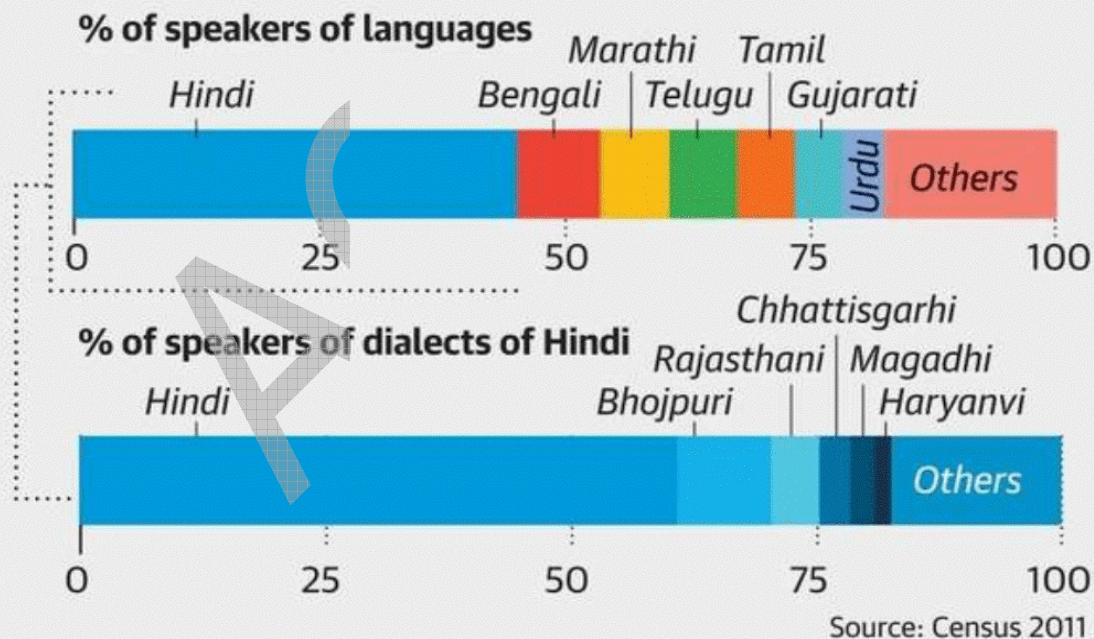




It is time to let sleeping dogmas lie: on 'Hindi imposition'

One language, many dialects

Only 60% of total Hindi-speakers speak the native Hindi dialect. Effectively, only 26% have native Hindi as their mother tongue



Context:

The Union Home Minister's statement recently, saying that Hindi should replace English as the "link language" and that the Government's work will increasingly be in Hindi, has set the proverbial cat among the Southern pigeons.

The "Hindi-Hindutva-Hindustan" ideology that he represents has historically been impatient with the notion of Indian multilingualism, which it sees as a babel

undermining national unity rather than the proud showcase of diversity that our constitutional nationalism celebrates.

Recent Parliamentary Official Language Committee:

Union Home and Cooperation Minister presided over the 37th meeting of the Parliamentary Official Language Committee in New Delhi.

The union Home Minister unanimously approved the sending of the 11th Volume of the Committee Report to the President of India.

Union Home Ministry emphasized on three main points:

1. For implementation of the recommendations made from the first to the 11th Volume of the Committee's report, a meeting should be held in July in which the Secretary of Official Language should inform members about the implementation of the Volume wise report.
2. To give elementary knowledge of Hindi to students up to 9th class and to pay more attention to Hindi teaching examinations.
3. Union Home Minister suggested to republish the Hindi dictionary by revising it.

Constitutional Provisions:

Official Language of India:

Article 343(1) - The official language of the Union shall be Hindi in Devanagari script. The form of numerals to be used for the official purposes of the Union shall be the international form of Indian numerals.

Article 343(2) - provides that English shall also be continued to be used in official work of the Union for a period of 15 years from the date of commencement of the constitution, i.e., up to the 25th of January 1965.

Again, **Article 343(3)** made provisions for the **continuation of English from 26th January 1965** by empowering the parliament to make laws to that effect.

Accordingly, Parliament passed **The Official Languages Act, 1963** to provide for the languages which may be used for the official purposes of the Union, for transaction of business in Parliament, for Central and State Acts and for certain purposes in High Courts.

Article. 350A - Facilities for instruction in mother-tongue at primary stage –

1. It shall be the endeavor of every State and of every local authority within the State to provide adequate facilities for instruction in the mother-tongue at the primary stage of education to children belonging to linguistic minority groups; and
2. The President may issue such directions to any State as he considers necessary or proper for securing the provision of such facilities.

This provision was incorporated by the **Constitution (Seventh Amendment) Act, 1956** based on the recommendations of States Reorganisation Commission which was headed by Retired Justice Fazal Ali.

