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Revisiting Public Health & Politics in Colonial India: A Scoping Historical and Literary Synopsis of The Bengal Famine of 1943 in Light of COVID-19

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Abstract

With mass hunger, sickness, poverty, and suffering rising throughout the world due to a large-scale public health crisis in the COVID-19 pandemic, questions about management, relief, and policy bring attention to the Bengal Famine of 1943. This research evaluates the devastating famine, a story of colonial mismanagement and neglect that led to the death of millions in the Bengal region of modern-day Bangladesh and eastern India. This research aims to evaluate the facets of colonial rule and governing bodies that resulted in the famine, Indian and Bengali responses to the famine expressed through various artistic mediums, and the lack of proper public health policy and medical infrastructure that caused one of the largest preventable public health crises in recent history. Overall, this paper aims for a deeper understanding of how malpractices in colonial governance, lack of fitting healthcare practices, and the large-scale suffering of the Bengal Famine of 1943 resulted in changes to modern, post-famine social policy in India, international public health, and perception of the British Raj.

Keywords: South Asian Studies, Literature, Public Health, Political Anthropology, History

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Introduction & Methodology

Looking at various forms of publications and empirical studies in hopes of deciphering the main causes and stimulants of the Bengal Famine of 1943, we hope to explain the reasons for why the famine began and escalated, specifically focusing on the quality and method of governance of the existing political system and the management of the public health and healthcare institutions of the time. We will follow this analysis by going on to examine and explain the reactionary wave of new subaltern literary, cinematic, and artistic work.

From our initial literature review, extraction, and analysis, we looked at arguments, papers, and multimedia publications from a variety of perspectives without having any preconceived biases. Our goal in this research was to ultimately follow an inductive method of reading, analysis, understanding (Tauger, 2009), and lay the information for the readers to understand different sides of the event. For the journal articles and scholarly texts used in the paper, peer-reviewed literature and certain grey literature were used; the grey literature consisted of news reports and encyclopedia articles. Released movies, published books, contemporary podcasts, documented interviews, and interview transcripts were considered as the other forms of publications for the analysis of the Indian and Bengali literary responses.

Background: Colonial Rule in the Subcontinent and Bengal

The effects of British imperialism, the corporate conquering of India, and the subsequent colonial governance of India become the backbone of Subaltern studies and an important part of what is considered South Asian studies. A myriad of problems, events, and discussions in the Subcontinent can be traced back to the rules, ideas, and governments that

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the British established in India. The same is undoubtedly true for Bengal and the Famine of 1943, as Henrike Donner says, “The history of Bengal has been marked by discourses on politics since the colonial encounter, during which this former presidency became the capital of the British “raj,” (Donner 2013: 310). William Dalrymple mentions in his treatise on the East India Company, that “the first serious territorial conquests began in Bengal in 1756,” (2019: xxv). Understandably, with having the longest colonial history in India, Bengal’s politics and social mores have been heavily impacted by the English. However, this impact was not positive, since the East India Company did not have Bengal’s future or it’s people in mind, as “the Company’s rule quickly turned into the straightforward pillage of Bengal, and the rapid transfer westwards of its wealth,” (2018: xxviii). During the onset of the East India Company, Bengal had suffered through a war, a famine, and heavy taxation which led to “Bengal’s wealth rapidly drain[ing] into Britain, while its prosperous weavers and artisans were coerced ‘like so many slaves’ by their new masters,” (2019: xxviii)

After becoming one of the first Presidencies of the East India Company by force, Bengal’s political and social culture began to change. Notably, “throughout the colonial period Hindu and Muslim elites expanded their hegemonic hold over lower classes through their participation in the emerging public sphere, and this engagement led to nationalist claims for sovereignty, which were formulated because of distinct communal and regional cultures in the late colonial period, (2013: 312). Not only did the British rule encourage division between religious groups leading up to Partition, as it is often understood, but they laid the groundwork for many other social and humanitarian problems. Donner asserts that “colonial power framed the transformation of the region notably through the ‘Permanent Settlement Act’ (1793), which

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made *zamindars* (landowners) liable for tax collection amongst villagers and gave rise to Calcutta as a centre of trade and industries," (2013: 312) and which influenced the way suffering in the famine was experienced, as will be shown later. Colonial rules' effects on class, interreligious harmony, and law are all crucial in the study of this famine.

