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Ḥajj Health Management in Dutch East Indie under Ordonantie van 1922

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Abstract

This article discusses the handling of the health of pilgrims since the *Ordonantie van 1922*, which regulates the organization of the *ḥajj* in the Dutch East Indies. As is known, during this period, there were several epidemics, such as smallpox, cholera, and the Spanish flu. Governments from around the world agreed to prevent the spread of the outbreak by cooperating in the health sector. This study uses historical research methods, which are based on four activities, starting from finding sources, criticizing sources or verifying data, interpreting and writing history. The approach used is the concept of social history to see how the Dutch East Indies government fortified its people from the threat of plague during the pilgrimage (*ḥajj*) season. Among the findings of this study is that the Dutch East Indies Government paid special attention to the health management of pilgrims from the East Indies. They conducted regular health checks starting from the port of Tanjung Priok to several places before entering Jeddah. These checks were carried out to prevent the spread of viruses such as cholera, smallpox, and Spanish Flu.

Abstrak

Artikel ini membahas tentang penanganan kesehatan jemaah haji sejak Ordonantie van 1922, yang mengatur tentang penyelenggaraan ibadah haji di Hindia Belanda. Sebagaimana diketahui, pada masa itu terjadi beberapa wabah penyakit seperti cacar, kolera, dan flu Spanyol. Pemerintah dari seluruh dunia sepakat untuk mencegah penyebaran wabah tersebut dengan melakukan kerja sama di bidang kesehatan. Penelitian ini menggunakan metode penelitian sejarah, yang didasarkan pada empat kegiatan, mulai dari mencari sumber, mengkritik sumber atau memverifikasi data, menafsirkan dan menulis sejarah. Pendekatan yang digunakan adalah konsep sejarah sosial untuk melihat bagaimana pemerintah Hindia Belanda membentengi rakyatnya dari ancaman wabah penyakit pada musim haji. Di antara temuan dari penelitian ini adalah bahwa Pemerintah Hindia Belanda memberikan perhatian khusus terhadap manajemen kesehatan jemaah haji asal Hindia Belanda. Mereka melakukan pemeriksaan kesehatan secara rutin mulai dari pelabuhan Tanjung Priok hingga ke beberapa tempat sebelum memasuki Jeddah. Pemeriksaan ini dilakukan untuk mencegah penyebaran virus seperti kolera, cacar, dan Flu Spanyol.

Keywords:
Ḥajj; pilgrimage; health and pandemic

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Introduction

Ḥajj is an annual pilgrimage that represents the aspiration of every Muslim, including those in Indonesia. For many, the dream of visiting the Holy Land of Mecca becomes a lifelong goal (Arifin, 2023). In pursuit of this hope, individuals work hard, often setting aside funds to cover the costs of their pilgrimage. However, the ability to perform *ḥajj* is not solely determined by financial means. Other critical factors also play a role, including the support of the state, which ensures the safety and security of pilgrims throughout their journey, from departure to return (Benda, 1958).

During the Dutch occupation in the East Indies (Indonesia), the pilgrimage was seen as a problem that had to be resolved entirely. Initially, the pilgrimage was seen as a tool for indigenous Muslim leaders to develop their anti-colonial views. Not infrequently, after returning from pilgrimage, they are seen to hate European governments (Supratman, 2020). Interactions with literature and news from other parts of the world, where Europeans were seen as colonial powers, helped shape anti-colonial sentiments. In response to this, the Dutch East Indies government took swift action by imposing restrictions on prospective pilgrims (Steenbrik, 2021).

The Dutch East Indies government suspected that Muslims who were performing the *ḥajj* in Mecca were not only for the sake of worship. The opportunity to meet other pilgrims from Islamic countries was used to discuss how to deal with the European colonial government. This became a medium to spread the idea of anti-colonialism, which quickly spread to Islamic countries, including the Dutch East Indies. This is also evidenced by cases of popular resistance against European rulers, as can be seen in the case of the Banten peasant resistance in 1888, as reviewed by Sartono Kartodirdjo (1966).

Pan Islamism, an ideology advocating Muslim unity in revival and progress, as expressed by Jamaluddin al-Afghani in the late 19th century, was believed to have gained momentum in Mecca during the *ḥajj* season. One of the backgrounds of this movement was the suffering of the Muslim community under European colonial rule. For this reason, one of the critical steps to fetch the progress of Islam is to expel the colonizers from Islamic lands.

The colonial government was concerned that if Pan-Islamism inspired many pilgrims from the Dutch East Indies, it could potentially spread to their villages, influencing local communities. This would undoubtedly disturb the order established by the colonial government in the public sphere of indigenous people in the Dutch East Indies. This concern later became a necessary requirement, and pilgrims had to declare that they were not involved in Pan Islamism in any form during the *ḥajj* process (Reid, 1967).