Article. 351 - Directive for development of the Hindi language – It shall be the duty of the Union **to promote the spread of the Hindi language**, to develop it so that it may **serve as a medium of expression for all the elements** of the composite culture of India and **to secure its enrichment** by assimilating without interfering with its genius, the forms, style and expressions used in Hindustani and in the other languages of India **specified in the Eighth Schedule**, and by drawing, wherever necessary or desirable, for its vocabulary, primarily on Sanskrit and secondarily on other languages.

Worldwide Promotion for the Hindi Language:

1. In 2018, the Indian Prime Minister became the first head of government to address the World Economic Forum in a national language other than English.
2. The Government of India in collaboration with the Government of Mauritius has set up the World Hindi Secretariat in Port Louis, Mauritius for promotion and propagation of Hindi globally.
3. Indian Government's effort led to the creation of Hindi Twitter account of the UN in 2018.
4. The first **World Hindi Conference** was organized in Nagpur on January 10, 1975. To commemorate the occasion, the government of India since 2006 is celebrating 10th January as World Hindi Day.
5. The then Minister of External Affairs Atal Bihari Vajpayee was first to give a speech in Hindi at the United Nations in 1977.

Part of 'Hindi promotion':

Central government is only the latest salvo of several efforts by the Modi government to promote Hindi.

These include:

1. The **imposition of Hindi names** on Central government programmes and schemes (Swachh Bharat Abhiyan, Pradhan Mantri Fasal Bima Yojana, and the like) instead of translations or 'neutral' English labels;
2. A '**parliamentary committee's proposal** to make the use of Hindi mandatory for MPs and Union Ministers;
3. **Making Hindi a compulsory subject** for Central Board of Secondary Education schools across the country;
4. Re-lettering milestones on national highways in Hindi instead of English'; the use of Hindi in airport announcements;
5. The Central government issuing media advertisements in Hindi, and launching '**promotional campaigns exclusively in the Hindi script**', even when the words used may be from different Indian languages; and
6. The practice of renaming well-known occasions or festivities only in Hindi or Sanskrit, such as **Teacher's Day as Guru Purnima**.

The latest controversy has revealed **two essential truths about our country**.

The first is that, whatever the Hindi chauvinists might say, we do not have one "national language" in India, but several.

The second is that zealots have an unfortunate tendency to provoke a battle they will lose – at a time when they were quietly winning the war.

Other side of arguments: It is about efficiency:

1. The Government's requirement that Hindi be privileged in official work actually militates against the interests of efficiency.
2. Obliging a Keralite bureaucrat in Delhi to read and write file notations in Hindi to be submitted to a superior officer from Odisha makes no sense, since neither man would be using a language with which he is at ease.
3. Obliging both to digest a complex argument by a U.P.-ite subordinate writing in his mother tongue is unfair to both.
4. Both may write atrocious English, for that matter, but it is the language in which they are equal, and it serves to get the work done.
5. **Language is a vehicle, not a destination**. In government, it is a means, not an end. The Hindi-wallahs fail to appreciate that, since promoting Hindi, for them, is an end in itself.

6. In the five decades since the **promulgation of the 'three-language formula'**, implementation has largely failed across the country, for two divergent reasons.
7. At an ideological level, in States such as Tamil Nadu, the question of being required to learn a northern language such as Hindi has always been contentious, with anti-Hindi agitations a recurring episode in the State since 1937.
8. In the northern States, there is simply no demand for learning a southern language, and so no northern State has seriously implemented the three-language formula.

Conclusion:

Imposition is rarely a good policy in a democracy. But the real fear is far more fundamental: that the advocacy of Hindi is merely the thin end of a more dangerous wedge – the ideological agenda of those in power who believe in a nationalism of 'one language, one religion, one nation'.

Imposition of Hindi was contested in many non-Hindi states, especially in the southern state of Tamil Nadu.

Violent protests broke out in southern India leading the then Prime Minister Jawaharlal Nehru, to **introduce the 'Official Languages Act' in 1963**, which assured the continuation of English along with Hindi as the official language of the Union of India.

This is anathema to those Indians who grew up and believe in a diverse, inclusive India whose languages are all equally authentic.

Given the linguistic diversity of India, there is no national language as all the states are free to decide their own official languages.

Achieving Universal Health Care

The Covid-19 crisis has provided a good time to revive an issue that is, oddly, slow to come to life in India – **Universal Health Care (UHC)**.

Universal Health Care is seen as a route to building **robust, responsive and efficient health systems** capable of **addressing growing inequalities** in healthcare demands along **with shielding populations from spiralling healthcare and medicine costs**.

What is Universal Health Care (UHC)?

