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A change of heart? British policies towards tubercular refugees during 1959 World Refugee Year

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Abstract

This article looks at the Britain's response to World Refugee Year (1959/60), and in particular government's decision to allow entry to refugees with tuberculosis and other chronic illnesses. In doing this it broke with practice established by the 1920 Aliens' Order which had barred entry to immigrants with a range of medical conditions. This article uses the entry of these sick refugees as an opportunity to explore whether government policy represented as much of a shift in attitude and practice as contemporary accounts suggested. It argues for the importance of setting the reception of tubercular and other 'disabled' refugees in 1959-61 in its very particular historical context, showing it was a case less of government thinking differently about refugees, and more how, in a post-Suez context, government felt obliged take into account international and public opinion. The work builds on and adds to the growing scholarship surrounding refugees and disease, as well as placing the episode within the specificity of the post-war changing epidemiological climate, the creation of the NHS and the welfare state more broadly. In looking too at the role of refugee organisations in the Year, the article also contributes to debates over the place of voluntary agencies within British society.

Key words: refugees, tuberculosis, state, voluntary organisations, welfare.

Introduction

In 1964 a local Sussex paper ran an article praising the contribution of refugees to Worthing's daily and civic life. It declared that the 'young man who collects your bus fare, or the woman preparing patient's tea in hospital may well be one of some 180 refugees who have become integrated within the pattern of Worthing society'. Two of the families the article focussed on were that of Ruben Kosharian, an Armenian, and the Szalays from Hungary. Ruben had arrived in Britain five years previously, having spent twenty years in an Italian displaced persons camp and who suffered from ill health. On arrival in the town he established a 'well-known Worthing restaurant', and was able to buy his own house. Imre Szalay, arrived in the town with his wife and three children, and had been able to find work in his profession as a railway engineer. However 'fears of tuberculosis were later confirmed and the next two years were spent in various sanatoria. He is now employed by Worthing Corporation on road maintenance'. This upbeat article ended with the comments of Mrs Marika Cleugh, the 'genial warden of Curwen House', the British Refugee Council's transit hostel in the town, who was quoted as saying, 'Far from becoming a liability on the town there people are now a definite asset'.¹

The arrival of refugees such as the Szalays and Kosharians in 1959 as part of World Refugee Year seemed to mark something of a turning point in Britain's attitudes towards and granting of entry to refugees from European displacement camps. Both these families contained members who suffered from prolonged ill-health, particularly tuberculosis, which would have automatically barred them from entry to the UK at any time since the passing of the 1920 Aliens Order. From this date immigration policy towards aliens was based on the principle of excluding those:

- 1) whose presence is likely to be a danger to the health of the people of this country, or;
- 2) who are likely to become a charge upon public funds, either by reason of their existing or probable future incapacity to support themselves and their dependents or because their condition is such as to render it probable that they will need treatment and care which they are unable to provide [from] their own resources.²

These guidelines ensured that even refugees who found either an individual sponsor or a refugee organisation willing to act as their financial guarantor, could be barred from entry if they suffered from one of a range of health conditions.³ This remained the case even in the context of the post-war refugee crisis, when it was estimated that the United Nations Relief and Rehabilitation Administration (UNRRA) was faced with the task of resettling twelve

* I would like to thank David Feldman and the four anonymous referees for their comments on an earlier draft of this paper, and the Wellcome Trust for funding the research (award ref: 097727/Z/11/Z).

¹ University of East London, The Refugee Council Archive (hereafter RCA), newspaper fragment, 'Refugees have become an asset', no title, 22 May 1964.

² The National Archives, Public Record Office, Kew (hereafter TNA: PRO), MH55/368 Aliens Order, 1920, Report of Sub-Committee appointed by the Ministry of Health, 1st proof, 12 Feb 1920.

³ These included 'syphilis, gonorrhoea, soft chancre in a communicable stage; pulmonary tuberculosis; leprosy; favus, ringworm, impetigo, scabies; trachoma; 'any skin disease' if existing 'in conjunction with other indications as to show chronic dirt tolerance'. See TNA: PRO, MH55/368 Aliens Order, 1920, Report of Sub-Committee appointed by the Ministry of Health, 1st proof, 12 Feb 1920.

million displaced persons spread across the camps of continental Europe.⁴ While theoretically all the Allied nations were committed to clear the camps as soon as was practically possible, very quickly alongside the administrative difficulties of working within over twenty languages and a similar number of governments, the developing politics of the Cold War stalled the clearance of the camps. Many refugees now demonstrated a reluctance to return to homes in the now Eastern Bloc, while the Allies were most interested in opening their borders to those would best fulfil their labour requirements, irrespective of their political background. And it was in this context that governments continued refusing entry to chronically sick refugees, particularly those with tuberculosis or venereal disease, despite the strong correlation between ill-health and concentration camp survivors..

Inevitably, the longer refugees stayed in camps the greater their chance of exposure to a range of diseases, as ‘overcrowding and malnutrition in the camps aided the spread of infection’, particularly of tuberculosis. Most countries willing to accept refugees as immigrants continued to exclude individuals suspected of being tuberculous and their families, with only Sweden (followed later by Norway, Denmark and Switzerland) accepting tubercular refugees.⁵ Britain’s ‘2000 Scheme’, launched in 1950, was far more typical of the attitudes of receiving nations. While agreeing to admit up to 2000 displaced persons ‘from the hard core cases in camps’ it insisted that:

there should be a strict medical examination by medical officers from the Ministry of Health to ensure that no refugee was likely to become a charge on the National Health Service. The medical examinations provided for the rejection of refugees who were suffering from diseases mentioned in the Aliens Order, which include tuberculosis.⁶

Consequently, by the mid-1950s while the camps contained diminishing number of people, those that remained often presented multiple issues:

Inevitably most of the young and healthy have got through, welcomed because of their strength, their training, their education represent an economic gain to the countries who accept them. The ones who stay, silted up to live long years in camps which were intended as merely temporary asylum, are the sickly, the maimed, the ‘socially’ unacceptable, and the ‘uneconomic units’

And it was not even that the conditions which barred them from entry were necessarily serious: inquiries on the medical questionnaire ‘for many large countries of possible emigration include requests for information on “the specific gravity of urine” and whether the applicant has ever “suffered from chilblains”’.⁷

As a result, by 1959 there were still around 110,000 refugees within Europe, of whom approximately ‘a third were physically or mentally handicapped’.⁸ World Refugee Year, to begin in June 1959, was an attempt in part to break through this deadlock.⁹ British Council

⁴ TNA: PRO, CAB 122/488, ‘Outline Plan for Refugees and displaced persons’, 20 Jun 1944, 8.

⁵ J. R. Bignall, ‘Tuberculosis and Frontiers’, *Tubercule*, Sept, 1960.

⁶ TNA: PRO, MH 58/696, Note, ‘Admission from Europe of refugees suffering from tuberculosis’, n.d.

⁷ K. Webb and R. Searle, *Refugees, 1960. A report in words and drawings* (Harmondsworth, 1960), 46-7.

⁸ J. R. Bignall, ‘Tuberculosis and Frontiers’, *Tubercule*, Sept, 1960.

