

Sanitation and Health at West Bengal Refugee Camps in the 1950s

Swati Sengupta Chatterjee

***Abstract:** East Pakistan refugees arrived at West Bengal in different phases and were grouped into two categories: the 'old' arriving during 1946-1958, and the 'new' during 1964-1971. The West Bengal Government took the responsibility of rehabilitation of the 'old' refugees, but not the 'new' ones; eventually it did, but only on the condition that they re-settle outside the state. But even the old refugees staying at the camps of West Bengal received atrocious treatment. This paper focuses on sanitary and health conditions at the old refugee camps in the 1950's. Although the Government assumed a policy of relief, surprisingly, hardly anything was provided to the refugees staying at the camps. Also, neither proper medical aid nor proper sanitary arrangements were provided to them. Lack of proper sanitary conditions in the camps led to the spread of infectious diseases that took epidemic proportions. This was in sharp contrast to the northern Indian camps where medical aid was provided systematically.*

***Key words:** Partition, Health and Sanitation, Refugee Camps, Diseases, Government Policies.*

The condition of two interrelated aspects of West Bengal camp refugee life in the 1950s – sanitation and health – was deplorable and hardly improved much over time. Undoubtedly, this reflected the approach of the West Bengal Government and its policy towards refugees; indeed, health aid received by the camp refugees of north India in 1948 and those in West Bengal in the 1950s reveal a glaring contrast. After partition, refugee exodus to West Bengal occurred in several phases – first between 1947 and 1949, and again after 1950, with different classes of refugees arriving at different times. Initially, it was people belonging to the middle class who immigrated to West Bengal. During 1949-50, the refugees were mainly peasants, artisans, and lower middle class people; adversely affected by the economic situation in East Pakistan, for them migration was a journey towards economic freedom.ⁱ In January 1950, serious communal violence broke out in large parts of East Pakistan, causing fresh waves of migration, and it was mainly agricultural labourers who now came over to West Bengal. Left to languish in camps for years, it was these destitute people – single and widowed women, elderly, disabled, and orphans among them – who were the target and victims of a seriously misguided official policy.ⁱⁱ

This essay is based primarily on official sources like the Intelligence Bureau Records of the West Bengal State Archives, Records of Relief and Rehabilitation of the Government of India, and West Bengal Legislative

Assembly Proceedings. To fill the gaps in official sources, as also to recover and understand the refugee 'voice' and sensibility, I have used autobiographical works by residents of the camps and interviews with them published subsequently. Contemporary newspapers like *Amrita Bazar Patrika*, *Jugantar*, *Anandabazar Patrika*, and *The Statesman*, and secondary research discussed below have enriched my understanding of the problem as well.

However, the existing secondary literature has scantily dealt with the sanitation situation in the West Bengal refugee camps and the health condition of their residents. Prafulla Chakraborti's *Marginal Men: Refugees and Left Political Syndrome in West Bengal* (1990) occupies an important place in the literature on refugees of Bengal. Other key works include Kanti B. Prakash's *A Sociological Study of Refugees of West Bengal* (1971), Tushar Singha's *Maranjayi Sangrame Bastuhara* (1999), Joya Chatterjee's *The Spoils of Partition: Bengal and India, 1947-67* (2007), Nilanjana Chatterjee's 'The East Bengal Refugees: A Lesson in Survival' in S. Chaudhuri (ed.) *Calcutta - The Living City* (1990) and her thesis *Freedom's Unwanted Children. Refugees and Politics of Rehabilitation* (1992), Ranabir Samaddar (ed.) *Reflections of the Partition in the East* (1997) and *Refugees and the State: Practices of Asylum and Care in India, 1947-2000* (2003), Pradip Kumar Bose (ed.) *Refugees in West Bengal. Institutional Practices, Contested Identities* (2000), Suvir Kaul (ed.) *Partitions of Memory: The Afterlife of Partition of India* (2001),

Joshodhara Bagchi and Subhoranjan Dasgupta's *Trauma and Triumph: Gender and Partition India*, Volume 1 & 2 (2003 & 2009), Gargi Chakraborty's *Coming Out of Partition: Refugee Women of Bengal* (2005), and Haimanti Roy's *Partitioned Lives: The Migrants, Refugees and Citizens in India and Pakistan, 1947-65* (2012). Articles on the refugees include Joya Chatterjee's 'Right or Charity' (2000)ⁱⁱⁱ and 'Dispersal and the Failure of Rehabilitation; Refugee Camp Dwellers and Squatters in West Bengal' (2007)^{iv}, Anusua Basu Roychoudhury's 'Living another Life: Unhomed in Camp'^v, and Ishita Dey's 'On the Margins of Citizenship: Cooper's Camp Nadia'^{vi}.

