A few shades fairer, please

RAKHI GHOSHAL

Abstract

This piece critically reflects on the growing Indian desire for fairer shades of skin. While skin-whitening products vanish off store shelves, notwithstanding protests against such products, the event that generated a storm some time ago in the media was the Garbha Sanskar workshops. In these workshops, women were allegedly taught methods to purify their wombs and beget fairer (and taller) children. In this article I argue that not only is it simplistic to label this ideology regressive, but that it becomes rather difficult to criticise the sanskaris because of the "register" they employ, ie the language they use to rationalise and explain their actions. The sanskaris use the rhetoric of modern medical science to justify their methods, while the same science tells us that their logic is not scientific; consequently, we are stranded between a paradox and a dead-end. A step-wise, critical look at this discourse reveals how complex its nature is, especially its attempt to lay simultaneous claims to different (and contradictory) epistemologies. I offer no easy solution, for there is none. I map some of the complexities and contradictions of the scenario as a first step.

Mirror, mirror on the wall, who's the fairest of them all?

Schoolbooks taught us how the Aryans, who invaded the Indian subcontinent around 1500 B , clashed with the locals, drove them southwards and destroyed their civilisation. This theory was floated by Max Muller in the 19th century and gradually emerged as "self-evident". It was eventually christened the Indo-Aryan Migration Theory. We were told that one of the distinct features of the invasion and resultant colonisation was that fair-skinned Aryans and dark-skinned Dravidians succeeded in producing progeny that were not-so-dark any more. The one factor that went in favour of the Aryans was that they, by inter-marrying, "cleaned up" our skin tones. The Aryan invasion theory has been systematically debunked (1,2), though many of us continue to believe in it. However, the point here is not the historical veracity of the theory. It is to realise that, as a society, we continue to invest in the idea of fairness. If those who ransacked our territories and harmed the local populations also gave future generations a fairer shade of skin, we will become a bit more lenient towards the intruders.

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Black is bad, backward, underdeveloped, Third-world. White signifies the pure, the developed, the First World. White is fair, and it seems fair to want to be fair. We are obsessed with fairness. Fortunately, there continue to be those who militate against the creed of fairness, irrespective of their own melanin count. The voices against the plethora of skin-whitening products, including fairness creams, gels and face washes, are getting stronger; yet advertisements of these products continue to beam, products continue to sell and stocks are duly replenished. What is more, the issue of wishing to become fairer (by applying skin-whitening products and homemade concoctions) has become not only more complex, but also menacing, in recent times. The desire has extended from *becoming* fairer to *begetting* fairer children; from pinning the desire for fairness on the self to pinning it on to the other that emerges from the self. Fairness has moved from being literal to metonymic; from implying good looks to describing the "perfect" human being.

Sanitising the dark womb

Garbha Sanskar, ie the process of sanitising the womb, took the media by storm towards the middle of this year. The health wing of the RSS, Arogya Bharati, launched the *Garbha Sanskar* project, the chief mandate of which was to help women give birth to the "perfect" child – the *uttam santati* (3,4). It was surprising to some to learn that this programme had already been functional in Gujarat for a decade, even as it came under the national media spotlight only in the course of its being rolled out in other states. In May 2017, notwithstanding a High Court stay order, a two-day workshop-cum-counselling session was organised by Arogya Bharati in Kolkata (3). Those who signed up were offered tips on how to purify their otherwise "impure" wombs and consequently, beget fair, tall offspring – in short, the perfect progeny.

