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covered 14,000 people reduced to poverty through the loss of their occupations in the New Town—a serious addition to the 20,000 refugees, and to the poor who had always been in the city. From April 1949 to May 1950, this new category received monthly rations from the Committee.

Before handing over, arrangements were made for UNRWA to accept responsibility for 11,000 of them, the remaining 3,000 being cared for by the World Lutheran Organization. During his second visit to Palestine, M. Ruegger was handed an address of thanks, in English and Arabic, bearing the signatures of the heads of the religious communities, and of the Mayor, Counsellors, and public figures of the city, in appreciation of the Committee's assistance to the Jerusalem poor.¹

III. — INDIA AND PAKISTAN

During 1950, the centre of the Committee's activities in the Indian Peninsula changed from Kashmir, where it concentrated its efforts almost exclusively in 1949,² to Bengal.

The disturbances in Kashmir had died down, but a two-way flight of refugees which began in Bengal almost led to war.

We shall refer briefly to the Committee's work in Kashmir before turning to deal in more detail with Bengal.

Kashmir

The Committee supplied medical relief to the Kashmiri refugees in Pakistan and Azad Kashmir. A first consignment, in May, included seven first-aid and two gynaecological and obstetrical outfits, worth 12,500 francs. In August, two mobile X-ray outfits, worth 17,800 francs, reached Karachi.

In Indian territory and in the State of Jammu and Kashmir, refugees received, in July, some 2,600 kilos of medical supplies,

¹ An inset reproduction of this address was made in the July 1950 number of the *Revue internationale de la Croix-Rouge*. See also p. 25.

² See *Report* for 1949, p. 86.

worth 50,000 francs, and including obstetrical, gynaecological and midwives' outfits, microscopes, and laboratory material, standard analysis outfits, and other medical equipment.

In December, two Delegates visited Yol and Jammu Camps, which still held 35,000 refugees, and the Srinagar district, where there were a number of displaced persons.

Corresponding visits were made to Pakistan the following month.

Bengal

When the separate States of India and Pakistan were set up in 1947, Bengal was divided into Western (Indian) Bengal and Eastern (East Pakistani) Bengal. The population of West Bengal is about 22 million (seven million in the capital Calcutta), with a Moslem minority of four millions. In the neighbouring parts of India—Assam province (population ten millions) and Tripura State (population 600,000)—there are 400,000 Moslems. East Pakistan, with its capital of Dacca and the port of Chittagong, has 45 million souls, with a Hindu minority of 12 millions.

In contrast to what happened elsewhere—especially in the Kashmir Valley—the situation stayed remarkably calm in Bengal until 1950. It is impossible to say where exactly the troubles began, but from the beginning of the year, murders and reprisals occurred on both sides until, finally, there was a state of panic almost everywhere.

The Hindus living in Pakistan, believing themselves in danger, tried to get to India. Those in the South-East, around Chittagong, unable to leave for Calcutta by sea, were obliged to use the trains, or the canal steamers in the centre of Pakistan. This route is, however, long and dangerous. The refugees reached the frontier at about 90 miles north-east of Calcutta, whilst Hindus in South Pakistan travelled to India by a road running some 60 miles north-east of the city. These two points are almost the only passages between Pakistan and the South of Western Bengal. In the North and North-East, the Hindus travelled in the direction of Cooch Bihar and Assam; in the East, they took refuge in Tripura State. In this way, over a million Hindus fled from Pakistan.

Moslems from around Calcutta reached Pakistan by the two routes just mentioned, or left Assam and Tripura State for North and East Pakistan. Almost a million Moslem refugees sought asylum in Pakistan.

Thus, two opposite streams of refugees, Hindu and Moslem, crowded the frontier passages, both having often to put up with vexatious treatment. The stories they told later helped to increase the tension, which continued to grow dangerously. Soon, ten thousand persons were crossing the frontiers daily.

The ICRC Delegates had an opportunity of seeing these refugees in Western Bengal, Assam, Tripura State and Pakistan. Once more, they witnessed a pitiful exodus of homeless and starving men and women, mourning the parents and lands which they did not hope to see again. At each frontier it was the same painful spectacle : gaunt and weary refugees, dropping from exhaustion once across the frontier.

