



**COVER IMAGE**

'Prevent viral hepatitis' 预防病毒性肝炎 Yufang bingduxing ganyan  
by Wan Zaishan (万载山) and Zhang Wenda (章文达), 1983  
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**WORKSHOP CONVENORS**

**Dr Dongxin ZOU**

Asia Research Institute, National University of Singapore

**Dr David M. MALITZ**

German Institute for Japanese Studies

**Assoc Prof Gregory CLANCEY**

Asia Research Institute, and Department of History, National University of Singapore

*This workshop is jointly organised by the Asia Research Institute, National University of Singapore, and the German Institute for Japanese Studies, Tokyo.*

The contemporary syndemic of infectious diseases, chronic health conditions, poverty, rising heat, and the lack of access to education and information has brought into focus the fragilities of existing health care systems primarily based on medical centers and reliant on a small core of professionals. This suggests a need to investigate the historical evolution of not only health care systems but also the infrastructures that underlay them; how they have succeeded or failed to cope with epidemiological and other transitions in the long twentieth century that brought us to the present moment.

“Infrastructure” in Science and Technology Studies draws attention to institutions, materials, spaces, routines, and conventions that come together to shape and enable systems. Sociologists of health have adopted the concept of “care infrastructure” to engage with the interactions between material and social elements of present-day home care and selfcare practices against the backdrop of the perceived transition from the age of pestilence to the age of chronic non-communicable diseases. “Health infrastructure” can also broadly encompass historical variations of the socio-technical relations behind all kinds and scales of routine and emergency health services, with an emphasis on integrating those relations within the larger forces of changing demographics, inequality, environmental conditions, political claim making, and state-society as well as international relations.

This workshop will investigate Asian experiences, and in particular those of East and Southeast Asia, in crafting health infrastructure over the long twentieth century. Asia has long been stigmatized as a source of global contagion, yet relatively little research about the fallout of epidemics in the region is available for an English readership. There has also been relatively little historical examination of the everyday health challenges faced by communities in Asia. With many lower-and middle-income countries in the region having faced epidemiological transitions, especially also due to the increasing impact of climate change, and its extensive internal and international migration and trade networks, Asia provides important ground for the comparison of different health infrastructures, their developments, and their ability to cope with crises.

The workshop seeks to bring together scholars with different geographic foci within Asia to engage in a comparative and connective dialogue, and produce new ways of understanding the dynamics of health and disease under the processes of decolonization and development, but also with an eye to drawing lessons from the past that could lead to formulating better health policies in the present.

For this workshop, we hope to use historical studies and ethnography to discuss the following thematic questions:

- Are there particular types or elements of health infrastructure that we can characterize as more common or characteristic of this part of the world, and if so, what were their historic drivers and outcomes?
- How was health infrastructure shaped by the political claims and rights of different social groups (e.g., migrants, minorities)? How has it been influenced by demographic and epidemiological shifts and complexities?
- How have forces operating at a global level influenced the construction and operation of local health infrastructures?
- How did encounters between indigenous and foreign medical knowledge and methods of health provision reshape the meaning of health infrastructure in postcolonial Asia?
- How have health infrastructures developed under decolonisation, the Cold War, geopolitical tensions, the rise of Third Worldism, and neoliberal globalisation?
- What health conditions were highlighted within Asian health infrastructures and how were they measured? What do those choices tell us about assumptions about the health issues that were of importance and relevance in Asia?

SINGAPORE  
STANDARD TIME

## WEDNESDAY, 13 APRIL 2022

### 9:15 – 9:30 WELCOME & INTRODUCTORY REMARKS

**GREG CLANCEY** | National University of Singapore

**FRANZ WALDENBERGER** | German Institute for Japanese Studies

**DONGXIN ZOU** | National University of Singapore

**DAVID M. MALITZ** | German Institute for Japanese Studies

### 9:30 – 10:30 KEYNOTE ADDRESS

CHAIRPERSON **GREG CLANCEY**

Contingent Temporalities: Situating Disease, Health, and Marginality in Asia

**KAVITA SIVARAMAKRISHNAN** | Columbia University

### 14:00 – 15:30 PANEL 1

CHAIRPERSON **STEFAN HUEBNER** | National University of Singapore

14:00 Treating AIDS: A Critical Genealogy of Encounters between Traditional Chinese Medicine and HIV/AIDS, 1988-1991

**TYLER GLEASON** | University of Melbourne

14:20 Supplying Medicinal Ingredients for the People: Medicine Production in Western Sichuan, 1949-1960

**YAO WUYUTONG** | The Chinese University of Hong Kong

14:40 Traditionality and Lab-Work: Chinese Anti-Cancer Drug Research and the Cultural Revolution

**LIZ P.Y. CHEE** | National University of Singapore

**CHADWICK WANG** | Tsinghua University

15:00 QUESTIONS AND ANSWERS

15:30 END OF PANEL 1

### 16:30 – 17:30 PANEL 2

CHAIRPERSON **EGAS BENDER DE MONIZ BANDEIRA** | Max Planck Institute

16:30 From Epidemic Treatment Facility to Health Resort: Workers' Sanatoria and Socialist Welfare in China during the 1950s

**DONGXIN ZOU** | National University of Singapore

16:50 John Grant's Rural Health Demonstration Centers in China and India: A Study of the Dingxian Model in Peking and the Singur Health Centre in Calcutta

**TIASANGLA LONGKUMER** | Jawaharlal Nehru University, and Ashoka University

17:10 QUESTIONS AND ANSWERS

17:30 END OF PANEL 2

SINGAPORE  
STANDARD TIME

## WEDNESDAY, 13 APRIL 2022

19:00 – 20:30

### PANEL 3

CHAIRPERSON **YANG YANG** | National University of Singapore

19:00 The Failures of Quinisation in British India

**NANDINI BHATTACHARYA** | University of Houston

19:20 “Basmilah Malaria!”: The Long War against Malaria in 20th Century Indonesia

**WILLIAM BRADLEY HORTON** | Akita University

19:40 Infrastructures of Adaptation: Anti-Rat Building Reforms in Hong Kong, 1899 – 1915

**JACK GREATREX** | University of Hong Kong

20:00 QUESTIONS AND ANSWERS

20:30 END OF PANEL 3

SINGAPORE  
STANDARD TIME

## THURSDAY, 14 APRIL 2022

11:00 – 12:00

### PANEL 4

CHAIRPERSON **ASHAWARI CHAUDHURI** | National University of Singapore

11:00 **Mayhem in May: A Social History of the 1957 Asian Flu Epidemic in the Colony of Singapore**

**HOO ZHONG HAN (LIAM)** | Yale-NUS College, and National University of Singapore

11:20 **Integrating Confucian Perspectives into Global Public Health**

**KATHRYN MUYSKENS** | Yale-NUS College

11:40 **QUESTIONS AND ANSWERS**

12:00 **END OF PANEL 4**

14:00 – 15:30

### PANEL 5

CHAIRPERSON **CELINE CODEREY** | National University of Singapore

14:00 **From Babaylan to Barangay Health Worker: The Historical Evolution of Community Health Workers in the Philippines**