Later, the Head of the Office for Arab Affairs and indigenous Dutch East Indies, C. Snouck Hurgronje, argued that limiting the pilgrimage was not a solution to breaking the anti-colonial chain. This policy brought another problem, namely the growing hatred of Muslims towards the colonial government, which was considered anti-Islam. This can fuel the fire of resistance in many places (Burhanuddin, 2014). Dutch officials then used Hurgronje's advice as material for their decision to handle the *ḥajj* seriously. However, it was still considered necessary to carry out a layered review to determine the profile and motivation of each *ḥajj* applicant (Vredenbergt, 1962).

On 17 September 1857, the Dutch East Indies Government issued a confidential memorandum to residents and regents in Java and beyond, urging them to remain vigilant regarding *ḥajj* activities. They were instructed to maintain order in their territories, mainly when a pilgrim was about to preach. There was a significant concern that such individuals might provoke hatred and opposition to the European government. Early detection of such

activities was considered crucial, as the gatherings of people listening to these messages could potentially escalate into mass riots. Residents and regents were obliged to set up a security system for the activities of the *ḥajjs*. This system had to consist of strong coordination at every level of the native administration. Success in stopping the *ḥajj* movement depended heavily on the lines of communication established with native spies. The anger of the population was something that had to be avoided, as it could trigger a military operation, which would, of course, lead to more significant problems later.

The above regulation was sent to the resident and regent in secret (Dutch: *geheim*). This means that the Dutch East Indies government considered the regulation to be confidential and not allowed by staff within the colonial and indigenous governments. Such a letter had to be delivered directly to the desk of the regional leader to prevent any uproar or the risk of information leaking to the Muslim community. The response to this regulation will be used as evaluation material for the Dutch East Indies government to issue other laws related to the *ḥajj* that are orderly and not harmful to European interests (ANRI, 1857).

Furthermore, the Dutch East Indies Government was increasingly involved in organizing the pilgrimage. Apart from building an internal control system specifically for the *ḥajj*, they also manage external aspects such as the procurement of *ḥajj* transportation. To overcome this problem, they cooperate with private *ḥajj* travel agents. Apart from that, through several regulations, the government has begun to ensure the standardization of ships and adequate facilities for every shipping company that is officially registered as a pilgrimage transport ship. The government would severely sanction agents who commit fraud, such as fines or revocation of business licenses.

M. Dien Madjid examines the conditions of the pilgrimage during the colonial period. Madjid had the opportunity to read various archives left by the Dutch East Indies Government, such as products of state laws and other supporting regulations issued by the Dutch East Indies Government. From these archives, he was able to gather important information about the annual pilgrimage to Mecca, including details such as the number of ships departing, the number of pilgrims, and the registration process for *ḥajj*, among other aspects. This book is essential for anyone seeking to understand the *ḥajj* during the Dutch colonial era in the East Indies (Madjid, 2008).

On the other hand, M Saleh Putuhena, in his book Historiography of the Indonesian *ḥajj*, tries to place the history of the Indonesian *ḥajj* in a broader context than the Madjid. He saw how the pilgrimage pattern had changed since pre-colonial times. His book gives the impression that the *ḥajj* is the dream of every citizen and royal official. Indonesian pilgrims reach the Holy Land via trading fleets to foreign ports such as India, Persia, and Arabia. It means that pilgrimage is a death-defying journey. It is not surprising that in ancient Indonesian society, pilgrimage was believed to be a way to invite death (Putuhena, 2007).

Eric Tagliocozzo examines the phenomenon of pilgrimage in a regional context, namely in Southeast Asia. He has a unique approach to data collection, which combines historical analysis with anthropology. Eric gathered information about the past through extensive literature research across Southeast Asian countries, including Indonesia. In addition to consulting books, he also conducted interviews with several individuals who had memorable experiences during the *ḥajj* seasons in which they participated. Uniquely, this method is used in Muslim majority and minority countries in Southeast Asia. By digging up this information, Eric was able to show the humanistic side of the pilgrimage, showing that it was not just an administrative and political issue (Tagliacozzo, 2013).

The authors were inspired by a topic that was not widely discussed in the three literatures mentioned above, such as the problem of handling pandemics during the pilgrimage. It is known that during the colonial period, pilgrimage trips in the archipelago were marked by the outbreak of a global epidemic, which essentially stopped the rhythm of people's lives. For example, the cholera epidemic that hit the world around 1817 to 1824 disrupted pilgrimages to the Dutch East Indies. Uniquely, pilgrims from the East Indies were not at all worried about this disease and continued to attend the pilgrimage.

