

War Crimes in Japan-Occupied Indonesia: Unraveling the Persecution of Achmad Mochtar

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The Mochtar Affair

On July 3, 1945 the Japanese occupation government of the East Indies executed by sword the prominent Professor Achmad Mochtar. Until his arrest by the Kenpeitai in October 1944 he directed the Eijkman Institute in Jakarta, a prestigious Nobel Prize-winning medical research laboratory. Mochtar was not only an internationally known scientist physician, but he was also closely connected to powerful Indonesian nationalist elites. The complex swirl of violent military and political currents, together with the complex technical elements of the events impelling Mochtar's execution, composes what the scholar of Indonesian history Theodore Friend referred to as "the Mochtar affair"¹. The defining event of this affair was the murder of 900 conscripted Javanese laborers (called romusha, a Japanese word meaning unskilled laborer but adopted in Indonesian language to mean slave laborer) at a transit camp on the outskirts of Jakarta in August 1944. They all died of acute tetanus within three days of receiving vaccinations against typhus, cholera and dysentery.

Mochtar and most of the scientific staff of the Eijkman Institute were arrested and severely tortured by the Kenpeitai for several months. Finally, after one doctor died under particularly savage torture, Mochtar signed a confession of having placed purified tetanus toxin in the vaccines administered to the romusha victims. In July 1945 the Japanese beheaded Mochtar for this crime. Did Mochtar really put that poison into those vaccines? Unraveling the mystery of who did and why reveals the complex anatomy of the murder of those

romusha and the injustice of taking Mochtar's life.

The history also shines a bright light on the nature of the Japanese occupation of Indonesia. Indonesians welcomed the Imperial troops as liberators as foretold in a 12th Century Javanese prophesy by the former King and mystic Joyoboyo: "The Javanese would be ruled by whites for 3 centuries and by yellow dwarfs for the life span of a maize plant..."². Indonesian nationalists willfully collaborated with the occupier, reasoning that victory for Japan against the Dutch imperialists was victory for a free Indonesia. Histories of the occupation in Japan and Indonesia tend to emphasize this early win-win strategic posture, but glosses over what actually followed. Approximately 4 million Indonesians lost their lives during the occupation despite the almost complete absence of the armed conflict or mass aerial bombings that occurred elsewhere³. How did murder on such a scale occur and escape the notice of history?



Photograph of Prof. Achmad Mochtar at ease with family members at his home in Jakarta, circa 1940. Courtesy of Taty Hanafiah D. Uzar, Jakarta.

Imperial Intent

The Netherlands East Indies offered an enormous diversity and quantity of strategic commodities, including oil, iron, tin, copper, coal, rubber, timber, and quinine. Seventy million people lived across the archipelago, fifty million on the island of Java alone. When the Japanese arrived they planned and acted to own the islands with victory in the Pacific War. The Japanese Navy conveyed secret internal directives explicitly stating this intent and strategy⁴. Mobilizing and protecting those resources required infrastructure and the labor to build it. So the Imperial occupiers enlisted the political elites among the occupied to mobilize that labor force – the romusha corps was thus pitched and organized as a patriotic voluntary service to the incipient nation of Indonesia.

The leading Indonesian nationalist, Soekarno, became the chief recruiter of romusha. Estimates vary between 4 and 10 million regarding the total number eventually recruited voluntarily (estimated at about 20%) or coerced into service⁵. The men were taken from villages on Java with the promise of good food, decent housing, medical care, and fair wages. The romusha were gathered at camps near rail or port transport hubs on Java and prepared for their duties at distant worksites. Indonesian caretakers at those camps largely provided what was promised. The transiting romusha were housed and fed decently, drilled for discipline and camaraderie, and received expert medical care from superb Indonesian doctors. The transit camps, many within plain sight of the Indonesian populace and their political leaders, provoked no concern for the treatment of enlisted romusha by the Japanese

soldiers managing them. The Japanese thus not only tapped a vast labor pool for their war effort, they provided Indonesian leaders a means of demonstrating their loyalty by recruiting and training the romusha.