British Perceptions & Colonial Mismanagement

From our findings, it becomes apparent that the famine and its negative aftereffects stemmed from a lack of fitting colonial policy. While some argue for readers to broadly view the famine without nationalistic biases and preconceived arguments (Tauger, 2009), the consensus among writers, academics, and politicians argues to pin lackluster British rule as the famine's main cause. As it will be shown, the famine's magnitude and effects continue pointing towards inadequate policy responses from both the external colonial system from Britain and the internal ruling by the British-controlled government in Bengal.

Looking at recent geophysical empirical data, it is evident that the sole famine that was not directly caused by drought in India was, in fact, the Bengal Famine of 1943 (Mishra). This novel evidence points that this was the only major famine in the last 150 years in India that was not caused by drought, but rather it was "man-made," resulting from the "complete policy failure" of British rule (Sen, 1977). Coupled with the inadequate health care systems and infrastructure, this famine was met with disease outbreaks of malaria and cholera, crippling the Bengal population long after India's independence from British rule.

Despite being aware of the responsibilities of managing the famine, especially after having received clear instruction of the famine from Delhi, the Imperial and British-ruled Indian governments made no efforts to ensure proper relief, but instead forced a competitive

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distribution provision intended to “shortfall rural purchasing power” (De, 2006). Examples of the severity of increased food prices in rural areas could be seen within the staple crop in the Bengal delta: Rice. During the famine, the price of a mound of rice increased nearly 275% on average where some unofficial accounts have listed 780% increases (1977).

From an international perspective, Britain’s Prime Minister Winston Churchill ultimately sacrificed the people of Bengal for his well-known disdain for the race, and for what he, along with the support of US President Franklin Roosevelt, unjustifiably thought was vital to winning WWII (Hickman, 2008). Additionally, India was excluded by Churchill’s government from the UNRRA where countries affected or displaced by the war were fed; instead, European and other East Asian nations were prioritized (2008). Shashi Tharoor, in his *Inglorious Empire,* gives a scathing critique of Churchill’s response, painting a picture of a leader that was arrogant, racist, and callous, a leader who, instead of taking action, would ridicule Indians and blame the Bengalis when told about the famine’s severity *(*2017*).*

Background: Nature of Public Health in Colonial India and Previous Famines

The study of public health in Bengal during and after the famine of 1943 is incomplete without first taking note of public health policy during the British Raj. A hallmark of colonial rule, British public health policy largely focused on “protecting British civilians and army cantonments,” (Das 2005: 5160). Whether or not this was due to fear of Indian reactions to colonial policy or due to a desire to save money is disputed, however with either holding true, it stands that the public health put in place by British imperialists was self-serving. For example, British camps had wider streets and separate from Indian living quarters. Notably, many urban

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populations were able to share in some benefit of British policy, but rural areas struggled to prevent disease (2005: 5160).

Despite the lack of concern for its Indian citizenry, "colonial authorities built impressive capacity for public health services" that contributed to tropical medicine research, the set-up of sanitation departments and inspectors, public health law and policymaking (2005: 5160-5161). These improvements and services, however, were not experienced by many Indians, as sanitary commissioners often had to "lobby the higher administrative authority to expand the scope of the sanitary procedures undertaken for non-priority populations," (2005: 5161).

Das' argument is reflected by Joana Simonow in her analysis of famines during the colonial period. She writes, "While the idea of providing relief and assistance in times of need and distress certainly did not arrive on the subcontinent with the British, the colonial period nonetheless saw the institutionalization and bureaucratization of famine relief, and the development of a particular set of response mechanisms and practices designed to identify who should receive assistance, when and how," (2015: 1). Additionally, during the early colonial period, the institutions in place to help those suffering hunger from famine were extremely limited, as the British regime was heavily influenced by *laissez-faire* economics and free-market policy that promoted the idea that government relief and involvement should be limited (2015: 4-5). The relief that was given often involved putting victims through tests that checked if they "deserved" food, i.e, seeing how far they walked for food, how hard they were willing to work for food, and whether or not they needed food so badly that they would live in undesirable conditions (2015: 4).