There are a number of fictional accounts on the subject too. These include Amiya Bhushan Majumder's *Nirbaas*, focusing on the fictional refugee camp of Holudmohan. Dulalendu Chattapadhyay's *Ora Aajo Udhbastu* and *Shikarhin Manush* are largely autobiographical accounts of the author's experience at Dhubulia camp in the 1950s and in a refugee colony in south Calcutta. Narayan Sanyal's *Balmik*, *Aranya Dandak*, and *Bakultala PL Camp* are also significant contributions in the field. Shaktipada Rajguru's novel *Dandak theke Marirjhapi* portrays the lives of refugees belonging to various classes and castes at a real-life refugee camp, Mana Transit Camp. Prafulla Roy's novels *Keya Patar Nauka* and *Satadharay Boye Jaye* also depict the plight of the uprooted and their agitations.

Evidently, fictional works on the subject are more perceptive and nuanced. On the other hand, the voluminous nature of scholarly works notwithstanding, there appears to be a lack of proper perception on the condition of the camp refugees in West Bengal, particularly on the question of sanitation and health. This essay intends to fill that lacuna. While describing the sanitary and health conditions of the refugee camps, it tries to assess the extent of the impact of government measures too. It will also demonstrate the difference between conditions in refugee camps in northern India and West Bengal and the difference between refugee relief and rehabilitation policies of the Governments of West Bengal and Punjab, and how this impacted upon the lives of refugees in these two places.

Sanitation at the Camps

During the initial stage of the exodus from East Pakistan, the most important border station Sealdah was treated as a transit camp for refugees where they had to stay and suffer for indeterminate periods of time. The shift to actual transit and relief camps hardly changed matters because, as the official policy was one of 'denial and dispersal', the West Bengal Government did not really make a serious effort to improve life and condition of the residents there. From the very beginning, therefore, maintaining sanitary conditions and keeping themselves healthy became a major task for camp refugees.

When a new batch immigrated to West Bengal in 1950 and took shelter at Sealdah station, it soon became the breeding place of various contagious diseases. These affected both the refugees and daily commuters; which is why throughout the 1950s, refugee organizations demanded their removal from the station to proper camps. Amrita Bazar Patrika gave a vivid description of the extremely unhygienic environment that they were forced to live in at Sealdah: 'How do the refugees spend their days and nights on the station platforms? Imagine – a healthy baby, eating and playing by the side of a cholera patient. Imagine again, sleeping in a place, a few feet away, from a place which is used by thousands, as latrine and which remains unwashed for days together. Imagine again cooking your food, on bricks with rubbish as fuels, on the street, along which pass hundreds of motors, cars, lorries and other kinds of vehicles. This is how they spent their days.'^{vii}

However, not everyone was sympathetic. Dr. Kailashnath Karzu, the Governor, in his annual speech at the Assembly on 25 September 1950, stated^{viii} that the large number of weak, ill nourished, and starving refugees immigrating to West Bengal had increased incidents of illness not only amongst themselves but also among the host population. He further asserted that an unprecedented exodus had resulted in an increased demand on Bengal's limited food resources.^{ix} His views reflected the attitude of the Government towards the refugees. According to Sekhar Bandhyopadhyay, the three major problems

afflicting the existence of Bengalis in post independence West Bengal – food shortage, high prices, and epidemics – were directly related to the arrival of millions of refugees from East Pakistan.^x

Yet, the Government took no initiative to deal with the situation and the refugees in a humane manner. This led to the rapid spread of cholera in Calcutta. The condition in the districts was equally bad; for instance, the 7000 refugees who had gone over to Nabadwip soon exhausted their meagre resources and began to starve to death from May 1948. Fortunately for them, local municipal health workers worked efficiently to inoculate nearly 80000 people and check a large-scale epidemic.^{xi} This appears to be the only positive note in an otherwise dismal situation.

The Government of West Bengal was at first actually reluctant to open refugee camps. But as the pressure of influx increased steadily, it was forced to change its position and camps began to open from the second half of 1948. By the end of the year, the number of refugees from East Pakistan began to increase by over 2000 per week. Hence, the Government had to open camps not only at military bases in Calcutta, but also in the airfields in the districts, and provide refugees with cash doles. Between 15 April and 17 June, 1948, about 1 lakh people migrated to West Bengal. The majority of them were middle class professionals who required employment and housing in the Calcutta. Hence, to

adjust to the new situation, the Government opened around 389 relief camps in various districts of West Bengal.