⁹ It also aimed to raise awareness of Palestinian refugees, Chinese refugees living in Hong Kong, and elderly Russian refugees who had fled to China in 1917. For the genesis, scope and impact of World Refugee Year see

for Aid to Refugees publicity stressed how the British part of this initiative included new selection criteria which:

does not aim at attracting workers for particular jobs, nor does it select families suitable to fit into chosen homes – still less does it aim at resettling families who are either already integrated or shortly expected to be integrated. The object is solely to help those in greatest need...¹⁰

So the entry of Szalays and Kosharians and others from the World Refugee Year cohort seemed to mark a significant shift in government attitudes: of the 460 arriving in May 1960 ninety-one had been hand-picked by British mission doctors entirely on the grounds that they had a disability, chronic or long-term illness.¹¹ Rather than being denied entry on health grounds, they were now actively sought.

I

Recent years have seen scholars paying increasing attention to the long-standing association in popular consciousness and government practice in Britain, across its empire, and in North America, between various categories of ‘outsiders’ – immigrants, Gypsies, aliens and refugees – and disease.¹² These have shown how, although links between ‘aliens’ and disease were as well established in popular discourse as they were in immigration law, in fact the majority of the diseases on the proscribed list were endemic within receiving populations. Consequently, although tuberculosis was endemic within the British population, measures such as the 1920 Aliens Order helped to position it as a disease of outsiders.

There has been a similar growth in interest by historians in tuberculosis as well as infectious diseases generally, and also how they have interplayed with debates over immigration, ‘race’ and nationalism. Alison Bashford’s work in particular has ‘integrated the history of health and infectious disease control into the study of immigration and citizenship, presenting them as part of the legal and technical constitution of ‘undesirable’ entrants’.¹³ Her consideration of Australian immigration policies in relation to tuberculosis in the twentieth century has helpfully revealed the importance of adopting a nuanced approach to our understanding of the shifting nature of the idea of outsiders. She has demonstrated how

P. Gatrell, *Free World? The campaign to save the world’s refugees* (Cambridge, 2011) and his ‘World Refugee Year, 1959-60 and the history of population displacement’, paper delivered to the Slavic Research Centre, Hokkaido University, 12 January 2011.

¹⁰ RCA, British Council for Aid to Refugees, ‘Annual Report, 1959-60’, 4.

¹¹ RCA, British Council for Aid to Refugees, ‘Annual Report, 1959-60’, .3.

¹² See for example N. King, ‘Immigration, Race and Geographies of Difference in the Tuberculosis Pandemic’, in M. Gandy and A. Zumla (eds) *The Return of the White Plague: Global Poverty and the ‘New’ Tuberculosis* (London, 2003), 39-54. Also A. M. Kraut, *Silent Travelers: Germs, Genes and the Immigrant Menace* (New York, 1994); G. Schaffer, *Race Science and British Society, 1930-63* (Basingstoke, 2008); A. Hardy, ‘Urban famine or urban crisis? Typhus in the Victorian city’, *Medical History*, 32:4, (1988), 401-425; L. Marks and M. Worboys (eds) *Migrants, Minorities, and Health: Historical and Contemporary Studies* (London, 1997); P. Weindling, *Epidemics and Genocide in Eastern Europe, 1890-1945* (Oxford, 2000).

¹³ J. Welshman, ‘Compulsion, localism, and pragmatism: The micro-politics of tuberculosis screening in the United Kingdom, 1950-1965’, *Social History of Medicine*, 16: 2, (2006), 295-312.

although always racially understood, exclusionary immigration and public health policies served to exclude, at different times and in different ways, Chinese, British and Southeast Asian migrants. For Britain, Kathleen Paul has revealed the importance of post-war immigration policy, particularly via the Westward Ho! and B Cygnet schemes, of ensuring a 'white' and healthy population, with displaced persons not accepted on the basis of individual refugee claims but rather their use to the British economy and ability to become part of a 'healthy British stock'.¹⁴

Further, the need to pay attention to both period and place in considerations of immigration, disease and 'outsiders' has begun to be drawn out in John Welshman's work on tuberculosis in post-war Britain. Here he has usefully highlighted how the changing epidemiological climate within Britain affected the reception and handling of New Commonwealth migrants. After the war the establishment of Mass Miniature Radiography (MMR) Units, the development of BCG vaccination alongside streptomycin led to the advent of both an effective inoculation programme (from 1953) and medical chemotherapeutic treatments.¹⁵ While McKeown rightly revealed the connection between long-term downward of mortality from tuberculosis from the mid-nineteenth century and rising standards of living, the post-war 'push' provided by medical advancements meant that by the early 1960s tuberculosis had gone from a disease endemic in the British population to something which was seen to have been 'conquered'.¹⁶ Although often understood as occurring earlier in the post-war period, it was not until 1956-61 that the UK experienced net in-migration - primarily as a result of New Commonwealth entrants.¹⁷ And it was in this same period that researchers began to turn their attention to the location of tuberculosis in migrant populations, initially the Irish, but increasingly on those from India and Pakistan. In these developing medical narratives, certain populations - primarily from the New Commonwealth - were seen as being more 'susceptible' to the disease than others.¹⁸ And displaced persons, often weakened from their war experiences as well as prolonged residence in inappropriate, over-crowded camps, were considered another potential pool of infection.

The post-war period is notable not only for its changed epidemiological climate and new patterns of immigration, but also, of course, the construction of what rapidly became known as the welfare state. The inter-war period had been characterised by the expansion of the social responsibilities of the state towards its citizenry increasingly divorced from the mechanisms and stigma of the Poor Law. For the general population the implications of these changes were broadly positive, but their impact on refugees was more ambiguous. Much of the new legislation was permissive rather than compulsory, and crucially it was down to individual local authorities to implement the new provisions: a continuation of a centuries'

¹⁴ K. Paul, *Whitewashing Britain. Race and citizenship in the post-war era* (Ithaca, 1997).

¹⁵ Welshman, 'Compulsion, localism, and pragmatism', 298.

¹⁶ T. McKeown, *The Modern Rise of Population* (London, 1976); T. McKeown, *The Role of Medicine: Dream, Mirage or Nemesis?* (London, 1976).

¹⁷ TNA: PRO, HO376/201, OPCS, Population Trends, Spring 1979.

¹⁸ J. Welshman, 'Importation, deprivation and susceptibility: Tuberculosis narratives in post-war Britain', in F. Condrau and M. Worboys (eds). *Tuberculosis Then and Now. Perspectives on the History of an Infectious Disease* (Toronto, 2010) 123-47; J. H. Hudson, 'Correspondence: The tuberculous immigrant', *British Medical Journal*, 1:1079, (1962), 1.

old belief in the central importance of localism in government.¹⁹ Consequently, central to both the inter-war health system in Britain, and the maintenance of refugees in the 1930s had been the issue of who was entitled to support: not simply on the basis of who they were (as an insured or non-insured person), but where they were from and where they lived.

Correspondence between different local authorities and between councils and central government in the inter-war period was clogged with queries over where an individual was properly seen to reside, and hence which local authority might be responsible for the cost of their treatment and support. What we might see as being most novel about the post-war welfare state was not perhaps its measures, but rather the extent to which it was driven by centralised, and centralising powers. Foremost here was the new National Health Service, which was funded through central taxation and based on the principle of free services at the point of delivery for all those living in Britain. As such therefore, there were no longer any structural means of discriminating between British nationals, long-term migrants and newly arrived refugees.