**SEVERO C. MADRONA JR.** | Ateneo de Manila University

14:20 **Hospitals, Clinics, Health Education, and Public Health: Health Infrastructure in the Dutch East Indies and Indonesia**

**HANS POLS** | University of Sydney

14:40 **Relationship Uncut: Prostitutes and VD in the Post-WWII Indonesia and Japan**

**MAYUMI YAMAMOTO** | Miyagi University

15:00 **QUESTIONS AND ANSWERS**

15:30 **END OF PANEL 5**

16:00 – 17:30

### PANEL 6

CHAIRPERSON **SHAUN LIN** | National University of Singapore

16:00 **Health Infrastructure Development as a Counterinsurgency Strategy**

**PAUL CARTER** | Chulalongkorn University

16:20 **Cold War Politics of Health Care for the Cambodian People**

**CHRISTINA WARNING** | Independent Researcher

16:40 **From Cheap to Trusted: Japan's Role in the Building of Thai Health-Infrastructures from the Late 19th Century to the Postwar Period**

**DAVID M. MALITZ** | German Institute for Japanese Studies

17:00 **QUESTIONS AND ANSWERS**

17:30 **END OF PANEL 6**

SINGAPORE  
STANDARD TIME

## THURSDAY, 14 APRIL 2022

19:00 – 20:30

### PANEL 7

CHAIRPERSON **YUFEI ZHOU** | Teikyo University

19:00 History and Development under Decolonization of Former German Hospitals and Integration into Contemporary Health Infrastructures in Chinese Qingdao Area

**ANDREAS JÜTTEMANN** | University of Technology Berlin

19:20 Diplomacy For Health Infrastructure: A History of Technical Cooperation in Family Planning Between Japan and People's Republic of China, 1950s-80s

**AYA HOMEI** | University of Manchester

19:40 Health Infrastructure and Epidemiological Transition in Central Asia:  
A Historical Perspective

**IFTIKHAR LODHI** | Nazarbayev University

**PHUA KAI HONG** | Nazarbayev University, and National University of Singapore

20:00 QUESTIONS AND ANSWERS

20:30 END OF PANEL 7

20:30 -21:00

### CLOSING REMARKS & PUBLICATIONS PLANS

**DAVID M. MALITZ** | German Institute for Japanese Studies

**DONGXIN ZOU** | National University of Singapore

21:00 END OF WORKSHOP



## KEYNOTE ADDRESS

## Contingent Temporalities: Situating Disease, Health, and Marginality in Asia

**Kavita Sivaramakrishnan**

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My talk discusses a history of how experts understood and projected Asia's demographic and epidemiological past and futures in the mid 20th century and later, and how these predictions and location of infectious disease crises and chronic risks in parts of Asia drew from normative theories of modernization and disease transition stages that were compromised by local complexities that challenged these siloed models and representations. How did experts and publics represent persistent and recurring disease risks and new lifestyles and exposures from within Asia, and how have certain vulnerable populations been represented, marginalized, or made invisible in these understandings of Asia's changing disease burdens? And finally, how can we understand how citizens and urban publics have interpreted these disease and demographic crises, their 'communicability', and attributed moral responsibility and managed care even as societies have increasingly limited and selected welfare support.

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Kavita Sivaramakrishnan is Associate Professor, Sociomedical Sciences at the Mailman School of Public Health, Columbia University. Professor Sivaramakrishnan is affiliated with the Center for the History and Ethics of Public Health, the Center for Science and Society, the South Asia Institute at Columbia University. She is trained in history, political theory and in public health, and she studied at St Stephens College, Delhi; Trinity College, Cambridge University, Jawaharlal Nehru University and at the Center for Population and Development Studies at Harvard University. She is a historian of global health and science in South Asia, with an interest in comparative, transnational studies of health history in Asia and Africa. She has published, *Old Potions, New Bottles* (2006) and her recent book is titled, *As the World Ages: The making of a demographic Crisis* (HUP, 2018). Her current work focuses on histories of immunity, hygiene and the public, and the politics of risk and making of expert knowledge from an Asian and global, comparative perspective; and she also works on loneliness among older populations and demographic politics. She is also co-leading a project on COVID-19 and its social networks and policy politics in New York city supported by the National Science Foundation RAPID grant; and she is Director of the Yusuf Hamied Faculty Fellowship Program based at Columbia and India.

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## Treating AIDS: A Critical Genealogy of Encounters between Traditional Chinese Medicine and HIV/AIDS, 1988-1991

### Tyler Gleason

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With a low domestic incidence of HIV/AIDS in the 1980s, post-Mao China was arguably a spectator—observing the disease, with its foreign etiology, as an epidemic unfolding overseas. Yet the onset of HIV/AIDS, for which there was no effective treatment, served as an occasion for traditional Chinese medicine (TCM) or *Zhongyi* to intervene. TCM, although interconnected with East and Southeast Asian traditional medicines, is practiced globally and a hybridized version is uniquely institutionalized as part of China's healthcare system. In the 1980s, alongside China's reform and opening-up agenda, TCM underwent regulation, standardization, and marketization to expand globally (Hsu, 2008). TCM, both within China and in global contexts, has increasingly been developed and applied as prophylaxis and treatments for all kinds of health problems, ranging from chronic conditions to epidemic diseases such as COVID-19.

This paper traces the development of Chinese medicine and pharmacotherapy (CMP) or *Zhongyiyao*, a critical piece of the material infrastructure of TCM, as treatments for HIV/AIDS from 1987 to 1992. Drawing on Chinese and English language archival materials ranging from newspaper articles, scientific journals, and clinical manuals to patents and packaging, I will survey several CMPs and follow their social and cultural life (Appadurai and Kopytoff, 1986). The lives of these CMPs elucidate how the early history of HIV/AIDS was a critical moment and constituent mechanism of both institutionalizing and developing TCM in a post-Mao China, and "worlding" TCM globally (Zhan, 2009), with TCM becoming enmeshed in global techno-cultural, -social, and -scientific networks.

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Tyler Gleason is a PhD Candidate in Cultural Studies at the University of Melbourne. His thesis is a cultural-historical study of HIV/AIDS in the People's Republic of China from the early-1980s through to the early-1990s. Tyler's broader research interests focus on modern Chinese history, especially as it relates to HIV/AIDS, medicine, health, science, technology, gender, and sexuality. Tyler holds a Bachelor of Arts (Honours) from the University of Melbourne. Prior to commencing his PhD, Tyler was a public servant for an Australian state government, working in international trade and engagement with Asia.

