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SOCIAL JUSTICE OPPORTUNITIES ARE TOO UNEVENLY SPREAD ACROSS INDIA

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Tweak the all-India quota for medical seats to adjust for differences in access to education made by students' state domicile

Reservations in India were once again hotly debated in some circles due to the Supreme Court's recent verdict upholding reservations for Other Backward Classes (OBCs) and Economically Weaker Sections (EWS) in medical seats for the All India Quota (AIQ). And yet, one crucial point was missed out—how one's birth still influences access to social justice when it comes to medical seats.

Educational seats in India for Bachelor of Medicine and Bachelor of Surgery (MBBS) degrees are distributed by the following formula: 85% of the seats are reserved for candidates from within the state itself, and the rest of the seats are listed under the All India Quota (AIQ). So, if a state has 1,000 MBBS medical seats, it retains 850 for citizens residing within that state, while the remaining 150 are made available for the AIQ, for which any Indian citizen can apply. Thus, the access to medical seats for Scheduled Caste (SC), Scheduled Tribe (ST) or OBC candidates is primarily dependent on the number of seats available within their own state.

Reality Check: State-level differences are very high: There are significant state-level differences that cause a disproportionate distribution of benefits across both the overall population and reservation-beneficiary groups in the country. For instance, Bihar has 2,540 MBBS seats for a population of 122.2 million; i.e., the number of seats per million of the population is only 20.8. West Bengal offers better opportunities for its residents, with the state's MBBS seats per million being 42.1—about twice that of Bihar. In contrast, Tamil Nadu has 10,425 MBBS seats for 77.1 million people and can offer a far higher 135.2 seats per million of its population, about 6.5 times the ratio for Bihar and 3.2 times the ratio for West Bengal. Thus, a resident of Tamil Nadu has a clear structural advantage over any resident of West Bengal and Bihar.

This holds true and may even worsen for reservation-beneficiary groups. Now, 97.2% of Tamil Nadu's population is categorized as OBC, SC or ST and the state has reserved 69% of its MBBS seats for them. In Bihar, the cumulative proportion of the OBC, SC and ST population is nearly 79.8%, and the state government has reserved half its MBBS seats for them (AIQ is separate). Thus, for every million of the reservation-beneficiary population groups, Bihar has 11.1 seats reserved, West Bengal has 42.4, whereas Tamil Nadu has 81.6.

From the perspective of social justice, an OBC/SC/ST in Bihar is almost four times worse off in terms of access to an MBBS seat, as compared to an OBC/SC/ST in West Bengal, and more than seven times worse off as compared to an OBC/SC/ST in Tamil Nadu. Thus, access to an MBBS education varies dramatically in each state.

A game of unequals: Tamil Nadu versus Bihar: Tamil Nadu scores higher than Bihar on almost all Human Development Index (HDI) parameters. In addition, Tamil Nadu's residents have almost a three times higher per capita income than Bihar's residents. Thus, the OBC/SC/ST populations of Tamil Nadu are not only better off in socioeconomic terms, they have access to a far higher number of seats as compared to an OBC/SC/ST from Bihar. This is perhaps not in line with the principles of social justice, which would require harmonization of opportunity across

population groups, rather than reinforcing existing disadvantages.

Against this backdrop, the introduction of OBC reservations in the 15% All India Quota needs further scrutiny to understand the state-level differences. If OBC candidates from different states are competing against one another, it may mean that an OBC from Tamil Nadu who is in the 97th percentile in that state would be competing against a 38th percentile OBC from West Bengal, i.e., an OBC from a state with far higher per capita income and HDI parameters would be competing with candidates in another state that is lower down the human development chart. Further, the 97th percentile OBC from Tamil Nadu already has access to a far higher number of seats in Tamil Nadu itself.

In other words, one's birthplace or domicile matters immensely for any OBC/SC/ST candidate in India, directly impacting the candidate's ability to get access to a medical seat. If the OBC quota is not normalized for state-level differences, it would only intensify structural inequalities between states.

Correcting our lopsided reservation benefit distribution: The problem of lopsided benefits of reservations has been noted previously, including in the Rohini Commission report. Typically, it is seen that lopsided distribution is measured along the dimension of caste. From the perspective of medical seat distribution for beneficiary population groups, the dimension of 'geography' needs to be considered as well. Indeed, it would be prudent to understand the caste and state-level representation of reservation-beneficiary populations in the AIQ, and then set up a mechanism to regulate the state-level distribution of seats.

Only through a rigorous data-oriented framework would we be able to offer the equality of opportunity that has been promised to every OBC/SC/ST in India, regardless of their place of birth.

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