If this period saw a shift in the way government conceived itself and functioned, then this was to have implications for the relationship between the state and the voluntary sector, both generally and with refugee organisations more specifically. While superficially it might seem that the expansion of the welfare state went hand in hand with the eclipse of voluntarism, in fact a growing body of work suggests that institutions of civil society continued to work closely with the state.²⁰ If anything, as Thane has argued, they ‘reinforced and complemented each other, if sometimes in tension and with continually shifting boundaries’.²¹ Indeed, the recent work of Peter Gatrell has demonstrated how World Refugee Year saw the coming together of the UN, national governments and NGOs, which while leading to the participation of over one hundred countries, did not seek to direct or scrutinise national policies. Rather, awareness raising and campaigning led to the ‘accumulation of substantial sums of money... that swelled the resources of leading NGOs and enabled them to develop additional leverage’.²²

Refugee organisations, dealing as they did with people seen as outside the normal responsibility of the state, filled a gap which only in very particular historical moments – such as the Suez refugee crisis – was covered by the state. As well as developing expertise in campaigning and fund raising, voluntary agencies had the capacity to send representatives into the field, to work with governments to identify suitable refugees for entry, and to provide reception facilities on arrival in the UK.²³ Therefore while voluntary organisations might

¹⁹ A. Levene, M. Powell, J. Stewart and B. Taylor, *Cradle to Grave: Municipal Medicine in Inter-war Britain* (Berne and Oxford, 2011).

²⁰ See for example F. Prochaska, *Christianity and Social Service in Modern Britain: The Disinherited Spirit* (Oxford, 2006); G. Finlayson, ‘A moving frontier: voluntarism and the state in British social welfare, 1911-49’, *Twentieth Century British History*, 1: 2, (1990), 183-206; J. Harris (ed.), *Civil Society in British History. Ideas, Identities, Institutions* (Oxford, 2003); M. Hilton and J. McKay (eds), *The Ages of Voluntarism: How We Got to the Big Society* (Oxford, 2011); R. Lowe, ‘Welfare's Moving Frontier’, *Twentieth Century British History*, 6 (1995), 367–76; and C. Rochester, G. Campbell Gosling, A. Penn, and M. Zimmeck (eds), *Understanding the Roots of Voluntary Action: Historical Perspectives on Current Social Policy* (Brighton, 2011).

²¹ P. Thane, ‘The Ben Pimlott Memorial Lecture 2011. The ‘Big Society’ and the ‘Big State’: Creative Tension or Crowding Out?’, *Twentieth Century British History*, 23:3, (2012), 408-429.

²² P. Gatrell, *Free World? The Campaign to Save the World's Refugees* (Cambridge, 2011), 3-4.

²³ Gatrell, *Free World?*, 4.

often have been characterised by exasperated civil servants as impulsive and interfering amateur do-gooders, their capacity to deliver services for refugees meant that they rapidly became intimately bound to the state and its mechanisms, as their central role in the reception of Hungarian refugees in 1956 demonstrated. A look at the role of the British Council for Aid to Refugees in the events surrounding World Refugee Year confirms the importance of unpicking this relationship if we are to understand the complexities of the functioning of the British state in the post-war period.

All this points to the importance of setting the reception of tubercular and other ‘disabled’ refugees in 1959/61 in its very particular historical context. This article takes the World Refugee Year as an opportunity to explore the extent to which government policy represented as much of a shift in attitude and practice as public accounts suggested. In this it is building on and adding to the growing scholarship surrounding refugees and disease, as well as placing the episode within the historical specificity of the post-war era: both the changing epidemiological climate and the creation of the NHS and the welfare state more broadly. Consequently the article also speaks to work considering the place of voluntary agencies within British society, and their dynamic and sometimes uneasy relationship with the state.

II

Propaganda accompanying the launch of World Refugee Year stressed the pivotal place of Britain in its conception, claiming how it ‘was, in fact a British-sponsored resolution urging member States to promote a World Refugee Year’. Over the course of the year, fund-raising events drew in the great and the good – one of Churchill’s paintings was auctioned at Sotherby’s for the cause, while the Royal Philharmonic Orchestra, directed by Sir Malcolm Sargent, held a concert in the Albert Hall.²⁴ Letters written from the United Nations section of the Foreign Office to foreign governments encouraged them to adopt the spirit of World Refugee Year, emphasising Britain’s leading role:

Her Majesty the Queen has graciously consented to give Her patronage to the Year in the United Kingdom; leaders of all the principal parties have agreed to become vice-patrons. There is also an advisory council of prominent supporters including representatives of the Church, political parties, industry, trade unions, the arts and in general all the principal walks of life in the country. The Foreign Secretary himself has agreed to serve on the Council together with the Colonial Secretary and the Parliamentary Secretary of the Home Office... It will be seen that Her Majesty’s Government attach considerable importance to the success of the Year...²⁵

And yet, we will see how the response of the British government was at best ambivalent, initially focussed more on gesture than substance; and only reluctantly pushed into greater action by both by the force of public opinion, and, post-Suez, the need to take heed of such opinion.

In public however, the government appeared firmly behind the initiative. The Prime Minister, Harold Macmillan, asked in his speech at the official launch of the Year, held at the

²⁴ See ‘Aid for World’s Refugees’, *The Times*, 27 Jan 1960, 13, and *Illustrated London News*, 21 May 1960, 894. The painting raised £7400.

²⁵ TNA: PRO, FO 371/145386, memo from HM British Government to the Brazilian Ministry of Foreign Affairs, 29Apr 1959.

City of London's Mansion House, 'are we to stand by without lending a hand while the refugees remain condemned to camp life or strive to make a decent living in a strange land without the tools or skills or help they need? I think not'.²⁶ Overall, the publicity surrounding the Year tapped into the long-held belief that the history of British engagement with refugees had long been mediated by a 'tradition' of welcoming them:

Flemings, Huguenots, émigrés from the French revolution and those from the other side who came after 1848, Poles, Displaced Persons, Hungarians, above all... the Jews... Before immigration was unrestricted, but the greater scale of the troubles of our age resulted in a break with tradition... What remains manifest however, is that the British public has always stuck out manfully for the right of the persecuted to be granted asylum.²⁷

And yet the official enthusiasm and rhetoric of a humane tradition, was at least in part disingenuous.²⁸ The Under-Secretary for the Foreign Office, the Marquis of Landsdowne, while emphasising how in 'the years preceding the war Britain had given asylum to some 80,000 refugees, and since the war there had been 250,000 more', also argued:

Clearly in this small and over-crowded country we could not allow unrestricted immigration of refugees. The Government did not feel able to make further special arrangements to admit them and in future Britain's contribution to the refugee problem must be one of finance rather than immigration.²⁹

And indeed, this same argument was used by Harold Macmillan when later on in his launch speech he stressed how it was 'precisely because in our small country we have welcomed so many, we cannot raise further hopes in this direction. Essentially our contribution must be in money'.³⁰ Britain, in this formulation was positioned in contrast to other nations, notably those of South America, which were seen as under-populated and a far more appropriate destination for refugees.³¹

One way of understanding the ambivalence of government is by seeing it as made up of separate and often competing parts rather than as a monolithic whole. As one of the instigators of World Refugee Year, Christopher Chataway reflected, the Foreign Office had very good reason to try and improve Britain's image on the international stage:

²⁶ TNA:PRO, FO 371/145386, Draft speech for the Prime Minister at the launching of the World Refugee Year, 1 Jun 1959.

