

Redefining cultural borders



MILIA ALI

SHIFTING IMAGES

SOME years ago, at a tea party in our home, an English friend devoured five samosas and exclaimed: "I just love these 'triangular starters'—you must share the recipe with me!" The guests laughed, relishing the quaint nomenclature for a *samosa*—a South Asian food that has crossed cultural barriers in its popularity. However, with the current raging debate over "cultural appropriation", it may no longer be politically correct to call the *samosa* "triangular starter", or the *rasgollaha* "round syrupy sweet." This would perhaps ignite an Internet war followed by accusations of tilting the food rhetoric toward a western bias!

Originally an academic terminology, "cultural appropriation" is now widely used to describe the adoption of elements of one culture—foods, symbols, traditions, fashions, music—by members of another culture. The protagonists of the concept believe that there is a need for an intellectual fence that guards against "culture theft". The reasoning being that the nuances of a culture may be lost or the culture itself could be distorted or disrespected when expressed...in words or action...by people who are not inherently part of that culture.

There seems to be some merit to this argument, especially when we take into account the literature written about the colonies by colonial authors. Many of

these writings may be termed as the appropriation of an oppressed group's culture by a privileged group. For example, in *A Passage To India*, EM Forster tried being "fair" to Indians, but ended up with a mostly British perspective. George Harrison was instrumental in popularising Indian music in the western world. But he also created an image of Indian music that was closely associated with the Hare Krishna cult. One wonders how much of that was culturally representative!

All this happened long before the term "cultural appropriation" leapt from the realm of academia to the real world and when there was no internet to attack people for patronising disrespect. It is true that in today's globalised world, some checks and balances are required to ensure that a foreign culture is portrayed with sensitivity and authenticity. Wearing a *bindi* and dancing to a Bollywood tune in a disco in London may be a fun activity. But there may be a risk of stereotyping and propagating the idea that the tinsel world of Bollywood represents the reality of India. Advocates against cultural appropriation try to ensure that negative stereotypes are not projected, and in the case of cultural adaptation, the source is recognised.

There is, however, much to be said about the other side of this emotional debate. The fact is that the boundaries of culture have been gradually shifting over centuries. Culture is not a static concept and cannot be hermetically sealed. It is persistently mutating, evolving, and growing. The critical question is where does one draw the



line, how does one enforce "cultural purity", and is it really necessary to do so? I personally feel that an exchange of cultures is a potent unifying force, leading to a greater appreciation and understanding amongst peoples. What is important, however, is to ensure sensitivity in adopting, depicting, or projecting cultures. I remember a very meaningful poster that I once saw in an office wall. It said: "Caution! Cultures

are crossing here."

The need for cultural sensitivity has become even more pronounced following the recent refugee flows into Europe, and the latent "nativist" feelings being whipped up by right-wing groups in the US. There is much talk about an alien cultural invasion and the need to adhere to strictly defined codes. Despite this push back, cultural crossovers are occurring with a

constant interchange of ideas, styles, and traditions. This cultural sharing in a modern, multicultural society is not only inevitable, but also good for social cohesion.

Much of the controversy over cultural appropriation stems from a turf war about the ownership of a particular culture or tradition. A close to home example is the continuous debate over poet Kazi Nazrul Islam. He is projected as a Muslim or a Hindu poet depending on which side of the Bangladesh-India border is promoting his works. Considering that the poet himself stated his position so clearly: "sing the song of togetherness/ nothing is greater than humanity/ nothing more worthy", it is indeed tragic that he has fallen victim to the politics of cultural appropriation on both sides. Nazrul's work is especially relevant to our time, since he used a variety of sources and traditions from the subcontinent and beyond, and intertwined them to create a harmonious tapestry of poetry and music to connect people. To diminish this endeavour by using the cultural appropriation argument would be unjustified.

No matter what the crusaders against cultural appropriation may say, the truth is that it is difficult to define the boundaries of art, literature and music. We cannot block human minds from wandering into uncharted territories that touch the subconscious and inspire creativity. For culture dwells as much in the realm of imagination, as in physical expression. And there are no borders in the kingdom of creative fantasy!

Milia Ali is a renowned Rabindra Sangeet exponent and a former employee of the World Bank.

Why computers get cheaper and health care doesn't



SYED BASHER

THIS is the subtitle of a book by William Baumol, an American economist who died recently at age 95. The title of the book is *The Cost Disease*. In his book,

Baumol made several interesting arguments that have significant implications for public welfare in Bangladesh.

Since the rate of inflation is an average of the rates of growth of many different prices, there are some commodities whose prices are rising faster than the inflation rate, while prices of some goods are falling compared to the inflation rate. Baumol argued and demonstrated that items that generally belong to the rising-cost group are personal services such as health care and education; whereas items that belong to the falling-price group are manufactured goods such as computers, electronics, etc.

This is the idea of "cost disease," which Baumol and his co-authors originated in the early 1960s and was popularised in a book written by Baumol in 2012. The cost disease merely states that the cost of essential personal services rises at a significantly greater rate than the economy's rate of inflation.

The reason is simple. Items whose prices are increasing over time have a larger labour content than items whose prices are falling over time. For example, when we buy a health care service—for example, a visit to the doctor—it involves a lot of face-to-face interaction between us and the service provider (doctor, nurse, health clerks). In contrast, when we buy a computer, we do not have any idea

who worked in the factory or how much labour time was spent to produce a computer.