This historical research highlights the sociological aspects of the status and condition of *ḥajj* health management in the Dutch East Indies, particularly the handling of *ḥajj* cases during the cholera and Spanish flu outbreaks. Information services are possible in countries with colonial archives, both stored in Jakarta and in The Hague. Explanations are arranged chronologically and form part of a series of closing discussions.

The *Ordonantie van 1922* talked about organizing the *ḥajj* in a more orderly and modern way. In addition, certain sections of this regulation also discuss how health needs to be considered as a crucial aspect of maintaining the fitness of the pilgrims. Given the long distance and extended duration of this sacred journey, maintaining optimal physical condition was essential. The Dutch East Indies government saw it as the duty of the *ḥajj* shipping companies to oversee pilgrims' health and well-being.

Because of the vast territory of the Dutch East Indies, the authors limit this topic to two regions, namely Java and Sumatra. The reason for choosing these two areas is because the two islands are connected by the sea that surrounds them. Pilgrimage ships departing from Java will stop for some time at Sumatran ports, such as Palembang and Medan, before leaving for the Indian Ocean. Based on this study of the *ḥajj* during the pandemic period, policymakers in Indonesia or other countries with a sizeable Muslim population can get some insight into how the Dutch East Indies colonial government handled disease outbreaks. In addition, the authors hope that this research can provide an essential contribution to the topic of health history during the pilgrimage season. By examining history, valuable lessons can be drawn to guide the periodic improvement of *ḥajj* health management, ensuring that it continues to evolve in response to the challenges and needs of pilgrims.

The discourse on the *ḥajj* in the 19th century became an interesting discussion at the academic table, especially when understanding the position of Muslims who were required by Islamic teachings to perform the *ḥajj* for those who had the opportunity to face the Dutch East Indies government, which was responsible for taking care of their interests and disciplining them with various binding laws that had to be obeyed.

On the other hand, discussions about health regulations during the *ḥajj* season were aimed at limiting the spread of infectious diseases. Pilgrimage destinations became a potential arena for the spread of contagious diseases. European governments do not want the pilgrims to bring infectious diseases back home, which, of course, results in massive contagion that might paralyze a country. It is crucial to elaborate on this discussion, given that not many scholars have discussed it.

Method

This article was written using historical research methods and is based on four key research activities: source identification (heuristics), source criticism (internal and external criticism), interpretation, and historiography, which also refers to the process of writing the article itself. Heuristics, a specialized term in historical research, involves locating various types of data, including written, oral, and visual sources. This data is then subjected to two

stages of verification. The internal stage allows for a detailed examination of the authenticity of the information. In contrast, the external stage focuses on verifying the authenticity of primary sources, which serve as the main data for historical writing.

The primary data consists of several statutory documents (*besluit*), daily reports (*dagregister*), and state sheets (*staatblad*). These documents were found in the National Archives of the Republic of Indonesia or *Arsip Nasional Republik Indonesia* (ANRI). Therefore, in the citations, the name ANRI is written as an instrument that makes it easier for historical researchers to find the data in its original place. Other sources were also obtained from the Hajj and Umrah Bureau Library at the Ministry of Religion of the Republic of Indonesia in Jakarta.

The methods used to examine data from the past are different from other research methods, especially the major ones that examine contemporary phenomena. Historical researchers have previously made special preparations in reviewing documents from the past, including an understanding of the language used to inform a source. During the Dutch East Indies occupation, several official documents were written in Dutch, so it was necessary to master the language, its pronunciation, and its dialect.

On the other hand, a few Dutch documents stored at the ANRI Building in Jakarta require special treatment. Reading the colonial archives must be done with care, as the paper is fragile, and some parts are damaged. This is undoubtedly a challenge for historical researchers or legal academics.

After the sources have been collected, the next step is source criticism. There are two types of criticism in the historical research method: external criticism and internal criticism. External criticism examines the status of the authenticity of the literary sources found. The author attests that the paper, writing style, signature, stamp, and other physical conditions of the written source were really made, created, or written in the XIX century. Systematic checks bring us closer to the authenticity of the source.

Internal criticism focuses on examining the information within a document itself. If inconsistencies are found, such as incorrect dates or information that contradicts the established historiographical consensus, the source may be deemed unreliable and rejected as authoritative. As a result, historical research must prioritize the careful analysis and integration of diverse materials, ensuring that they are connected and assessed within a broader historical context.

Once authentic and authoritative sources are available, the next step is to interpret or analyze the data. After that, the information obtained was analyzed and placed according to the discussion that had been prepared. This research focuses on social history, so any relevant information about community activities can be included as part of the broader context. It's also likely that there was a scholarly debate, often expressed through critiques of colonial books or reports, which tended to portray the pilgrims in a biased way, frequently labeling them as troublemakers. After the model and analysis concept is ready, the next step is to write it. From a historical-methodological point of view, this article belongs to historiography, that is, historical writing (Madjid & Wahyudhi, 2014).