²⁷ 'Review: Refugees in Britain', *The Times*, 17 Dec 1959, 13.

²⁸ Gatrell, 'World Refugee Year', 4.

²⁹ 'World Refugee Year. Campaign Appeal, House of Lords', *The Times*, 4 Mar 1959, 4. Emphasis added.

³⁰ TNA: PRO, FO 371/145387, Draft speech for the Prime Minister at the launching of the World Refugee Year on Jun 1 1959.

³¹ TNA: PRO, MH58/695, Letter from Richard F Wood, HO to E. Scott, FO, 19 May, 1959. This was part of a much longer-held attitude: during debates over how to resolve the crisis facing Jewish refugees Nazi persecution, the British government explored the possibility of creating a resettlement colony in British Guiana, as well as inducing the Brazilian and Argentine authorities to take them in. See TNA: PRO, CAB 98/1, Interim Report of the Cabinet Committee on the Refugee Problem.

It was not too long after Suez [canal crisis] and so Britain's name internationally was not as sweet-smelling as it might be. There were at least some in the Foreign Office who were very keen on the idea. David Ormsby-Gore was our champion, he was minister of state [for foreign affairs]. He was extremely helpful. There was a good deal of opposition within the government. The Treasury weren't very keen to open up another way of spending money. The Home Office were distinctly unenthusiastic. In fact completely opposed because they thought it would mean more refugees being brought into Britain.³²

The archives confirm his memories: Treasury objected to the amount of money being spent, complaining that the British 'contribution is disproportionate' and 'that we and the USA are doing too much in relation to the pitifully small sums contributed by others'.³³ The Home Office meanwhile remained preoccupied with how any actions taken during World Refugee Year might act as precedents for future admission of refugees.

The way for government to square this circle was, as key civil servants put it, to be seen to be deploying the right 'gesture' and making 'sympathetic noises', while avoiding substantive policy change or financial commitments. So while Macmillan may have suggested that the best support Britain could give was financial rather than through direct resettlement, it rapidly became clear that the bulk of this money was in fact to be raised through voluntary initiatives rather than from the state.³⁴ The amount promised by government was initially £100,000, yet the Lord Mayor's Fund aimed to raise twenty times that – £2million – and it was the British public, rather than the British government which was expected to contribute:

The cost of four cigarettes contributed by every member of the population would produce in the neighbourhood of £2m. There had been a wonderful response to the Hungarian tragedy. Surely Britain was not going to fall down this time.³⁵

In fact, the public's response was generous –over £4m raised in total, with the single television appeal by Field-Marshal Lord Montgomery alone bringing in an unprecedented £51,763. Across Britain over 300 committees were established, typically headed by local civic leaders, and a number of public awareness events were held:

³² Interview with Christopher Chataway, 'Q&A: Legendary British Olympian and politician recalls World Refugee Year', UNHCR News Stories, 30th May 2013, <http://www.unhcr.org/news-and-views/news-list/news-detail/article/qa-legendary-british-olympian-and-politician-recalls-world-refugee-year.html>.

Christopher Chataway had a background in sport and broadcasting but by 1959 had recently become a Conservative MP. He conceived of World Refugee Year along with journalists Trevor Philpott, Colin Jones and Timothy Raison. They first published their proposal for World Refugee Year in 'A Plan to Save Refugees', *Crossbow*, 1:3, (1958).

³³ TNA: PRO, FO 371/145386, A Peck, Treasury to JG Tahourdin, FO, 12 May 1959.

³⁴ 'World Refugee Year', *The Times*, 2 Jan 1959, 10.

³⁵ Lord Landsdowne quoted in 'World Refugee Year. Campaign Appeal, House of Lords', *The Times*, 4 Mar 1959, 4.

The appeal caught the conscience of the country. Universities and schools, churches and private people have devised new ways of creating interest and raising money and many of them have taken individual refugees under their own wings.³⁶

Fund raising ranged from the auctioning of Looe's pier to the establishment of a 'refugee camp' in Crystal Palace which, by 'every possible means, including diet, camp regulations, questionnaires counselling and interrogation on refugee status', aimed to recreate the conditions faced by refugees on a daily basis.³⁷

Initially it seemed that public enthusiasm had indeed allowed the British state to claim a leading role in World Refugee Year, while conceding little government commitment. Yet the flurry of voluntary activity also served to underline the limitations of private responses:

I felt again all the guilt and frustration this problem arouses in so many of us... if some of the larger towns of this country would be willing to sponsor one family or small group of the hard-core problems this particular aspect of the tragedy might no longer exist next June... I don't know how to set about softening the hearts of the powers that limit immigration but perhaps someone who does know might be prepared to send yet another plea through the correct channels to allow us to enlarge our quota.³⁸

This correspondent was not alone in voicing their frustration over the inactivity of government and in seeking the active intervention of the state in granting entry visas to Europe's remaining refugees. What was perhaps surprising is that the government bowed to such pressure. And yet we need to be aware of how in a post-Suez climate, international, European and national public opinion counted for more: 1959 saw Macmillan leading the creation of the European Free Trade Association, simultaneously an attempt to rival to the increasingly assertive EEC, and an acknowledgement of its growing influence; while in February 1960 he delivered his 'Wind of Change' speech, an acceptance of the waning power of Britain's empire. Both these developments signalled Britain's dawning awareness that it could no longer take its international pre-eminence for granted. And having lost the Suez propaganda war at home, domestic public opinion also needed to be actively assuaged.

Consequently, having already given nominal support to World Refugee Year as it gained momentum across the country, it became harder for the government to justify only providing financial support. Through the correspondence pages of the national newspapers; in lobbying and personal letters from people such as Lady Elliott of Harwood, Chair of the United Kingdom Committee; and the private opinions of certain politicians and civil servants within the Foreign Office and the Ministry of Health, pressure to take a more proactive stance mounted.³⁹

It was perhaps fortunate for a reluctant government in general, and wary Home Office civil servants in particular, that the focus of this lobbying rapidly coalesced around the issue

³⁶ 'The Load of Misery', *The Times*, 31 May 1960.

³⁷ 'Progress of World Refugee Year', *The Times*, 3 Oct 1959, 8; and 'Letters to the Editor: H. Shaw, World Refugee Year', *The Times*, 17 Oct 1959.

³⁸ 'Letters to the Editor: S. Gascoyne, World Refugee Year', *The Times*, 8 Jan 1960.