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Throughout the colonial period, the British had lackluster, almost nonexistent responses to multiple famines including the Bengal famine of 1770, a North Indian famine in 1837 and 1838, and a famine in Orissa in 1866 and 1867 (2015: 7). Famine relief in Bihar in 1874 had an improvement in management and outcome, however it was criticized for spending, leading to a return to poor famine relief. This return caused a succeeding famine in Madras and Bombay, one that became a disaster spanning vast regions of the Subcontinent, to lead to the death of millions where once again, the hungry, in order to participate in public works projects, "needed to travel at least ten miles and had to show signs of complete physical exhaustion upon their arrival." For those allowed to participate, wages were still not enough to prevent mass death (2015: 7).

Widespread outrage at these famines in both India and England, and analysis of famine relief throughout the late 18th and entire 19th century led to the establishment of the Famine Code in India which "in more than 300 pages, the report outlined a system of relief focused on the creation of public works for subsistence wages for victims of famine still able to work, and the provision of 'gratuitous relief' for people too weak to work. Local relief mechanisms were put in place as early warning systems, using indicators including population and livestock movements, food prices, levels of social unrest and crime and the availability of credit," (2015: 8). Unfortunately, "the Famine Code did not foresee market intervention as forming part of future famine management," and Sinowna argues "[the Famine Code] failed to reduce high mortality rates in the famines of 1896–1901 and 1943," primarily because of "the general rejection of trade and market regulation as a potential instrument of famine prevention," (2015: 7,8). Our research supplements this argument, as we will further show, the denial of

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allowed imports of rice to Bengal in 1943 becomes an important part of prolonging inflation and famine.

Public Health Consequences of the Famine

During the famine, despite having adequate rice harvests, an estimated 3.5 million Bengalis died due to starvation and the resulting diseases and other conditions like diarrhea and dysentery, a figure worse compared to other similar events at the time; an estimated 3.3 million Soviet prisoners died of starvation and disease when held in German custody from 1940-1945 and an estimated 3.2 million peasants died due to famine in Ukraine and Russia in 1932-1933 (Hickman, 2009). Affecting mainly lower-class groups such as fishermen, transport workers, and agricultural laborers, the Bengal Famine in essence was 'a rural phenomenon" where urban areas, particularly Calcutta, were sequestered from the increased food prices and overall famine by better governmental services and financial management via "subsidized distribution schemes." (Sen, 1977).

The famine's effects were levied differently across ages, genders, occupations, and geographies. People from rural areas faced the brunt of the famine's effects with the "agriculture" and "trade and craft" occupations facing the largest economic deterioration. Looking at gender, the proportion of destitutes was significantly greater among women than men with younger age groups making up the largest population of destitutes. Comparing mortality rates by age, the famine most notably affected older children and adults in rural areas with large proportional mortality increases, while in urban areas, infants, young children, and the elderly experienced relatively large proportional rises in mortality (Maharatna, 1994). The

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differences in economic destitution created a “serious socio-economic problem” as rifts in class, wealth, and health would continue even much past the famine (Mahalanobis et al., 1946).

Lack of adequate finances in colonial health systems further stimulated the famine and accompanying disease outbreaks; low traveling allowances, minimal salaries of district health services providers, and little surveillance measures allowed for the famine to exponentially worsen without proper public health action (Roy 2018). With the famine worsening, cholera and malaria outbreaks quickly struck impoverished areas with ineffective maintenance services and a lack of mass inoculation campaign responses (2018). Looking at a study analyzing the parasitology of malaria among destitutes in Calcutta (Kolkata) during the famine in 1943, the positive incidence rates of malaria were significant and volatile.

Looking at a study analyzing the parasitology of malaria among destitutes in Calcutta (Kolkata) during the famine in 1943, the positive incidence rates of malaria were significant and volatile. Looking at a time frame between September 25, 1943, and December 21, 1944, there was an average incidence rate of 33.1%; during the worst months of the famine, the incidence of malaria rose to 44.0% in December 1943 and a year later, malaria incidence reached a peak of 51.7% in November 1944, showing the consequences of common, familiar subcontinent diseases such as malaria exacerbated by the famine (Gupta, 1945, 160).

