

DR. BIDHAN CHANDRA ROY AND THE BENGAL FAMINE OF 1943: A CASE STUDY OF HIS RELIEF AND REHABILITATION EFFORTS

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Abstract: The Bengal Famine of 1943, which resulted in the tragic loss of an estimated three million lives, stands as a dark episode in India's history. Amidst this unprecedented crisis, Dr. Bidhan Chandra Roy emerged as a beacon of hope, spearheading relief and rehabilitation initiatives. This case study delves into Dr. Roy's contributions during the famine, exploring his strategies in addressing immediate relief, healthcare needs, and long-term rehabilitation. It further examines the challenges he faced, given the broader systemic and administrative failures. Dr. Roy's efforts not only saved countless lives but also laid foundational strategies for future disaster management in India. The study underscores the significance of proactive governance and visionary leadership in crisis management.

Keywords: Bengal Famine of 1943, Dr. Bidhan Chandra Roy, Relief efforts, Rehabilitation

Introduction:

The Bengal Famine of 1943 stands as a stark reminder of human suffering and the fragility of societal structures. This devastating event transcends mere statistics and represents an era marked by despair, starvation, and death. It was a time when millions were left at the mercy of nature's fury and human negligence, and the collective failure of governance led to a catastrophic loss of life. However, it was also a time when certain individuals stood tall amidst chaos, fighting tirelessly for humanity. Dr. Bidhan Chandra Roy was one such individual, whose relief and rehabilitation efforts illuminated the dark corridors of a starving Bengal. This introduction seeks to contextualize the famine, explore the multifaceted personality of Dr. Roy, and lay the groundwork for understanding his significant role during this tragic period.

In the early 1940s, Bengal, a province in British India, was a region riddled with economic disparities, social inequalities, and political unrest. The urban-rural divide was stark, and agricultural practices were heavily dependent on monsoons. The political landscape was fractured, with the ongoing struggle for Indian independence and World War II creating further complications.

Dr. Bidhan Chandra Roy (1882-1962) was a renowned physician, educationist, and statesman who served as the second Chief Minister of West Bengal from 1948 to 1962. He was awarded the Bharat Ratna, India's highest civilian honour, in 1961 for his contributions to medicine, politics, and social welfare. He was also one of Mahatma Gandhi's personal physicians and a close associate of Jawaharlal Nehru and Subhas Chandra Bose¹²

One of the most challenging and remarkable episodes in Dr. Roy's life was his involvement in the relief and rehabilitation efforts during the Bengal Famine of 1943, which claimed the lives of an estimated 3 million people. The famine was caused by a combination of factors, such as crop failures, war-induced inflation, hoarding, speculation, and mismanagement by the British colonial administration. The famine affected mainly rural areas of Bengal, where millions of people suffered from starvation, malnutrition, and diseases³⁴

Dr. Roy, who was then a member of the Bengal Legislative Assembly and the leader of the Congress Party in Bengal, played a pivotal role in mobilizing public opinion, funds, and resources for famine relief. He also coordinated with various organizations, such as the Indian Red Cross Society, the Bengal Relief Committee, the All-India Famine Relief Committee, and the Gandhi Seva Sangh, to provide food, clothing, medical care, and shelter to the famine victims. He personally visited many famine-affected areas and supervised the relief operations. He also advocated for policy reforms and administrative measures to prevent future famines and improve the living conditions of the rural poor⁵

Several scholars have studied Dr. Roy's role in the Bengal Famine of 1943 from different perspectives. Some have highlighted his humanitarianism, leadership, and dedication to serve the suffering masses. Others have criticized his political compromises, limitations, and failures to

challenge the colonial authorities and address the structural causes of the famine. Some have also compared his approach with that of other prominent leaders and activists, such as Gandhi, Nehru, Bose, Rammohan Roy, Rabindranath Tagore, and Vinoba Bhave.

The literature on Dr. Roy and the Bengal Famine of 1943 reveals his multifaceted personality and legacy as a doctor, politician, and social reformer. It also reflects the complex and contested nature of the famine as a historical event and a social phenomenon. It offers valuable insights into the socio-economic, political, and cultural aspects of Bengal during a critical period of its history. It also raises important questions about the ethics, responsibilities, and challenges of humanitarian intervention in times of crisis.

