

offspring of a rich and politically powerful person belonging to a scheduled caste. Can there be a greater injustice?

What is witnessed in the medical arena occurs with equally disastrous consequences in the corridors of bureaucratic power. Poorly equipped individuals from the scheduled castes and tribes are promoted over the heads of meritorious candidates from the higher castes. Merit no longer holds sway.

Reservation has bred complacency, laxity, laziness and a *hamaré bapka seat hai* (the seat is mine by paternal right) attitude. Do those whose forefathers belonged to subjugated castes wish to remain in the

defeatest mind-set, reliant on handouts from reservations? Shouldn't their own sense of self-respect inspire them to spurn such seats and insist on demonstrating that they are second to none?

If, after almost half a century of independence, our colleagues in the scheduled tribes and castes still need reservations is this not cause for serious concern?

When we make no concessions to the blind, deaf or others with genuine physical handicaps, why are we mollycoddling those without any handicaps whatsoever? Is it right to let politicians play havoc with our vital systems?

Mandatory testing for AIDS

Legislation has been proposed in New York for compulsory testing of the newborn for HIV infection. The parents would be informed if the baby showed a positive test. It sounds simple and logical.

Anna Quindlen, reporter for *The New York Times*, talked to Dr. Janet Mitchell about it. Dr. Mitchell runs a clinic at Harlem Hospital and treats several women whose babies might show evidence of infection by HIV. They are poor, addicted to drugs or sleeping with men using them.

Dr. Mitchell argued against such legislation as testing the newborn shows the HIV status of the mother, not that of the infant who possesses the antibodies passed on to it through the placenta. Mandatory tests will, thus, provide the legislators with a method for testing mothers without having obtained their consent.

'The idea that a woman would forge ahead heroically after being informed that her kid may be mortally ill and she herself is a goner would make for a swell TV movie. But it is not', says Dr. Mitchell, 'real life'. Real life is talking to her patients at every visit about HIV testing, explaining to them what being positive would mean and what kind of help is available. It works. 'We create trust,' Dr. Mitchell says, 'You cannot tell someone they are HIV positive out of a clear blue sky.'

The fact that not all mothers are willing to get themselves or their babies tested for HIV infection only goes to prove that the medical system has failed in educating families on AIDS. The benefits from winning their trust and cooperation are likely to be far greater than those from compelling individuals or groups into undergoing tests.

Our medical consultants and administrators need to carry out similar soul-searching. Should they too see the light, we may witness an end to the mindless enforcement of HIV tests on hapless patients and the consequent disasters.