

Hajj during the Dutch East Indies Pandemic in the 19th–20th Centuries

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Abstract

This paper discusses about the phenomenon of Hajj during the pandemic in the XIXth to mid-XXth centuries in the Dutch East Indies with a focus on the governance of health services carried out by the Dutch East Indies government. This research uses historical research methods to explore various relevant primary and secondary sources, such as historical archives, government documents, travel records, and historical literature. The main finding of this research is that the pandemic that occurred during that time, such as the cholera outbreak, had a significant impact on the Hajj journey and the welfare of the pilgrims. The Dutch East Indies government undertook various efforts to manage health services during the Hajj journey, including the provision of medical facilities and quarantine. The results of this study provide a deeper understanding of how the Dutch East Indies government dealt with the pandemic during that time and how it affected the Hajj experience and health care governance efforts in the context of Dutch East Indies history. The findings can provide valuable insights for understanding the history and context of the pandemic in global and regional history.

Keywords: History; Hajj; Pandemic; And Health

Abstrak

Tulisan ini membahas tentang fenomena haji pada masa pandemi di abad XIX hingga pertengahan abad XX di Hindia Belanda dengan fokus pada tata kelola pelayanan kesehatan yang dilakukan oleh pemerintah Hindia Belanda. Penelitian ini menggunakan metode penelitian sejarah untuk mengeksplorasi berbagai sumber primer dan sekunder yang relevan, seperti arsip sejarah, dokumen pemerintah, catatan perjalanan, dan literatur sejarah. Temuan utama dari penelitian ini adalah bahwa pandemi yang terjadi pada masa itu, seperti wabah kolera, memiliki dampak yang signifikan terhadap perjalanan haji dan kesejahteraan jemaah. Pemerintah Hindia Belanda melakukan berbagai upaya untuk mengelola layanan kesehatan selama perjalanan haji, termasuk penyediaan fasilitas medis dan karantina. Hasil penelitian ini memberikan pemahaman yang lebih mendalam

tentang bagaimana pemerintah Hindia Belanda menangani pandemi pada masa itu dan bagaimana pandemi memengaruhi pengalaman haji dan upaya tata kelola layanan kesehatan dalam konteks sejarah Hindia Belanda. Temuan-temuan ini dapat memberikan wawasan yang berharga untuk memahami sejarah dan konteks pandemi dalam sejarah global dan regional.

Kata kunci: Sejarah; Haji; Pandemi; dan Kesehatan

PENDAHULUAN

The history of the Hajj pilgrimage is always interesting to study, given its central role in the lives of Muslims around the world. One of the most interesting, yet often overlooked, periods is the Dutch East Indies era from the 19th to the mid-20th century. Against a backdrop of strong colonialism, the Hajj journey faced a variety of dynamics and challenges, exacerbated by health conditions analogous to modern-day pandemics.

During this time, the Hajj journey was not only a spiritual challenge, but also a logistical and health one. Although there was no global pandemic as known in the modern era, this period often faced outbreaks of diseases that spread rapidly, affecting the journey and safety of pilgrims. This required adaptations and innovations in the way the journey was conducted, as well as how the Dutch East Indies colonial government responded to the challenges.

The policies and regulations implemented by the Dutch East Indies government played an important role in shaping the Hajj experience of the time. With strict control and supervision, the government sought to ensure the safety and well-being of pilgrims, while also safeguarding their colonial interests in the region. This created a unique dynamic between the pilgrims' spiritual needs and colonial political interests.

The main purpose of this article is to better understand how pilgrims faced, adapted to, and overcame challenges amidst colonial health conditions and political dynamics. This research is expected to provide new insights into the history of the Hajj and how challenges from the past can provide lessons for today's generation.

LITERATURE REVIEW

There are a number of writers and historians who discuss the relationship of the Hajj with the Dutch East Indies

government or with pilgrims from the Dutch East Indies.

