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Containing Outbreaks—COVID-19 and others: Lessons from the history of mental illness

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The central government recently asked the Indonesian people to make peace with COVID-19 and accept a "new normal" living and working condition. Some argue this policy was taken because the so-called "Large Scale Social Distancing" measures, the country's version of localized quarantines, have not been particularly successful. This is despite the fact that some regions deployed security forces to enforce the quarantine protocols.

Indonesia's colonial history could offer some insights to this problem. Over a century ago, the Dutch colonial government often implemented public health quarantines, although they were not particularly effective. But different regions in the Dutch East Indies had different success rates in dealing with disease outbreaks. For example, the smallpox outbreaks in the 1920s in Central Java were more quickly

resolved than in Batavia or Sumatra. Disease outbreaks in the Deli plantations were easier to overcome than those that developed outside the plantations.

Did strong quarantines by the colonial government explain such variation? Should quarantines be made to resemble locking up mental patients guarded by the military? How effective would a coercively imposed quarantine in dealing with the COVID-19 pandemic today? The broader history of how governments deal with mental illnesses could offer some preliminary insights and answers.

The rise of mental asylums and psychiatric hospitals

While mental illnesses were historically not considered part of infectious diseases, they occupied the attention and resources of the colonial government. Back then, mental illnesses (dubbed as simply "madness" or "insanity") were initially associated with "the devil" or other mystical beings. Gradually, such views began to wither away. But people with mental illnesses were still often misperceived as "insensitive wild animals", and as such, harsh and abusive treatments, including chains, were deemed acceptable.

At the end of the 17th century, nursing homes for the mentally ill were developed in Europe. The nursing homes resembled maximum security prisons than care facilities. But these homes were very expensive, even though the patients were treated horribly—some would say "barbaric" and "inhumane". They were even treated worse than the occupants of most European prisons, which at that time were famous for their ferocity. One of the most infamous nursing homes, the Bethlem or Bedlam Asylum in London, even charged the general public one cent to watch the mentally ill patients as a form of entertainment.

In the 18th century, as mental illnesses proliferated, those nursing homes began to transform into mental asylums or psychiatric hospitals—and became lucrative businesses along the way. Inhumane treatment methods were gradually abandoned as professional reforms in medical treatments accelerated. Psychiatric hospitals eventually became professional treatment centres with qualified health workers.

But this transformation made mental illness treatment even more expensive. What happened to those who could not afford a psychiatric ward? Michele Foucault in *Madness and Civilization* claims that those categorized as "sick": mentally ill people, prostitutes, vagrants, criminals, and those suffering from infectious diseases, were then locked up in newly created institutions like the General Hospital of Paris all over Europe, a process he calls "The Great Confinement" (Foucault: 2006).

This was where the "Panopticon method" of monitoring from a watchtower in the middle of confinement was born. The idea was to show the power of the "healthy" people over those considered "sick". While European governments claimed this was a "healing method", the number of the mentally ill increased. Mental illness, in their mind at least, became a sort of "plague" that infected those confinements.

Mental illness in the Dutch East Indies

The proliferation of mental illness reached European colonies as well. The Dutch colonial government considered mental illness a serious problem plaguing the Dutch East Indies. Since the end of the 19th century, they had built many specialized psychiatric health centres throughout the Indies; from Java to Sumatera, Bali, and Sulawesi.

P.M. Van Wulfften Palthe, a professor of psychiatry and neurology, wrote a report in the Dutch East Indies medical magazine, *Geneeskundig Tijdschrift Voor Nederlandsch-Indie* in 1931, about the "madness" that plagued many Europeans in the Dutch East Indies at the time. He claims there were 652

Europeans (out of 250,000) treated in mental hospitals throughout the Dutch East Indies. When added to the number of non-Europeans suffering from mental illness, it was estimated that more than 100,000 people in the Dutch East Indies suffered from some form mental illness.

The problem was exacerbated by the global economic depression of the 1930s that also affected the Dutch East Indies. Many plantations were abandoned, and starvations grew as a consequence. The philosopher Giovanni Boccaccio said in the 13th century in *The Decameron* that poverty was behind the Black Death that massacred two-thirds of European society. The Dutch East Indies may have suffered a similar fate. As poverty rose, various disease outbreaks, from tuberculosis to syphilis, followed.

Mental illness also ravaged the poor, plague-infested communities across the Indies. The colonial government was overwhelmed. Psychiatric facilities were no longer adequate. A psychiatrist at the *Indische Artsen Nederlands* School in Surabaya, Dr. Van der Schaar, found in his investigations since 1930 that throughout Java there were 1,377 mentally ill people every year held in prisons. Between 250 and 300 people were added to this list on a daily basis. These figures only included Java but excluded other areas like Sumatra and Sulawesi.

