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RESTORING DIGNITY: REHABILITATION OF DISABLED VETERANS OF THE INDONESIAN WAR OF INDEPENDENCE (1946-1977)

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ABSTRACT

This research aims to analyze rehabilitation efforts for disabled veterans as a form of restoring their dignity in medical, social and economic aspects. The study was conducted using the historical method which includes heuristic, criticism, interpretation and historiography. Historical sources used were Rehabilitation Centrum archives, Soeharso doctor reports, and contemporaneous newspapers reporting on RC. According to the results of the research, the Government through the Rehabilitation Centrum (RC) Surakarta, seeks to honor the services of heroes and restore the dignity of disabled veterans through medical rehabilitation, fitting of prostheses, and providing vocational training to increase the social independence and economic independence of veterans. After participating in rehabilitation and returning to the community, disabled veterans can be channeled into various jobs or entrepreneurship.

I. INTRODUCTION

The fight to keep Indonesia independent after the August 17, 1945 Proclamation was a very important time in the nation's history. The Independence War, from 1945 to 1949, made the Indonesian government focus on defending its freedom. All available resources were used as much as possible, including the important job of medical workers in the war. Doctors were put into different groups: civil health services, military health services, and the Indonesian Red Cross (PMI)

(Departemen Kesehatan Republik, 1978). These doctors had the job of giving medical help to the fighters who were hurt or sick during the battles.

It's unavoidable that people get hurt or die in wars or armed conflicts. War victims can be soldiers fighting or other people in the area. They can have small injuries, big injuries, or die in battle (Ellryz, 2017). The condition of those hurt was very different. Some had small injuries, others had serious injuries, and some died in the war. For people with very bad injuries, doctors often had to cut off the injured body part to save their life. But this made them permanently disabled because they lost a limb, which really changed their lives after the war. To get used to their new situation and live a good life, these disabled fighters needed more help.

Helping disabled veterans recover became a very important issue for the Indonesian government right after independence. At that time, there weren't many rules or plans to help these veterans get better (Neelakantan, 2019). The lack of social support caused many disabled veterans faced economic hardship, socially marginalized and had trouble adjusting to life in community. To deal with this problem, Doctor Soeharso, with the support of the Indonesian government, started a rehabilitation centrum for disabled veterans by establishing the Rehabilitatie Centrum (RC) in Surakarta (Rehabilitasi Centrum, 1961).

The rehabilitation programs implemented by the Rehabilitatie Centrum did not solely concentrate on medical aspects, such as the fitting of prostheses and wound care. They also incorporated skills training to assist veterans in regaining their economic and social independence (Soeharso, 1965). This endeavor reflected a form of national recognition for the services rendered by independence fighters and demonstrated how the restoration of dignity for disabled veterans constituted a crucial element of post-war national development.

This research focuses on examining the policies and implementation of rehabilitation programs for disabled veterans (1946-1977) resulting from the Independence War. Relevant research includes a journal article authored by Rinie Cahaya Hati, Nur'aeni Marta, and Sri Martini titled "*Organisasi Cacat Pejuang Kemerdekaan Indonesia: Dari Ikatan Invaliden Indonesia Hingga Korps Cacat Veteran (1946-1983)*" (Hati & Marta, 2021). That study centers on the establishment and evolution of organizations for Indonesian independence fighters who experienced physical disabilities due to the war, as well as the role of these organizations in advocating for the welfare and existence of their members. The disabled veterans' organization successfully formed as KCVRI (Korps Cacat Veteran Republik Indonesia) played a significant role in the socio-economic struggles of disabled veterans, such as building homes, providing training, creating job opportunities, and fighting for the rights of its members. The similarity between the research of Rinie Cahaya Hati et al. and the author's research lies in their shared subject of disabled veterans; the difference lies in the author's research focus, which emphasizes the rehabilitation process of disabled veterans as an effort to restore their dignity.