Lambs to Slaughter

Indonesian responsibility for the care of the romusha, and ability to witness their treatment, ceased once they boarded their Japanese transport ships and sailed over the horizon. Most of these men would not survive more than a few months of captive labor. By all accounts they immediately encountered almost complete neglect of their most basic human requirements: grossly inadequate rations and shelter, unremitting heavy labor, no medical care whatsoever in the face of endemic tropical diseases, and brutal beatings or summary execution for defiance, theft, or attempted escape. No one knows the actual number killed in this manner, but among the 280,000 romusha documented as leaving Java (the vast majority were not documented) only 52,000 of those were accounted for as repatriated⁶. Scores of labor sites were operated across Indonesia, and some romusha were exported to Burma, Thailand, and even Japan. Mortality at some sites is documented: 90,000 dead at the Cikotak Rail Line project in West Java⁷; 70,000 at the Pekanbaru Rail Line project in Sumatra⁸, and among 1,600 romusha shipped to a site at Noemfoor in western New Guinea, only 251 skeletal and diseased survivors were found alive by McArthur's troops a few months later⁹. There is no question that high rates of mortality occurred among the romusha, but absolute numbers evade documentation. In the 1950s, the government of the Republic of Indonesia requested the government of Japan pay \$10 billion in war reparations against the loss of 4 million lives, principally under the romusha program – the government of Japan declined, citing a lack of evidence¹⁰.

Japanese management of romusha at their

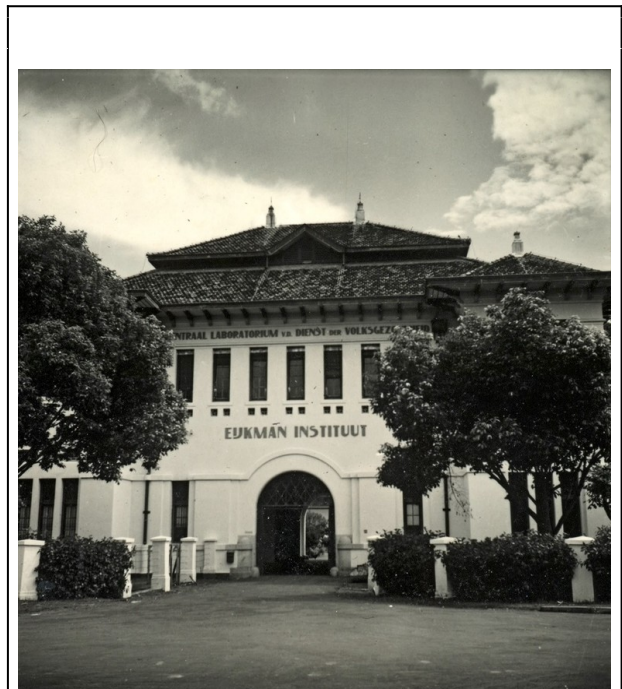
transit camps on Java represented a cruel deceit of them and their political leaders. Had their actual treatment been widely known at the time, the collaborating Indonesian elites and their Japanese allies, would likely have faced at least collapse of the labor program or even open rebellion against the occupation. Japanese cruelty toward the romusha posed a serious threat to the guise of an occupation in the better interests of Indonesia and Indonesians. The facts of the romusha program and its political underpinnings sets the stage for understanding an event that occurred in early August 1944 at a romusha transit camp on the outskirts of Jakarta.

Mass Death at a Jakarta Romusha Transit Camp

At nine AM on Sunday, August 6th of 1944, the phone rang at the Central Hospital in Jakarta. The panicked caller from the romusha transit camp at Klender a few miles away pleaded for medical assistance. Hundreds of romusha were contorted into bizarre postures and groaning in agony. A medical team was dispatched to investigate what they presumed to be a meningitis outbreak. Instead they ruled out meningitis and suspected acute tetanus when they learned all had been injected with vaccines a few days earlier. Among the roughly 900 stricken men (the number estimated by Dr. Bader Johan who attended that first medical visit to the camp, Japanese sources cite an estimate of 400 dead), they hurriedly evacuated 90 who had not yet fallen into rigors to the hospital. Within 24 hours those hospitalized had died of suspected acute tetanus despite desperate therapy with anti-tetanus toxin plasma. Post-mortem tissue samples were taken from them and sent to the nearby Eijkman Institute for analysis by the bacteriology laboratory of Professor Achmad Mochtar, also the director of that institute. Mochtar's laboratory confirmed the diagnosis and reported that the vaccines manufactured by the Japanese Army at a laboratory in

Bandung, West Java (formerly the Pasteur Institute operated by the Dutch) had contained purified tetanus toxin.

