**Response to Bhojani et al on “Affirmative action, minorities and public services in India”**

Dear Editor,

**“*It is the duty of every citizen according to his best capacities to give validity to his convictions in political affairs*.” Albert Einstein, Nobel Laureate for Physics**

Upendra Bhojani et al. write a review article on affirmative action being taken and their desirable goals for uplifting marginalized groups and future directions needed to be traversed for reaching the unreached, supporting the unsupported and lifting the downtrodden(1). The mesmerising article includes several issues we routinely find in our society and broadens horizons of our wisdom and knowledge, we need to have an Idea of Justice. However we discover absence of several pertinent vital issues on the topic and a few need a different explanation from a different point of view. Hence we provide an alternative vision to look at the scenario, which demands as much of our attention as the hardcore science. And at one specific place we need a little clarification from the authors to have a deeper understanding of the issue.

Under a title ,’Methods’ ,there is a subtitle, ‘Minorities’. Authors write in its second paragraph,”In addition, governments in India recognise certain groups as having suffered social exclusion and consider them beneficiaries of affirmative action policies. Scheduled Castes (SC) is one such official category that includes (as per the law) lower caste groups among Hindus, Buddhists and Sikhs that suffered from the dehumanising practices of untouchability and caste-based discrimination.” The authors fail to realize that what did the Government do after this recognition at the time our Independence more than seven decades ago. Article 17 of our Constitution abolishes practice of untouchability and forbids its practice in any form(2). Despite that statute, the practice continues in our villages, and sometimes found in educational Institutions(3). As cities are modern -day engines of growth, many a times people come together purely for economic reasons across the globe, generating enterprise and producing revenue and that’s good for public and individuals. Under these circumstances survival of the fittest is the rule, although morality is not necessarily core of the entrepreneurship everywhere. But as villages have a very narrow structure in terms of restricted movement/ mobility/ mobilization of its population, these man- made barriers stand tall there and its abolition remains a challenge to be destroyed in minds of our rigid social hierarchical frame. We suggest the authors to include such current affairs in the text as these have implications for society at large, including its healthcare status.

Our Constitution has other Articles for protection of this community. Prevention of atrocities Act provides legal protection against abhorrent practice of untouchability(4). Ministry of Social Justice and Empowerment, Government of India, releases data at different time points regarding its implementation(5). Last year we saw a lot of legal and political activity regarding practice of some provisions of this act(6). Then authors write on ‘Affirmative action policies and their impact’. First subtitle of the title is ‘Education’. In its second last paragraph the authors write,”During this period, the proportion of children enrolled in primary education from Muslim communities went up marginally from 13% to 14% and that of children with special needs went up from 1.05% to 1.89%. While minorities need to be protected as per our Constitution, what is also true is that several Muslim children are enrolled in Madarasas, where they get lessons on religion mixed with modern science. Previously this year just after riding to power for a second term, our popular and beloved Prime Minister announced scholarship for minority students(7). To our bewilderment such lively facts do not find a mention in this article.

 Then the authors write in the same paragraph,“Of even greater concern is the fact that the learning outcomes seem to have deteriorated since the passing of the legislation. For example, the reading and basic mathematical competence among Class-1 to Class-5 children progressively declined between 2009 and 2012”. Here we want to emphasize that several field studies are going on to improve learning outcomes of children, by both Government agencies(8) and NGOs. In fact Sveriges Riksbank prize in Economic Sciences- popularly called Nobel Prize- this year is awarded for one such group of researchers working on exactly this area. Esther Duflo and Abhijit Banerjee are Professors at Massachusetts Institute of Technology at Boston, US. They make several randomised controlled trials to assess performance of rural students and then make a few interventions to improve outcomes(9). The Nobel Committee writes in press release last month,“Half of the world’s children still leave school without basic literacy and numeracy skills.” And then go on,“As a direct result of one of their studies, more than five million Indian children have benefitted from effective programmes of remedial tutoring in schools.” The Nobel Laureates founded a Poverty Action Lab at MIT to do research in this field(10). Therefore while we stare at a big challenge of (poor) learning outcomes of our kids- the next generation of workforce- what also needs to be realised is that there is also a thriving/ agile/vibrant area of hope, optimism, remedy and correction; howsoever small that may look. As this group of researchers is collecting data in Indian villages on immunisation and health for about two decades, along with several other, we wonder that how do they not find a mention in this article.

After that under another subtitle of Health, the authors write in its third paragraph about a health insurance scheme - Rashtriya Swasthya Bima Yojana ( National Health Insurance Scheme). This scheme was operational until some time ago, when our Government announced another more ambitious one more than an year ago- Ayushman Bharat Yojana (Long Live India Scheme or PM- JAY Prime Minister Jan Arogya Yojana). About a fortnight ago, The Lancet published a World Report, covering the scheme(11). About 5 months ago, the New England Journal of Medicine too wrote a ‘perspective’ on the scheme (12). The PM- JAY scheme intends to protect the poor from catastrophic heath expenditure incurred on hospitalization -charges. And our government identifies the poor by certain deprivation criteria. More than an year ago we conducted a small study to assess knowledge and awareness of students of a rural senior secondary school for common preventable illness, and also assessed their socio economic deprivation utilising same tools. The results were not -so impressive on performance of the group(13) and provide us a large scope for improvement. Hence we wonder that how come this ongoing scheme does not find a mention in “Health” subtitle of the “Action Policies” section and mentions somewhat another outdated scheme. Health Ministry and its CEO regularly tweet about the benefits and coverage/ expanse of the scheme on social media platforms, including several anecdotes and testimonials of the patients, where it finds a huge accolade by its supporters. On the other hand it’s difficult for us to recall that when for the last time did we process an RSBY card of a poor patient, presenting to our hospital.

Then under the same title of ‘Health’ ,the authors write in second last paragraph “These (intended) strategies (to strengthen state health systems) included: (i) political commitment translating into institutional response; (ii) geographic focus on districts with high SC and ST population and poor health indicators; (iii) health service delivery innovations; (iv) vulnerability mapping and context-based planning at sub-district level….”. Here we want to highlight that our Government is already practising that although we don’t agree necessarily with its methodology all along. The Union Government measures health achievements of its states and ranks them on a scale(14). Subsequently depending upon the performance on these indicators , larger funds are allocated for good performers/achievers. Later on they write in next paragraph that strategy of polio immunisation is an example of ‘adverse- incorporation’. Here we want to add another dimension. We state in the context of the polio -vaccine that legacy of a faulty policy design lasts long(15).

And in the run up to this years’s General Election ,our Parliament enacted a law to provide reservation to Economically Weaker Section (EWS quota) (16). To our surprise, there is not even a word about this enactment. Mystery remains that how does this latest piece of amendment to our Constitution does not get even a passing remark here. Hence discussing this point merits further consideration for having another angle to this important political development. As this piece is missing here, we want to fulfil the information gap. During last monsoon session of our Parliament, our law makers discussed several of these issues, which can be found on its archives. Therefore wide discussion on the points raised by authors along with the latest addition of EWS quota, recently launched ambitious health assurance scheme (Modicare), Economics Nobel Prize to three researchers, scholarships for minorities, current tortuous legislative process on SC/ST (Prevention of Atrocities) Act, relevant annual report of NITI Aayog on health- parameters and inclusion of social dimension while solving an apparently purely medical puzzle of polio immunization, are the issues which need to provide further impetus to the ongoing dialogue having wider ramifications for healthcare sector.

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We accessed all the webpages at the time of submission of this Letter to the Editor.