Public Health Responses and Movements

With the Famine worsening and its resulting death toll rising, the Provincial Government of India established a Famine Inquiry Commission, for the “fourth time in its [then] history,” in order to investigate the central causes of the famine, combat the famine, and be prepared to prevent future instances of such famines (India, 1946, 171). Intended goals of the response and

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prevention model of this Commission included “improving the diet of the people and the quality and yield of food crops” and “improving the system of administration in respect of the supply and distribution of food, the provision of emergent medical relief and the emergent arrangements for the control of epidemics in famine conditions in those areas and in those aspects in which the present system may be found to have been unsatisfactory" (171).

Besides government relief, private forms of relief such as voluntary, public, and non-governmental initiatives during and after the famine played pivotal roles; for example, the establishment of the People’s Relief Committee (PRC) in 1943 was a significant step forward. During the famine, the PRC built a medical board, sent a demand letter to Governor-General Archibald Wavell for relief to handle the famine, and “stood by the people” by working closely with the people to face their struggles in obtaining necessities such as proper food, clothing, shelter, and combat against outbreaks of “cholera, malaria, tuberculosis, pneumonia, and smallpox” (Malakar ,113). Besides the famine, the PRC truly stood by the people as they had an “inseparable relationship” (13) with the Bangiya Pradeshik Kisan Sabha, who were responsible for helping with a large peasant revolt in Bengal in 1946.

Other private forms of relief included major voluntary organizations such as “ the Ramakrishna Mission, the Bharat Sewak Sangh, the Friends Ambulance Unit, the Indian Red Cross and the Marwari Relief Society” (Simonow, 2015, 15). These organizations aided in establishing relief centers, distributing food products such as dried milk for nursing infants, and establishing fund-raising campaigns. Additionally, NGOs established hundreds of gruel kitchens in rural districts and around 40 gruel in Calcutta (15). Quantitatively, the Ramakrishna Mission provided relief to around 1200 villages, 22 towns, and over 130,000 at the famine’s peak, while

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the Marwari Relief Society distributed over 1.4 million rupees worth of food, clothing, and medicine (15), a value worth over $6.7 million in 2021.

With memories of the Bengal Famine of 1943 still fresh in the minds of its citizens in the years after the famine's onslaught, the famine served as a powerful, even pivotal role for the opponents of the British raj. The British government's failures in helping to effectively respond and combat the famine and its aftereffects was a significant reason for Indian nationalists' demanding for independence (Siminow, 2015, 15).

With greater political and social awareness of the causal events of famines during the British raj, newfound efforts were put in place after independence to combat future famines by confronting pre-famine colonial techniques, inefficient relief disbursement, and lack of assistance protocols. While the traditional causes of famines such as annual crop failures continued after independence, policy and structural changes in resource allocation, planning, and famine management resulted in less significant effects where local food shortages could be greatly restricted with the "organization of public works" and large-scale, country-wide shortages could be resolved with "organized large-scale [food] imports," relief programs, and "food for work programs" (Siminow, 2015, 15).

For large-scale public health and healthcare structural issues, the Indian government hoped to fix these issues and their infrastructure via a government-financed system where health services would be expanded beyond urban-centered health services. In 1946, the Bhore Committee report suggested a "national health system for comprehensive preventive curative allopathic care." Additionally, post-independence, movements such as the movement for

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Student Health Home were established in 1951 to make students cognizant of their health and empower the next generation (Malakar, 13) and more government-run hospitals were built.

Since the Bengal Famine of 1943, greater efforts by the Indian government in improving public health practices, preventative disaster methods, and greater access to healthcare have greatly improved the standard of health in Bengal and India. As of 2011, the life expectancy has grown to over 60 years in comparison to 37 years at birth during the time of the famine (Patel, 2011, 448). However, with the disastrous effects of the recent COVID-19 crisis in India and the existing nation-wide malnourishment and hunger in the country, especially among the children, there is still much to be desired of the current political and health administration in India.