The research by Eko Bambang Murdiansyah, Zulfikar Putra, and Maudhy Satyadharma, titled *"Memotret Strategi Bertahan Hidup Kaum Veteran dan Wakawuri di Kota Kendari,"* reviews the lives of elderly veterans and war widows (wakawuri) (Murdiansyah & Putra, 2024). They tend to employ passive survival strategies by economizing on daily necessities and relying on pensions and benefits. They also depend on social network-based strategies involving financial support from children, participation in war widow community savings groups (Piveri), social gatherings, and community solidarity. Reflecting on this reality, more serious attention is needed from the government through inclusive and sustainable long-term policies for veterans and war widows in Kendari City. The similarity with the author's research lies in the shared examination of veterans' survival strategies, while the difference is that their research studies veterans in general, and the author's research specifically investigates the lives of disabled veterans who were victims of the independence war and the rehabilitation efforts for these disabled veterans as a means of survival upon reintegration into society as civilians.

This research presents a historiography of a marginalized group through a study on the rehabilitation of disabled veterans within Indonesian historiography. The historiography of marginalized groups has not been extensively explored in current Indonesian historical writings and has not received adequate attention within Indonesian history. The limited availability of data or archives documenting the lives of marginalized groups such as persons with disabilities, beggars, the homeless, etc., has resulted in the historiography of these groups not receiving significant focus in Indonesian historiography.

II. METHODS

This study was conducted by employing the Historical method, encompassing heuristics, criticism, interpretation, and historiography. During the heuristic process, the author collected primary and secondary historical sources. Primary historical sources consisted of archives from the Rehabilitatie Centrum, reports by Doctor Soeharso as the founder of RC, writings by Doctor Soeharso, contemporary newspapers, and government archives concerning veteran rehabilitation policies. Secondary sources utilized included a biography of Doctor Soeharso and journals about the Rehabilitatie Centrum (RC).

Source criticism was conducted by verifying the authenticity of historical sources and comparing them with one another, thereby obtaining historical facts that most accurately aligned with the research topic. The subsequent step involved interpreting the relevant historical sources, and the final stage was historiography, which entailed writing the results of the interpretation into a historical narrative. The temporal scope of this research utilizes the period from 1946 to 1977, based on the development of physical rehabilitation for disabled veterans in Indonesia up to the recording of data on the placement of disabled veterans in employment after undergoing rehabilitation.

III. RESULT AND DISCUSSION

A. The War of Independence and Human Losses

The proclamation of independence, declared on August 17, 1945, marked a new milestone in the historical journey of the Indonesian nation. This event served as the starting point for Indonesia to be recognized as an independent state with the full right to govern its own nation and country. However, the joy of independence was short-lived, as Indonesia faced serious threats after the proclamation. The Dutch government refused to acknowledge Indonesia's independence and returned to seize power from Japan in order to continue their colonization (M.C.Ricklefs, 2007). The Dutch army (NICA) arrived in Indonesia, accompanied by British troops, and successfully landed in Jakarta on September 29, 1946 (Mani, 1989).

The return of the Dutch army ignited the anger of the Indonesian people and compelled the government and the populace to prepare for any potential circumstances. To mitigate the conflict with the Dutch army, which sought to recolonize Indonesia, various diplomatic measures and negotiations were undertaken by national leaders such as Soekarno, Hatta, and Sjahrir. However, these efforts proved unsuccessful, leading to numerous acts of resistance and warfare in various regions across Indonesia (Mani, 1989).

The war between Indonesia and the Netherlands occurred between 1945 and 1949, also known as the Indonesian War of Independence. This period can be characterized as an imbalanced conflict, as the Netherlands possessed superior weaponry, utilizing modern firearms, while Indonesia primarily relied on traditional weapons and a limited amount of modern weaponry seized from the Japanese army. The Netherlands deployed a substantial number of troops in this war, totaling 220,000 soldiers, consisting of approximately 160,000 individuals from the Netherlands or European communities and 60,000 indigenous people recruited into the Dutch army (Oostindie & Hoogenboom, 2016). This composition of the army, involving indigenous people, indicates that not all Indonesians were united in their awareness of the need to fight for independence.

