

## **Disease and Death: Issues of Public Health Among East Bengali Refugees in 1971**

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### Introduction:

*“Because of ‘Operation Searchlight’, 10 million refugees came to India, most of them living in appalling conditions in the refugee camps. I cannot forget seeing 10 children fight for one chapatti. I cannot forget the child queuing for milk, vomiting, collapsing and dying of cholera. I cannot forget the woman lying in the mud, groaning and giving birth.”<sup>1</sup>*

The situation of East Bengali refugees in 1971 was grim. The Bangladesh liberation war of 1971 witnessed 10 million people from the erstwhile East Pakistan (present Bangladesh), fleeing the persecution by Pakistani soldiers and coming to India seeking refuge<sup>2</sup>. The sudden influx of refugees created a mammoth humanitarian crisis. At one hand, the refugees were struggling to access food, water, proper sanitation, shelter. On the other hand, their lives were tormented by various health issues. The cholera epidemic of 1971 alone killed over 5,000 refugees.<sup>3</sup> Other health concerns were malnutrition, exhaustion, gastronomical diseases. “A randomized survey on refugee health highlights the chief medical challenges in the refugee population as being malnutrition, diarrhoea, vitamin-A deficiency, pyoderma, and tuberculosis.”<sup>4</sup> The Indian government was not adequately equipped to deal with a crisis of such level. Even though there was initial sympathies with the refugees, it quickly waned and by May 1971, the then Prime Minister of India, Indira Gandhi characterized it as a “national problem”<sup>5</sup> and by July, she described the problem could potentially threaten the peace of South Asia.<sup>6</sup> The proposed research paper will look into the public health crisis and the rate of mortality due to the crisis among the refugees of West Bengal in 1971. It will also aim to investigate the government response to such crisis.

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<sup>1</sup>“War Crimes, 1971 Memories and Justice,” The Daily Star, October 15, 2013, <https://www.thedailystar.net/news/war-crimes-1971-memories-and-justice>.

<sup>2</sup>United Nations High Commissioner for Refugees, “The State of The World’s Refugees 2000: Fifty Years of Humanitarian Action - Chapter 3: Rupture in South Asia,” accessed April 1, 2020, <https://www.unhcr.org/en-in/publications/sowr/3ebf9bab0/state-worlds-refugees-2000-fifty-years-humanitarian-action-chapter-3-rupture.html>.

<sup>3</sup>Peter Grbac, “Accessing Refugee: India and Its 1971 Refugee ‘Problem,’” *Refugee Watch: A South Asian Journal on Forced Migration* 43 & 44 (December 2014): 10.

<sup>4</sup> Idib

<sup>5</sup>Sandip Bandyopadhyay, “Millions Seeking Refuge: The Refugee Question in West Bengal:1971”, in *Refugees in West Bengal: Institutional Practices and Contested Identities* (Kolkata: Calcutta Research Group, 2000), 35.

<sup>6</sup>Peter Grbac, “Accessing Refugee: India and Its 1971 Refugee ‘Problem,’” *Refugee Watch: A South Asian Journal on Forced Migration* 43 & 44 (December 2014): 4

### Context:

The 1971 refugee influx was a direct result of “Operation Searchlight” by the Pakistani army. The operation was initiated in March 1971 to carry out a genocide of Bengalis from the then East Pakistan which was administered by West Pakistan aftermath the partition of India in 1947. The 1947 partition of India resulted in the formation of India and Pakistan which was further divided between East and West Pakistan. The ill-treatment, constant economic exploitation, and imposition of Urdu as official language in a Bengali speaking region, led East Pakistan to their struggle for independence since the 1950s. The struggle reached its climax in 1970 when Sheikh Mujibur Rahman’s Awami League won a landslide victory in national elections which gave him a right to form government. However, the then President General of Pakistan Yahya Khan refused to accept Mujibur as the Prime Minister of Pakistan. On March 25, 1971, Mujibur declared Bangladesh as an independent country and the same day Pakistani army launched “Operation Searchlight” with an aim to exterminate the Bengali population<sup>7</sup> leading to the Bangladeshi Liberation war which continued for nine months i.e. till December 1971 until the Pakistani army surrendered.