The bacillus *Clostridium tetani* produces tetanus toxin, and the toxin is the agent of death due to acute tetanus rather than the bacterium per se. Mochtar's dutiful and honest report of these findings forced the Japanese to explain how vaccines they produced contained that toxin and had killed the 900 romusha at Klender. We know of these events thanks to the memoir of an Indonesian scientist who survived the persecution that followed, Dr. Ali Hanafiah¹¹, corroborated by Mohammad Hatta (Indonesia's first Vice President) in an interview in the 1960s by Theodore Friend¹² and other sources¹³.



The Eijkman Institute at Batavia in 1938. Courtesy of the Royal Tropical Institute, Amsterdam.

Conspiracy, Torture, and Murder

The Japanese army sealed the camp at Klender within hours of the 90 romusha being evacuated to hospital. Requests to receive more patients for treatment were denied. The Japanese army removed the corpses from the hospital, presumably for mass burial with the dead and dying at Klender. The Kenpeitai investigated the event during August and September before finally making arrests in early October. The arrests included the two Indonesian doctors from the municipal health service who had administered the injections, their boss Dr. Marzoeki, and most of the scientific staff of the Eijkman Institute. Marzoeki survived and penned a powerful memoir of the cruelty of his treatment in the Kenpeitai jail¹⁴. Further, Ms. Nanny Kusumasudjana of Bogor, West Java, then just 23 years old and Mochtar's laboratory technician, survives in 2015 and provided verbal testimony of her experiences in Kenpeitai custody in connection with the Mochtar affair¹⁵.

The Kenpeitai set about the task of extracting confessions from the arrested medical people by systematic and severe torture. Their treatment included beatings, wash boarding, waterboarding, burnings, electrocutions, prolonged suspension in agonizing positions, and starvation rations. These persisted for two months before one doctor succumbed under torture. Several survivors recalled the mutilated corpse of Dr. Arief being paraded before their cells in early December 1944. Dr. Arief's body bore the marks of many dozens of cigarette burns from head to toe, his face had been beaten beyond recognition, and his legs had been splayed open from ankle to buttocks by wash boarding tortures.

A week or so later, survivors recalled, during a rare moment of being able to speak to fellow prisoners, Prof. Mochtar communicated that their ordeal would soon be over and they would return home to their families. He also expressed that he would not be released and

was unlikely to survive. Mochtar had exchanged his signature on a confession of sabotaging the vaccines at Klender in exchange for the liberty of his colleagues and subordinates. Indeed, during late December and January, all of those arrested were either released or transferred to regular prisons (in the case of Marzoeki and the surviving health service doctor, Suleiman Siregar, who would later die in custody as a result of injuries sustained under torture). Seven months would pass before the Kenpeitai executed Mochtar at a remote site on the Jakarta waterfront.



The Jakarta Kenpeitai Headquarters and jail circa 1944. Courtesy of the NIOD (Netherlands War Archive) inv.nr. 57296, Amsterdam.