The War of Independence had a significant impact on the Indonesian nation, including a reduction in human resources due to the large number of fighters who died on the battlefield. The number of fatalities on the Dutch military side during the 1945-1950 War of Independence was 6,226. Meanwhile, on the Indonesian side, the number of deaths was estimated at 100,000, with many others wounded (Oostindie & Hoogenboom, 2016). The war victims experienced diverse conditions; some died, some sustained injuries, and others had to undergo amputation surgery, resulting in the loss of a limb such as a hand, arm, or leg (Departemen Kesehatan Republik Indonesia, 1980). Consequently, after the war, they had to live the remainder of their lives with a disability. The large number of war victims with disabilities posed a serious challenge for the Indonesian Republic's Department of Health to

rehabilitate these victims, most of whom were fighters who had sacrificed their lives and well-being to defend Indonesia's independence (Neelakantan, 2019).

B. The Lives of Disabled Veterans After the War of Independence

According to the Regulation of the Minister of Defense of the Republic of Indonesia Number 25 of 2016, a Veteran of the Republic of Indonesia is defined as an Indonesian citizen who was involved in official armed forces recognized by the government and actively functioned in warfare against another nation and/or died in battle to defend the sovereignty of the Unitary State of the Republic of Indonesia. It also includes Indonesian citizens who actively participated in international forces under the mandate of the United Nations to carry out global peace missions and who have been designated as recipients of the Veteran Honor Mark of the Republic of Indonesia (Peraturan Menteri Pertahanan Republik Indonesia, 2016). Disabled veterans are members of the Veteran of the Republic of Indonesia who suffer physical and/or mental disabilities that occurred during veteran events.

A veteran who experiences disability due to veteran events is entitled to disability compensation, disability benefits and assistive devices consisting of Orthoses (supportive/strengthening devices for limbs with abnormalities) and/or Prostheses (artificial limbs to replace amputated body parts). These rights for disabled veterans are provided as a form of government respect for their services and sacrifices in fighting to defend Indonesia's independence. The categories of disabled veterans eligible to receive assistive devices include: Disabled Veterans of the Independence Fighters; Disabled Veterans of the Defenders of Independence; and Disabled Indonesian Peacekeeping Veterans.

The condition of veterans who experienced disabilities caused them to face various difficulties in living their lives after recovery and rehabilitation from medical treatment. Veterans who previously had complete limbs, held respected jobs as soldiers/independence fighters, and earned sufficient salaries to support their families had to endure a drastically different life after becoming disabled. They experienced psychological stress, social pressure, and economic hardship from their surrounding environment.

Becoming disabled caused the veterans to feel hopeless, easily irritated, and angry because they felt they were no longer useful and incapable of doing anything (Manurung, 1983). Furthermore, the prevailing stereotype in society that viewed people with disabilities as nothing more than useless social outcasts who could not work and burdened those around them (Godam, 1951) further exacerbated the distressed condition of the disabled veterans. From this situation, it can be understood that veterans with disabilities faced very complex problems. The condition of these disabled individuals led Doctor Soeharso, a surgical specialist at the Surakarta Hospital, to conclude that treatment through amputation only solved one problem, which was healing the diseased part of the patient's body. Beyond that, the disability experienced by the patients created several new problems (Soeharso, 1969).

There were two main problems faced by the disabled veterans. The first was an internal struggle of not being ready to live with a disability and easily becoming discouraged due to their physical condition. The second problem was the discriminatory treatment they received from their surroundings, where people viewed the disabled as objects of pity who needed help, were always dependent on others, and were not trusted enough to work and be useful to society. Confronted with this reality, Doctor Soeharso had a realization, stating, "I should have done something different. I couldn't just take their limbs away. I also had to provide a replacement" (Mooyman, 1954). This thought then became the initial foundation for the implementation of medical and physical rehabilitation in Indonesia.

C. The Beginning of Rehabilitation for Disabled Veterans

Independence war veterans who experienced disabilities due to their struggle on the battlefield were entitled to assistance and protection after leaving military service. The basis for implementing rehabilitation for disabled veterans was the Geneva Conventions of 1949. These conventions stated that a fighter who suffered injuries and illnesses due to war was entitled to protection and care from the state. Articles 12 and 13 of the convention results regulate who among the fighters is entitled to medical assistance and the forms of assistance for those injured on the battlefield (Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 75 U.N.T.S. 31, Entered into Force Oct. 21, 1950., 1949) .