The refugees from East Pakistan came through Sealdah and other railway stations at the border. As it was difficult to shift them directly to relief camps, transit camps were established, usually jute warehouses on both sides of the river Bhagirathi. These transit camps eventually become became the breeding ground of different infectious diseases. Over time, the camps were grouped into three categories. First, the transit camps where all the able-bodied were housed; Coopers Camp and Dhubulia Camp are examples of such camps. Second, Permanent Liability Camps, which were established to keep the old and the infirm; Rupashri Pally and Chandmari are two examples (at a later stage, Cooper's Camp was turned into a PL Camp too). Third, Women's Camps, which were for unmarried women and widows; for example, Titagarh and Kartikpur in 24 Paraganas, Rupashri Pally in Nadia, and Bansberia in Hoogly.^{xii} Later, some more camps were established specifically to provide work to the idle refugees; Bagjola and Sonarpur Camps are two examples.

Most of these camps were established in the period between 1952 and 1956. According to Nilanjana Chatterjee, although accommodation, water, electricity, and sanitation were free, all this was more on paper than in reality. Official sources, interviews with the camp inmates, and autobiographical works of camp inmates testify to the fact that sanitation and health were largely neglected in the

camps.^{xiii} For instance, in 1950, at the initiative of the government, a camp was established at Jirat. Here, latrines were built far away from the huts but close enough to contaminate nearby ponds. Therefore, during the monsoon, the flooded lavatories polluted the surrounding area and water in the tanks, made it unsafe to use, and spread disease among the hapless refugees.^{xiv} From the very beginning, refugee camp inmates repeatedly tried to draw attention to the deplorable sanitary conditions. Jatin Saha of Ultadanga Camp records that there were only 4 latrines and 1 tube-well, for about 1000 inmates in his camp. According to Upendra of Cooper's Camp, it housed 70,000 people, while there were only 80 improvised latrines and 20 tube-wells, which was non-functional most of the time.^{xv}

Jatin Saha's experience amply shows how the Government's neglect of the sanitation system at Ultadanga Camp polluted the entire environment. According to him, the condition of the courtyard and the only tube-well area was such that he could not reach a latrine without actually wading through the human excreta. Manaranjan Byapari, a resident of Shiramanipur (Bankura), records in his autobiography *Anantar Ratri Chandal* that although there were about 5000 people in his camp, the Government made no provision for any latrine or privy, let alone a separate arrangement for women. It reflected the Government's attitude towards lower caste refugees, so he reckons; believing them to be accustomed to living in unhygienic conditions, the Government did

not consider it necessary to spend money on basic amenities like latrines. Fortunately, there was sufficient open space and this prevented environmental pollution, unlike in most other camps. However, continuous use of this land for the purpose eventually converted it into a breeding ground of mosquitoes and germs.^{xvi} Similarly, at Cooper's Camp, as there was no system to drain out unclean water, the encircling 20 mile long open sewer went on to become one more breeding place of parasites.^{xvii}

Needless to say, poor sanitary condition at the camps became a major health hazard for the residents. So it is but natural that there would be a persistent demand for relief; relief in this case had a wider connotation, as it included free education for children, medical care, and clothing as well as a clean camp environment. In 1956, unsatisfactory conditions led to agitation among the refugees of Asrafabad Camp in 24 Parganas. During the rainy season the Camp became totally waterlogged and nearly 1700 families went in search of a safer place, some families taking shelter at the Golbazar Udbastu Colony in Habra. In this situation, the Superintendent of the camp refused to sanction dole to these families until they returned. By 1956, camp residents had organised themselves to put forth demands for basic provisions and minimum medical facilities; for instance, people at Ashrafabad Camp demanded 500 latrines, a minimum of one tube well for every twenty families, compulsory use of bleaching powder, and regular visit of doctors.^{xviii} Yet, even a cursory comparison with conditions at

camps elsewhere in India demonstrates a sharp contrast. Kurushetra, the largest refugee camp in the country had, by 1948, regular sweepers and water-carriers to take care of sanitation. Around the same time, there were 5 sanitary inspectors in Bihar and 7 in the Central Provinces, 12 in Bombay and sanitary supervisors as well for refugees.^{xix}

Refugee health at the Camps

It has been mentioned how when the refugees arrived, they were first made to stay in makeshift transit camps at Sealdah station and elsewhere which eventually became the breeding ground of various diseases. The refugees were almost routinely infected by cholera while they were at Sealdah. In July 1950, a large number of people died, including a pregnant woman and infants. Students of Campbell Hospital are said to have treated about 7000 and 8000 people on 16 and 19 July respectively. The camps to which the refugees were shifted were not well equipped either. There were instances of malaria and dysentery at Jirat Camp, of which 21 inmates died in two months. Even children suffered from malnutrition and various diseases including scabies.^{xx} In this context, it is again relevant to compare the Refugee Camps of Bengal with other Camps established elsewhere in India. For instance, in Kurukshetra, there were 14 dispensaries and 3 hospitals, more than 81 medical practitioners, including 17 women doctors, 13 nurses and midwives, and 22 nursing orderlies; the total strength of medical staff was over 1000. In 1948, the Health Ministry of the