Reading and proper physical examination are necessary to ensure the information and authenticity of documents from the past. Once this has been done, the author can mark which parts are relevant for further discussion. Secondary sources, such as books, articles, essays, or other writings, are needed to enrich perspectives and reconstruct experiences and information from the past in a good explanation.

This historical study uses a social history approach as its explanatory model. The Dutch East Indies community was seen as a regulatory target for health policy issues at *ḥajj*, with the

government responsible for providing Dutch East Indies health services to the Hijaz. Some of the points referred to various health provisions, including routine *ḥajj* health checks, the provision of health services such as clinics and quarantine rooms, and the availability of medicines. *Ḥajj* health management on *ḥajj* transport ships is also one of the focuses of discussion.

Another pattern that deserves close attention is health-related communication between pilgrims and the Dutch East Indies government. As objects of leadership, the people of the Dutch East Indies also had the right to respond to their government's *ḥajj* practices and services. This can be seen from the archives or memory books while on duty (Dutch=*herinneringen*), which tell the memories of people who made pilgrimages to the Holy Land over the years when the global pandemic spread. From there, we can also see the social side of the historical explanation that is being constructed.

Ḥajj Perspective

For Muslim communities in Southeast Asia, fulfilling the pilgrimage is both a hope and a dream. In Islamic teachings, there are mandatory rules that every Muslim must implement, called the pillars of Islam (*rukn al-Islām*). It consists of five religious obligations, among which are acknowledging that Allah is God and the Prophet Muhammad is His messenger; performing prayers; paying *zakāh* (compulsory giving during the month of Ramadan, usually in packages of 3.5 kg of rice or money); fasting during the month of Ramadan; and going to Mecca for *ḥajj* (Fauzi, 2024; Arifin, 2023). The first four pillars of Islam are relatively simple and inexpensive to fulfill, while the fifth requires significant preparation.

In the second half of the nineteenth century, the people of Southeast Asia felt increasingly embittered and suffered under colonial rule. Forced labor and the mobilization of soldiers in various jobs to support the colonial economy left people with little opportunity to earn an income. Poverty due to lack of assets is a visible picture here and there. Even the local elite could not do much because their role was minimized, and they were not allowed to criticize the policies of the Company government.

During breaks, some Muslims took part in recitations held at mosques, *surau*, *langgar*, or *meunasah* (Indonesian names for Islamic places of worship which are smaller in size than mosques). There, they found refuge in various spiritual practices. Sometimes, they listened to ustadh (Islamic teachers) explaining various Islamic topics, including a *ḥajj* to the Holy Land (Mecca) for those who could afford it. This is the door to knowing what and for what purpose the pilgrimage is being made.

Sometimes, a few wealthy individuals can go on *ḥajj*. On several occasions, they have shared their experiences of traveling to, worshiping in, and returning from the Holy Land. This privilege often stems from their status, particularly as individuals who have been appointed as ustadh (religious teachers) in their communities. For them, the *ḥajj* also serves as an opportunity to educate others about the significance and practices of this sacred pilgrimage.

From all the stories about the *ḥajj*, the pilgrimage is a journey that requires mental and physical preparation. Of course, the cost is high. In fact, this factor often becomes an obstacle to people's desire to perform *ḥajj*. However, the pilgrims always encourage their listeners to perform the pilgrimage when they receive an invitation from Mecca. Invitations come to greet those who are rich or poor. Everyone still has a chance to go to the Holy Land. Since then, the belief to go to Mecca has continued to grow and has become a hope that has always been fought for.

For rich people, performing the pilgrimage does not seem to be an obstacle. Internal struggles over various problems torment them. This is usually seen as a test to achieve a good pilgrimage (*ḥajj al-mabrūr*). *Ḥajj* is often interpreted as penance. Every step towards the House of Allah (*baitullāh*) in Mecca counts as a reward. This fact aroused people's interest in this practice of worship, which is seen as a complement to Islam (Hurgronje, 1913).

Sayyid Usman bin Yahya, a Mufti of Batavia in the 19th century, mentioned that the *ḥajj* is an obligation for every Muslim who could perform it. In addition to preparing provisions for the *ḥajj* season, a Muslim should also be prepared to go through several administrative requirements imposed by the government. Obeying the government is an obligation and part of muamalat. For this reason, a Muslim should understand this matter to perform the *ḥajj* perfectly (Bin Yahya, 1901).