Abdoel Patah wrote a book on the health of the Hajjis entitled "De Medische Zijde van de Bedevaart naar Mekkah," In his book, he explores the medical aspects of the Hajj journey to Mecca around the 1930s. The book presents an in-depth overview of the physical journey, health, and medical challenges faced by pilgrims during their journey to the holy city of Mecca. Abdoel Patah looks at various aspects, from medical preparations before the journey to health care while in Mecca, as well as the social and health impacts of the Hajj experience itself. Through this work, the author provides valuable insights into how health and religious travel are intertwined in the context of the important Islamic pilgrimage (Patah: 1935). As a primary source, this book is a worthy source of information for this paper. Unfortunately, it does not provide enough information on the management of health on board the Hajj carriers.

Jan Hendrik Ziesel wrote a book entitled "De Pelgrims-Quarantaine in De Roode Zee," which specifically explores aspects of the quarantine applied to pilgrims in the Red Sea. The book provides an in-depth insight into the quarantine practices applied to pilgrims during their journey to

Mecca in a particular period. Ziesel highlights the history, procedures, and quarantine conditions that these religious travellers endured in the Red Sea area, highlighting the health, security, and social aspects involved in the experience. With its focus on quarantine in the Red Sea, this book provides an in-depth understanding of the important role and complexities of maintaining the health and safety of pilgrims during their journey to Mecca (Ziesel: 1929). In contrast to Abdoel Patah's book, Ziesel's description is more focused on health management at sea, particularly in quarantine sites such as Kamaran. On the other hand, Ziesel does not pay much attention to health management on the ships that transported the pilgrims from the Dutch East Indies. In fact, this object is the focus of this paper.

Umar Ryad wrote an article about the conditions of the Dutch East Indies pilgrims and the Dutch themselves around the 19th century, in an article entitled "On his Donkey to the Mountain of 'Arafāt: Dr Van der Hoog and his Hajj Journey to Mecca". It describes the Hajj journey of Dr P.H. (or Mohammed Abdul-Ali) Van der Hoog (1888-1957), a Dutch bacteriologist who converted to Islam. The name Van der Hoog is closely connected to one of

the most famous cosmetic brands in the Netherlands in the early 21st century. This paper also notes that conversions of Dutch people in the Dutch East Indies occurred sporadically, but were very rare in the Netherlands itself. Compared to other European countries such as Great Britain, France, Austria or Germany, conversions to Islam in the interwar Netherlands are considered uncommon (Ryad: 2017, 185-216). Despite discussing the presence of pilgrims from the Netherlands, the article does not clearly reveal the conditions of the pilgrimage in Mecca, especially during the pandemic era.

On a more local scale, the implementation of the Hajj in South Sulawesi during the colonial period is touched upon by Ahmad Faturrahman and his friends in an article entitled "The Ever-Changing Rules of Hajj in South Sulawesi 1947-1950". This paper discusses the ever-changing administrative regulations for the implementation of the Hajj in the period 1947-1950 in the Eastern Indonesian State. This research uses the historical method which involves various stages, such as heuristics (source collection), source criticism (assessment of source reliability), interpretation (data analysis), and historiography (historical writing).

The data used in Faturrahman's research are archives and historical books. The results of the study found that the factors influencing changes in regulations issued by the East Indonesia State government were always different every year. The changes were caused by social aspects characterised by the number of applicants exceeding the quota given, so the East Indonesia State government had to pay attention to the applicants who were on the waiting list. In addition, there are political aspects in the form of the entry of new areas controlled by the Dutch, so quotas must also be given to these areas (Faturrahman: 2023). This paper has not significantly discussed the role of the Dutch East Indies government in managing the Hajj during the pandemic.

In contrast to Faturrahman, Lesi Maryani wrote an article on the history of Hajj in the colonial period under the title "Implementation of Hajj during the Dutch East Indies: A Critical Review of the Thoughts of C. Snouck Hurgronje". This article presents a comprehensive study of the perspective of Snouck Hurgronje, a prominent advisor to the Dutch East Indies Government, regarding the implementation of the Hajj in the archipelago. Having been actively involved

in the scholarly tradition in Mecca for a long time.

