

How to think of Discrimination? A review of ‘Access to Health Care and Patterns of Discrimination’¹

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Abstract: This essay uses the form of a book review to propose new a way of looking at discrimination. What does the existence of caste discrimination in modern healthcare systems (and more broadly in education and society) mean? Is it simply the persistence of an archaic caste based social system, or is it an active reconfiguration of social structures of dominance. I argue in this essay that it is the latter: discrimination is reconfiguring itself in novel forms in modern social structures. This is one of the ways in which the older elite castes retain their dominance in the transition to capitalist society. Discrimination has two aspects: one, as a foundation of the caste structure it strongly discourages access to modern goods that invest the person with value – land, education, health care, jobs, etc. Two, within the class structure it ‘disrespects’ and devalues those who acquire these goods through state welfare programmes. This Janus (two) faced discrimination is an instrument to ensure that the ruling elite maintain and increase their dominance in the emerging form of capitalism in India.

How is the concept of discrimination different from the concepts of inequity and lack of access? What is the relationship between the concept of stigma and that of discrimination? This is an essay on a contemporary understanding of caste

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discrimination.² I would like to do this through a review of Sanghamitra Acharya's "Access to Health Care and Patterns of Discrimination" (see note 1 for reference). Given the report's focus and the lack of space, I haven't looked at discrimination with respect to community, but there will be similarities and differences.

Acharya has conducted a sociological study of discrimination in Gujarat (6 villages) and Rajasthan (6 villages) against dalit children by health care professionals of PHCs, and sub-centres. She constructs 15 variables of discrimination based on sphere (or domain, e.g., visit to doctor, referral), form (e.g., refusal to touch), and provider (e.g., lab technician). She then finds ways to interpret responses of children and parents to understand how discrimination is experienced. The report comes to a conclusion that discrimination exists in India's villages today and is a hindrance to dalit children's health.

While the study was clearly conceived and executed with inventiveness in measuring discrimination, I felt it necessary to examine the paradigm of discrimination and the framework that the study adopted. I will now try to say what, in my first-cut opinion, is a next step, based on specific criticisms of the report.

1. The report tags specific variables of discrimination, covering locations of experience, acts, form and agents of discrimination (p 5). Though useful, this is limited because it simply points out that discrimination exists in India. It does not try to understand if there is a change in the structure of discrimination, expressed in different locations or agents. For example, how does one understand the difference between being prohibited from going to a temple, or drawing water from a well on the one hand, and being insulted by a doctor or technician on the

- other? What is the new issue that comes in when a modern/modernizing location discriminates?
2. It is important to see, as the report does, discrimination against dalits in terms of fixed acts, such as delay in treatment, unwillingness to touch, etc.(p 6), and to find the rationalizations (as the report does) for discrimination in terms described by the discriminators as ‘these children are unclean’. However, when such routine ‘ill-treatment’ is coupled with the modern location in which it occurs, the humiliation in what is by Constitutional definition, *normatively*, an egalitarian space has an effect of disempowerment that may be internalized as low self worth and systematic lack of confidence among dalit children. What is the effect of this systematic humiliation is in historical terms?
 3. The report finds (table 6, p 18) that 596 out of 1045 doctors were seen as discriminatory by dalit children. This is the extreme manifestation and the report describes several experiences with respect to functionaries lower in the medical hierarchy. While drawing attention to the large percentage of doctors as agents who discriminate, the report stops at saying that the practice of discrimination is a widespread and pervasive sign of the backwardness of India. What is not explored is why a large proportion of doctors, who supposedly (by norm, given a modern education) have been educated against inequality, in a democratic country through a curriculum developed over 30 years at least, remain caste prejudiced. If this education has not done so, what then is crucially wrong with the planning, philosophy and the unstated assumptions of this education?

