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Population Anxiety in Black Papua: The Politics of Reprod Peripheral Indonesia	uction and Racialization in
by Maryani Palupy Rasidjan	
DISSERTATION Submitted in partial satisfaction of the requirements for degree DOCTOR OF PHILOSOPHY	of
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Nancy Burke

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by

Maryani Palupy Rasidjan

"I go forth along, and stand as ten thousand." –Our Grandmothers, Maya Angelou

This dissertation is dedicated to my grandmothers, Rosa María Lopez and Sarvi, their mothers, Mami Pancha and Kasih, and to the mothers whose names I do not know, but whose legacy I carry, and for the people of Tanah Papua.

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Abstract

Population Anxiety in Black Papua: The Politics of Reproduction and Racialization in Peripheral Indonesia

Maryani Palupy Rasidjan

My dissertation focuses on black subjectivity and indigeneity in relation to family planning in Papua, Indonesia's easternmost province, and the site of over fifty years of contested sovereignty. Drawing on ethnographic fieldwork in a women's empowerment center, government health clinics at the interface between family planning and Papuan pronatalist projects, and in-depth interviews with Papuan women, providers and activists, I explore how black Papuan women are both the targets and agents negotiating the political technologies of family planning. Population emerges as a "problem" in this setting where anxieties over population are addressed through Indonesia's national family planning program—rooted in a history of development and population control—and local Papuan pronatalism programs that seek to address the social fact of a steady depopulation of black indigenous Papuans. The simultaneous surveillance apparatuses of the Indonesian family planning program and Indonesian security structures are political technologies in which Papuan women are distorted into hypervisible victims, patients or potential insurgents and invisible in the realm of legitimate and agentive Indonesian citizenry. The coupling of these biopolitical and necropolitical projects are the conditions under which antinatalist and pronatalist women's reproductive health programs unfold in Papua.

Women's reproductive health brings into high relief how indigenous black Papuan women have become the critical site for state and global health interventions that are governed by anxiety and uncertainty. One of these anxieties has to do with Indonesia's stellar global health

record of successful family planning and the epidemics that belie this record. Another anxiety emerges in the politics of racial difference—as the steady depopulation of indigenous black Papuans. I assert that the articulation of Papuan identity is neither inevitable nor by chance, but always historically contingent, flexible and "actively being remade" (Clifford 2001, 475; Hall 1996[1980]). My dissertation describes how blackness finds purchase in Papua and explains how attending to a Papuan blackness—as necessarily tied to indigeneity, Dutch, German and American missionization practices, and Indonesian military occupation—is central to understanding the impacts of the family planning program on Papuan women and families. Whereas other groups making indigenous rights claims in Indonesia have articulated their identities as predominantly Christian, *masyarakat adat*, or as colonial subjects, and sometimes a mix of some or all of the above, no single other group articulates all of these as intersecting nodes with black identity. The claim to a racial difference—that is blackness—poses questions to Indonesian sovereignty that it has yet to answer.

In this dissertation I argue that blackness emerges in the production of a particular kind of Papuan indigeneity vis-à-vis biopolitical and necropolitical technologies. It is coupled with Melanesian identity as a signifier of difference between indigenous Papuans and occupying Indonesian forces. However, blackness circulates in Papua, not only as a nodal point of difference making, but as a method and strategy for sharing, loving and expressing pride and kinship to include islands of Melanesia and beyond, extending to the African geo-body. That is, in reference to having a "social heritage" of oppression beyond Papua's borders (Du Bois 1943).

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Glossary of Terms and Abbreviations

Adat – custom/tradition

BKKBN – Badan Koordinasi Keluarga Berencana (The National Family Planning Coordinating Board)

Budaya – culture

Desa- village

GKI – (Gereja Kristen Injili di Tanah Papua) The Evangelical Christian Church of Tanah Papua

Ibu – Mother / Woman / Ma'am

Kabupaten – regency (similar to U.S. state counties or municipalities)

Kader- government health clinic community volunteers

KB- (Keluarga Berencana); Family Planning / The Indonesian National Family Planning Program / Birth Control

Kelurahan – district

Marga – family name

MRP – (Majelis Rakyat Papua) Papuan People's Council

MSG – Melanesian Spearhead Group

PHDF – Public Health Development Foundation

Pinang – Betel Nut

Puskesmas- (Pusat Kesehatan Masyarakat) Government Health Clinic

Reformasi – period after the fall of Suharto's New Order Regime (1998 – present)

Seram – scary

Negeri – frightening/horrifying

Suku – ethnolinguistic group

UP2KP – (Unit Percepatan Pembangunan Kesehatan Papua); The Office for Rapid Health Development in Papua

WEEC – Women's Education and Empowerment Center

Chapter 1

Introduction: Against the storm of extinction: "KB is a Sin!"

In November 2015, Dr. Aloysius Giyai, the head of Papua's provincial department of health hosted a book launch for his latest book, Against the Storm of Extinction: The Movement Towards a Healthy Papua; Risen, Independent and Prosperous (2015). 1,2 The cover of his 800page book depicted highland Papuan men and women wearing grass skirts and carrying spears through tall brown grass with lightning bolts peppering the grey sky above them. To the left is a full body photo of Dr. Giyai, himself from the highlands, wearing a white medical coat. He appears as more than twice the size of the people in the center, towering over the scene. See Figure 1.1.



Figure 1.1

Photo taken by author

¹ The original title is in Indonesian: *Melawan Badai Kepunahan: Gebrakan Papua Sehat: Menuju* ² All Indonesian language documents and speech acts are translated by the author.

Dr. Giyai is from the Mee *suku* or ethnolinguistic group of the Papuan highlands, in Indonesia's easternmost province. Together with West Papua Province, Papua makes up the western half of the island of New Guinea. The eastern half is the postcolonial independent nation state of Papua New Guinea. Papua's landscape is striking, with a mountainous interior, valleys and huge waterways. Regencies like Paniai³ and Anggruk in the western highland interior, which consists of a mountain range known as the Central Range that spans the entire island of New Guinea, are often proudly depicted as some of the first regions to have been introduced to the Christian Gospel among the Protestant groups in Papua by those indigenous to the region. (See map, Figure 1.2, on page 14) The famous Mee activist, anthropologist, theologian and Reverend, Dr. Benny Giay has noted that within the Mee *suku* region of the Paniai regency, specifically, there is the narrative that "Christian motifs were already known in the region since its precontact times" (Giay 1995).

Since Papua's annexation as an Indonesian province more than forty years ago, Dr. Giyai is the first head of the department of health to hail from the Papuan highlands. The juxtaposition of his white coat and the highlander's grass skirts emphasizes a postcolonial temporality in which different epochs (*zaman*) are understood to exist simultaneously in Papua. As Fanon notes, "it is by their apparel that types of society first become known," and this depiction conveys what is presumed to be known about this group of highlanders: that they (Papuans) are locked in the Stone Age as compared to Indonesians and Western trained Papuans who are modern subjects (Fanon 1965; Rutherford 2018). This temporalization finds purchase in many of the public discourses circulating about Papuans despite itself being a discourse originating from another time—a Dutch colonial past. Danilyn Rutherford's meditation on the time-distancing

³ Note again that Dr. Aloysius Giyai hails from this region, which is majority Catholic.

devices deployed as part of Dutch colonial fantasy and taken up by Indonesian colonialism gives context for the long trajectory of and interest in "keeping" Papuans in the Stone Age (Rutherford 2018; Fabian 2002[1983]). The Mee *suku* holds a particular place in Papua's political imaginary as filling a kind of savage slot (Trouillot 1991; Kirksey 2012). It is no accident then that Dr. Giyai is in his lab coat towering over highland Papuans in grass skirts, presumably performing a ritual, though no context is offered for what readers are seeing. In this way, the highlands evoke tropes of underdevelopment as they are difficult to reach from the more urban centers of the lowlands where the political and economic capitals of both Papua and West Papua are located. This is also evident as the content of Dr. Giyai's book, similar to Indonesian and global health assessments of Papuan health, blames geographical barriers as the main obstacle to health access, and subsequently, better health outcomes. In other words, these barriers constitute part of this "storm of extinction."

Dr. Giyai's book launch was a huge event held in the main auditorium at the most prominent university in the province. The daylong event included a panel of speakers from various health agencies throughout the province, in addition to an address by Dr. Giyai and the department of health secretary, Dr. Sumule, who migrated from Sumatra in western Indonesia. Throughout the day traditional Sentani music played in the interim between speeches, and food and drink were provided for the entire audience of about 200 people. Though Papua is home to over two hundred distinct languages,⁵ the event was held entirely in Indonesian, like other official, public, educational and mass media forums throughout the Indonesian archipelago (Keane 2003). Indeed, Malay, which is a close relative to Indonesian (and sometimes identical),

⁴ I will discuss this point and the purchase of the "savage slot" in Chapter 3 and 5.

⁵ According to the Indonesian 2000 census, 312 ethnic groups, which also mean linguistic groups, were identified. The identification of "ethnic groups" in Tanah Papua follows colonial ethnographies that identified and then defined different linguistic groups as distinct ethnicities in western New Guinea.

was understood to be the *lingua franca* of western New Guinea, and even served as a point of justification for Sukarno's imagining of Papua as part of the Indonesian archipelago prior to its occupation and annexation (King 2002). However, the place of Indonesian versus an indigenous Papuan language (present only in song, serving as the soundtrack of the event) offers a clear sense of who the privileged audience is assumed to be: fluent Indonesian speakers. It also serves as a linguistic marker of Papua being as Indonesian as any other region in the archipelago, despite its location on the periphery, or the "Indonesian frontier" as Rutherford (2003) writes. Any local language serves only as a kind of cultural *accoutrement*. In the culminating presentation, Dr. Giyai outlined a ten-step plan for moving towards a "healthy, risen, independent and prosperous Papua," and staving off "extinction" of the indigenous Papuan population. Many of the panelists thanked and praised Dr. Giyai for his vision for Papua's future, optimistic about his "barefoot doctors" program and his plan to create specialty hospitals throughout the province.

However, the tone of the event shifted significantly during the question and answer portion. An older woman came up to the microphone stand and introduced herself as a midwife, whom I will call Ibu Hannah. She explained that she had worked as a midwife throughout Papua for the last 30 years, and was part of Indonesia's first cohort of government trained Papuan midwives in the early 1980s. Ibu Hannah then shifted her focus to *KB*. *KB* serves as the well-known acronym for *Keluarga Berencana*; translated in official and popular language to mean *both* family planning *and* birth control. She described how as a midwife she had seen the "mistake" (*kesalahan*) that is Indonesia's National Family Planning Program. She exclaimed on the microphone, "Birth control is a sin!" (*KB itu dosa*!). In her impassioned comments, she added that the National Family Planning Program is a source of suffering for Papua. Although

one of the panelists attempted to cut her off, her voice began rising and the audience responded with applause.

Some days after the book launch, I requested an interview with Ibu Hannah who seemed eager to elaborate on her views of the family planning program: "Even though it is a national program, the local government should make laws to protect what little of us there are. If not, after some time, we [Papuans] will be gone (kita habis)." Papua and West Papua provinces, like other Indonesian provinces have a local parliament that is responsible for the fiscal and political projects within that province, including health care, education and small business management. The provincial parliament also holds a representative position in Indonesia's national parliament. Provinces are then broken down into *kabupaten* or regencies, similar to U.S. state counties or municipalities. These break down into smaller regions called *kelurahan* or *distrik* (both meaning district) and finally into subdistricts and desa or villages. Arguably, the significance of Papuan "local" or provincial government has grown as Papua and West Papua provinces were granted Special Autonomy Status in 2002. Ibu Hannah's reference to the local government acknowledges this significance and her belief in the necessity for local protection against national threats in the form of national policy. As I will discuss in greater detail, tangible ramifications such as regency-specific pronatalist programs have followed this newfound status in direct response to the National Family Planning Program and its goals.

My research explains the ways in which the Indonesian National Family Planning

Program comes to be understood as a symbol and mechanism of Indonesian hegemony and a

method of oppression for indigenous Christian black Papuans even while Papuan women express

a desire for the birth control technologies offered through the family planning program. Ibu

Hannah and Dr. Giyai are both eminently concerned with Papua's dwindling indigenous

population. Both have had intimate ties with Indonesia's central government, serving as health care providers within Indonesia's governmental apparatus at one point or another. Both raise a sense of urgency through invoking the tenuous future of a people who "will be gone" or who are facing "extinction," respectively. To be sure, despite Ibu Hannah's seemingly oppositional stance during the book launch, she did not disagree with Dr. Giyai's assertion of a depopulating indigenous population. Instead, what she did was introduce what she saw as a glaring oversight: the role of the family planning program in this present reality.

This scene renders public worries of the future of indigenous Papuans vis-à-vis what it means to be Papuan in a long history of colonial rule and contemporary military occupation, first by Dutch imperialism and then by the Indonesian state. The articulation of Papuan identity is neither inevitable nor by chance, but always historically contingent, flexible and "actively being remade" (Clifford 2001, 475; Hall 1996[1980]). My research describes how blackness finds purchase in Papua and explains how attending to a Papuan blackness—as necessarily tied to indigeneity, Dutch, German and American Christianity, and Indonesian military occupation—is central to understanding impacts of the family planning program on Papuan women and families. Other citizens of Indonesia have articulated their identities as predominantly Christian, indigenous, or as colonial subjects, and sometimes a mix of some or all of the above, but no single other group articulates all of these as intersecting nodes with black identity (Li 2000, 2001, 2007; Tsing 1996). Attention to the particularities of Papuan blackness allows for Ibu Hannah's statement to be understood as simultaneously anti-colonial, pro-women, and Christian. Her statement, "...the local government should make laws to protect what little of us there are. If not, after some time, [the population] will be gone," makes clear that family planning, and women's reproduction of individual and social bodies is not only a highly politicized topic in

Papua, but one about racial survival. Ibu Hannah's appeal to the "local government," namely, the heads of Papua's 28 and West Papua's 12 regencies, as opposed to the central government also gives insight into which she sees as capable of providing a path forward to survival versus inept, at best, and perpetrators, at worst.

In this dissertation, I show how the problem of population in Papua hinges dramatically on the reproductive capacities and incapacities of Papuan women as they relate to family planning. These capacities are sharply articulated around problems of racial identity such that being Papuan means being black, and that has resonance in the Indonesian national imaginary as very problematic. Papuans' blackness has served as a conundrum for an archipelago in constant pursuit of cohesion among over 6,000 inhabited islands. Indonesia's historical rejection of indigenous rights claims is underwritten by the nationalist project of promoting the Indonesian family ideal. This project began years ago and the success in accomplishing the two-child ideal is at the center of the technocratic development techniques that came to define Indonesian modernity. Indonesia's national family planning program has been a primary tool and marker of a modern state –as the key ingredient of the making of a modern people and healthy population. In the following chapters, I will be discussing how the racialization of Papuans is constructed around or through KB by addressing themes of Christian and development moralities, fears and anxieties of the occupation of Papua and tropes of promiscuity and irresponsibility of Papuan women. If part of the construction of Indonesian modernity is in opposition to Papuan's blackness and a result of KB, then KB becomes an important way to understand race in Indonesia. I argue that race is crucially linked to *KB*.

Indonesia's national family planning program throws the political stakes of Papuan identity in Indonesia into high relief as family planning is positioned over and against Papuan

Christianity, constituting a "sin," according to Ibu Hannah. By extension Indonesia, as the nation state with the largest number of Muslim inhabitants in the world and an occupying presence in Papua is positioned over and against Papuan Christianity.

In global health, family planning is understood to be a human right, and measure of state development and modern health care. It is seen as an essential component in the reduction of high infant and maternal mortality as well as HIV infection (UNICEF, World Bank). The Guttmacher Institute, renowned for its U.S. and global women's reproductive health research and advocacy, lauded Ugandan First Lady Janet Museveni's 2010 statement, "Family planning is to maternal health what immunization is to child health." The article reflecting on this statement discussed "the simple truth that family planning actually saves lives..." (Cohen 2010). Yet, Ibu Hannah's rejection of this wholesale assertion of family planning as a panacea raises important provocations for global health family planning advocates.

The opinion of Ibu Hannah as well as that of other local health care providers, human rights activists, and lay people like her reveals that family planning is not simply a means of health care delivery, but an assemblage of global, national, and local economic and political interests (Ong 2005). Despite the fact that family planning is understood within global health to be a preventative health measure to ensure maternal and sexual well being, the accusation of some indigenous black Papuans who identify family planning as part of the problem Papuans face rather than the solution, highlights the necessity to understand family planning as a set of processes and institutions with after effects. Family planning is imbued and constituted by a set of discourses and is never a static ahistorical or apolitical object.

In our interview prior to his book launch Dr. Giyai named public health infrastructure as a solution to, as he calls it, "The storm of extinction." He was excited to discuss his brainchild,

the institute known as UP2KP (*Unit Percepatan Pembangunan Kesehatan Papua*), or The Office for Rapid Health Development in Papua and the work they have done to streamline responses to patient and provider complaints of health care delivery throughout the province. When I asked about *KB* or family planning, Dr. Giyai was dismissive, "Papuans are not interested in family planning (*tidak tertarik dengan KB*)." After a long pause he added, "The goal of family planning is good, but for Papuans it is completely wrong to limit the number of children to two or three per family. (*KB itu tujuanya baik, tapi bagi Orang Papua sangat tidak tepat hanya membatasi dua tiga orang anak.*) We can't do that. (*Tidak bisa.*)" He then smiled broadly and chuckled saying, "For Papuans *KB* does not stand for *keluarga berencana* (family planning), it stands for a different *KB*: *keluarga besar* (big family)! (*Jadi KB disini, orang Papua setuju tapi KB itu bukan keluarga berencana tapi keluarga besar!)"*

Family planning and the two-child ideal are not stand-ins for each other and yet have become metonyms in Indonesia. *Keluarga Berencana* as a consolidated term referring to the national program promoting and providing birth control technologies, in addition to its myriad biopolitical disciplining techniques, entered the Indonesian lexicon during the post-revolutionary Sukarno era (1949-1965), but only at the state level, and only as something to oppose (Foucault, Hull 2005). Sukarno famously rejected family planning for Indonesia (Hull 2005). Family planning first emerged as a technique for population control (Hartman 1995[1987]) via Western capitalist societies. Sukarno summarily rejected the movement, and instead focused on growing the postcolonial nation state and its people. Sukarno promulgated *Pancasila* at the heart of an Eight Year Plan that centered on the family. In *Pancasila*, or the five pillars of Indonesian social and political philosophy as conjured and established in Sukarno's government (nationalism, humanitarianism, democracy, social justice, and belief in one God), Indonesian society must

operate as "a family-like society...reproducing at the national level the spirit of village organization" (Geertz 1963:xiv). The literal translation of *keluarga berencana*, "planned family", thus holds a longer and more significant historical meaning in Indonesia. With Western anthropological works such as *The Javanese Family* and *Kinship in Bali* (Geertz 1961, 1975) Western Indonesian ideals of the family dominated discourse about and within Indonesia. The moral implications of the 'modern'—postcolonial and eventually technocratic—planned family, then, became the post to which family planning was hitched.

During my fieldwork many Papuans with whom I engaged would reject family planning by disputing the Neo-Malthusian discourse that "links fertility behavior to resource depletion" by saying that that logic doesn't work in Papua because Papua has a huge land mass with a small population and the most fertile soil in all of Indonesia (Hartmann 1995[1987]). They would often say that there is enough land and food to support a larger population. Furthermore, during my fieldwork many Papuan human rights activists and laypeople discussed 'traditional' birth spacing (often waiting 5 years between children) as the Papuan form of the planned family⁷.

When I asked Dr. Giyai about the relationship of the department of health to the family planning board office in Papua, he noted that the two institutions would work together on health related programming when necessary, but not on anything to do with family planning. He reiterated that family planning as conducted by the Indonesian state does not "fit" in Papua. He noted that the only reason there is even a provincial family planning board office in Papua is because "this is still Indonesia. It has to be here. (*harus ada*)." Chapter two gives a history

⁶ During my 2011 fieldwork in Yogyakarta, Java, references to *Pak Harto*, were still very much present as an interlocutor pointed to a portrait of Suharto on her wall and playfully asked her three year old daughter, "who is that?" To which her daughter replied, "*Bapak*" (Father).

⁷ Future work on this dissertation will explore the notion of kinship and nation vis-à-vis feminist and postcolonial analyses.

outlining how it was that family planning became integral to Indonesian state modernizing techniques, and commensurate with the state itself such that Dr. Giyai's statement about the provincial family planning board office: "This is still Indonesia. It has to be here" can be fully appreciated.

Family Planning as both a bureaucratic set of techniques and institutions is never static and always shifting. Its massive presence is not only felt in looming buildings, ubiquitous village posts, or billboards and paraphernalia peppering the archipelago. It is in the daily interactions and exchanges that take place between and among the average Indonesian citizen. It has served as the expression *du jour* for the biopolitical state as its capillary forms of surveillance engulf the Indonesian nation state. In addition to its "spectacular sexuality" as Leslie Dwyer noted, it moves and travels as aural and narrative sexuality, as well (1999). I contend that multiple narratives of family planning circulate in Papua, and therefore find it useful to examine the emplotment within these narratives where the Indonesian two-child family serves as the romantic hero, according to the state, and the tragic villain, according to many indigenous black Papuans (Scott 2004).

In the genre of romance, the national family planning program produces its own narratives that seem far-flung from its population control past. As stated above, these narratives are of sick and dying Papuans and serve as the imperative for its existence. It is *the* way to address high maternal and infant mortality and HIV infection rates. Yet, if it is the hero in this plot, why is it not working? Why does Papua still have the highest maternal deaths and HIV infection rates? Why is the indigenous black Papuan population still depopulating? The answer cannot include an indictment of the program, let alone a questioning of its legitimacy altogether. Here, then, is where different narratives of anxiety, often articulated as an Indonesia and family planning program under threat, began to emerge. Family planning board worries about the future

of the family planning program itself replaced public health worries about the condition of indigenous Papuans for which family planning was one of many proposed solutions. In the 2010's only 25 years after it was introduced in Papua, family planning became the object that needed saving. Indeed, after a long history of success with family planning in Indonesia (in fact, one that the state has consistently drawn attention to), the National Family Planning and Coordinating Board (BKKBN), the government agency created in 1968 to monitor population growth and oversee family planning services throughout Indonesia, embarked on a national campaign to revitalize the program. In 2011, the University of Indonesia's demography institute reported that the population is growing at a higher rate than the previous decade, 1990-2000 (Jakarta Post, October 2011).8 Statements made by the head of the National Family Planning Board have continued to appear in articles in two of Indonesia's most widely circulated newspapers, with titles like: "Because of Regional Autonomy, Family Planning Program Fails;" "Cultural issues still biggest threat to family planning;" and "Government 'fails' to control population growth."9 If the national family planning program is unsuccessful, it is because of outside failures. These failures are understood to be corruption in local governments, cultural inadequacies and political restructuring like Special Autonomy Status.

For Papua specifically, tropes of anxiety over family planning misuse manifested even earlier in Javanese health care providers denying Papuan women access to birth control pills claiming "they would 'forget' or "'feed [it] to their pigs'" (Butt 2001:70). Instead, family planning practitioners often rely on methods that remove patient responsibility but ensure ongoing

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⁸ Population expert Sri Moertiningsih Adioetomo of the University of Indonesia's Institute of Demography reported that population growth in1990–2000 was 1.3 percent, and is presently 1.49 percent perhaps indicating a decline in family planning.

⁹ Indonesian language *Kompas* and English language *The Jakarta Post*

surveillance, such as Depo-Provera injections. It is against this backdrop of success and threat of failure, revitalization and local barriers, that family planning in Papua must be examined. In this dissertation, I ask, how does this perceived threat and reaction to it manifest? The recent shift of the National Family Planning Board's slogan of the last thirty-five years from "Two Children Are Enough," to "Two Children Are Better!" has been described by one health care provider I interviewed as, "Really it's [about] a quality family," and a break from the past: "It's different if we compare with the past. Before, however many years ago, maybe they used force." In her response, this family planning provider uses "they" to distance herself from a problematic past. Yet, the notion of "quality" remains both vague and powerful. The new slogan begs the question: a small family norm is better than and for what? For whom?

In my dissertation I move through three distinct sites in Papua province, focusing specifically on the stories and narratives that various women tell about their reproductive lives. These are presented as moments in time, with careful attention to their finitude and specificity (Fabian 1983). The ethnographic object here is not the women or the place, per se, but family planning, the stories that circulate about it and the stories it tells about itself in this time and place; what questions it supposes it is the answer to. Population emerges, too, as an analytical tool, with accompanying discourses and narratives. The Papuan women with whom I engage describe miscarriage, pregnancy and maternal death, noting state and religious discourses that are invested in this reproductive care continuum. The reproductive care continuum offers a way to interrogate how indigenous black Papuan women have become the site for various state demands and experiences that are governed by fear and uncertainty. One of these anxieties has to do with Indonesia's stellar record of successful family planning and the epidemics that belie this record.

¹⁰ Excerpts from interviews I conducted in July 2011 in Yogyakarta Province in Java, Indonesia

Another anxiety emerges in the politics of racial difference—the social fact of a steady depopulation of indigenous black Papuans.

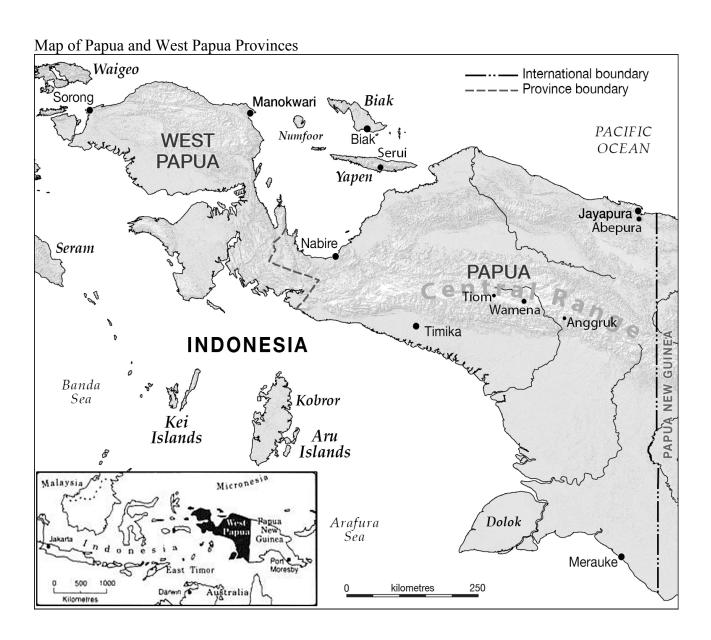


Figure 1.2. Map of Papua and West Papua Provinces sharing a land border with Papua New Guinea to the right. Adapted from the Australian National University base map CAP 12-262 and the University of Texas at Austin Perry-Castañeda Library Map Collection (Alan Cline)



Figure 1.3. Map of the Indonesian archipelago. Courtesy of the Australian National University © CAP EMSU 11-164/3JS

Naming Territory: Papuan Self Identification

My ethnographic research was based in a territory whose official name has changed at least 6 times in the last 60 years. These name shifts have signaled markers in political realities for the territory. The name has morphed from the hundred year-long colonial *Netherlands New Guinea* after the first missionaries (1860s-1962), to *Irian* under Indonesia's first president Sukarno (1962-1965), to the brief and aspirational, *West Papua* in anticipation of independence from the Netherlands in the early 1960s. Under the three decades of Indonesian President Suharto's authoritarian New Order regime, the region was called *Irian Barat* (*West Irian*) first (1965-1973), then *Irian Jaya* in 1973. After the fall of Suharto's regime in 1998, the region was renamed *Papua* in 2001 during the term of the socially progressive and short-lived presidency of Abdurrahman Wahid. Finally, the region was split into the two distinct provinces of *Papua* and *Irian Jaya Barat* (*West Irian Jaya*) maintained its

name until 2007, before becoming *West Papua*. The official split of the province in 2003 followed the granting of Special Autonomy Status in 2002 and a national restructuring of the government known as Decentralization in 2001. This led to the creation of more districts and subdistricts throughout Papua and West Papua. The significance of these political shifts for how local governmental politics and funding is allocated cannot be overstated, and will be addressed in Chapters Two and Three.

Indeed, what one calls the entire territory of the western half of New Guinea is politically charged. Naming here, I argue, constitutes a kind of "hailing" vis-à-vis Fanon's discussion of the encounter between the colonizer and the so-called "negro". That is, what one calls the region either signals political alignments or at least a lack of *overt* political solidarity with the fight for indigenous sovereignty in relation to racial identity in the region (for example saying *West Papua* versus distinguishing between *West Papua* province and *Papua* province). Not only is one's orientation to the land mass conjured, but so too is how the land, now "hailed," is perceived. It can be understood as part of Indonesia, under occupation by Indonesia, and so on. Eben Kirksey eloquently unpacks this fact in his book on Papuan freedom movements (2012) noting "the power of arbitrary cartographic boundaries in shaping nations and collective identities" in the use of the term West Papua. Moreover, he notes that many of his interlocutors engaged in activism refer to themselves as West Papuans, especially to distinguish themselves from the people of Papua New Guinea. ¹¹

However, among my interlocutors and friends, *Tanah Papua*, or The Land of Papua, was a common refrain for invoking the territory that makes up the western half of New Guinea. To be sure, *Tanah Papua* is not without its own political arrangements. Though it does not appear in

¹¹ "[This] after much deliberation is intended to distinguish them from 'Papuans' who live in the neighboring country of Papua New Guinea." Kirksey 2012, preface, note 7.

official political naming of the territory, it appears in the name of the largest Protestant church in this overwhelmingly Christian region: *Gereja Kristen Injili di Tanah Papua*, the Evangelical Christian Church in Tanah Papua.

In my dissertation I will toggle between Tanah Papua and Papua when referring to the entire region and Papua Province when referring to the exact location of my research. To be sure, many of my interlocutors did the same—there is not as much rigidity in everyday speech. There were, however, those who would self-identify as activists who were adamant about referring to the entire region as West Papua in English. I will note this when relevant. My use of Papua is not because of fidelity to the political renaming of the province in 2003, but because, as Kirksey also observed, the indigenous people of the over 250 ethnic groups in the region refer to themselves as Papuan. It also acknowledges the particular local regional realities of how institutions (family planning and others) operated here. To Kirksey's point about distinguishing Papua and Papuans from folks in Papua New Guinea, my research has shown that interlocutors would always distinguish between themselves and folks in PNG by referring to themselves as *orang* Papua or Papuan and those from across the border as *orang* PNG or Papua New Guinean. I feel responsibility to have fidelity to how people refer to themselves.