- The basic idea of UHC is that **no one should be deprived of quality health care for the lack of ability to pay**. UHC, in recent times, has become a **critical indicator for human equity, security and dignity**.
- UHC has become a well-accepted objective of public policy around the world. It has even been **largely realised in many countries**, not only the richer ones (except the US) but also a growing number of other countries such as Brazil, China, Sri Lanka and Thailand.
- The time has come for India (or some Indian States at least) to take the plunge.

What are the Routes to Achieve UHC?

- UHC typically relies on one or both of two basic approaches: **public service and social insurance**. In the first approach, **health care is provided as a free public service**, just like the services of a fire brigade or public library.
- The second approach (social insurance) allows **private as well as public provision of health care**, but the **costs are mostly borne by the social insurance fund(s), not the patient**,
 - Quite different from a private insurance market, it is the one where **insurance is compulsory and universal**, financed mainly from **general taxation**, and run by a single non-profit agency in the public interest.
 - The basic principle is that everyone should be covered and insurance should be **geared to the public interest rather than private profit**.

What are the Challenges to UHC?

- **Unavailability of Public Health Centres:** Even in a system based on social insurance, public service plays an essential role. The **absence of public health centres**, dedicated to primary health care and preventive work, create the **risks of patients rushing to expensive hospitals** every other day thus making the whole system wasteful and expensive.
- **Containing Costs:** Containing costs is a major challenge with social insurance, because patients and health-care providers have a joint interest in expensive care – getting better healthcare for one and earning for the other.

- A possible remedy is to make the patient bear part of the costs but that **conflicts with the principle of UHC.**
- Recent evidence suggests that even **small co-payments often exclude many poor patients** from quality health care.
- **Identifying Services under UHC:** Another big challenge remains in identifying **what services are to be universally provided** to begin with and what **level of financial protection** is considered acceptable.
 - Offering the same set of services to the entire population is **not economically feasible** and demands **huge resource mobilisation.**
- **Regulation of Private Sector:** Another challenge with social insurance is to regulate private health-care providers. A crucial distinction needs to be made between for-profit and nonprofit providers.
 - Non-profit health-care providers have done great work around the world
 - For-profit health care, however, is deeply problematic because of the **pervasive conflict between the profit motive and the well-being** of the patient.

What is the HOPS Framework and How will it Help Achieve UHC?

- **About:** It is possible to envisage a framework for UHC that would build primarily on health care as a public service. The framework might be called **“Healthcare As An Optional Public Service” (HOPS).**
 - Under HOPS, everyone would have a **legal right to receive free, quality health care** in a public institution if they wish. It would not prevent anyone from seeking health care from the private sector at their own expense.
 - But the **public sector would guarantee decent health services** to everyone as a matter of right, free of cost.
- **Example:** Some Indian States are already doing so, such as in **Kerala and Tamil Nadu**, most illnesses can be satisfactorily treated in the public sector at little cost to the patient.
- **Significance:** If quality health care is available for free in the public sector, most patients will have **little reason to go to the private sector.**

- Social insurance could also play a role in this framework by helping cover procedures that are not easily available in the public sector (e.g., high-end surgeries).
- Although HOPS would not be as egalitarian as the national health insurance model initially, it would still be a **big step toward UHC**.
 - Moreover, it will **become more egalitarian over time**, as the public sector provides a growing range of health services.

What can be the Way Forward?

- **Vibrant Health System:** A vibrant health system shall include not only **good management and adequate resources** but also a **sound work culture and professional ethics**.
 - A primary health centre can work wonders, but only if doctors and nurses are on the job and care for the patients.
- **Standards for UHC:** The main difficulty with the HOPS framework is to **specify the scope of the proposed health-care guarantee**, including quality standards. UHC does not mean unlimited health care: there are always limits to what can be guaranteed to everyone.
 - HOPS shall **lay down certain health-care standards** along with a **credible method to revise these standards** over time. Some useful elements are already available, such as the **Indian Public Health Standards**.
- **State Specific Legislation on Health:** Tamil Nadu is well placed to make HOPS a reality under its **proposed Right to Health Bill**. The state is already successful in providing most health services in the public sector with good effect.
 - A Right to Health Bill would be an invaluable **affirmation of the State's commitment to quality health care for all**; it would **empower patients and their families to demand quality services**, helping to improve the system further.
 - Tamil Nadu's initiative could be an **emulation for other states**.
- **Health Financing:** In order to achieve UHC, it is vital that governments intervene in their country's health financing system to support the poor and vulnerable.
 - This requires establishing **compulsory publicly governed health financing systems** with a **strong role for the state in raising funds fairly**, pooling resources and purchasing services to meet population needs.

- Greater targeted financing for public health systems will help **tackle inherent weaknesses around quality of care and access**, reduce **out of pocket spending** on drugs and improve human resource and infrastructure shortfalls.

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