Discussion: Present Historical, Public Health, and Political Significance with the Famine

In recent times, it has become apparent that the Bengal Famine of 1943 draws striking, yet unfortunate similarities to the Indian parliamentary government responses and lack in medical infrastructure and coordination during the rise of the COVID-19 pandemic in India in 2020- 2021. The impact of this pandemic on Indians has been heavy, especially on laborers and those faced with food insecurity (Mishra, Rampal 2020). Having one of the world's strictest lockdowns, India was able to slow the transmission of the virus, but was also unable to provide for working classes, given this, Mishra and Rampal write, "For India's poor, the choice has been between death by COVID-19 or hunger," (2020). An editorial by the *Lancet* mirrors this analysis, arguing that the lockdown was a strong start for India's COVID-19 response, however because of the government's policy, "income fell dramatically, hunger increased, and many migrant workers walked long distances home" while data on COVID-19 cases and deaths "has been questioned," (2020).

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At the peak of the COVID-19 pandemic in India, the nation recorded a record number of cases at 414,188 new infections and experienced 3,915 deaths (Reuters: May 7th, 2021). Journalist Dhruv Khullar attributes part of India's difficulty in handling the pandemic to healthcare shortages namely, a lack of critical care specialists, half the global average of doctors per person, maldistribution of doctors between rural and urban areas, and a lack of hospital storage capacity for liquid oxygen, which caused Indian hospitals to struggle to provide oxygen to its patients (New Yorker: May 13th, 2021).

In a National Public Radio segment on the oxygen shortage in India, many of the healthcare issues mentioned in this section are attributed to "decades of neglect and lack of spending on public health in a country of nearly 1.4 billion people," (May 5th, 2021). While the pandemic persists in India persists, as of July 24th, 2021, according to the New York Times and Center for Systems Science and Engineering at Johns Hopkins University, India has reported 34,293,062 cases of the COVID-19 virus (2021). Of those affected, 419,470 have died. West Bengal has an average increase of 683 new cases a day with an average of 8.6 deaths (2021).

In a multitude of ways, the analysis of the COVID-19 pandemic in India, both in depiction by journalists and photographers, and in academic study, mirrors how the 1943 famine of Bengal was understood. Novelists and artists held the role of depiction that was stifled by the colonial government, and academics after Partition put time into understanding the causes, problems, and outcomes of the famine. Criticism of government policy, apparentness of a lack of public health infrastructure, widespread death, illness, hunger, and suffering, along with untold repercussions of how this tragedy will affect India are phenomena that are realities in both crises.

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In a reflection on the difficulty of this modern-day public health crisis, Julien Reiman of the Washington Post argues that United States President Joe Biden can be different to his earlier predecessor Franklin Delano Roosevelt who did not take action to assist the people of India during the Bengal Famine of 1943 (2021). Faced with Winston Churchill's policy of banning food shipments to Bengal and strongly opposing sending UNRRA relief to India, Roosevelt decided to not involve himself with Indian affairs because he thought "Anglo-American unity was crucial to winning the war," even more important than millions of Bengali lives (Reiman 2021). Reiman's column follows the success, albeit delayed, of bureaucrats within the UNRRA who were able to fight the cause of Bengal outside the judgement of Churchill and Roosevelt. Reiman argues that Biden can learn from these bureaucrats and overstep red-tape and laws surrounding vaccine exports to save more lives in India as soon as possible (2021).

Literary and Novel Responses to the Famine

Confronted with losing a sizable percentage of the population, the abject misery and hunger of millions, the lack of a democratic right to assembly, art and literature emerged as an avenue for protest and expression. Of those who did not suffer from a slow death, many still faced being hungry. Along these lines, historian Diya Gupta examines how the form of Bengali novel-writing is influenced by hunger (2020). In the wake of what is described by India's first prime minister Jawaharlal Nehru as "the final judgement on British Rule in India" and by Nobel-prize winner Amartya Sen as a "man-made catastrophe," Bibhutibhushan Bandyapadhyay published *Ashani Sanket* or *Intimations of Thunder* (Gupta, 2020).

Ashani Sanket tells the story of Bengali villagers navigating the famine, dealing with painful feelings of "*pyeter jwala*" or the burning of the stomach. Strong feelings of empathy and

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companionship emerge from the story and its characters, and Gupta notes, aptly, that *Ashani Sanket* appears to "anticipate Sen's economic insight in 1981," in that the tragedy was not a result of there not being food, but rather people not having food (2020).