In everyday encounters, interlocutors referring to oneself as *orang* Papua and/or one's specific *suku* or ethnolinguistic group was commonplace. How one referred to those non-indigenous to the region shifted. Especially when framing the experiences of Papuans versus others, the other was often called *orang Indonesia* (Indonesian) or *orang Jawa* (Javanese) employed as a metonym for all Indonesians, and *non-Papua*, which was often the language of officials and the formally educated. Sometimes interlocutors would refer to non-Papuan inhabitants of the region as *pendatang* (newcomers) or *teman dari*... (friend from...), and

sometimes *saudara dari* ... (family from) signaling a certain kind of kinship in the recognition of the other. (Often this sense of friendship and kinship was spoken by those involved in larger movements with comrades and colleagues from outside of Papua and Indonesia; such as those involved in human rights communities or those engaged in the leadership of Papua's churches.)

References to blackness

In chapter three of my dissertation, I discuss the ways in which racial categories have been studied in Indonesia: as showing up in the Indonesian archipelago as the result of Dutch colonial desires for management of bodies in the colony (Stoler 1995; 2002). The management of sexual bodies produced racialized subjects, creating bounded categories of European and Malay, despite the fact that these were not and never have been bounded groups. However, the categories of difference that are deployed in Tanah Papua by Papuans are distinct from the colonial biopolitical project at work in other islands in the archipelago. Namely, Papuan blackness is invoked in reference to the Malay other and Malay gaze rather than to a white gaze. Although Papuans' difference from Malay Indonesians has served to fill a kind of "savage slot" in the technocratic development projects of the Indonesian central government as I discussed earlier in the introduction and will discuss in more detail in chapters three and five, Papuan's own reference to their blackness, swerving via their claims to a Melanesian identity and as indigenous victims of systemic military and political oppression is what I want to draw reference to here. Self-identifications with blackness in Tanah Papua has emerged at different historical moments, often in the intimate and non-official spaces between friends, in song, and in reference to having a "social heritage" of oppression (Du Bois 1943). Early political references to belonging to the "negroid" race as a way to draw "kinship" between the Papuan struggle for selfdetermination and independence from the Indonesian nation state in 1962, and later references to

a "black brotherhood" by way of the Papuan 1970s reggae band, Black Brothers, are some of the ways that blackness has been deployed in popular culture and political sovereignty projects.

Blackness has historically been named through the English language word "Black," but in everyday speech appears as references to appearance in Indonesian. In chapter three, specifically, I draw reference to the epidermalization (*hitam* for dark skin) and then keratinization (*keriting* for curly or kinky hair) of race categories that serve as powerful markers of belonging and recognition for Papuans not just from the Malay other, but from other potential black comrades outside of Papua.

In this dissertation I emphasize that the politics of naming the landmass that indigenous Papuans occupy is very much reflective of the politics of self-identification for Papuans. I then draw a connection between these politics and ways that this might frame how they might view family planning. And it is this politics, that is, the complex politics of racialization that emerges in the terrain of women's reproduction. Within this racialization, blackness emerges as distinct *from*, but inevitably always converges *with* the deployment of other key identity markers:

Indonesian, Melanesian, indigenous, and customary society. Although blackness rarely, if ever, figures into official state language when discussing Papua, it holds incredible discursive presence in Papuan self-identification in political and private spaces. Drawing on black feminist scholar Evelynn Hammonds' analysis of black female sexuality in the US, I argue that Papuan blackness renders Papuan women both invisible and hypervisible to the Indonesian state. Their invisibility arises in Indonesia's desire for family planning to (re) produce a singular ideal Indonesian citizenry that rejects blackness and understands itself to be primarily Southeast Asian or Malay. Papuan women are hypervisible as the targets of reproductive health interventions precisely

¹² Although this is not the only terrain in which the taxonomy emerges, it is a central one.

because they are depicted as having the worst reproductive health outcomes in the nation. Often these depictions form a perilous triad of having the highest maternal mortality, HIV infection rates, and instances of domestic violence in the archipelago. Especially within tropes of domestic violence, interventions on black Papuan women's reproductive lives serve as a way to save black women from black men. Like Hammonds' has argued, it is a particular construction of black women's sexuality as pathological that renders Papuan women invisible or hypervisible, and never simply visible.

The racialization of Papuan women in and through their reproduction is deeply entangled with notions of 'population', which, in Indonesian family planning discourse, appears as both object and idiom. ¹³ Indonesian feminist scholar Julia Suryakusuma's MA thesis (1988) coins the term *State Ibuism* to explain the gendered politics of Indonesian society in Suharto's New Order regime. Her work reveals how Indonesian women were objects of state engineering. *Ibu* meaning both *mother* and *woman* in Indonesian can also be used to hail a woman as "ma'am".

Suryakusuma unpacks the ways in which the "social and political engineering of women was, in fact, an integral part of [Suharto's] New Order State's [1965-1998] stranglehold on Indonesian society" (Suryakusuma 2012). Thus for her work, Indonesian women as *Ibu* were object and idiom of Indonesian nationalism. They were to be understood as both the wives and mothers of the national family. Suryakusuma has recently argued (2012) that though she conceived of this analytic during the New Order regime, it finds purchase in the *Reformasi* or post-Suharto era of democratization (1998- present) as the social and political engineering of women remains central to Indonesian central government interests and conceptions of the ideal body politic. What I hope

¹³ I will discuss why this racialization is distinct from ethnicity in a following section.

to offer with my research is a way to understand not only the gendered engineering of ideal womanhood in Indonesia, but the racialized one as well.

Why Papua and Why Family Planning?

Again, what is interesting about Papua is how it becomes a place where population control gets flipped on its head. That is, whereas the rest of Indonesia continues to promote the notion that Indonesians are achieving modernity by *limiting* their reproduction (as 2 is the ideal family), some Papuans have embraced the notion that having more children (and at least two on the way to, hopefully, more) is crucial to their survival. Pronatalism in a state whose very reputation in the International Development world hinges on resoundingly successful antinatalism is not easy. While provinces are required to have family planning offices, Papua's regency level governments have access to new streams of funding and some levels of autonomy as a result of Papua's 2002 Special Autonomy Status. Despite this, at the regional level, family planning staff must execute pronatalist practices against the larger policies of the state, which brings its own challenges. At the state level, there are other complications. The state must ultimately support the idea that it should allow Papuans to have more children because not to do so would be an overt violation of their human rights, even while refusing the obvious conclusion that could be drawn from this pronatalist policy: that this population is nearly decimated (or at least in decline) perhaps at the hands of the state and its military occupation.

Missionizing Practices in Papua

When Papua gained Special Autonomy Status in 2002, February 5th became the public holiday celebrating *Injil Masuk*, or the date the gospel arrived on Papua's shores in 1855 (Ipenburg 2008). According to the official history of the Papuan public holiday, Protestant

missionaries Carl Ottow and Johann Geissler brought the Gospel with them to the shores of Mansinam, off the coast of Manokwari in Papua and "claimed the whole island for Christ" (Ibid: 350). This "baptism" serves as a historical and divine confirmation of Papua's Christian roots, officially recognized by local government bodies. Though there is no documentation of direct Christian missionization practices in Papua prior to the nineteenth century, there is much recorded history of Christian mission posts prior to Dutch colonial rule vis-à-vis Portugal's established mission posts in the cluster of islands in eastern Indonesia known as the Moluccas since the sixteenth century (Ibid). The Christian missions in the Moluccas ordered life through the pastoral duties assigned to indigenous teachers. Spanish and Portuguese missions vied for influence over the commercial ports and kingdoms of Tidore and Ternate, two of the region's most influential trading societies in recorded history (Steenbrink 2008). Because of the known extensive trade routes and trading practices between these kingdoms and the coastal people of western New Guinea, many historians speculate the informal spread of Christianity in the island.

As stated above, the Mee *suku* concludes that there are traces of pre-missionary Christian motifs in the highland region of Paniai long before Dutch mission posts on the island (Giay 1995). Historian At Ipenburg also notes that local myths about a "self sacrificing Savior" in Biak, Raja Ampat and other areas of Cendrawasih Bay either emerged or converged with Christianity prior to the explicit missionizing of the Dutch state after the fall of the Dutch East Indies Company [1602-1799] at the turn of the nineteenth century (Ipenburg 2008:348). In addition to these and other messianic narratives centered around a millenarian second coming in other *suku*, the official mission posts that followed German and Dutch evangelizing established Protestant church and state institutions. Often the line between Protestant mission posts and education and health posts was porous if it existed at all. However, rather than understanding the

missionizing practices as one of a coherent and consolidated set of practices that were taken to and adapted in western New Guinea, many historians argue that the definition of mission work was in fact developed as a result of improvisation by the early ministers on the ground.

Translation of the Bible into the local language of target *suku* as well as a focus on hymns continue to shape worship practices of many Protestant Papuans today. This is an important point because it serves as a reminder of the unique and specific contours of the relationship between Papuans and Christianity and the relationship between Papuans and the Dutch.

Although initial conversion of Papuans to Christianity was not uniform and saw the use of Papuans slaves to establish mission society, the eventual convergence of the Dutch state with Dutch missions saw a shift in mission school organization in the twentieth century. 14 Prior to and during the Indonesian anticolonial revolution which began percolating before WWII, the Dutch Protestants established "civilization schools" (beschavingsschool) to teach "order and hygiene, sports, flute playing, singing, the preparation of parties, dancing, school gardens, basket weaving, reading, writing and simple arithmetic" (Ibid: 359). Ipenburg also notes that at this time many Papuans were trained in official positions as teachers, administrators and police and were sent to international conferences held in the "South Pacific" (Ibid). The eventual fall of Dutch colonial rule precipitated such training, as the goal was Papuan self-sufficiency, Papuan independence. The emergence of a Papuan elite was concentrated on Biak suku Papuans (Rutherford 2003). Interestingly, Dutch theologians who worked in western Indonesia in Protestant centers like Salatiga in east Java, sympathized with Indonesian nationalist tropes that understood Papua (then Irian Barat) as part of the newly forming nation state—though this sentiment was not shared by Dutch missionaries in Papua. In line with this turn to "civilize"

¹⁴ In future work I will explore the connection between Dutch colonial slaves in Netherlands New Guinea (Papua) mission society and Dutch colonial slavery in the colonies of the African geo-body.

Papuans and "prepare" them for independence, was the training of Papuan ministers. It was after this time that the first independent church (not tied to mission control) was established: GKI *Gereja Kristen Injili di Nederlandsch Nieuw-Guinea* or the Evangelical Christian Church of Netherlands New Guinea, now known as the Evangelical Christian Church of Tanah Papua. Catholic and other Protestant denominations slowly began to recognize the church, which currently serves as the largest church organization on the entire island. Indonesian occupation of Papua occurred at a time when members of GKI served as civil servants speaking Malay, Dutch and their indigenous languages. The threat of this potentially pro-Dutch elite was the justification for military raids of theology school dormitories in the early 1960s.

Presently, Papua remains predominantly Christian, as the vast majority of indigenous Papuans identify with a Christian denomination. One set of data compiled in 2002 based on the national census notes that 2 million of the roughly 2.5 million Papuans were Christian. Data on this varies, as census data has a long history of incompleteness and contestation in Papua, but the fact remains that it is and has been a society organized around and through Christianity since the early twentieth century. This is not to suggest that Christian practices or cosmologies are consistent, bounded or consolidated, over time or space. But this identification and ties to western European and American Christianity is significant. Many of these churches such as GKI, The Evangelical Tabernacle and the Roman Catholic Church (specifically the Franciscan brothers) have also played instrumental roles in the documentation, reporting and analysis of the human rights abuses that include extrajudicial killings, torture, interrogation and sexual violence against women at the hands of the Indonesian state, via its military, police and special forces unit (KOPASSUS) (Giay 2006; Van den Broek, Theo, and Budi Hernawan. 2001; Osborne 1985).

Literature

My dissertation engages with three sets of literature: postcolonial theory, critical race theory, and the anthropology of global reproductive health. Though the distinction between these literatures is determined by the disciplines that either engage them or in which they were created, it is also somewhat arbitrary as the scholars I engage speak across these boundaries.

Postcolonial Theory: Violence, Haunting and the Uncanny

As a territory that is formally part of a postcolonial nation state and yet experiencing colonial state effects by that state, the case of Tanah Papua seems to more closely resemble the situation of territories like Puerto Rico and the French Caribbean (Trouillot 2001). However, the very distinctive feature of ongoing military occupation and charges of human rights abuse and genocide by human rights activists liken Papua more to Palestine or East Timor. There is an uncanny space that Indonesia and Tanah Papua hold for each other at different moments. Taking seriously Indonesia's anticolonial nationalism as a way of "imagining community" outside of western modular forms of nationalism, whereby Indonesian sovereignty is imagined even before independence from Dutch imperial power, one might ask: the Indonesian archipelago is part of whose imagined community (Chatterjee 2010[1991])? Furthermore, we can ask does anticolonial nationalism exist in Tanah Papua? Certainly there are long histories of Papuan nationalist endeavors dating back to the 1960s up to the present. These often take the form of male dominated practices and discussions within and about movements like the Free Papua Movement (popularly known as *OPM*, *Operasi Papua Merdeka*), the most well known Papuan nationalist struggle. Partha Chatterjee, however, proposes that there are two domains to anticolonial nationalism, one of which is the "the spiritual...an inner domain bearing the 'essential' marks of cultural identity" (Ibid: 27). Papua's internal imagined community has the task of forming a

cohesive body among the some 300 distinct linguistic and ethnic groups of western New Guinea. The coherence of a "cultural identity" and what I would argue is a racial identity is intimately tied to a shared experience of Christianity, Indonesian military occupation, and being indigenous to the occupied territory. This shared experience echoes W.E.B. Du Bois' argument that a kinship between Africa and Asia (in addition to its diasporic peoples) is tied to a shared history of oppression (1940). Understanding then that nationalism does not begin with political power, but rather grows in the context of colonial rule, we can understand Papua's special autonomy status as a condition of attempting to honor the spiritual domain. I argue this point because part of special autonomy status was the establishment of the Papuan People's Council. The Council, known in Papua as MRP (*Majelis Rakyat Papua*), is a representative body of indigenous black Papuans created to supplement the work of the Papuan provincial parliament. Although the MRP is not a legislative body, it can be understood as a body with techniques of governance. The MRP 2007 handbook, which contains a list of government rules from the office of the president of Indonesia (NKRI Negara Kesatuan Republic Indonesia or The Unitary Republic of Indonesia) defines the MRP as the "cultural representation of indigenous Papuans, who have the specific authority in the protection of indigenous Papuan rights based on respect for culture and tradition, women's empowerment, and religious life." ¹⁵ Although there is debate as to the power of the MRP to enact these protections, what is clear is the consolidated notion of a coherent indigenous Papuan body politic. As Chatterjee notes, the establishment of political bodies like the MRP did not create this spiritual domain of Papuan nationalism, but rather was the culmination of it in some sense. Although more radical Papuan anticolonial activists often view special autonomy

¹⁵ Translation by the author. Indonesian language original: "...MRP adalah representasi cultural orang asli Papua, yang meliki wewenang tertentu dalam rangka perlindungan hak hak orang asli Papua dengan berlandaskan pada penghormatan terhadap adat dan budaya, pemberdayaan perempuan, dan pemantapan kerukunan hidup beragama."

status as a concession on the part of the Papuan elite, it nonetheless serves as one of the ways that Papuans become recognizable to the state, and perhaps to themselves as one coherent body.

Homi Bhabha is instructive in his discussion of mimesis and the impossibility of performing western modernity that is set up in western modernity itself. Indonesians will get close, but not white in their mimetic modernity; Papuans will attempt to get closer—invoking the very constitution that Indonesia is based on—but still not quite white ([1994]2004). Stuart Hall asks the apparently paradoxical question, why is this postcolonial moment "also a time of difference" and "what sort of difference is this," if we are to understand the colonial era as a time of difference marked by binarisms (1999). It is particularly striking to think about the notion of a "post" moment in Tanah Papua where indigenous Papuans are still referred to as "locked in the Stone Age" (Rutherford 2018). In other words, what would be post about postcolonialism if we are still talking about difference? What more, what if that difference is locked in time?

Like Stoler (1992, 2002), McClintok (1995), Mani, and Frankenberg, Hall's point is that the idea of binarisms was already a fiction. Indeed, the notion of 'double inscription' helps postcolonial thinkers to get at the "transverse cross relations" that made up the colonial world in order to trouble the idea of lateral relations of power—that is, the simplified colonizer and colonized binary. As he notes, the post in postcolonial marks neither a temporal or epistemological rupture with the colonial past, but instead serves to help us rethink how difference and power were configured in studies of colonial regimes and their afterlives.

Catherine Hall pushes further arguing that the post-colonial moment forces a kind of "rewriting" of imperial grand narratives (1996). Therefore, whereas scholars, as well as those deploying colonial powers, popularly understood difference as binary (a la Lévi-Strauss), postcolonial thinking acknowledges moments and facts of transculturation, cultural translation and

transnationalism thereby signifying a shift from difference to *différance*. The Derridian term *différance* gets at this complexity where the meaning of "post" in post-colonial may always be differed. Ultimately, Hall seems to be in support of thinking of the post-colonial as a kind of deconstruction of the colonial. The post-colonial then is not necessarily a rupture with the epistemological entanglements of the colonial, but instead recognizes that the post-colonial gets at the limit of colonial discourses. Indeed, the use of the notion of the post-colonial is important because the colonial structures of power look different (e.g. "after-effects" of colonial rule), and also because it gets at the "notion of a shift or a transition conceptualized as the reconfiguration of a field, rather than as a movement of linear transcendence between two mutually exclusive states" (1996:254). It seems that a gesture toward the future necessitates a kind of return; (post)colonial theory invites a (re)writing and (re)working of dominant narratives on how power and difference looked during colonialism.

Byron Good offers a related analytic by referring to hauntology as a way to understand the uncanny events and artifacts haunting Indonesia (2012). Drawing on Derrida's notion of hauntology (1994), Good's work is particularly powerful applied to a region where the Indonesian state has been the proverbial monster. I return to the opening vignette of this dissertation and the moment Ibu Hannah interrupted the theme of the head of the department of health's book launch to proclaim that family planning was a sin and did not fit in Papua. In a book launch that aimed to outline 'innovative' solutions to the steady depopulation of Papua's indigenous community—or *extinction* in the words of the head of the Department of Health—the National Family Planning Program arose seemingly unexpectedly as a key cause of this grim reality. Deemed a sin, family planning is framed among those concerned with Papua's

depopulation and outside of Indonesian bureaucratic institutions as antithetical to the very survival of this majority Christian indigenous community.

Good proposes that such moments of eruption, that is when something largely unspeakable conjures complex specters that haunt the present, reveal something traumatic in the past. In this sense we can imagine that the history of documented aggressive coercion and militarized techniques of enrollment that characterized the early family planning program throughout Indonesia, and the militarized occupation of West Papua, to be haunting the public health institutions of Indonesia and Tanah Papua. Yet, Ibu Hannah is referring very directly to the problem of family planning as family planning; that is its contraceptive capacity. And though she disrupts the programming of the day, rather than falling on deaf ears, her words receive applause from the audience. This moment of calm that seems sanctioned by Indonesia gets disrupted and reveals, too, that Papuans carry both truths: state sanctioned and that the state is responsible for their depopulation¹⁶.

Race, Ethnicity, Racialization

Much of the anthropology of Indonesia has been distinct from the anthropology of Melanesia, where the island of New Guinea is often discussed. Distinctly on the periphery of the archipelago, Tanah Papua has been on the periphery of the imagined nation state by both scholars in and outside of Indonesia (Appadurai 1986). In addition to reorienting Tanah Papua's often peripheral position, this dissertation pulls race from the margins (Okihiro 1994) and situates the current state of women's reproductive health interventions in Papua within the

¹⁶ A spin on Danilyn Rutherford's concept of Papuans as being both of Indonesia and foreigners. *Raiding the Land of Foreigners: The Limits of the Nation on an Indonesian Frontier* (2003)

specific temporal, geographic and sociopolitical context of the region in order to attend to the nuanced features and moments of racism at work in Papua.

Following Frantz Fanon's assertions, racism should be understood as inherent in colonial exploitation; put differently, "military and economic oppression generally precedes, *makes possible*, and legitimizes racism" (emphasis added) (1967[1956])38). Indeed, a key feature of Tanah Papua's material reality is the military and economic oppression faced by the indigenous black population. Moreover, by taking racism to be a historically contingent phenomenon, with standard features that could be applied to any colonial situation, Fanon strives to challenge the idea that racism is "a mental quirk" or a psychological phenomenon (Ibid). Instead, in this essay he carefully lays out the ways in which racism is systemic in cultural institutions of the colonizer. Therefore, we can infer that for Fanon, all aspects of life must be examined in any study of racism. I argue that there is particular purchase in studying its contours in the context of women's reproductive health in the politically contested site of Tanah Papua. Such a study necessitates paying attention to the multiple colonial powers that took hold in Tanah Papua.

Danilyn Rutherford's recent work on the continued currency of the idea of Papuans living in the so-called Stone Age (2018) speaks to the way in which Papuans are fixed in a particular temporal location. The sedimentation of this location is not only via the obvious ways that "culture" supersedes or serves as a stand in for any complicated view of Papuans, but in the ways that public health practices by the state take shape. In her work on the confrontation between Indonesian state officials and a local Bemunese community in eastern Indonesia over an annual Bemunese ritual, Patricia Spyer highlights the ways in which Indonesia's attempt to celebrate diversity does little more than to codify and reify its forms and people (1996). Despite the famous Indonesian state motto: *bhinneka tunggal ika* (unity in diversity), we see how that unity

is achieved. Although Spyer does not engage explicitly with Fanon, her critique resonates quite strongly with Fanon's assessment of the kind of cultural mummification that occurs in colonial racism (1967[1956]). Moreover, she also presents her ethnography as evidence of the inevitable confrontation that arises between state forces and those who are constructed as standard and exotic inhabitants of islands far from the state capital. Again, echoes of Fanon ring clear as Spyer's ethnographic account posits the indigenous people as social agents who engage with state intervention. Indigenous black Papuans are faced with this simultaneous relegation to a distant past while simultaneously under pressure to achieve Indonesian modernity.

Spyer terms this state practice the "colonization of time." (1996). She notes that regarding the village and its people as timeless and ahistorical, vis-à-vis the term adat, was a standard feature of Suharto's New Order regime. Although I conducted my fieldwork almost two decades after the fall of Suharto's government in 1998, the mummification of Papuans remained a relevant point. It is important here to note the multiplicity of Papuan experiences in order to attend some of the effects of this reification. As noted earlier the missionizing practices, as well as trade and economic practices and histories found within Papua are many. Though it is beyond the scope of this dissertation to trace the many features and trajectories of these practices and histories, the narrative difference and different fields of force (Li 2001) surrounding the highland versus coastal or lowland Papuan groups featured prominently in my time in Papua. On two different occasions, interlocutors invoked fears of an episode like Rwanda to describe the animosity and contention between highland and coastal/lowland groups. Again, these groupings are false in some sense because they presume coherence as highlander and lowlander (upland interior known as *pedalaman* versus upland urban center or coastal upland were also referenced). However, in Papua's urban capital where migrants from all over the Tanah Papua converged, the dismissal and denigrating way highland Papuans were referred to and treated was palpable.

Tropes of loud, alcoholic, criminal and generally disruptive and violent highland Papuan men abounded. Highlanders from locations where Christian missions more recently evangelized, such as Yali, tended to be seen as less educated and less capable of learning.

The Papuan People's Council (MRP) introduced in the section on postcolonial theory defines what is meant by indigenous Papuans. The language used is "orang asli Papua," which literally translates to "original people of Papua." Item nine in the central government produced MRP handbook states: "Indigenous Papuans are people who originate from the cluster of the Melanesian race that is made up of original ethnic tribes in Papua Province and/or who are accepted and regarded as indigenous Papuan by Papuan customary society." Furthermore, customary society (masyrakat adat) is defined as "members of indigenous Papuan society who live in particular bounded region and obey a specific custom or tradition, as well as, feel a tremendous amount of solidarity with other members of that group." Is will discuss the slippages between these two terms as is evident in their MRP definitions in Chapter Three. The practices that emerged from and further defined the terms have everything to do with the positioning of Papuans versus the audience (Hall). This is especially historicized for the term adat, which emerged as a consolidated term courtesy of the Dutch colonial apparatus, which I also unpack in Chapter Three.

What I wish to point to here, is that although these appear as self-contained definitions of identification, the reality for how Papuans referenced and identified with the African geo-body

¹⁷ Translation by the author. Indonesian language: "Orang asli Papua adalah orang yang berasal dari rumpun ras Melanesia yang terdiri dari suku suku asli di Provinsi Papua dan/atau orang yang diterima, dan diakui sebagai orang asli Papua oleh masyarakat adat Papua."

¹⁸ Translation by the author. Indonesian language: "Masyarakat adat adalah warga masyarakat asli Papua yang hidup dalam wilayah dan terikat serta tunduk kepada adat tertentu dengan rasa solidaritas yang tinggi diantara para anggotanya."

(Thongchai 1997[1994]), as well as how they reconciled the place and power afforded to mixed race individuals was far from clear and bounded. Understanding Africa as a geo-body is useful because it speaks to the elements of nationhood that move beyond Anderson's assertion of an imagined community living in a homogenous time. As noted above, Papuans were and are still presumed to exist in a different time from their western Indonesian counterparts. This feature of nationhood, thus, always excluded Tanah Papua and Papuans.

The analytical tool of the geo-body frames the techniques and practices deployed to bound a territory, as defined through modern mapping techniques. It also speaks to the technique of territoriality according to Thongchai Winichakul, which address the attempted control of people, phenomena and relationships through communication, boundary making and enforcing (1997[1994]). Thongchai, then, proposes its usefulness for understanding the attempted coherence of a national identity that it presumes. Although it may seem counterintuitive then to use the term to reference the continent of Africa, I find it particularly useful because of precisely the ways in which the map of the continent of Africa has come to presume a kind of cohesion among all African nation-states. Unlike Europe where the cultural identity of French personhood is always often understood to be very distinct from that of Spanish or German personhood, Nigerian personhood, for example, often seems indistinct from Ghanaian personhood on the world stage. My point, then, is not to reinforce or take for granted this homogeneity nor erase the colonial enterprise and mapping that created bounded nation states like Nigeria, but rather to point to its taken for granted-ness. And one of the effects of this taken for granted-ness of the African geo-body is what it did for the Papuan black imaginary.

I reference here the first Papuan nationalist (I do not say 'modern nationalist' because that would be redundant) delegation to leave the Papuan geo-body to tour Africa. Though their

route can be retraced, there appears to be no particular African nation that served as the referenced Papuan kin. Instead, Papuan male nationalists traveled with a pamphlet titled, "Voice of the Negroids of the Pacific to the Negroids Throughout the World" in 1962 (King 2002). In the title alone, the Papuan nationalist delegation coupled nationalism with blackness, and connected that blackness to those understood to be black in other places. Indeed, in this critical post Bandung moment¹⁹ of the 1960s, that saw Asia and Africa nation-states sharing a kind of postcolonial kinship in 1955, Papuans who were left out of that conference saw power in race-based kinship relating the colonial histories of other black peoples in Africa to their contemporary plight under Indonesian control.

Recently the publication of the book *Rendered Half Animal: Indonesian Racialism* (20140) by the most famous Papuan political prisoner, Filep Karma, offers a way to understand the dehumanizing aspect of Papuan's racialization in Indonesia. A key feature of this racialization is the racism that constitutes it. The fact of Papuan political prisoners in a regime of Indonesian occupation is central to their racialization.

My own racialized position in Papua is theoretically relevant. Being a mixed raced person served to be a point of entry into an economy of racialized language as nearly every interaction prompted a set of questions about my identity. I was often eagerly identified as either Papuan or part Papuan because of key visual markers within this economy: hair texture (my black curly hair), skin color (my brown skin) and facial features. That is, looking distinctly non-Indonesian, despite what was described as my "very" Indonesian name (especially my last name which is my father's Javanese second name) allowed for unique positioning in my work. In many instances the ways in which I was sometimes renamed (never by my distinctly Javanese last name), and

¹⁹ 1955 Asia African Conference in Bandung, Indonesia, which sparked the non-aligned movement comprised of Third World postcolonial nation-states.

introduced via my Afro-Latinx Puerto Rican mother, "Mama Karibea" ("having a Caribbean Mother") demonstrated the deep importance of my location within an assumed shared history of experience.

Anthropology of Global Reproductive Health

Finally, this dissertation engages the anthropology of the women's reproductive health. Medical anthropology, in particular, has offered critical analysis of development discourses, by taking culture as lived experience seriously and employing ethnographic methods to illuminate both the macro and microprocesses of development. The contributing authors of *Sex in Development* (2005) begin their comprehensive volume with this axiom. They ask: what are the biopolitical implications and effects of reproductive health development on practices of sexuality? As Hartmann (1995) notes, population control discourses began to have currency post WWII: and then became a "major international development strategy" (1995:93).

Sometimes occurring in isolation from and sometimes in conjunction with other forms of development logic and aid, population control theory draws on an intellectual history dating back to early nineteenth century Malthusian ideals that pose growth of the population—and as Hartmann (1995) shows, certain groups within populations—as the material threat to environmental and, thus, state survival. By deploying population as datum to mobilize population control measures and serve as a threatening figure in the public consciousness, Malthus' logic serves as a basis for the kind of biopolitical techniques that Foucault notes activated the biopower of the state. Responsible citizens were charged with managing their sexual health and behaviors in order to support the health of the population, and thus, nation.

Historians and scholars of Indonesia have widely documented how development has figured centrally in Indonesian state ideology and economic policy during the postcolonial Suharto regime (Robinson 1989; Hull; Dwyer 2000; Anderson; Butt 2001; Li 2007). As Leslie Butt and Tania Murray Li note in their critical analyses of Indonesia's family planning program and deforestation campaigns, the discursive potential of Indonesian *pembangunan* (development) magnified unequal power relationships, cemented racial and ethnic fissures, and was dominated by problematic tropes of 'improvement' (Butt 2001; Li 2007).

Indeed, the postcolonial shift from revolutionary independence movements from European and United States colonial power to postcolonial dependence on development aid from Europe and the United States is a complex story. A number of scholars, many of whom are medical anthropologists, have investigated how structural adjustment policies in development are politically charged and have enacted structural violence against some of the most vulnerable people in the very nations they seek to aid (Adams 1998; Ferguson 1994; Farmer 2004, Scheper-Hughes 1992). In her analysis of Indonesia's family planning program in Papua, Leslie Butt quotes Anna Tsing's observation that "violence...is inherent in 'development' and its administration" (Butt 2001; Tsing 1996). Indonesia is, thus, no different. However, what is peculiar to Indonesia is the size, reach, and resounding purported success of its most prominent health development program: family planning (Dwyer 2000; Butt 2001). The emergence of women's health as a primary sphere for international development aid has been thoroughly dissected within medical anthropology—particularly by explicitly feminist anthropology (Rapp and Ginsburg 1995, Strathern 1990[1988], Adams and Pigg 2005, Aengst 2011)—as well as scholars in feminist and development studies. In their work Women, Culture and Development (2003), feminist scholars Bhavnani, J Foran, and Kurian offer a genealogical and historical map

of how the topics of women, gender, and development have emerged and transformed in the social sciences. They show the nuances of how shifting valences from 'Women in Development' to 'Women and Development' to, later, 'Gender and Development' have set the stage for transnational programs and flows of capital, but largely ignore the complex ways in which "capitalism, patriarchy, and race/ethnicity shape and are shaped by women's subordination and oppression" (Bhavnani et al. 2003). They begin with these premises to investigate why "development failed the third world," citing the necessity to take seriously culture as lived experience to fully analyze development (Bhavnani et al. 2003:2).