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## Supplying Medicinal Ingredients for the People: Medicine Production in Western Sichuan, 1949-1960

### **Yao Wuyutong**

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This paper investigates the building, consolidation, and collapse of China's medicinal ingredients supply system between 1949 and 1960 through the local cases in western Sichuan. After the establishment of the People's Republic of China, the state saw a sustainable and effective supply of Chinese medicinal ingredients as a crucial part of its modern health infrastructure. Drawing on provincial, prefectural and county-level archives, folk historical materials, and interviews, this paper investigates how the Communist state sustained its medicinal ingredients supply from its establishment in 1949 to 1960 when the consequences of the Great Leap Forward ruptured the supply. It is part of this paper's argument as well as methods that this history could not be properly understood unless through a local perspective. In the 1950s, the overlapping political and commercial system of the centralizing state had to engage the localities where the sourcing for medicinal ingredients relied on the hands of the local people who cultivated or gathered medicines from the wild. The way local states managed cultivation and gathering, how production quota was implemented, how local cultivation and gathering knowledge was transcribed, and how the medicines were transported and sold to the higher levels of government commercial organs, thus, shaped the whole supply system. This paper argues that the 1950s mass campaigns in medicine production harmed the peasants' enthusiasm, resulting in a decrease in the quantities of exported medicinal ingredients from the medicine-sourcing areas. This paper contributes to our understanding of China's history of pharmacy and medicine.

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Yao Wuyutong is a PhD candidate from Center for China Studies, The Chinese University of Hong Kong. She is currently completing a dissertation on the life and work of upland gatherers of natural medicinal ingredients and medicine trade in western Sichuan from 1890 to 1960. This dissertation examines how the meaning and value of medicine gatherers' extractive labor was shaped by expanding pharmaceutical industry, scientific developments, and the evolving states in the twentieth century. Meanwhile, it investigates how the upland gatherers reconceptualized the ideas and ideologies imposed on them and articulated their own understanding of their labor. She obtained a MA from the University of Chicago and was a visiting student at the East Asian Studies Department of Princeton University in 2020.

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## Traditionality and Lab-Work: Chinese Anti-Cancer Drug Research and the Cultural Revolution

### **Liz P.Y. Chee**

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and Tembusu College,  
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### **Chadwick Wang**

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In 2001, the New York Times reported that an anti-cancer drug invented in China had been approved by the US Food and Drug Administration (FDA) for the treatment of leukemia. The drug is called 713 and its lead researcher, Professor Zhang Tingdong, would go on to win the 2020 Future Science Prize, a prestigious award in China. Compared to Nobel Prize winner Tu Youyou and her development of the drug Artemisinin, little is known about Zhang and Drug 713. In this paper, we will tell the story of this anti-leukemia drug which, like Artemisinin, was discovered and first studied during the Mao period when Chinese medicine (especially medicinals) was revived and given equal status with biomedicine. In fact, Drug 713 was made from a folk recipe comprising of plant and animal-based ingredients. Locating this drug within the larger geopolitical context of its time i.e. the Cold War, we will also highlight the attention placed in 'biotherapy' drugs among Soviet and American scientists, and their interest in knowledge exchange, a forgotten chapter in mid-twentieth century efforts to battle cancer.

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Liz P.Y. Chee is Research Fellow in the Science, Technology and Society (STS) Cluster of the Asia Research Institute (ARI) and Fellow of Tembusu College, both at the National University of Singapore (NUS). She was the first graduate of the University of Edinburgh – NUS Joint PhD Program (History and STS), and completed her dissertation under the supervision of Prof Francesca Bray. She has an undergraduate degree in Japanese Studies and a MA in East Asian History, and briefly worked for the Singapore bureau of the *Asahi Shimbun* newspaper before returning to academe. She completed most of the research for this book at the Guangzhou University of Chinese Medicine. Since joining ARI in 2015, Liz has published articles on such topics as cultural boundaries between food and drugs, shark-fin eating in China, and Chinese research on proteomics. Liz is trained as both an historian and anthropologist. A forthcoming book chapter, "Discovering 'New Drugs' within 'Traditional' Chinese Medicine: Inside Guangzhou Huahai Pharmaceuticals Co. Ltd." is based on a three-year ethnographic study of a Chinese pharmaceutical company. An article on the history of the Singapore kitchen is also under review.

Chadwick Wang is an associate professor of Science and Technology Studies (STS) in Department of the History of Science at Tsinghua University, Beijing, China. His research interests focus on how social solidarity might be achieved by networking with non-human actors like games and disease in contemporary China.

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## From Epidemic Treatment Facility to Health Resort: Workers' Sanatoria and Socialist Welfare in China during the 1950s

### **Dongxin Zou**

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Based on archival research and using the Qianjiang Sanatorium for Railway Workers as a case study, this paper analyzes the development of workers sanatoria in 1950s' China as a part of the socialist welfare system. Modeled on the Soviet example and with guidance from Soviet experts, sanatoria mushroomed in resort towns during the 1950s to afford workers a place to government-subsidized holiday. Sick workers afflicted by chronic diseases such as tuberculosis and hepatitis as well as model workers in good health were both rewarded with the best benefits the welfare state could provide. In so doing, the Chinese government instilled a paternalistic image among its citizens and reinforced its ideology that was centered on the power of the worker. The Chinese sanatoria became more than a medical facility for epidemic treatment but also a health infrastructure that offered improved nutrition and health care to reinvigorate the workers when they returned to work.

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Dongxin Zou is a historian of modern China. Her research studies the connections between medicine and decolonization in China and its global health networks. She is writing a book on Chinese medical missions to postcolonial Africa, focusing on the case study of Algeria. Her articles have been accepted and will appear in the *Journal of Middle East Women's Studies* and *Technology and Culture* in 2022. Dongxin received her PhD in History from Columbia University. She is now a Postdoctoral Fellow in Science, Technology, and Society Cluster at the Asia Research Institute, National University of Singapore.

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## John Grant's Rural Health Demonstration Centers in China and India: A Study of the Dingxian Model in Peking and the Singur Health Centre in Calcutta

### **Tiasangla Longkumer**

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The rising prevalence of infectious diseases and the absence of holistic rural healthcare paved the way for John Grant to experiment his community health model in both China and India at a time when public health and sanitation science in rural areas was undeveloped or underdeveloped. Grant's idea of public health approach called for combining both the curative and preventive aspects of healthcare with more emphasis on the latter. These ideas gave birth to the creation of the Dingxian Rural Health Station near Beijing followed by the Singur Rural Health Unit, located near Calcutta, which was designed following the Dingxian Model. Grant envisioned these health stations to become a demonstration and experimental unit to reorganize and develop public health in the rural areas. This idea for primary care through community health units took precedence in many of the public health policy debates in both Communist China and post-independent India. Using archival research and systematic analysis of secondary literatures, by cutting across disciplinary boundaries like history of science, medical humanities, public health and social medicine, this study attempts to connect, compare, and interweave China and India's public health through the lens of John Grant's medical philosophy by examining the structure, design, and function of the Dingxian and the Singur Health Centre and what it meant for community health in both the countries. It also evaluates the long-term influential role of community health approach in conceptualizing rural health through the Dingxian and Singur Rural Health Unit in Communist China and Post-Independent India.

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Tiasangla Longkumer is currently a doctoral student at Centre of Social Medicine and Community Health, Jawaharlal Nehru University and a China-India Visiting Fellow at Ashoka University. She is also a recipient of the ICS-HYI (Institute of Chinese Studies – Harvard Yen-ching Institute) Doctoral Fellowship for China Studies before she joined Ashoka. As part of the ICS-HYI Fellowship Program, she was a Visiting Fellow at the Harvard-Yenching Institute, Peking University Health Science Center's Institute of Medical Humanities, Fudan University's Department of Chinese History and Chinese Civilization and Central China Normal University's Institute of East-West Cultural Exchange. Her research interests span across public health, medical humanities, social medicine and history of science.