The womb has been in the news for various reasons in the past year. First, in August 2016, it was the ban on commercially renting out the womb for third-party childbearing. In April 2017, the womb made it to the headlines as heated debates swirled around the issue of uterus transplant. And now, the question of reconfiguring the purity quotient of the womb stares us in the face. The womb has been the focus in days gone by as well. For instance, 19th century colonial reformers argued that in very young girls, the womb is not fully developed and is not fit to bear healthy children, and thus, girls should not be married off at a young age (5). Later, the womb came under the scanner again when the post-colonial state dictated the number of times it could exercise its reproductive potential and recommended that the productivity of the womb should be limited to two (the era of *hum do humare do*).

she enjoys, for instance, listen to music, or take a walk. The rationale is that stress releases cortisol in the blood, and high cortisol levels are harmful for foetal health. Thus, to reduce cortisol levels one should avoid stress, and if one is happy, stress is minimised. The *sanskaris* also maintain that happiness is important and talk of women's emotional health during pregnancy, and we find that they are in sync with scientific logic. According to Dr Karishma Mohandas Narwani, Ayurvedic *Garbh sanskar* expert, "Ayurveda has all the details about how we can get the desired physical and mental qualities of babies. IQ is developed during the sixth month of pregnancy. If the mother undergoes specific procedures, like what to eat, listen to and read, the desired IQ can be achieved. Thus, we can get a desired, customised baby." (4) However, we start feeling unsettled when the term "customised baby" is used; we feel disturbed when women are asked to conduct themselves in specified ways so as to successfully "clean" their wombs. But when happiness *per se* is warranted during a pregnancy, who decides what should make the woman legitimately happy? Why does one set of prescriptions (listening to music, for instance) seem acceptable, while another (such as chanting the name of god) seem worrisome?

The point is that those belonging to a space fundamentally opposed to modern science are using the hegemonic language of science to justify their prescriptions. The *sanskaris* use the language and ensure popular uptake before slipping into a different path at the last moment. Discussions on how improved nutrition, better quality of rest, etc, will help the pregnant woman stay healthy and affect the foetus in a similar way co-opt the public health perspective as well. Through the repeated use of the language of medical science and public health, access to people's minds becomes easier for the *sanskaris*. It is the sheer complicated nature of the *sanskari* discourse that makes it all the more important to tease out the overlaps and divergences in their arguments so that we can call it either a deliberate hoax or a very flawed praxis. It is an ethical imperative to understand whether and how these two arguments/beliefs (of what medical science asks of the woman and what the *sanskaris* ask) are different *in terms of their epistemological validity*. The importance of showing the difference cannot be stressed enough, for the *sanskari's* line of guidance is ultimately a surreptitious form of eugenics that we need to be aware of.

The catch-me-if-you-can eugenics

Eugenics has accosted the human race for a long time: convinced of the unparalleled superiority of the Aryan race, Adolf Hitler systematically segregated and eventually decimated populations he considered not eligible to live, and certainly not live in Germany. These were the Jews, gypsies, homosexuals, the old and the infirm. Art Spiegelman, in his fascinating work, *Maus: A survivor's tale*, which was the first comic-strip book to win the Pulitzer (1992), opens the book quoting Hitler: "The Jews are undoubtedly a race, but they are not human." It was to eliminate this "sub-human" population that concentration camps were devised and other deadly experiments conducted on hundreds of living humans. The telos of this project was not a simple decrease in the number of Jews, but to make Germany the ideal, most superior race. Nazi eugenics was "a politically extreme, anti-Semitic variation of eugenics" and this determined the course of state policy. Hitler's regime "touted the 'Nordic race' as its eugenic ideal and attempted to [mould] Germany into a cohesive national community that excluded anyone deemed hereditarily 'less valuable' or 'racially foreign'. Public health measures to control reproduction and marriage were aimed at strengthening the 'national body' by eliminating biologically threatening genes from the population" (10). In 1933, the *Law for the Prevention of Genetically Diseased Offspring* was passed. This allowed the state to organise mass sterilisation of people whom it considered not human enough, such as individuals who "suffered" from any of nine conditions assumed to be hereditary: feeble-mindedness, schizophrenia, manic-depressive disorder, genetic epilepsy, Huntington's chorea, genetic blindness, genetic deafness, severe physical deformity and chronic alcoholism (10). Eerily invoking this German ideology, some office-bearers of the Arogya Bharati have reportedly explained that the Garbha Sanskar project "was inspired by Germany, which […] had resurrected itself by having such signature children through Ayurvedic practices within two decades after World War II". (4)