Following Rapp and Ginsburg (1998) and Adams and Pigg (2005) I propose that literature that focuses on the reproductive health of non-western women often posits them as impotent objects, reducible to their suffering, rather that addressing their complex personhood. Dorothy Roberts' germinal work, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (2017[1997]) notes that the racial biopolitics of reproductive technologies both follow and enact racist conceptions of who should and should not reproduce, and under what conditions. Black Papuan women, like black U.S. women are relegated to a familiar status in a kind of stratified reproduction in global and national public health regimes. I draw resonances between these two seemingly disparate groups despite these two sets of women having distinct histories. Following Patricia J. Williams' *The Alchemy of Race and Rights*, Avery Gordon notes that "complex personhood means that the stories people tell about themselves, about their troubles, about their social worlds, and about their society's problems are entangled and weave between what is immediately available as a story and what their imaginations are reaching toward" (2007[1997]:104).

I wish to complicate the global health understanding of Papuan women in need by drawing attention to the complexity of the spaces where health care disparities are found. I wish to add to and, perhaps, rethink subjectivity in women's reproductive health literature, placing emphasis on how a kind of gendered and racialized self-fashioning in Papua points to a subjectivity that contests the kind of docile bodies that governance by state and global health bodies are theorized to create. In a complicated web of biopolitical and necropolitical techniques of surveillance by the Indonesian security apparatus, the family planning program and Papuan local responses to these, women find and make their way.

On Genocide

Although I engage very directly, as did my interlocutors and colleagues, with the social and empirical fact of a depopulating indigenous black population in Tanah Papua, I am deliberately not using the word genocide, as others (mainly local and international human rights activists) have. This is a deliberate political and intellectual choice. I am choosing not to use 'genocide' here as default or fact for what is happening in Tanah Papua because I believe it requires much more historical and political framing than I have room for in this dissertation. Perhaps more than this, I believe that the term as we use and understand it popularly needs to be unpacked and engaged so that we can understand state mechanisms and actions that may not have the explicit intention of committing genocide, and yet can be understood to be doing just that (work on the US regarding mass incarceration, police terror, low birth weights among black babies, for instance) (Roberts 1997; Washington 2006; Alexander 2010).

Chapter Descriptions

Chapter two, "Historical Framing: Family Planning in Papua," begins with introducing this history, reorienting the global health conversations of high maternal and infant mortality rates, HIV infection and rampant domestic violence in West Papua to being intimately, and perhaps inextricably, tied to the politics of women's reproduction. I explain in further detail how Papuan women are understood as always already victims, thereby making their reproduction fertile ground for national and global health interventions alike. Chapter two builds on scholarship that addresses how women's reproductive health is entangled with histories of political violence ("Enough is Enough" 2009), international development efforts (Butt 2005) and Indonesia's massive family planning program (Butt 2001). I elaborate on the complex relationship between these histories and the ways in which identity and nation are shifting and redefined in current reproductive health interventions. I discuss the competing set of anxieties about Papua's indigenous population, in which accusations of racism and genocide on the part of the Indonesian state by a number of local and international activists persist and form a basis for reproductive decision-making (Allard K. Lowenstein International Human Rights Clinic 2004; Butt 2001; Rutherford 2003; Kirksey 2012).

Chapter three, "Women, Blackness and Reproduction," explores the simultaneous hypervisibility and invisibility of Papuan women in the Indonesian imaginary. Focusing on a newly established pronatalist program in the Papuan central highlands, I examine how anxieties over depopulation center Papuan women's reproduction as prime for intervention and yet render invisible the sexual and reproductive desires of the women themselves. In this context midwives are caught between a local campaign to make birth control obsolete and replenish the population by offering a financial "bonus" to women who show up pregnant to the government health clinic,

and a history of antinatalist terrorism on the part of the Indonesian military acting on behalf of the family planning program. Through the use of ethnographic data and in-depth interviews this chapter demonstrates how anxieties appear in the seemingly mundane interactions among Papuans and non-Papuan health care providers, in the context of this pronatalist program, thereby affecting women's relationship and access to reproductive health care.

Chapter four is titled, "Pregnancy out of Place in Protestant Papua." It follows the pregnancy of a young unmarried woman connected to a renowned Protestant women's empowerment program in the lowlands. The drama that unfolds around this young women's 'unsanctioned' pregnancy—at least on the part of the religious program's leaders— is set against the drama of the Biblical story of Jairus and the hemorrhaging woman, which this young woman participates in as an actor. Through this back and forth, I illustrate the entanglements Papuan women find themselves in should they land outside of social norms. I especially pay attention to the recourse they forge through their relationships to the men in their lives. Set in the political, economic and, in many ways, religious nexus of Papua, I focus on the stories that circulated about this woman to illustrate how pregnancy stories are never simply about the biomedical. Instead, these stories carry with them anxieties about Christian and global health aid moralities, coupled with anxieties over indigenous ethnic difference, culpability and the supernatural. This chapter traces how religious pressures and obligations constrain Papuan women such that they are positioned as always already in need of global health intervention or at least that global health language and norms find their way into how they are talked about. This chapter also posits that even in this contained space, there are moments of self determination that appear as excess, where Papuan women's behavior may be understood to be self-harm or dangerous, but could potentially be understood as liberatory.

In Chapter five, "HIV Positive Women in Papua: Reproductive Life and Death," I explore the intersections of family planning norms and narratives around HIV infection. Tropes of irresponsibility and promiscuity determine the type of care afforded to HIV positive women. Moreover, HIV infection rates overdetermine global health understandings of Papuan women's needs and reproductive health interventions. These conversations also dominate how Papuans figure into the Indonesian imaginary, and become the ready answer for why Papua is depopulating at such a rapid rate. In this chapter I will more directly speak to fears of genocide and a causal link that is tied to HIV. Following the story of an HIV positive woman, who is sometimes patient, advocate and reluctant spokesperson, I will explore how even in the hypervisibility as an HIV positive black Papuan woman, a kind of social erasure is coupled with a physical one.

Chapter six is the conclusion, where I return to the theme of Papuan women's reproductive health being the imperative for Papua and Indonesia's politically devastating reality, despite the women themselves never figuring into the reproductive health conversations or decision making. I end with the implications for this reality and with a proposal for future work in Papua looking more directly at the construction and circulation of blackness in Tanah Papua.

Chapter 2

Two Children are Better!

Family Planning in Papua



Figure 2.1. Lake Sentani Festival avenue of vendors. Note non-Papuan woman wearing a painted bark headdress, appearing as a Sentani cultural artifact. *Photo by the author*.

In June of 2015, Maria was very excited about going to the Lake Sentani Festival with her dormitory friends. It was one of the few occasions she had to leave the women's dormitory where she lived and worked about 15 kilometers away. Sponsored by the provincial government, the festival had an impressive array of kiosks and tents selling crafts, precious stones and food. The huge crowd made it difficult to walk in places, but this only seemed to add to the excitement with many people laughing and browsing wares. The air was thick with the smell of propane, fried fish and corn. Maria found a pair of wooden earrings she fell in love with in one of the

larger booths on the opposite end of a field that divided two avenues of vendors. She haggled with the old woman from Waropen, a district about a day's journey on boat from Sentani. The kiosks were arranged in two avenues of vendors separated by a large grass field. Drums were beating on the large stage set at the south end of the field, along the lake's shore. Performers showcasing a traditional Sentani dance impressed a large crowd sitting in rows of plastic chairs underneath a huge tent with many more onlookers standing at the edge of the stage. Behind this tent, in the center of the field, were the military trucks. Much like the police who were stationed at a small building post at the festival entry, the soldiers were peppered throughout the field among the military trucks, dressed in combat uniform and armed. They were scanning the crowd and occasionally chatting with each other.

Most people walking along the booths and passing through the field avoided the soldiers, opting to walk around rather than through their ranks. A little further down one of the avenues of kiosks, in between vendors, was a booth conspicuously decorated with balloons and banners that read BKKBN the acronym for the *Badan Koordinasi Keluarga Berencana* (The National Family Planning Coordinating Board) and *KB* the widely recognized acronym for *Keluarga Berencana* (Family Planning). A young woman and man wearing large sashes that read "Papuan Young Generation Student Ambassador," "3rd Female Champion" and "3rd Male Champion," were greeting passersby in front of the kiosk. Inside the kiosk, Maria and I were invited to write our message to Papua's youth on colorful sticky notes to add to the wall of messages they already had up. One bright orange note read: "Two children are better!!" Another read: "Protect yourself from HIV/AIDS, because it destroys your future and the good future of our beloved Indonesia."

Papua"²⁰. (Figure 3.) When I asked how they became BKKBN Champions both answered "through prayer". I noted that they were also both fair skinned and one appeared to be non-Papuan.



Figure 2.2 Large board in BKKBN booth filled with messages on sticky notes. Photo by the author.

This scene at the Lake Sentani Festival offers a striking picture of the convergence of key state actors in the lives of residents in Papua's literal and political landscape. Although the festival only spans a few days in June, it serves as a useful reminder of the daily institutional challenges that confront the residents of Papua's capital and surrounding cities. That is, among this annual festival of music, food and shopping is the Indonesian military—armed and center stage—along with the Indonesian family planning board. A 15-kilometer drive east of the festival location quickly turns into the densely populated city of Abepura. Here, too, one finds the recurring twinning of military and reproductive concerns.

²⁰ All Indonesian language documents translated by the author.

Christianity is also never far from a discussion about women's reproduction in Papua. Beyond the narratives that families often share about religious ordination of having children and the number of them (which I share throughout the dissertation), the story that the *KB* Champions told me was that a) becoming a *KB* Champion was a marker of some kind of success, and b) that Christian narratives of divine intervention paved the way to that success. The idiom of success, champions and winners is a staple of *KB* development practices in Indonesia. As I will show later in this chapter, especially, development techniques of *re*wards and *awards* are entrenched in the family planning program and therefore, ideas about the family.

Amid the nearly overlapping cement buildings and shacks that house mini shopping centers, hair salons, small eateries and auto repair shops in Abepura are military command and training posts. Although they vary in size, the main post in this city spans about half a block, or roughly 300 meters, and sits about half a kilometer from Papua's most prestigious university, Cendrawasih University. About a kilometer east of the university another sprawling campus emerges—that of the BKKBN. This campus is outfitted with a large cement border wall along its perimeter painted in bright pastel blue, part of it's rebranding PR campaign to be more appealing to the public.

The proximity of the military and family planning, with the University in between, might seem like selective viewing creating a jarring sense of things that don't fit together. Yet, this intimacy is not unusual and not uncommon, nor are these things ever far from one another in Indonesia. Their co-presence is reproduced at the highest level of the Indonesian state all the way down to the most remote villages in the most militarized zones of the country, like in Abepura. What form do these institutions take and what consequences arise from the fact that their co-presence is something residents of Abepura must deal with on a daily basis?

At the university, enormous billboards sit on top of the cement border depicting familiar cartoons of the ideal two-child family – a ubiquitous image found throughout the rest of the archipelago. Indeed Abepura, located just outside of Papua's capital appears as an extension of the relatively small capital city of Jayapura with the many government offices located there. The presence of these government offices does not, however, instill the calm security hoped for by the Indonesian state—or perhaps it does, just not to the Papuan residents of this city. To most residents, these structures stand as symbols of state violence and coercion and, for Papuans over age five, they also stand as haunting reminders of a brutal military response to a mass student protest on Cendrawasih University's campus in 2011 – an event one friend described as a massacre of the students followed by a weeklong curfew with armed soldiers and police posted on street corners.

She drew me into this history one day, as she told me about her memories of the events. Martha who was in her early twenties helped me understand the strange intertwining of military force and family planning, but also about what it meant to be Papuan in Indonesia or, better said, how being Papuan meant dealing with these government demands in ways that required a clever sort of racial and reproductive choice. She noted that there is video footage of the violence posted to YouTube with the headline *Abe Berdara* [Abe Bleeds] referencing the blood of slain students (and some policemen) flowing through the streets of Abepura. I couldn't help but think of the notion of bleeding here as having two references: the blood of reproduction and the blood of the state's violence.

With a pained smile and what seemed like nervous laughter, Martha told me more about the events of that time. She explained how she grew defiant of the curfew and, because she and her classmates were running out of food, tried to search for some at her local grocery store. As she approached her street's intersection, an armed soldier turned in her direction and, without warning, shot dead another person walking toward the main road.

"He was a highlander," she said. She explained that she could tell by his dark skin, thick kinky hair and short stature. My friend was from a family of migrants from Ambon, another island in Eastern Indonesia, but she defied anyone who would refer to her as anything other than Papuan. I realized how difficult it was for her to engage with this violence, since in this moment, she seemed to acknowledge that her life was spared precisely because she was not considered *asli Papua* [indigenous]. The tangled and complex politics of identity in West Papua arise like this, in unexpected ways. Sometimes it is when one is trying to avoid the backlash of the over-reactive military, while other times it is when one is trying to decide how and when or in what ways one will respond to the desire for an "ideal family of two."

Martha's recollection of violence and her own story of reproduction under conditions of violence in relation to racial identity form a repertoire of hauntings. However, unlike the eruption ushered by the midwife at the head of the Department of Health's book launch, the ghosts here threaten to reveal not just a violent history, but the potentiality of a violent present and future. As Avery Gordon argues in *Ghostly Matters*, "haunting raises specters, and it alters the experience of being in time, the way we separate the past, the present and the future...we are notified that what's been concealed is very much alive and present" (2008[1997]: xvi). So that Martha's obsession with ghosts living in the women's dormitory where she works, too, has everything to do with "monopolistic and militaristic state violence" in an "always already racial capitalism" (2008[1997]: xv). These memories and institutions appear as specters, with Papuan residents (including non-Papuan Indonesians, and indigenous Papuan people, in particular) experiencing a kind of collective haunting. I argue that this haunting manifests in unspoken ways

of communicating, too. That is, in the lowered voices, whispered statements of "we will be finished", and angry outbursts—in other words, in the micropractices that I encountered.

To return to Byron Good, a hauntological analysis of such specters in places of mass violence, and in Indonesia in particular, is useful in unpacking the layers of memory embedded within them. Military posts conjure the recent horror of Abe Berdara, Abe Bleeds, and reference a brutal history of occupation. Perhaps, too, the relatively innocuous and ordinary post on the corner of one of Abepura's busiest intersections—which is sometimes a site for women to sell betel nut (pinang), sometimes a motorbike taxi stand, sometimes a Christmas tree decoration site, and sometimes a police post—serves as a ghost stuck in the memory of watching the street gutters directly in front of it flow with blood. It is in this context of haunting that state institutions and programs often appear as violent, recalling a history of violent political oppression. However, unlike Good's hauntological analysis of specters in other parts of Indonesia, particularly those that experienced the 1965 massacres of communists and alleged communists predominantly in Java and Bali, the haunting Martha describes is conjuring what is otherwise absent from view: literal disappearance of indigenous Papuans. People disappeared and bodies never found. Or in the case of a census that does not distinguish between indigenous and non-indigenous residents, people not counted. How do we account for a "haunting that is an animated state in which a repressed or unresolved social violence is making itself known" (Gordon 2008[1997]: xvi) that is occurring simultaneous to continued intimidation and violence? It is within this haunting and current violence that the establishment of Indonesia's national family planning program must be understood.

History of Tanah Papua's incorporation into the Indonesian State

As stated in the introduction, Tanah Papua, is home to over 250 languages and what are often referred to as ethnic groups. In 1969, Papua was officially annexed by the Indonesian state after a massive military occupation that began in 1961 while Papua was still under the colonial control of the Netherlands, Indonesia's former colonial power. Since annexation, the fairly large and long standing political organization, the Free Papua Movement (*Operasi Papua Merdeka*), has taken multiple direct political actions including public demonstrations and coalition building with activists in other countries like Australia and Senegal declaring Papua a sovereign nation (Freewestpapua.org). This organization maintains that Tanah Papua, or West Papua is still colonized by the state of Indonesia and a brutal military occupation (Kirksey 2012).

Therefore, how Papua figures into the Indonesian imaginary is key to understanding the discourses surrounding the particularities of the family planning campaign in Papua. Despite Indonesia's declaration of *Bhinneka Tunggal Ika (Out of Many One)* or unity amidst a plurality of religions, languages and ethnic groups across its 6,000 inhabited islands, Papua remains peripheral to mainstream Indonesian politics, and is the site of extreme poverty and health disparities. And in spite of having the world's largest gold and copper mine, has the highest poverty rates of all 34 Indonesian provinces²¹.

BKKBN and the consolidation of the Indonesian State

Among leading global health development agencies, Indonesia's Family Planning

Program is considered one of the most successful in the world. Since implementation of the

National Family Planning or *Keluarga Berencana* program in 1970, the growth rate of the fourth

²¹ Freeport-Indonesia was established in 1966 and is a subsidiary of the US owned Freeport-McMoRan.

most populous nation has been steadily declining. In a 30-year period, from the beginning of the national family planning program in 1970 to 2000, fertility declined by over 50%, from a rate of 5.9 to 2.6 children per woman. ²² According to World Bank World Development Indicators, the total fertility rate reached an all time low of 2.14 births per woman by the end of the 2000s. 23 By all accounts, such data translates into success. In June 2006, the US Agency for International Development or USAID "graduated" Indonesia as a "world leader in family planning" and ended its thirty-five year partnership with Indonesia's National Family Planning Board (BKKBN)²⁴ (USAID 2006). However, only three years after claiming this moment in Indonesia's national history as a USAID "success story," the family planning board introduced a campaign to Revitalize Family Planning (Revitalisasi Keluarga Berencana). Indonesia embarked on a reenergized and re-ordered family planning campaign. One stated reason for this revitalization campaign is the need to reduce the maternal and infant mortality rates, as they are currently higher than the World Health Organization target. Because family planning has historically been purported as the means through which maternal and child welfare can be achieved, high maternal and infant mortality rates pose a critical challenge for the family planning board.

Moreover, although global health agencies and the Indonesian government roundly celebrate Indonesia's status as a family planning "success" story, narratives of anxiety—of an Indonesia and family planning program under threat—continue to emerge. Statements made by the head of the family planning board to revitalize family planning express a more general anxiety over Indonesia's large population. One recent shift within this era of revitalization is that

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²² USAID publication, *35 Year Commitment to family planning in Indonesia: BKKBN and USAID's Historic Partnership*, 2006. Graph on page 13.

²³ Reported in 2009.

²⁴ BKKBN is the acronym for *Badan Koordinasi Keluarga Berencana Nasional*. While BKKBN is known throughout Indonesia both politically and locally by its acronym, I will be referring to it as the family planning board from here forward.

of the family planning board's slogan of the last thirty-five years. Instead of the well-known "Two Children Are Enough," the family planning board slogan now reads: "Two Children Are Better," often appearing in bright blue bubble letter font. Similar to the bright blue of the BKKBN campus border wall.

The new slogan begs the question, better than and for what? I argue that within this shift in *KB* rhetoric lies a crisis--that is, Indonesia's continued pursuit of modernity and fear of family planning failure as evidenced in the reproductive lives of its most disadvantaged and vulnerable populations. Moreover, the shift also seems to point to a departure from the *KB* outreach practices of the Suharto regime characterized by many scholars as coercive if not oppressive (Pausacker 2001). The crisis emerges in a paradox where Indonesia is caught between two notions of modernity that seem at odds: a commitment to small families through family planning on one hand and a commitment to human rights through a notion of reproductive freedom and informed consent on the other.

Indonesia's continued fervent commitment to the two-child norm indicates that without this commitment to family planning, Indonesia will not be able to (re)emerge as a global health success story. One key feature of the family planning campaign is that it is necessary to reach the Millennium Development Goals, which serve as the metric for global health success. However, the new slogan, "two children are better" attends to contemporary awareness of a history of enforcement of the small family norm through family planning. Enforcement is, today, not compatible with human rights.

History and current reports of state violence in Papua

Indonesia's family planning program is massive and has a history almost as long as the nation itself. In order to understand its size and reach, as well as its place among global health family planning programs, we must first consider this history.

Historical Background

In 2006 USAID published a report called *A 35 Year Commitment to Family Planning in Indonesia: BKKBN and USAID's Historic Partnership*, documenting Indonesia's success story. This report coincided with USAID's decision to "graduate" Indonesia from its programmatic and technical support in the same year. While an assemblage of international donor agencies was directly involved in forming Indonesia's family planning program, (Ford Foundation, the World Bank, United Nations Population Fund) USAID provided over \$340 million dollars in funding during this thirty-five-year period. It was also the only foreign donor agency to form and maintain a long-term direct partnership with the family planning board.

Certainly, Indonesia and its family planning program in particular demonstrate how global politics are implicated in and shape development aid flows (Ferguson 1990, Hartmann 1995). Thus, the history of Indonesia's family planning program cannot be extricated from the relationship with its international donors. International agencies not only provided aid, but also were essential to the formation of Indonesia's family planning program. In fact the formation of Indonesia's National Family Planning Board was largely the result of international intervention motivated by outside fears over population growth and desire for development. However, Indonesia's family planning story precedes the presidential decree signed by authoritarian President Suharto in 1970 that established the family planning board. In *People, Population, and*

Policy in Indonesia, Terence and Valerie Hull write that after declaring independence in 1945, Indonesia's political terrain was complicated at best. As such its first president, Sukarno, was cautious to introduce a national family planning campaign despite the urging of the private organization Indonesian Planned Parenthood Association formed in 1956. ²⁵ Simultaneous to this national and international event, Ibu Hannah, whom I introduced in Chapter One, who boldly exclaimed in a public forum in 2015 that *KB* was a sin, began her career in a Dutch-run nurse midwifery program in Abepura in 1956. Five years later she describes:

On December 1st, 1961 we raised the Papuan flag. The Dutch flag first, then the Papuan flag. I remember that history well—I was one of the (*pelaku*) actors who helped raise the flag.

Ibu Hannah described the raising of the morning star flag as an act of sovereignty. Indonesia had begun the *Trikora* Campaign (typical of Indonesian naming techniques, *Trikora* is an abbreviation for *Tiga Komando Rakyat*; Three People's Commandos), the military operation to seize and annex Papua in 1961.

She later described being transferred from her midwifery post in September of 1962 to Biak in order to replace the Dutch midwives who were posted there. Ibu Hannah explained that she did not understand why, but later learned that a month earlier in August of 1962, the US brokered the NY Agreement between Indonesia and the Netherlands, transferring "administration" of Papua first to the United Nations, then to Indonesia on May 1, 1963 in preparation for Papua's independence, only a few days after her last exam as a midwifery candidate on April 27, 1963. Between heavy sighs, she spoke uncharacteristically slowly as she described this period as the moment when the *Trikora* workers entered Papua. The heaviness of

²⁵ Hull, Terence ed. *People, Population, and Policy in Indonesia*. 2005 Jakarta: Equinox Publishing. 10.

the past seemed to weigh heavily on Ibu Hannah in the present. She noted that she was able to work with the *Trikora* workers side by side at first ("*kami kerja sama...pertama bagus*").

Over time, however, the financial motivation began to take precedence and things started to shift dramatically. Ibu Hannah shared that before Indonesia arrived, Papuans were honest, responsible people. "If you were to give a Papuan person \$100 to buy something and there was even a small amount of change left after the purchase, you would get every cent. Sebelum itu orang Papua bagus ... Ada uang seratus diberikan, dan disuruh tugas dimana ... dan ada sisah sedikitpun, dia tidak sembunyi...sisah dia kembalikan. itu jujurnya...)." She went on to note that on Sundays, folks were not allowed to walk the streets. Ships were not even allowed to dock until after Sunday services were over at 11am. She described these laws with pride. She emphasized this Christian strength as we spoke, "kuat sekali". She then highlighted Papua's responsibility during the Trikora era until 1969, as one of protecting the Christian faith, and in effect protecting what it meant to be Papuan. Ibu Hannah noted that during this time Indonesian women were "sent" to Papua to tempt Papuan men. Further erosion of Papuan Christianity came with state programs, like the weekly "health day" in Enarotali in the highlands, which was scheduled on Sundays. She noted that she pleaded with the head of the hospital to change "health day" to observe Sunday Services, but to no avail. According to Ibu Hannah, the assault on Papua took many forms.

During this time, Ibu Hannah was transferred again, this time to Manokwari in Bird's Head, now the capital of West Papua province. She did not describe her midwifery with any particular significance during this time, but instead shifted her description to her role of being "on 24-hour standby" in a Manokwari hospital. However, Ibu Hannah was not "on standby" in the delivery room, instead she worked treating the men who were victims of Indonesian military

violence. She explained that from 1963-1969 many men were jailed, killed and tortured. She described the grotesque torture suffered by these men, this time almost in a whisper. Her voice began to crack as she explained that this happened throughout all of Tanah Papua, "and is still happening." Families were torn apart, as Papuan men were jailed and young mothers would orient their lives around visits to see their husbands, carrying their babies. Ibu Hannah then used the same word Dr. Giyai used in the title of his new book, "kepunahan" "extinction". She described technologies of extinction that are "taking place until today." She was emphatic that she knows very well that this is what Papuans are experiencing; she is only missing data, "Saya tahu baik semuanya...kematian mana, hanya data saya tidak ada. Harus ada. Kepunahan itu ada." "I know this all very well...the deaths...only I don't have the data. We need that. This is extinction."

In the period Ibu Hannah often refers to, 1963-1969, Indonesian intervention in Tanah Papua shifted from Trikora to the referendum popularly known as "The Act of Free Choice." It was striking to me, that she did not distinguish the upheaval and dramatic transition from Sukarno to Suharto's regime in 1965. Unlike my previous work in other parts of Indonesia (Bali and Java), Ibu Hannah marked time by who was in Papua and what they did there, not who was in power in the central government of Indonesia. Nevertheless, I turn now to some of this history as it sets the stage for global health interventions in population control and ultimately women's reproductive governance—a scene that converges again with Ibu Hannah's experience as a midwife in the 1980s.

After Suharto came to power in 1965 amidst significant political, military and social upheaval following an alleged coup and military counter-coup, Indonesia resumed formal relations again with the United Nations and the US, and began forging relationships with

international development agencies. The first US ambassador to Indonesia in this fledgling relationship pushed for "the need to control the rapid population increase". The central island of Java was already densely populated at the time. These new relationships and alignments marked a pivotal shift in Indonesian governance. While the Ford Foundation had already sponsored private doctors to travel to NY to learn about contraceptive technologies and then to Puerto Rico for training on sterilization techniques in the 1950s, family planning was not yet a state concern. However as population control discourse gained traction among international development agencies focusing on post-colonial nation states, population control efforts in Indonesia became paramount.²⁶ Just two years after taking power, Suharto signed the United Nations sponsored World Leaders' Declaration on Population in 1967, declaring family planning a basic human right. This new imperative to control Indonesia's population was no longer just a neoliberal economic development, but now a rights based one. This coupling manifested in two of Suharto's biggest and longest running population programs: transmigration and state run family planning. The then diffuse family planning program was consolidated into one government family board (BKKBN). As historian Terence Hull writes, this transformation was significant in that it focused on coordination of contributions from other ministries, such as the ministry of health, education, and religious affairs as well as other private and community based organizations in the service of its family planning program. Family planning was now seen as a multi-pronged approach that involved health care access, but also required re-education and 'socialization' of the population. Indonesia's second prong was its massive transmigration program, sponsored by the World Bank, spanned a twenty-year period and relocated tens of

²⁶ Ibid, 17.

millions of Indonesians to outlying islands, including Papua.²⁷ Many of the Western Indonesians I encountered in Papua had arrived as part of this program in the 1980s, in the hopes of finding better employment opportunities.

The head nurse midwife of the Abepura government health clinic in the lowlands recounted to me how she had been one such migrant. She arrived in 1985, following her older sister, hoping for a better job. Ibu Sinta was originally from North Sumatra. Although she visited her hometown often, she did not plan on leaving Papua. She expressed deep affection for Papua and its people. Observing her handle the intake of the clinic's mother and child health patients, it was clear that she liked to joke with children and smiled quite a bit when speaking with mothers. When discussing her affection for Papua and her observation of how it has changed over the last 3 decades, Ibu Sinta explained

"Before the road from Sentani to Abepura was just all trees. It is so amazing now, if I may say so. When I arrived in 1985 as a (*pendatang*) newcomer, it looked far and away different from now. It appeared that the people from this area and newcomers were quite distant from each other. And now, it's so different! Papuans are already *cantik-cantik*, pretty now. They are in mixed marriages, so they're very pretty now."

Ibu Sinta's observations of an unfamiliar, foreign land she now calls home has everything to do with the "distance" she felt from its indigenous inhabitants. And this distance is not primarily invoked in terms of indigenous culture or customs, but how Papuans look. I do not intend to reinscribe a biological reification of race, but the aesthetics of the racialization that Ibu Sinta—the epidermalization of race charged with values of development—invokes significant weight in Tanah Papua and Indonesia. Mixed marriages, producing mixed children, is coupled with

²⁷ Otten, Mariel. Transmigrasi: Indonesian Resettlement Policy, 1965-1985. Copenhagen: Iwgia Document. 1986.

another visible modernizing strategy: deforestation and clear roads. Race here goes unnamed, but like Papuan women, is a hypervisible marker of modernity.

With the simultaneous presidential decrees of the transmigration program and nationalization of the family planning program, it became apparent that population growth was identified as a major barrier to development²⁸. It was through such programs that Indonesia was able to guarantee significant funds from agencies like USAID, the World Bank and the Ford Foundation. Moreover, these agencies were able to define their programming through their partnership with the Indonesian government. In its 2006 report on the relationship between USAID and Indonesia's family planning board, USAID touts "fresh insights," "innovative approaches," and "risk taking," in addition to "sound medicine and evidence based experimentation" as part of the success of Indonesia's family planning program. The report quotes the former family planning board chairperson as stating that beyond financial support,

²⁸ The work of Mahmood Mamdani in *The Myth of Population Control* (1972) deftly teases out the contradictions and teleologies inherent in population control discourses. In this germinal work examining the survey techniques of a family planning program in Khanna, India in the mid 1960s, Mamdani questions the very scientific and political bases for the assertion of family planning programs' assumed success. Mamdani explains how population control discourses served to mobilize and reorder existing power asymmetries that have their roots in colonial medicine. He challenges family planning logics as a science of fertility and, thus, sexuality. One of the main features of this myth is the production of the uneducated, irrational South Asian (Khanna) peasant. Mamdani shows how population control names the population as problem space and produces a coherent and knowable 'other'. That is, there is a kind of assumption of the 'population' as ontological given once 'overpopulation' is identified as a problem. The problem creates the subject. Populations of women become targets, acceptors or resistors as we see decades later in Indonesia, among other postcolonial states (Hartmann 1997; Mamdani 1972). In his analysis, Mamdani demonstrates how to conduct work that actively moves against this biopolitical tendency by adding voices to the way numbers get used to manage populations as acts of modern governance. While most evaluation methods primarily relied on epidemiological data, he ushers in a kind of development critique that uses ethnography to contextualize and in some cases refute statistical data (1972).

