Dear Editor,

Indian Journal of Medical Ethics

Subject: Submission of a revised manuscript

We thank you and the peer reviewers for their comments on our manuscript titled “Affirmative action for minorities in India: scoping the impact and charting future research and practice agenda” We have now revised the manuscript and are hereby submitting the revised manuscript for your consideration. We have appended a table providing point-by-point response to peer-reviewers’ comments. We have also made other minor corrections in the manuscript (highlighted in track-changes) for factual corrections in funding statement, acknowledgement and authors’ affiliations. Please do not hesitate to contact me in case of any queries.

Yours sincerely,

Dr. Upendra Bhojani

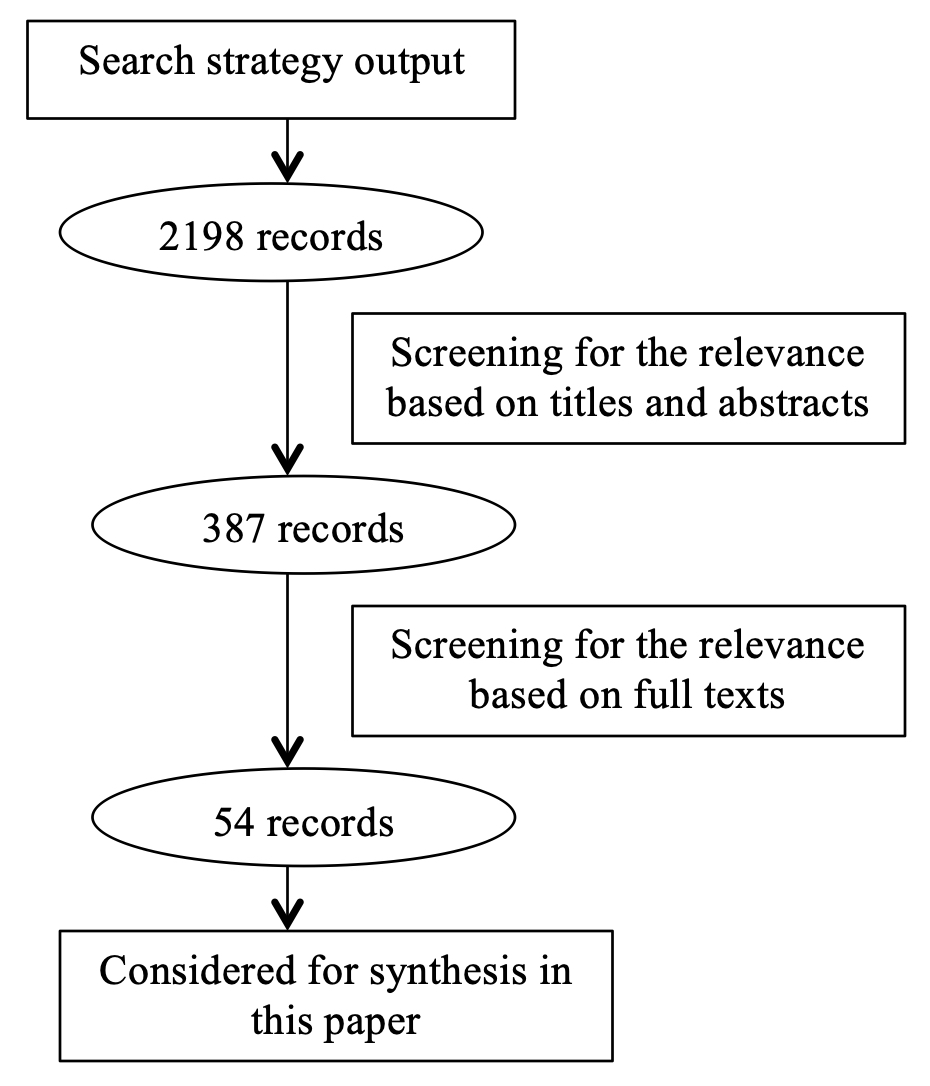
(On behalf of all the co-authors)