Exploring similar tones of realism to demonstrate suffering, Amalendu Chakraborty wrote *Akaler Sandhane* or *In Search of Famine* where a dark picture of post-famine Bengal is shown (Bhattacharya, 2020). The story is about a film crew from Calcutta going to a village to make a film on the 1943 famine. This leads to the villagers "confronting their tragic past… to evaluate their current conditions," (2020). This metafictional work which explores the same themes as Bandayapadhyay's *Ashani Sanket* a few decades later, is effective, Bhattacharya argues, because its narrative "compellingly corresponds to the historical tensions of posterity in a post-famine postcolonial society."

The nuanced exploration of an urban film crew attempting to portray truth for a rural village's former suffering raises its own questions about class, realism, and reality in a society that is recovering from a tragedy (Bhattacharya, 2020). *Akaler Sandhane*, though different from the detailed conversations about an ongoing war and lack of food in *Ashani Sanket,* gives one an insight, however removed they may be, to the long-lasting nature of the suffering of common Bengalis in 1943. The realism which permeates through these two stories and in Ray's movie is present to both the average reader and the academic. However, what specifically informs this realism is explored in depth by Sourit Bhattacharya in his essay on Bhabani Bhattacharya's novels written about the 1943 famine (2016). Sourit Bhattacharya analyzes the novels *So Many Hungers!* And *He Who Rides a Tiger* while considering the educational

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background, social circumstances, and interviews of Bhabani Bhattacharya around and after the time of writing (2020).

Sourit Bhattacharya argues that Bhabani Bhattacharya's writing was influenced by his time spent pursuing journalism and a Ph.D. in history, alongside being surrounded by left-wing socio-political and literary movements (2020: 45-47). As such, when he began to pursue creative writing, his novels were informed by this past experience. This experience allowed Bhabani Bhattacharya, in *So Many Hungers!* to write a novel that "long before the critical studies of the 1943 Bengal famine, the possible interconnections among capital, governance, geography, and disaster," (2016: 52). Bhabani Bhattacharya showcases the horror of such interconnections through bleak descriptions of hunger, death, and misery and with his journalistic writing demonstrates his "expertise in ethnographic documentation and his artistic rage in confronting the sudden futility of life," (2020: 53). Babli Sinha, while exploring how trauma is represented in Bhabani Bhattacharya's novels argues that in *So Many Hungers!* Bhattacharya "counters bureaucratic representations of a passive, humble population accustomed to poverty by featuring individuated characters with a realist aesthetic," (2020:69)

In Sourit Bhattacharya's analysis of *He Who Rides a Tiger,* a novel which follows a lower-caste blacksmith who is called Kalo, meaning black in Bengali, and struggles to be respected in society, he argues that the Kalo's already constant experiences belittlement and mistreatment due to his skin color and caste become worse in times of famine (2016). Imagining what Kalo must be thinking while being asked why he had to live by a government official, Sourit Bhattacharya writes, "Nobody cares for the poor and lower castes and in times of famine, they become additional, expendable, insignificant bodies. He could always die; hunger is

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everywhere, and many people die every day. Why does he not?" (2016: 58). In light of this moment, Sinha's analysis of *He Who Rides a Tiger* is apt, as she describes the story as linking "the Bengal famine and caste, exploring the system of signification that transformed' people of low caste into non-persons vulnerable to death by starvation in an expression of biopower," (2020: 69).

In this story, as Sourit Bhattacharya helps make clear, there exists a commentary on society outside of the ultra-realistic depictions of human suffering. Bhabhani Bhattacharya illustrates to his reader how social factors, including political, religious, physical, and economic, impact human hierarchies (2020). This form of literature not only analyzes the past but provides a framework for which society can work through disaster and begin to work toward change. Realist reflections on the past reveal an inherent desire for change, particularly a change that empowers the oppressed and working classes, which is made clear through all of the novels mentioned thus far.