Government of India arranged for regular supplies for medical stores at the various camps. Cholera vaccine, sulpha drugs, penicillin, surgical dressing, and injection lymph were arranged for and large-scale inoculation for cholera and small pox were carried out in these camps. In the refugee camps of Punjab, 22 medical officers were employed to carry out mass inoculation for cholera. The Indian army also lent a hand by providing 5000 hospital beds and a surgical unit; it also provided mobile hospital units, a field ambulance unit, and a field surgical section. In the refugee camps of Punjab, other than that at Kurukshetra, there were already 28 hospitals by the end of March 1948. Similarly, there were 12 refugee camps in Uttar Pradesh with hospitals, while in Bihar there were two camp hospitals. There were nine persons working as an anti-malaria staff in Bombay and five in the Central Provinces. The Indian army also worked as an anti-malaria unit in refugee camps in Punjab.^{xxi} It goes to the credit of public health authorities at Kurukhetra that in a situation of shortage of materials and technical personnel for a considerable period, measures were devised to save water, procure unadulterated food, and large-scale inoculation and vaccination was carried out to check widespread epidemics. So except for some cases of cholera and small pox carried over by refugee migrants from Pakistan, there was no instance of new epidemic-outbreak at the Kurukhetra camps.^{xxii}

On the other hand, the West Bengal Government had no such medical staff dedicated to take care of malaria or tuberculosis among refugees. Indeed, in the

refugee camps of West Bengal, initially no initiative was taken to vaccinate refugees. Saraswati Biswas of Faridpur arrived at Bangaon along with her two children, from where she had to go to Sealdah, and from where she was shifted to a camp in Asansol. Her son did not survive the harsh conditions at the camp and died there without any medical treatment. Atashi Bala, an inmate of the camp with no relations, was struck by paralysis while there and yet no treatment was arranged for her. Camp officials were aware of the plight of the sick, but appeared unfazed and chose to look the other way. Lilabati Dutta recalled that child mortality was quite high at Kashipur Camp. Lilabati Ghosh of Uttarpara Camp reminisced about the poor administration there, the staff's lack of concern for the residents, and a total lack of medical aid and care for the sick.^{xxiii} In mid-1950, death toll soared at the Dhubulia camp: the number of deaths recorded was 685. People died of various diseases – cholera, amebiasis, smallpox, fever, diphtheria. Malnutrition, one of the more important causes of child death, was widespread. During mid-June to July 1952, in seven of the wards in the Camp, out of 2335 who lived there, 2357 were suffering from various ailments and there were as many as 631 deaths.^{xxiv}

Refugees lived in very congested conditions at the camps. This was one of the principal reasons behind the deterioration of their health.^{xxv} It was learnt

form an interview ^{xxvi} with Bimala Karmakar of Dhubulia that huts there were tin sheds with bamboo walls. Shura Bala Das of Bhadra Kali Camp mentioned that she stayed at an abandoned military barrack where 5 or 6 families were kept together in one single room where it was difficult even to breathe properly. Child death was a regular phenomenon at her Camp; statistics reveal that 20 children died there towards the end of 1951. The famous pediatrician Manindralal Biswas commented after visiting Kashipur Camp, “What help can you provide them with? Can you provide them with air to breathe? Can you provide them with a place to live? They are dying of suffocation!” Moreover, there were hardly any doctors in the camps; for instance, at the Kashipur Camp there were 5000 inmates, but only three doctors to look after them. Manikuntala Sen raised the issue of child mortality at the West Bengal Legislative Assembly. She pointed out that in 1950, 580 children died of which 75 died at Kashipur and 25 at Maniktala.^{xxvii} Ashalata Das of Basberia Mahila Sadan specified the scarcity of proper maternity units in the camps as the reason. She stated that in many cases, pregnant women had to deliver in the open, in completely unprotected, unhygienic conditions.^{xxviii}

According to a report in *Swadhinata* (1951), between 14 and 17 January 1951, 59 inmates, including children, died at Ghusuri Camp and they were not even properly cremated. On inspection, a team consisting of Ambika Chakrabarty (General Secretary, United Central Refugee Council), Dr. Naresh

Banerjee (Assistant General Secretary, UCRC), and Ashoke Ghosh (Secretary, Dashani Bagan Bastuhara Parisad), found that there were 850 residents in the Camp but poor ventilation resulted in regular deaths among them. The lack of proper hospitals with doctors, lack of supply of necessary medicines, lack of isolation beds for the infected, and the fact that normal patients were allowed to mingle freely with the ones with infectious diseases is a clear indication of the Government's lack of sympathy, disinterest, and lack of initiative. People like Sundari of Ghusuri began to die due to sheer lack of medical care.^{xxix}