Snouck Hurgronje recognized Sayyid Usman as an influential Islamic scholar who played a significant role in assisting him, particularly in managing and addressing Islamic and indigenous issues. According to Hurgronje, most Muslims in the Dutch East Indies followed the teachings of the Shāfi'ī Madhhab. Sayyid Usman offered numerous suggestions and guidelines on worship and Islamic instruction within the framework of the Shafi'i tradition. As a result, subsequent regulations issued by the Dutch East Indies government concerning Islamic matters were aligned with the teachings of the Shāfi'ī Madhhab (Hurgronje, 1896).

Local beliefs about *ḥajj* remain an intriguing area of study that scholars have not widely explored. This topic encounters significant challenges, especially when examining the past, particularly during the period when the Dutch colonial government held control (Sharp, 2021). As a result, investigating *ḥajj* from a historical perspective, especially during the colonial era, continues to be a relevant and vital subject. It offers new insights and raises distinct issues that differ from those encountered in earlier societies.

A Long Way to Mecca

M. Dien Madjid identified several factors that motivated people in Southeast Asia, particularly those from the Dutch East Indies, to perform *ḥajj* in Mecca: 1) the desire to enhance a Muslim's honor upon returning from the Holy Land; 2) the belief that *ḥajj* serves as a means of social transformation, turning a Muslim into a more devout and obedient person; 3) the aspiration to die in the Holy Land, a belief commonly held by older pilgrims; and 4) the opportunity to travel to the Holy Land as a means of escaping the burdens and problems of their home country, even if only for a time (Madjid, 2008).

Although the *ḥajj* is a worship with significant social value, it also presents numerous challenges, including how pilgrims cope with global disease outbreaks. Throughout history, various pandemics have accompanied the pilgrimage ships traveling to Jeddah and returning to their homelands. In the 19th century, pilgrims had to endure and maintain their health amid cholera epidemics. In 1920, the world was shaken by the Spanish Flu outbreak, which also threatened and disrupted the pilgrimage, severely affecting the pilgrims.

Sea travel from the 19th to mid-20th centuries was a perilous undertaking, particularly for those making the *ḥajj* pilgrimage to Mecca. While steamships offered faster travel than sailing vessels, they did not guarantee passenger safety. The crowded conditions, inadequate sanitation, and limited understanding of infectious diseases made the journey a breeding ground for illness. Outbreaks of cholera, typhoid, and smallpox frequently ravaged the *ḥajj* ships, resulting in mass fatalities. Additionally, environmental factors such as adverse weather and food shortages further worsened the passengers' health conditions (Skotnes-Brown, 2023).

For pilgrims from Southeast Asia, these challenges are even more complex. The long journey across the ocean, coupled with their weakened physical condition due to fasting and hot weather, makes them more susceptible to illness. Lack of access to adequate medical care on board and at the destination further exacerbates the situation. Outbreaks of infectious diseases not only threaten the lives of the pilgrims but also hamper the *ḥajj* pilgrimage and cause mass panic in Muslim countries (Tagliacozzo, 2013).

Health Management Issues

The Dutch East Indies government's early concern for the health of pilgrims can be traced back to the *Kolonial Verslag* (official annual report) of 1871. This report highlights the government's efforts to limit the number of pilgrims wishing to travel to the Holy Land that year due to an outbreak of the cholera pandemic in Mecca. The relevant passage reads as follows (Kolonial Verslag van 1871):

> *Toen in 1871 de cholera in Arabie was uitgebroken en onder andere te Mekka hevig woedde, zoodat door den Egyptischen gezondsheidsraad quarantaine-maatregelen waren verordond, zijn de hoofden van gewestelijk bestuur in den geheelen Indischen Archipel uitgenoodigd daarvan aan de bevolking van hun gewest kennis te geven, opdat zij, die voornemens waren ter bedevaart te gaan, gewaarschuwd werden, daaraan geen gevolg te geven, zoolang geen berigt ontvangen was van het ophouden der epidemie.*
>
> *Den hoofden van gewestelijk bestuur der strandresidentien en eilanden, werd tevens verzocht om ten aanzien van schepen, met pelgrims van Mekka aankomende, met de meeste gestrengheid te doen toepassen de bepalingen ter voorkoming van het overbrengen van besmettelijke ziekten (Indisch Staatsblad 1871, n°. 109).*
>
> *Later werd door eene bekendmaking in de Javasche Courant door den algemeenen secretaris de aandacht van het publiek op deze zaak levendig gehouden.*
>
> *Verder verdient vermelding, dat openbaarheid is gegeven aan de door de Turksche Regering uitgeschreven, heffing van 10 piasters voor elke bedevaartganger en aan het tarief vam de in het Turksche rijk geheven wordende sanitaire regten.*
>
> English translation:
>
> When cholera broke out in Arabia in 1871 and was rampant in Mecca, among other things, so quarantine measures were ordered by the Egyptian health board. The heads of local administrations throughout the East Indian Archipelago (Southeast Asia) are invited to inform the people of their areas (about this matter). People intending to go on pilgrimage can be warned not to do so until news of the end of the epidemic is received.
>
> The heads of government of coastal residential areas and islands were also asked that provisions for the prevention of transmission of infectious diseases be applied very strictly to ships arriving with pilgrims from Mecca (*Indisch Staatsblad 1871, no. 109*).
>
> More recently, public attention to this matter was kept alive by an announcement in the *Javasche Courant* by the general secretary. It is also worth mentioning that publicity has been given to a levy of 10 piastres for each pilgrim, which the Government of Turkey issues, and the sanitary duty rates levied by the Sultanate of Turkey.