Snouck had considerable expertise in evaluating the motivations, behaviours, and transformations faced by Muslims while performing the Hajj and after their return. The Dutch East Indies government generally regarded the hajj as a catalyst for socio-economic issues. By stopping its circulation, it allegedly reduced the risk of fostering resentment towards European governments. Snouck challenges this premise and proposes an alternative perspective, advocating for government facilitation of the Nusantara hajj departures (Maryani: 2023, 43-58). Despite presenting another perspective on the history of the hajj, the pandemic and the organisation of the hajj are not fully explored in this article.

RESEARCH METHOD

The National Archives of the Republic of Indonesia or *Arsip Nasional Republik Indonesia* (ANRI) and the National Library of the Republic of Indonesia or *Perpustakaan Nasional Republik Indonesia* (PNRI) are two key institutions in the storage of historical documents from the Dutch East Indies colonial period. In the process of searching for sources, the researcher will identify and browse a

collection of documents relevant to the research topic, including government reports, letters, and diaries from the colonial era that reveal official perspectives as well as people's responses to the pilgrimage policy and how they coped with the world pandemic that existed in the 19th to mid-20th centuries.

Every source of information has its potential biases or limitations. External source criticism focuses on the authenticity and authenticity of documents or sources. This is important to ensure that the documents analysed really come from the era under study and are not subject to forgery. While internal source criticism is concerned with the credibility and reliability of the information presented in the documents. It involves evaluating the accuracy, consistency, and potential bias of the authors or institutions that produced the documents.

After the source critique process, the data that has been obtained and verified for authenticity will be further analysed. Data interpretation involves understanding the historical context, socio-political situation and cultural background of the time. Through in-depth interpretation, researchers can understand the meaning,

implications and impact of the information found in the sources.

The final step in this research method is the writing of history based on the previous findings and analyses. Writing history requires the ability to present information in an objective, critical and balanced manner. The researcher will compile a historical narrative that reflects the overall picture of the hajj pilgrimage in the Dutch East Indies colonial period, taking into account the various perspectives and sources of information that have been analysed (Madjid and Wahyudi: 2014, 115-130; Madjid: 2021, 30-50).

Through these four stages of methodology, historical research on the pilgrimage during the Dutch East Indies colonial period can be conducted in a systematic, in-depth and critical manner.

RESULTS AND DISCUSSION

At the beginning of the Dutch occupation period, many Islamic kingdoms in the archipelago were independent and sovereign, such as the Kingdoms of Aceh, Mataram and Banten. However, with Dutch colonial expansion, the power and autonomy of these kingdoms began to erode. The Dutch used "divide et impera" (divide and rule) tactics to divide and

weaken these kingdoms, replacing the traditional power structure with their own colonial system of governance.

Within the structure of Dutch East Indies society, Muslims often found themselves in a subordinate position compared to Europeans and other groups that were considered more supportive of colonial rule. Nonetheless, resistance against the Dutch was often led or supported by Muslim groups, such as the Aceh war and the Banten uprising. Islamic organisations, such as Sarekat Islam, also played an important role in the Indonesian nationalist movement, encouraging political awareness and independence among Muslims.

In response to Dutch domination and attempts at Christianisation, Muslims in the Dutch East Indies began to form social and political organisations to strengthen their position. Muhammadiyah (founded in 1912) and Nahdlatul Ulama (founded in 1926) were the two largest organisations to emerge from this period, focusing on education, social welfare, and the renewal of Islamic thought. These organisations not only contributed to the Islamic revival, but also strengthened Indonesia's national identity.

Despite external pressures from the colonial government, Muslims in Indonesia also experienced complex internal dynamics. There were disagreements between modernist and more traditionalist groups. These disagreements sometimes affected how they interacted with the colonial government and how they responded to emerging socio-political issues of the time.