Cooper's Camp best demonstrates the abominable condition of the refugee camps in West Bengal. When in 1952, camp inmates began to be infected by small pox, the only step that the authorities took was to confine them in a small space, which only led to deterioration of their condition. In 1953, a girl named Alorani Dutta died due to sheer lack of medical care. At a meeting as late as in 1956, refugee leaders like Pran Krishna Chakrabarty and Ambika Chakrabarty dwelled on space problem at the refugee camps where, according to them, the inmates were living like 'dogs and pigs'. In the same meeting Pran Krishna Chakrabarty pointed out that, at Cooper's Camp, there was no provision of keeping TB patients in quarantine.^{xxx} Lilabati Dutta, in an interview, spoke about the high rate of child mortality at the Camp. Also, free mixing of the sexes soon led to the spread of venereal diseases among the inmates, and even teenagers were known to have been infected.^{xxxi} Hironprabha Devi recounted

how, although the refugees got shelter far away from communal hatred, scarcity of water and lack of proper health care made camp-life unbearable. In such a situation, children regularly died of dysentery and their bodies were not always buried but simply thrown into the surrounding jungles for paucity of funds.^{xxxii}

Jogen Roy recalled that Cooper's camp, surrounded by bushes, was a breeding ground for mosquitoes. Moreover, diseases like malaria, tuberculosis, pox, and asthma were rife. Sometimes, due to the poor quality of rice and wheat supplied, inmates succumbed to cholera too.^{xxxiii} The deceased were not properly cremated but stocked in a pile, and the inmates got so accustomed to the corpses that they cooked food alongside them. The inspection team of the UCRC found that a truck came only once a week to carry away the human cargo to a cremation ground.^{xxxiv} Towards the end of the 1950s, Cooper's Camp thus began to regularly make the headlines.^{xxxv}

At Rupashripally Camp, there was only one dispensary, itself in a very unhygienic condition. Bottles of medicines were stacked in packing boxes, flies flew about everywhere, and all the 150 inmates were treated with the same mixture. There were no injections or patent medicines, no provision to keep tuberculosis patients in isolation, and there were only two helpers to look after the women. Ranaghat Women's Camp too was in a state of neglect. It did have a medical officer and a dispensary, but doctors visited the Camp only once a week, and the distribution of medicine and treatment of patients was inadequate.

Serious patients were often left unattended and several had to be shifted to Cooper's Camp Hospital.^{xxxvi} From the autobiography of Manaranjan Byapari, we come to know that the quality of rice was so bad that inmates of the Shiramanipur Camp, Bankura, began to suffer from serious stomach ailments. According to the author, the doctors there were more interested in getting their salaries than treating the Camp inmates.^{xxxvii}

The fictional *Bokultala PL Camp* was located on the Bengal-Bihar border. Ritabrata Bose, the protagonist engineer, arrived there to find that although the Camp hospital was in shambles, the corrupt doctor was interested only in renovating his own office and living quarters. Child death was frequent, and tuberculosis and asthma were common. The doctor seemed more interested in the female refugees than others. The latrines arranged for refugees were all makeshift. Although there were a few tube-wells at the Camp, Ritabrata found to his vexation that the inmates preferred to use the ponds, which probably reminded them of their homeland.^{xxxviii}

In 1956, a camp was established at Bettiah in Bihar to relocate Bengal refugees, but its condition was no better. There was a lack of a proper sanitary system and medical care, as well as an acute shortage of water. The situation was aggravated by the apathy of the Bihar Government. The Secretary of the Rehabilitation Department of Bihar conceded, on 6 April 1956, that 486 people had died in the camps. Thus, around 2000 refugees left for West Bengal and

took shelter at Howrah Maidan, prior to which they were lathi-charged at Bettiah station, resulting in the death of a boy and injury of 3 persons. On 8 April 1956, Section 144 of CPC was declared at Howrah Maidan. While there, refugees got infected with smallpox. Even then the government was adamant that deserters were not entitled to get any relief. Gradually, when the death toll soared, the Red Cross Society stepped in. When the Bettiah deserters were imprisoned in Dum Dum Central Jail, women refugees started an agitation in front of it on 22 April. It was only on 4 July 1957 that the Government finally accepted that deserter families may stay at various places like Howrah Maidan, Sealdah station, and Dum Dum Cantonment. Meanwhile, 41 deaths had been recorded due to cholera, 39 due to small pox, nine due to dysentery, and 36 due to fever. It was a kind of an epidemic situation and the Government had no option but to introduce inoculation and make arrangement for the hospitalization of the patients.^{xxxix}