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## The Failures of Quinisation in British India

### **Nandini Bhattacharya**

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This paper will explore the principal preventive strategy used by the government in colonial India: quinisation, or the use of quinine as a prophylactic against malarial infection. Malaria was ubiquitous in British India in either endemic or epidemic form. Historians, public health professionals and governments have calculated the deaths from malaria to millions annually, depopulating entire villages and inflicting misery and enduring poverty at overcrowded urban sites in colonial India. When these horrific death rates are found to have declined somewhat c.1930, debates continued on localised sites of endemic malaria and the government's policy to widely encourage the use of quinine as prophylactic instead of implementing sanitary infrastructure.

The mass dissemination of quinine was accompanied by sustained 'propaganda' or the popularisation of quinine as prophylaxis through the print media and through posters and public health magic lantern shows. Yet, at the end the policy of quinisation turned out to be a failure. A recent historiographical formulation has emphasised that quinine itself was 'reconstituted' in the process in colonial India. However, historians have not engaged with the profile of this failure. It will argue that the politics of the quinisation policy was to be found in the political ideologies of medicalization on the one hand and lack of public health investment on the other. Therefore quinine prophylaxis was only abandoned when the MEP programme provided a cheaper alternative. This paper will situate the failure of quinisation as state policy in modern India.

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Nandini Bhattacharya is Associate Professor in South Asian History and History of Medicine at the Department of History, University of Houston. Her research queries have focussed on the interstices of the state, colonial society, and the politics of science and medicine in modern India. Her first monograph, *Contagion and Enclaves: Tropical Medicine in Colonial India* (2012) was the first scholarly work to historicise hill stations and tea plantations as colonial enclaves in modern India. Her second monograph is on the history of the pharmaceutical industry in colonial India. Her other research interests include the social history of alcohol and comparative histories of migrant labour in the global South.

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## “Basmilah Malaria!”: The Long War against Malaria in 20th Century Indonesia

### William Bradley Horton

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Malaria has been a critical focus of Indonesian public health efforts, from the Dutch colonial period, through the wartime Japanese occupation (1942-45), and in independent Indonesia. The Japanese occupation, however, was a period of tentative and halting steps, partially building on prewar strategies. Early in the war, a malaria institute was created in Semarang, and training facilities for *mantri malaria*, field workers in the fight against malaria who reshaped the environment and human living-spaces, were established throughout the archipelago. Public health campaigns were also regularized. Facing shortages of quinine, and awareness of the ultimate impossibility of healthcare for *all* Indonesians with dependence on drugs manufactured by large, foreign companies, alternative local medicines were developed, but these potentially revolutionary efforts were cut short by the Japanese surrender. The war—and revolution—also resulted in the deaths of some malaria specialists.

The postwar was characterized by dramatic shifts in infrastructure. Construction of new healthcare facilities to replace those destroyed in the war began. In many areas, new conflicts between the Dutch and the Indonesian Republic resulted in difficulties for provision of healthcare and malaria prevention; The heavy promotion of the “miracle” DDT, applied by professionals akin to *mantra malaria*, could already be seen in US propaganda magazines like *American Miscellanea* from the late 1940s, although DDT had not arrived yet.

Using a variety of materials, including public health publications, this paper addresses the extent to which institutions, facilities, personnel, and strategies for fighting malaria transitioned through wartime and into the cold-war.

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Brad Horton is Associate Professor of Communication Studies in the Faculty of Education and Human Studies, Akita University. Entangled in the web of 20<sup>th</sup> century global Asia-Pacific history, his primary research interests touch the Japanese occupation of Indonesia, but extend through the cold war. Currently he is working on alternative medicines for malaria in Japanese occupied Indonesia, activities of Japanese and Indonesian medical professionals in WWII, medical advertising for malaria medicines, the 1963 failure of Harry Benda’s translation of a Japanese work on the Japanese occupation of Indonesia, Indonesian involvement of the Romanian-born Rand corporation political scientist Guy Pauker (1950s-1970s), and a fictional account of the death of the prominent Indonesian nationalist Moh. Thamrin in 1941. Previous works include “The Political Work of Abdoe’Ixxarim M.s. in Colonial and Japanese Occupied Indonesia (1930s-1940s)”, “Tales of a Wartime Vagabond: Hayashi Fumiko and the travels of Japanese writers in early wartime Southeast Asia,” “‘Rahmat Yang Tidak Ternilai Harganya’: Balai Pustaka dan Kesehatan Umum (1910an-1945),” and the dual language book, *Pahlawan dari Batavia: Narasi Pieter Erbeveld Melawan Kompeni*.

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## Infrastructures of Adaptation: Anti-Rat Building Reforms in Hong Kong, 1899 – 1942

### Jack Greatrex

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Seasonal campaigns to poison rats were instituted in Hong Kong in 1909, designed to reduce human fatalities of bubonic plague in the colony. By 1914, however, the colony's chief medical officer had realised that case numbers of plague victims were not decreasing. In fact, it was deemed possible that, by destroying rats, plague in the colony had become *worse* – rodents already immune to the disease were being killed, making the colony's rat population proportionally more immunologically naïve.

The failures of rat destruction encouraged infrastructural reform. If killing rats itself caused harm, then the alternative was designing drains, buildings, and streets to keep the animals away from people, severing links between rat populations and human food-waste, and encouraging behavioural changes among people to limit encounters. These became the overriding concerns of the colony's medical officer of health – inspiring new, and extending pre-existing, efforts at altering architecture to end intimate rat-human relations. Infrastructural adaptation substituted for efforts at eradication or elimination.

My paper explores these infrastructural changes responding to the failure of rat destruction and plague elimination. In so doing, it analyses the meeting of global ideas with local experimentation and the contingencies of a crown colony adapting to a demographic shift, with waves of migration following the Chinese revolution of 1911. Furthermore, it shines light on the current predicament of societies emerging from the Covid-19 pandemic – faced with adapting to 'live with the virus', after the failure of sustainable elimination.

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Jack Greatrex is a PhD candidate at the University of Hong Kong, supervised by Robert Peckham. Previously, he undertook the MPhil at World History at the University of Cambridge under Mary Brazelton and a BA in History, also at Cambridge. Jack is a historian working at the confluence of health, infrastructures, environments, and multi-species relations, focusing on British colonialism in East and Southeast Asia.