During the colonial period, the Dutch East Indies government viewed the Hajj with suspicion as it was perceived as a potential unifier of Muslims and a medium for the exchange of anti-colonial ideas. In response, the Dutch often limited the number of pilgrims allowed to depart, and imposed strict fees and regulations. These policies made the Hajj inaccessible for the majority of Indonesian Muslims, privatising certain groups with financial and political capacity.

The colonial government saw the hajj as a potential security and political risk. Departing pilgrims were often heavily vetted and issued with travel documents that restricted their movement. In Mecca, they were often assigned to specific areas, and their activities were monitored by colonial agents or informants placed among the pilgrims.

Despite the obstacles and surveillance, many pilgrims manage to complete their pilgrimage with great spiritual solemnity. For them, the journey was not only a ritual requirement, but also a form of spiritual resistance to colonial oppression. Their experiences in the Holy Land often strengthened their commitment to Islam and increased their awareness of the importance of Muslim solidarity.

Although the colonial government tried to limit the interaction of pilgrims with Muslims from other countries, the exchange of ideas and knowledge continued. Mecca, as the centre of the Islamic world, allowed pilgrims from Indonesia to interact with pilgrims from Asia, Africa and the Arab world. This allowed for the exchange of information on anti-colonial movements, the renewal of Islamic thought, and strategies of resistance against colonisers.

The colonial hajj experience had a lasting impact on the Indonesian Muslim community. Many pilgrims returned with new knowledge and skills, as well as a passion to fight for independence and justice in the homeland. They contributed to the formation of nationalist and Islamic reform movements, and their experiences in the Holy Land served as inspiration for subsequent generations.

In the colonial context, the Hajj was not only a religious ritual, but also a representation of the struggle, resistance and identity formation of Muslims in Indonesia.

1. Hajj Departure

During the Dutch East Indies colonial period, the role of the colonial government in providing transport for pilgrims who wanted to perform the pilgrimage to Mecca using steamships was a very important aspect and reflected the complexity of the dynamics of colonialism, religion and social at that time.

The Dutch East Indies government had strong motives for managing the Hajj journey. This not only had to do with a moral responsibility towards the Muslim community in the colony but also with political and economic interests. They realised that facilitating Hajj travel would gain the support and sympathy of the Muslim community and reduce the potential for social unrest. In addition, by organising and supervising the pilgrims' journey, the government could control information and movement within its territory.

The steamships provided by the Dutch East Indies government specifically for the Hajj journey are concrete evidence of the government's role in providing easier access for pilgrims. These ships were usually organised specifically for the pilgrimage with appropriate facilities, including accommodation, kitchens, and prayer rooms. This not only provides comfort but also ensures safety during the long and dangerous journey (Vredenburg: 1962, 91-154).

The colonial government was also involved in organising the logistics of the Hajj journey. They provided food, water and other supplies needed by pilgrims during the journey. This involved liaising with local service providers and traders to ensure adequate supply. In addition, the government also played an important role in the financial management of the pilgrimage by facilitating the necessary payments and transactions.

Security is also a focus of the colonial government in the Hajj journey. They kept the pilgrims' journey safe from potential threats such as pirate attacks or other disturbances. This reflected their responsibility to protect the colony's citizens, including the pilgrims, during their journey.

The Dutch East Indies government also had a role in the overall supervision and organisation of the Hajj journey. They ensured that all pilgrims had complete travel documents and complied with applicable regulations. This includes administrative preparations, such as visas and passports, as well as monitoring for potential irregularities or illegal acts during the journey (Keyzer: 1871, 20-25).

The Dutch East Indies colonial government played a key role in organising the Hajj journey by relying on the three main ship companies of the time: Amsterdamsche Lloyd, Rotterdamsche Lloyd (both Dutch), and Ocean (British). The trust in these ship companies reflected the close relationship between the colonial government and the international shipping industry and their contribution to the transport of pilgrims.

The Dutch East Indies colonial government chose to work with Dutch ship companies, such as Amsterdamsche Lloyd and Rotterdamsche Lloyd, as this helped promote Dutch economic interests in the colony. The ships of these companies were usually equipped with modern technology and the necessary facilities to ensure the comfort and safety of the pilgrims during the long journey.