Artistic & Cinematic Responses to the Famine: Zainul Abedin and Satyajit Ray

Realism in writing encourages the reader to imagine the circumstances presented by the author. This process requires a certain amount of focus and attention. While realism in art also encourages imagination, it often commands it. The reader is brought, by force, to focus on the circumstances presented, meaning the art is drawing attention rather than requiring it. This can be seen in Zainul Abedin's realist paintings of the 1943 Bengal famine. One such painting is of an emaciated Bengali family that is strikingly harrowing. A mother, a father and a child are depicted in thick, yet worn out black strokes of ink on a yellowed piece of paper. The family is lightly clothed, with the child having nothing on, allowing the viewer to see what appears to be

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starvation bloating. The malnourished child is held by his also starving mother who puts a reassuring hand on his head, while the father walks ahead of them holding a hollow bowl hoping for either food or money for his family (Abedin 1943).

In an essay on the professional life and works of Zainul Abedin, Sanjukta Sunderason affirms the importance of realism in his work and on his influence as an artist throughout the Subcontinent (2017). Exhibiting human misery on a daily basis, "The famine thrust Abedin into a new form of realist visualization, as he encountered along his daily route those who were destitute, competing with dogs and crows for morsels from garbage bins," (2017: 9). This thrust into realism had almost a permanent effect, with memories of the famine impacting his artwork and views on art itself, not without criticism. "Abedin's commitment to realism was a point of contention in postcolonial Dhaka.

His overt stress on realism and folk imagery was increasingly being opposed by a rising trend of individualistic, non-figurative art championed by Abstract Expressionism," (2017: 13). Despite some opposition within the art community, Abedin stuck to his principles, as Sunderason writes, "Realism was Abedin's defining aesthetic," which meant he would come back to his art of the Bengal Famine time and time again (2017: 13). This can be seen, Sunderason argues, with the paintings that came out of Abedin's visit to see Palestinian war refugees (2017: 15). There exists much to be said about how the sheer amount of hunger, death, and struggle in the Bengal Famine engenders such strong expressions of empathy and pain through realism across various mediums, time periods, and languages. Abedin's thick black strokes are one of the clearest examples of this.

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Surabhi Bannerjee, a biographer of Satyajit Ray, describes the director as a "master of all the Muses, a film director, a designer, and illustrator, a music composer and a creative writer… in practice a living paradigm of the multiplex interrelations of art," (1996: 3). Bannerjee, aside from lauding praise on his many skills, points out both the humanism and realism present in his creativity (1996). The wide-ranging talents of Ray as well as the guiding philosophies that influence his work make him worthy of attempting to depict the Bengal famine of 1943. Through his film, *Ashani Sanket*, a direction of our earlier-discussed novel, Ray "brought alive, with sensitivity, the misery inflicted by the Bengal famine of 1943," (Azad & Khanum 2015: 258).

Ray's direction of Ashani Sanket provides one an insight into the famine that cannot be understood by books alone. The film masterfully documents the onset of the famine in a Bengali village. The story centers around the newly rural lives of Gangacharan Chakraborty and his wife Ananga. The film begins with a depiction of a comfortable rural life filled with swimming, pot-carrying, greenery, and cheery conversation (Ray 1973: 3:00-5:45). It then moves on to show what Gangacharan, known as *Pandit-ji, aims* to do after moving to the village. Being a Brahmin, and an educated man, he hopes to take on the role of a priest, teacher, and doctor in the village simultaneously (1973). He is kind to whoever he comes across, but his opportunism is clear, and he is not as giving as his wife. His pursuits are going well until a starving man comes along, complaining about the rise in the price of rice, who effectively mirrors the economic analysis of the scholars discussed in this paper (1973: 24:25-24:49). From this point on the film takes a dark turn and begins a slow descent into the chaos that the 1943 famine was.

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Impressively, Ray's direction engenders empathy for not only the victims in the film, but for anyone who had to live through 1943 in Bengal. The descent begins with stealing and rioting at a rice shop and continues towards a greater presence of starving human beings (1973). After the widespread presence of hunger is established, Ray skillfully depicts the moral depravity of those taking advantage of those affected by the famine, social deterioration, and the misery of the victims. This includes widespread death, desperation, skepticism, and sexual abuse. These scenes, both painful and powerful, mirror the effect of the famine on life in Bengal by altering the course and feel of the movie. Stills become darker, the music more ominous, and the characters more stressed (1973). Starvation, death, and social chaos ravage a formerly serene province that had an ample food supply.