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## Mayhem in May: A Social History of the 1957 Asian Flu Epidemic in the Colony of Singapore

### **Hoo Zhong Han (Liam)**

Yale-NUS College, and Lee Kuan  
Yew School of Public Policy,  
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This thesis is a social history of the 1957 influenza epidemic in the Colony of Singapore and examines official and popular responses towards the event. This thesis argues that the responses constructed by the Colony towards the 1957 influenza epidemic bifurcated in two different directions between the state and Colony residents due to different perceptions of public health and epidemic severity within official and popular discourse. Constrained by existing disease surveillance and healthcare infrastructure and other competing priorities within and outside healthcare, the state adopted inaction as its primary public health policy in managing the influenza epidemic. State action was limited to passive reaction towards unanticipated epidemic developments and taken only due to media pressure. In contrast, Colony residents reacted vigorously out of fear, greed, and civic duty as they self-medicated, profiteered, and helped each other against the backdrop of inadequate state primary healthcare provision.

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Liam HOO is a final year undergraduate student at Yale-NUS College, majoring in History and minoring in Literature, as part of the concurrent Master's degree programme in Public Policy at the Lee Kuan Yew School of Public Policy, National University of Singapore.

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## Integrating Confucian Perspectives into Global Public Health

### **Kathryn Muyskens**

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The role of personal responsibility for health, especially for public health, is a controversial topic in bioethics. Until now, this debate has been dominated by largely Western, secular and liberal assumptions, especially around the concepts of autonomy and paternalism. Here, Confucianism has valuable insights into how social responsibility for well-being can be conceived, which this paper will attempt to make clear. The dominant framework of medical principlism which most modern bioethicists accept is rooted in the Western notion of the individual and autonomous self. This vision of self-hood makes arguments for moral obligations regarding vaccination, mask wearing, and other personal responsibilities for public health difficult to formulate. In contrast, it is often said that the Confucian concept of personhood is relational and socially enmeshed. This conceptual difference finds expression in the behaviour of different populations during the pandemic. It is time that the academic discourse of public health ethics take note of alternative perspectives, like that offered by a Confucian framework, and broaden the balance of values that inform what public health measures are considered justifiable.

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Kathryn Muyskens is a political philosopher by training, with special interests in the politics of health and medicine – especially at the global level. With a focus on human rights, international politics and health, her research has always hovered at the boundary between philosophy and the social sciences, and she always aims to find the connection between theory and practice. She is currently a Lecturer at Yale-NUS, but will be taking up a position at the ARI as a Research Fellow in 2022, conducting research into the spread of misinformation about health online.

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## From Babaylan to Barangay Health Worker: The Historical Evolution of Community Health Workers in the Philippines

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In the early Philippine cultural communities called barangays, babaylan was considered as the healer, priestess, and leader. Babaylan led in incantations, dances, and ritual offerings to appease the gods who caused ailments on the natives. Spanish and American colonization did not deter the enchanting role of Babaylans as folk figures and purveyors of herbal medicines and spiritual incantations to the community. Centuries later, volunteer Barangay Health Workers (BHWs) have evolved to become the modern Babaylans, not as priestesses and leaders, but as an essential component of the nation's healthcare workforce and have been crucial to the success of primary health care in the country. It is in this context that this paper is being written. It attempts to provide the historical context on the emergence of the community health workers in the country, highlighting the evolution of village-based health infrastructure and frontline health care system. This paper concludes that the intimate and broad community participation and acceptance of the barangay health workers can be explained by the national consciousness on the historical continuum of babaylan.

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Severo C. Madrona Jr. is a Lecturer at the Department of History, Ateneo de Manila University. He specializes in social history, economic history, and diplomatic history. He received his undergraduate and graduate degrees in history from the University of the Philippines-Diliman.

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## Hospitals, Clinics, Health Education, and Public Health: Health Infrastructure in the Dutch East Indies and Indonesia

### Hans Pols

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The health infrastructure of the Dutch East Indies (and elsewhere) consisted of various elements developed by a variety of actors on the basis of incongruous views. The result was a patchwork of institutions that was far from sufficient to meet the population's health needs. The Dutch colonial administration built several hospitals, which were complemented by smaller hospitals and clinics operated by missionary groups. The Deli plantations on Sumatra implemented a public health system for its indentured labourers, which was effective but forcibly implemented, making physicians wonder how initiatives elsewhere, where they did not have near-dictatorial powers, could work. Dutch and Indonesian physicians opened private practices, mostly in the large urban centres where patients who could afford their fees lived. In the 1930s, the Rockefeller Foundation established a demonstration project in an impoverished area in Java based on public health education and modest clinics where the most common diseases could be treated. Indonesian physicians endorsed this model because it appeared most promising to provide health care to the vast majority of the Indonesian population.

Indonesia inherited this patchwork of health institutions and attempted to place most of its elements in a rationalised organisational scheme. Most colonial hospitals kept operating, under new management. In the 1970s, thousands of clinics were established all over the country to provide basic health care and health education. In this paper, I will provide an overview of these various health initiatives, the tensions between them, and how they attempt to meet Indonesia's changing health challenges.

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Hans Pols PhD FAHA FRSN is Professor at the School of History and Philosophy of Science at the University of Sydney and a fellow of the Australian Academy of the Humanities. He is interested in the history of colonial medicine and the transformation medical research and practice underwent during the process of decolonization. His research has focused on the Dutch East Indies and Indonesia, and on psychiatry and mental health. His book *Nurturing Indonesia: Medicine and Decolonisation in the Dutch East Indies* was published by Cambridge University Press in 2018. Most recently, he published, with Mark Micale, an edited volume on reactions to highly traumatizing events in Asia: *Traumatic Pasts in Asia: History, Psychiatry, and Trauma, 1930 to the Present* (New York: Berghahn, 2021).

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## Relationship Uncut: Prostitutes and VD in the Post-WWII Indonesia and Japan

### **Mayumi Yamamoto**

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Prevention of VD was one critical reason for establishment of comfort stations by Japanese military authorities during WWII. In Indonesia, particularly in Java, comfort women received weekly VD checks and were treated immediately when they had VD. 16th Army medical doctors were also heavily involved, publishing a medicine and hygiene pocketbook for Japanese on Java, as well as a dual language medicine and first-aid handbook for hygiene brigades. The VD coverage in both pocketbooks was substantial and the assumed relationship to prostitution was apparent.

On November 10, 1951, the *Instituut Pusat Penyelidikan dan Pembantaranan Penyakit Kelamin* [Institute Center for Research and Eradication of Venereal Disease] was established in Surabaya, with planned facilities including special rooms for prostitutes. Indeed, the director, Prof. M. Soetopo, was known as an expert on VD before the Japanese occupation and worked in the Surabaya public hospital during the 16th Army administration, suggesting continuities with wartime experience and influences from Japanese military VD treatments, although the establishment date suggests an intention to erase pre-independence influences.

The relationship between VD prevention efforts and prostitution was also apparent in US occupied Japan. Japanese authorities swiftly established comfort stations for US soldiers in 1945. One of many reasons was VD, however these official prostitution sites were problematic in the postwar context, and they were soon closed.

This paper will explore doctors' medical careers in relationship to Japanese medical training and practice to better understand continuities in the establishment of this internationally recognized institution.