Injustice

The Japanese did not inform Mochtar's family of his death, and soon thereafter they relinquished control of Indonesia to British forces sent to disarm and repatriate them. Certainty of his death would dawn only slowly with his failure to return, and decades would pass before certainty of his innocence in the Klender massacre would also emerge. The prestigious Eijkman Institute died slowly in the wake of the trauma of the Klender event and a cruel and bloody struggle with the Dutch for independence after the war. It formally closed in 1965. The President of Indonesia, Soekarno,

asserted Mochtar's guilt of mass murder even as late as that date¹⁶. Nonetheless, the Indonesian medical community, along with Mohammad Hatta persisted and prevailed in rejecting the Japanese coerced confession. In the 1970s President Soeharto honored Mochtar posthumously with a prestigious national medal, and a major public hospital at Padang, West Sumatra, bears his name. The community of Mochtar's defenders presumed that the vaccine manufactured by the Japanese had been faulty rather than sabotaged. However, survivor Hanafiah expressed in his 1976 memoir a belief that the romusha had been killed by deliberate placement of tetanus toxin in the vaccines by the Japanese for medical experimental purposes.

Investigation

Hanafiah's memoir illustrates a clipping from an Australian newspaper printed in 1951 reporting on the war crime tribunal of Japanese navy doctor Nakamura Hirosato, accused of killing 15 condemned Indonesian prisoners at Surabaya in early 1945 by experimenting with a conjured tetanus vaccine. Transcripts of that trial obtained in 2010 revealed the compelling technical and military medical strategic rationale for injecting human guinea pigs with purified tetanus toxin¹⁷. Nakamura was Chief Surgeon of the 2nd Expeditionary South Seas Naval Fleet based at Surabaya and responsible for the health and combat readiness of over 100,000 Japanese navy troops occupying the outer islands of Indonesia. In early 1945, the Japanese considered Allied amphibious assaults of scale in Indonesia imminent and had been ordered by Tokyo to resist by all means necessary¹⁸. Tetanus is a deadly threat to troops wounded in combat and Nakamura had been unable to obtain adequate stocks of the standard treatment for acute tetanus, the anti-toxin plasma (derived from horses exposed to sub-lethal doses of the toxin). He set about solving this problem by creating his own vaccine using chemically modified tetanus

toxin, called toxoid, the same technology used in modern vaccinations against tetanus. After a series of two experimental vaccinations of 17 prisoners, Nakamura's research team sought proof of the efficacy of their vaccine by injecting purified tetanus toxin into their healthy and vaccinated prisoner subjects. Only two survived the experiment after aggressive anti-toxin plasma therapy. At tribunal, Nakamura and other defendants, including the fleet admiral and legal officer, expressed awareness of the criminality of the experiment, but cited the pressing military strategic situation as compelling them to carry it out.

The Japanese army medical men at Bandung were likewise responsible for the health and combat readiness of many tens of thousands of army troops on Java and Sumatra bracing for a bloody defense of the crucial islands they fully expected. Unlike Nakamura, his army counterparts successfully operated the most sophisticated vaccine production facility (established by the Dutch at the Pasteur Institute at Bandung between 1896 and 1942) in all of Southeast Asia. Nakamura testified that he directly requested tetanus prevention products from the army men at Bandung in January 1945, but they had no toxoid vaccine and insufficient anti-plasma products to offer. What explains this empty handedness? Had the superbly equipped and skilled army medical men at Bandung done nothing at all to cope with their own urgent tetanus problem? That defies evidence and reason. A more likely explanation is a failed experiment at Klender, one designed to covertly demonstrate the effectiveness of their improvised tetanus toxoid vaccine using the romusha as test subjects. The calamitous and unexpected outcome, along with its deep political ramifications, left the army medical men unable to conduct further tetanus experiments in human guinea pigs in order to understand why their vaccine failed to protect the romusha. When Nakamura appeared in January 1945, the Japanese army was then just putting the finishing touches on

its conjured conspiracy explaining the deaths at Klender. Prohibition on further tetanus experiments by the army - while alleged conspirators were held in Japanese custody - would certainly have been the posture of the Japanese High Command. The disaster at Klender very likely abruptly halted their tetanus vaccination efforts.

The physical evidence, written testimony, scientific facts, military and medical strategic context, and documented Japanese behavior in the Mochtar affair all point to a medical experiment at Klender aimed at developing immediate and conclusive evidence that a tetanus toxoid vaccine intended for Japanese troops actually protected against acute tetanus. A detailed technical examination of an accidental adulteration of the vaccine made by the Japanese at Bandung ruled out benign neglect as causing the event at Klender¹⁹. The delicate political relationship between occupier and occupied leaders, underpinned by close cooperation in mobilizing the romusha, was threatened by the truth of death by medical experimentation at the hands of the Japanese. The Kenpeitai conjured saboteurs as the solution to this serious problem.