This collaboration also benefited both parties, with the colonial government able to organise the Hajj journey efficiently, while the ship companies secured lucrative transport contracts (Miller: 2003).

In addition to Dutch ship companies, Ocean, a British ship company, also played an important role in transporting pilgrims from the Dutch East Indies. This reflects the international aspect of the organisation of the Hajj journey at that time. The ships of Ocean had an extensive network and experience in managing the journeys of pilgrims from different countries. The involvement of British ship companies helped maintain variety in transport options for pilgrims and also strengthened the relationship between the Dutch East Indies and Britain.

The colonial government chose to work with these ship companies also because they had experience in managing the safe and efficient passage of pilgrims. By focusing on trusted ship companies, the colonial government could reduce the risk to the safety and well-being of the pilgrims during their journey.

During the colonial period, the Dutch East Indies-now known as Indonesia-was under the control of the Dutch

government. During this time, a monopoly policy was implemented in various sectors of society, including the transport of pilgrims. The main purpose of this policy, among other things, was to strengthen economic control and ensure that colonial interests were prioritised (Miller: 2006, 189-228).

From an economic perspective, the monopoly allowed the colonial government to retain full control over prices, quality and transport capacity. This ensured maximum revenue for the colonial government. In addition, a monopoly automatically eliminates competition from other parties, ensuring that no other entity can offer lower rates or more attractive services.

In terms of security and legality, this policy was also designed to prevent illegal practices. Full control over the transport of pilgrims minimised risks such as smuggling or illegal transport. While from a security aspect, the colonial government argued that it could ensure the safety of pilgrims and keep an eye on the movement of people, preventing potential security threats.

However, despite a series of seemingly logical reasons, the monopoly policy remained controversial. Many local

communities felt aggrieved, arguing that this policy only benefited the colonial government and disregarded the interests of local communities (Wahyudi and Madjid: 2020, 91-102).

2. The Crippling Pandemic

Pandemics and infectious disease outbreaks during the 19th and 20th centuries not only claimed millions of lives but also transformed the social, economic, and political landscape around the world. From the deadly Spanish Flu to the cholera and bubonic plagues, each outbreak presented a unique set of challenges and profound implications for global society.

In 1918–1919, the Spanish Flu, estimated to infect a third of the world's population and cause the deaths of up to 100 million people, was a tragic example of how pandemics can paralyze countries. It not only disrupted healthcare systems and economies but also impacted the dynamics of the First World War. On the other hand, cholera, which spread through contaminated water and food, prompted sanitation infrastructure reforms in many major cities and resulted in significant changes in public health regulations (Anderson: 1977, 34-36).

Bubonic plague, spread through fleas from rats, had an equally large impact, causing massive migration from affected areas and triggering important changes in public health practices. Through all these tragedies, one thing that is clear is the importance of public health preparedness and response. Each of these outbreaks, despite their own characteristics, taught the world about human vulnerability to disease and the importance of innovation, research, and cooperation in dealing with it (Kopstein: 1933).

Transcontinental shipping and trade have long been the backbone of global economic development. However, behind the economic benefits they brought, there were also significant implications for the spread of disease, particularly during the 19th and 20th centuries. The exchange of goods, ideas, and people between regions created ideal conditions for the spread of infectious disease agents.

In the context of the Spanish Flu, although the exact cause of its starting point is still debated, the mobility of soldiers during World War I played a significant role in its spread. Troops moving from one front to another, along with workers and merchants following the war movement, became the medium through which the flu virus spread. With modes of transport

such as trains and ships, the virus quickly spread to different parts of the world.

The cholera and bubonic plague, which have deeper historical roots, show how shipping and trade routes influenced their spread. Busy harbors and crowded trade routes in Asia, Africa, and Europe allowed for the rapid movement of goods and people. In many cases, ships carrying goods also carried rats, which are carriers of the fleas that cause bubonic plague, or they transported water contaminated with cholera bacteria.