It takes a lot of labour hours to make the first copy of a new medicine. However, after the first pill is created, additional copies can be produced very cheaply because of product standardisation. Put another way, because pills are identical, they can be manufactured on an assembly line by

(including medicines) tend to fall over time because their production can be automated.

It is not easy to reduce the labour hours in most personal services because doing so would damage the quality of those services. For example, if we try to speed up the work of a doctor, a teacher, or a policeman, we are likely to get shoddy heart surgery, poorly trained students, and more

something we are not willing to tolerate yet.

So, it is puzzling and interesting at the same time as to why labour-saving innovations for the very activities (e.g., health care, education, lawyers, restaurants, police protection) that are most critical for society's welfare are difficult to come by. Much of this is because it is tough to use fewer labours to produce these personal services.

And wages tend to rise over time. For example, a musician playing a Beethoven string quartet today earns a much higher income (inflation-adjusted) than Beethoven did, even though one may argue that today's musicians are no more productive than their predecessors.

Where does Bangladesh stand on cost disease? Based on the consumer

price index (CPI) data published on Bangladesh Bank's website, over the past twenty years (1995–2017), overall inflation grew at roughly 4.5 percent each year. Whereas, inflation rates for two personal services (where the share of labour input is relatively high) rose by 3.75 percent for medical care and health expenses, and by 2.8 percent for recreation, entertainment, education and cultural services. So we see that our overall inflation outpaced the growth of prices of personal services, suggesting that there is no "cost disease" in Bangladesh.

There are at least three explanations for this finding. First, wages of those involved with medical professions and colleges and universities are increasing slower than the overall inflation, keeping their prices low. Second, doctors and teachers are producing more output per hour, suggesting either productivity improvements or quality deterioration. Third, official data may be flawed, suppressing prices. For example, it is not clear why the inflation in the recreation, entertainment, education and cultural services category fell by over 25 percent in 2012-13.

The official CPI and its components published by the Bureau of Bangladesh Statistics still leave a rump of services within medical care and education categories that are more prone to the price increase. Rising costs are not problematic if income rises even faster. The real problem is the unavailability of price indexes of many personal services (think about a price index for medicines or tuition fees) that precludes us from drawing precise inferences about consumer inflation. Unfortunately, these ideas are rarely heard in our political discussions. The government should pay more attention to collecting detailed data on consumer inflation.

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PHOTO: STAR

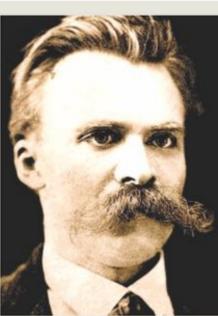
industrial robots. But the prescription of the medicine to a patient cannot be automated. A doctor must determine exactly what is wrong and tailor the treatment to the needs of the individual patient. This is why, generally, the cost of health care services rises because they involve a large handicraft component, while the cost of manufactured products

criminals on the streets. We are still very far from using artificial intelligence (something like IBM's Watson) that is capable of correctly diagnosing our illness and prescribing medicines. We can replace a teacher with a filmed lecture by an extraordinarily talented teacher, but we will miss asking questions. And the idea of using robotic police is

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Where does Bangladesh stand on cost disease? Based on the consumer

QUOTABLE Quote



FRIEDRICH NIETZSCHE
GERMAN PHILOSOPHER, CULTURAL CRITIC, POET AND PHILOLOGIST

He who has a why can endure any how.

CROSSWORD BY THOMAS JOSEPH

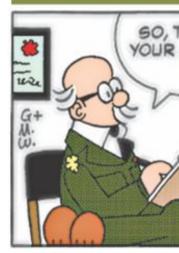
- ACROSS**
- 1 Soccer scores
 - 6 Radio parts
 - 11 Open, in a way
 - 12 Game leader
 - 13 Dull finish
 - 14 Deadly
 - 15 Longing
 - 17 Young miss
 - 18 Basilica part
 - 20 Tel —
 - 22 Tad's dad
 - 23 Star circlers
 - 26 Relish
 - 28 Variety show
 - 29 Without a smile
 - 31 Low bill
 - 32 Make over
- DOWN**
- 33 Pleased
 - 34 Make lots
 - 36 Political alliance
 - 38 Superior group
 - 40 Degrade
 - 43 Williamson of "Excalibur"
 - 44 Fad
 - 45 Dance units
 - 46 Take on
 - 8 Kilauea, for one
 - 9 Cordelia's father
 - 10 Hawk
 - 16 Movie computer
 - 18 Carps
 - 19 Touch on
 - 21 Differ
 - 23 Tadpole's home
 - 24 Melt base
 - 25 Bird's snack
 - 27 Bird's perch
 - 30 High hit
 - 33 Spoil
 - 34 Signing needs
 - 35 Stepped down
 - 37 Eastern monk
 - 39 High trains
 - 41 Tentative taste
 - 42 Put away



YESTERDAY'S ANSWER

A C I D P R O P U P
L O N E R E P O S E
D A F T I C E M A N
A L L E R G E N
A C C E S T I L E
M O T T O S O N A R
A M I F I R
M A N E D W I L D S
A N G L E E T A
A L A B A M A N
B E A T U P L I N E
A L L E G E J I N N S
G I L D E D A G E S

BEETLE BAILEY



BY MORT WALKER



BABY BLUES



BY KIRKMAN & SCOTT