Unit 731

The abundant literature on atrocities committed by the Japanese army's Unit 731 under the command of Ishi Shiro documents the determined effort to develop and deploy biological weaponry²⁰. Although that specific unit, created at Pingfang near Harbin, China in the 1930s advanced that research agenda, the scientists also pursued broader military medical problems and preventive medicine agendas. As the war expanded, so too did Ishi's medical research empire, with other laboratories in China, the Philippines, Singapore, and Indonesia. Much of that work applied the sadistic methods that characterized the biological weaponry development on military medical problems such as frostbite,

cold water immersion, starvation endurance, blood substitutes, and vaccinations. Ishi effectively commanded all aspects of military medical research for the Empire of Japan at war, and this harnessed most of Japan's quite substantial biomedical intellect and research capacities.

The command of the army medical unit that seized the Pasteur Institute at Bandung in 1942 is not publically known. All records of their work at that facility during the war were destroyed prior to arrival of the Allies in September 1945²¹. The institute had grown into the most sophisticated vaccine research and production facility in all of Southeast Asia prior to the war. It supplied numerous vaccines (against plague, cholera, dysentery, typhus, and rabies) in huge quantities used all across the region. Its strategic value in terms of both military medicine and tropical public health would not have been lost on Ishi in the context of the far broader remit of his medical research empire. During the occupation of Indonesia, the Japanese publically touted their investments of resources at the former Pasteur Institute (renamed Boeki Kenkyujo). Its commander, Lt. Gen. Matsuura Mitsunobu, published editorials in local newspapers hailing their efforts. Who Matsuura reported directly to within military medical command (often quite separate from their local military line command) is not known. However, according to one source, Ishi visited the former Pasteur Institute at Bandung during the war²². This evidence, taken with the broader remit of Ishi's command, suggests the former Pasteur Institute was probably operated by army medical men under his military authority.

The term "Unit 731" effectively represents popular shorthand for Ishi Shiro's medical empire extending far beyond the massive laboratory "factory of death" at Pingfang, both geographically and in terms of medical research agendas. The legal and moral failure of the government of the United States to

investigate and prosecute the thousands of scientists and medical men enveloped under Ishi's command left the full scope and organization of "Unit 731" in historic neglect and poor understanding. Historian Jing-Bao Nie appropriately categorized this neglect as "the triumph of inhumanity"²³ with its deeply corrupting impact upon contemporary society, especially medicine and its ethics.

The case for medical experimentation at Klender is circumstantial in 2015. Although a qualifying term, circumstantial should not be misconstrued as unproven. If a man awakes to find clear skies and a fresh blanket of snow on his lawn, he concludes that a snowfall had occurred while he slept. The snow is circumstantial evidence of a snowfall he did not witness firsthand but rationally accepts as truthful reality. The known events in the Mochtar affair represent the blanket of snow in this analogy. No rational explanation other than medical experimentation aligns with the facts, nor has an alternative and exonerating explanation been put forth by any person or government. As in criminal prosecution, sufficiently strong circumstantial evidence routinely leads to a guilty verdict if the defendant is unable to explain how that evidence misleads. The Japanese army men at Bandung unintentionally killed the romusha at Klender in an experiment designed to validate a conjured tetanus toxoid vaccine for their troops. The occupiers dealt with this threat to their labor program and its Indonesian supporters by deflecting blame to the Eijkman Institute - the only other laboratory capable of producing purified tetanus toxin. Mochtar killed no one and sacrificed himself to save his associates.



Figure 4. Placard at Ancol cemetery at the Jakarta waterfront bearing Achmad Mochtar's name. Monument to left at horizon of tombstones is site of the mass grave where over 500 people executed by the Japanese on this site from 1942-1945 were excavated and buried anonymously. Photo by Kevin Baird, 2010.