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Mayumi Yamamoto is Professor at Miyagi University, specializing in historical anthropology. She also teaches courses on anthropology at Waseda University. Since she was undergraduate at UCLA, she has been interested in the relationship between Japanese and Southeast Asian people, as well as Japanese diaspora communities. With a background in post-colonial studies and gender studies, she has researched the history of comfort women in Indonesia for more than 25 years. Currently Mayumi is the head of a JSPS "B" Grant-in-Aid project on the "Missing Link in Indonesian Modern History," exploring continuities with the Japanese occupation through wartime administrative networks. In addition to her research on comfort women and Japanese military medicine for the South, she is also currently working on Japanese anti-malarial products from the early 20th century.

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## Health Infrastructure Development as a Counterinsurgency Strategy

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Beginning in the 1950s through the Second Indochina War (1959-75), the United States, its Western Allies, and Japan, created health infrastructures, systems and protocols in Peninsular Southeast Asia as a counterinsurgent strategy against communist advances. These donor nations believed a healthier Southeast Asian population with effective and available health care systems would possess less grievances against their governments and improve their standard of living. As a result, financial aid and development teams deployed to Southeast Asia to begin building health infrastructures. As just one example, in Thailand, foreign funding increased the number of Thai hospitals from 20 to 73 between 1951-56 and provided nurses' dormitories, physicians' houses, laundries, and generator plants. Another 750 primary and secondary health units were established. At the time, Malaria was the leading cause of death in rural Thailand, but the foreign-financed Malaria Eradication Program cut the Thai malaria death rate in half between 1950 to 1954, and by 1966 in excess of 90%. Similar efforts were implemented in the neighboring countries. This paper examines the programs, the protocols established, and results of the efforts. Research questions were how and why did these new programs change the health status of the population? Methodology was primarily quantitative using documentary analysis. A key finding is that implementation of these structures resulted in improved population health conditions while in place, and permanently in Thailand, but given Laos, South Vietnam, and Cambodia fell to communism in 1975, generally not opening to outsiders until the early-to-mid 1990s, analysis is sketchy.

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Paul T. Carter lives in Bangkok where he lectures and writes on lessons-learned from the Second Indochina War. He holds a Doctor of Philosophy and master's degree from Thai Studies, Chulalongkorn University. His professional article publications include the international quarterly *East Asia*, Chulalongkorn University's Institute of Asian Studies Journal *Asian Review*, the Central Intelligence Agency's *Studies in Intelligence*, U.S. Army's *Military Intelligence Professional Bulletin*, among others. He was a contributor to the highly acclaimed U.S. RAND Corporation book *Ending the U.S. War in Iraq*, the definitive study of the transition marking the last two years of the U.S. military presence in Iraq. He is a retired U.S. Army intelligence officer, having served as the 82D Airborne Division's Chief of Intelligence Operations in Afghanistan in 2002-2003. He subsequently spent seven years at the U.S. Defense Intelligence Agency in Washington D.C., focusing on Iran and Iraq, with four tours to Iraq.

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## Cold War Politics of Health Care for the Cambodian People

### **Christina Warning**

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This article argues that the root causes for today's poor quality of the Cambodian healthcare system can be partly traced back to the global, ideological conflicts of the Cold War. During the three decades from the 1960s to the 1980s, communist countries, including the German Democratic Republic and Western states, such as the Federal Republic of Germany and the United States flanked by international organizations, implemented programs that aimed to improve the health conditions of the Cambodian people, either inside the country or along the Thai border in refugee camps. This article focusses on the sustainability of these ideology-driven, politically biased healthcare concepts and puts them in a broader context of the Cold War conflict in the region. By including foreign policy archival sources from the German Democratic Republic, it compares socialist health care programs with those from capitalist states. Furthermore, the article identifies the diverse policies and actors from the East and the West interfacing in their attempts to restore the Cambodian health system. Overall, the article sets out to contribute to the question, as to why, after four decades of international support, the Cambodian health care system still remains in a poor state, with the result that those Cambodian citizens who can afford it prefer seeking medical treatment outside the country.

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Christina Warning has completed her PhD at the Thai Studies Center, Faculty of Arts, Chulalongkorn University in Bangkok in August 2021. Her research explores the relations between Thailand and the German Democratic Republic (GDR) in the Cold War period during the 1970s and 1980s. Having obtained a Graduate Diploma in Southeast Asian Studies at the Australian National University in Canberra, she has subsequently been employed by the United Nations in Bangkok and Phnom Penh in the early 2000s. From 2005–2014, she was working with the German non-governmental organization Welthungerhilfe in Phnom Penh, which she represented as Regional Director during her final four years in office. Prior to commencing her PhD studies, Christina completed a Masters Degree with the Southeast Asian Studies Program at the Graduate School of Chulalongkorn University in 2016.

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## From Cheap to Trusted: Japan's Role in the Building of Thai Health-Infrastructures from the Late 19th Century to the Postwar Period

### **David M. Malitz**

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The engagement with 19th century biomedicine played an important role in Siamese/Thai elites coming to terms with colonial modernity in the wake of the Southeast Asian kingdom's integration into the global economy through a series of unequal treaties signed from the mid-19th century onwards. So far, this adoption of new knowledge and practices has largely been conceived as a bilateral process in which new knowledges and practices from the 'West' were adopted and made one's own by the absolute monarchy's elite in a way that supported the social hierarchy. So far, scant attention has been paid to Japanese influence on the transformation of Siamese/Thai medicine in the late 19th and early 20th centuries. This paper will investigate the role played by immigrant Japanese doctors, qualified as well as fake 'tempura' ones, cheap medication sold in Japanese pharmacies, as well as the provision of medical training in Japan for the diffusion of biomedical knowledge and practices in the kingdom in the context of a shifting trilateral relationship between Siam/Thailand, Japan, and the 'West'.

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David M. Malitz joined the DIJ as Senior Research Fellow in September 2021. He obtained a dual master's degree in Business Administration and Japanese Studies from the Universities of Mannheim and Heidelberg and a doctoral degree in Japanese Studies from Ludwig-Maximilian-University of Munich. He conducted his doctoral research on the history of Japanese-Thai relations at Kyoto University's Center for Southeast Asian Studies with a JSPS fellowship and at Thammasat and Chulalongkorn Universities in Bangkok. In between he briefly worked in finance in London and Düsseldorf. From January 2015 to July 2021 David held teaching positions in Bangkok, first in Business Administration at Assumption University, since 2017 in Global Studies at Chulalongkorn University's Faculty of Arts. In Bangkok, David pursued research on Japanese-Thai relations and the modern history of Thailand. At the DIJ, David is working on the project 'Health Infrastructures, Networks and Diplomacy' focusing on Japan and Southeast Asia.

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## History and Development under Decolonization of Former German Hospitals and Integration into Contemporary Health Infrastructures in Chinese Qingdao Area

### Andreas Jüttemann

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Qingdao was part of the German colonial empire from 1897-1914 as a leased territory (just like Chinese cities of Hong Kong, Port Arthur, and Macao). The first medical facility, the Governorate Hospital, opened in 1898, but was initially available only to German patients. In the summer of 1899, a dysentery and typhus epidemic breaks out, many Chinese died. A German missionary who died in this epidemic donates his financial assets for the construction of a first hospital for Chinese residents of the colony: The "Faber hospital" (1901/1902).