The Dutch East Indies government is trying to cooperate with mass media companies to educate the population to consider canceling the *ḥajj* journey during the spread of the pandemic. In September 1874, there was a news report that the plague had paralyzed the

population of Mecca. They work with the *Javasche Courant* to inform the public about this pandemic. Later, it was discovered that the disease had not spread much and that it had soon passed. On another occasion, a telegram was received in Batavia on 24 November 1874 via the *Javasche Courant*. It was officially reported that, due to the widespread cholera outbreak in various parts of the Dutch East Indies, pilgrims from the region faced strict and prolonged quarantine measures upon their arrival in Jeddah. In some cases, they might even be prohibited from performing the *ḥajj* altogether (*Kolonial Verslag van 1875*).

From 1926 to 1927, enteritis, influenza, and bronchitis became common illnesses among pilgrims. Many gastric ailments are caused by poor drinking water, and heavy foods such as mutton are the main culprits. The number of sufferers increases every year. Also, in 1927, pilgrims in the Hijaz were diagnosed with smallpox. On 2 July 1927, 162 cases of smallpox were found in Mecca hospitals. However, it is not known who the carrier of this disease is (Patah, 1935). Since the occupation of the VOC (*Vereenigde Oost-Indische Compagnie* or Dutch Trade Association for the East Indies) until it changed to the Dutch East Indies Government, Batavia (capital of Dutch East Indies) and its surroundings were very familiar with fever, and this was always associated with the condition of this city which was not clean and healthy.

The conditions of the swamps on the north coast of Java, which were clogged drains and flooding, had caused disease. Swamps and stagnant water give off vapors that can cause shortness of breath and fever if inhaled by humans (Wibowo et al., 2009). People use flowing canals or rivers to dispose of garbage and industrial and household waste. The lack of toilets or bathrooms forced people to use canals and rivers as waste disposal sites (De Haan, 1922). Even so, people still use the river as the primary source of water for their daily lives. Disturbed water quality causes various diseases such as cholera, dysentery, dropsy, malaria, and others. The rapid spread of malaria in the XIX and early XX centuries was also closely linked to irrigation projects and the expansion of plantations in the hinterland (Boomgaard, 1993).

In 1882, the Dutch East Indies government recognized the practicality of salted fish and *sambal terasi* (chili paste containing fermented shrimp paste) as food choices for *ḥajj* pilgrims. These items were valued for their long shelf life, making them a convenient and economical option. By bringing their food supplies, pilgrims could reduce their expenses during the journey to Mecca. In addition, these foods are also considered to be familiar to most people, thus fulfilling the basic nutritional needs of the pilgrims. However, this positive outlook needs to be balanced with health considerations and mutual convenience.

On the other hand, the ship's doctors in charge of overseeing the health of the pilgrims have a different view. They warn of the potential dangers posed by the consumption of large quantities of salted fish and chili paste. The pungent odor produced by these foods can disturb the comfort of other passengers on board. Furthermore, health-wise, prolonged consumption of foods preserved with high salt content can increase the risk of various diseases, such as indigestion and dehydration. Hence, ship doctors generally discourage pilgrims from carrying excessive amounts of these foods (ANRI, *1881*).

An essential duty in the organization of the *ḥajj* was held by the *sheik*, whose task was accompanying pilgrims during the *ḥajj* season. The *Sheikhs* were in charge of guiding pilgrims, not only in spiritual matters, but also in health aspects. In the context of the health management of pilgrims, *sheiks* act as a bridge between pilgrims and the health services available in the Holy Land.

The sheik's ability to effectively coordinate with health institutions or clinics appointed by the Dutch East Indies Government was crucial to successfully managing pilgrims' health

issues. By understanding the protocols and procedures in these institutions, the sheiks were able to swiftly access the necessary healthcare services for pilgrims who were ill or facing other health challenges.

The ability to communicate in Arabic was vital for *sheiks* in carrying out their duties. Arabic is the official language in Saudi Arabia, so this language proficiency allowed the *sheiks* to communicate effectively with local medical personnel. This was crucial, especially in conveying pilgrims' health complaints accurately and getting the proper treatment.