4. Here the concepts of a) lack of access or inequity and b) stigma come up against the concept of discrimination. The problem among these children is not the lack of access or inequity – they do have equitable access, since they have been able to approach the medical establishment. The problem is also not one of a stigma, which is classically understood as an uneducated response that will be erased by enlightenment. These are enlightened doctors, who are supposed to have had a liberal education. What is the education that would be necessary to erase their practice of stigmatizing dalits? Why has this not occurred? Discrimination in the context of this review of Acharya's report is a political concept that highlights a positive intent to treat a person differently, with less respect and insult if necessary. However, the presence of a large scale manifestation suggests that the intent is not individual – it is not a willed act in a simple individual sense. It is a structural effect of caste society. Yet, the changing locus, agents and forms of discrimination suggest that it is a historically changing structural effect. The way to understand discrimination is as an effect that depends on individual action, but exhibits a logic that is larger than an individual one.

Example: Marxist notion of the 'action of a class'

The Marxist notion of the action of a class is an effective resultant of class interest that is often the sum of, but sometimes differs from, individual actions. Action by a class is the manifestation of a class logic that is structurally distinct from and more powerful than an individual one. For example, both the BJP and the Congress have individually corrupt parliamentarians. They exhibit capitalism's basis in individual interest

(and some other contradictory aspects too complex to go into here). However both *parties* support transparency and elimination of corruption pointing to the other's failing. Thus, both the parties also exhibit the class restraint of individual greed in the interests of the unfettered growth of capital through making the economy attractive to foreign investment. They are *both* speaking the political language of capital. While individual corruption is there, class action is more complex and different.

The novelty in our case is that we are speaking of caste discrimination against dalits, which is different from class oppression.

5. In the beginning of the report, there is a reference to Robert Putnam's notion of social capital (p 4). The report suggests (in my shorthand) that social capital among the haves is used to deny opportunity to have-nots so that they lose access to the goods of society. Putnam's argument about social capital was not about cornering access to social goods, but about the importance of social networks of trust and reciprocity in the birth of a full fledged capitalism in Northern Italy (as opposed to the south). This crucial 'developmental' aspect of social capital (whatever its many drawbacks are) is not considered in the report's use of the term.
6. The report draws on the concept of a dalit identity that has some immutable, essential characteristics leading to docile conduct on the part of the dalit and discriminatory conduct on the part of the upper castes (p 5). While the notion of an identity is useful, it is important to see that there is a transformation of the dalit identity from one in relation to caste to one in relation to class in the transition to

a capitalist society. The argument here is not that the dalit becomes a member of the working class in a transition that is historically a progressive, if painful, one in relation to the Marxist understanding of capital. At the level of detail, it is clear that there are several other backward castes and tribes in similar situations. More broadly however, without going into the different arguments regarding this transition, at the very least there seems to be no likelihood of this becoming a progressive transition in the near future. Rather my argument is that the growth of capitalism in the India sees the transformation of the hitherto existing caste elite into the broad capitalist ruling class formation. This includes its bureaucratic allies, and those undergoing formal professional education to undertake vital functions in modern Indian society. As this ruling class formation comes into being, it forces the evolution of new values, conduct and culture that fuse characteristics of class and castes; for the elite the advantages of both come together, while for the subaltern, the disadvantages of both come together to varying degrees based on caste.

7. Indices of discrimination are complex. Any given instance is not the operation of a simple stigma against a member of a scheduled caste in the act or process limiting access to specific spaces and facilities like class rooms and health care. It is also interpreted by all concerned according to an overall map and project. This interpretation has to be looked at. What do the specific signs of discrimination point to or signify? Discrimination has to be understood in relation to the project of development, modernization and democratic well being that are promised by health care and education.

A Tentative Framework

Discrimination in the Indian context should be seen as related to dynamic and active political exclusion first of all – from access to property and from access to the goods of economic and social growth (including education, health and other forms of property that seem to constitute modern liberal thought and practice). This is in so far as ‘well being’ is imagined in these ways.

