

Republicans in the US Congress, Trump has tried to overturn the Affordable Care Act (also known as Obamacare), which provides access to healthcare for uninsured Americans (12); as president he has appointed industry leaders as members of his cabinet who are doing everything in their power to reverse recent gains to reduce water and air pollution in the US; he is seeking significant reductions in programmes that provide nutritional support for poor children in the United States, and much more.

Reinstitution of the Global gag rule may appear to some people as a minor issue, given the much larger number of people in the world who are affected by the array of harmful Trump administration policies. But it is more than merely a symbol of US imperialism in today's globalised world. Women constitute one half of the world's population. A US-driven policy that denies a substantial percentage of women the opportunity or, in United Nations terminology, the *right* to control their fertility, is nothing less than a war against vulnerable women in resource-poor countries.

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Casteism in a medical college: A reminiscence

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The Indian Medical Association has expressed doubts about whether casteism exists in the medical profession. I would like to report what I witnessed as a medical student at the Government Medical College (GMC), Nagpur, where I studied from 1982 to 1987. There was much to be proud of in this college which was, and is dear to me; but what I relate here is a part of its dark underbelly that I had no idea even existed

before that. It is a college whose alumni include several eminent practitioners who might reflect on whether such practices existed in the years before I joined.

"What is your caste?" my senior asked me in an intimidating way during the ragging. That was the first time I had been asked that question in my life. I was too flustered to answer. Late into my First MBBS, I came to realise that caste was a defining characteristic in this medical college. Whenever the exams or the resident doctors' association's (MARD) elections approached, there would be a flurry of caste-based mobilisation. "Get-togethers" would be organised along caste-lines. Faculty, post-graduate and undergraduate students from a particular caste would meet over lunch or dinner to identify themselves to each other, and this would be followed by watching a movie together. These get-togethers would split

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the entire class, for suddenly a group of people who would hang out together would go to different “get-togethers.” The association of residents had some say in the allocation of PG seats, so the stakes extended beyond the exams. On one occasion, there was a move against this rampant casteism and a Non-Casteist Panel was formed, led by a really genuine person. This caused an uproar during the college elections season, and the claim was that the allegation of casteism is a figment of the imagination! There is no casteism in the Government Medical College! Ultimately the non-casteist panel was infiltrated by the casteists, who ironically won under the “non-casteist” umbrella, and the real leader of the movement lost. I remember feeling disgusted with the outcome.

There were luminaries of each caste active in local politics who were doctors, and who would join the appropriate group. There was a “Maratha” icon with twenty educational degrees, who later became the number two politician in the Maharashtra cabinet for a brief period, but died a premature death. There was another similar individual, a kind of Don from the “Brahmin” side. Caste groups had names given to them—Marathas were “Foes,” SCs were “Parafoes” (if I remember correctly). After every examination there was often gossip about how Maratha examiners favoured “their” candidates and brought down the “Brahmins,” and vice versa. Muslims were hardly 1-2% of our class of two hundred students, and were often the target of casual slurs: “Oh, you might go to Pakistan

after the MBBS, right?” The rest of us, who did not belong to Maharashtra and were the “Hindi-siders” or “the southies,” did not count politically or socially. It was suggested by some in this loose group that we could actually be a politically influential group, because our powerful Dean was one of “us,” along with some other faculty members. I excused myself from this exercise.

There were two people from the tribal community in my batch of twenty-five. One of them was the only literate person in his family, who had done various odd jobs as a manual worker, selling bread and milk to enable his journey through high school. I remember feeling that in comparison, I had done nothing to really earn my education. The pressures of a medical school, however, proved too much for him. He developed a mental health issue, and starved himself to death at a local temple, as we later learnt. The other, a girl, was also the target of verbal barbs at her lack of sophistication. She, however, developed a particular kind of smile which would deflect and disarm. She managed to pass her MBBS.

I do not know what the current situation is in the GMC at Nagpur, but it is hard to imagine that in a society where caste is still so important (read the classified matrimonial ads in any newspaper), things would be dramatically different. I think that casteism would still emerge as a subterranean phenomenon. At the core of the prejudiced mind in India is casteism—and misogyny and communalism are the two other key manifestations following from this core.

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