Dr. Bidhan Chandra Roy: A Glimpse into the Man:

Born on July 1, 1882, in the small town of Bankipore, Bihar, Dr. Bidhan Chandra Roy was a man of many talents and virtues. A physician by profession, he was deeply committed to serving the people. An ardent freedom fighter and later the Chief Minister of West Bengal, Dr. Roy's life was a rich tapestry of public service, dedication to healthcare, and unflinching integrity.

Dr. Roy graduated with honors in Mathematics and later pursued his medical studies at the University of Calcutta. He went on to study at St. Bartholomew's Hospital in London, earning the esteemed MRCP and FRCS degrees. His passion for medicine was matched only by his commitment to social welfare, as he worked tirelessly to create and enhance medical institutions and healthcare delivery systems.

The Precursors to the Famine:

The Bengal Famine of 1943 did not occur in isolation; it was the culmination of a series of unfortunate events and human failures. Several factors contributed to this calamity:

1. **Natural Disasters:** A cyclone and subsequent tidal waves in 1942 laid waste to agricultural lands, causing a significant shortfall in the rice crop.
2. **Wartime Measures:** The implementation of the "boat denial policy" and other wartime strategies by the British administration hindered transportation and created artificial scarcities.
3. **Hoarding and Inflation:** Speculation, hoarding, and panic buying led to rampant inflation, making food unaffordable for the majority of the population.
4. **Ineffective Administration:** The colonial administration's failure to respond timely and appropriately further exacerbated the situation.

The stage was set for one of the most devastating famines in human history. Amidst this backdrop, the role of Dr. Bidhan Chandra Roy becomes pivotal. A physician, a leader, and a humanitarian, Dr. Roy's efforts during the Bengal Famine of 1943 were instrumental in providing relief and setting the course for rehabilitation. This article explores his multifaceted contributions against the canvas of a region in turmoil and sheds light on a significant chapter in Indian history. His actions and legacy continue to resonate and offer valuable insights into leadership, empathy, and social responsibility.

Year	Event
1882	Dr. Roy was born in Patna, Bihar.
1911-12	Dr. Roy returned to India after completing his medical degrees in England.
1931-	Dr. Roy served as the mayor of Kolkata.

Year	Event
33	
1943	Dr. Roy played a pivotal role in the relief and rehabilitation efforts during the Bengal Famine of 1943.
1948-62	Dr. Roy served as the chief minister of West Bengal.
1961	Dr. Roy was awarded the Bharat Ratna, India's highest civilian honour.
1962	Dr. Roy died on his 80th birthday in Kolkata.

Cause	Effect
Crop failures due to cyclones, floods, and fungal infections.	Reduced food production and availability.
War-induced inflation, hoarding, speculation, and black-marketing.	Increased food prices and scarcity.
Mismanagement by the British colonial administration.	Inadequate and delayed relief measures and policies. ¹
Bengal Famine of 1943	Starvation, malnutrition, and diseases among millions of people, especially in rural areas. ²

Critical Study: Dr. Bidhan Chandra Roy and the Bengal Famine of 1943:

The Bengal Famine of 1943 remains one of the most significant calamities in Indian history. Dr. Bidhan Chandra Roy's role during this tragic event has been widely celebrated. However, a balanced understanding necessitates a critical study that not only elucidates his contributions but also scrutinizes the broader political and administrative landscape of the time.

Background: A Confluence of Catastrophes

1 For more details on the role of the British colonial administration in the Bengal Famine of 1943, see [Bose, Sugata. "Starvation amidst Plenty: The Making of Famine in Bengal, Honan and Tonkin, 1942-45."] and Mukerjee, Madhusree. *Churchill's Secret War: The British Empire and the Ravaging of India during World War II*.

2 For more information on the impact and consequences of the Bengal Famine of 1943, see Greenough, Paul. *Prosperity and Misery in Modern Bengal: The Famine of 1943-1944*. and [Maharatna, Arup. *The Demography of Famines: An Indian Historical Perspective*.]

Understanding the famine requires delving into a combination of factors. Crop failures, World War II disruptions, hoarding, and administrative mismanagement converged to create a crisis. While the global war contributed to the diversion of essential resources, the Indian administration was not entirely devoid of blame.

Dr. Roy: The Celebrated Physician

Dr. Roy's contributions to relief and rehabilitation are commendable. As a physician, his foresight in anticipating health issues, establishing relief camps, and initiating public health campaigns was instrumental in preventing further catastrophe. However, there are several areas that demand a closer, more critical examination:

1. Scope of Influence:

While Dr. Roy played a vital role, he was yet to assume the Chief Minister's office during the famine. His actual administrative power and scope of influence were limited. To what extent could he shape broader policies and decisions at the provincial and national level?

