rarely gives a Tionghoa an opportunity to appear as a patriot or hero. Hence the recounting of Dr Oen's contribution tells an important story which helps to demolish that common stereotype and offer a new perspective on Indonesian historiography; one in which the Tionghoa are also given a positive place in Indonesian history. It paves the way for more explorations to reveal other Tionghoa contributions to Indonesia.

Perhaps above all, Dr Oen's track record accorded with the Javanese philosophy "*mamayu hayuning bawana, amemangun karyenak tyasing sesama*" (to build this world is to make other people happy). He did not foster any grandiose dream of changing the world, but he did believe that, if the world was to be made happy, he should make the people around him happy first. By using his medical skills, he tried to share that happiness because he fervently believed that "the happiest people in the world are the healthy people".

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