Dr. Thuenissen, Head of the Department of Public Health (*Hoofd van den Dienst der Volksgezondheid*), traveled to Sumatra to investigate a tuberculosis outbreak in the region. But he also mentioned that in Sumatra, as in Java, mental illness became a "mysterious plague" (Thuenissen 1939: 45, 59-60). As medical professionals in the area could not understand the problem, the proliferation of mental illness grew. Psychiatric hospitals were not able to accommodate the growing number of patients. Governments were overwhelmed by the global depression and were confused with the variety of disease outbreaks.

One of the government's policies at the time was a quarantine measure, which had existed since the first decade of the 20th century (*Staatsblad van Nederlandsch Indie* number 277 in 1911). This policy was renewed a decade later in 1920 (through *Staatsblad* number 723): people from infected areas were prohibited from leaving or entering areas declared "healthy". There were criminal penalties for violators. Any person who refused supervision and quarantine was threatened with a maximum of six days in prison or a monetary fine.

In the 1930s, this quarantine regulation was renewed again to deal with disease outbreaks. During this period, Batavia imposed autonomous local or regional quarantine regulations for each residency in the Dutch East Indies. Local governments were therefore tasked to contain and eradicate their regions from disease outbreaks.

Some regions even imposed martial law to uphold the quarantine. For example, the West Sumatra region created a special "poverty commission", *De Comissie Voor de Armenzorg*. With the assistance of the colonial army, this commission arrested the mentally ill roaming West Sumatra and placed them in a facility. When that facility proved to be inadequate, the military set up barracks and prisons specifically for the mentally ill. In this instance, the military had a significant role in controlling the outbreak of mental illness.

Policymakers back then thought there was no effective "healing method" for the mentally ill other than locking them up in tightly guarded facilities or prisons. Military barracks and unused buildings were used if those were not sufficient. After all, as the prevailing view back then argues, mentally ill people carry additional diseases in their bodies, so their "uncontrolled existence" had to be reined in. Indeed, throughout the 1930s, the colonial government requested military assistance to arrest mentally ill people roaming the streets.

Mental illness during the revolutionary era

This situation continued until Japan entered Indonesia. During the Japanese occupation, Pans Schomper, a European who joined the Japanese concentration camp with his family, mentioned in his book *Selamat Tinggal Hindia*, that he saw many Europeans "go crazy and lose their minds", but there was no treatment available. Throughout Indonesia's revolutionary war, mental illness continued to take its toll on the community. The occupation worsened the poverty rate as diseases outbreaks struck yet again, from yaws to smallpox. The number of the mentally ill grew and affected the poor and those at the battle frontlines.

West Sumatra, one of the new Republic's battle-ravaged regions, also did not escape the attack of mental illness. The nurses affected by this disease were volunteers such as the Keputrian Republik Indonesia (KRI), Sabil Muslimat, Putri Kesatria, and many others. Their main task was to treat the wounded at the battle frontlines. From 1946 to 1947, the republican forces engaged in heavy and severe battles. As casualties rose, these volunteer nurses who worked day and night were increasingly affected by psychiatric disorders.

The Indonesia Red Cross (PMI) together with the republican army evacuated those dozens of nurses who were mentally ill. They were brought to Padang and placed in a heavily guarded building. These nurses, in other words, were quarantined to stop them from wandering and infecting others and thus damaging the morale and fighting spirit of the troops.

Lessons learned for today?

The above historical snippets suggest that policymakers at the time saw the military or security forces as the best tool to control an epidemic. They also considered locking up the mentally ill as the first policy option. After all, as Foucault said, a madman would only bow under a weapon. How acceptable is Foucault's idea today?

Apparently, the quarantine method and the idea of locking up the mentally ill in a secure facility continues to this day. While psychiatric medications are available today, the mentally ill are often quarantined and monitored. Just as before, as the number of the mentally ill increases, privately built hospitals grows alongside. Rooms with iron bars adorn the scenery in today's mental hospitals. Perhaps the chain is no longer used, but similar restraining methods are still in play. The watchtower of the Panopticon method has been replaced with a more modern tool, the surveillance camera, but the same purpose remains.

In essence, history records that the quarantine method has been used to deal with epidemics from then until today. Containing epidemic outbreaks then and today means "locking sick people up", regardless of their disease, whether of the mind or the body.

Given the COVID-19 pandemic situation in Indonesia today, some might find the method of locking people into heavily guarded areas appealing. After all, it seems that historically those areas that impose the strongest quarantine measures were more successful in containing outbreaks. But, of course, such methods when applied today have long-lasting and potentially damaging effects, from social, economic to security crises. So, the lesson from the history of mental illness, and how the colonial government in the Dutch East Indies handled the problem, is perhaps less about effective containment but more about the broader socio, economic, and political implications of "locking people up" using coercive instruments of the state without fully understanding the disease itself.

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