The perception of disability began to shift positively after Human Rights were recognized in the Declaration of Fundamental Human Rights on December 10, 1948. This recognition held significant meaning for every individual to be free from various forms of discrimination based on physical condition, background, or race, including for persons with disabilities. The idea of realizing rehabilitation for disabled veterans grew stronger after Doctor Soeharso's meeting with Doctor Henry H. Kessler, a rehabilitation expert from America. During a visit to the Rehabilitation Centrum (RC) Surakarta, Doctor Henry H. Kessler stated that the goal of rehabilitation was to return persons with disabilities to productive lives. There were three reasons why it was important to give attention to persons with disabilities and to carry out rehabilitation:

1. People with disabilities do not only live with their impaired body parts but also live with their healthy limbs. Therefore, one should not solely focus on the disability but also recognize their potential through their healthy body parts
2. Persons with disabilities typically experience economic challenges because their expenses double due to their disability. Firstly, they incur expenses for their daily needs and health. Secondly, there are indirect costs (hidden costs), which include the loss of productivity for work and contribution
3. Society's prejudice against persons with disabilities (Kessler, 1957).

The rehabilitation of disabled veterans in Indonesia experienced significant development with the support of the Government, coinciding with the Demobilization, Reconstruction, and Rationalization (RERA) within the Indonesian Army (TNI AD). RERA was a government effort to establish a more professional military by reducing the number of soldiers and military units. The number of TNI AD members who were demobilized reached 80,000, and those who were retired were army members who no longer met the requirements for military service due to their physical or health conditions (Muhaimin, 1982). Soldiers who sustained disabilities during the war of independence were included in the group affected by demobilization. Consequently, following this demobilization, the government had a responsibility to rehabilitate these disabled veterans so that they could reintegrate into society with confidence and be productive in their new occupations.

D. Implementation of Rehabilitation for Disabled Veterans

The implementation of rehabilitation for disabled veterans commenced with the establishment of the Rehabilitation Centrum (RC) Surakarta in 1951. This establishment received support from the Department of Defense and the Indonesian Army (TNI AD) (Muhaimin, 1982), as well as backing from the Department of Health and the Department of Social Affairs, which considered it integral to public health improvement and social welfare (Rehabilitasi Centrum, 1969). The RC was founded with the aim of providing comprehensive rehabilitation to disabled veterans and civilians with disabilities.

Initially, the RC was established to provide physical rehabilitation, which included offering medical assistance and prostheses (artificial limbs) to disabled veterans. However, over time, the rehabilitation for disabled veterans evolved beyond just providing prostheses. It became apparent that medical aid alone was insufficient to restore the self-confidence of disabled veterans for their reintegration into society, and they faced challenges in securing employment. Consequently, the rehabilitation services offered at the RC expanded to include not only medical aspects and the provision of prostheses but also other forms of rehabilitation such as education, training, and facilitating the placement of individuals with disabilities into the workforce (Rehabilitasi Centrum, 1950).

The rehabilitation process for disabled veterans begins when an individual sustains an injury and is only considered complete when they can reintegrate into society with good physical and mental well-being, perform activities independently and lead a life comparable to that of non-disabled individuals. Physical rehabilitation is conducted through five stages: psychological preparation of the patient, appropriate surgery, care and preparation for fitting, provision of a prosthesis and training in the use of the limb with the prosthesis (Henry H Kessler, 1947).

Initially, the creation of prostheses (artificial legs and arms) was rudimentary and still in the trial phase due to a scarcity of skilled personnel, literature and available materials.

During the first three years (1946-1948), prostheses were crafted manually without the aid of machinery, utilizing readily available materials such as scrap iron from train tracks, aluminium from salvaged aircraft and sengon waru wood (Rehabilitasi Centrum, 1956). Meanwhile, plastic materials were obtained by dissolving film scraps in acetone and then mixing them with gandarukem resin (Priyatmoko, 2015). It wasn't until 1949, after the Department of Health provided assistance in the form of production tools and machinery, that the creation of prostheses began to be carried out with more modern technology (Bagian Pendidikan Karyawan Rehabilitasi dan Riset RC Surakarta, 1979).

