

Public health in refugee camps and colonies of West Bengal during 1947-1958: policies, practices and politics

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Abstract

For my research paper I intend to investigate the ‘crises’ of public health in the refugee camps and colonies of West Bengal from 1947 to 1958 and the various forms of actions that they produced. Through a critical analysis of healthcare policies and practices of the postcolonial state, various international welfare organizations like WHO, UNICEF, Red Cross or Ford Foundation and local charitable institutions like the Dalmia Relief Committee, I will like to understand what constituted the ‘crisis’ of public health among the refugees from East Bengal. What constituted the precarity of health of the refugees in the eyes of the state? As Imrana Qadeer has pointed out, the handling of the epidemics by the colonial state in the 19th century reflected a bias towards small pox for various governmental reasons. Do postcolonial state’s healthcare policies for the refugees during this period reveal a similar preference for a particular disease? What were the techniques adopted and the networks used for handling epidemic breakouts in the camps and the colonies? Was there a break from the colonial state’s management of epidemics? How far were the state’s health policies for the East Bengali refugees influenced by the agendas of the external aid bodies and the global politics of development? Following these questions, my research paper will try to contextualize government’s healthcare policies and practices in the refugee colonies and camps within a larger history of the public health discourse of the postcolonial state on one hand and the official discourse on protection and care of the East Bengali refugees on the other. Historians of partition have so far highlighted the crumbling down of the city’s already overburdened civic infrastructure due to the huge refugee influx from East Pakistan. An alternative question would be to ask how much did the exodus contribute to the building of new health infrastructure in Calcutta and in other districts of the state. In other words, in what ways did the health crises of the East Bengali migrants contribute in setting up the public health agenda of the state?

Public health infrastructures, as Adeem Suhail writes, ‘are organized by defining objects and practices deemed proper and those that are not’. Through a close reading of official documents and reports of the Health and Refugee Rehabilitation departments of both the Union and the West Bengal state governments, municipal records, legislative assembly debates and newspaper reports, I would like to understand what were considered to be the proper object and practices of public health work among the refugees? How exactly is *health* conceptualized in this context? Here one needs to remember that the Indian nation-state spent much energy and resources to turn the refugees into useful labour. The worksite camps are a clear indication of this agenda. This brought increased focus to the refugee’s body which was to be studied, enumerated, trained and thus made visible in particular ways. The public health works of the state as well as the international aid organizations in the camps and squatters colonies, I argue, need to be situated within this larger context of refugee labour.

The proposed study of the official healthcare policies and practices in refugee camps and colonies, I believe, would reflect upon the politics of health of the postcolonial state in West Bengal. It will be important to think about how disciplinary power of the state vis-à-vis the migrants was mediated by

bio-power and its techniques in this context. Equally important would be to understand how crises of public health in the camps and the colonies produced different forms of collective action. Besides highlighting various efforts of the East Bengali refugees themselves in building basic healthcare infrastructures in the colonies, the second section of the paper will try to analyze how and to what extent health of the refugees functioned as an important site of politics for the refugee organizations as well as the left parties of the state. 'Bio-politics from below', as Ranabir Samaddar argues in his book *A Pandemic and the Politics of Life*, involves a reconfiguration of the concepts of life and care in a very different manner. Can we think of the politics of health as performed by the refugees and left parties during 1947-1958 in terms of the 'bio-politics from below'? How did this politics conceptualize 'life'?

Investigations into the politics of health around the East Bengali refugees will help us to understand how the discourses on public health informed and shaped the representations of the refugee in different registers. Question of health, this paper will try to show, was one of the contributing factors in establishing the East Bengali refugees as a distinctive population group. It is in this context, I would like to investigate how the visibilities of body of the refugee, both individual as well as social, was mediated by the contemporary discourses of public health. Literary accounts and photographs published in newspapers and official reports will be useful to show how the image of the constantly threatened body of the refugee became instrumental in highlighting the 'bare life' in the camps and the colonies.

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