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| Sr. No. | Reviewers’ comments | Authors’ responses |
| Reviewer 1 | | |
| 1 | Clearly describe their analytical framework vis-à-vis affirmative action while embarking on the study. Present an initial listing of pathways of impact of affirmative action that lead from this analytical framework. | We appreciate the reviewers’ suggestion for clarity. Although the paper is more focused on reviewing how affirmative action policies have benefited minorities than on the concept of affirmative action per se, we appreciate the reviewer’s remarks on how there could be a broader interpretation of affirmative action (esp. in health sector) than just assessing the direct impact on beneficiaries. Keeping this aspect into consideration, we revised the text in Methods section clarifying the scope and analytical framework and added some observations on indirect and long-term impact of affirmative action policies in the discussion.  See (lines: 214-224):  “We aim to better understand (1) the direct impact of these policies in achieving desired outcomes among the intended groups (especially religious and ethnic minorities); (2) specific issues that hinder desired outcomes; and (3) the research gaps/challenges with regard to the affirmative action policies in India. Hence, we looked at the available evidence on whether and how affirmative action policies in areas of health, education, and governance directly benefited these groups. We acknowledge that a comprehensive assessment of impact of such policies needs to go beyond examining the direct and immediate benefits among intended groups, which was the focus of this empirical enquiry. However, we do make some observations on indirect and long-term impacts of these policies while discussing the results.” |
| 2 | The evidence and what it says regarding each of these pathways – this section is already there. The gaps in the literature may be pointed out. | As indicated by the reviewer, we discuss the evidence on impact of affirmative action policies as well as the research gaps in literature under the heading ‘Affirmative action policies and their impact’. We further highlight the research gaps under the section ‘Future research and practice agenda’.  For example, see (lines: 1069-1080):  “Workshop participants acknowledged that many social inclusion policies and more importantly, their implementation are the result of strong social movements…. There is meager research about the role of social movements, of social networks (for migrant and other vulnerable communities) and about the politics of community organization/engagement (Workshop-2, 3).”  Or see (lines: 1097-1101):  “There is a growing body of research, mainly in high-income countries, on integrating health and social care (Workshop-2). Despite the acknowledgement of the need for such coordination, there is a dearth of research on feasible models for achieving intersectoral and interagency coordination that promotes social inclusion of minorities (Workshop-2, 3).”  There are several such gaps highlighted in the manuscript under the above-mentioned two sections. |
| 3 | Describe clearly the way in which the group discussion contributed to the understanding of the results of the literature survey. | We thank the reviewer for pointing out that while we relied on group discussions (in form of the three workshops), contributions from these workshops were not clearly delineated. We have now indicated each workshop by its theme in the Methods section (line: 242-246)  “Workshops were half-day meetings of researchers, practitioners and policymakers from Karnataka who were engaged in social exclusion/inclusion related work and focused on themes of ‘social exclusion’ (workshop-1), ‘socially inclusive policies’ (workshop-2) and ‘age, gender and migration’ (workshop-3) respectively.”  We have revised the body of the paper to clearly indicate the contributions from the workshops by citing specific workshop series.  For example, see (line 483-486):  “The workshop participants engaged in the education sector recognized the promise of such enabling legislation. However, they expressed concerns over suboptimal implementation of this legislation, especially by private schools among several states in India (Workshop-2).”  Likewise, we have done this throughout the paper. |
| 4 | In the discussion, place the findings in the context of the larger literature on affirmative action and policy implementation. | We appreciate the reviewer’s suggestion and also pointing us to the specific literature in this regard. We have revised the discussion at several places inserting observations/arguments situating our findings in the larger literature on affirmative action and policy implementation.  For example, see (366-447):  “Affirmative action policies for SC and ST have been in place in India since colonial times. Historically, there was limited political resistance to such quotas as they formed a small proportion of overall seats/jobs, remained largely unfilled, and as such did not result in the development of new political/power structures by these groups (20). However, extending affirmative action to OBC led to fierce opposition on several accounts: dominant groups worried about competition in higher classes of government jobs, and the dominance of an idea of ‘class’ (from Marxist influence) as well as framing the idea of ‘caste’ as being a complementary rather hierarchical social order (Gandhian influence) led to inadequate appreciation of caste-based oppression (20).”  