USAID provided "spiritual and moral support."²⁹ Discourses of morality find currency around families in relation to either their use or rejection of *KB*.

However, USAIDs intervention in Indonesia is indeed quantifiable beyond financial support. Such support is apparent in the unfolding of the family planning board's activities and scope. Firstly, the imperative of controlling population growth determined where the family planning board would consolidate its efforts. Despite greater health disparities in outlying islands, the family planning board focused on the two most populous islands, Java and Bali, to begin its work. Again, it became apparent that population control—and not health concerns was the primary goal of the program at this time. In addition to the presence of other donor agencies, the family planning board worked with the central government to establish a data system that allowed the central agency in the capital, Jakarta, to keep abreast of the outreach efforts being made at the district level. Local offices employed field workers called *Petugas* Lapangan Keluarga Berencana who conducted outreach to recruit and maintain acceptors, women who chose to use contraceptives, and distributed contraceptives at the village and hamlet level. Eventually they became professionalized as family planning board employees, whereas kaders remain volunteers who work more closely with community health centers or puskesmas (Pusat Kesehatan Masyarakat), which are overseen by district Ministries of Health. (However, interviewees do report monetary "gifts" as incentive to continue to volunteer). According to Hull, by the late 1970s there were over 6,000 field workers employed throughout Bali and Java. Simultaneously, the Ford Foundation catalyzed population research, and soon two of the most prestigious universities in Indonesia, Universitas Indonesia in Jakarta and Universitas Gadja Mada in Yogyakarta, both on the island of Java, had their own population research institutes.

²⁹ USAID publication, *35 Year Commitment to family planning in Indonesia: BKKBN and USAID's Historic Partnership*, 2006.

Thus, development agency funding was crucial to the professionalization and creation of population expertise in Indonesia.³⁰

Two Children are Enough

By the 1980s the presence of the family planning board and the family planning program was visibly significant, if not merely statistically significant in the rise in number of women reporting contraceptive use. The family planning board had large buildings with flags espousing its slogans throughout the archipelago. It had fleets of vehicles for the field workers to conduct *safaris* or outreach missions. In the most densely populated islands of Bali and Java billboards, stone carvings, and television and radios made its slogan *Dua Anak Cukup* or *Two Children are Enough* ubiquitous. Ibu Hannah marks 1980 as the "entry" (*masuk*) of *KB* into Tanah Papua. She describes this initially as a positive step. She explained that some Papuan women were organized and welcomed birth control technology. But birth control technology and the family planning program are two different things. She was then sent to Jakarta for further training, although she had already spent years studying in Dutch run schools for midwifery.

Until 2001, Ibu Hannah described understanding *KB* as a way for women to space their children's births and have a small family that they could support financially. However, she described that in 2001 she read the Bible and realized that *KB* was wrong, a sin. She explained, "I saw, wow, in actuality we are killing. We are stopping God's program to bring people into this world." This shift in her perspective follows over 5 decades of witnessing violence against indigenous Papuans by state actors. Initially, as she said, she along with other midwives were in support of the *KB* program, until she and others realized that they were "killing God's plan".

³⁰ Hull, Terence ed. *People, Population, and Policy in Indonesia*. 2005 Jakarta: Equinox Publishing. 30.

Dwyer, Leslie. "Spectacular Sexuality: nationalism, development and the politics of family planning in Indonesia" in *Sexing the Nation: Gender Ironies of Nationalism* (1999).

When I asked how she felt about this transgression, she accepted her fault and turned to the famous Biblical passage asking they who have not sinned to throw the first stone. This was her sin, but her current stance is her repentance.

In Papua, the BKKBN offices at the provincial and regency level are also heavily outfitted with billboards and flags. The Papuan version of the billboards feature cartoon drawings of Papuan couples imploring Papua to have healthy families. The two-child ideal does not appear in the language, but instead in the depiction of happy families with one boy and one girl. Upon even mentioning *KB* to many of the women and men with whom I interviewed, the response was often, "*dua anak cukup* (two children are enough)." It is clear that for many, this slogan is understood to be an Indonesian family ideal perhaps incompatible with Papua and the current state of Papua's indigenous population. For Ibu Hannah, not only is it incompatible, but it serves a political lynchpin. She along with a younger midwife explained that the Papuan local government isn't brave enough to turn away the family planning program. She added, "If you do, they say you want independence. (*Di bilang kamu mau merdeka*.)"

Global Health and the State: USAID-Indonesia Partnership In Summary

The USAID-family planning board partnership paved the way for *KB* distribution and usage throughout the archipelago and has since its inception maintained its monopoly over *KB* distribution through a marketing campaign called Blue Circle. Even prior to this, USAID reported that by the late 1970s Indonesia accounted for over 75% of USAID's oral contraceptive distribution. Something was working in Indonesia that wasn't working in other countries with

similarly sponsored global USAID programs. ³² Success was touted at different stages of the thirty-year USAID- family planning board partnership. One manifestation of this success was the awarding of the "population prize" to President Suharto in 1989 by the United Nations. ³³ Ultimately, the basis for graduating Indonesia was the nearly 50% decline in overall fertility since the beginning of the official partnership.

USAID literature on Indonesia's family planning program today reports that its bilateral partnership with Indonesia is the reason for Indonesia's successful program and, subsequently, the better quality of life experienced by everyday Indonesians. Reports of this success quote the former head of the family planning board, whom they refer to as "one of the founding fathers of Family Planning in Indonesia," as saying that the USAID-Indonesia partnership was a "bridge between our two countries" (USAID 2006). Without the slightest hint of irony, the USAID-Indonesian partnership narrative is told in the idiom of founding fathers birthing national mothers (Suryakusuma 2004, Alarcón, Kaplan and Moallem 1999).

Although there are numerous critiques of the vertical nature of such purportedly bilateral partnerships (Craig and Corbett 2009; Okongwu and Mencher 2000; Crane 2010), what I wish to point to here is the intimate and long history of global health ideals and rhetoric with the development of the Indonesian state. Family planning carved out a place for itself as one of the tools necessary for the utopia that Indonesia's "imagined community" desired (Anderson 1983). However celebrated this tool has become, it is worth exploring how it also became tethered to tools of destruction and violence, particularly in the context of militarized regions of the country such as in Papua. At what cost, in other words, was this success at family planning? In what

³² USAID publication, *35 Year Commitment to family planning in Indonesia: BKKBN and USAID's Historic Partnership*, 2006. page 26.

³³ Hull, Terence ed. *People, Population, and Policy in Indonesia*. 2005 Jakarta: Equinox Publishing. 54.

ways did these efforts become part of the larger Indonesian state's plan for a kind of society that was "Indonesian," and what would this mean for those who looked distinctly not "Indonesian" because they were 'black'? How did specific health development agencies promote families that would reorder state policy and, in turn, authorize military power amongst these marginalized black citizens³⁴? All of this has a lot to do with how Indonesia came to see its own population in and through the tools of family planning (as a trope, if you will, for modernity), as we will see. I maintain that a theme in Ibu Hannah's historical narrative is that black Papuans were always already excluded from the vision of modernity for Indonesia; and perhaps more directly, a problem for that modernity. This is an intrinsic problem of racialization in many modern states and one that brings us back to why race literature is so central to this dissertation.

Population, Anxiety, Genocide

Within the last decade countless publications, both within Papua and abroad have emerged focused on the increasingly declining population of black indigenous Papuans.

Interlocutors and friends would often cite the work of Jim Elmslie as evidence of depopulation.

As one friend recounted, "Soon we will only be 20 percent in our own land. In 50 years we will be gone." Elmslie's article, "West Papua: Genocide, Demographic Change, the Issue of 'Intent' and the Australia-Indonesia Security Treaty" (Paper, 2007). The paper demonstrates the empirical problem of census data in Tanah Papua. That is, from incorporation then Irian Jaya in 1969 up until Irian Jaya became renamed as West Papua and gained special autonomy status, no census data that was collected disaggregated for race or ethnicity. Moreover, presently, many local Papuan human rights organizations lament the lack of reliable census data noting that

³⁴ I would like to note here that 'citizen' is never a self-contained term and in fact Papuans are experiencing a stratified citizenship, similar to many subjugated groups globally.

underpaid state workers will often ask village heads for the number of families in their village rather than visit and count individual members.

Using what data is available, Elmslie deduced that by 2020 indigenous Papuans would make up only 30% of Papua and West Papua. According to Elmslie, this decline in population is coupled with a low growth rate. This is in contrast to the growing number of migrants to Papua from other Indonesian islands due to major waves of migration during and after Suharto's massive transmigration program.

The significance of Elmslie's article is twofold. On the one hand it highlights the obscurity and difficulty of relying on population data collected by the Indonesian state, and on the other, it is held as definitive proof of what has been rumored to be the bleak fate of indigenous Papuans. Although Elmslie leaves the "issue of genocide open", the article circulates online and from key drive to key drive as essential reading among a wide range of Papuans despite its English language format.

A number of academic institutions, as well as activist organizations describe the features of Papua's 'slow genocide'. The notion of a disappearing people appears as well in the recent work of the current head of the Papua's Department of Health, Dr. Aloysius Giyai. His books, *Cutting Off the Link of Death in Papua: Reflections on Abepura Hospital*, published in 2012 and *Fighting the Storm of Extinction: The Movement Towards of Healthy Papua: Risen, Independent and Prosperous*, published in 2015. Within these documents, Dr. Giyai outlines a familiar set of statistics for Papua—high rates of HIV infection, maternal and infant mortality, and malnutrition. At the outset, it is a grim picture of the state of Papua's indigenous population. However, it sets the stage for a series of solutions, including growing the infrastructure of Papua's department of

health and the creation of a set of specialty hospitals. His proposal is to fund this growth using Special Autonomy funds allocated to Papua's provincial government.

However, even more compelling than the ubiquity of these documents is the ubiquity of this sentiment among everyday Papuans. There is the constant refrain of "kami akan habis" literally, "we will be finished". This alarming reference to a doomed future quite often emerges as narratives of physical acts of state violence and murder. Perhaps more disturbingly these narratives seem to emerge as part of the social fabric of life for many Papuans.

A conversation I had with a 13-year-old girl from the eastern highlands caused me to reflect on this. I met Sara only a few weeks after first having lunch with the girls in the dormitory—the same dormitory where Maria, whom I addressed in the opening of this chapter, lived. One evening while I was doing laundry in the back room of the dormitory, Sara kindly asked if she could help. While we beat, rinsed and then wrung my clothes I asked her if she would be traveling back home for Christmas or staying at the dormitory. She said that she wanted to go home, but would have to wait until her father came to pick her up. She did not know if he would come. When I asked if it would be possible to travel on her own or with another friend from the dormitory, she replied that no one could travel alone because the passage to her village is too dangerous. "Mereka bunuh kami." "They kill us." After explaining that "they" were, "orang Jawa" or Javanese non-Papuan soldiers, I was caught off guard by how casually she immediately followed this with details of the elaborate Christmas and New Year celebrations of her village. In addition to the striking story she shared, she emphasized that the soldiers were "orang Jawa dari Toraja" or Javanese people from Toraja, which is a region on the island of Sulawesi, quite some distance from Java. The mention of Toraja seemed arbitrary and irrelevant, but the fact of the soldiers maintaining an identity as Javanese, nonetheless,

suggests the kind of collapsing that occurs in narratives that circulate within Papua, so that all non-Papuan Indonesians become Javanese. It suggests the centrality of Java within the archipelago and the kind of hegemony that Java and Javanese hold as symbols for Indonesian power and violence in Papua³⁵.

Genocide is often invoked in the retelling of cases of extrajudicial killings like those Sara worried about. But concerns over genocide also emerged in women's talk about fertility. Women's fertility, in fact, often becomes another site of death at the hands of the state. Here, Papuan concern with loss of their population translate into desires that run counter to the State's discourse of family planning. As a whole, Papuans want to have more children, not fewer.

Like Ibu Hannah, Bapak Fernando³⁶, the secretary of the Dewan Adat or Council of Customary Laws believes that family planning is part of Papua's slow genocide and believes that the remedy to this lies within Papua itself. In an interview I conducted at his youth foundation office, he discussed a return to Papuan forms of family and governance, namely, a return to polygamy as one key answer to Papua's population problem. He was extremely passionate when discussing his personal views and the initiatives aimed at promoting Papuan customs among youth. He proudly recounted a story about one of his young male staff members who got two women pregnant at the same time. He shared that the young man was overwhelmed when he learned that the two women began to go into labor on the same day. Bapak Fernando smiled broadly, chuckling while he shared the improbable story. He said he praised the young man and gave him a "bonus", he offered him a large sum of money as a gift for fathering two Papuan children at the same time.

³⁵ The same is true for other islands and indigenous groups claiming autonomy from the Indonesian central government.

36 Pseudonym

We spoke informally at an open conference table in the outdoor back patio of the foundation office. While we spoke, one of his staff people, Sela, a thirty-three year old woman who was working on her laptop was visibly annoyed—she shook her head throughout Bapak Fernando's recounting of the young man's story. Sela was the single mother of a 4-year-old boy, who was being taken care of by her parents in Biak. In response to my discussion with Bapak Fernando, she explained that she would never want to share a husband with another woman. Bapak Fernando teased her for her stance. He then left the room explaining to me that he was diabetic and needed to take his insulin shot, and Sela went on to state that she uses birth control because she needs to keep working to pay for her child's expenses. I was struck by her candor and by the fact that her rapport with Bapak Fernando was open enough to some extent for her to playfully voice her opposition to his suggestions regarding polygamy, but that her use of birth control seemed a little too personal—perhaps too real.

At one point during our conversation at the foundation office, someone knocked loudly on the front door. Bapak Fernando froze and immediately asked one of his staff people to find out who it was. When it turned out to be one of the youth with whom he worked, he seemed quite relieved. The flash of fear—perhaps anxiety—in the moments between the knock and the knowing was palpable. Bapak Fernando became sidetracked and shared instances of a poisoning of a close activist friend by way of a laced beer can, and his own experience of his laptop being stolen from his backpack on a flight to Jakarta from Papua. Solutions to Papua's indigenous (de)population were never far from stories of violence and covert intelligence gathering that were often shrouded in the space between suspicion and terror.

Accounts like these illustrate the various levels of anxiety that pervade Papuan everyday life choices and experiences when it comes to reproduction in a militarized and often violent

context. To be sure, many Papuans worry about fertility as a matter of the survival of their population. This is not to say, however, that Papuan women do not also express desire for and use contraception—as Sela shows us. Although the Indonesian two child norm and the compulsory enrollment into the family planning program experienced by women who visit government health clinics is understood as incompatible with the state of Papua's population, women continue to seek and express a need for contraceptives. Moreover, the solutions offered by their male counterparts which continue to rely on women's reproductive capacities regardless of their desired sexual practices are often met with heavy critique, especially by women who are in the formal workforce.

Indeed, violence, military occupation, racialized discrimination and fears of genocide all come to bear on women's reproduction in Papua, Indonesia. The history of family planning programs, once seen as the darling of the international community in terms of its success, come to wield effects that are problematic for those at the margins of an exclusionary state. In the next chapter, I will explore how a small district in the margins of Papuan provincial politics attempts to redirect what is perceived as an inevitable haunting future.

Chapter 3

Suspicion, Pronatalism and Blackness

Being haunted by the future seems a peculiar thing to contend with. Indeed, at different moments in time and in different arenas the audience for appeals to curb this future manifests as rights demands that oscillate between the Indonesian federal government and international development institutions. However, attending to the specificity of Papuan experiences as I witnessed and engaged with them in 2014-2015, also means attending to the multiple and uneven responses of Papuans to this precarious future.

There is no singular Papuan response, so to speak. In the same way that Indonesians and the Indonesian state must be understood as shifting, unbounded and plural, so too, must the roughly 2 million indigenous-identified inhabitants of west New Guinea. Instead there are multiple responses that emerged along the thematic nodes I introduced in Chapter One; foremost of these being the subject of biological and thus, social reproduction as it relates to the (de)population problem in Papua. Of course, both civil and human rights claims to indigeneity land in multiple arenas outside of reproductive health. However, there is an imperative that is placed on women's reproductive health both from Indonesia's family planning program and among some Papuan responses to this imperative in relation to the problem of social reproduction. That is, Indonesia's desire for the ideal two-child Malay family and Papua's response to that. Following David Scott (2004), I seek to parse out the questions to which Papuan responses propose to be the answer. If pronatalism is the answer, what is the question and what are its features?

In this chapter I unpack how a pronatalist project only makes sense in the racialized context of contemporary reproductive health debates and claims in Papua. Reproduction here

becomes synonymous with racial survival at whatever the cost. Such a program arises specifically out of the context of a technocratic central governing power, whose public health systems were born out of a wave of biopolitical development (pembangunan) programs as I discussed in Chapter Two. I argue that this political context along with the violent occupation of Papua constitute what Achille Mbembe described as "late-modern colonial occupation" (2003:27). A defining feature of this enterprise is the "combining of the disciplinary, the biopolitical and the necropolitical" (Ibid). In the following section I begin first with a discussion of the biopolitical features of the burgeoning bureau- and techno-cratic Suharto regime. Then I move on to a discussion of the purchase of understanding Tanah Papua as a site of "late-modern colonial occupation" and its particular necropolitical features.

Biopolitics in Papua and racialized subjects

The post-revolutionary, technocractic development era of Suharto's Indonesia (1965-1998) was, as I demonstrated, founded on an arrangement of various biopolitical techniques of governance: strategies of disciplining bodies and their sexual practices in the service of the health of the national population through the family planning program. Yet, understanding the modern postcolonial nation state of Indonesia as biopolitical draws on earlier techniques of biopolitical governance as anthropologist Ann Stoler has argued. The Foucauldian notion of biopower—biopolitics and anatamopolitics—that emerged in 19th century France was a central organizing feature of the Dutch colonial empire. One of its most central features was the production of racialized subjectivities for both the colonizer and the colonized vis-à-vis the regulation of sexual practices between Dutch and Malay subjects. The relationship between colonialism and health management produced knowledge, technologies, and people through

material and symbolic boundary work in intimate settings. Discourses of health and healthy sexual bodies staged knowledge of mixing bodies and blood and served as the basis for intervention in intimate spaces. The myth of a racially pure white Dutch was juxtaposed with less civilized, racially impure Malay. Though these earlier discourses centered on anti-miscegenation laws in colonial Indonesia, their endurance can be found in the merging of the civilizing and health discourses found in family planning's population control logics.

Though the regulation of reproduction was always a biopolitical enterprise in Suharto's pembangunan (development) New Order regime and continues to be throughout all of Indonesia, the merging of civilizing and health discourses have a specific valence in Tanah Papua. Whereas the biopolitical project in colonial Indonesia produced Dutch and Malay subjects, the biopolitical project of family planning produces Indonesian and black Papuan subjects. The production of racialized subjectivities happens here not through any contemporary miscegenation laws per se, but through the production of the black savage other against which the Muslim Malay two-child family is presented (Trouillot 1991). One feature of the particularity of family planning in Papua is that Black Papuans are produced as the savage other not only through family planning, but again, in the context of and in conjunction with military surveillance and civilizing projects. One of the most well known of these was *Operasi Koteka* (Operation Penis Gourd) (1971-1972), which sought to "encourage" central highland Papuan men to wear western style clothing and abandon penis gourds. The indignity experienced by indigenous Papuans through this program is a familiar feature of the kind of cultural racism perpetrated by a colonial power (Fanon 1968). Though this is an often referred to civilizing project of Suharto's regime, it is by no means singular. I argue that one of the most significant features of biopolitical life in Papua is the

material reality of the overlapping surveillance structures of family planning and the national Indonesian security apparatus.

Indonesia's national family planning program operates as a system of surveillance. It is a compulsory program that enrolls women as "acceptors" once they marry. All KTP or Indonesian government issued ID cards list one's marital status, and must be presented whenever a patient seeks care at a *puskesmas* (government health clinic). Therefore, when women present an ID card indicating that they are married, they are automatically approached to enroll in the family planning program. Once enrolled in the program women's birth control use is monitored both by the government health clinic midwives and nurses. Birth control use is also monitored at monthly health village posts that are run by kaders. As explained in Chapter Two, kaders are volunteers from the village or hamlet where the post is located. The role of the *kader* since the 1980s has been massive as the family planning program has grown. Nearly every village in the archipelago has a set of *kaders*. Very often they have even been charged with doing civil service work such as collecting census data for local governments. The capillary nodes of biopower run through these avenues. Kaders also often visit the homes of their neighbors in order to monitor their birth control use and report these back to the government health clinic. My previous fieldwork both in central Java and Bali, Indonesia in 2011 and 2005-2006, respectively, documented the extensive networks of *kaders* that developed among poor and working class urban housewives through word of mouth and neighborly friendships. The heavy reliance on these informal, unpaid networks of women proved to be ubiquitous in Papua, as well. While this panoptic system has been touted by global health agencies as a model for family planning success, it is also an incredibly intimate and effective technique of surveillance of the sexual practices and compliance of women.

In Tanah Papua the *kaders* and health practitioners that show up to the monthly health posts are not always Papuan. Especially in urban centers, non-Papuan western Indonesian women run these posts and administer documentation of birth control use and compliance. When I observed one such post in Abepura, many of the Papuan women I spoke with explained that they chose not to use birth control. This would sometimes lead to a point of tension between the western Indonesian practitioners interrogating the women about their choice. Although the program is compulsory, some women were able to opt out by standing in their flat out refusal. However, as Ibu Hannah explained in the first two chapters of this dissertation, refusal to join the family planning program can be dangerous as it can interpreted as code for potential insurgency.

Curiga: the Politics of Suspicion in Necropolitical Papua

The police and military surveillance of Papuans is purportedly in constant defense of this potential insurgency. That is, many of my Papuan interlocutors were well aware of the constant threat and presence of Indonesian intelligence operatives. I was often warned not to speak English in public and was told to move away from the camera lenses of reporters at an anti-violence against woman demonstration I attended in Papua's capital, Jayapura. Because of my ability to "pass" as Papuan or mixed Papuan, I risked outing myself otherwise. To out myself as foreign in such a setting would have potentially put my companions and myself danger. I discuss the analytical and material significance of my own racialization in the Introduction and later in this chapter. What I wish to emphasize here is that the constant threat of surveillance by Indonesian Intelligence is not true in the same way for the rest of Indonesia. According to many of my interlocutors, some of whom were involved in human rights and indigenous rights activism work and some who were not, there is a long history of western Indonesian Intelligence

networks that employ western Indonesian men and women, and sometimes Papuan men and women, as well. I was sometimes alerted to the "new" faces of the neighborhood—an unfamiliar Indonesian man running a sate stand on the road, an unknown Indonesian woman standing close to a friend and me—and told not to speak too loudly around them. Though these instances took place in a major Papuan city, the rule was that if you did not recognize someone and they appeared to be looking your way, proceed with caution.

Curiga, meaning suspicion, was a constant refrain throughout my fieldwork. It was used to express suspicion of individual people and their motives as well as suspicion of Indonesian health care delivery systems like the family planning program. In many ways I, as an unknown and potentially foreign young woman, was approached with *curiga*, and in turn began to move through the world in Tanah Papua with the same lens. One striking instance of the suspicion of my presence was when a hurried Papuan woman approached me while I was speaking with an older male member the Papuan People's Council after a public meeting. She greeting the council member warmly and abruptly asked to know who I was. After introductions she left and the council member explained to me that she was checking to make sure that I was not a spy sent by the Indonesian central government. In response to my confusion, he explained that many Papuan political leaders are approached by unknown women, usually western Indonesian or unknown Papuan, who seduce and poison them. Sometimes the poisoning is direct with an actual toxic substance, and sometimes it is done through the spreading of HIV through sexual activity. The conflation with HIV positive status and "poisoning," and the heteronormative expectation of our meeting notwithstanding, the gendered and racialized aspect of this kind of attack was reported to me to be quite common and having a long history in Papua's status as an occupied territory.

What I do not wish to do is to point to *curiga* and accompanying stories as if they are merely rumors that serve a particular function. Instead, it is important to enumerate their constitutive features as well as what they activate or what things they set into motion, and what they signal. I do not wish to merely explain them away as simply rational rumor. It is part of the existential fabric of Papua to move about the world with suspicion. And this has everything to do with the necropolitical context of Tanah Papua. Indeed for many of my friends and interlocutors, it is a matter of life and death. Suspicion is a matter of the preservation of life in a context where the sovereign power constitutes Papuans as subjects possessing *savage life* and therefore always subject to death (Mbembe 2003:24; Trouillot 1991).

The fact that suspicion abounds is a key feature of the kind of life that exists in Papua. While visiting government health clinics and the only government hospital in Wamena, a municipal hub in the central highlands, I was escorted by Dr. Yosefa, the only Papuan doctor to work at the government hospital. When traveling around Wamena, I learned that she would not eat or drink any food that she herself or her family or close friends did not prepare. When I asked her to elaborate on this, she paused with a slight smile and stared at me with wide eyes. She was communicating to me an understanding that at that point I was already familiar with. Dr. Yosefa then explained that she needed to be careful as she sometimes reported the torture and death of Papuan patients to an international human rights organization. Her practices of protecting herself from poisoning suggest that she was aware that she was under surveillance and potentially a specific target of the Indonesian security apparatus. I remember asking her about the labor it entailed to constantly be on watch for unexpected attacks and if she was afraid. She smiled and shrugged. She explained that she needed to live her life one day at time.

Two days before I left Papua at the completion of my fieldwork Dr. Yosefa's husband was found dead in their home in Jayapura. Dr. Yosefa was still in Wamena working at the hospital when she learned the news. At his wake, which had occurred the next day at their home, I expressed my condolences and she shrugged. It seemed she was suspicious at the circumstances of his death, as were other friends. He was diabetic, but in good health and apparently died in his sleep with no obvious cause.

The threat of active Indonesian Intelligence exists as a public secret or a silent threat. Another woman, whom I met in Abepura, was introduced to me via a male friend who wanted me to meet a woman activist. Karla was around my age, her early to mid-thirties and was very commanding. After a few initial meetings at the home of a friend in Jayapura, we went out for a lunch that she arranged with a white international human rights worker. Based on the nature of our meetings—private and arranged through other friends—I was surprised that we would be meeting in public. She explained that because she could speak English and was wearing brightly colored clothing, she was positioning herself to be interpellated as Papua New Guinean, and therefore safe(r). She emphasized that wearing her hair in dreadlocks and carrying a *noken* (a woven grass bag traditionally carried by men and women throughout the entire island of New Guinea—Tanah Papua and PNG) made up of bright colors would be confusing that thus lead anyone who saw her to conclude she must not be Papuan. Because most indigenous Papuan women do not loc their hair, her dreadlocks would signal a cosmopolitanism that she felt would be more readily interpellated as Papua New Guinean.

She noted that Indonesian security forces would be less inclined to approach a foreign national because of the bureaucratic difficulty of charging and prosecuting them. Furthermore, her speaking in English meant two things: 1- she would announce her foreignness if her garb

failed to signal it and 2- we could communicate more freely because most Indonesian Intelligence officers were not fluent in English. This second point was layered in that, not only was it an empirical fact, but it meant that the Indonesian security apparatus and potential perpetrators of political violence were not as formally educated and cosmopolitan as those they held in the savage slot. Her positioning as a Papua New Guinean also raises two additional points: 1) folks from Papua New Guinea visit Papua frequently enough for that to make sense and 2) the shared use of a *noken* between West Papuans and Papuan New Guineans and her ability to seamlessly pass as either signals an important place of kinship. I am not able to fully address this notion of kinship or affines in my dissertation, but note that this is a crucial point to explore in a further discussion of race and racialization of Papuans in my future work.

One key feature of the lives of both of these women is their commitment to their work. In different ways, both seek to expose the terror campaign of the Indonesian security apparatus and, therefore, the Indonesian federal government. In many ways they are the "becoming subject[s]" that Achille Mbembe articulates emerges in a necropolitical context (2003:14-16). They knowingly, and strategically, risk death to do their work. "Death is present in" their work and lives, and is always a potentiality (Ibid).

Of course, this life also abounds with hopes, joy and friendship. *Curiga* is not a totalizing feature of Papuan life, as if there is one singular kind of life, but I argue that it is an important one to note. As I observed, suspicion often took place between the Indonesian Armed Forces and police apparatus and Papuans (as Papuans are potential insurgents); between Papuans and western Indonesians (as western Indonesians are potential intelligence or *intel*); between Papuans and non-Indonesian foreigners (as it is unclear what information foreigners are trying to acquire and to what end); and between Indonesian Armed Forces and foreigners (as foreigners

are potential human rights workers or journalists who may be looking for data to expose the Indonesian Armed Forces' and police's human rights abuses in Papua). Yet, as I showed above, the practices that are enacted as a result of those suspicions are multiple.

To argue that the Suharto regime deployed necropower in Papua vis-à-vis colonial occupation acknowledges the "matter of seizing, delimiting and asserting control over a physical geographical area...[that] relegated the colonized into a third zone between subjecthood and objecthood" (Mbembe 2003:26). However, the exposure to death faced by Papuans via the continued status as a Military Operation Zone (DOM; Daerah Operasi Militer) by Indonesian National Armed Forces (TNI; Tentara Nasional Indonesia) since 1970 is a key feature of continued necropolitical techniques. While Aceh—which had an active independence movement known as GAM (Gerakan Aceh Merdeka or the Free Aceh Movement)—had its DOM status formally removed after the fall of the Suharto regime in 1998, the same is not true for Tanah Papua. Moreover, after 1998 there was a documented rise in the number of troops and weapons deployed to Tanah Papua (Viartasiwi 2014). Then in 2004, the Indonesian government passed Military Law No.34/2004 where "the army's operations in Papua are categorized as 'military operations other than war" (Ibid:287). As the prolific anthropologists and activists Benny Giyai and Budi Hernawan point out, the security apparatuses in Papua are multiple and vicious as they have discussed the documented torture and extrajudicial assassinations of indigenous black Papuans. Both argue that these terror methods were part of the initial occupation and subsequent colonization (annexation) of West (*Tanah*) Papua. In Mbembe's discussion of the features of a late-colonial occupation, he elaborates on the technologies of terror that are rationalized through a claim to a state of exception (2003). This move produces subjects in the state of exception who

do not deserve of the same protections or subject to the same rule of law as the sovereign's citizens. In effect, it paves the way for the joining together of massacre and bureaucracy (Ibid).