Thus, while transcontinental shipping and trade enrich the world in terms of cultural and economic exchange, they also introduce unprecedented public health risks. This underscores the importance of good public health practices and preparedness in the face of global threats and teaches valuable lessons on how global infrastructure can affect public health.

In the midst of the infectious disease challenges plaguing the Dutch East Indies region, the Dutch colonial government constructed a response that reflected both the need to protect economic interests and a moral commitment to the local population. As an initial response, the colonial government established

public health services aimed at preventing and controlling the spread of disease. The establishment of hospitals, clinics, and quarantine stations in harbors became an integral part of this system, targeting diseases such as malaria, cholera, and bubonic plague that often arose from human movement and trade.

In addition, the government also launched health information campaigns to educate the local population on disease prevention. This included good sanitation practices, safe cooking methods, and the importance of vaccinations. Education and training were also provided to local health workers to ensure a consistent approach to addressing health issues (Madjid and Wahyudi: 2023, 161-174).

However, there were also tensions between public health efforts and colonial economic needs. Often, economic interests took precedence over public health interests, with policies placing more emphasis on maintaining labor and trade than the health welfare of the local population. Nonetheless, the presence of serious infectious diseases put pressure on the colonial government to take preventive measures, albeit with different motivations.

In its overall response, the Dutch East Indies government tried to find a balance between safeguarding colonial economic interests and responsibility for the welfare of local communities. While many efforts have been made to improve health and well-being, there are still challenges and criticisms that arise regarding the priorities and actual motivations of such interventions.

3. Vaccine

Under the colonial rule of the Dutch East Indies, the prevention of infectious diseases became one of the top priorities, especially considering the negative impact that disease outbreaks could have on the social and economic stability of the colony. The colonial government's implementation of regular vaccinations was not only a proactive measure to protect the population from disease but also to maintain their economic stability and political interests. Vaccination became a vital tool in their public health strategy to control disease and prevent its spread.

The establishment of periodic vaccination programs is a testament to the colonial government's commitment to addressing public health threats. It not only

demonstrates an awareness of the importance of health in the context of governance but also an understanding of the direct link between public health and economic productivity. Infectious diseases could disrupt the workforce, hamper trade, and damage relations with local communities, all of which were vital to the survival of colonialism.

However, on the other hand, it should be noted that the implementation of vaccination may also be viewed with skepticism by some local residents. They may feel that such medical intervention is another attempt by the colonial government to control and dominate them. Nonetheless, there is no denying that the government's efforts in introducing periodic vaccinations show recognition of the importance of scientific and medical approaches in addressing public health issues.

In the world of travel, the health and safety of passengers and crew is a top priority. One way to ensure this is through the prevention of diseases that they may encounter during the journey. There are various methods of prevention, but two that are often applied are the use of serums and vaccination. Serums are usually used in response to a specific threat or injury, while vaccinations have a

more proactive approach, with the aim of protecting individuals from diseases they may face.

Vaccination has been one of the most effective prevention methods so far. However, there are different types of vaccinations applied based on disease type and geographic location. This demonstrates the complexity and need for a customized approach based on the specific health risks in a given area. In addition, the method of vaccine administration, whether subcutaneous or enteral, may have different side effects in individuals, which requires further research and understanding.

Furthermore, the importance of vaccination is also reflected in the policies of some countries that require proof of certain vaccinations before entering their territories. This not only demonstrates the urgency of vaccination in the context of international travel but also the importance of cooperation between countries in ensuring mutual welfare. The existence of such policies creates an additional layer of protection for the public and emphasizes the importance of preventative measures (Schmidt: 1927, 155-156).

In the context of international migration, the health of emigrants is a major focus, especially when talking about departures to developed countries such as the United States. Policies that require emigrants to verify their fitness with consular officers before departure illustrate how important it is to ensure that individuals entering a country do not carry health risks. In addition, certifying the fitness of vessels for carriage also demonstrates a commitment to ensuring welfare and safety during the journey (Schmidt: 1927, 159-160).