More than two millions had to be fed and assisted. The Governments took up the problem ; so did the numerous relief societies, eager to help, though their organization and resources were totally inadequate to meet the situation. Local Red Cross units took the care of children as their special field, but very soon milk supplies were exhausted. Public health safeguards were practically non-existent. The authorities had sent doctors, but there were scarcely any nurses. There was no decrease in the number of fresh arrivals. The hastily improvised camps were quickly overcrowded ; proper camps had to be organized, but were in turn filled in two or three days. Refugees were accommodated in former British barracks.

In these circumstances, the Governments of India and Pakistan appealed early in March to the Committee. The heads of the two States, in an effort to restore confidence to their minorities, addressed themselves to Geneva as a neutral and impartial intermediary.

The Committee arranged for a mission to travel at once to Karachi and Delhi and review the situation with the authorities. Their arrival eased the tension. Shortly afterwards the two Prime Ministers concluded, on April 8, 1950, a Minority Agree-

ment¹ which says much for the conciliatory spirit of both Governments. It begins: "The Governments of India and Pakistan solemnly agree that each shall ensure to the minorities throughout its territory, complete equality of citizenship, irrespective of religion, and full sense of security in respect of life, culture, property and personal honour, freedom of movement within each country and freedom of occupation, speech and worship, subject to law and morality."

The gesture of the two Presidents, Shri Jawaharlal Nehru and Liaquat Ali Khan, prevented war; calm was gradually restored, the flight was stopped, and refugees even began to come back. The effects of migration on so large a scale did not, however, pass overnight. Each State had to feed, shelter and care for the refugees in its territory, pending their settlement.

The Committee was asked to co-operate. To make the most of what resources it had, it decided to concentrate on medical assistance.

The mission was led by Dr. R. Marti, Medical Adviser to the ICRC, and included three Delegates and four medical teams, each composed of a doctor and two nurses. Two teams went to India and two to Pakistan; they started at once to set up hospitals.

The first team went to *Dhubulia Camp*, in West Bengal, containing some 60,000 refugees. With the help of the authorities, it set up and fully equipped a forty-bed children's hospital, a child clinic which dealt with hundreds of patients daily, a canteen for the distribution of food and milk, a twenty-bed child welfare centre, where infants were looked after and the mothers given elementary instruction in hygiene, and infant welfare. The Committee's representatives faced a heavy task. Great numbers of children were undernourished and needed a more rational and substantial diet. At the same time there was constant discussion with the authorities on questions of infant feeding and hygiene.

¹ For the full text, see *Supplement to the Revue internationale* June 1950, page 106.

In November, the President of India, Dr. Rajendra Prasad, visited Dhubulia Camp. He was much interested in the work done, and asked the Delegate in charge to convey his thanks to Geneva.

The second team set up a forty-bed children's hospital at *Agartala*, capital of Tripura, and a dispensary, and gave courses in home nursing. The situation of refugees in Tripura raised particularly difficult questions for the authorities, because the State is almost entirely cut off from the rest of India, and the only communication routes are across East Pakistan. The Committee offered to act as intermediary in arranging the transfer of refugees for settlement in other Indian States, and the transport from India to Tripura of the material necessary for opening up new land. Fortunately, the refugees began to go back to their homes on the other side of the frontier, and the authorities were able to settle the others.

The third team went to *Kurmitola Camp*, in the centre of East Pakistan, and set up a forty-bed hospital for children and adults, a dispensary and a milk distribution centre.

The fourth team was sent first to *Lalmanir Hat*, in the North of East Pakistan, in an area far from any reasonably-sized town, where there were large numbers of refugees living in precarious conditions. Just as the hospital centre was ready to operate, most of the refugees went back to Assam. The team was accordingly withdrawn to *Sholoshahar Camp*, near Chittagong, where it opened a hospital and dispensary.

Each of these centres, set up entirely by the Delegates and nurses, distributed medical supplies to the value of more than 200,000 francs. They helped especially to look after the health of children, who had perhaps suffered most from the exodus and its consequences; thousands of them were enabled to get back their health.

A general and continual improvement in the situation made it possible for the Committee to decide, with the agreement of the Governments, on the withdrawal of the mission on December 15, 1950, after arrangements had been made that the work be taken over by the authorities in the different States.