³⁹ For example see TNA: PRO, MH58/695, minute from Russell-Smith to Milner-Barry, 20 May 1959; Lady Elliott of Harwood to Renton, HO, 23 Dec 1959; Brig. O.L. Prior-Palmer to P. Hornsby-Smith, HO, 11 Jun 1959.

of tubercular refugees. Worthing Refugee Relief Committee, for example, sponsored a Ukrainian family who were living in the Brunswick refugee camp which it had 'adopted':

For the last seven months a flat, furnished with gifts from well-wishers, has been waiting... (the father in this case being the ex-TB). In 1954 he was pronounced free of it and has been under observation since; he has been declared fit for light work, and consequently his TB allowance from the German Government stopped... After 14 years of camp existence their hopes have been raised, and after dreary months these cases have been turned down.⁴⁰

And in their campaigning, Worthing Refugee Committee were in tune with either public or medical opinion. World Refugee Year coincided with a particular epidemiological moment in the history of tuberculosis, so that of campaigners, members of the public, and, crucially, medical specialists were all able to argue for the lifting of restrictions on tubercular refugees as a means of practically supporting the clearance of the camps:

we in this country are very fortunate in having tuberculosis under control and that we could make this gesture in World Refugee Year without any serious risk to the health of our own people... [consequently the government might] arrange for the admittance of a limited number of refugees suffering from TB'.⁴¹

Just as the restrictions over people entering the country with tuberculosis had, under the 1920 Aliens' Order, been based on two separate rationales - medical and financial - so too did the debates over allowing the entry of refugees with (quiescence) tuberculosis turn on the same points. Part of the frustration of refugee campaigners was that tight restrictions were still in place despite the fact that by 1958 there was an average of 6280 unoccupied tuberculosis beds in England and Wales at any one time.⁴² Not only did this mean that there was an absolute number of beds which might be available for refugees, but that there were also medical specialists who were under-occupied. The development of both immunisation programmes and chemotherapeutic treatments had rendered the surgical skills developed in specialist units if not obsolete, then certainly needing to find new avenues. As one sympathetic doctor pointed out:

In Britain there are sanatorium beds incompletely used or closed. There are chest physicians on the point of redundancy, many not very capable of turning their minds to problems other than tuberculosis; there are others who must keep their clinics going to provide an adequate basic service but who have time to spare. There are surgical units, like my own, in which tuberculosis now hardly appears for treatment... Apart from its aspect in Refugee year, the proposal has the merit of attempting to do something about a 'seed bed' of infection which might be a continuing source of danger to rapidly-developing-disease-free areas.⁴³

⁴⁰Letters to the Editor: D. Gundry and A. Morgan, Help for Refugees', *The Times*, 8 Jun 1959.

⁴¹Parliamentary Debates (Commons), 18 Jun 1959, col. Nos.618-20.

⁴²House of Commons, Non-oral answer, 23 Jun 1959: 'NHS Tuberculosis hospitals – Refugees'.

⁴³TNA: PRO, MH58/695, Dr Raison to John Profumo, MP, n.d. [prob. early June] 1959.

The idea of granting entry to refugees with tuberculosis to fill vacant hospital beds found favour in political quarters too – Sir James Duncan, MP, for example, thought ‘as a gesture towards the International Refugee Year we might allocate some of the tuberculosis beds which are becoming redundant in Scottish hospitals to refugees from Europe’.⁴⁴ The Ministry of Health did attempt to rebuff these arguments, pointing out that most of the beds were being converted to other uses, and that ‘the supposition in Dr Raison’s letter that many chest practitioners have time on their hands is not true – they are very successfully exploring new fields’.⁴⁵ Crucially however, despite their lukewarm response, they also accepted that it was ‘*politically impossible* to decline to make some facilities available’.⁴⁶

This need to be seen to react to public demands was in fact eased by an unofficial and gradual shift in visa decisions by the Home Office from the mid-1950s. So while civil servants were clear that the proposal for admission of tuberculous refugees represented ‘a new departure’, they also accepted that granting entry to (ex) tubercular refugees was not completely unprecedented. Since 1957 ‘whilst adhering to the principle’ of medical entry restrictions, visa officials had ‘interpreted it rather more generously by agreeing to the admission of some quiescent TB cases’, so that in 1958, for example, fifty ex-tubercular refugees had been granted entry.⁴⁷ Given the remaining numbers of people in displaced persons the small scale of this concession is significant. Visas were issued on a case-by-case basis, and very explicitly on an understanding that any one particular case did *not* act as a precedent: entry of tubercular refugees up to 1959 was on a personal and not a policy basis.

Having accepted that a certain number of tubercular cases would need to be admitted as part of the British government’s contribution to World Refugee Year, the question then turned on the matter of finances. Essentially, although the government was positioned into reluctantly granting a limited number of visas to tubercular refugees this did not translate into an acknowledgement of any wider financial responsibility for them. Rather this was seen as ‘a matter for voluntary effort, and it is desirable to give the refugees organisations a clear stake in selecting refugees who will, in the comparatively short run, be capable of becoming self-supporting’.⁴⁸ In this the government held a position unchanged from that of the inter-war period:

[The government] do not agree that fit refugees who are brought here during the course of World Refugee Year should be a charge on public, i.e. National Assistance Board, funds during the period of their resettlement.⁴⁹

As a result, while tubercular refugees would be allowed entry, as in the 1930s, this was only on the understanding that sponsoring voluntary organisations would cover their needs during convalescence and periods of unemployment. In fact, the principle of voluntary organisations covering the costs incurred by refugees was so well-established as to be

⁴⁴ TNA: PRO, MH58/695, Norman Graham, Department of Health for Scotland to KB Paice, Aliens’ Dept, HO, 14 May 1959. See also Mr Paget (Lab., Northampton) House of Commons, Non-oral answer, 23 Jun 1959: ‘NHS Tuberculosis hospitals – Refugees’.

⁴⁵ TNA: PRO, MH58/695, Dr Eley to Findlay, 10 Jun 1959.

⁴⁶ TNA: PRO, MH58/695, Wood to Walley, 10 Jul 1959. Emphasis added.

⁴⁷ TNA: PRO, MH58/695, TW Williams to Dodds, 12 Jun 1959, and ‘Admission from Europe of refugees suffering from tuberculosis’, briefing note, n.d.

⁴⁸ TNA: PRO, MH58/695, Russell-Smith to Milner-Barry, 20 May 1959.

⁴⁹ TNA: PRO, MH 58/695, Richard Wood to Miss Walley [Treasury?], 10 Jul 1959.

unchallenged by the British World Refugee Year Committee. Indeed ‘one of the reasons why the number applied for is so modest is that the Committee is of the opinion that they would have to pay for the TB cases and, at £17 a week for a sanatorium bed, they have estimated £1000 per person’.⁵⁰ As well as being a signal of the continuity of policy between pre- and post-war practice, it also reveals the extent of a broad consensus within both the state and voluntary sectors, that refugees did not properly fall within the remit of state action.