In addition to being a guide and coordinator, the *sheiks* also acted as a data collector on the health of the pilgrims. The health history, background, and all information related to pilgrims' health collected by the *sheiks* were very valuable for the evaluation of future *ḥajj* organizations. These data can be used to identify frequent disease patterns, risk factors, and the effectiveness of health services provided (Tantri, 2013).

In the 1890s, medical experts in the Dutch East Indies discovered a disease like flu or fever. According to laboratory results, the disease was caused by parasites in the patient's blood, which were transmitted by Anopheles mosquitoes. The disease is known as *malaria*. Quinine pills have become an effective remedy for treating it (Wibowo et al., 2009). Quinine became an alternative used by the colonial government to treat the fever. For the first time, quinine was imported directly from America in 1854. Because of its effectiveness in fighting malaria, several quinine fields were developed, and the first quinine factory was built in Bandung in 1896 (Cipta, 2020). Although quinine's effectiveness was acknowledged, it was also known that this drug could not cure all kinds of diseases. When used in malaria sufferers, it is difficult to determine the correct dose for each patient (Gooszen, 2021).

In the 19th century, European medicine could offer only smallpox and quinine vaccines. However, a few years later, advancements in health knowledge emerged, including education on hygiene, the provision of clean water, mosquito control, and the promotion of nutritious, high-quality food (Boomgaard, 1993). The spread of the troubling plague in the Dutch East Indies was influenced by several factors, with the primary cause being the region's poor environmental conditions. Indigenous people often regarded cleanliness as unimportant. Another contributing factor was the population's distrust of modern medicine. To address public health issues, a combination of treatment and prevention efforts (such as disease prevention through specific methods) was necessary (Baha'uddin et al., 2006).

After coming and spreading in two waves in 1918, influenza or Spanish Flu was endemic in the Dutch East Indies until early 1919. Many accompanying diseases, such as influenza, yellow fever, typhus, and malaria, prompted the Dutch East Indies colonial government to enact the *Influenza Ordonantie* (Influenza Act) to combat fever outbreaks. This regulation is contained in the *Netherlandsch-Indie Staatblad* No. 793 of 1920. This Ordinance continued several previous ordinances aimed at preventing epidemics, one of which was the *Quarantine Ordonantie* (Quarantine Act) 1911 and continued with the *Stomvaart Pelgrims Ordonantie* (*Hajj* Ships Act) 1922. Thus, it was known that the Shipping Law 1918 was issued after being preceded by Spanish flu regulations.

The Influenza Ordinances outlined guidelines for assessing the spread of the disease and assigning responsibilities for its management. To effectively address the pandemic, a team of officials was divided into two specialized groups. For land-based areas, the team included the State Civil Apparatus Inspector, the Head of Local Government, and the Head of Public Health Administration. These officials were tasked with coordinating efforts within their respective jurisdictions. Meanwhile, the maritime team consisted of the *Syahbandar* (port headmaster), a civil health service representative (port paramedic), and a ship captain. This

group focused on preventing and controlling the spread of influenza on ships and within port areas.

The successful containment of the influenza pandemic in the Dutch East Indies depended on the collaborative efforts of inspectors, local government heads, and public health officials. The Influenza Ordinances clearly outlined the responsibilities of these three parties, ensuring a coordinated and effective response to the health crisis.

The Influenza Ordinances established a clear protocol for responding to influenza outbreaks. If an area experienced a significant number of influenza cases or a high mortality rate, local health officials were required to notify the relevant health director immediately. Upon receiving this report, the head of government was obligated to publicly announce the presence of the influenza infection within their jurisdiction. This announcement was mandated by Epidemic Ordinance No. 10, specifically paragraphs 2, 4, and 5. Furthermore, government officials were tasked with implementing measures to contain the spread of the disease with the assistance of medical professionals.

In response to the influenza outbreak, paramedics played a crucial role in implementing various containment strategies. These strategies included restrictions on mass gatherings, school closures, and the implementation of preventive measures within educational institutions. Additionally, efforts were made to establish makeshift hospitals by either constructing new facilities or repurposing existing buildings.

The coordinated response in the Influenza Ordinances is aimed at protecting the public from the influenza epidemic by quickly identifying outbreaks, informing the community, and implementing effective containment measures. The collaboration between health officials, government leaders, and medical personnel was essential in mitigating the impact of the disease and safeguarding public health.

In 1927, it witnessed a significant expansion of medical services in the region, particularly during the *ḥajj* season. Makkah boasted an impressive array of medical facilities, surpassing those found in other Hijaz cities. These services catered to pilgrims from various parts of the world, providing essential healthcare amidst the bustling pilgrimage activities.