If biopower produces the racialized subject vis-à-vis disciplining techniques of sexual practices, necropower is a "terror formation" as the occupying power does not need to answer to any rule of law, precisely because this is a temporal and geographical state of exception (Ibid:27). Present day Tanah Papua experiences then the simultaneous, sometimes working in tandem, sometimes competing forces of biopower and necropower's administration of life and exposure to death. Unlike the setting of a similar late-modern colony like Palestine, I would argue that in Tanah Papua there is a tricky terrain of two kinds of states of exception. One, as discussed, is Tanah Papua's status as a Military Operation Zone and the other is as an Indonesian province with Special Autonomy Status. I, in no way, mean to suggest that these are consolidated and mutually exclusive statuses. However, attending to these two empirical realities as possible states of exception can allow for taking what an analytic like necropower can offer and examine a biopolitical resistance move in the form of an indigenous pronatalist program enacted by an "upstanding" member of the Indonesian democratic system: a democratically elected head of a Papuan regency.

Papuan women, thus, are doubly surveilled. They are produced as subjects via both biopolitical and necropolitical projects. This coupling is the distinctive feature of Papuan subjectivity when discussing family planning. And yet, the oppressive mechanisms under which Papuan women navigate life are not totalizing. That is, forms of life, and refusals, such as the women I encountered at the government health post who refused birth control—even after receiving "sosialisasi"—also abound. Their subjectivities are not limited to these regimes. One such response to these realities is a pronatalist program in the central highlands. Although

Mbembe offers a nuanced understanding of the "conditions of necropower" where the "lines between resistance and suicide, sacrifice and redemption, martyrdom and freedom are blurred," Papuan women's refusal to partake in *KB* is a wholly different exercise in power over life (2003:40). Of course, not all women frame their refusal to take *KB* as resistance. For some, it is expressed as merely aesthetic preference for a larger family, dissatisfaction with the effects of hormonal birth control side effects, or partner objection. However, for others it is in direct response to the notion that *KB* is itself a necropolitical mechanism. *KB* can kill, a sentiment that was observed by anthropologist Leslie Butt in the early 2000s (Butt 2001). As one shy young mother from the central highlands and living in Abepura expressed to me one afternoon:

Eka: Ya, saya mau [KB], tapi tidak bisa.

MPR: Kenapa tidak bisa?

Eka: Dilarang. Orang meninggal.

MPR: Siapa yang dilarang? Pemerintah atau dokter?

Eka: Tidak masyrakat. Ya orang pake *KB* terus meninggal.

MPR: Eka tahu ibu yang meninggal?

Eka: Ada, ada perempuan, dong kasih masuk itu dalam tanggan. Akhirnya meninggal.

MPR: Berapa lama dia ada *KB* itu?

Eka: 5 tahun. Karena tidak ada di rumah sakit di kampung saya (di Anggruk).

MPR: Tidak Ada puskesmas ka?

Eka: Ada. Ada suster ada mantri, tapi mereka tidak bisa tenang disana.

Biasanya kembali kesini (Jayapura)

English translation

Eka: Yes, I want KB (birth control via the family planning program), but I can't.

MPR: Why not?

Eka: It's forbidden. People die.

MPR: Who forbids it? The government or a doctor or...?

Eka: No, the public. Because people use birth control and then they die.

MPR: Do you know of a woman who's died [because of *KB*]?

Eka: I do, there's this woman. They put something in her arm and then she died.

MPR: How long did she have that *KB* in her arm?

Eka: 5 years. Because there is no hospital in my village [to remove/replace it] in Anggruk (remote area in the central highlands).

MPR: There is no *puskesmas* (government health clinic)?

Eka: There is. There is a nurse and a medical technician, but they aren't ever actually there. They are usually back here in Jayapura.

Refusal to use birth control allows for the possibility of bringing new life in a necropolitical setting. This is a setting where necropower sometimes manifests as abandonment by those charged with the health of the population, as in Eka's description of a perpetually empty *puskesmas* (government health clinic). In a pronatalist program that I investigated in 2015 in the Papuan central highlands, the logics were wholly one of resisting this necropower, and offering an alternative future. However this brainchild of a local government official, interestingly, deployed a similar method of monitoring women's reproductive capacities, vis-à-vis existing structures of surveillance as a way to aggressively respond to the precarious future of indigenous black Papuans.

The Pronatalist Project

With the era of Special Autonomy Status, the provincial governments of Papua and West Papua saw an influx of additional federal funding. This money has been funneled to local

municipalities and regencies (the equivalent to state counties in the United States), on down to districts (distrik), subdistricts (kelurahan), and villages (desa) via a complicated web of funding streams. In 2010 Papua's governor began RESPEK (Rencana Strategis Pembangunan Kampung or Village Development Strategic Plan) programs in order to distribute funds directly to male head of households in each village. The overall logic from the Indonesian central government and Papua's provincial government is that these additional funds will help alleviate the high poverty rates in Papua as well as appease Papuan desires for more regional autonomy—or possibly even independence. However, because this money, which was to be allocated for social welfare programs in education and public health, appeared to not be reaching its goal of alleviating high poverty, illiteracy and poor health rates in the 2000's, then Indonesian President Susilo Bambang Yudhoyono and the newly elected Papuan governor, Lukas Enembe proposed OTSUS PLUS, or Expanded Special Autonomy Status in 2013. Although I will not focus on the various differences between Special Autonomy Status and Extended Special Autonomy Status, one empirical difference was the greater amount of money set to flow into Papua. Along with Extended Special Autonomy Status, 2013 saw the head of a regency in the Papuan central highlands join the small group of regencies that introduced pronatalist programs as an 'innovative' solution to Papua's (de)population problem.

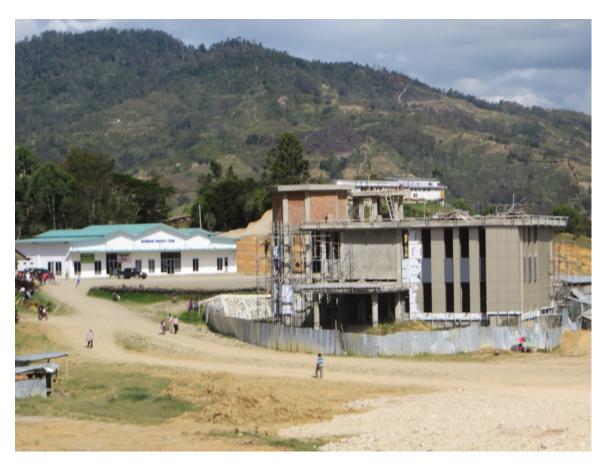


Figure 3.1. Main road in Tiom. Photo by author.

Bapak Dortius³⁷ assumed power as the head of the Lanny Jaya regency in 2011. Two years later he began a pronatalist program modeled after one in Paniai, another highland regency. Whereas the program in Paniai saw women being awarded large sums of money (the equivalent of hundreds or even one thousand U.S. dollars) for having upwards of ten children,³⁸ Bapak Dortius's program would create an incentive for *every* pregnancy. Women would be offered a cash "incentive" each time they showed up pregnant to the local government run health clinic.

³⁷ Although a public figure, I chose to pseudonymize his name as the interviews I conducted with health professionals in his regency revealed aspects of their work not publically known. I understand that pseudonymizing his name is not a sound barrier of protection, but my hope is that by creating another step for the reader to investigate his name, it is both a symbolic and perhaps concrete gesture of ensuring the integrity of my interlocutors' safety vis-à-vis their anonymity.

³⁸ A fact shared with me in my interview with Dr. Giyai, the head of the provincial department of health.

He decided to focus the program on Tiom, the regency's capital city. In a local newspaper, Bapak Dortius introduced the program this way: "[the pronatalist program will] increase the growth of Papua's *orang asli* (indigenous population)." He went on to explain, "to stimulate this growth we will give five million Rupiah (roughly 500 USD) in aid to every pregnant woman. We hope to have 5,000 births this year.³⁹" Here the cost of racial survival was 500 USD per pregnancy.



Figure 3.2. Puskesmas in Tiom. Photo by author.

³⁹ It is not clear from publically accessible data what the current birth rate for this regency is. This speaks to a much larger problem or ambiguity of "the numbers" in Papua. Often hospital nurses would recommend I ask the *puskesmas* for their books.

On December 1, 2015, I traveled to Bapak Dortius's regency to learn more about his then two year-old pronatalism program. As referenced above, local Papuan newspapers reported on the program and emphasized his grand hope that it would serve as a model for curbing population decline of indigenous black Papuans. Prior to my visit I was met with two concerns for my safety. One was the location of my proposed visit and the second was the timing. Bapak Dortius's regency is fairly new—established in 2008—but its name already conjured narratives of deep fear and terror as the location of armed conflicts between Indonesian military and police forces and local armed groups, accounts of which circulated throughout the province. When I discussed my plans with an interlocutor who lived Wamena, the ostensible capital city of the central highlands and site of the largest highland airport and hospital complex, he expressed great concern and offered to travel with me. "You cannot travel to Tiom (Lanny Jaya's capital city) alone," he said. Other interlocutors such as health care providers I interviewed in Wamena told me that they did not know how to get there or how far away it was. Some speculated two hours north of Wamena, others said it was four. Moreover, I had planned to fly into Wamena (the only way into Tiom via public flights) from Abepura, my base, on December 1st.

For the rest of Indonesia, December 1, 2015 would be another Tuesday. In Papua, it is wholly something else. The significance of December 1st is quite well known to all residents of Papua, indigenous and migrant Indonesian alike. As Ibu Hannah explained in the previous chapter, December 1, 1961 was the day indigenous black Papuans raised the Morning Star flag in defiance of Indonesian military occupation and plans for annexation of west New Guinea. It marked the first public raising of the Papuan national flag. The act of defiance was met with bloody suppression. For many Papuan activists—both freedom fighters and those involved in other kinds of human rights and indigenous rights work—the day is a significant reminder of

Papuan resistance and pride. For other indigenous Papuans and migrant residents all activities, especially travel, should be avoided or approached with caution on December 1st, as one never knows if a demonstration and subsequent violent police action might occur.

Additionally, the central highlands are also understood to be the location of active independence movement activity as well as extreme police violence and disappearances of indigenous Papuans and lay people. Mainstream reporting on the area found in Indonesian national newspapers often carry stories of inter ethnic fighting that threatens the stability of the highland local government. Human rights reports by Human Rights Watch and other watchdog organizations also frequently document instances of disappearances and torture in the central highlands.

In Abepura some local establishments like eateries and hair salons are closed on December 1st. With this in mind, I was met with some resistance and caution from friends about my plans to fly into Wamena on December 1st. Another concern was that should I be found out to not be Papuan but an American citizen, I might raise suspicion as to the purpose of my visit. The fear was that I would be understood to be a political activist involved in anti-Indonesian activity. Given these concerns, my connection to the Protestant women's empowerment center afforded me access to the offices of the Evangelical Christian Church of Tanah Papua in Wamena. I was able to get the necessary *surat jalan* or "walking papers" that are required when a non-Indonesian foreigner travels to places in Papua outside of those listed in one's initial visa application. This is standard for Papua and completely unheard of in the rest of the Indonesian archipelago. In addition to the discursive practices surrounding and in effect creating the Papuan central highlands, there was the material manifestation of suspicion and police surveillance of travelers to the area. The two of these being key features of this military occupied, policed

island. Once received in Wamena, I was able to travel with a gracious young female friend employed by the Wamena satellite office of the women's empowerment program to the office of a local pastor and offer him money to escort me to the home of another pastor who was assigned to Tiom.

Pastor Tomas was friendly and discerning. He was quite deliberate in organizing our trip to Tiom from Wamena on the unfinished and treacherous road along mountain passes and through verdant tall trees. He told me that we needed a sizable truck as well as some armed security. Although he was not from the central highlands, but from Biak, he had made significant connections in the area over the past 2 years as a pastor there. The day of our trip I learned that we would be traveling in a military style pickup truck with a retired Papuan soldier from the Indonesian army, and a young off duty police officer indigenous to the central highlands, both armed. I understood that part of the money I paid the pastor to take me on this trip was paid to the ex-soldier and police officer.

The trip was something of a mini expedition; it was about 2 hours on the road. We enjoyed the sights and cool air, and a strangely somber ride. I was not sure what this level of security would mean upon arrival. Prior to its notoriety as the site of a successful pronatalist incentive program, Tiom was known as a heavily militarized and violent place. It was in some ways the archetype for how the rest of Indonesia saw and described Papua using words like seram (scary) or ngeri (horrifying/frightening). One friend from the city of Yogyakarta in central Java relayed her fear for my safety traveling to such a dangerous, seram place. Another conversation I had with a friend in Bali, on the other hand, thought the idea of traveling to Papua was "cool", albeit for the same reasons. Interestingly, Papuans from other regions, including

other municipalities in the central highlands, used similar sentiments to describe Tiom, specifically.

The circumstances of the journey to Tiom and the caution surrounding it is significant as it points to how Papua is interpellated and conjured even within Papua and among Papuans. It then determines what is possible. When our small group arrived in Tiom that afternoon, we parked directly in front of the home of Tiom's GKI pastor. I could hear loud Hip Hop music playing from inside the home⁴⁰. The group receiving us included the young male pastor, a nurse from Nabire, a busy port town on the western coast of Papua Province, who was assigned to the municipality's only government hospital, the pastor's wife and other men who seemed to hold important positions in the church.

The visit began with a prayer led by the pastor that included a welcome and a request for the success of my research project. We then began with a lively discussion of the state of women's reproductive health and the fertility rates of indigenous Papuans in Tiom led mostly by the government hospital nurse, Ibu Teresa. I noted that only one of those speaking were from Tiom. Ibu Teresa was eager to share the details of Bapak Dortius's program. The details were as follows: women had to report to the local government health clinic and test positive for pregnancy. As long as they were found to be pregnant, the clinic midwives would note their names on a list and send that list to the district government offices. At the end of the calendar year this office would then send the financial incentive to the government clinic and the midwives were in charge of distributing the funds to their pregnant, or perhaps now no longer pregnant, patients. Ibu Teresa was careful when sharing her thoughts on the program, slowing

⁴⁰ The song was "Santa Hooked me Up" by the U.S. black pop hip-hop group B2K (Boys of the New Millennium). Future work will connect this ethnographic moment to others that constitute the presence and use of diasporic resources as Jacqueline Nassy Brown has proposed, which I discuss in Chapter 3 (1998).

down her speech as she said "baik juga untuk orang Papua mungkin menambah Papua, sih." "It's also good for Papuans to perhaps increase [in number], actually." She then immediately added, "Cuman kembali lagi, kan, kita lihat apa namanya usia-usia ibu yang jangan karena mereka dengar uang terus pingin hamil di usia tua." "Only, it goes back to looking at the age of the women. Do not let it be that because they hear about the money they want to keep getting pregnant in old age." Ibu Teresa repeated this worry throughout our interview.

This exchange in the pastor's home, revealed how women's reproductive health was discussed in Tiom as well as whose voice was most central in the discussion. Ibu Teresa was assigned to work in Tiom from her home on Papua's western coastal port town, Nabire. She spoke much more quickly than her one indigenous Tiom counterpart in the pastor's home. She also had a different accent; what I discerned to be a more standard Indonesian accent than him as well. Moreover, she was careful to speak positively of the pronatalist program before quickly following with a major reproductive health concern: more high risk pregnancies as a result of the incentive.

During our discussion of the pronatalist program the conversation inevitably turned to *KB*. Ibu Teresa noted that BKKBN ensured that the family planning program was active in Tiom and distributed birth control technologies. However, absent from the newspaper reports on the pronatalist program was the second arm of Bapak Dortius's two-pronged program. Ibu Teresa revealed, "*KB* is banned. We are forbidden (*dilarang*) to give family planning methods to women who are indigenous (*orang asli*) to this regency." She quickly followed up with reassuring me that neither she nor other women's health care providers were subject to intimidation (*bukan di intimidasi*), but that they could be reported to the regent's office if they are found to be distributing *KB*, or government issued birth control. "Thank God (*Puji Tuhan*), until now, that

hasn't happened," she chuckled. She added, "They need us," referencing her indispensability as a health care provider in a province with an infamous lack of health providers. It is also important to take note of her comment dismissing the possibility that she and her colleagues were subject to intimidation by Bapak Dortius. The specter of violence remained a central feature of Papuan political life.

Though the pronatalist incentive program is open to all Papuans, the regent only banned *KB* for women indigenous to Lanny Jaya regency. Ibu Teresa shared with me how this caused other Papuan women who were not indigenous to the region, and even some Indonesian migrant women, to be fearful of requesting birth control. Interestingly, two nurses who ran the woman and child health wing of the government health clinic in Wamena, the capital city of the neighboring Jayawijaya regency (where I started my journey in the highlands) shared with me how they often have patients who travel over 2 hours away from Lanny Jaya regency to access birth control. Papuan women, and those of Lanny Jaya, specifically, are thus thrice surveilled. Once by the Indonesian security apparatus, and then by both the compulsory surveillance apparatus of BKKBN and the new pronatalist program begun by Bapak Dortius.

After this initial conversation, which again was led mainly by Tiom's pastor and the government hospital nurse, we all made our way in a sort of caravan to the government health clinic a 2-minute drive away where the incentive program was run. At the clinic I was met by Ibu Berta, a woman indigenous to the regency where she had worked for over ten years as a midwife. We sat in the woman and child health exam room in the empty government health clinic. It was only 2pm, but the clinic was empty. Like many government health clinics in Papua, it was often closed by 10am after opening at 7am on weekdays, except for Thursdays, which were women's reproductive health days, when it stayed open until noon.

Ibu Berta, along with her midwife colleagues, was ordered to discontinue family planning services and, instead, given the responsibility of distributing the financial aid promised to pregnant Papuan women. As a government health clinic midwife, Ibu Berta was mandated by Indonesia's *central* government to comply with BKKBN's initiatives—including surveilling contraceptive use, making birth control technologies available, and promoting the Board's and Indonesia's long standing two-child family ideal. Like Ibu Hannah whom I discussed in Chapter Two, central to Ibu Berta's training as an Indonesian government midwife was an ideology structured around fears of overpopulation in the Suharto regime.

Ibu Berta's precarious role as a midwife thus had her beholden to two diametrically opposed positions: one to the local Papuan leaders who forbade the provision of contraception in order to counter depopulation of indigenous black Papuans; and the other to the Indonesian state's two-child family ideal. Complicating this matter yet further, when I met Ibu Berta at her regency's government health clinic, she revealed that included in the set of ledgers the midwives used to keep track of women's health visits was one that read: "KB Peserta" or "family planning participants." The ledger was filled with up-to-date handwritten spreadsheets that included methods of birth control, dates and potential side effects for each patient. Ibu Berta demonstrated that despite understanding the Bapak Dortius' position and goals, she had a duty to the National Family Planning Coordinating Board and, as Ibu Teresa expressed earlier, to the women who came to her seeking birth control.

The tension in Ibu Berta's role as both provider and denier of access to birth control is representative of much larger anxieties over Papua's indigenous black population at the level of the national family planning program and Papuan level. These anxieties are in direct relation to reproduction and racial survival in an environment marked by occupation, population control,

fears of genocide and pronatalism in an antinatalist state. During a discussion with two retired midwives, part of which I excerpted in my Introduction, one connected family planning to population in this way:

it would be best if there were no family planning programs for the Papuan people. Even though it is a national program, the local government should make a law to protect what little of us are left. If not, after some time, we will be gone (*kita habis*). Before, the population of the whole of West Papua was about 2 million people. Papua New Guinea was a little over one million...Now Papua New Guinea has 7 million people and we are still only 2 million. Why? 52 years with Indonesia; 52 years and the irony is we are still only 2 million!

She went on to explain, "If you reject *KB* then they say you want independence." In this way, enrollment in the national family planning program is tied to allegiance to Indonesian sovereignty. To reject *KB* is coded as insurgency. Moreover, advocating for Papuan population growth through the rejection of birth control can be considered separatism.

Throughout my fieldwork in Tanah Papua, the expression of "kita habis" translated as "we will be gone" or "we will be finished" recurred as an alarmingly common refrain. It was often accompanied by a discussion of 'the numbers'—that is, of Papua's population statistics as concrete illustrations of an indigenous depopulation. Yet, Ibu Berta's self-described commitment to women's health and to providing women with the care they requested was rendered clandestine and positioned as antithetical to a future she otherwise embraced. Despite the fact that Ibu Berta recognized and actively offered birth control to the women who came to her seeking it, many of these women were left with nearly impossible choices. As Ibu Teresa explained earlier, many women were aware of Bapak Dortius's ban of KB and were afraid to seek it in Tiom. Instead, some would travel the long distance to Wamena where the midwives of Wamena's government health clinic shared with me the frequent visits of patients from Tiom in Lanny Jaya Regency. In addition, more pregnant women reported to the Tiom's government

health clinic for their financial incentive. Ibu Berta hesitantly shared with me that since the program started, there was also a significant rise in the number of miscarriages as women who she would consider high risk, would opt to get pregnant soon after a birth or in advanced age. Similar to Dr. Yosefa and Karla whom I describe at the start of this chapter, these women risk death in a particular calculus of life in this necropolitical setting. The difference here, however, is that the conditions of possibility for their reproductive futures is mediated by the biopolitical hopes of a pronatalist program seeking to resist Indonesian birth control mandates.

In a newspaper report Bapak Dortius explained that this program was focused only on indigenous Papuan women. Ibu Teresa, the government hospital nurse who greeted me in Tiom, explained to me that her understanding of his intention was to "not let the generation in Lanny Jaya dwindle. Maunya orang Papua itu banyak dia. Sukunya maunya banyak dia. He wants Papuans to increase in number. He wants this ethnic group to become populous." Here a distinction is made between all Papuans in general, and those indigenous to the Lanny Jaya regency. However, this distinction is also erased when discussing the goal of the pronatalist program. As discussed in the Introduction, the term *orang asli* was often used in official language to discuss indigenous Papuans. In my conversation with Ibu Teresa she also noted that the program was specific to *ibu-ibu asli orang Lanny Jaya* or women indigenous to Lanny Jaya. Despite this, she and other *orang pesisir* or coastal/lowlands people were able to sign up for the incentive program, as well. To be *orang asli*—indigenous—is a question of scale that is tied directly to a greater sense of boundedness than the exact soil on which one was born. One can be Papuan but not asli or original or indigenous to a particular region. In this way, one's Papuanness is constituted by the threat of depopulation more than regional ties to tanah (land).

Depopulation and its causes

Before my trip to Tiom, the conversation about KB that I would have with many of the activists and human rights workers either based in or moving through Abepura would quickly turn to the problem of depopulation of indigenous Papuans. Whereas folks like Ibu Hannah whom I discussed in Chapters One and Two, connected the problem of depopulation or extinction directly to Indonesia's national family planning program, KB, others would draw the conclusion in the opposite direction. The mere mention of KB would spark a discussion about depopulation. Ibu Teresa, however, did not make this connection, though acknowledged its significance in Bapak Dortius's pronatalist program as I will discuss below. Instead the conversation turned to the unusually high rates of infertility among indigenous Lanny Jaya residents. A friend in Abepura who was recently married first brought the problem of infertility to my attention. She shared that while she and her husband were able to get pregnant right away, many of her friends in her hometown of Nabire could not. Health care providers and lay people alike in Wamena shared similar stories. Infertility is discussed as a recently emerging specter that worries married couples. It is a topic that confused many health practitioners I interviewed and whom others regarded with *curiga* (suspicion). It is often couched in the language of suspicion of covert murderous practices of a colonial force: Indonesia. However, Ibu Teresa found fault elsewhere.

"Mandul ada banyak...Disini ada budaya tukar gelang. Macam khusus ada pesta...laki-laki, mereka punya gelang khusus. Mereka tukar ke wanita-wanita. Disini punya hubungan seks tanpa...ganti pasangan. SMP, banyak HIV."

"There are many cases of barrenness. There is a culture of 'exchanging bracelets' here. It is a kind of special party. The men/boys, they have a special bracelet. They then give it to the women/girls. Here [in Tiom] they have sex without...they change partners. Middle school children, many of them have HIV."

In this excerpt, Ibu Teresa links *culture* to the depopulation problem by way of risky sexual practices that lead to increased HIV infection rates and thus infertility. She added later, "*Disini adatnya memang banyak kalau mau lihat.*" "Here, there are many customs if you look at it." Culture is not merely linked, but posited as one cause of the depopulation of indigenous Papuans.

Ibu Teresa's utterance is significant on two registers. Both of which are about a hierarchy of difference among Papuans: One is the content and the other is her subject position relative to the people around her when she was speaking. The first observation is one of differences among and between Papuan folks and the ways in which those align with power relations. Ibu Teresa's authority in the room was in part due to her position as a state medical professional, as well as likely due to her status as a coastal Papuan. Whereas highlanders are also subject to the descriptions of the highlands (*pegunaan*) and the interior (*pedalaman*) —known as the site of inter-ethnic violence, insurgency, high rates of poverty and illiteracy and poor health—coastal Papuans are often depicted as being more cosmopolitan and formally educated. They are also presumed to be lighter brown skinned, and have less kinky hair than their highland interior counterparts. I, as a brown-skinned Puerto Rican person with Afro-Puerto Rican parentage and a Javanese father and tightly coiled black hair, was often mistaken as hailing from Biak or Serui—two coastal regions with long histories of maritime cosmopolitanism, for instance.

Echoes of Liisa Malkki's work on the spatialization and territorialization of culture and national identity can be drawn from this kind of mapping of people, culture and place. The second observation is that Ibu Teresa invokes a kind of cultural timelessness when she explains depopulation as a public health crisis by connecting depopulation to the cultural practice of *tukar gelang* (exchanging bracelets). As Malkki offers, this "naturalize[s] identity between people and

place" (Malkki 1992:26). Not to mention that Bapak Dortius and other architects of pronatalist programs understand depopulation as primarily a political crisis of genocidal activity by the Indonesian security apparatus. Ibu Teresa transformed this politicized understanding into primarily a public health crisis driven by localized cultural practices.

Orang asli vs. Masyarakat Adat and Race

Orang asli Papua (indigenous Papuan) is used in mainstream Indonesian media sources such as newspapers and television news programs, as well as on mandatory government issued Identity Cards called KTP (the common abbreviation for Kartu Tanda Penduduk). The identifying terms orang hitam or hitam, meaning black people and black, respectively, were rarely found in the texts of newspapers or the rhetoric of government officials. Yet, no other group making indigenous rights claims in archipelagic Indonesia make reference to racial survival in the way that Papuans do. Papuans' multiplicity of languages and microcultural practices are key features of distinction from other indigenous groups in Indonesia whose claims to indigeneity are made precisely vis-à-vis shared language and culture. So if there is no ostensible shared language and culture, to what do Papuans make a singular claim to indigeneity? Why should Ibu Teresa note that the pronatalist program is for both residents indigenous to Lanny Jaya and indigenous Papuans as a whole?

In Tania Li's rich analysis of indigeneity politics in Sulawesi, Indonesia, she unpacks the use of the term *masyrakat adat* by groups making indigenous rights claims to the Indonesian central government (2001, 2007). *Masyarakat adat* literally translates to "customary society" or "people who adhere to customary ways," whereas *orang asli* translates literally to "original people". Both however, have been translated into English to mean "indigenous," as well. This

discrepancy matters precisely because the features that constitute indigeneity in Papua are different than those of other groups claiming indigeneity in other parts of Indonesia. Although certain groups and *adat* leaders such as Bapak Fernando, whom I discussed in Chapter Two, have noted that they prefer the term *masyarakat adat* (customary society), the language of benefits that are allocated to indigenous Papuans such as the *Kartu Papua Sehat* or the Papuan Health Insurance card that emerged after Extended Special Autonomy Status use *orang asli*. I would argue that these terms are not so much in competition in Papua as they are working in tandem. For example, Ibu Teresa's reference to *orang asli* Lanny Jaya was often couched in a language of *budaya* (culture) and *adat* (custom/tradition), whereas the pronatalist objective, more broadly, concerns *orang asli* Papua as noted in the section above.

Bapak Fernando is an active member of a United Nations indigenous rights group who travels to annual UN meetings in New York City to advocate for Papuan indigenous rights.

Bapak Fernando is also adamant that one can be "initiated" into Papuan customary society. He gives the example of mixed-race political candidate, Yorrys Raweyai. Raweyai was born in Papua to an indigenous Papuan mother and Chinese Indonesian father. Because Papua is patrilineal and, unlike Muslim western Indonesian practices, employs the use of family names or marga, Raweyai was unable to run for office until he was "adopted" by his mother's family and took her father's family name. After changing his name and adopting "Raweyai," he was able to run for office and won. I will discuss the importance of patrilineal marga in more detail in Chapter Four. However, what I want to emphasize here is that fact that for Bapak Fernando, this is an important and useful case in favor of understanding Papuanness as masyarakat adat—fluid and open. To be sure, Bapak Fernando's use of masyarakat adat is a matter of recognition, as Tania Li argues (2001). Both show us that recognition is caught up in multiple and complex

material and discursive fields of force that are national and transnational in nature. In Li's work, in addition to ways in which these fields of forces act upon the *masyarakat adat*, she shows us how one field of force, such as global pressure in support of indigenous rights and global donor agendas, might act on one another, forcing the Indonesian government to take *masyarakat adat* claims seriously despite these land claims working against economic state interests (2001:658).

Although *masyarakat adat* marks difference, it is important to note that difference is *not* understood to be inherent. Indeed, anthropologist Patricia Spyer's rich work on *adat* in the Moluccas in eastern Indonesia explores the relationship between *adat*, authority, and time. She pays close attention to the genealogy of *adat* as a construction that has come to be understood as fixed and as timeless as the people to whom it is assigned (Spyer 1996). In this way, Bapak Fernando's retelling of Yorrys Raweyai's adoption into "legitimate" Papuanness is an example of *adat*'s inherent mutability. It is a process of always becoming among fields of forces (Li 2001). Indonesian anthropologist Koetjaraningrat noted some decades earlier that the notion of *adat* law was itself consolidated as a term and a phenomenon of study by the Dutch ethnographer and scholar of Indonesia and Islamic history, C. Snouck Hurgronje and law scholar C. van Vollenhoven who is credited with establishing *adat* law studies in Dutch law schools in the late 19th century (1975:87-88). In 1884 Vollenhoven published a three-volume account of the 19 "*adat* law areas" of the Dutch East Indies. Tanah Papua was listed as New Guinea under number 14 of 19 *adat* regions.

Because the main criterion for identifying as *masyarakat adat* lies in the ability to demonstrate ancestral ties to land, it is open and inclusive. Bapak Fernando's example is a prime demonstration of this. Nor is there a claim to establish a horizontal level of distinction with other groups within Indonesia. Instead the claim is vertical, and recognition is sought not by an

individual as Fanon so eloquently describes in *Black Skin, White Masks* (1967[1952]), but rather recognition from the state. It is useful here to discuss the ways in which recognition as it is pursued in Indonesia differs from the attempts at recognition by the inferiorized and racialized other in Fanon's works. Namely, the lack of a constant and inescapable visible marker, such as the epidermalization of difference, allows for this category to be much more fluid and much less binding. This is also a departure from Ann L. Stoler's important works (1995; 2002) on the production and consolidation of racial categories during Dutch colonization.