However, the post-war period had brought with it a new context, the formation of the centrally funded and controlled NHS. Patricia Hornsby-Smith was not the only politician involved in the discussions who thought that while it was attractive for the refugee organisations to cover the costs she did ‘not think it would be *politically practicable* to charge for use of NHS hospital beds’.⁵¹

Whilst it is greatly to our advantage that the numbers for whom they request entry should be limited by their estimate of their financial ability to pay, I do not believe we shall get away with it in the House. The Government will be accused of being niggardly when they have 6,800 empty TB beds (not all staffed) and I think we should consider... whether from the outset we should not accept these people on the Health Service as part of H[er] M[ajesty’s] G[overnment]’s contribution. With so many Socialists closely connected with the Executive Committee there is not a hope of keeping this arrangement dark’.⁵²

The result was something of a messy compromise: while voluntary organisations were expected to pay for ‘accommodation and maintenance during the initial period of adaptation to British conditions’, the government agreed that the direct ‘facilities of the National Health Service’ would be made available to refugees gaining entry to Britain. So while the rhetoric and political momentum generated by World Refugee Year did mark something of a shift in practice – in the need, post-Suez and post-NHS, to work within public opinion and the structure of the welfare state - it was heavily mediated by an on-going assumption that voluntary agencies were the proper vehicle through which refugees were to find sponsorship and support. Indeed, the actual the financial commitment that the central state made, via the NHS, was nominal: initial discussions centred around admitting a total of two hundred refugees from the camps, of whom between fifty and seventy-five were envisaged to need active tuberculosis treatment for around six months, which was calculated to cost approximately £11,000.⁵³

III

If we move on now to look in more depth at the working of the World Refugee Year we can see how the themes of the very partial nature of government acceptance of the initiative; the importance of particular agents in pushing the agenda; and the crucial role of voluntary organisations played out on the ground. Once the broad outlines of the scheme had been agreed – the admittance of two hundred refugees, of whom a certain number might have tuberculosis or another condition – it was the Ministry of Labour and the Aliens section of the Home Office, rather than Medical Officers of the Ministry of Health which constructed the

⁵⁰ TNA: PRO, MH 58/695, Richard Wood to TW Williams, 3 Jul 1959.

⁵¹ TNA: PRO, MH58/695, TW Williams to Benner, 3 Jul. 1959. Emphasis added.

⁵² TNA: PRO, MH 58/695, Richard Wood to TW Williams, 3 Jul 1959.

⁵³ TNA: PRO, MH58/695, Russell-Smith to Milner-Barry, 20 May 1959.

parameters for selection. As a result, while accepting the principle of admitting tubercular refugees, the emphasis on the selection criteria remained on the ability of each family unit to become self-supporting rather than on the need of refugee families themselves. The very detailed guidance notes which were developed made it very clear that:

Each single person or family unit should be capable of becoming self-supporting within a reasonable time and at least one person in each family should be capable of working on arrival and be willing to do so, subject only to a period of 3-6 months for settling in and learning English. The family should be capable of living independently as a unit and not include members who are likely to require institutional care other than the initial hospital treatment.⁵⁴

Those constructing the guidelines emphasised that the aim should be to ‘assist in the settlement of some of the ‘difficult’ cases in the camps (whether the difficulty arises from ill health or otherwise) without selecting any who are unlikely to be able to become self-supporting in the UK within a reasonable period’. For the first mission to the camps, which set out in November 1959, the officials were issued with further, specific instructions over the selection of fifty persons who are ‘difficult to resettle (but not sick)’. In this category preference was to be given to families with not more than four children; families with more than one adult dependant, provided that the total number of dependants (adults and children) did not exceed four for each bread winner; and unaccompanied mothers with not more than one dependent child, aged over five years. The remaining 150 persons were to consist of a combination of ‘single persons suffering from tuberculosis or other illness who could earn after cure’ and ‘families with one sick person (not the breadwinner) who needs treatment’. Here, the aim was to find ‘single persons without dependants suffering from TB’ who can be cured ‘within a reasonable period and will be capable of taking employment as able-bodied persons, when cured’. Failing this, families with three or fewer children ‘where one person other than the breadwinner, is suffering from curable tuberculosis’ might be considered, or families with tubercular members ‘provided that the total number of dependants (adults or children) does not exceed three to each breadwinner’.⁵⁵ Such eye-watering attention to the minutiae of family circumstances, which revolved around the question of economic independence rather than health needs, demonstrated that notwithstanding government claims to supporting the clearance of the Europe’s refugee camps, civil servants’ minds remained firmly focussed on the public purse.

The on-going importance to civil servants of the potential employability of this cohort of refugees was further reinforced in discussions over where they might be housed. In discussions regarding the possibility of some refugees sent to Scotland it was agreed that they should be confined to the Border County area, ‘preferably Galashiels and Hawick, where the textile industries are very short of labour, including boys and girls as well as men and women, and where most employers are willing to engage and train inexperienced workers’.⁵⁶ As with the immediate post-war refugee schemes, the emphasis here was on the needs of employers rather than the suitability of locations for refugees.

⁵⁴ TNA: PRO, MH58/695, Revised Draft: Arrangement for the proposed admission of 200 refugees from Europe, Jul 1959.

⁵⁵ TNA: PRO, MH58/695, Revised Draft: Arrangement for the proposed admission of 200 refugees from Europe, Jul 1959.

⁵⁶ TNA: PRO, MH58/695, GF Belfour, Dept. of Health for Scotland to Miss Grainger, Ministry of Labour and National Service, 6 Aug 1959.

We can see then, how, having agreed to admit refugees with tuberculosis and others with medical conditions, the Home Office in fact very rapidly produced a set of criteria which proved almost unworkable for the selection teams of immigration officers and Ministry Medical Officers sent out to Germany and Italy. Indeed, by the end of the autumn, the mission had medically examined 441 people and accepted only twenty. Of these five were tuberculous patients who required immediate hospital admission on arrival in the UK and were accepted; with a further fifteen admitted on the condition that they submitted to a chest clinic assessment and supervision on arrival in the United Kingdom.⁵⁷

Refugee organisations strongly expressed their disappointment at the limited and restrictive nature of the government response, and pushed for further selection missions with a wider remit. The Home Office admitted their guidelines' 'practical effect... was to reduce the numbers of genuinely handicapped refugees accepted to almost derisory proportions'; while the Ministry of Health acknowledged the widespread feeling that 'we were not doing enough'.⁵⁸ Similarly, one Foreign Office official noted with some chagrin that in contrast to Britain's limited efforts, Canada had 'set aside some £270,000 for the handicapped refugees' which would cover 'social benefits, resettlement and health costs'.⁵⁹

The second mission sent out to the camps in early 1960 was the product of this pressure, and saw some attempts by civil servants to open up the criteria for inclusion: selectors were now urged to include 'genuinely handicapped refugees of long standing' as well as tubercular refugees and some others with long-standing health issues. But once again the issue of state welfare support remained a serious sticking point. The Home Office professed their desire to help 'genuine refugees', while remaining focussed on concerns that accepting 'seriously handicapped people will imply some increased possibility of charges on public funds'.⁶⁰ It insisted:

This is a matter of principle, the amount of money involved not being the point in issue. The Government have taken the view, in relation to World Refugee Year, that (apart from the necessary medical expenses which fall on the National Health Service) the responsibility for upkeep, etc. must rest upon the voluntary organisations... and the number of refugees to be admitted must be related to the capacity of the voluntary organisations to support them until they can be self-supporting.⁶¹

We can see the tension between these two different pressures – a desire to be seen to be doing the right thing, and an absolute position over the charge of refugees on public funds beyond NHS treatment – in how the second and third missions to the camps evolved. These missions also revealed the pivotal role of the selection teams themselves in changing policy on the ground. Once again, discussions over selection criteria, and an explicit engagement with voluntary organisations in the issue of post-entry support for refugees were central to how matters moved forward.