The decision of the United States and Germany not to sign the 1912 Sanitary Convention demonstrates the desire of both countries to maintain autonomy in determining their travel health policies. Despite this, both countries still ensure that certain health directives are adhered to, especially when it comes to ports under their control. This underlines the importance of adapting health policies based on the specific conditions and needs of each country.

The importance of vaccination, particularly against smallpox, stands out as one of the main preventive health measures in international travel. The existence of evidence for smallpox vaccination that is valid for up to seven

years emphasizes the importance of this preventive measure. In addition to smallpox, recommendations for other pre-travel vaccinations, such as cholera, are also important considerations (Patah: 1935, 30).

4. Quarantine Regulations

The 19th- to 20th-century voyages were characterized by the spread of infectious diseases such as bubonic plague, Spanish flu, dysentery, and others. To prevent the spread of these diseases, a number of countries involved in the Hajj route, such as the Arabian Peninsula (either during the leadership of the Ottoman Turks or during the Ibn Saud Dynasty), Britain, the Netherlands, and other European colonies, agreed to organize hygienic and disease-free voyages. One of the decisions that emerged from their multilateral meeting was the obligation for pilgrims to have their health checked at the clinic and follow the quarantine program if they had an infectious disease.

The importance of quarantine for pilgrims from the Dutch East Indies on Kamaran Island in the 19th century was related to efforts to prevent the spread of infectious diseases that could endanger the health and safety of pilgrims and the general public. At that time, knowledge about

infectious diseases was still limited, so quarantine became one of the most effective measures to isolate people who came from various places, identify individuals who might carry diseases, and prevent the spread of infection to other areas. Quarantine was also a form of concern for public health, reflecting a response to changing times that recognized the importance of maintaining public health.

Not only as a protective measure for pilgrims, the quarantine on Kamaran Island, off the Arabian Coast, also played a role in protecting the local community and the Dutch East Indies as a whole. By isolating people returning from the pilgrimage, the Dutch East Indies government could minimize the risk of disease transmission that could harm the local community. The safety and health of pilgrims was a top priority, and quarantine was one way to ensure that they did not carry diseases that could threaten themselves or others (Ziesel: 1929, 57-60).

The quarantine measure also reflects the development of understanding about public health in the 19th century. Governments and health authorities began to take proactive measures to safeguard public health and prevent

disease outbreaks that could claim many lives. In a historical context, the quarantine on Kamaran Island is a concrete example of how infectious disease prevention efforts were important in maintaining public health and safety in the past.

The Dutch East Indies government, through regulations relating to the organization of Hajj ships, directed that every ship carrying Hajj pilgrims departing from Dutch East Indies ports should dock at Kamaran Island. On a regular basis, pilgrims would disembark to have their health checked. For pilgrims who proved to be sick, they would undergo an intensive examination by the ship's doctor. If the illness was known to be contagious, then he would not be allowed to disembark, and the possibility of continuing the pilgrimage became slim (Madjid and Wahyudi: 2023, 267).

KESIMPULAN

Hajj in Indonesia is an annual ritual that has a long history dating back to the Dutch East Indies colonial period. The Dutch East Indies government saw the Hajj as an opportunity to increase the amount of foreign exchange. This was seen in the great interest among Muslims in reaching the Holy Land. They were

willing to spend a lot of money on funds to fulfil each pillar of the hajj. The Dutch East Indies government implemented a monopoly policy in the field of transport to the Holy Land. This was done to avoid unhealthy business competition.

On the other hand, the departure to Mecca had many challenges, including the threat of infectious diseases. The Dutch East Indies government issued a number of rules to regulate the health of pilgrims. Health checks were carried out routinely to detect pilgrims infected with infectious diseases. They were advised to postpone their departure. Health services at that time involved the governments of other countries, such as Ottoman Turkey or the Saud Dynasty that ruled Saudi Arabia. The existence of the quarantine in Kamaran is a testament to this multilateral relationship.

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