In both Fanon and Stoler's works, race is implicitly and predominantly overdetermined by a white-black, white-Malay binary. For Li, *masyarakat adat* is neither. Moreover, the historicity of the term *masyarakat adat* is not tied to the economic and cultural oppression imposed as a consequence of colonization. Contemporarily, it sometimes emerges in moments when difference is uttered in particular rituals—as in Ibu Teresa's invocation of *adat* when explaining *budaya tukar gelang* (bracelet exchange culture), but otherwise can go unseen. For instance, Patricia Spyer notes in her treatment of *masyarakat adat* for the Bemunese of the Moluccas the ritual she observes suggests that the *gwerka* [autochthonous people] and other [foreign/Malay] "are already so complexly entangled that *their difference can be discerned only once a year in the context of the ritual* [my emphasis] (1996:4). Of course, the same cannot be said for Papuans' difference. Recognition here requires a more nuanced analysis of difference, unpacking where Li, Spyer and Fanon converge and diverge. Recognition establishes a framework from which to investigate difference in Indonesia where its eventual epidermalization emerges, yet again—in the case of Papua.

As I discussed in the Introduction, the Papuan People's Council (MRP) (2007) handbook refers to Papuans as members of the Melanesian race. 41 However, popular song and everyday conversation often do not make reference to Melanesian identity, but rather celebrate curly hair and dark skin. The arrangement of Papuan difference as expressed in the "non-official" spaces of pop songs, pre-Indonesian occupation Christian songs, and between friends is often one of visual markers. Besides the epidermalization of this difference, is the keratinization of it: how curly is one's hair. The texture and curl pattern of one's hair is as central to racialized identity in Papua as much as skin tone and color. (One formally popular manner of identifying and hailing western Malay Indonesians used to be "rambut lurus" meaning "straight hair.") Du Bois discussed the chief placement of "color of [the]skin and texture of the hair" in his speech at the Pan-African Conference in 1900 (Appiah 2007[1940]: xxx). The important thing to note in this discussion is that orang asli (indigenous), masyarakat adat (customary society) orang Melanesia (Melanesian), and hitam (black) and keriting (curly) occupy different registers of identity for Papuans as well as different registers of audience. Though, neither these registers nor the utterances within them are by any means fixed or contained. There are slippages between the terms as was evident in the interview with Ibu Teresa when she discussed who counted as *orang* asli. I observed the same kind of slippages in other private discussions as well as in broader political and popular culture discussions. One striking example is the 1970s West Papuan reggae band "Black Brothers"—whose name was only in English. Why were they not the "Melanesian Brothers," for instance? Or the "Indigenous Brothers"? I will discuss the implications of these self-identifications later in this chapter, but what is imperative to note here is that the slippages in identity categories abound in Papuan utterances. This by no means is exclusive to Papuan self-

⁴¹ Again, the MRP is a provincial governmental organization established with the permission of Jakarta when Papua gained Special Autonomy status.

identification, however. Global health agencies also seem to move between some of these terms as it suits their audience and projects.

For local municipal and regency government officials who are still part of the Indonesian state's central government apparatus there appears to be something more easily acceptable with reference to orang asli over and above these other identity markers. Indeed, orang asli found its way into government rhetoric with the indigenous rights claims of other indigenous groups in Indonesia (Li 2001, 2006; Tsing 1996). It is politically charged, but not in the same way as references to 'Melanesian' or 'black'. I argue that this is because these racialized differences would allow Papuans to stake a wholly singular claim in the terrain of indigenous rights. After all, there are self-identified, English speaking Melanesians just across the porous eastern border of Papua in the sovereign state of Papua New Guinea. However, claiming a status that is not racialized, but only 'indigenous' fits into existing conceptions of adat and masyarakat adat. The Indonesian political-economic system then has a template for what granting indigenous rights looks like. The claim to a racial difference—that is blackness—poses questions to Indonesian sovereignty that it has yet to answer. Again the empirical fact remains: no other group claiming indigenous rights in Indonesia lays claim to racial difference, even in private and popular culture spaces.

My point here is that although Bapak Dortius did not make direct reference to the blackness of the people in his regency, his reference to Papuan indigeneity as the primary focus of the pronatalist program implies this. The concern is not increasing pregnancies broadly for all of the inhabitants of Lanny Jaya regency—which do include coastal Papuans as well as western Indonesian migrants and the children of migrants who were born on Papuan soil—but for the

indigenous black population precisely because it is *this* group that is experiencing de-population, and what some call genocide.

Moreover, what is also imperative to note is how Papuan indigeneity has a particular valence in both Indonesian public health and global health discourses. There is a particular kind of work that Papuan blackness is asked to do in these valences. Again, as I discussed in Chapter Two Papuan blackness must be invisible when conjuring ideas of Indonesian-ness and must be hypervisible where public health and global health programs are concerned. Yet, while Papuan blackness renders Papuan men, women and children as simultaneously invisible and hypervisible, the experiences of Papuan women are quite particular as they are charged with reproducing individual bodies and, ultimately, the Papuan body politic. The next section points to this complex entanglement.

"...a thing is not seen because it is visible, but conversely, visible because it is seen..."—passage underlined by Diane Arbus in her copy of The Works of Plato (Revelations 2003)

To whom are Papuan women visible? Who sees and by what manner? Moreover, if what constitutes Papuan women is unbounded, fluid and always shifting, then what is there to see, and who decides? Papuan women's visibility, as all visibility, is created by the subject position of the viewer. In this way, then, the viewer creates the subject, which is inevitably always a distortion. The subjects that are produced in Tanah Papua's simultaneously necropolitical and biopolitical setting experience a coupling of surveillance apparatuses: the surveillance of their sexual and reproductive behaviors and surveillance of their potential politically insurgent activity.

Surveillance serves as a way to manage suspicion and illicit desired behavior (subjection?). The simultaneous surveillance apparatuses of the Indonesian family planning program and the

Indonesian security apparatuses, then, are techniques of seeing. Papuan women are distorted into hypervisible victims and patients and potential insurgents *and* invisible in the realm of legitimate, and agentive Indonesian citizenry. Missed in these techniques of seeing, for example, are the Aprilia R.A.Wayar's of Papua, the only published Papuan woman novelist who published *Mawar Hitam Tanpa Akar* (Rootless Black Rose) in 2007.

Where is Papuan Blackness?

As I argued earlier in this chapter, the use of terms that directly reference Papuan's blackness are often uttered and invoked in personal and informal spaces. As Jacqueline Nassy Brown, a scholar of black diasporic studies notes, "social spaces are constructed in tandem with processes of racial formation" (1998:291). Therefore, these social spaces are imperative to examine. The construction of Papuan black identity rests firmly in the everyday interactions between friends and family through a kind of hailing—calling a niece *hitam manis* (sweet black) for instance. Other occasions were when I observed black Papuan men commenting on their relationship with their western Indonesian partners. For instance, while attending a Christmas celebration dinner at the home of the head of the GKI Synod, I was introduced to a Papuan lawyer who appeared to be between his 30s and 40s. He was dressed sharply in a suit and sported a very jovial demeanor. My friend who did not share that I was American introduced me. Before I was able to speak and potentially out myself as a foreigner because of my accent, he exclaimed that his wife was on her way. He exclaimed that sex with a black man (*lelaki hitam*) for white women (perempuan putih) was particularly salacious; nevermind the fact that this non sequitur occurred during a Christmas celebration in the home of the head of the Papuan Protestant church. I deduced that my Americanness did not illicit this response, although I cannot be sure. This

invocation of a familiar sexualization of black men, especially in terms of desire to white women, when his wife turned out to be from Java was striking. I will not unpack the conflation of Javanese to 'whiteness' except to say that although a key feature of Papuan blackness is that it is not necessarily in reference to a white other, when it is invoked linguistically, it is often framed that way.

Other discussions I had with young Papuan women also involved standards of beauty, skin color and hair. Young college aged women shared with me the pressure some of their friends felt to lighten their skin, using skin bleaching products that are ubiquitous in Papua as well as in Java and Bali, as I have observed. A 2012 talk given by Leslie Butt at the University of California, San Francisco featured a photo of highland women preparing for a mass wedding ceremony wearing white gowns and with significantly lighter foundation on their faces, presumably connecting whiter appearing skin to beauty. One of my discussions with Karla, whom I discuss as using fashion and hair aesthetics to pass as Papua New Guinean in the opening of this chapter, also revealed that she was told to straighten her hair when she started working for a local Papuan television station. She was fired when she refused. Karla shared that shortly thereafter she began to loc her hair. She expressed to me that in addition to being able to pass as a foreigner, her hairstyle was a form of resistance. In fact, the history of dreadlocks in Caribbean and American black history is one of anticolonial resistance. Her use and engagement with this element of black life and history from the western hemisphere is what Jacqueline Nassy Brown would term a diasporic resource as I will discuss in more detail below (1998).

Indonesian sociologist YuYun W.I. Surya has written about the claims to Papuan blackness in social media through the presence of Facebook groups like the *Orang Papua* group which had over 63 thousand members as of the time of publication (2016). In her article titled,

"The Blacks of Indonesia," she notes that a claim to authentic Papuanness is often tied to a black racialization. 42

Aside from hailing, passing conversations and social media, music constitutes another social space in which Papuan blackness is invoked. Songs that emerged in the 2000s like Edo Kondologit's *Tanah Papua* include lyrics directly referencing and celebrating Papuan's racial difference: Hitam kulit / keriting rambut / aku Papua (Black skin / curly hair / I am Papua). His lyrics emphasize epidermalization and keratinization of racial formation; blackness can be identified by the phenotypic features of black skin and curly hair. Kondologit's lyrics also serve to naturalize the connection between Papuan land and its indigenous inhabitants. If he is Papua and his body tells us so, then wherever he travels so too does Papua; and Papua itself only truly belongs to him and others like him. This point is especially compelling as he shared in a newspaper interview after his song's release that he has been living in Jakarta for the last twenty years.

Popular music has also served as a space where Papuans have accessed symbols of blackness associated with black power and black liberation movements in other places. This reality has led to the political exiling of some musicians and music groups like the Black Brothers—a Papuan reggae band that formed in the 1970s—that was forced into exile in neighboring Papua New Guinea. In his study of music and racialization in Melanesia, ethnomusicologist Gabriel Solis notes both the musical features and musical lyrics of Melanesian bands, especially in Papua New Guinea, that connect blackness to Melanesian identity. He offers examples from bands in the 1980s like Yothu Yindi who sing, "I am a black man, black man /

⁴² Instagram has now emerged as a major social media forum with accounts celebrating Papuan blackness. A search for the hashtag "PapuaThugLife" yields over seven thousand posts as of February 2019.

and I need to be recognized in this wretched world," acknowledging the clear Fanonian connection via Wretched of the Earth (2015, [(1961)1963]. Solis also notes the use of reggae sounds, which not only originate from the black Caribbean, but have also historically accompanied songs of liberation and black pride (Solis 2015). He then extends this argument to include references to the Papuan bands Black Brothers, as I discussed above, Sanguma and George Telek. Lyrics, such as those of Telek include Papuan nationalist language: "Everyone wants freedom/ Freedom for West Papua" (2015:302). A more recently formed band called Komunitas Rasta Kribo Papua, (Papuan Kinky Hair Rasta Community) who I met and had conversations with also played reggae music. Although their lyrics were not explicitly politicized, they shared their disdain for dangdut—a distinctly Javanese pop sound first popular in the 1970s. One member of the band recounted a famous incident at a Freeport Mine station where a *dangdut* singer was invited to perform and was hit with a rock by an audience goer while on stage. The band member stated, "Dangdut itu obat salah. Dangdut was the wrong medicine [for that crowd]." Despite the fact that both reggae and *dangdut* are not indigenous to Papua, one is a symbol of colonial oppression and the other a symbol of black liberation.



Figure 3.3. Black Brothers album cover. Title: "Suffering Never Ends" released in 1977. Sourced online.

In her study of black Liverpuldians, Jacqueline Nassy Brown notes that the "creativity of black British uses of black American and black Caribbean 'raw materials'" is a distinct feature of a black diaspora (1998). Although Brown draws on Paul Gilroy's *The Black Atlantic* (1993) to unpack the dominant American and Caribbean claims of these "raw materials" of the African Diaspora, her discussion of these raw materials as diasporic resources find purchase in Tanah Papua. She notes that not all diasporic resources are adopted or translated in the same way everywhere. How diasporic resources are processed depends on the specific "ideologies of culture and community—ethnically absolutist or otherwise" (1998:297). I would argue that the musical sound, lyrical sentiments and interpersonal hailing of black Papuans presented above constitute a distinctly Papuan use of black diasporic resources. Her analysis of diaspora and diasporic resources is especially helpful in a place that does not share, in Gilroy's words in *The Black Atlantic*, a "racial order inaugurated by slavery" (1993).

African American historian Gerald Horne coined the term "Black Pacific" in his work *The White Pacific: U.S. Imperialism and Black Slavery in the South Seas after the Civil War* (2007). Although it is beyond the scope of this dissertation to unpack the various ways that Horne deploys this term, scholar Robseon Taj P. Frazier notes how "the Black Pacific" symbolically and materially invokes the transnational. Horne's work documents the travels of U.S. black sailors to the Pacific up until WWII who brought their music as well as provided a context by which the music could be listened to and understood. In Solis's discussion of musical diasporic resources that find a home in Melanesia and aboriginal Australia, he, too, deploys the notion of a Black Pacific (2015).

Brown's rendering of the mobility of diasporic resources and Horne's and Solis's description of a Black Pacific brings into contemporary imaginings what Du Bois called a "social heritage" of oppression in his autobiography of race (2007[1940]:58-59). For Du Bois, however, this imperial oppression is one of white domination (Ibid 48). Part of the specificity of Tanah Papua's "local" construction of a black racialization and deployment of diasporic resources is the fact that it is a site twice colonized: once by the Dutch and once by Indonesia. This social as opposed to blood heritage is further emphasized by Du Bois' simultaneous acknowledge of the chief place of skin color and hair texture in racialization, but not its absolute status as such. He notes "I was of course aware that all members of the Negro race were not black" as pictures of members of his own family could attest (Ibid 50). In a similar vein, contestations over the authenticity of black Papuan identification emerges in interpersonal spaces as well as on social media as Surya notes in her social media study. Some people reject identifying Papuanness with skin color or hair as these categories might exclude them. There are hierarchies of authenticity and "real blackness" in these spaces of racial formation (Jackson 2005).

In the politically sanctioned spaces of governmental policies like Bapak Dortius's pronatalist program, blackness does not explicitly appear, but is alluded to through the use of *orang asli*. Because he is a figure within the Indonesian government apparatus, it serves to conclude that he chooses a term of distinction for Papuans that has already been officially sanctioned by the Indonesian central government. *Orang asli* is found on indigenous black Papuans Indonesian government issued ID cards, as well as is written on government health intake forms as I observed (unless the letter "P" for Papuan was used). Again, the Indonesian federal government has granted and legitimized, if reluctantly, *orang asli* status to other indigenous groups making indigenous rights claims (Li 2001; Tsing 1996) and to Papua and West Papuan Provinces through the granting of Special Autonomy and then Expanded Special Autonomy Status in 2010.

The specificity of Papuan *orang asli* status as belonging to the Melanesian race (*ras Melanesia*) has also recently gained political recognition and legitimation at this time as is evident through the forming of the MRP or Papuan People's Council at the outset of Special Autonomy Status. The Papuan People's Council, as described earlier, was formed to ensure protections of Papuan indigenous cultural forms. Its 2007 handbook outlines the identification of Papuans as belonging to the Melanesian race.

This web of connection, from *orang asli* to *Melanesian* activates something black cannot in the language and space of geopolitics, as I will discuss below. The recognition of Papuans as belonging to the Melanesian race is particularly intriguing because it has mobilized new political possibilities for Papuan political leaders seeking international recognition.

In 2007 a group of Melanesian states including Papua New Guinea, the Solomon Islands, Fiji, New Caledonia and Vanuatu formed an organization called the Melanesian Spearhead

Group, known as the MSG. The purported goal of this organization is to advocate for the protection and rights of Melanesian peoples. Most members of the MSG are also sovereign states that are recognized as such by the United Nations, but one of the members is a pro-independence indigenous group known as FLNKS from New Caledonia. As such, a group known as the United Liberation Movement for West Papua sought membership in the MSG. Indonesian ambassadors to the other Melanesian states reportedly condemned this move and in 2015 signed an MOU with five of its provinces with "Melanesian populations" granting Indonesia the right to represent them and their interests in the MSG. Later that year the MSG granted Indonesia full membership. The MSG also decided to allow the United Liberation Movement for West Papua to become "an observer" of the organization. While the intricate political history and details of this move and its after-effects are deeply relevant for understanding the political landscape in Papua and about Papua in Indonesia, I do not have the space to explore those intricacies in this dissertation. I will not delve into the empirical and theoretical meanings of full membership versus observer status. However, I will continue to discuss it here in so far as this political maneuvering speaks to the relevance of Papuan identity formation and engagement with blackness.

Sade Bimantara, a spokesperson for Indonesia's Embassy in Canberra expressed to Radio New Zealand in March 2018:

The United Liberation Movement for West Papua (ULMWP) does not belong in the MSG. It is not a state and do not [sic] represent the almost four million West Papuans living in the Papua and West Papua provinces of Indonesia...While West Papua [sic] the issue has been resolved since 1969 that Indonesia is a sovereign nation which encompasses also West Papua and that has been recognized by all of the countries in the United Nations system.

(note this is a transcript from an audio interview held in English.)

The hostility toward the ULMWP is apparent. Bimantara ties its existence and appeal to the MSG as a threat to Indonesian sovereignty. He also draws on a contested moment in Papuan

history, the 1969 Act of Free Choice, popularly referred to as the "Act of No Choice" by many politically engaged Papuans, as well as draws on the legitimacy granted by the United Nations in order to stake his claim to Indonesian sovereignty over Tanah Papua. His invocation of 4 million indigenous Papuans is also curious given the circulating data of Elmslie that analyzes the Indonesian census to conclude that there are only 2 million indigenous Papuan people in all of Tanah Papua as expressed by the retired midwives I interviewed.

In response to Indonesia's membership in the MSG, the prime minister of the Solomon Islands decried this fact nearly three years later: "Well, firstly Indonesia should be kicked out. Indonesia is not Melanesian. Indonesia does not have Melanesian interests at its heart and Indonesia is the oppressor of Melanesians in the regions of West Papua. Irian Jaya they used to call it," as also reported by the news outlet Radio New Zealand in 2018. The identification of Papuans as Melanesian has as much to do with conceptions of racializations that are applied to all Melanesians—that is, a distinction based on a shared history of being indigenous to a particular region as well as the epidermalization and keratinization of race (being black), as much as to this history of and continued experience of oppression. What does it mean to have "Melanesian interests at heart?" If Indonesia were presumed to possess this, would the Solomon Islands prime minister still argue his point of Indonesia not belonging in the MSG? Of course, this is perhaps a circular question as the only group from Papua that seeks to represent Tanah Papua in the MSG also seeks liberation from Indonesian occupation. Presumably for Indonesia to have Melanesian interests at heart it would have to grant Tanah Papua sovereignty.

Melanesian, as a marker of racial difference, emerges as a way to mark a distinction between Papuans and Indonesians on the one hand *and*, on the other, connect Papuans to a larger imagined community of Melanesians in Papua New Guinea and beyond (Anderson 1983). As

intimated by the membership of the New Caledonian pro-independence indigenous group to the MSG, it is also deeply entangled with indigeneity. Then where is blackness? What does it do in and for Papua? Blackness is not a self-evident, universal truth. It does and has not meant the same thing everywhere, in every era and for everyone. As I noted earlier, I observed slippages in self-identification shifting and overlapping between *orang* (meaning person) *hitam* (black), (keriting) curly, (kribo) textured/kinky hair, Melanesia (Melanesian), Kristen (Christian), asli (indigenous), masyrakat adat (customary society), and even Indonesia (Indonesian). Each of these signifiers is a construction with a particular history (Hall 1997). Like the emergence of the term adat to mean some amalgamation of customs and traditions by Dutch scholars, the term Melanesian was coined around the same time, in the first half of the nineteenth century by a French natural historian and naval officer. Meaning "islands of black people" in Greek, Melanesia is a term conjured in the fashion of the classificatory projects of imperial powers along with new scholarly disciplines in which these classified peoples would be studied. Melanesian became a practical distinction that was then rooted in the so-called natural distinction of ethnic differences between the people of some islands of the Pacific from the rest of Oceania and Polynesia. The dark skin of the inhabitants of some of the islands in the Pacific was the main point of distinction according to these French imperial naturalists. As is evident from geopolitical strategies like the creation of the MSG, Melanesian has now come to serve as a point of affinity, and perhaps even kinship among groups identifying as such.

Mark Anderson's recent work (2009) on the Garifuna of Honduras who also identify as both black and indigenous is helpful in that he notes that blackness allows for the participation in a kind of global cosmopolitanism. It also allows for connection to black people in other places.

Much in the same way that claiming brotherhood in Melanesia draws on the support of other

Melanesian groups and sovereign states. This kind of connection is not new. It had a distinctly political history in the early formations of pro-independence activity when Indonesia first occupied Papua. As described in the introduction, a Papuan pro-independence political group toured Africa with an informational pamphlet about their colonial oppression by the Indonesian state called, "Voice of the Negroids of the Pacific to the Negroids Throughout the World" (1962). Papuans staked a claim to kinship with Africans, and therefore a basis for support, by way of occupying the same racial category of Africans, the term of the day however, was not black but Negroid. It is both imperative and perhaps ironic that this tour and plea occurred only seven years after the 1955 Bandung Asia-Africa Conference. This pivotal moment in world history served as the birth of the Non-Align Movement that brought together newly formed postcolonial nation-states seeking to upend western imperialism. As students of history, we can imagine that the Asia-Africa Conference served as a potential model of diplomatic strategy for Papuans seeking independence. Blackness was tied to a liberatory hope in 1962, and I would argue, continues to be a place of racialized distinction for Papuans in the social spaces that order every day life in Papua. Bapak Dortius's pronatalist program is deeply entangled with this hope.

I have argued that blackness emerges in the production of particular kind of Papuan indigeneity vis-à-vis structures of violence and political oppression. It is coupled with Melanesian identity as a signifier of difference between indigenous Papuans and occupying Indonesian forces. However, blackness circulates in Papua, not only as a nodal point of difference making, but as a method and strategy for sharing, loving and expressing pride.

Chapter 4

Pregnancy out of Place in Protestant Papua

A Protestant women's empowerment center located in the busy city of Abepura, held a showcase every year that included a performance by the participants of their 9-month long empowerment and socialization program. This year, they would perform a play reenacting the miraculous biblical stories of Jairus and the bleeding woman. I open this chapter with an excerpt from the play setting the stage for a discussion of the multiple interests that overlap, intersect and compete for the management of women's reproduction in contemporary Tanah Papua.

Indonesian language:

Yairus: "Tuhan Yesus, sa pu anak perempuan de sakit, sampe su mo mati. Tuhan Yesus datang ke sa pu rumah dan taruh tangan di atas sa pu anak supaya de bisa sembuh dan hidup."

Terus, perempuan akan pegang baju Tuhan Yesus. Dan Tuhan Yesus akan kaget sekali! Dia akan merasa kekuasaan akan keluar.

Perempuan: "Kalo sa pegang de pu baju saja, pasti sa sembuh."

<u>Tuhan Yesus</u>: "Siapa yang pegang sa pu baju?"

Cari yang pegang dia—perempuan ini takut, tapi Yesus akan senyum kepada dia dan mengatakan: "Hai anak-Ku, ko su sembuh, karena su percaya sama sa."

Teman dari rumah Yairus: "Ko pu anak su mati; Jang ganggu Tuhan Yesus lagi."

Tuhan Yesus kepada Yairus: "Jang ko takut, percaya saja. Ko pu anak tu, tidak mati, dia hanya tidur."

<u>Tuhan Yesus bilang ini kepada yang menangis di rumah</u>: "Kenapa kam ribut dan menangis? Anak ini de tra mati, de hanya tidur saja!"

English Translation:

<u>Jairus</u>: Christ Jesus, I have a little girl who is sick and near death. Please come to my home and place your hand on her so that she may be healed and live.

Stage direction: The bleeding woman touches Jesus' cloak. At this moment he felt strength leave his body.

Woman: If I touch even his cloak, I know I will be healed.

<u>Jesus</u>: Who touched my clothing?

Look around for the woman. She will look scared, but Jesus will smile.

Jesus to the woman: My daughter, your faith has healed you.

A friend who was at Jairus' home: Jairus, your child has just died! Do not bother Jesus.

<u>Jesus to Jairus</u>: Do not be scared. Have faith. Your child is not dead, but only

sleeping.

Jesus to those in Jairus' home mourning the death of the child: Why are you all crying and making such noise? This child is not dead, but only sleeping!

-The story of 'Jairus and the bleeding woman' adapted from the Book of Luke Chapter 8: Verses 40-56; as performed by the participants of a Papuan women's empowerment program, November 2015.

Translating the Play

According to the Book of Luke, Jesus was approached by Jairus to heal his dying daughter. While speaking with Jairus, a woman who had been suffering from vaginal bleeding for over a decade reached out to touch Jesus' robes in the hopes that she would be healed. Though she was frightened for attempting to heal herself by touching Jesus without permission, Jesus turned to the woman to tell her that her faith had indeed healed her—her hemorrhaging had spontaneously stopped. At this moment a messenger informed Jairus that his daughter had just died. Jesus then turned to Jairus and assured him that his child was not dead, but only sleeping.

The story and play of Jarius was like others that were used in the women's center that mixed religious imaginaries and fantastical events with real life risks and outcomes. One encounters multiple stories like this that are not sanctioned by the Papuan Women's Empowerment Center yet abound in their informal spaces: ghost stories about the haunting of one of the buildings; stories about something grabbing the necks of sleeping dormitory residents;

and stories of women hearing their names being called in the middle of the night by strangely familiar voices. In Papua, with heightened state and local fears of sick and dead women—that is, of high maternal and infant morbidity and mortality rates—the famous story of Jesus healing a hemorrhaging woman and resurrecting a dead girl carry a palpable and deep relevance in Papua.

Following Chapter three where I discuss the effects of multiple competing interests, pressures, and techniques of surveillance of pronatalist and family planning campaigns in Tanah Papua's central highlands, this chapter focuses on the distinctly Protestant backdrop that circumscribes the events and possibilities surrounding one woman's pregnancy in the political and religious center of Papua Province. Her relationship to a major Protestant women's education and empowerment center gives insight into the practices and limits of Protestant Papuan expectations for Papuan women's reproductive behavior.

Mapping the terrain of class and suku identity in Protestant Papua

This Protestant women's education and empowerment center, known locally by an acronym that I will pseudonymize as WEEC (Women's Education and Empowerment Center) is significant on two registers: one, for its reach and connections to local, national, and international Christian and secular aide organizations; secondly, because of its physical location at the nexus of a world of racial complexity and tensions in Tanah Papua. Abepura, as noted in the Introduction, is located just outside of Jayapura, Papua's seaside capital. Though a separate city, the border is unmarked with a clamoring two-lane (sometimes four lane) road serving as the throughway connecting the two cities. This means that Abepura is the destination of much of the in-migration to Papua by air and sea from both outer islands, and from other parts of Papua.

The racial and ethnic make-up of Abepura, specifically, is a reflection of migration trends in all of Papua. For instance, walking through Abepura's busy main road for just a kilometer in either direction from the empowerment center one passes small Indonesian restaurants in one story concrete buildings with cuisine and business owners from far away islands like Java or Sumatra. Directly next to these one finds Papuan women, usually from the central highlands, selling beetlenut or root vegetables on the dusty ground. Next to these might be a western looking grocery store complete with air conditioning and inter-island imported fruits and vegetables and internationally imported butter and cheese, mostly from New Zealand. This scene also brings into high relief a clear class hierarchy that is mapped onto racial differences with formal Indonesian storefront owners juxtaposed with informal Papuan women street vendors.

Anthropologists studying Papua note the existence of ethnolinguistic groups in Papua (Butt 2008; Mote and Rutherford 2001). A discussion of the scholarly history and debates between the uses of race and ethnicity are beyond the scope of this dissertation. However, I will note that ethnolinguistic groups are actively recognized and engaged in Papua and by indigenous Papuans. These groups are known as *suku* and have distinct histories with missionization and colonial practices, some of which I noted in the introduction and the previous chapter. *Suku* are identified in much the same way indigeneity has been conceptualized as mapping people onto place (Malkki 1992; Clifford 2001). When *suku* is discussed, it often invokes geography and the popular history of that geography. (The most obvious connection between *suku* and place is the understanding of inherent differences between highland and coastal *suku*.) As I discussed in Chapter Three, *budaya* (culture) and *adat* (custom/tradition) often emerge when discussing different *suku*, especially those of the interior of the central highlands, or those in very rural parts of the coast. Therefore in addition to being tied to "place of origin," *suku* emerges when

conjuring people and places outside of urban centers like Abepura, the site of WEEC. However, as I will describe, when people not indigenous to Abepura and Jayapura migrate to these urban centers, a hierarchy of *suku* tends to emerge in the language and practices between them.

Following Anna Tsing, Abepura serves as a major "zone of awkward engagement" or "cultural friction" in Tanah Papua (Tsing 2005: xi). Abepura is a site where global capitalism and global health, overlap and rub up against Indonesian state and Papuan cultures of production and reproduction. Much like Tsing argues the importance of observing "how [global capitalism] operates in friction," Abepura allows us to observe how family planning operates in friction as a node of global health capital and perhaps to take a step back, allows us to observe what exactly ends up in friction [2005:12]. Not every meeting of different forms leads to friction, and not all friction leads to a spark. Yet in Abepura there is a palpable sense of the potential for ignition. There is the false sense of security that state-perpetrated horrors will not happen in a busy town with so many witnesses—the highland forests seem more conducive to that. Moreover, there are known human rights activists with offices throughout the city, and demonstrations that take place nearly weekly.

Yet, as Martha reminded me in Chapter Two, Abe has bled, and very recently. Abepura is where growing anxieties around actual population numbers and the question of who is in power in the region emerge among different church, non-state and state groups like a public secret. Some of these anxieties stem from arrangements that were put in place under Dutch colonialism. For the rest of Indonesia anticolonial and, later, postcolonial discourse held on to resentment toward the former, now absent, colonial power. In Papua, however, things played out differently. The difference here from traditional anticolonial discourse was and is that not only are the settlers the ones in financial and political power in Papua, but they are becoming the majority. In

other words, Papua does not tell a story of an oppressed indigenous majority—but rather a story of their fears of being utterly replaced altogether by a non-white majority. Many of my Papuan interlocutors would describe "hoards," thousands of Indonesians from other islands disembarking ships in Jayapura daily, looking for greater financial possibility in Papua.