The mass production of prostheses continued alongside increasing demand. However, this gave rise to a new issue: patients had to wait between three to six months to receive their prostheses. After receiving their prostheses, disabled veterans underwent vocational training to support their lives upon returning to the community and to equip them for entering the workforce. These veterans participated in vocational training at the Sheltered Workshop Surakarta. This institution was established with the aim of creating employment opportunities for veterans who had been trained at the RC by providing them with work orders. Some of the vocational training offered at the Sheltered Workshop included radio technology, radio repair, radiotelegraphy, architectural drawing, welding, lathe work, ironwork, mechanics, driving, printing, batik making, sewing, woodworking, furniture finishing, rattan weaving, shoemaking, agriculture, administration and typing, sewing, embroidery, or batik. During their training, the disabled veterans were required to reside in dormitories for one to two years, and upon completion, they would be placed in jobs with partner organizations of the RC or start their own businesses (Rehabilitasi Centrum, 1961).

During their dormitory stay and vocational training, disabled veterans also received character education to cultivate self-reliance and fortify their self-assurance. Dormitory life was structured around a spartan lifestyle, and once monthly, the trainees were taken out to engage in communal activities with the local populace surrounding the RC (Soeharso, 1955). This aimed to acclimatize the RC trainees to communal living. The trainees also received sports training to maintain and strengthen the physical well-being of individuals with disabilities, as well as to foster values of integrity, sportsmanship, tenacity, patience and mutual respect. Through the rehabilitation program, individuals with disabilities were educated to eschew despondency due to their impairments; they needed to be made aware that society would ultimately determine their worth by observing their capabilities and accomplishments.

After finishing job training in the dorm for 1 or 2 years, the disabled veterans went back to their families to continue their productive lives in the community. But things were not as easy as they hoped. The veterans who left RC found it very hard to get jobs because many business owners did not want to hire people with disabilities. RC then took some steps to

deal with this: 1) giving job chances (enough job openings) for RC graduates; 2) giving money and help to buy tools and work equipment; 3) needing laws about rehabilitation and job placement for people with disabilities to protect those who are unemployed and to punish business owners who do not hire people with disabilities as workers (Soeharso, 1957).

The rehabilitation extended to disabled veterans yielded propitious outcomes for the perpetuation of their livelihoods post-military service. Subsequent to undergoing the comprehensive rehabilitation regimen at the Rehabilitation Centrum (RC), disabled veterans, initially harboring pessimism regarding their post-disability existence, experienced a resurgence, manifesting augmented self-assurance in resuming their lives as productive members of the community. The ensuing table delineates data concerning the cohort of individuals with disabilities originating from Kulon Progo who had previously received assistance at RC Surakarta and their current survival status (Bagian Humas RC Surakarta, 1973):

No	Employment Status	Locally based	Domiciled elsewhere	Total	Percentage
1	Working	19	6	25	76 %
2	Not working	5	1	6	18 %
3	Unknown	-	2	2	6 %
Sum		24	9	33	100%

Table 1. Survey on the Employment Placement of individuals with Physical Disabilities Receiving Assistance from RC “Prof. Dr. Soeharso” from the Kulon Progo Region in 1973

The following is a list concerning 55 individuals with disabilities who previously received assistance at RC Surakarta, originating from the Surabaya Municipality, based on 1977 (Lembaga Penelitian RC Surakarta, 1977):

No	Condition of Individuals with Physical Disabilities	Sex		Total	Percentage
		M	F		
1	Working	25	-	15	45,46
2	Not working	10	1	11	20
3	Relocated	7	2	9	16,76
4	Deceased	4	2	6	10,91
5	Visually impaired	3	1	4	7,27
Sum		49	6	55	100

Table 2. Research Report on the Employment Placement of Individuals with Physical Disabilities Who Previously Received Assistance at RC “Prof. Dr. Soeharso”, Originating from the Surabaya Municipality in 1977.

From the two tables above, it is evident that a number of RC alumni were not yet employed. The employment placement strategies implemented by RC for its alumni encompassed several approaches, namely:

1. Placement as government laborers or civil servants;
2. Placement as private sector laborers;
3. Collective placement to establish a specific enterprise;
4. Placement for self-employment or independent business ventures;
5. Protective placement or sheltered employment.