The Bangladesh liberation war witnessed an estimated 10 million refugee influx in India according to the United Nations High Commissioner for Refugees (UNHCR). The East Bengali refugees started coming to India from March 1971 till the end of the war and subsequent freedom of Bangladesh from Pakistan in December 1971. Four Indian states received the refugees, namely, West Bengal, Tripura, Meghalaya and Assam.<sup>8</sup> There were 825 refugee camps, averaging around 8,000 refugees per camp.<sup>9</sup> Around 7.1 million people (76 per cent) of the 10 million estimated refugees came to West Bengal. Among them, 5 million were living in makeshift refugee camps.<sup>10</sup> Hostels, schools, even sewage pipes were used by them as places of living.

The millions of refugees that entered India were often living in precarious conditions. Due to their living conditions and other precarity like shortages of food, absence of sanitation, the mortality rate was unparalleled. The absence of proper mechanisms to house and provide proper care for the refugees increased their precarity. For example, a cholera outbreak took 30 per cent of the lives of the refugees in West Bengal.<sup>11</sup> During the summer of 1971, due to the cholera outbreak and high mortality rate, the Johns Hopkins Center for Medical Research

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<sup>7</sup>“Operation Searchlight: Genocide Unleashed on Bengalis in East Pakistan | Dhaka Tribune,” March 25, 2017, <https://www.dhakatribune.com/bangladesh/2017/03/25/operation-searchlight-genocide-unleashed>.

<sup>8</sup>Appendix I

<sup>9</sup>Navine Murshid, “Refugees, Women, and the 1971 War—a Reflection,” The Daily Star, December 16, 2018, <https://www.thedailystar.net/1971-the-battles-women-fought/news/refugees-women-and-the-1971-war-reflection-1674061>.

<sup>10</sup>P.N. Luthra, “Problem of Refugees from East Bengal,” *Economic and Political Weekly* Vol. 6, no. No. 50 (November 12, 1971): 2467–72.

<sup>11</sup>D Mahalanabis et al., “Oral Fluid Therapy of Cholera among Bangladesh Refugees,” *Bulletin of the World Health Organization : The International Journal of Public Health* 2001 79, no. 5 (2001): 197–205.

and Training in Calcutta (JH-CMRT) offered to help local doctors in treating the refugees. They treated the refugees during the peak of the cholera epidemic in Bongaon, a border area between India and Bangladesh. The cholera affected patients were housed at the sub divisional hospital in Bongaon. The team of doctors and paramedics observed that “Two cottages with 16 beds, originally built to accommodate patients with infectious diseases, were used as cholera wards. When we arrived on June 24, 1971, an estimated 350,000 refugees were living in the vicinity of the town, with an additional daily influx of about 6000 more. The meager resources of the town were strained to the limit.”<sup>12</sup> By the end of June, the hospital was admitting around 200 patients per day. Soon the cottages used as cholera wards ran out of beds and patients had to be placed on floors which also got overcrowded and makeshift canvas cots had to be brought from Kolkata which were put in a makeshift tent by the hospital.

Apart from cholera there were other widespread public health issues plaguing the refugee. A New York Times report from June 1971 mentioned “death from other diseases and afflictions—continues at a steady rate. Malnutrition, exhaustion and gastrointestinal diseases are striking down large numbers of refugees daily. As with all the other statistics about the refugees no exact death toll is available. Tuberculosis is also endemic in refugee camps and the dampness of monsoon season will aggravate this situation.”<sup>13</sup>

#### Tentative Research Question:

The research will attempt to study the death and mortality in the refugee camps in 1971 West Bengal and measures to provide healthcare to the refugees including food, nourishment, shelter, and proper sanitation. The rate of mortality and deaths were unmatched among the refugees. In case for the cholera epidemic, the doctors and health care workers assisted by the JH-CMRT, while working in Bongaon, found that 38 per cent refugee children were among the affected compared to 14 per cent adults. To highlight the abysmal condition of the refugees, the British charity Oxfam collected testimonies from the refugees which was later published as “The Testimony of Sixty”. The result of the testimony was such that the then United States senator Edward Kennedy plead the case for Bangladesh in the U.S. Congress using the “Testimony of Sixty”. Julian Francis, the coordinator of Oxfam’s refugee relief programme in 1971 wrote:

*“What is interesting to record is that, although the US was firmly supporting Pakistan in 1971, Senator Edward Kennedy, who had visited India and the refugee camps in August 1971, brought The Testimony of Sixty to the attention of the US Senate, and it was published in full on October 28, 1971 in the “Congressional Record,” only one week after it was published by Oxfam in the UK. Introducing The Testimony of Sixty to the US Senate,*

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<sup>12</sup> Ibid

<sup>13</sup> Sydney H. Schanberg, “India Reports Cholera Is Easing, But Refugee Problems Mount,” *The New York Times*, June 15, 1971, sec. Archives, <https://www.nytimes.com/1971/06/15/archives/india-reports-cholera-is-easing-but-refugee-problems-mount.html>.

*the Congressional Record states the following: “Mr Kennedy: ‘Mr President, the crisis in East Bengal is a story of human misery on a scale unequaled in modern times. It is a story of systematic terror and military repression, of indiscriminate killing and the killing and dislocation of millions of civilians. It is a story of death and disease, of too little food and water, of fetid refugee camps without hope and a countryside stalked by famine.’”<sup>14</sup>*

The research, if time permits and if there is enough evidence to pursue, will also like to look into the difference of treatment by the Indian government towards refugees and local population suffering from the same diseases. The refugee population were suffering from cholera, diarrhoea, malnutrition, tuberculosis, pyoderma etc. However, according to Peter Grbac (2014), the local population were not immune to such diseases. He gave the example of infant mortality and child malnutrition rate in India. Infant mortality rate in the areas around refugee camps were almost as high as in the camps. Malnutrition among children, at that point was as high as 30 per cent while a field report by the All India Institute of Medical Sciences disclosed that roughly 50 per cent refugee children were suffering from malnutrition. The government should provide same care to the refugees and local population alike. However, Grbac used the example of “Operation Life Line”, a public health program aimed at malnutrition children to argue that the government was reluctant to launch the operation only for refugees while the local population was also suffering from similar health issues.<sup>15</sup> Operation Life Line was an international relief operation and yet Indian government was hesitant in implementing it and only when the relief workers assured the government that they would not turn away severely malnourished local children, the government allowed for it to be launched. The Indian government’s economy of the time also played an important role in othering the refugees when it came to the issue of providing healthcare. By June 1971 when cholera endemic was at its peak, the estimated spending by the Indian government on refugees was about a million dollars per day. Foreign aid worth of 40 million dollars in cash and relief were not enough and the continuous flow of refugees would not wane.<sup>16</sup>

### Methodology:

The analysis will be based mainly on secondary sources in forms of books, academic research papers, journal articles. It will also be based on archival works with data collected from state archives like intelligence files, archives from medical journals. The research will access

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<sup>14</sup>“Why and How Oxfam Produced ‘The Testimony of Sixty,’” Dhaka Tribune, October 22, 2018, <https://www.dhakatribune.com/opinion/op-ed/2018/10/22/why-and-how-oxfam-produced-the-testimony-of-sixty-2>.

<sup>15</sup>Peter Grbac, “Accessing Refugee: India and Its 1971 Refugee ‘Problem,’” *Refugee Watch: A South Asian Journal on Forced Migration* 43 & 44 (December 2014): 11.

<sup>16</sup>Sydney H. Schanberg, “India Reports Cholera Is Easing, But Refugee Problems Mount,” *The New York Times*, June 15, 1971, sec. Archives, <https://www.nytimes.com/1971/06/15/archives/india-reports-cholera-is-easing-but-refugee-problems-mount.html>.

various public documents like newspapers, political speeches and political memoirs, legislative debates to assess the health and mortality situation of refugees in 1971. A tentative bibliography is given with this proposal which is by no means exhaustive and just a preliminary collection of materials. Due to the sudden lockdown in light of COVID 19, books, journals and other secondary sources could not be collected. The research proposal was entirely written out of few articles accessible online and mostly newspaper articles. Hence the given bibliography is just a starting point and will be increased and expanded as soon as the situation allows for library and archival works.

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## Appendix 1

Map 3.1 - Location of main refugee camps in India, November 1971 