Other facilities, such as "Wunsch Hospital" (1906/1907) and the Catholic Mission Hospital (1907) followed soon. A special institution that has also remained unexplored, is the first German convalescent home in Asia: In September 1904, the home was inaugurated and given the name "Mecklenburghaus". The colonists in Qingdao area had to cope with the different with the different climate on the east coast of China. Majority of the construction costs was contributed by the German lottery and a "German Welfare Committee for East Asia".

Today, many buildings in Qingdao still bear witness to the German past. The lecture would like to present the medical history of this short episode of German-Chinese history. The aim is to clarify what influence German hospital models had on Chinese institutions in the region and possibly still have today, and how German institutions were changed in the decolonisation process. The former governorate hospital, for example, is now part of Qingdao University Hospital.

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Andreas Jüttemann, Dr. rer. medic. habil., has been a research associate at both the Institute for Anatomy at Medical School Brandenburg and the Institute for Vocational Education at University of Technology Berlin. He previously studied psychology and urban studies and received his PhD on Prussian pulmonary sanatoriums at Charité Berlin in 2015. His research focuses on urban, medical, and technological history. He completed his habilitation in the history of science and technology (2021) and is primarily concerned with historical hospital buildings.

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## Diplomacy for Health Infrastructure: A History of Technical Cooperation in Family Planning between Japan and People's Republic of China, 1950s-80s

**Aya Homei**

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For this paper, I will examine a history leading up to the conclusion of agreements in technical cooperation in family planning and maternal and child health between Japan and People's Republic of China (PRC) in the 1980s. By taking up a broader understanding of infrastructure presented by STS and social anthropology scholars, I consider protocols—memorandums, healthcare plan charts, other paperwork, etc.—generated out of diplomatic negotiations as health infrastructure. I also regard layers of networking (personal, governmental, grassroots, inter-Asian, transnational) enabling the production of these protocols as a constitutive element of the health infrastructure. By focusing on this conception of health infrastructure, I will contextualize the Sino-Japanese technical cooperation in a longer historical development of health diplomacy involving the flow of goods, personnel, and knowledge not only across Japan and PRC, but also among various other East and Southeast Asian countries and beyond. In addition, with the case study that shows an unexpected link between family planning advocacy and the control of intestinal infections (both Japan and China worked on the latter extensively in the 1950s), I will go beyond the historiography of family planning diplomacy, which tends to emphasize the significance of the Cold War diplomacy and decolonization politics in the post-World War II global population control movement, overseas development aids and international health. Overall, with this case study, I will engage with the workshop's question, 'How have health infrastructures developed under... the Cold War' by showing the intricacy of the Cold War health politics unfolded in Asia.

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Aya Homei is a historian of healthcare and medicine in modern Japan with a specific focus on the issues of reproduction, population, and sovereignty. She has worked on the development of medical midwifery in the late nineteenth to mid-twentieth centuries, the interplay between population sciences and statecraft in the 1860s-1950s, and Japan's participation in the global politics surrounding family planning, development and health in the 1960s-80s. Aya has guest-edited special issues, 'Population Control in Cold War Asia' for *East Asian Science, Technology and Society: An International Journal* (with Yu-ling Huang, 2016) and 'Critical Approaches to Reproduction and Population in Post-War Japan' for *Japan Forum* (with Yoko Matsubara, 2021). Currently, she is working on the monograph, *Science for Governing Japan's Population*, which is forthcoming from Cambridge University Press, as well as a book manuscript, tentatively titled *Managing Asia's Population: Japan in the Transnational Family Planning Network and Global Health*.

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## Health Infrastructure and Epidemiological Transition in Central Asia: A Historical Perspective

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Central Asia and its transitional economies due to the increasing impact of climate change, extensive internal and international migration and trade networks, with its opening and exploitation of new resources and geopolitics, will provide important ground for the comparison of different health infrastructures, their developments, and their ability to cope with crises.

### Phua Kai Hong

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It will seek to engage in comparative and connective ways of understanding the dynamics of health and disease under the processes of decolonization and development, but also with an eye to drawing past lessons that could lead to formulating better health policies in the present.

In particular a historical and comparative study will be useful to discuss the following:

- Is there a particular type or element of health infrastructure in Asia that can be characterized from the period of Soviet rule and if so, what were its historic drivers and outcomes?
- How is health infrastructure shaped by the political claims and rights of the Kazakh government after its independence? How has it been influenced by demographic and epidemiological shifts and complexities?
- What health conditions are highlighted within the Central Asian health infrastructures and how are they measured, especially after the recent Declaration of Astana in 2018, following the WHO Alma-Ata Declaration of Primary Health Care in 1978?

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Iftikhar Lodhi is an Assistant Professor of Public Policy at the Graduate School of Public Policy, Nazarbayev University, Kazakhstan. Prior to his current position he has taught at the Higher School of Economics, Moscow and the Lee Kuan Yew School of Public Policy, National University of Singapore. His teaching and research interests include international and comparative political economy with a particular focus on collective action problem and energy, climate, and welfare policies.

Phua Kai Hong is Visiting Professor to Nazarbayev University as an adjunct faculty at the Lee Kuan Yew School of Public Policy, where he is Senior Research Fellow, Institute of Policy Studies. He was previously Associate Professor and Head, Health Services Research Unit, Department of Community, Occupational & Family Medicine, Faculty of Medicine, National University of Singapore. He published the health chapters in *Fifty Secrets of Singapore's Success*, (2020) and *200 Years of Singapore and the United Kingdom* (2019), and *Singapore Chronicles: Healthcare* (2018). He was co-editor of *Ageing in Asia: Contemporary Trends and Policy Issues* (2019), *Social Science and Medicine special issue of Health Systems in Asia* (2016), and the *Lancet Series on Health in Southeast Asia* (2011). He graduated from Harvard University with a Bachelor's degree (cum laude) and Master's degree from Harvard School of Public Health, before obtaining a PhD (Social Administration) from the LSE.

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## About the Chairpersons and Organisers

**Ashawari Chaudhuri** is interested in how knowledge about things is formed through the practices of different communities, and whether there are ways to bridge or weave together forms of knowledge that emerge from different or even opposite contexts. She completed her PhD in Anthropology and Science, Technology and Society (STS) at Massachusetts Institute of Technology in 2019 and is now a Post-Doctoral Fellow at the Asia Research Institute, National University of Singapore. Her dissertation research was on agricultural biotechnology in India and explains how communities on opposite ends of the agrarian political economy, like farmers, biotechnologists, and agricultural breeders, understand and work with genetically modified seeds. She asks what is at stake when techno-scientific objects and biotechnology as a form of knowledge determine the future of agriculture in a country. This led her to explore temporalities or experiences of time, thinking of seeds as commodities, history and anthropology of science in India, and connections between agriculture and environment in South Asia.