Moreover, the growth of mosques throughout the overwhelmingly Christian province serves as evidence of a major population shift. Thus fears of 'extinction' on the part of indigenous Papuans appear statistically justified. Places like WEEC, with a cosmopolitan and internationally connected staff were not immune to the effects of such fears.

WEEC was located just 15 meters from the main road in Abepura, yet seemed to be much further away once one passed the always opened metal gate and entered the long rocky driveway flanked by grass, mulberry bushes and mango trees. WEEC's compound felt tucked away as if it were in a different place, and, as some remarked, even in a different time. Its administrative offices, guest housing and meeting hall were at the end of the driveway, while its dormitory for its residential empowerment programs was off to the left. The dormitory was the center's original building, and still operated with a wood stove where participants would prepare communal meals and boil the drinking water. WEEC was among the first of its kind, established in 1962 amidst Indonesia's initial military occupation of Tanah Papua. However, it was one among a growing trend in Dutch and German Protestant missionizing practices in Papua: establishing girl's boarding schools (Ipenburg 2008). WEEC was founded and first run by Protestant Dutch missionaries who groomed Papuan women in administrative tasks. Eventually, after the Dutch were extracted from Papua's political fabric, Papuan women headed the empowerment center themselves. Most were laywomen with administrative experience and, in

recent decades, much of the staff has been comprised of Papuan women pastors from the Evangelical Christian Church of Tanah Papua (*Gereja Kristen Injili di Tanah Papua or* GKI).

GKI is the most visible Christian group in Tanah Papua boasting the most church members and number of churches of any Christian group in Papua. It also shares an acronym with the Christian Church of Indonesia (Gereja Kristen Indonesia), though is not related. GKI is the religious home, financer, and overseer of WEEC and its programming. WEEC is also a member of other European Protestant church groups, some of which provide volunteers and donate consistently to the center. WEEC via GKI is a member of the United Evangelical Mission, a German missionary organization with member organizations throughout Africa and Asia. Missionaries were often sent from UEM to different GKI congregations and WEEC in Abepura, while WEEC representatives would take trips to other Melanesian islands, Germany or the Netherlands for international conferences and meetings. During my fieldwork, two young women were sent by UEM from Germany to WEEC as general volunteers, while WEEC staff traveled to Fiji and Germany to take part in evangelical mission planning.

Presently the Women's Education and Empowerment Center in Abepura has five satellite centers that run similar programs. All have dormitories that house high school aged girls sent by their rural families to study in cities throughout Papua year round. The dormitories also house the participants of their 9-month long annual empowerment and socialization program, like the one that presented the play reenacting the story of Jairus and the bleeding woman.

Tina, who was given the role of the bleeding woman in the play, joined the 2015 participant cohort of 22 women in a fashion that I came to learn was typical of the program. She explained to me that a local pastor approached her father and encouraged him to send her to the program in Abepura. While some of the participants reported hearing about the program during

church services, others noted that they were completely unaware of the program. In the case of many of the participants, pastors from the GKI's local branches (called *kelasis*) personally approached their families, or, more specifically, their fathers to request participants. One young woman under 20 years old named Sela told me that her pastor had received a letter from Abepura asking if there were any Papuan women who would be interested in joining the program. Sela explained that her father said it would be good for her to join because she could learn how to sew and become better versed in the Bible. Some of the older women in the program expressed wanting to learn how to bake and how to read and count better so that they could sell goods in their villages. There seemed to be no age requirement for the program other than needing to be older than secondary school age. The program usually began in January, however, this year they were forced to start in March as they waited for more women to be recruited because they had not received enough participants.

WEEC had a hierarchical structure with five departments—administration, finance, education, housekeeping/catering, and the women's empowerment program/dormitory—headed and fully staffed by predominantly indigenous Papuan women. About a third of the 15 person staff were Protestant pastors (*pendeta*) who were assigned to the empowerment center by the GKI Synod (*Sinode*)⁴³. Although distinct from the other departments, staff from the administration and finance departments also taught classes in the annual 9-month long empowerment program. Some ran nutrition and health classes, while others were assigned to be the *piket*, or daily religious and housekeeping duties monitor.

WEEC's basic structure remained unchanged from the Dutch colonial model introduced in the 1960s. A woman in her 70s named Mama Yuli was the first Papuan head of the center. She

⁴³ The Synod is the church central council in charge of church doctrine and activities of all church branches, including appointment of pastors throughout all of Tanah Papua.

Dutch supervisor to take over the center. Mama Yuli, like most of the previous and current staff of the center, is from Biak, a small island north of the main island of New Guinea in Papua Province. As discussed in chapter one, Tanah Papua is home to over 260 ethnolinguistic groups and languages. However, *orang Biak* or people from Biak are the most politically and socially prominent in Tanah Papua. As Danilyn Rutherford notes, people from Biak occupy a kind of social elite in Tanah Papua. This reality is reflected in the staff of the Women's Education and Empowerment Center, which is majority Biak. While I will not discuss the ethnic fault lines of Tanah Papua and the totality of their complex history in this dissertation, what is important to note here is the fact of a social and class hierarchy in Papua and West Papua that does not include Indonesian settlers, and the ways that Tina's experience are read through this hierarchy.

Discipline and Socialization

Because the empowerment program was focused heavily on 'socialization' and leadership for poor women who were thought to lack adequate literacy and domestic skills and appropriate mentorship, this meant that the program sought to enroll Papuan women who were considered on the margins (*terpinggir*) of Papuan society. However, there was also an imperative for the program to represent a diversity of tribes and ethnicities, as the goal of the program was to set an example of empowerment for all Papuan women. In the end women were predominantly recruited from small rural coastal towns, the central highlands as well as from Biak. Participants ranged in age from 17 to early 50s.

Discipline was a central tenet of the program. The *piket*, or daily duties monitor, would ring an old hand-held brass bell at 5am and then again at 6am each morning, including

weekends, to wake all of the participants. The women were expected to be bathed and ready for breakfast by 7am. By 7:30am they would hold their daily morning religious service. By 8am they were to be in their classroom ready for their daily lessons. Lunch was at 1pm and Dinner at 6pm, with evening religious service beginning between 7:30 and 8pm. The participants of the program were responsible for meal preparation, dining area cleanup and dishwashing, in addition to general upkeep of the grounds of the WEEC compound. They were also in charge of upkeep of their shared rooms and personal belongings. The women were scolded if they did not get out of bed in time or if they took too long to complete tasks. Dormitory staff could be heard repeating, "Tempo! Quickly!" at these times. The rigid structure of their daily activities was striking. In addition to being routine, they were unbending.

Aside from their schedule and duty assignments, the women at the Center were not allowed to leave the dormitory without explicit permission from the dormitory staff. If they were given permission to leave, they needed to have another participant or high school resident of the dormitory accompany them. The women were forbidden from leaving for reasons outside of family visits or to shop either at the nearby market or Abepura shopping center. Two of the participants, one of whom came with her 3-year-old daughter, eventually left midway through the program. When I inquired about their departure, I was told they couldn't handle it, *tahan*, meaning they were unable to hold on or bear it. Strict rules like those that prevented women from moving freely in and out of the center were a huge part of being able to *tahan*.

The rigidity of the program schedule and expectations of the women's behavior was not lost on the empowerment program staff. In fact, there was a great deal of attention that was given to the participants and their ability to conform to the difficult life of the dormitory. One staff person reflected on how some participants arrive in Abepura thinking that they will be able to

"have fun" and "run around the big city," when in reality they are there to "learn and be socialized" (As the program touted *pendidikan dan sosialisasi*, education and socialization). The head of the women's empowerment center expressed this when she lamented the state of Papuan women and their families. In an interview she noted that Papuans who used to garden in the central highlands now relied on Indonesian migrants, or *pendatang*, literally meaning "newcomers," for cooked or processed foods like ramen noodles (*Super Mie*). A familiar adage is, "we sell our bananas to Javanese only to buy fried bananas from them, and for more money." The perception that better Christian discipline could be enacted to counter the effects of ongoing colonial subjugation was a frequent tenor of WEEC. Having a strong work ethic was positioned as anticolonial and potentially life saving for the black indigenous Papuans as much as it was meant to save Christian souls.

Many of the WEEC staff discussed the binds that Papuan families find themselves in with encroaching migrant communities. These problems were often couched in public health language and generally focus on nutrition, domestic violence, poor health, and poor literacy. They also focused heavily on the loss of gardening skills. Though the circumstances for these problems are vastly different from those that framed the setting for Dutch and German missionaries in the nineteenth and into the twentieth century, the solutions looked and sounded familiar and similar to those forged at an earlier historical time. In fact, for the women's empowerment program, in particular, the answer to the questions of threats to Papuan society looked vastly similar over the past 50 years.

It is important to note, however, that many of the WEEC leadership were also formally educated and had structural analyses for the poverty and heartache indigenous Papuans faced and that they experienced themselves. However, I found it striking how these analyses were coupled

with a commitment to this Dutch Protestant ethic. Again following David Scott's (2004) imploring, if Dutch Protestant ethic was the answer, then perhaps the conceptualization of the question (what is causing Papuans' suffering) is different than what leaders like Bapak Dortius were asking. That is, perhaps the calamity that Papuans face is not a question of depopulation, but rather a question of ensuring and cultivating a particular kind of life. I do not mean to suggest that Papuan women in the WEEC program or elsewhere were not actively concerned with or denounced what they saw as a clear depopulation and what some did in fact call a genocide. I am suggesting that this woman led program saw a way to a hopeful and potentially liberatory future by a different means.

An abrupt shift occurred between Dutch colonial Papua and present day Tanah Papua. That shift was from Dutch colonialism and toward Indonesian occupation and subsequent incorporation. One of the tactics used by the Indonesian government to deal with Papua has been 'socialization.' *Sosialisasi*, or socialization, has a long history in Indonesia. The term emerged in the post/neocolonial (Indonesian) era as a technique of development, serving as a central technique of governance in Suharto's 32-year dictatorship, the New Order Regime (Gibbings 2017:97). As Schrauwer notes, this New Order signaled a correction to disorder, rather than following an "old order" (20).

Canadian anthropologist Sheri Lynn Gibbings' work on western Indonesian street vendors notes that *sosialisasi* has received "surprisingly little attention...in academic literature on Indonesia" despite its ubiquity and centrality in "describe[ing] practices of consultation and communication [between the state and its citizens] across the Indonesian archipelago" (Ibid). Of course, the term socialization is familiar in western settings as well, however a significant provincial difference for its use in Indonesia is that it is not relegated to the realm of psychology

or personality or personhood as in usages in the U.S., for instance. In Indonesia, *sosialisasi* is used specifically in civil society settings. While her meditation on the term documents how civil society has adapted *sosialisasi* as a form of democratic engagement in the *Reformasi* era (after the fall of Suharto; 1998-present), *sosialisasi* has historically taken a top-down approach, interchangeable at times with *penyuluhan* or counseling. The idea is that government agencies find tactics to bring their regulations, policies or plans directly to the *masyarakat* or 'the people' ('the people' here being civil society) via outreach workers. Gibbings discusses *sosialisasi* as central to Indonesian democracy, appearing in phrases like *sosialisasi pemulih* or a method to "make sure that people know what to do during election" (Gibbings 2017:114).

While the transition to the *Reformasi* era means that a new valence to the phrase has emerged—that is, it is central to civil society as 'the people' themselves see it as a means of dialogue and communication with government officials—there is something very important here to understand about techniques of governance in Papua. That is, especially with regard to women's reproductive health interventions there is a valence of getting women on board or recruited. Following Gibbings' argument of the centrality of this term as a technique of governance, I would posit that its profound intimacy with Indonesian citizens is tied directly to family planning. Every heterosexual couple was compelled to be 'socialized' in family planning since its consolidation and institutionalization in 1967.

Not surprisingly, a central focus of the women's empowerment program in Abepura is *sosialisasi*. I note that WEEC's colonial Dutch Protestant framework and structure and use an Indonesian New Order Regime word or technique to describe their program and its goals. Furthermore, what does it mean that this word is central to family planning in all of Indonesia? Sosialisasi is compounded, too, with development operations in Papua meant to "civilize" the

savage indigenous population. When I inquired about the term with the women running the empowerment program, I was told exactly what the women would learn. According to the WEEC staff, *sosialisasi* referred to a set of skills that the program staff, and originators, felt were necessary for the women to learn. It included sewing, baking, nutrition, Bible study, arithmetic, and ideal reproductive behavior, to mention a few. Echoes of Dutch colonial reproduction of gender norms through gendered tasks are found in the process of *sosialisasi*, including education in the gender norms of the Indonesian state.

In this way, Indonesian feminist scholar Julia Suryakusuma's discussion of "state ibuism" as the engineering of an ideal national womanhood finds echoes in WEEC cultivation of proper Papuan women. In this setting Dutch colonial gender norms compete with Indonesian state gender norms as outlined in the notion of "state ibuism" and Indonesia's investment in a distinctly Indonesian "state womanhood". That is, the production of ideal Papuan womanhood is imbued with a Protestant ethic, which is juxtaposed with a Java-centric, Muslim, middle-class vision of the *ibu* or Indonesian woman/mother. This juxtaposition highlights the deep intimacy between *state ibuism* and Christian Papuan womanhood. In some sense both are necessary for the other to have full meaning.

Though seemingly circumstantial, it is important to note the different *suku* of the women in the empowerment program cohort. About one third of the women were from the central highlands, a third were from coastal lands peripheral to the province and the last third were from Biak. The women from the highlands were the eldest, ranging from their 20s to 50s and the participants from Biak ranged from their teens to their twenties. The young Biak women were literate and often more vocal in their daily classes, whereas at least two of the highland women were illiterate. Some of the young Biak women shared with me that they had graduated high

school. Whereas none of the highland women had graduated high school, and some had never attended. I offer this picture of the participants because while there are over 260 documented ethnolinguistic groups throughout Western New Guinea, Papuans are often portrayed as a monolith in state representations and discussions. And yet, these *suku* differences mattered in the social dynamics of the program.

Rutherford's work on Biak Papuans explains the deep nostalgia for Dutch colonialism in everyday life juxtaposed with disdain for the Indonesian state and the "backwardness" of Indonesian administration. She explains how Biak Papuans had a long history of transnational trade and travel long before Dutch colonialism. Many in the trade sector were fluent in Malay, the trade language. Biak itself is an Austronesian language like Malay. Therefore, Dutch administration in the region found a ready home in Biak. Today, most members of the local government and general positions of stature in business, medicine, and universities are disproportionately occupied by Biak Papuans. This fact is illustrated by how notable it was that the first highland governor and head of the department of health were in office during my fieldwork from 2014-2015.

One of the empowerment program's staff members explained to me that although she was upset by the behavior of one of the highland women participants, she had to be careful about scolding her. She explained that she did not want the highland women to think that the program staff favored the Biak women. Such sentiments are commonplace. When stories of drunk men in the streets or petty crime circulate, they are almost always identified as being from the central highlands. As Tania Li has noted, despite the Indonesian state's reluctance to recognize any group's indigeneity, "either we are all indigenous or no one is", there is a maintenance of the

tribal slot, where Indonesia's imagination and desire for the savage inland dweller is deployed by those invested in a cosmopolitan modern identity.

The women were understood to be receptive poor, rural black Papuan women who were not formally educated and, therefore, open to socialization. One could imagine that an empowerment program could involve civic engagement or business skills, but instead this program was dealing with poor peripheral women whose needs were located in cultivating gardening skills, nutritional knowledge and basic math and reading literacy. This is one of the fundamental difficulties and realities of Papua. There are incredible disparities among rural and urban citizens that overlap with class and *suku*. Therefore, it is telling that *sosialisasi* in this Protestant women's empowerment program has been largely unchanged for the last 50 years. The Papuan woman they are socializing appears almost frozen in time. She is a woman who makes her own modest clothing on a German foot pedal sewing machine and learns how to properly clean and scrub herself in a workshop where a line of women with their shirts lifted above their shoulders were being instructed on how to scrub the back of the woman seated in front of her.⁴⁴

Protestant Politics of Gendered Agency

As I discussed earlier, the WEEC staff ran their empowerment and *sosialisasi* program fully aware and I would argue, fully engaged in the context of the social facts of human rights abuses and depopulation facing indigenous Papuans. Following the insightful work of Saba Mahmood, I propose that WEEC's Dutch colonial Protestant project should not simply be dismissed as misguided. It is true that many of the women in the program, especially those who

⁴⁴ These were events directly observed by the author during fieldwork.

eventually left WEEC's empowerment program, found the cultivation of a Dutch Protestant ethic to be oppressive. However, for those who stayed and for the women who ran the curriculum, Mahmood's analysis of a grassroots Muslim women's piety movement in Egypt is instructive for considering the kind of gendered agency that finds deep value western liberal conceptions of oppressive religious and moral ethics (2001). Indeed, in a present that is framed by the history of two colonial projects that directly followed one another, one Dutch Protestant and the other Indonesian Muslim, Papuan women are presented with what David Scott would call fundamental conditions of choice (2004:19) Perhaps this kind of rigid Protestantism did not constitute a choice so much as constitute the field of conditions of choice.

As I noted above, this Protestantism also served as a point of departure from a distinctly Muslim Indonesian majority. It is helpful to understand Papuan women as conscripts of Dutch colonial Protestantism. This allows for understanding the "constitutive and, therefore, productive conditioning features" of Dutch Protestantism that Scott suggests is a feature of modern power, via Talal Asad (2004:107). In this way, indigenous Papuan women simultaneously make and remake the Dutch Protestant ethic into a distinctly Papuan way of life as much as they are transformed by it.

Interestingly, much of the leadership of WEEC was aware of calls from male community leaders like Bapak Fernando and Bapak Dortius whom I discuss in Chapters Two and Three, respectively, but would often critique these calls to polygamy and aggressive pronatalism as oppressive to women. The nature of the "answer" to Papua's problems, which in fact reframes the question to be asked, is deeply gendered. In the next section I discuss the maneuverings of a young participant of the empowerment program in order to unpack how a woman who would

ostensibly be made the target of polygamy, pronatalist, and Protestant programming makes her own way through this terrain, and challenges their authority.

Tina's Pregnancy and the Performance

The annual empowerment program showcase offered an opportunity to demonstrate what the women had learned and the fact of their *sosialisasi*. Again, the staff gave Tina the role of the bleeding woman. The choice of Tina was not arbitrary. Her own reproductive status played an important role in her being given that particular character. She was unmarried, and by the time of the performance she was visibly pregnant. One could see her growing belly behind all of the robes she wore as her costume depicting her biblical character. In fact, Tina's pregnancy was out of place in the women's residential empowerment program. She was an abnormal case.

Although there was no explicit exclusion of pregnant women, the WEEC staff was not readily equipped to accompany women on prenatal visits and provide space postpartum. Tina had not appeared pregnant nor informed the program staff of her pregnancy when she arrived along with the other participants in March 2015.

But by September, Tina's pregnancy was showing through her clothing. The undeniable fact of her growing belly forced an uncomfortable confrontation between the center staff and Tina. The woman in charge of the dormitory, Ibu Clara, shared with me how she pulled Tina aside to ask her why her belly was getting big. Tina was silent. Ibu Clara then directly asked if she was pregnant. The question sounded more like a confrontation because of the woman's tone and annoyed look. A pregnant participant would mean that WEEC would now have to take her to the local government health clinic for check ups, prenatal visits. There was a sense of tough

compassion in Ibu Clara's tone. She was annoyed, but would make sure Tina and her baby were well, nonetheless.

Still, beyond this confirmation there remained much speculation and confusion surrounding Tina's pregnancy. When did she know she was pregnant? When was her baby due? And, most importantly, who was the father? The legitimacy of these questions only become clear when one considers the maternal [paternal?] bent of this program, which I will discuss below.

In response to the lingering questions, Tina gave different answers to different people, if she answered these questions at all. To be sure Tina was never aggressive or asserted her non-responses. When I observed her interactions with the empowerment program staff, she often would look down or off to the side, shrugging and speaking in a low voice. It was not long before doubt and frustration circulated among the staff who worked with her. Some of the most striking confusion came from government clinic health care workers who seemed unable to give Tina a due date. It seemed appropriate then that Tina was assigned the role of a woman who needed not only reproductive healing but a kind of redemption in the Bible story about Jairus.

In addition to the fact of Tina's pregnancy, the circumstances surrounding Tina—that is, the secrecy, confusion, and doubt—take on new meaning when we learn about the larger context of her life and challenges. Her story was not unlike that of many Papuan women on whom a multiplicity of demands were placed to perform their reproductive lives dutifully. Papuan women were asked to *perform* their reproductive lives in ways that attended to multiple demands in relation to fears of population. With the survival of the Papuan population at stake, religious, local and state forms of governance compete for control of women's bodies and reproductive circumstances. The situation can be read plainly as: a Papuan woman became pregnant, and the circumstances surrounding her pregnancy posed problems for different stakeholders in Papua.

These tensions reveal what kind of futures are hoped for in Papua, and how and why Papuan women are the means to get there.

As a Protestant woman sent to WEEC in Abepura, Tina was implicitly seen as a representative of her district in Papua Province as much as she was seen as a perfect vehicle for the expression of core Protestant values and skills that she would be able to impart on her village neighbors. And, as a Papuan woman of reproductive age she was set up against the backdrop of a depopulating indigenous population by a pronatalist imperative circulating among politicized Papuan men.

Tina might be seen as someone who would remain outside of the reproductive discourses that often circulate in activist and politically engaged circles because she was a poor rural woman from a peripheral town along the northwestern coast of Papua Province. Yet her pregnancy, as well as what she revealed and what she kept hidden regarding her pregnancy, both speak to the ways in which indigenous Protestant anxieties and growing anxieties around depopulation⁴⁵ place sometimes competing and sometimes compounding expectations on Papuan women. In one sense the Papuan woman can *either* be a good Protestant *or* a good pronatalist Papuan woman. In another, the hope is that she is *both/and*. What does it mean, however, if she is *neither/nor?* The Papuan woman's reproductive experience dramatizes what a Papuan Protestant ethic demands but also how polygamy, now intimately tied to a discourse of pronatalism, seeps into the lives of those unconnected with formal politics or activism. Tina's situation, like that of other Papuan women, demonstrates an ever present and escalating rise in these expectations. Such expectations are augmented as Tanah Papua moves closer to the

⁴⁵ I will discuss the politics and fraughtness of using depopulation versus genocide as the language to describe the fact of a steady de-population of indigenous Papuans in Tanah Papua.

prophesied 2020, the year that Elmslie⁴⁶ projected that Papuans would be a minority in their indigenous territory. Tina's experience shows us that if Papuan women were unable to live up to these dual expectations they would be subsequently framed in terms of both failure and disobedience by these forces.

The dual concerns about protecting women from their own reproductive choices and ensuring that women fulfill the dreams of a thriving Papuan population under oppressive conditions, play out in the lives of women like Tina who are actually doing reproductive work in ways that are more complicated than these simple stories suggest. In fact, just as in the performance of the story of Jarius, the story desired and the story of the actual person playing the role do not entirely align. Contrary to the biblical story of faith and healing that Tina was meant to depict, many women (Tina included) experience uncertainty—sometimes in the form of a child that is born in the wrong place and time, as we will see.

In what follows I will discuss how Tina's untimely pregnancy illustrates the constraints of Christian women's empowerment, and how she reveals a kind of empowerment unrecognized by Protestantism through what she keeps hidden. Her rejection of polygamy and her particular paths to motherhood constitute and reveal a power of her own that both responds to and rejects both state and activist proclivities.

By the time of the casting and rehearsals for the performance, Tina's pregnancy was showing, and therefore it was not by accident that she would be been assigned the character of the hemorrhaging woman who was miraculously healed. Because of concerns about Tina's reproductive issues, the role of repentant and helpless woman who would be redeemed through Jesus made perfect sense.

⁴⁶ Insert Elmslie data here or reference other chapters where I already talked about it.

Although the play of Jarius conveyed a complex picture of divine marvel and the power of faith on the part of both Jesus and the bleeding woman, Tina's situation also revealed the bankruptcy of the tactic. The empowerment program thus positioning her, also refused to regard her as a mature woman of faith who could make her own choices. This play revealed how her actions and presence in the program were continually needing to be disciplined, not least because her own pregnancy had already exceeded the narrative the play and the program hoped to affirm. Tina learned this harshly when her pregnancy threatened to get in the way of the performance of both the biblical story and the empowerment program's ideals. Tina's story conveys a great deal about how reproductive practices and the politics around identity collide during a reproductively anxious time in Papua.

The annoyed yet concerned tone Ibu Clara had when she shared with me how she first confronted Tina about her pregnancy seemed to carry over into other staff member's interactions with Tina. One staff person shared how Tina "didn't listen" when they told her it was unsafe for her to sleep on the floor. The staff often scolded her—yelling at her to get up and into bed—when she was caught sleeping on the floor next to her cot in the participants' shared sleeping quarters. They explained to me with exasperation that the floor was cold and Tina could get sick. Tina shared with me that rooms were often extremely hot and there was no fan to circulate the air among the 14 sleeping women. For her sleeping on the cool floor brought relief. She also shared that she was not given permission to take naps and still had to perform her duties. Despite the fact that Tina was in her thirties, it was clear that she occupied an infantilized subject position. Tina's identity on the periphery of Papua by virtue of her poverty and her home village made her decision to hide her pregnancy as long as she could appear to confirm her irresponsibility and

immaturity. Her subsequent actions—sleeping on the floor, wishing to nap—further made this case.

Tina's pregnancy was acknowledged and cared for with clinic visits, but it was most important that she continued to participate in the empowerment program's activities. So, despite her being pregnant and thus fulfilling the Papuan dream of fertility (in response to fears of extinction under neocolonial governance), she was treated as a failed reproductive subject. Her pregnancy was getting in the way of being the right kind of reproduction.

Tina's Empowerment: Mystery, Secrecy, and Confusion "Mama tipu saya" / "Mama tricked me"

Once Tina confirmed with the empowerment program staff that she was pregnant, they told her that she needed to go to the local government health clinic for a prenatal checkup. The women in the program each had their own government issued ID's which allowed them to receive healthcare. When Tina went to her first government health clinic visit she was given a small booklet where the nurse midwives would write down her vitals, which included weight and blood pressure, along with the size of her fundus. The government health clinic nearest WEEC was a short bus ride away. Tina was given a small amount of petty cash to pay for the one-kilometer bus ride.

I accompanied Tina on one of her subsequent prenatal visits. On our way back, Tina shared that she was unsure of when her period stopped, but that she did not get pregnant in her home village. I was surprised—based on my discussions with the program staff, it seemed a given that she had gotten pregnant before she left her home to come to the program. Tina explained that she had known that an old male friend from her hometown had moved to Abepura to continue his studies at a local university. She arranged to meet with him just a few times

despite the strict program rules restricting the women from leaving the center unaccompanied.

She then said, "This is how I got pregnant." It was unclear whether the pregnancy was hoped for or not, but Tina expressed being happy that she was pregnant.

Her quiet demeanor brightened when she then shared with me that she already had a son. I was surprised, none of the staff mentioned this when discussing her current pregnancy. Tina explained that she was once married and she and her husband had a son. Within the last year, however, her husband began cheating on her with another woman. She then told me that her husband suggested that they all live in one house together, one husband and two wives. She had a generally flat voice, without great inflection, but her eyes widened as she shared this information. She was explaining that she told him that she did not want to live with another woman in one house. Who would be in charge of what? Her distaste for polygamy was not framed in political terms, but in the practicalities of everyday life. She did not want to run a household with another woman nor share her husband. She shared that she had gotten along with her husband up until this point. I could hear the disappointment in her voice.

Tina did not describe leaving her husband as a particularly difficult ordeal, though. She shared a more difficult set of circumstances when it came to her son. Tina explained that she wanted to keep her son with her. However this would not be possible unless they shared a *marga*, or last name. In order to do this, her son needed to have her father's *marga*. Unlike the rest of Indonesia, *marga* is particularly key in this patrilineal Christian setting. Through one's *marga* one can learn a person's *suku*, Christian denomination as well as provide land inheritance claims. As I discussed in Chapter Three, adopting a Papuan *marga* can even give a mixed-race Papuan-Indonesian person the rights of an *orang asli* Papuan. Tina had to ask for her father's help to "buy" *beli* her son. When I inquired further about what she meant, Tina explained that

her father had to "buy" her son in order to ensure that she would have full custody of him. She explained this entailed going to the local police department and paying to have her son's *marga* changed to her father's. Tina explained that her father had to fill out paperwork and pay nearly two million Rupiah or two hundred USD, for her son. After the name change, her ex-husband would have no legal rights to her son.

Tina was a generally soft spoken woman of particularly small stature who appeared much younger than her 30 years. Her ability to reject her husband's desire for polygamy and acquire full custody of her son spoke to a kind of resilience and power that seemed unrecognized in the women's empowerment program. For example, Tina was often scolded if she failed to participate in program activities and gave the reasoning that she was tired. There were no accommodations made for her level of participation for much of her pregnancy.

When Tina was recounting details of her life before coming to the Abepura, she noted that the staff were unaware of them. When I asked her when exactly, what month, she believe she had gotten pregnant, she seemed reluctant to answer so I didn't push. Instead she spoke more of her son and how much she missed him. She told me that in the late evenings after the program's activities were over, or she found a moment in between tasks, she would call her family in Waropen and speak to her son. She smirked a bit when she shared that her son was very upset at her and said, "Mama tipu saya. Mama tricked me." Her son was only four and she appeared proud that he was so verbal and smart. Yet she also lamented the fact that she lied to her son, telling him that she was only going on a short trip for a few days before leaving for the 9 month long program.

As we saw in the previous section, Tina's social standing meant that her actions were not taken seriously. Yet, her ex-husband, child and the staff at the women's empowerment center

were beholden to her decisions and actions. In the end, Tina navigated systems of decision making at her own pace and against the will of others. Though she did not demonstrate the kind of empowerment that she was groomed for in the program, she indeed was working within the system to find pathways toward a kind of reproductive freedom and even 'push back' against the constraints that were imposed from external forms of governance.

Chapter 5

HIV Positive Women in Papua: Reproductive Life and Death

In this chapter, I explore the intersections of family planning development norms and narratives of HIV in Papua. Through the story of a young woman, whom I call Diana, I unpack some of the many tropes that circulate in Papua, and Indonesia more broadly, about HIV positive Papuan women. I argue that the convergence of family planning with the global health interventionist goals of curbing maternal mortality and HIV infection rates rely on the construction of Papuan women as always already victims and thus, the ready target population. Like maternal mortality, HIV infection rates overdetermine global and national reproductive health interventions. HIV infection rates also overdetermine reproductive health understandings of Papuan women's needs, such that the complexity of Papuan women's political and social reality become flattened. Global health interventionist tropes find currency with Indonesia's longest standing, massive development project—that is, its national family planning program. In its 46-year partnership with Indonesia, the UN Population Fund states that linking HIV with maternal mortality and the family planning program is critical to curb HIV infection. By giving attention to these tropes I wish to show how Papuan's black indigeneity fills both global health and Indonesia's national "savage slot". As Michel-Rolph Trouillot notes, the production of the savage and accompanying narratives emerged as part of the colonial enterprise, tethering either fears or desires for Utopia and Order to the so-called Savage.