India witnessed its first onslaught of the eugenic ideology in 1975, when Sanjay Gandhi launched his mega drive to clean up the nation by forcibly sterilising the poor male population, particularly in and around the city of Delhi. "An astonishing 6.2 million Indian men were sterilised in just a year, which was '15 times the number of people sterilised by the Nazis', according to science journalist Mara Hvistendahl. Two thousand men died from botched operations." (11) Sterilisations, forced overtly or laced with incentives, continue to plague India's healthcare scenario, and what is noteworthy is that such initiatives are always justified using the language and logic of individual health, public health and the larger health of the nation, ie, the rhetoric belongs to the domain of modern science.

Interestingly though, this present *sanskari* form of eugenics is structurally different from the Hitlerian version, the Sanjay Gandhi version, and even the more contemporary assisted reproductive technologies-enabled preimplantation genetic diagnosis (PGD) version, in which allegedly defective embryos can be identified and discarded. The *sanskari* eugenics is a new version, one that is technically outside the ambit of law. Unlike the other versions, no already-born human is being killed for having the wrong/undesired cultural or gender identity, or for belonging to an undesired religion, caste or economic class. Nor is this version about the selective destroying of embryos. The elimination in this eugenics is not taking place at any of these palpable or articulable levels, which could then have been interrogated by law.

While it is fair enough (pun to be ignored) to be curious about the 450 babies allegedly born under the supervision/ intervention of the *sanskaris* (how tall, how fair), what is more

important is that the *sanskaris* are exploiting the general *desire* of the common (wo)man to beget a child who is "healthy". I would dare say that deep down or otherwise, many of us are eugenicists in some degree or the other: even while sincerely standing up for and advocating the rights of, for instance, people with disabilities, and even while never agreeing to abort an embryo that is diagnosed with some genetic abnormality, most of us would *wish* to give birth to a child without disabilities. Whole-heartedly accepting a child born with any differences is a different matter; adopting a child with genetic issues is a different matter as well, for in these situations, the child is already born, and I am talking of "desire" before the birth, or even conception, has taken place.

I make a detour at this point to talk about my experience: at the ultrasound scan at 22 weeks, it was confirmed that the foetus I was carrying had talipes of both feet. I cannot say I was not disturbed at all by the news. The doctor to whom I then went for a second opinion asked me if I had second thoughts on continuing with the pregnancy because of the talipes, and assured me he could help me if I wanted to go for "it" (even past the 20 week mark). I was aghast! I wondered if people really aborted because of talipes. I consulted other doctors and learnt that talipes is absolutely reversible at present. After my daughter was born, I was put in touch with a paediatric orthopaedic surgeon in Kolkata. The doctor turned out to be absolutely wonderful, and my daughter underwent corrective surgery and treatment. She is two now, and she has been walking, running and climbing stairs from the age that toddlers usually do. I feel relieved and happy to see her walk and run around like other kids. However, the point is, I *did* try to get her feet corrected; I did try to make them "look" normal: is that not some form of the eugenicist in me? Of course I can rationalise my act: when there is treatment available and the treatment is neither complicated nor very expensive, and when I had access to one of the best doctors, why should I not have got the problem corrected? But then again, I can counter rationalisation as well. I, too, stand guilty somewhere, to some degree.

Eugenics is very complicated. When the language of science is used, arguments get fortified, even though we realise that science itself is not just dynamic but political as well. Science has told us that consanguineous marriages are not wise because of how genes are passed on to the offspring. Even in the case of non-consanguineous marriages, it is common to hear that before zeroing in on a partner, we should match blood groups to test for certain genetic conditions, such as thalassaemia, rather than indulge in the baseless practice of horoscope-matching. It seems perfectly humane and ethical to *not* want to increase the chances of thalassaemia for a prospective child. Of course, having a child with thalassaemia (because both parents are carriers of the gene) is *not* the same as (or even similar to) having a child with dark skin because both parents are dark-skinned. And I am arguing that this is a question of the extent of the desire to erase the possibility of something. To want to eliminate the possibility of thalassaemia in a prospective child seems absolutely acceptable, but to want to eliminate the possibility of having a dark-skinned child seems ridiculous and inhuman. However, we should realise that *the register used is the same in both*, and in a nation where fairness and whitening creams rule the roost, notwithstanding the train of protests, being able to ensure the birth of a fair-skinned child will indeed appeal to many.