See (line: 671-687)  “Jaffrelot (20), in his incisive review of the impacts of affirmative action published in 2006, found that these policies had been valuable in terms of their political outcomes (in the form of political formations by marginalized caste groups, the fragmentation of political hegemony within the Congress party, and kindling hope and aspirations among lower caste groups) but had been very limited in terms of their positive socioeconomic outcomes for the intended groups. In fact, he noted that quotas for jobs for SC, introduced since colonial times, remained largely unfilled due to the presence of indirect discrimination in the form of qualification barriers (as eligibility criteria) and lack of willingness on part of authorities to fill them (20). For several decades, only the quotas for lower status government jobs were filled. Somewhat ironically, these were mainly positions as sanitation workers – occupations that marginalized groups were otherwise destined for in any case because of caste-based discrimination. The quotas for higher status civil service posts were not filled in any significant way till 1980s (20). While this situation has certainly changed, our findings still point towards the limited direct impact of affirmative action, especially in the case of job quotas, but also a visible indirect impact through enhanced political representation of these groups, at least for SC and OBC.”  See (line: 701-727):  “Furthermore, the reservations in medical education as well as the presence of minority-administered institutions operating in medical education should, in principle, enhance the representation of marginalized groups in healthcare workforce. Studies indicate that the discrimination in public healthcare delivery based on caste and social groups is a reality (32–34). There is underrepresentation of healthcare workers from marginalized social groups, more so in the cadres of physicians and surgeons (33,34). This is shown to be one of the factors that contribute to an environment leading to discrimination in healthcare delivery. In fact, Dreze and Sen (35) observed that one of the factors behind the better utilization and performance of the public health system in Tamil Nadu is narrowing of ‘social distance’ between doctors and patients with the recruitment of several doctors who are women and those coming from marginalized social groups.”  There are other minor edits (see track-changes in the manuscript) to lift up the discussion in the paper. |
| 5 | In addition, as mentioned above there is need to make the links to ethics more explicit. | We thank the reviewer for the suggestion. We have now revised the text in the Introduction as well as Conclusions sections to make such link explicit.  See (lines: 104-114)  “In this sense, affirmative action for fairer distribution of resources relating to the social determinants of health is crucial in enhancing health equity. However, Burns and Schapper (5) as well as Bacchi (6) highlight that dominant discourses brand affirmative action as ‘preferential treatment’ (often couched in language of equal opportunity policies) or simply ‘diversity management’. This interpretation effectively locate the ‘problem’ within the social groups that are the targets of affirmative action, as if they inherently lacked ‘merit’ and needed ‘help’ to overcome their disadvantage. Such discourse importantly ignores the role of dominant groups in constructing ideas of ‘merit’ and ‘assessment’, and the ethical implications of such constructs. These authors rather promote affirmative action as a means to address social injustice inflicted upon certain social groups, making a strong ethical case for such action (5,6).”  See (line: 1123-1125)  “Affirmative action policies that aim to address social injustice and enhance equitable access to social determinants of health are an important determinant of health equity. India is known for its early reforms to bring in affirmative action.” |
| Reviewer-2 | | |
| 6 | The paper looks at how the various policies have tried to solve inequity in education, health and governance and is relevant. | We very much appreciate these positive comments from the reviewer. |
| 7 | It is completely about the Indian context though the working team included people from other countries. |
| 8 | The paper will have an impact on the way new researches are coming in the context of equity. This will also help policy makers to decide on what needs to be evaluated. |
| 9 | In my limited knowledge, this paper has tried to cover 3 different sectors which are also the determinants of health. It is good to see such interdisciplinary work happening. |
| 10 | The conclusion and the recommendations mostly come from the Workshops conducted by the team with experts. And most of these recommendations were largely out of their learned experiences and expertise, which is well warranted. |
| 11 | I felt that certain other social vulnerabilities like disability, people living with HIV have not been covered. They should be included. | We appreciate the reviewer’s suggestion. We did not aim to cover all socially excluded groups, which would have been a much bigger undertaking for which we did not have capacity. In focusing on ethnic and religious minorities, the paper raises issues that may apply to a range of other marginalized populations. The workshop participants did bring up the issue of disability, more as an example of how people with different abilities have been able to collectively voice their concerns.  See (lines: 1071-1075):  “While some groups (e.g. differently abled people) have been able to raise strong voices and garner support from influential stakeholders in society to bring into public discourse their demands, others struggle to get heard and remain at the fringes of policy discourse (Workshop-1, 2).” |
| 12 | The manuscript states that there is a figure mentioned below:  Figure-1 Literature search strategy and outcomes, which is not available with the paper or which I have not received. | We included the Figure-1 in the main text of the submitted manuscript. We are appending the figure in this document for reviewer’s consideration. |

**Figure-1 Literature search strategy and outcomes**

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