2. Dependency on Networks:

Dr. Roy's reliance on personal networks for fundraising and resource gathering, while necessary given the urgency, raises questions about the systemic failures of larger governmental machinery. Why was a private individual left to marshal resources on such a grand scale?

3. Long-term Rehabilitation Efforts:

Dr. Roy's vision for long-term rehabilitation, including the establishment of vocational centers and psychological counseling, was forward-thinking. However, implementation and scalability remain subjects of debate. Were these initiatives widespread enough to benefit the majority of the affected populace?

The Larger Administrative Landscape

To provide a holistic analysis, one must also critique the broader administrative decisions during this period:

1. Food Availability vs. Distribution:

Studies have shown that while there was a shortage, Bengal was not devoid of food grains. The issue lay in distribution, pricing, and hoarding. What role did administrative negligence play in this?

2. Role of British Administration:

As the last years of British rule in India, how did colonial policies and wartime imperatives contribute to exacerbating the crisis? The diversion of boats for war efforts, which affected rice imports from Burma, is a glaring example.

3. Communication Breakdown:

The lack of an efficient communication system meant that the extent of the famine was realized much later than it should have been. This delay led to a slow response from both provincial and central administrations.

Role of Dr. Bidhan Chandra Roy:

Immediate Relief: Dr. Roy, understanding the urgency of the situation, set up relief camps, distributing food and essential medicines. Mobilizing his networks, he procured funds and resources, showcasing an individual's power to galvanize resources during a crisis.

-Healthcare Initiatives: As a physician, he was acutely aware of the health ramifications of the famine. With the spread of diseases such as cholera and malaria, he promptly established medical camps,

emphasizing sanitation and clean water. His medical perspective was crucial in preventing an even higher mortality rate.

-Rehabilitation Efforts: Going beyond immediate relief, Dr. Roy spearheaded the establishment of rehabilitation centers, providing shelter, food, and employment. He advocated for vocational training, enabling survivors to regain their livelihoods and rebuild their lives.

Challenges Faced:

-Limited Administrative Power: At the time of the famine, Dr. Roy had not yet assumed the role of Chief Minister. Consequently, his influence on broad policy decisions and state-wide administrative measures was restricted.

-Systemic Failures: The famine highlighted the larger systemic failures of the colonial administration. Dr. Roy's individual efforts, although significant, could not fully compensate for the administrative inertia and policy failures of the British government.

Resource Scarcity: With the war on, resource allocation to the famine-stricken areas was a constant challenge. Mobilizing resources required constant negotiation and leveraging of personal networks.

Outcomes and Legacy:

-Lives Saved: Dr. Roy's timely interventions undeniably saved countless lives, especially through the medical camps and relief centers he initiated.

- Foundations for Future: His work laid the groundwork for future disaster management and rehabilitation strategies in West Bengal, and possibly, other parts of India.

- Political Impetus: His famine-relief work added momentum to his political journey, eventually leading him to become the Chief Minister of West Bengal in the post-independence era.

Reflections and Conclusions

Dr. Bidhan Chandra Roy's actions during the Bengal Famine of 1943 exemplify individual leadership and commitment. His efforts undeniably saved countless lives and provided a roadmap for rehabilitation.

However, the critical study underscores that the Bengal Famine was a systemic failure, which no single individual, regardless of their competence and dedication, could fully mitigate. The tragedy demands a broader introspection of administrative apathy, colonial policies, and systemic inefficiencies.

While Dr. Roy's contributions stand as a testament to the human spirit's resilience, the Bengal Famine remains a sobering reminder of the devastating consequences of administrative negligence and the perils of colonial rule.

The aftermath of the Bengal Famine witnessed significant changes in policy and public administration. Dr. Roy's leadership during this tumultuous period was a testament to his commitment to the welfare of the people. His efforts not only alleviated immediate suffering but also laid the groundwork for long-term strategies to combat food shortages in the region.

While the Bengal Famine of 1943 is a grim reminder of the vulnerabilities of the socio-economic structure, it also serves as an example of how resolute leadership can steer a region out of despair. Dr. Bidhan Chandra Roy's dedication and timely interventions made a monumental difference during one of India's darkest hours. His legacy serves as an inspiration for public servants and leaders worldwide, emphasizing the importance of compassion, foresight, and dedication to duty.

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