From the various methods outlined above, approaches 1, 2 and 3 presented significant challenges due to the misalignment between the available job opportunities in those sectors and the training acquired by individuals with disabilities at RC. Furthermore, securing employment as laborers in private companies was also difficult, owing to RC's limited network with private enterprises and the reluctance of many companies to hire individuals with disabilities. Consequently, the most feasible strategy for placing individuals with disabilities in the workforce was the fourth approach: placement for self-employment or independent business ventures. Self-employment emerged as the optimal route, enabling individuals with disabilities to work in accordance with their physical capabilities, talents, skills and education, and to reach the market within the community more effectively.

The implementation of self-employment also encountered various obstacles, one of the primary being access to capital. Establishing a tailoring business required funds to purchase sewing machines, while opening a workshop or welding business necessitated tools and equipment, as well as a location. Limited capital and governmental assistance compelled many individuals with disabilities to pursue independent entrepreneurship. Consequently, the solution proposed by RC to the government was to provide financial assistance through a loan system for individuals with disabilities. Another contributing factor was the rural residence of many individuals with disabilities, which hindered business development. Furthermore, a lack of diligence among some individuals with disabilities in their work also impacted public confidence in their output (Bagian Humas RC Surakarta, 1973).

IV. CONCLUSION

The implementation of self-employment also presented several hurdles, notably the limited availability of capital. Launching a tailoring venture demanded funds for sewing machine acquisition, while establishing a workshop or welding enterprise required tools, equipment and suitable premises. Constrained capital resources and limited governmental aid compelled numerous individuals with disabilities to pursue autonomous entrepreneurship. Consequently, RC proposed to the government the provision of financial support through a loan system tailored for individuals with disabilities. Another significant impediment was the rural domicile of many

individuals with disabilities, which impeded business expansion. Moreover, a perceived lack of diligence among some individuals with disabilities in their vocational pursuits also negatively affected public trust in their productivity.

This study employed historical methodology, encompassing heuristic inquiry, criticism, interpretation and historiography. The research findings indicate that through the establishment of the Rehabilitation Centrum (RC), the Government endeavored to provide medical, social and economic services to veterans who sustained disabilities due to war. At this rehabilitation centrum, disabled veterans received medical care, prosthetic fitting and vocational training (work skills) to equip them with the necessary skills to resume their lives in the community and seek employment or establish their own businesses. These rehabilitation efforts demonstrated positive outcomes; with the support of the RC, veterans who completed their training were successfully placed in various fields of employment and others pursued independent entrepreneurship. The rehabilitation of disabled veterans extended beyond mere healthcare, representing a part of the state's obligation to honor the service of independence fighters and restore the dignity of those who experienced disabilities, preventing them from despairing in their continued lives. The rehabilitation programs implemented for disabled veterans in the early years of Indonesian independence laid the foundation for the development of rehabilitation and social policies currently employed in addressing the issues faced by individuals with disabilities in Indonesia.

REFERENCES

- Bagian Humas RC Surakarta. (1973). Survey tentang Penempatan Kerja Penderita Cacat Tubuh Bekas Santunan RC "Prof. Dr. Soeharso" yang Bertempat Tinggal/Berasal dari Daerah Kulon Progo Tahun 1973.
- Bagian Pendidikan Karyawan Rehabilitasi dan Riset RC Surakarta. (1979). Laporan Survei Tentang Sistem Pengasramaan Bagi Penderita Cacat Orthopaedi Di Daerah Surakarta.
- Departemen Kesehatan Republik. (1978). *Sejarah Kesehatan Nasional Republik Indonesia*. (Jilid I). Departemen Kesehatan Republik Indonesia.
- Departemen Kesehatan Republik Indonesia. (1980). *Sejarah Kesehatan Nasional Republik Indonesia*. (Jilid II). Departemen Kesehatan Republik Indonesia.
- Murdiansyah, E. B., & Putra, Z. (2024). Memotret strategi bertahan hidup kaum veteran dan wakawuri di Kota Kendari. *Jurnal Pendidikan Tambusai*, 8(2), 26795–26805.
- Ellryz, R. (2017). Perlindungan Relawan Kemanusiaan dalam Konflik Bersenjata menurut Hukum Humaniter. *Lex et Societatis*, Vol. V / N, 39. <https://doi.org/10.35796/les.v5i2.15233>
- Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 75 U.N.T.S. 31, Entered into Force Oct. 21, 1950. (1949).
- Oostindie, G, Hoogenboom,I, & J. V. (2016). *Serdadu Belanda di Indonesia 1945-1950* (Cetakan-1, Ed.). Yayasan Pustaka Obor Indonesia: KITLV-Jakarta