The following shows how, in complete contrast to the Bettiah situation, the Punjab Government took a positive role in controlling epidemics in the camps of northern India. Considering that the solar eclipse fair on 9 May 1948 would lead to overcrowding at the Kurukshetra Camp and this might lead to epidemic, the Government decided to ban the fair. When despite this, 20000 people from all over the country poured into the area, preventive measures such as anti-cholera inoculation, chlorination of tanks, and control of preparation of food

were taken promptly. Eight medical officers and one public health chemist were deputed to assist the chief health officer of the Camp. A few already-affected cholera patients were detected by the health staff and removed to an infectious diseases hospital.^{x1}

Government measures and their effects

The West Bengal Government claimed that it spent over Rs. 1 crore on refugee medical care alone and it always stressed upon the beneficial effects of the measures taken. According to it, there were 6 mobile medical units meant mainly for tuberculosis patients and these were utilised for medical relief of other refugees as well. The Government put up statistics as evidences of its success. The waning death rate among the refugees was used as evidence of its beneficial health care measures. It also claimed its handling of tuberculosis as evidence of its success. A large number of refugees – as many as 3000 – were diagnosed on arrival to be already infected. The Government claimed that such patients and their dependents were given monthly financial assistance and hospital beds were reserved specifically for them. It also proposed to set up 3000 beds in various hospitals, although the Government of India approved of only 1000. The West Bengal Government sent a scheme to Ministry of Rehabilitation for domiciliary treatment of 1000 patients in Calcutta. Government reports also suggest that antibiotics were issued to patients free of cost. In addition to the domiciliary service, diagnostic facilities were provided

too at the Calcutta Medical College. The Government also arranged for outdoor treatment at the Jadavpur TB Hospital; in addition, six medical units functioned at Ranaghat, Krishnagar, Chinsura, Habra, Burdwan, and Calcutta to look after tuberculosis cases.^{xli}

In a sense, none of these claims are untrue. Nevertheless, the question remains as to how far such measures actually helped the refugees? West Bengal Legislative Assembly Proceedings of 1954 states that such health measures were insufficient. Hemanta Basu said that at Taherpur Camp, where disease had taken an epidemic form, 21 refugees died due to lack of official medical aid.^{xlii} At the Daspara Camp, a three-storied structure, 15-20 tuberculosis patients were kept along with other families on the first floor – with only a torn sheet separated the rest from the infected.^{xliii} At Kurmitala Camp (Murshidabad), in the period between September 1955 and March 1956, out of 5458 inmates, 143 residents died due to pneumonia and dysentery.^{xliv} Over time, official measures became all the more stringent; grants stopped, and patients had to walk miles to collect medicines.^{xlv} According to a 1960 estimate, the total number of tuberculosis patients in the refugee camps in Burdwan district was 163.^{xlvi} Some received medicines and a special diet, but eventually their cash doles were stopped.^{xlvii} On 23 November 1959, Apurbalal Majumder announced at the State Legislature that “[the] Assembly do now adjourn to discuss a matter of urgent public importance and recent occurrence that the arbitrary stoppage of partial as

well as entire amount of cash doles of a number of refugees of different camps of West Bengal, especially of Ghushuri Camp, Howrah, including even TB families, withdrawing their medical and special diet facilities...the government have forced the above refugees to starve, the TB patients to die, without any medicines and diet.^{xlvi}

A camp refugees' meeting was held on 28 and 29 November 1958, under the auspices of Cooper's Camp Refugee Welfare Council, a branch of Purba Bharat Bastuhara Sangsad. The representatives of various camps in West Bengal, Kunarbagh (Bettiah), and Charbetia (Orrisa) joined it. Haripada Bharati inaugurated the representatives' meeting on 29 November 1958, Jogendranath Mondol presided over it, and the open session was chaired by Debaprasad Ghosh. The main speakers of the meeting were Satyendranath Bose, Manoranjan Basu, Debendranath Majumder, Sudhangshujiban Ganguly, Nogendranath Sikdar, Shantiranjan Goswami and so on. On unanimous resolutions a mass deputation was organized to meet Dr. Bidhanchandra Roy, the West Bengal Chief Minister on 12 December 1958, with the further agendum of a direct struggle if demands were not fulfilled. One of the demands was against the Government's decision to stop special diet for tuberculosis patients.^{xlix}

In 1952, Ambika Chakrabarty pointed out at the West Bengal Legislative Assembly that a fourth of camp refugees had died due to lack of proper living

space and incurable diseases. In 1957, the UCRC claimed that the condition of the camps cannot be described as civilized as there was no privacy, and tuberculosis patients were not segregated. On 3 February 1961, a meeting was held at Titagarh Women's Camp under the president-ship of Kamala Tanti, the Communist refugee organizer, where a demand was raised to shift tuberculosis patients to hospitals. When, in 1961, refugees were agitating against the Dandakaranya scheme, the Government stopped dole and this time tuberculosis patients were not spared too.