I wish to point to the ways that maintenance of this savage slot, finds currency in both Indonesian and Global Health interventions, *even* when the relationship between western global

health agencies and Indonesia itself is an asymmetrical one. Medical anthropologist Johanna Crane has outlined the ways in which western based global health organizations often mask their hierarchical relationships with their postcolonial nation state counterparts in a language of partnership and equality (2010). As Danilyn Rutherford notes, the idea of Papuans either recently emerging from the Stone Age or still inhabiting this epoch, coeval with Indonesia's modernity is a Dutch colonial fantasy and still remains as a common refrain, even within Papuan arguments for greater support from Indonesia's central government. Unlike Tania Li's insightful discussion of the tribal slot where she details indigenous people identifying as such in a way that appeals to Indonesian sovereignty through normative conceptions of *adat*, as well as to international non state organization (NSO)⁴⁷ conceptions of indigenous people, Papuan's own articulations of blackness route differently. As discussed in Chapter Three Papuan blackness references two routes: 1) is Melanesian kinship in Papua New Guinea, New Caledonia, Vanuatu and beyond, and 2) calls upon a broader kinship in blackness, referencing affines within the African geobody and deploying and owning diasporic resources (Thongchai 1997; Brown 1998).

I turn now to my encounter with Diana, a 25-year-old HIV positive indigenous Papuan woman. I first met Diana in 2015 when she traveled to Papua's capital to attend a mandatory two week professional development workshop by her employer, the Public Health Development Foundation, or PHDF for short. The workshop was to be held at a GKI meeting space. Each day of the workshop opened with a morning prayer. Throughout the two weeks, PHDF⁴⁹ employees gave presentations on their outreach work in their local offices, located throughout the two provinces. In addition, they received organizational training and reports on the state of the main

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⁴⁷ I use the term non-state organization to acknowledge the fact that many so-called non-governmental organizations in fact govern populations. I will use NSO for the rest of this chapter.

⁴⁸ Clifford (2001), routes vs. roots

⁴⁹ This is a pseudonym for the Indonesian language name of this non-state organization.

PHDF's findings and progress. PHDF is one of the largest local NSOs in Papua with several Protestant global health partners in Germany and the Netherlands. Though it boasted various health programming, it was the most well-known and politically connected organization to work on HIV/AIDS care in Papua. Part of the reason for this was the fact that the director of the organization, Bapak Lubis, was also a board member of one Dr. Giyai's, whose book I discuss in the Introduction, new project: The Office for Rapid Health Development in Papua (*Unit Percepatan Pembangunan Kesehatan Papua or UP2KP*). Bapak Lubis was from North Sumatra, a western Indonesian island, but made a home and a name for himself in Papua in the 1990s, quickly rising to the top of Papua's NSO elite. He came to Papua around the time of Authoritarian president Suharto's compulsory transmigration program, where western Indonesians were shipped to less "populated" and "developed" islands as part of a larger population control program.

Diana was a former patient of this NSO's HIV outreach program. It provided her support through bringing her food and medicine, as well as providing HIV education. Her PHDF satellite office was located in Serui, a tiny island about half the size of Biak off the northern coast of Papua Province. Because of the small population and size of the island, hers was the smallest local office of the NSO. As a person who was HIV positive, she was asked to join the organization as a field worker who would help her colleague, Lala, with the more practical elements of their work. Her day to day work entailed traveling to the homes of HIV positive patients and connecting them to local government health clinics and the main public hospital.

After meeting and getting to know Diana, she shared with me that she contracted HIV after traveling to central Java for college. Diana was studying theology for her bachelor's degree at the time. She noted that it was quite a trek to get to Java from her home in Serui as she had to

take a ferryboat from Serui to Jayapura that could sometimes take a full day or two and then fly from Jayapura five hours to Java, if she could afford a non-stop flight, which was never the case. She expressed to me that living in Java was difficult at first, as one of the only Papuans in her school. Her classmates would comment on her dark skin and curly hair. Children in the village surrounding her school would hail her by shouting "Irian!" or "Papua!" as she passed. Although she described these experiences with heaviness in her voice, she told me she enjoyed her time in Java. She shared that eventually Javanese children would ask her if she was from Irian Jaya or Papua (two names for the same place). She laughed loudly through her bright smile when she recounted the question to me. Their ignorance is telling. Diana's skin and hair marked her as other, and other that was vaguely known. The children had heard of names of places they did not know, but they knew enough to locate her, a particular kind of foreign person, as possibly from "over there." Their location of Diana is both non-specific and particular.

Though Diana spoke fluent Indonesian, the national language, she explained, "With my accent and way of speaking, sometimes people didn't understand me, but after some time, I could. *bisalah*." Her use of "bisalah" was purposeful. Though it translated directly to "I can or I could", as in "I could speak like them" adding the suffix "lah" was common in Western Indonesia, and in Java specifically, and far less common in Papua. She then laughed as she demonstrated her ability to speak slang common to Java, exclaiming "enggak enggak!" It was a common western Indonesian phrase meaning "no" rather than the word common in Papua: "tidak" or "tra". To say this in Papua, for instance would be to signal an affinity with western Indonesian sensibilities. For young people, it might signal a kind of Jakarta-city-telenovela (*sinetron*) kind of cool—if one was not chastised for it first.

However, her theology studies were cut short when her condition worsened. She returned to her mother's hometown in Serui, a small island off the north coast of Papua, and told her worried father that she was suffering from the same illness that her sister had, though she never actually named it. Diana's older sister died of AIDS three years prior and it had devastated the small family who already lost their matriarch due to unknown causes years earlier. HIV was unnamed, but well known in the family. Diana and her father shared with me how sick she became while staying with her mother's family. He eventually brought her back to Serui's capital where she was admitted to the only government hospital. She was 23 at the time. Diana's father explained that when she was discharged from the hospital she was just skin and bones and in diapers for months. He explained that he was all alone, and was her sole caregiver until outreach staff from the public health development foundation began to visit her at home. Over the next year Diana became stronger and was, eventually offered an outreach position in the organization's Serui office about an hour and a half away from her father's home via motorbike. Her father drove her to and from their office on motorbike every morning and every evening.

In June of 2015, Diana made the 48-hour journey via ferry and transport taxis to Papua's capital to take part in PHDF's 2-week professional development workshop. The workshop was sponsored by one of the organization's partners, a German Protestant global health organization who sent a public health nurse as a representative to lead workshops and to take stock of their work.

When Diana arrived for the workshop, Bapak Lubis, asked her to share her story in a video that he was putting together for donors and global health partners. He explained that Diana was an important spokesperson for PHDF because she was both HIV positive and a former patient of theirs. Much to his disappointment Diana refused—saying that she felt uncomfortable

sharing her story on camera. Diana's refusal to share her story references her power. Like Tina's refusal to share with whom she became pregnant, Diana's silence is, in a sense, weaponized as it places PHDF in a potentially precarious position with its donors who use testimony as way to justify their funding (Scott 1985). Diana also shared with me that she loved smoking cigarettes, chewing betel nut (*pinang*) and eating durian—activities that she was banned from engaging in because she was HIV positive. Diana explained that her doctors and the PHDF told her that eating durian and chewing betel nut were too taxing on her body and not good for her overall health. On the third day of her time in Abepura she and a few of the other women field workers brought a durian back to the dormitory of the GKI meeting spaces (though it was also banned in the dormitory because of its lingering odor) and ate durian in her room. The mood was light and with everyone joking and taking pictures, smiling for the lens while holding up a Durian flesh covered seed. Although her colleague, Lala, did not scold or report her, she expressed her disapproval and judgment of Diana's actions to me.

In the days following her arrival Diana appeared to be moving slowly and hunched when she walked. Her already tiny frame alarmingly appeared to be growing thinner. She revealed that she had lost about 20 kilos in a matter of a month. One evening the German global health agency representative, Katrin, joined Diana and Lala for dinner. After some light conversation, Diana asked both Katrin and I if we would look at something on her abdomen. She was very hesitant in her demeanor, almost embarrassed. When she lifted her shirt and pulled down her waistband, a large bulge was clearly visible just above her left hipbone. Katrin immediately furrowed her brow with concern. She asked Diana for permission to touch her. Katrin palpated Diana's abdomen in the small kitchen area where we had dinner and asked if Diana had seen a doctor. Diana had not. She explained that she had noticed the mass a few weeks ago and it kept growing.

She went to the only government hospital in Serui and was given a referral to a hospital in Jayapura two weeks prior to the workshop, but had not made the long trip. Katrin had urgency in her voice and told Diana that she needed to go to a doctor. After Katrin left the kitchen to retire for the night, Diana revealed to me that she also had a low CD4 count. CD4 counts are used to measure the health of the immune system by counting the number of T-cells present in one's blood sample. She explained that she last checked her CD4 count in Serui as well, and her counts were 400, less than half of the recommended amount.

The next day, Diana called her older sister, who happened to be living in Sentani with her young family, to help her see a doctor. Diana and her sister proceeded to take public transportation to the main government health clinic in the Jayapura. This was the only hospital with an extensive VCT clinic. Diana described how difficult it was for her at the hospital. She explained that she was sent to different departments and eventually she and her sister had to return home because the window that they were told to go to was closed. When I saw Diana the next morning she was nearly doubled over and sweating profusely. I asked her how she got to the government hospital the day before, and she said she went by taxi; the public transportation system set up by private companies that refashion old minivans. It takes a series of 3 transfers from taxi to taxi to get to the hospital. When I asked about Diana's pain, she admitted that it was unbearable traveling in the uncomfortable crowded vans over bumpy roads. I arranged for a private car to take Diana to the hospital while I travelled to immigration and then met her later at the hospital. She was given a series of slips to take from counter window to window in different departments in the hospital. Often, it was unclear how to find the departments she was sent to. Unfortunately, she was not able to be seen that day and just as the previous day we went back to her lodging without being seen by a doctor.

The next day Katrin was fed up with Diana's inability to get health care and during the Morning Prayer that took place before the start of each work day, she asked the group to pray for their colleague Diana who was gravely ill. Diana was not present, but still in her room in desperate pain. Katrin explained to me later that she was worried about bringing up her knowledge of Diana condition to Bapak Lubis because of the precarity of their relationship. She explained that she was now in an awkward position because her relationship with this local organization was "crucial." Yet she was concerned by Diana's treatment within the organization. Because she was sent as a global health consultant, she was aware that her organization relied on their connection to this local Papuan NSO as much as the local organization relied on hers. She then explained this is why her prayer request was strategic. She could indirectly put Bapak Lubis and PHDF leadership on notice.

Later that evening, one of the staff members of the NSO arranged for Diana to be seen by a private OB/GYN who also worked at the government hospital. The doctor's office was near the lodging where Diana and her colleagues were staying and Lala and I walked her slowly to the private office. There, the gynecologist seemed suspicious of Diana, incredulous that she would not seek help sooner. Her ultrasound showed a large mass on her left ovary, already 9 centimeters in length. She informed Diana that she would need surgery the next day, as it was urgent. Diana's eyes opened wide as she nervously smiled and chuckled. It seemed to be a mixture of nervous surprise and relief. Diana confided that she was too nervous to tell Bapak Lubis about her referral from this doctor to have surgery the next day. This didn't make sense to me. It was an organization focused on the health of HIV infected individuals throughout Papua. Diana was not only an employee, but a patient. However, rather than this compounding the care she received, it seemed to place her in an liminal space, where it seemed difficult for her

employers to know where to place their care. A few days later Lala told me that she overheard the gynecologist and Ibu Sela, PHDF's second in command discussing Diana's medical condition. The gynecologist speculated that Diana could only develop an ovarian cyst if she were engaging in sexual activity. Lala noted the disgust in both the doctor's and Ibu Sela's voices at this prospect. Lala then shared with me how Diana would often break curfew to smoke. While there was concern in her voice, the implication was that Diana was not behaving as she should. This again recalls Tina's story in Chapter Four. Although Diana is an educated woman who has traveled to western Indonesia for her studies, traits that would ordinarily provide her an elevated social status, her illness reduces her to a problem in the eyes of her care providers and employers and locates her, like Tina, as a woman whose decisions must be seen as illegitimate and with suspicion.

When I saw Diana the next morning she was visibly upset. She was angry and in pain. She explained to me that Bapak Lubis told her to tell her doctors that she needed to postpone her surgery to next week. She shared, "He said I came to the capital to work, not to go to the doctor." Why had she not gone to the hospital in Serui if she was ill, he asked her. In this way, Diana was not only a sick woman who was told to go back to work because her employers could not understand the gravity of her illness. She was a black indigenous Papuan woman, who was not able to make the rational choice to get care on her own time. Instead, she was told that she had work to do—it was imperative that every employee was present for the entire work retreat. One of the workshops being presented this week was on care and awareness for and about people with HIV/AIDS. When explaining this to me, Diana also shared that she was once scolded for giving cash to her sister. That is, each of the employees were given spending cash during their work retreat in Abepura, and one of the management staff saw Diana hand some money to her

sister and confronted her about this later. I wanted to intervene and decided that it would be best to involve Katrin. She expressed her disbelief and decided to directly confront the organization's director. After a tense discussion, he agreed that she should go to the hospital—"again" *lagi*, he added.

Finally, Diana was admitted to the hospital on a Wednesday and was told that she would need to have surgery immediately. She fasted and prepared for surgery the following day. On Thursday she learned that her surgery would have to be delayed as they needed three bags of Type O blood for her. A pastor colleague of hers offered to donate his blood, but was told he was too old. She was given Saturday as her new surgery day. Again she fasted and again the surgery did not happen. It was postponed to Sunday, and finally to Monday. On Monday Diana had the mass on her ovary removed, though it was unclear to her whether she had a total hysterectomy or not. At five feet tall, she was about 80 pounds by the time of her surgery.

I visited her on Wednesday and returned the next day. When I walked into the 6-bed hospital room where Diana was staying, she was sitting up and looking toward the door smiling. She said she heard my voice asking the nurses where she was, but didn't realize it was me. She looked very happy to see me and had her usual big smile. Later when we were catching up I asked her if she was bored, to which she emphatically said "yes!" I promised to buy some DVDs to bring to her when I next visited for her to play on a portable DVD player. The hospital did not smell of strong cleaner or antiseptic or sterile plastic. Instead it smelled of sweet food and faint sweat. The room Diana was in had six hospital beds with only three chairs for visitors. Visitors often brought mats to sit and sleep on the floor next to their family member. There was a ceiling fan in the middle of the room and a regular fan fixed above one of the beds. Neither one worked. There were huge windows on one side of the room, but none of them opened. A smaller set of

windows lined the top of the larger windows and those were permanently open with horizontal wooden slats and a metal screen stapled to the back of them to keep the out mosquitoes.

Unfortunately, those windows were too small to let in any air and the sun shone through the huge windows heating the room. There were no curtains, so the patients in the unlucky position to be placed close to the windows had to endure the direct sunlight. As emaciated as Diana was, she was constantly sweating. After my first visit I made it a point to bring her a fan. I later realized that this act was a normative kind of care that the hospital staff relied on. That is, visitors of patients, who were most often family members, would take care of much of the patients non-pharmaceutical needs.

She had two rubber tubes coming out of her bandaged abdomen that emptied blood and other fluid into two plastic bags with lines of measurement on them. I asked her if it was very painful and she raised her eyebrows and opened her eyes wide in response. I learned that a doctor would come in either everyday or every other day for a few minutes to look at her and hand her prescriptions to fill. Either her sister or father then had to go to different pharmacies in the hospital complex itself or in Jayapura city to fill them. Diana appeared very annoyed at this fact. She said that her sister paid for all of the medicine prescribed to her, but that none of the drugs were available yet. She would have to wait until the next day, or the following.

On one of my visits, I noticed that another patient, a dark skinned woman who appeared to be from the highlands, had two male family members on a mat on the floor next to her. She was moaning in pain. The two men looked extremely concerned and went to get the nurse, who was non-Papuan. They told the nurse that the woman was in a great deal of pain. In response the nurse scolded the woman and said, "Ma'am you have just been lying there like that all day. You have to move. Try moving from side to side." The men looked confused and a upset. Finally, the

nurse asked, "sakit sekali? Are you in a lot of pain?" After she replied yes, the nurse left the room and returned with medication that she added to the woman's IV. The nurse did not explain what she was doing. After the nurse left Diana—who was lying down now— made a great effort to prop herself up, and told the men to give the woman sugar water. She said, that would help her feel better, and would help with the hunger.

At this point Diana's father walked in. He was bathing downstairs in the visitor bathroom. He smiled broadly and shook my hand. He thanked me profusely for caring about his daughter and his eyes welled with tears. After we chatted about his trip from Serui he started to tell me about the first time Diana ended up in the hospital (this was when she had stage 4 HIV, on the verge of AIDS). He explained that she was just skin and bones at the time. She was still in her mother's hometown when he first saw her in this state and explained that he had to try very hard to bring her back to Serui so he could care for her. He recounted that Diana was so sick that she could only lay in her bed, in diapers, for months. She was 23 at the time. Because he had no family or friends who could help, he was in charge of feeding and changing Diana's diapers. Eventually, Diana was visited by PHDF and was put on a regimen of ARV's and started to regain her strength. Diana's father described the growths that Diana had all over her neck and different parts of her body. He said that he prayed a lot during this time. He said that he knew what she had because when he asked her what was wrong she replied that the same illness as Rita (her older sister who died of AIDS). Diana's father never said AIDS or HIV when he was recounting this story. He then shared what it was like to care for his eldest daughter, Rita. He said that at the end of her life she asked for his forgiveness, but that he said he never blamed her and it was not necessary to ask for forgiveness from him. He said, if she wanted, she should pray to God for help. He said she asked for forgiveness from all the family that was around and hugged

everyone. He then began to tear up again. His face looked pained, but also had a soft smile. He said that he was so thankful that it was a peaceful end. He said when he took Diana back to Serui, stories were circulating among her mother's village folk and family that she had died. So when she visited them again after she was well, they all thought she was a ghost.

When her father stepped out, Diana told me that she had exciting news to share. She explained that some months ago her little brother got his girlfriend pregnant, but that the girl's family did not want them to get married after all and wanted to send the girl to college; so they wanted to give up the baby. They told Diana's father and he offered to take the baby boy. Apparently, when he told this story to Diana and her older sister, who is a mother of two, they both asked for the baby. She shared that when she learned she was HIV positive, she fantasized about adopting a child one day. When she was telling me the story of her brother's baby, she was so excited. She exclaimed, "I'm going to get a baby!" She then pulled his picture out of her Bible. [Later she learned that the girl's mother decided to keep the child, dashing Diana's hopes for motherhood.]

USAID as well as the Indonesian Ministry of Health note that HIV infection rates in Papua are the highest in the archipelago of over 6,000 inhabited islands. Diana's infection rendered her as nothing more than a digit in this statistic, justifying the need for the massive presence of Indonesia's family planning program in Papua. And her survival was understood to be a living testament to the effective work of PHDF and its global health partners—one that required her recorded testimony, which she summarily refused to provide.

In her indictment of "the barbaric domination that characterizes our modernity" Avery Gordon reminds us, "...even those who live in the most dire circumstances possess a complex and oftentimes contradictory humanity and subjectivity that is never adequately glimpsed by

viewing them as victims or, on the other hand, as superhuman agents" (2008[1997]:4). I would now like to discuss some of the complexity Diana shared with me in how she viewed herself, described her choices—however constrained—and responded to other's decisions about her future in order to attend to the ways in which her perceived reproductive (in)capacity by virtue of her HIV positive status, landed her in a site of social erasure. Thus, removing her "right to complex personhood" and showing how this denial of personhood therefore allows for the maintenance of the Papuan "savage" in the Indonesian imaginary (Ibid; Trouillot 1991). The dominating Christian and development tropes ended up nearly costing Diana her life, as she was blamed for her own opportunistic infection and chastised for not being able to carry out her duties as a fieldworker for a local organization because of her illness.

In Papua, tropes of irresponsibility and promiscuity—entangled with both Christian and humanitarian aid moralities—determine the type of care afforded to HIV positive women. If Diana had an ovarian cyst, it must be because she was sexually active, when she shouldn't have been. She was the cause of her own suffering. Moreover, these tropes also dominate how Papuans now figure into the Indonesian imaginary. HIV becomes the ready answer for why Papua is depopulating at such a profound rate among Indonesian health officials. The rhetoric that the indigenous black Papuan population is decreasing due to high rates of AIDS related deaths circulates even among other Papuan health care providers like Ibu Teresa who made an indictment of indigenous Tiom Papuans' *budaya tukar gelang*, cultural practice of sharing partners as I discuss in Chapter Three.

In this account of Diana at the intersection of various worlds and demands, she appears as sometimes a problematic patient, ideal advocate and reluctant spokesperson vis-à-vis her HIV status. Returning to black feminist scholar Evelynn M. Hammonds' analysis of the representation

of black female sexuality in narratives about HIV in the United States (1997), I contend that inherent to her hypervisibility as an HIV positive black Papuan woman, a kind of social erasure is coupled with a potentially physical one. That is, in this overdetermined space of intervention, Diana is only an HIV positive woman and nothing else. Putting Avery Gordon's treatment of ghostly hauntings in conversation with Hammonds' analysis of hyper- and invisibility, I argue that Diana, with complex personhood, almost haunts her global health employer with her invisibility "announcing itself" at their professional development meeting because she is absent due to her illness and subsequent surgery. Moreover, the rest of her—her actions outside of aid norms and her multiplicity of identities—haunt the neat packaging in which Christian and aid moralities seek to contain her as an HIV positive black Papuan woman. And yet, even in the face of this erasure and pronounced invisibility, plans for (re)productive futures flourish, as Diana fantasizes about and plans for motherhood.

When I visited Diana in the hospital after her surgery, she told me that she did not know if the surgeons removed her ovaries or any of her other reproductive organs along with the tumor. She reiterated that she hoped to have a child someday. Though she was unsure of her own reproductive future, she continued to hope for motherhood. Such complexity is ruled out of the narratives produced and circulated about HIV positive Papuan women. What is hypervisible is Diana's story insofar as it fills the predetermined slot she must fill for NSO norms. Her position as a black Papuan woman living in an Indonesian military occupation who enjoys smoking and dreams of motherhood are rendered invisible. This invisibility extends to her actual illness, where even before she presents with a massive ovarian cyst, she has less than half the amount of white blood cells considered safe. Her fullness, in her multiple health complications are rendered invisible, such that her life threatening conditions are trumped by the work of the NSO. And the

fact that an HIV positive employee nearly dies in their midst, in the care of an organization aimed at alleviating the suffering of HIV positive Papuans also stands as a haunting truth.

Also rendered invisible is the reality of the steady depopulation of indigenous Papuans that form the backdrop of Diana's experiences. Anxieties over, "extinction" as the head of Papua's department of health says in his book title, or what some activists charge as genocide, do not figure in the tropes of the savage slot, here construed as promiscuous black Papuan women who are unable to care for themselves and make rational decisions. The well documented human rights abuses and large Indonesian military occupation is a profoundly significant feature of the grid of intelligibility of Papuan blackness. Moreover, in addition to, or perhaps beyond land claims, Papuan claims to life in the midst of Indonesian necropolitical techniques make the case that any global health interventions aimed at the preservation of life must attend to these realities.

Chapter 6

Conclusion: How does it feel to be a problem?

"Every human problem must be considered from the standpoint of time" – Frantz Fanon, *Black Skin White Masks* (1967[1952]:12)

"The problem of the twentieth century is the problem of the color-line—the relation of the darker to the lighter races of men in Asia and Africa, in America and the islands of the sea."

-W.E.B. Du Bois *The Souls of Black Folk* (1994[1903]:9)

"To the real question, how does it feel to be a problem? I answer seldom a word. And yet, being a problem is a strange experience—peculiar even for one who has never been anything else."

-W.E.B. Du Bois *The Souls of Black Folk* (1994[1903]:1)

The stories of the women whom I have followed in this dissertation illustrate the "complex personhood" that Avery Gordon remarks upon in her work on haunting. In these moments in time during my fieldwork, the stories that Ibu Hannah, Ibu Berta, Tina, Diana and others "tell about themselves, about their troubles, about their social worlds, and about their society's problems are entangled and weave between what is immediately available as a story and what their imaginations are reaching toward" (2008[1997]:104). These entanglements at different points in the reproductive care continuum—as health care provider, patient, advocate and potential adversary—reveal the notion of "the problem" on two registers. On the one hand, they reveal that the current "problem" facing Tanah Papua is the "problem of population". On the other, they reveal themselves to *be* the problem upon which a solution must be enacted. These two registers swerve around the racialization of Papuans as black indigenous inhabitants of a Christian majority, in a military occupied territory.

The definition of "problem of population" in Tanah Papua depends entirely on the standpoint of the one asking the question. And the consequence of this conception of the problem has much to do with the political technologies of intervention and the ways in which black

Papuan women's bodies and women's reproduction is a critical terrain and target of intervention.

As David Scott (2004) has argued, the proposed answer reveals the original question that was being asked.

The Population as Problem: Biopolitical and Necropolitical Regimes

For proponents of Indonesia's National Family Planning Program and its continued massive presence in Tanah Papua, Papua's population problem is one rooted in a history of development, population control and biopolitical technologies and techniques of surveillance. However, the population does not exist a priori. Instead, biopolitical technologies produce the 'population' as an object of inquiry and intervention through techniques of measurement and management (Adams 2016). In Tanah Papua, understanding of the problems facing the black indigenous population have everything to do with how this population came to be produced as a singular cohesive group and the standpoint of those conceiving of these problems. While family planning measures recognize the social fact of a steadily depopulating black indigenous Papuan population, a biopolitical regime interprets this problem as one of limited access to health care, high infant and maternal mortality rates, and HIV infection rates, thereby establishing the basis for its own interventions. This management of life draws on the long history of Dutch colonial management of bodies and sexual practices in Indonesia that produced the racialized subjects of the white Dutch colonial and Malay Indonesian native as Stoler (1995; 2002) has argued. As I discuss in Chapters Two and Three, the development regimes that followed in Suharto's postcolonial New Order Indonesia (1965-1998) pivoted to produce a modern Malay subject in relation to the black indigenous Papuan other—creating and filling a savage slot in need of development (Trouillot 1991; Li 2001).

On the other hand, a stance that understands the dire social fact of a depopulating indigenous group as the result of necropolitical techniques of governance, including sustained military occupation and systematic exposure to premature death, sees the population problem as one of violent catastrophe, if not genocide, thereby introducing a different set of solutions, such as the indigenous pronatalist program at work in Papua's central highlands (Gilmore 2006). The population in this sense is understood to be those experiencing like forms of oppression. The purchase of this framing extends beyond Papuan borders to include claims to a black "kinship," and a shared "social heritage" of oppression, what Jacqueline Nassy Brown terms diasporic resources, as I explain in Chapter Three (Du Bois 1994[1903]; Brown 1998). Chapters Three and Five develop this theme of biopolitical and necropolitical regimes at work in Papua that sometimes work in tandem, as in the twinning of the family planning program and the military occupation of Tanah Papua, and sometimes in opposition, as with indigenous forms of resistance. Yet, what remains a key feature of these is that black Papuan women remain the targets of both kinds of interventions.

The capillary nodes of surveillance that is a key feature of the family planning program shares striking resonances with the Indonesian military's active intelligence surveillance. The copresence of these regimes, their surveillance techniques and the visual presence they have throughout Tanah Papua account for context of the lived experience of Papuan women. Moreover, as I discuss in Chapter Three, although the indigenous pronatalist program I follow recognizes Indonesia's military, economic and political presence in Tanah Papua as a necropolitical regime that is coupled with the national family planning program's focus on population control and surveillance, it operates using the existing surveillance techniques and infrastructure of the national family planning program. Papuan women here are caught within

competing biopolitical techniques of surveillance that are on the one hand meant to curb reproduction and on the other promote new life. However, a key theme that emerged in their stories is the kind of gendered agency they exercised. Although these regimes delimit the conditions of possibility of their agency, the refusals and conditional modes of behavior are evidence of a kind of agency they exercise in these entangled circumstances (Mahmood 2001; 2006).

Papuan women as Problem

To return to W.E.B. Du Bois's Souls of Black Folk, he poses the haunting question, "How does it feel to be a problem?" In his discussion of his lived experience as a black man in a white supremacist society, Du Bois elaborates on the spiritual and psychological impact of being positioned as a problem in the 20th century—a moment that he defined as the "problem of the color-line" (1994[1903]:1). One of his most well known observations is that of "ever feel[ing] one's two-ness" in his discussion of double consciousness (2). This "two-ness," which Du Bois describes as the result of being aware of one's bodily comportment as a black person under the white gaze finds deep resonances with Fanon's assertion that the colonial European gaze "fixe[s] the concept of the Negro" and "haunt[s] [one with] a galaxy of erosive stereotypes." I argue that Du Bois's powerful observation of the experience of "two-ness" in a white supremacist setting (where he even expands this notion beyond the United States in his proclamation that the problem of the color-line extends to include "the islands of the sea") finds affinity in Tanah Papua through the connection to Fanon's treatise on the lived experiences and complexes that develop as a result of colonialism, especially in white settler colonial settings. What is distinct about this "two-ness" in Tanah Papua is the awareness that the gaze is that of a postcolonial nonwhite other. Moreover, the production of Papuan women and their reproductive capacities,

specifically, as the problem means that Papuan women experience this awareness in multiple layers. Although both Du Bois and Fanon reference the oppressive experience of the white gaze, their description finds purchase in my observations of many of the women (and men) I encountered in Tanah Papua (Ibid; 1967[1952]:35,129). As I discuss in detail in Chapter Three, the shifting physical characteristics of Karla's hairstyle, style of dress, speech and bodily movements are the direct result of an awareness of the gaze of the Indonesian military surveillance apparatus. These shifts allow Karla to feel safe and conduct otherwise dangerous business as a human rights activist meeting a white international human rights worker in a public setting.

The gendered agency of women like Ibu Berta, Tina and Diana whom I discuss in Chapters Three, Four and Five, respectively, demonstrate many moments that could be called refusal. I discuss how their behavior is in opposition to family planning program norms, pronatalist desires, Protestant Papuan expectations, and global health demands at different temporal moments. However, these women and their actions demonstrate "modalities of agency whose meaning and effect are not captured within the logic of subversion and resignification of hegemonic norms" (Mahmood 2001:34; 2006). That is, I do not mean to describe these moments of refusal in a liberal feminist understanding of actively trying to subvert Indonesian hegemony or Papuan patriarchy through deliberate political acts of resistance, but rather wish to note their nuanced assertions of gendered agency in what they end up choosing to prioritize over and above family planning, global health or Papuan male desires. Understanding Papuan women as conscripts of their temporal and geographical moment, as Scott (2004) implores, allows for attending to this nuanced way of understanding how they answer the question of being perceived as a problem, and therefore in need of remedy.

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