

It's Time to Defang 'Meritocracy', an Argument That Claims Lives

The narrow understanding of 'merit' needs to be deconstructed, along with the implication that students who benefit from reservation are 'undeserving'.

CASTE

EDUCATION

RIGHTS

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Irony always has a hearty laugh, when supposedly well-intentioned thoughts from well-meaning individuals seek to snuff out resistance far more effectively than an authoritarian with an iron fist.

The Aam Aadmi Party government in Delhi, which received much media praise for its work on school education, is now facing the music from those that believe in social justice. AAP's social welfare minister, Rajendra Pal Gautam, participated in a public gathering at Delhi University's (DU) North Campus Arts faculty demanding justice for Dr. Payal Tadvi, a Mumbai resident doctor who committed suicide after she was allegedly subjected to caste discrimination and harassment. Here, he issued a statement which reflects the intentional miscommunication that privileged elites, and subalterns seeking to speak the language of elites, of what reservation as a policy intervention means.

He said issues such as the death of Payal Tadvi's death "divert" society from its attention on "development". His **full statement was:**

“This is a matter of great sadness that every two-three months there is one or the other issue and we stand up for it, to fight, to protest and agitate. Whereas our entire community’s attention should be on development (vikas), these issues divert us from this goal, so that we forget about development and are forced to fight for justice... Whether it is the Rohith Vemula suicide, or Dr. Payal Tadvi’s suicide. We need to understand what the conspiracy behind this is.”

He added, “I feel the time has come for us to say something. We also now need to say that we don’t want reservation. They comment on us, question our ability and merit, when it comes to reservations. Now we need to say that we need in every sphere *hissedari* and *bhagidari* (share and participation), whether it is farm lands or our other natural resources”.

The onus of understanding reservation

This makes one wonder, upon whose onus does the need for understanding constitutionally mandated affirmative action to ensure equity and equality for the historically oppressed majority in the Indian union lie? Is the onus upon the historically privileged minority who traditionally have access to education, network and patronage due to their exalted position in the Varna system? Or is it upon the socially oppressed to gather support from the privileged every single time they are denigrated for the use of a constitutional provision? At its hear, this provision ensures stability of the Indian union in the face of internal turmoil from those denied of opportunities for centuries.

It is to be noted that the dominance of Brahmins and Baniyas in the medical profession is not a recent phenomenon. It is a reproduction of a long standing pattern, wherein kinship and caste provided a social framework for them to access opportunities which emerged during colonialism. This allowed them to dominate not just the medical profession, but also various white collar professions and the bureaucracy. For example, out of 244 students at the Dacca Medical College in 1875-76, **only six were low caste men**. There were 70 Brahmins, 128

Kayasthas and 36 Baidyas. In the Madras Presidency, for almost 30 years starting from the 1890s, more than 65% of the students were Brahmins.

It is these stark circumstances which led to institutionalising reservation policies in the Mysore state, Madras Presidency, Kolhapur state and later in Independent India, in order to address this problem of skewed representation.

The long-standing anti-reservation rhetoric of the privileged has been weaponized, through the use of media channels. It reached a tipping point with the implementation of the Mandal Commission's recommendations in the 1990s to ensure adequate representation of Other Backward Castes.

While reservation ensured opportunities would be available for the socially oppressed, the existence of an environment to make adequate use of the opportunities remains muddled. This is primarily due to concerted efforts by the privileged within institutions – partly driven by caste consciousness and partly by an effort to conserve their dominance within the institutions – to disrupt the seamless use of the opportunities through instituting barriers of multifarious nature. Among those barriers is the perpetuation of normalised exclusionary behaviour – nuanced and blatant – driven by caste.

Exclusion is well documented

Here is an account by a relative outsider to Nepal, which reveals the dark underbelly of how caste operates and the influence that caste has in societies which had internalised caste-based societal transactions. While Ayurvedic medicine thrives in Nepal, there are few Dalit professionals practicing it because of educational exclusion in the past, especially from Sanskrit-based subjects like Ayurveda.

The life of Kabiraj Prasad Rasali documented in this [paper](#), an Ayurvedic practitioner from Nepal, reveals how he had to hide his Dalit identity and adopt a Brahmin identity to learn Ayurveda in India. The circumstances in Nepal prevented him from mastering Ayurveda by virtue of his Dalit identity, while the circumstances in India forced him to adopt a Brahmin identity.

Moreover, it also reveals the structural problems driven by caste, which enables a violent consequence for Dalit medical practitioners over upper caste medical practitioners, in face of mistakes committed during treatment.

Similar patterns repeat in the online domain, particularly a Facebook group, “[NEET PG & DNB 2020. Counselling Aid & Update](#)”, which stands out thanks to its 126,000 members, all of whom are doctors. As discussed earlier, the structural problems of Indian society manifest in group conversations, wherein the vocal voices within the group are decidedly anti-reservation. When an MBBS doctor, who comes under reserved category (OBC, SC, ST), registers a doubt regarding the procedures associated with reservation quotas, one is always met with explicit casteist slanders, to the point of equating them to parasites, beggars, leeches and moochers.

In addition, the conversation that dominates this group is passive aggressive, with the sole motive to brand beneficiaries of reservation as lazy, undeserving, as someone who has stolen the opportunity from a general category student. Importantly, these students are also labelled as someone who would be shunned by patients just by looking at their surnames (which reflects their caste).