⁵⁷ TNA: PRO, MH 58/695, Dr Boucher to Dr Eley, 26 Feb 1960.

⁵⁸ TNA: PRO, MH58/695, minute from KM Potter to Mrs Granger, 26 Jan 1960; Richard Woods, HO, to TW Williams, 23 Feb 1960; minute, Dr Eley, MoH, 23 Feb 1960.

⁵⁹ TNA: PRO, MH58/695, GT Marshall, FO, to RF Wood, HO, 16 Dec 1959.

⁶⁰ TNA: PRO, MH58/695, Richard Woods, HO, to TW Williams, 23 Feb 1960. As with the use of the term 'genuine Gypsies' or the more contemporary 'genuine asylum seekers' the deployment of this phrase by officials is typically a signal that most, if not all, of the group will fail to fall into this category.

⁶¹ TNA: PRO, MH 58/695, HO to Lady Elliot, 11 Jan 1960.

On the one hand acceptance criteria were widened to ‘admit many refugees who would have been excluded by former tests’, including those ‘suffering from some incurable disability who can be cared for by other members of the family and are not in need of hospital care’. But on the other hand officials were still cautioned to guard against selecting the long-term sick, bedridden and those individuals ‘likely to require prolonged institutional care with little hope of rehabilitation’. And despite the rhetoric surrounding tubercular refugees during World Refugee Year those with a ‘chronic tuberculous infection with little possibility of cure’ were still rejected, as were those carrying ‘evidence of venereal infection’. The main shift in policy was in the admission of those designated as ‘socially handicapped’. This included petty criminals and ‘the unmarried mother with one or possibly two children, who is nevertheless a good mother and looking after her children well’.⁶²

However, there remained overlap and confusion between the designation ‘socially handicapped’ who were admissible, and the ‘personally undesirable’, who were not. Both categories contained unmarried mothers, with the latter also embracing ‘persons with evidence of drug addiction, including alcoholism’ and those ‘with evidence of mental instability’.⁶³ It is worth unpicking the detailed guidance issued here, as it is revealing once again of a bureaucratic desire to deploy turbid taxonomies in an effort to exclude the majority of potential applicants while appearing to construct reasonable selection parameters. In particular the guidelines appear to have been generated in wilful ignorance of how long-term residence in a refugee camp and prolonged unemployment might affect an individual’s mental health, well-being and coping strategies and the gendered implications of these. Indeed, the Ministry of Health adviser on screening refugees for mental health issues recommended:

the rejection of anyone with a past history of frank mental disorder. He suggests that depression, the commonest type of mental illness, is almost invariably accompanied by one or more of the following symptoms: e.g. insomnia, loss of appetite, loss of weight constipation, impotence in men, and disorders of menstruation in women... from the point of view of their assimilation into society, the stability of subnormals is of far greater importance than their intellectual level and this the work record for men, and the illegitimate birth rate for women, are rough guides to stability’.⁶⁴

This tendency to assess women’s mental health in terms of their sexual history and behaviour was made explicit in further briefing guidance. In relation to women who were deemed as ‘mentally sub-normal’ this was further clarified as those ‘who were promiscuous’.⁶⁵ The reasoning here was that:

an unmarried mother with numerous children by different men could fairly be regarded as mentally unstable and unlikely to make a good immigrant. It was recognised,

⁶² TNA: PRO, MH 58/695, World Refugee Year 1959/60: selection of second group, Apr-May 1960: Notes for guidance of examining medical officer.

⁶³ TNA: PRO, MH 58/695, Dr Boucher to McKenzie, 10 Sept. 1959; Revised Draft: Arrangement for the proposed admission of 200 refugees from Europe, Jul 1959; World Refugee Year 1959/60: selection of second group, April-May 1960: Notes for guidance of examining medical officer.

⁶⁴ TNA: PRO, MH 58/695, Dr Boucher to Potter, 12 Mar 1960.

⁶⁵ TNA: PRO, 58/695, note, ‘Socially Handicapped’, 25 Feb 1960.

however, that an occasional case of a mother with more than two children might deserve special consideration.⁶⁶

As with the discussions over the entry of tubercular and disabled refugees and their families the over-riding concern was that ‘women who were sub-normal mentally... might prove a heavy charge on public funds’.⁶⁷

However, despite the continuing niggardly approach of the Home Office, what is most notable about the second and third missions which were sent out to the camps of Germany in the summer of 1960 and the winter of 1961 is how its guidelines ultimately failed to set the agenda. Here we can see the importance of the refugee organisations on the one hand, and the impact of the camps on the selection team members on the other, as central to driving policy. We have already seen how refugee organisations were placed at the core of World Refugee Year activities, and how admittance schemes were centred on voluntary sponsorship of refugees. Now this proved absolutely crucial for the admittance of people with multiple physical and mental issues who still remained technically barred under the new criteria.

The selection missions came across case after case which while clearly striking individual team members as being within ‘the spirit of World Refugee Year’ did ‘not come within our criteria’.⁶⁸ This led to a flurry of requests for entry on ‘compassionate grounds’, with that of Mr W, a 38 year old Pole, being typical:

[He is] in an advanced state of disseminated sclerosis and in whom the Ryder-Cheshire Foundation are deeply interested. The man himself has the usual sad history of war-time forced labour and post-war displaced persons camps. He has been ill for 12 years, is quite alone in the World and has probably not more than 4-5 years left to live. He is deeply unhappy in Germany because of his history.⁶⁹

In both this case, and an accompanying one of a mother of two who had lost both her arms, the Ryder-Cheshire Foundation had committed to paying for their treatment and maintenance. The selection team in Munich stressed that:

admittance into the United Kingdom would mean a betterment of morale and a chance to integrate the woman into our Society as at least a dignified if never a highly useful member of it. In no case is there any question of support by the State... but I am deeply troubled about these two most deserving cases which certainly do not come within our criteria, but are equally certainly the sort of problems that we should tackle.⁷⁰

These two cases were approved, and were followed by a number of new ones where individuals had been rejected ‘perfectly correctly’ on medical grounds, but where the selection officials believed there were strong compassionate circumstances. Over the summer the selection teams compiled many similar cases, leading to the realisation that ‘it was pretty certain that what was now left in the refugee camps was a collection of hopeless cases’, who

⁶⁶ TNA: PRO, MH 58/695, note of meeting, HO, 11 Oct 1960.

⁶⁷ TNA: PRO, MH 58/695, note, ‘Socially Handicapped’, 25 Feb 1960.

⁶⁸ TNA: PRO, MH58/695, Peter Kitchener, British Refugee Selection Team, Munich, to HW Bowles, Assistant Chief Inspector, Immigration Branch, HO, 15 Jun 1960.

⁶⁹ TNA: PRO, MH58/695, Kitchener to Bowles, 15 Jun 1960.