Tread softly

The risk is not that the organisers will continue to ignore court stay orders and go ahead with such "sanitise-the-womb" workshops, but that we, as potential consumers, will ask ourselves, "Why not just see what they say? And if they prescribe a few easy things (and the obstetrician will also prescribe a list of things anyway), why not abide by those and just see if the child is really born fairer and grows up taller?" An easy mix of Fair & Lovely and Horlicks. The seeming simplicity of the thing is what makes it easy to access minds and desires. This eugenics is hard to catch – it keeps escaping us because it is about the future, and it is actually about manipulating desires, not human beings or embryos.

Those signing up for the workshops are not breaking the law. They can argue that they are not harming anybody; they are only "hoping" that their child will be born with good looks and a good body. That is what fairness and height eventually boil down to in common perception – good looks, a well-built body and a healthy constitution. There might be a woman or two in the workshops who has been abused by her in-laws for being dark-skinned, and her wish to give birth to a fair-skinned child might stem from her desire to gain standing in her family. Most of us, indeed, hope that our children grow up physically healthy, and terms such as "healthy" mean different things to different people. The common (wo)man does not go by WHO definitions. We keep wishing things for our children, and to expect the child to grow up into a sensitive and caring human being who is good at heart is to surrender to some form of desire as well. So, when a couple add that they want their child to be born with skin that is a few shades fairer than theirs, what is our logical counter to that desire? It is difficult to articulate a critique to this desire, and it becomes all the more important to engage with this issue in all its complexity and work through its multiple layers. In this article, I tried to map some of the complexities and contradictions of the scenario as a first step. It is important to understand that by following such desires, what gets erased is our sensitivity and the ability to be happy with who we are and who we give birth to.

We end up hurting ourselves in the long run; by desiring to beget progeny that is fairer and significantly taller than we are, we agree to look upon ourselves as lacking and unacceptable. We end up treading not just on dreams, but also on our rights, on hope, and on life and love – and we are not treading softly either.

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Combating corruption in the pharmaceutical arena

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Abstract

Corruption in healthcare generally and specifically in the pharmaceutical arena has recently been highlighted in reports by Transparency International. This article focuses on four areas of corruption: legislative/regulatory, financial, ideological/ethical, and communications. The problems identified and the solutions considered focus on structural considerations affecting how pharmaceuticals are discovered, developed, distributed, and ultimately used in clinical settings. These include recourse to user fees in the regulatory sphere, application of intellectual property rights to medical contexts (patents and access to research data), commercial sponsorship of ghost writing and guest authors, linkage/delinkage of the funding of research and overall health objectives to/from drug pricing and sales, transparency of payments to healthcare professionals and institutions, and credible regulatory sanctions. In general, financial and other incentives for all actors in the system should be structured to align with the desired social outcomes — and to minimise conflicts of interest among researchers and clinicians.

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Introduction

The governance of public healthcare and medical research is strategically important for public policy; however, its technical complexity creates the potential for corruption that can undermine public health objectives. The issue of corruption has been highlighted in recent articles (1) and especially in two 2016 reports from Transparency International that document how "corruption is part of doing business in the healthcare sector all over the world" (2) and defend the view that "combatting policy and structural issues that increase corruption vulnerabilities in the pharmaceutical sector will help prevent unnecessary medicine expenditure costs and ideally improve health outcomes for all" (3).

Many types of corruption in the pharmaceutical sector are equally rampant in high-income countries and low-income ones; for example, conflicts of interest, misrepresentation, lack of transparency, and corporate influence over prescribing habits (4). Of equal import to documenting instances of corruption is identifying strategies and tactics to reduce corruption. This undertaking is particularly meaningful given the inclusion of reduction of corruption (and bribery) in the