Discussion: Contemporary Popular Discourse

The Brown History Podcast is a podcast series made by the organization Brown History that focuses on showcasing stories from the Indian Subcontinent that highlight important persons, historical events, and social trends. The podcast has extended its work and reached many with more than 18,000 followers that delve into South Asian history with experts and personal anecdotes, while also having a large social media following on Instagram (@brownhistory) with over 559,000 followers as of July 2021.

Episode 21 of the podcast focuses on the Bengal Famine of 1943. The conversation begins with the host Ahsun Zafar, an electrical engineer who heads the @brownhistory project, and his guest professor Janam Mukherjee, author of *Hungry Bengal,* about their own South Asian backgrounds. They then progress into talking about how the Bengal Famine is a great learning moment for those studying colonialism or British imperialism. Zafar asks Mukherjee

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about the scale of the Famine and Mukherjee makes a point to emphasize the centralization of suffering because of colonial policy “By the first few months of 1943 people were absolutely starving to death in broad daylight sand leaving their villages in huge numbers and trying to get to somewhere where they could find resources and really because of the colonial system that meant Calcutta… All these starving people started descending in Calcutta,” (13:40-14:28).

Almost mirroring our own study of the famine, Zafar asks Mukherjee about the role of Winston Churchill in the Bengal Famine. Mukherjee states that he was definitely to blame. He reminds the listener that Churchill had a particular “feeling” about Bengalis because Bengal was often the center of anti-imperial movements. He asserts Churchill’s “famous” hatred for Indians which he states is something Churchill said himself. Importantly, Churchill’s role becomes extremely important in late 1943 once famine had been broadcasted and the world recognized it; there were efforts by the war cabinet to send in imports of rice to lessen the impact of rice hoarding, rice shortage, and rice-related inflation, however “Churchill repeatedly blocked imports that could have broken the inflationary cycle.” Mukherjee does note, however, that “his role is exaggerated in some ways: [the notion] that he kind of masterminded famine or that he is a prime culprit -- it misses the complexity of the situation,” and blame is also placed on Indian industrialists (2021: 20:47-23:30).

The conversation moves forward on the impact of communalism on relief and how the famine had an impact on Partition in Bengal. There is then a discussion about how suffering and religious tensions are analyzed differently and with less depth in Asia and Africa, than in Europe (2021: 27:45-32:30). These discussions tie in the complexity of the Famine as both a historical reality and a case study of injustice under colonialism. At the 35:00-minute mark and in the final

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moments of the podcast, Zafar and Mukherjee mention the relation of the Bengal Famine of 1943 and its relation to the COVID-19 pandemic and lockdown. Death, hunger, stress felt in the millions across India and Bengal, once again brings back painful memories, but also emphasizes the importance of studying the Famine. Mukherjee states that he would have never imagined his research "would be as important to the present as it is right now," (2021: 46:40-49:00).

Conclusion

In search of a deeper understanding of this famine, we first considered the failures of British colonial rule. From the onset of British corporate colonialism through the East India Company's pillage of Bengal, to the harsh wartime policies of Winston Churchill, and to the public health approach adopted by the British Raj, we traced a pattern of disregard for Indian lives and their wellbeing. Furthermore, we focused on the fractured health care systems and other geographic and socioeconomic markers of inequality in Bengal and their impact on the famine. This included studying hospital infrastructure, public health markers and statistics, as well as presenting varying and leading arguments for causes of the famine. Importantly, we considered works published by Bengali artists, filmmakers, and writers both a few years and a few decades after the famine. The movies, novels, and sketches conceived in the wake of the famine provided a medium for realism and humanist expression that allow one engaging with to experience empathy for the victims and horror at the sheer scale and gravity of human suffering. We also showcased modern discussions on the famine and the connection that is made between the COVID-19 pandemic and the Bengal famine of 1943, insofar as it relates to public health crisis management, large scale loss of human life, and academic dissection by

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experts. Ultimately, these pursuits aimed to provide insight into the widespread and staggering experiences of human suffering during the Bengal Famine of 1943.

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