The group’s administrators also reflect the deep seated bias. Any post which reveals the merits of reservation system is met with erasure, while standing firmly behind individuals who engineered the Twitter campaign, #DeathOfMerit and #DeservingDoctors. The constant effort to induce guilt among candidates who are beneficiaries of the reservation system, via a constant barrage of psychological attacks, results in reduced self-image, a pattern which is reminiscent of tactics adopted by professors and students in medical colleges and coaching institutions.

Vicious environment

While such is the reality in virtual space, the truth that is played out in reality, is far more vicious and suffocating in medical colleges. Dr Raji, who has completed her MBBS from a medical college in Tamil Nadu, faced one of the worst trauma that could be encountered on the first day of college, as an 18-year-old. During hostel allocation, she was allocated a room with three other girls, and a parent of one of them took offence that his daughter is made to share a room with a Scheduled Caste girl and spouted casteist slurs. While this

is the mentality of the parents, in some places, the room allocation itself is on the basis of caste, wherein the institution has a clear role. The horror story doesn't end here, as it trickles down to the class, where professors make pointed comments based on the caste identity of a student, especially when one belongs to a Scheduled Caste or Scheduled Tribe. In addition, students from SC and ST category also get labelled as "Naxals", if one is assertive.

The exclusionary practices in medical colleges take various forms, but the primary forms are caste affinity driven favouritism. This leads to exclusion of others and targeted actions based on caste, even failed students in internal examinations. On the clinical side, the exclusionary practice is to deny students hands-on training during surgeries and specific examination techniques in case of medical diagnosis training.

Dr Janakiraman from Chennai recalls his experience, when the segregation of students was made on the basis of caste, and the SC/ST students were instructed to take all the weekend duties, allowing the others to do weekday duties. He underlines the fact that, such discrimination is more pronounced in post-graduate studies, as the batch size is relatively much smaller, enabling the professors to easily figure a student's caste out.

While students from SC/ST communities face discriminatory practices in their colleges, women students from these communities face the double trauma of dealing with their caste and gender position. Their inverted power relation with men, especially those from higher castes, who consider SC/ST women a soft target to harass, given their lack of agency, thanks to their caste and gender.

While it is mandated for every medical college to have an SC/ST grievance committee, either the colleges lack one, or even if present, are generally not informed about to the students. Even if informed, either the mentors in the grievance committee are themselves victims of exclusionary practices or ascribe to misplaced emphasis on 'developing grit'. In select cases when the SC/ST grievance committee is assertive and takes the matter to the administration, it is usually hushed in favour of "safeguarding" the "name of the college".

In addition to facing caste discrimination from professors and fellow students, the students from SC/ST communities also face a deep seated caste-based

perversion from employees in college administration like clerks, accountants and administrative officers. The slurs which scheduled caste students face while collecting their government mandated scholarships and hall-tickets are still a reality.

Here, I would like to add that, the situation in engineering colleges is no better. Gokulnath, an engineer from Chennai, was verbally abused by an administrative officer, who commented that, if SCs are going to climb the ladder using reservation and scholarship provided for first generation graduates, then who are going to “haul our faeces from sewers”.

Cultivating empathy

Empathy is a hallmark that doctors must cultivate towards fellow humans, whom they treat and work with. Schools and colleges should engineer an environment where empathy is actively cultivated, with professors being the benchmark for students to aspire for. The reality of caste-based exclusionary framework results in a majority of professors who actively stereotype, stigmatise and hold prejudice against their own colleagues and students based on their caste. This leads to a leading coaching faculty for pathology to openly equate reservation to shortcuts employed by “undeserving students”. He also went on to say that students who benefit from reservation system should stop justifying it with discrimination their ancestors faced. He added, reserved candidates should internalise the “injustice” they mete out to their general category colleagues.

The harshness of the reality, which Payal Tadvi in Mumbai, Mariraj in Ahmedabad, Rohith Vemula in Hyderabad and countless others face from their immediate environment, filled with characters of the aforementioned sort, makes one wonder, is the reality different for any reserved category students? Do they have an impartial agency that can help overcome these odds manufactured by caste-based exclusionary thought framework?

It is here, one is reminded that the government needs to sensitise the populace about inequality in the society, which is why the reservation system is in place. While the government takes pride in introducing chapters related to the victories of erstwhile kings and artistic achievements of our master craftsmen, it is also important to heed to the long-standing demand from Tamil Nadu to include the rationale for the existence and sustenance of reservation system in

the syllabus. In addition, the medical community needs to come together and establish dignity of labour among its practitioners. It also needs to adopt a scientific understanding of why ensuring diversity among medical practitioners, in terms of gender and caste, is important for delivery of healthcare in India.

One is reminded of the statement by Justice D.Y. Chandrachud in a landmark judgment delivered with Justice U.U. Lalit, wherein they summarily debunked the narrow understanding of “merit” which has contaminated public debate for long. While upholding the constitutional validity of a law passed by the Karnataka state legislature, which protects the consequential seniority of persons belonging to the SC/STs promoted under the state’s reservation policy, Justice Chandrachud addressed the question around the phrase “efficiency of administration”. **He said:**

“If this benchmark of efficiency is grounded in exclusion, it will produce a pattern of governance which is skewed against the marginalized. If this benchmark of efficiency is grounded in equal access our outcomes will reflect the commitment of the constitution to produce a just social order.”

He also added, “A meritorious candidate is not merely one who is “talented” or “successful” but also one whose appointment fulfils the constitutional goal of uplifting the members of SCs and STs and ensuring a diverse and representative administration.”

Such judgments, and the outcomes of social justice movements across India, need to find space in textbooks which seeks to educate ‘New India’.

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