Among the notable medical services was the Egyptian Medical Service, which operated a permanent hospital in Makkah known as the Egyptian Hospital for the Poor. The hospital was staffed by a team of doctors, whose numbers were augmented during the *ḥajj* season to accommodate the increased demand for medical care. Additionally, the Egyptian quarantine service in Alexandria dispatched doctors to Makkah annually to provide guidance and support to the medical staff.

Another significant medical service was the British Medical Services, led by a British Indian doctor and a private practitioner. This service operated an outpatient clinic in Makkah, primarily serving pilgrims from the British colonies. However, the clinic also extended its services to Arab patients, offering much-needed medical assistance.

The Arab Medical Services also played a vital role in providing healthcare during the *ḥajj* season. This service was provided in hospitals in Jeddah, Yambo, Medina, and Makkah. The latest offered a capacity to accommodate 180 regular patients and 12 surgical patients. Furthermore, the Makkah hospital was equipped with a maternity ward and a psychiatric ward, ensuring comprehensive medical care for pilgrims. Additionally, a secondary hospital was established near Marwah to treat infectious diseases.

The report of the Arab Medical Services highlighted the prevalence of various communicable diseases during the *ḥajj* season, including bubonic plague, yellow fever,

cholera, typhoid exanthematicus, smallpox, stomach typhus, paratyphoid, recurrent fever, dengue fever, diphtheria, cough, measles, flu, meningitis, parotitis, shingles, amoeba, and lenbicentandys. These diseases posed significant health risks to pilgrims, necessitating effective medical interventions.

The Dutch Embassy also contributed to the medical services available during the *ḥajj* season. The embassy operated a polyclinic in Jeddah, which was relocated to Makkah during the pilgrimage period. This clinic was staffed by a doctor, a nurse, and a pharmacist, providing essential healthcare services to pilgrims and residents (Patah, 1935).

Unlike the Mecca hospital, the Jeddah hospital did not even meet the requirements for cleanliness, organization, and layout. The hospital has only 60 beds, and patients are rarely treated. Since the hospital was unable to admit sick people and assist them, the public was rushed to the ship for treatment and treatment as soon as possible. However, pilgrims who were considered "seriously ill" to be treated will return to Indonesia and be treated at hospitals in their country.

The Dutch East Indies government, the Dutch Consul in Jeddah, and the Kingdom of the Netherlands worked in coordination to provide adequate medical services for pilgrims. Leveraging their authority, they collaborated with the Ottoman Turks, the Sharif of Mecca, and later the Kingdom of Saudi Arabia to ensure that pilgrims could perform the pilgrimage safely and effectively. As ship passengers who had paid for return tickets, pilgrims were entitled to adequate onboard facilities. Moreover, the government's set pilgrimage costs indicated that the entire journey, from departure to return, was under the supervision and responsibility of the government.

Conclusion

The historical context of *ḥajj* health management in the Dutch East Indies offers valuable insights into contemporary challenges and potential solutions. While significant advancements have been made, the legacy of past practices continues to shape the current landscape of *ḥajj* health care. During the Dutch East Indies era, the responsibility for *ḥajj* health facilities was shared between the government and shipping companies. This arrangement, while practical for the time, highlighted the need for a more centralized and coordinated approach. The establishment of medical tests and quarantine facilities for cholera patients demonstrated the government's efforts to prevent disease transmission but also underscored the limitations of their resources and capabilities.

The health management practices in the Holy Land during this period mirrored those of the Dutch East Indies. The government's attempts to educate the public about health and hygiene were met with varying degrees of success, influenced by cultural, social, and economic factors. These challenges, faced by the Dutch East Indies government, continue to be relevant today, as promoting health awareness and behavior change remains a crucial aspect of *ḥajj* health management.

The experience of *ḥajj* health management in the Dutch East Indies offers several key lessons for contemporary practices. First, it underscores the importance of a centralized and coordinated approach to healthcare. A decisive government role is essential to ensure the availability of adequate medical facilities, infrastructure, and personnel. Second, it highlights the need for effective public health education and promotion. Health awareness campaigns must account for cultural and social factors to ensure their relevance and impact. Lastly, it emphasizes the value of collaboration between governments, healthcare providers, and other

stakeholders. Shared responsibility in *ḥajj* health management can lead to more comprehensive and effective interventions.

By understanding the historical context of *ḥajj* health management, contemporary practitioners can identify areas for improvement and develop more effective strategies. The challenges faced in the past serve as reminders of the complexities involved in managing the health of millions of pilgrims, including the shared responsibility between the government and shipping companies, as well as the difficulties in promoting public health. By addressing these historical lessons, modern *ḥajj* health management can strive to provide a safer and more comprehensive experience for pilgrims from around the world.

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