⁷⁰ TNA: PRO, MH58/695, Kitchener to Bowles, 15 Jun 1960.

were nevertheless ‘personally worthwhile people’.⁷¹ It was the dogged petitioning by the selection teams which led to their visa requests being granted by the Home Office. Yet almost inevitably, by the autumn of 1960, the Ministry of Health was complaining that it could not ‘see the point of having firm guidance notes if get overruled by the Home Office’, and it was raising concerns that a precedence might be being set.⁷²

[Are these six cases] really special and are recognised as setting no precedent for future cases? Am I also right in thinking that in the first instance any institutional requirements will be met by voluntary bodies? If so I do not propose to object... The selection of cases from refugee camps has become broader and broader and I should have thought it likely that what was left in them consisted some pretty difficult material whom nobody will want in any country... I do not think it is really best to ask for details of individual cases; they are almost certainly uniformly terrible and there is probably no way of distinguishing them on grounds of hardship’.⁷³

As this suggests, if a precedent was being set, it was that the long term sick might be allowed entry if sponsored by a voluntary organisation specialising in domiciliary care. Indeed, by the autumn of 1960 it was agreed that the final mission might indeed select refugees with complicated conditions and ‘incurable refugees, in particular those proposed to be sponsored by the Ryder-Cheshire Foundation’.⁷⁴

The third mission also wrested another, significant, concession from the government. While a sponsoring organisation was required to guarantee ‘all expenses until the family or individual is economically independent’, now this liability was only seen to extend to the first three years for families with a wage earner, and seven years for families with no prospective wage earner. British Council for Aid to Refugees publicity suggested that this development had ‘only been possible due to the generosity of donors, and the active support of other voluntary organisations’.⁷⁵ However, while true on one level – all sick and disabled refugees needed a guarantor organisation – it was the grudging acceptance of the Ministry of Health and Home Office in combination with the new world created by the NHS which meant that small numbers of disabled or sick refugees might be absorbed into the UK’s more general population without creating undue local hostility. As one civil servant glumly noted, ‘eventually no doubt these people will drift into the hospitals in more or less their proper turn but by then we can think of them as residents and nobody will notice them’.⁷⁶

⁷¹ TNA:PRO, MH 58/695, Note, KM Potter, 5 Aug 1960.

⁷²TNA: PRO, MH58/695, minute, Boucher to Pronger, 12 Sep 1960. Overall the second mission granted entry to 460 persons (62 single people and 100 families) – ‘15 TB cases, 40 post-TB cases, 1 amputee, 2 deaf-mutes, 2 persons with paralysed hands and 4 persons with disabled legs, 2 mongoloid children, 1 mental and epileptic child, 2 persons with a lung removed, 2 completely paralysed, 1 case of multiple sclerosis, 1 with leukaemia, 1 with Parkinson’s Disease, 8 persons with heart diseases, 1 women who has lost both arms and 8 persons are otherwise disabled or ‘chronically sick’. This makes a total of 91 persons with some kind of disability’. See British Council for Aid to Refugees, ‘Annual Report, 1959-60’, 3-4.

⁷³ TNA: PRO, MH 58/695, Pronger to Potter, 3 Aug 1960.

⁷⁴ TNA: PRO, MH58/695, Home Office meeting notes regarding third selection mission, 1 Sept 1960.

⁷⁵ British Council for Aid to Refugees, ‘Annual Report, 1959-60’, 4. Other voluntary organisations included Ockenden Venture, Ryder-Cheshire homes, and the Scottish tuberculosis settlement charity Cala Sona.

⁷⁶ TNA: PRO, MH 58/695, Pronger to Potter, 3 Aug 1960.

Conclusion

The British government's response to World Refugee Year is revealing of its developing attitudes towards refugees in the twentieth century, allowing us to consider the continuities and differences between this period and earlier decades. The Year resulted in the admission of nearly 700 refugees with multiple conditions, including tuberculosis. This was undoubtedly a material shift in policy when compared to previous periods and for the individuals concerned, it was a significant factor in their being able finally leave camp life behind and to start again in a new country. Without it, neither the Szalays nor the Kosharians could have become part of the fabric of Worthing's daily life.

Granted entry at a time of significant net in-migration it is notable that the 'problem' of refugees in 1959/60 was seen as distinction to that of 'immigration'. In contrast to the inter-war years where immigration and refugees were broadly seen as an interchangeable issue, from 1945 up until the arrival of the Ugandan Asians in 1972, refugees and immigration were largely disentangled. Put crudely, 'refugees' were popularly understood as 'European', and a product of the war or Cold War; 'immigrants' were 'coloured' and a 'problem' of empire. It is no coincidence therefore that issues of asylum and the status of refugees formed no part of the (Commonwealth) Immigrants Act, 1962, and the granting of visas to refugees as part of World Refugee Year was seen as an entirely separate act.

We can see other discontinuities too. World Refugee Year saw the confluence of a shifting epidemiological climate and new policy context which combined to give the admission of refugees a different medical and social meaning to that of the 1930s. Both the significant decline in tuberculosis morbidity in the UK and the creation of the NHS, with free point of delivery care, meant that refugees' arrival was seen neither to pose a threat to the population's health nor to place an undue burden on local resources. Yet, the fact that a brief flurry of public concern in March 1962 over tubercular Commonwealth migrants entering the UK led to Ministry of Health officials also expressing doubts over the entry to tubercular refugees, shows exactly how fragile this new acceptance was.⁷⁷

If there was a shift in how the British state saw tubercular refugees then, it was only partial. Despite apparent discontinuities with the past, what is most striking is the consistency with which long-established themes ran through the British government's response to World Refugee Year. A close reading of civil servants' responses to the initial proposals, as well as how they structured the scheme as it developed, reveals an on-going preoccupation with the cost to the public purse; an institutional dislike of allowing the state to become involved in matters seen as beyond its remit; and an abiding concern with creating any precedent which might open Britain to new commitments. Consequently the importance of the role of voluntary organisations in agreeing to guarantee certain cases suggests very little departure from the inter-war insistence on voluntary organisation underwriting the presence of refugees in Britain. In this sense, one of the legacies of World Refugee Year was to confirm Britain's continued reliance on voluntary organisations - with the exception of the Uganda Asian crisis - to deal with subsequent waves of refugees up to the late 1970s. And in fact funds raised during the Year continued to be disbursed right up to the Chilean influx of 1974-6, allowing the British Council for Aid to Refugees to receive and resettle refugees.

Similarly, although the changing epidemiological climate had shifted the threat posed by tuberculosis sufferers to society, the government's refusal to allow entry to those suffering from other diseases or conditions - notably venereal diseases, mental health problems and 'immorality' - demonstrated a deeply engrained and on-going reluctance to offer refuge to some of the world's most vulnerable people. We might then locate this within part of a wider

⁷⁷ TNA: PRO, MH 58/696, minutes, 5 and 13 Mar 1962.

project over fitness for British society of which the 1920 Aliens Order and post-war immigration policy was part.

Perhaps the most striking aspect of the government's response to World Refugee Year is how its position shifted incrementally over an eighteen month period, from near indifference and stone-walling, to an acceptance of the need to not only be seen to be doing something, but this to translate this into movement on the ground. Occurring as it did in the aftermath of the Suez crisis and the beginnings of the EEC - which combined to bruise and challenge Britain's reputation internationally and make government more wary of ignoring public opinion - World Refugee Year was able to capitalise on a new vulnerability of government. We can therefore conceivably locate its response to the initiative as being the product of time not so much in which government started thinking differently about refugees, but when it was forced to start thinking differently about itself.

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