Secondly, discrimination is operationalized as disrespect for those who come to acquire property (goods, education, healthcare, well being) through mechanisms of welfare. Thus, in fields of education and health care, discrimination works through a lack of respect and status because the goods concerned are seen to be ‘given’ free of cost by the state. The ‘beneficiary’ is not a ‘property owner’ who has a right to that property and who should be respected as such. In health care, it is possible to see this in relation to the kinds of delay and disrespect experienced by Acharya’s dalit subjects in relation to healthcare. It is also possible to see this disrespect in the spontaneous eruption of Aarogyasri wards with poor infrastructure for poor patients in corporate hospitals in Hyderabad, *even though these poor patients’ costs are fully borne by government*. Disrespect and insult are also seen in government hospitals as described in the blog by Varun Patel³ that was shared at the MFC website. The problem is not callousness here – it is a rationality that sees ‘free’ patients as not deserving of respect. This is a classic discrimination pattern in the neoliberal West in relation to the poor, and especially in relation to African Americans.

Thirdly, discrimination grafts this neoliberal disrespect for welfare on to caste disrespect for the dalit and to a lesser degree for other backward classes. The graft is not simply one

in which disrespect has the same characteristic in caste and class. One must consider that in the transition to a modern capitalist society, a larger proportion of dalit, tribal and OBC populations are below the poverty line than that of the upper castes.⁴ This significant correlation between class and caste after Independence should be read to mean that in the process of economic growth, the upper castes maintain (if not increase) their social advantage in the transition in spite of Constitutional safeguards (the Directive Principles) against inequality and stigma. On the one hand, caste discrimination limits lower caste access to modern forms of property (e.g., education, jobs, good residential locations, and health care); on the other, when state welfare provides education, jobs, and health care, class discrimination disrespects those who access goods they are not seen to 'own'. This double handicap results in some deadly manifestations of disrespect. Disrespect extends to active hostility, resentment and neglect that result in practical refusal of essential services needed to survive – e.g., health care, educational support and guidance, etc. Modern Indian disrespect kills, and does so often with a casual unconcern.

Fourthly, economic discrimination often acts Constitutionally through 'uniform' 'egalitarian' measures across castes that entail differential results. How hard one is hit depends on how many generations of the family in question have had the privilege of education and formal employment. First generation literate families among the lower castes are hardest hit by the 'uniform' measures of deprivation (like withdrawal of scholarship, failure in exams, refusal to treat illnesses). For an example from a field of education, a university withdrew of a scholarship amount of Rs 500 across all students. The well-to-do therefore had to pay the mobile phone bill from their pockets. The less

fortunate felt a pressure on food, survival and family saving. Those on the edge simply fall off.

Understanding the contradictory manifestations of discrimination in this changing context means maintaining the focus on untouchability at one end of the spectrum, and seeing how new class dimensions of discrimination come into being at the other end. This will be one aspect of the specific history of capitalism in the Indian context.

Endnotes

¹ Sanghamitra Acharya, 2010. Access to Health Care and Patterns of Discrimination: A Study of Dalit Children in Selected Villages of Gujarat and Rajasthan. IIDS, Children, Social Exclusion and Development. Working Paper Series, Volume 1, No 2. Online: <http://www.dalitstudies.org.in/wp/wps0102.pdf> accessed on 9th January 2014.

² Drawing on discussions that took place in several informal discussions and two meetings of the Hyderabad Health Group (tentative name), consisting of Veena Shatrugna, Sheela Prasad, Rajan Shukla, Susie Tharu, A Suneetha, K Lalita, Jacob Tharu, Mithun Som, Lakshmi Kutty, Gogu Shyamala, Vasanta Duggirala and R Srivatsan I have also benefited from discussions with Jayasree Kalathil and Shubha Ranganathan in relation to mental health and discrimination.

³ See: <http://www.indiamedicaltimes.com/2013/12/02/guest-article-a-year-as-a-doctors-apprentice-by-dr-varun-patel/> Accessed on 10th January 2014

⁴ See for instance, Amit Thorat, 2010. "Ethnicity, Caste and Religion: Implications for Poverty Outcomes" *EPW*. December 18, Vol XLV, no. 51. pp 47-53. This study of NSS data 2004-5 shows that while 37% of the SCs, 48% of the STs and 43% of the OBCs are poor in rural India, only 15% of the other castes are. Table 2.