- Godam. (1951). Sampah Masyarakat. *Harian Rakyat*.
- Henry H Kessler. (1947). *Physical Rehabilitation of the Amputee. Federal Security Agency Office Of Vocational Rehabilitation*.
- Kessler, H. H. (1957). *Tjeramah Dr Henry H Kessler Penasehat Urusan Bantuan Keahlian PBB disampaikan dalam Seminar On Rehabilitation For Asia And The Far East (26 Agustus – 7 September 1957 di Solo, Indonesia)* (ID-3300-RCS-00128). Arsip Rehabilitasi Centrum).
- Mani, P. R. S. (1989). *Jejak Revolusi 1945 Sebuah Kesaksian Sejarah* (Cetakan ke VIII). Jakarta: PT Pustaka Utama Grafiti.
- Manurung, P. (1983). *In Memorandum Almarhum Prof. Dr. Soeharso FICS*. YKPC Harapan.
- Ricklefs, M.C. (2007). *Sejarah Indonesia Modern 1200-2004* (Cetakan III.). PT Serambi Ilmu Semesta.
- Muhaimin, Y. A. (1982). *Perkembangan Militer dalam Politik di Indonesia 1945-1966*. Gadjah Mada University Press.
- Neelakantan, V. (2019). *Memelihara Jiwa-Raga Bangsa Ilmu Pengetahuan, Kesehatan Masyarakat, dan Pembangunan Indonesia di Era Soekarno*. PT Kompas Media Nusantara.
- Peraturan Menteri Pertahanan Republik Indonesia Nomor 25 Tahun 2016 Tentang Penetapan Kecacatan, Pemberian Santunan Cacat Dan Tunjangan Cacat Serta Alat Bantu Tubuh Bagi Veteran Republik Indonesia, Pub. L. No. Nomor 25 Tahun 2016 (2016).
- Priyatmoko, H. (2015, November 10). Dokter Soeharso “Pahlawan” Kaum Difabel”. *Sinar Harapan*.
- Rehabilitasi Centrum. (1950). *Program Nasional Penderita Cacat Tubuh, Program Dr. Soeharso, 1950* (3300-RCS-00001).
- Rehabilitasi Centrum. (1956). *Rehabilitasi Centrum: Rentjana Perusahaan Alat-alat Orthopedi dan Prothese* (ID-3300-RCS-00020).
- Rehabilitasi Centrum. (1961). *Riwayat Hidup Almarhum Prof. Dr. R. Soeharso. F.I.C.S.* (ID-3300-RCS-00369).
- Rehabilitasi Centrum. (1969). *Rehabilitasi Centrum: Kesejahteraan Sosial dan Rehabilitasi Penderita Tjajat* (ID-3300-RCS-00069).
- Rinie Cahaya Hati, Nur'aeni Marta, S. M. (2021). Organisasi Cacat Pejuang Kemerdekaan Indonesia: Dari Ikatan Invaliden Indonesia Hingga Korps Cacat Veteran (1946-1983). *Criksetra*, 10(2), 82–97.
- Soeharso. (1955). *Riwayat Rehabilitasi Service di Solo*.
- Soeharso. (1957). *Masalah Penempatan Penderita Cacat dalam Pekerjaan*.
- Soeharso. (1965). *The Training Of Rehabilitation Workers In Pacific Countries* (Prasaran Pada Pan Pacific Conference di Tokyo).
- Soeharso. (1969). *Pidato Pada Upacara Pemberian Gelar Doctor Honoris Causa dalam Ilmu Kedokteran Universitas Airlangga*. Universitas Airlangga.

Mooyman, W. (1954). Uit Het Niets Groeide In Solo Een Voorbeeldig Rehabilitatie-Centrum Chirurg Dr Soeharso Wilde Niet Alleen Maar Ledematen Amputeren, Hij Wilde Herstellen. *Nieuwsgier Ochtendblad Voor Indonesie*, 2.