Conclusion

The above shows that sanitation system and health condition in the refugee camps of West Bengal did not improve through the 1950s. There were Permanent Liability Camps/Homes as late as even 1989 – for instance, Dhubulia, Chamta, Rupashri Pally, Cooper's, Ranaghat Women's, Chandmari Amalgamated, Habra Amalgamated, Titagarh Women's, Bhadrakali, Basberia and so on. According to a Screening Committee Report of 1989, the sanitary condition of the camps and homes continued to remain abysmal. None of the washrooms and latrines functioned properly and some of them were in a serious need of repair. Many of the tube-wells too needed to be repaired to re-sunk.¹ All the supposedly clean and septic tanks and drains were jammed. As far as the health care of the refugees is concerned, the official policy was no better. According to the Report, there was no medical officer at Dhubulia, Chamta and

Habra camps in 1989. The medical care unit of the Titagarh Womens' Camp had shut down nine years ago.^{li} This clearly demonstrates the kind of policy adopted by the West Bengal Government towards camp refugees. The fact that it failed to address the issue of sanitation of the camp refugees can be cited as an example of the failure of its refugee rehabilitation policy. It initially followed a policy of 'denial and dispersal' and after 1957, only one of dispersal. It did not seem to have any qualms about dispelling even tuberculosis patients out of West Bengal.

The contrast with the north Indian refugee camps demonstrates the step-motherly attitude of the Indian Government as well. For instance, there were about 106 tube-wells at the Kurukhetra Camp as early as in 1948. All north Indian camps had medical units as early as in 1947 and all were treated with bleaching powder every alternate evening. In April 1948, for instance, there were 30 bedded accommodations for 1050 patients. In August, the dispersal of refugees from the Kurukhera Camp to other districts in Punjab necessitated an increase in the number of beds in camp hospitals and it stood at 1730.^{lii}

Thus, from the very beginning, the governments of India and West Bengal took contrasting policies towards refugees. This policy got reflected in the number and condition of the refugee camps. While proper aid was provided to the Punjab refugees, Bengal refugees remained marginal and neglected on the fringes. The question of their rehabilitation was taken up and considered by the

government only after 1955. For the refugees, relief meant proper sanitary arrangement, medical care, and educational facility for children, but it was not provided to these hapless people. The official policy towards Bengal refugees was harsh, and hence the condition of their camps remained unchanged until they were eventually shut down in 1961. This condition affected the lives of the refugees in particular and the environment in general.

Endnotes:

ⁱ Sekhar Bandhyopadhyay, *Decolonization in South Asia, Meaning of Freedom in Post Independence West Bengal, 1947-1952*, London and New York: Routledge, 2009, p. 37.

ⁱⁱ Joya Chatterjee, *Spoils of Partition: Bengal and India, 1947-1967*, New Delhi : Cambridge University Press, 2007.

ⁱⁱⁱ Joya Chatterjee, 'Right or Charity- Debate over Rehabilitation in West Bengal' in Suvir Kaul (ed.), *The Partition of Memories: The Afterlife of division of India*, Delhi: Permanent Black, 2001.

^{iv} Joya Chatterjee, 'Dispersal and Failure of Rehabilitation of Refugees, Camp Dwellers and Squatters in West Bengal', *Modern Asian Studies*, 2007, Volume 41, Issue 5.

^v Anusua Basu-RayChoudhury, 'Living Another Life; Unhomed in Camps', *CRG series on Politics and Practices*, No.21, Calcutta CRG, 2009.

^{vi} Ishita De, 'On the Margins of Citizenship: Cooper's Camp Nadia', *Ibid.*

^{vii} *Amrita Bazar Patrika*, 9 October 1948

-
- ^{viii} Sekhar Bandhyopadhyay, *Op. Cit.*
- ^{ix} *West Bengal Legislative Assembly Proceedings*, Volume 2, 25 September 1950.
- ^x Sekhar Bandhyopadhyay, *Op. Cit.*, p. 38.
- ^{xi} *Ibid.*, p. 33.
- ^{xii} Hironmoy Bandhopadhyay, *Udvastu*, Kolkata : Sahitya Samsad , 1970.
- ^{xiii} Nilanjana Chatterjee, *Unwanted Children of Partition. Refugees and Politics of Rehabilitation*. Unpublished thesis, Brown University, p. 171, 1992.
- ^{xiv} *Opcit.*, Joya Chatterjee, “ Dispersal and Failure of Rehabilitation”, p. 1011.
- ^{xv} Prafulla Chakraborti, *Marginal Men: Refugees and Left Political Syndrome*, Calcutta : Lumiere Publication, 1990, p. 155.
- ^{xvi} Monoranjan Byapari, ‘Anantor Rattrir Chondal’, Madhumoy Pal (ed.), *Binash o Binirman*, Kolkata :Gangchil, 2011, p.210.
- ^{xvii} Tushar Singha, *Moronjoyi Songrame Bastuhara*, Kolkata: Dasgupta’s, 1999.
- ^{xviii} IB File 1483/32, West Bengal State Archives, Kolkata.
- ^{xix} *Annual Report on Evacuation, Relief and Rehabilitation of Refugees, September 1947- August 1948*, Ministry of Relief and Rehabilitation, Government of India.
- ^{xx} Joya Chatterjee, ‘Dispersal and Failure of Rehabilitation. Refugee Camp Dwellers and Squatters in West Bengal’, *Modern Asian Studies*, Cambridge University Press, 41.5(2007), p.1015.
- ^{xxi} *Annual Report on Evacuation, Relief and Rehabilitation of Refugees, Part 2*, April 1948- August 1948, Ministry of Relief and Rehabilitation, Government of India.
- ^{xxii} *Opcit.*, Annual report on evacuation, relief and rehabilitation of refugees dated September 1947-August 1948.