The injustice suffered by Mochtar and his survivors stemmed from the broader political expediencies and moral failures in Indonesia and abroad. Those kept Japanese medical atrocities from acknowledgement, justice, and the historical record. The monstrosities committed by Unit 731 over a period of at least a dozen years all across the Asia-Pacific remain only partially examined and understood. More important, the extraordinary moral failure to investigate and punish those deeds stands unacknowledged by the several governments involved and therefore unresolved. Kleinman, Nie and Selden ask, "In general, how do we defend humanity, ethics, human dignity, fundamental human rights, and the

Verdict

professional integrity of medicine and science in the face of a variety of yet-to-be-healed historical wounds...?"²⁴. The history relayed in the Mochtar affair exemplifies this problem and the deep questions posed in terms of profoundly injurious and unresolved injustices versus healing justice.

Legacy

The persecution of Mochtar deflected blame for the tragic consequences of the selfish actions of the Japanese army medical men. In a broader sense, Mochtar's story may be compared to the Pacific War and contemporary Japanese views of responsibility for it. The Yushukan Museum on the grounds of Yasukuni Shrine in Tokyo states explicitly that the Japanese military men memorialized therein sacrificed their lives in a noble Pacific War of heroic self-defense of the Japanese motherland from European imperialist colonial aggression²⁵. The Japanese nationalists paint the European colonialists as the invasive enemies of fellow-Asian peoples that the Japanese military strived to defeat. That assessment rings no more true than Mochtar being a mass murderer, or that the Japanese invaded the East Indies bent upon liberating Indonesia rather than colonizing it. Only as defeat drew nearer to certainty did the Japanese murder Mochtar to protect their personal liberty and the deceit of Japanese beneficence and behavior in occupied Indonesia. That post-war lens of the occupation served the Japanese, their new American allies, and the collaborating Indonesian nationalists running the new republic. The events and motives underpinning Mochtar's persecution became embarrassing, inconvenient, and dangerous in post-war Asia-Pacific. At long last, however, the revealed truth of his heroic

sacrifice restores the dignity and legacy of an extraordinary man.

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Related articles:

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Notes

¹ Shimer BG, Hobbs G, Friend T, *The Kenpeitai in Java and Sumatra: Selections from Nihon Kenpei Seishi*. Ithaca: Cornell University Southeast Asia Program Publications. 1986.

² See [here](#).

³ Werner Gruhl, *Imperial Japan's World War Two, 1931-1945* Transaction 2007 ISBN [978-0-7658-0352-8](#).

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⁵ See [here](#).

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⁸ See [here](#).

⁹ See [here](#).

¹⁰ Sato S, *ibid*.

¹¹ Hanafiah MA, *Drama Kedokteran Terbesar*. Yayasan Gedung-Gedung Bersejarah Jakarta. Jakarta. 1976.

¹² Shimer BG, *ibid*.

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¹⁷ National Archives of Australia, Series A471, Item 81968, War Crimes-Military Tribunal-NAKAMURA Hirosato.

¹⁸ Shimer BG, *ibid*.

¹⁹ Baird JK, Marzuki S, *ibid*.

²⁰ *Japan's Wartime Medical Atrocities: Comparative inquiries in science, history and ethics*.

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²¹ Post et al. *Encyclopedia of Indonesia in the Pacific War*. 419.

²² Williams P, Wallace D. *Unit 731: Japan's Secret Biological Warfare in World War II*. Free Press. New York. 1989.

²³ Nie JB. The West's dismissal of the Khabarovsk Trial as "Communist Propaganda": Ideology, evidence and international bioethics. *Journal of Bioethics Inquiry* 1 2004; 1: 32-42.

²⁴ Kleinman A, Nie JB, Selden M. Introduction: Medical atrocities, history, and ethics, p.1-19 in: *Japan's Wartime Medical Atrocities: Comparative inquiries in science, history and ethics*. Eds., Nie, JB, Gua N, Selden M, Kleinman A. Routledge, New York. 2010.

²⁵ Baird JK. [Abe's Japan cannot apologize for the Pacific War](#). *The Diplomat*