**David M. Malitz** joined the DIJ as Senior Research Fellow in September 2021. He obtained a dual master's degree in Business Administration and Japanese Studies from the Universities of Mannheim and Heidelberg and a doctoral degree in Japanese Studies from Ludwig-Maximilian-University of Munich. He conducted his doctoral research on the history of Japanese-Thai relations at Kyoto University's Center for Southeast Asian Studies with a JSPS fellowship and at Thammasat and Chulalongkorn Universities in Bangkok. In between he briefly worked in finance in London and Düsseldorf. From January 2015 to July 2021 David held teaching positions in Bangkok, first in Business Administration at Assumption University, since 2017 in Global Studies at Chulalongkorn University's Faculty of Arts. In Bangkok, David pursued research on Japanese-Thai relations and the modern history of Thailand. At the DIJ, David is working on the project 'Health Infrastructures, Networks and Diplomacy' focusing on Japan and Southeast Asia.

**Dongxin Zou** is a historian of modern China. Her research studies the connections between medicine and decolonization in China and its global health networks. She is writing a book on Chinese medical missions to postcolonial Africa, focusing on the case study of Algeria. Her articles will appear in the *Journal of Middle East Women's Studies* and *Technology and Culture* in 2022. Dongxin received her PhD in History from Columbia University. She is now a Postdoctoral Fellow in Science, Technology, and Society Cluster at the Asia Research Institute, National University of Singapore.

**Egas Moniz Bandeira** is a research fellow at the Max Planck Institute for Legal History and Legal Theory in Frankfurt, Germany, where he is working as a member of a comparative research project on the emergence of modern legal practices in Japan, China, and the Ottoman Empire. After studying Law and East Asian Studies at the University of Heidelberg, he completed his PhD program at the Universities of Heidelberg and Tohoku with a dissertation on late Qing constitutional history. His main research interest is global intellectual history with a focus on its refractions in modern East Asia. He is co-editor of the volume *Planting Parliaments in Eurasia, 1850–1950: Concepts, Practices, and Mythologies* (with Ivan Sablin) and published in the *Journal of Transcultural Studies*, *Global Intellectual History*, the *Journal of Eurasian Studies*, and others.

**Franz Waldenberger** is Professor for Japanese economy at the Ludwig Maximilian University of Munich and Director of the German Institute for Japanese Studies. He received his doctorate in economics from the University of Cologne. His research focuses on the Japanese Economy, Corporate Governance, and International Management. At DIJ he initiated the research program, "Risks and opportunities in Japan – challenges in face of an increasingly uncertain future." A major topic is ageing, and population decline in Japanese regions. Waldenberger has published numerous articles and books on the Japanese economy. He is editor-in-chief of "Contemporary Japan" and a member of the editorial board of other Japan and Asia related social science and economics journals. He was visiting professor at Hitotsubashi University, Osaka City University, Tsukuba University, the University of Tokyo, and Shimomura Fellow at the Research Institute of Capital Formation of the Development Bank of Japan. He is a member of the German Japan Forum and a member of the board of the Japanese German Business Association (DJW).

**Greg Clancey** is Associate Professor in the Department of History, the Leader of the Science, Technology, and Society (STS) Cluster at the Asia Research Institute (ARI), and ex-master of Tembusu College at NUS. He formerly served NUS as Assistant Dean of the Faculty of Arts and Social Sciences, and as Chairman of the General Education Steering Committee. Assoc Prof Clancey received his PhD in the Historical and Social Study of Science and Technology from MIT. He has been a Fulbright Graduate Scholar at the University of Tokyo, a Lars Hierta Scholar at the Royal Institute of Technology (KTH) in Stockholm, and a Visiting Professor at Nagasaki University. His research centers on the cultural history of science & technology, particularly in modern Japan and East Asia. His book *Earthquake Nation: The Cultural Politics of Japanese Seismicity* (Berkeley: U. of California Press, 2006) won the Sidney Edelstein Prize from the Society for the History of Technology in 2007, and was selected as one of the “11 Best Books about Science” for the UC Berkeley Summer Reading List in 2009.

**Shaun Lin** is Max Weber Foundation-NUS Research Fellow in the Department of Geography at National University of Singapore (NUS). Prior to that, Shaun was Max Weber Foundation-NUS Postdoctoral Fellow, and a policy officer in the International Division at Maritime Port Authority of Singapore. He obtained his PhD from the Australian National Centre for Ocean Resources and Security (ANCORS), University of Wollongong. Shaun has published recent journal articles relating to the Belt and Road Initiative (BRI), environmental geography of the Mekong River Basin, and the geopolitics of COVID-19 in Southeast Asia in *Asia Pacific Viewpoint*, *Environment and Planning C: Politics and Space*, *Eurasian Geography and Economics*, and *The Professional Geographer*.

**Stefan Huebner (Hübner)** is an international historian whose work is focused on issues rooted in modern Japan, Asia, and the West. Among the issues he is particularly interested in are the histories of modernization, development, and—post-Fukushima—of global environmental transformations. He was U.S. SSRC Transregional Research Fellow at Harvard University, Fulbright scholar also at Harvard, History and Public Policy Fellow at the Woodrow Wilson International Center for Scholars, and postdoctoral/doctoral fellow at the German Historical Institute Washington, DC and the German Institute for Japanese Studies Tokyo. He received his PhD from Jacobs University Bremen, Germany, in 2015. His current research project is a global history of the colonization and industrialization of the ocean since the early 20th century. He argues that Earth's surface is experiencing an amphibious transformation, since offshore energy transitions, the expansion of offshore food production, and the sea level rise-driven offshore expansion of urbanization mean that a rapidly growing number of human-built structures are floating on aquatic surfaces and are turning these places into part of the human habitat.

**Yang Yang** is Postdoctoral Fellow at the Asia Research Institute, National University of Singapore. She received her PhD in Human Geography from the University of Colorado at Boulder. Her research focuses on transnational religious networks and the politics of ethno-religious identity in northwestern China. Her dissertation thus adopts an ethnographic approach to analyzing the impacts of Hui Muslims' grass-roots connections to non-Chinese Muslim communities in Southeast Asia and the Middle East in the Hui's everyday lives in Xi'an, China. Her current research examines how the Hui diaspora in Kuala Lumpur, Malaysia contributes to grass-roots connections between China and Malaysia, and how Malaysia becomes Hui's new Muslim role model through serving as their preferred destination for halal tourism and their style references for Muslim fashion. Notably, this project analyses how ethno-religious identities and mobility intersect in the contexts of migration and the recentering of Islamic teachings in both cultural and political contexts on a global scale.

**Yufei Zhou** has received her doctorate from Osaka University after studying Modern German Literature and European Art History in Beijing and Augsburg. In her dissertation research she puts the Marxist discourse over the Asiatic Societies in a transnational context and explores the personal and intellectual interconnectedness of leftwing intellectuals in East Asia to the contemporary European social movements and social thoughts. Under research program “Streams of Knowledge: Processes of Entanglement and Disentanglement in the Pacific Area” carried out cooperatively by MWS institutes, she is currently working on the research project “The Conceptualization of ‘Capitalism’ in Late Nineteenth- and Early Twentieth- Century East Asia”. Her main research interests include the history of social sciences in modern East Asia, conceptual history (Begriffsgeschichte), and global intellectual history.