-
- ^{xxiii} Interviews taken in 2003, by Subhasri Ghosh and Debjani Dutta in “Forgotten Voices from the PI Camp” in Jasodhara Bagchi and Subhoranjan Dasgupta edited *Trauma and the Triumph, Gender and Partition In Eastern India*, Volume 2, Kolkata : Stree, 2009.
- ^{xxiv} Tushar Sinha, *Maranjayi Songrame Bastuhara*, Kolkata : Dasgupta’s, 1999, p. 28.
- ^{xxv} Hironmoy Bandhopadhyay, *Udvastu*, Kolkata : Sahitya Samsad , 1970, pp. 168-169, p. 97.
- ^{xxvi} Opcit., Nilanjana Chatterjee, *Unwanted Children of Partition*, 1992.
- ^{xxvii} Opcit., Tushar Singha, *Moronjoyi Songrame* ,pp. 23-24.
- ^{xxviii} Interview Taken by Anusua Basu RayChaudhury, “Living another Life: Unhomed in the Camps”, Kolkata: Mahanirban Calcutta Research Group, March 2009.
- ^{xxix} Opcit., Tushar Singha, *Moronjoyi Songrame* p.25.
- ^{xxx} IB File no 1483/32 West Bengal State Archives
- ^{xxxi} West Bengal Legislative Assembly Proceedings 1957.
- ^{xxxii} Interview Taken by Anusua Basu RayChaudhury on 13.12.2001, later used in “Life After Partition: A Study of Reconstruction of Lives in West Bengal”.
- ^{xxxiii} Jogen Roy, ” Cooper’s camp e Chelebela”, *Desh Bhaag Binash O Binirman*(edited by Madhumoy Pal), Kolkata: Gangchil, 2011, p.155.
- ^{xxxiv} Opcit., Prafulla Chakrabortti, *Marginal Men.*
- ^{xxxv} Ananda Bazar Patrika 2nd August 1957.
- ^{xxxvi} Ananda Bazaar Patrika Dated 2nd August 1957.
- ^{xxxvii} Opcit., Monoranjan Byapari, “Anantor Rattrir Chondal”, p. 212.
- ^{xxxviii} Narayan Sanyal, *Bakultala PI Camp*, Kolkata: Karuna Prakashani, December 2012.
- ^{xxxix} West Bengal Legislative Assembly Proceedings, 1957 vol 17, no 1.
- ^{xl} Opcit., Annual report on evacuation, relief and rehabilitation of refugees, part 2, dated April 1948-August 1948.

^{xli} Report on Relief and Rehabilitation of Displaced Persons in West Bengal 1957, Health , pp.7-8.

^{xlii} *Swadhinata*, 17th March 1954.

^{xliii} *Anandabazar Patrika*, 23rd August 1957.

^{xliv} West Bengal Legislative Proceedings 1956 volume 14, no 1.

^{xliv} West Bengal Legislative Proceedings, volume 20, no 1, 1958.

^{xlvi} West Bengal Legislative Proceedings, volume 28 no 1 1960.

^{xlvi} West Bengal Legislative Proceedings, volume 21, 1959.

^{xlvi} West Bengal Legislative Proceedings, 1959.

^{xlvi} Dilip Halder, *Atrocities on Dalits Since The Partition of Bengal*, New Delhi : Mittal Publications, 2008, appendix 13.

¹ Problems of Refugee Camps and Homes in West Bengal, The Screening Committee Report 1989.

^{li} Ibid.

^{lii} Opcit., Annual report on evacuation, relief and rehabilitation of refugees dated September 1947-August 1948.

I am indebted to Anusua Basu-Roychoudhuri, Subhasri Ghosh, and Debjani Dutta who interviewed West Bengal camp refugees in 2003 and 2008.