

DISABILITY PENSION IN INDIAN ARMY

MINISTRY OF DEFENCE

**PUBLIC ACCOUNTS COMMITTEE
(2023-24)**

ONE HUNDRED AND TWENTY ONE REPORT

SEVENTEENTH LOK SABHA



**LOK SABHA SECRETARIAT
NEW DELHI**

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Presented to Lok Sabha on: 08-02-2024

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**LOK SABHA SECRETARIAT
NEW DELHI**

February 2024/ Magha 1945 (Saka)

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COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(2023-24)

Shri Adhir Ranjan Chowdhury - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri Thalikkottai Rajuthevar Baalu
4. Shri Bhartruhari Mahtab
5. Shri Jagdambika Pal
6. Shri Pratap Chandra Sarangi
7. Shri Vishnu Dayal Ram
8. Shri Rahul Ramesh Shewale
9. Shri Gowdar Mallikarjunappa Siddeshwara
10. Dr. Satya Pal Singh
11. Shri Brijendra Singh
12. Shri Rajiv Ranjan Singh alias Lalan Singh
13. Shri Jayant Sinha
14. Shri Balashowry Vallabhaneni
15. Shri Ram Kripal Yadav

RAJYA SABHA

16. Shri Shaktisinh Gohil
17. Dr. K Laxman
18. Shri Derek O'Brien*
19. Shri Tiruchi Siva
20. Dr. M. Thambidurai
21. Shri Ghanshyam Tiwari
22. Dr. Sudhanshu Trivedi

SECRETARIAT

1. Shri Sanjeev Sharma - Joint Secretary
2. Shri Partha Goswami - Director
3. Shri Alok Mani Tripathi - Deputy Secretary
4. Shri Vijay Mishra - Committee Officer

* Elected w.e.f. 19.08.2023 consequent upon retirement of Shri Sukhendu Sekhar Ray, MP on 18.08.2023.

INTRODUCTION

I, the Chairperson, Public Accounts Committee (2023-24) having been authorized by the Committee, do present this One Hundred Twenty ~~one~~ Report (Seventeenth Lok Sabha) on “**DISABILITY PENSION IN INDIAN ARMY**” based on para 2.3 of C&AG Report no. 6 of 2023 relating to the Union Territory (without Legislature) Chandigarh Administration.

2. The Report of Comptroller and Auditor General of India was laid on the Table of the House on 11-10-2023.

3. The Public Accounts Committee (~~2022-24~~) took oral evidence of the representatives of Ministry of Defence on 16-01-2024. The Committee considered and adopted this Report at their sitting held on 06-02-2024. The Minutes of the sittings of the Committee are appended to the Report.

4. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in bold and form Part-II of the Report.

5. The Committee would like to express their thanks to the representatives of the Ministry of Defence for tendering evidence before them and furnishing the requisite information to the Committee in connection with the examination of the subject.

6. The Committee also place on record their appreciation of the assistance rendered to them in the matter by the Committee Secretariat and the Office of the Comptroller and Auditor General of India.

NEW DELHI
06 February, 2024
17 Magha, 1945 (Saka)

ADHIR RANJAN CHOWDHURY
Chairperson,
Public Accounts Committee

PART-I
REPORT

**REPORT ON DISABILITY PENSION IN INDIAN ARMY BASED
ON PARAGRAPH NUMBER 2.3 OF C&AG REPORT NO. 6 OF 2023**

The Committee have learnt that Audit in their Report NO. 6 of 2023 in Para 2.3 has found that the percentage of Medical Officers receiving disability pensions was notably higher compared to other officers in the Indian Army. Furthermore, 22% and 13% of disability pension cases granted to officers and personnel below officer ranks (PBORs), respectively, were exclusively attributed to lifestyle diseases. The absence of crucial information in vital fields of the PCDA (Pension) database has been identified as a significant hindrance, preventing a meaningful analysis of the causes of disability among defense forces and potential remedial measures.

2. It has been revealed by the Audit that defense personnel are eligible for disability pensions if invalidated due to a disability or upon retirement with a sustained disability attributable to or aggravated by their service. According to the Guide for Medical Officers (GMO) 2002, disability is defined as the actual wound, injury, or disease causing disablement, leading to a compensation claim. Disability pension comprises two components: the Service Element, equivalent to the retiring pension, and the Disability Element, which is 30% of the last drawn emoluments for 100% disability, with a proportional reduction for disability less than 100%.

3. When asked about the reasons for higher percentage of discharge of officers with disability element of pension vis-à-vis PBORs, the Ministry in its written stated as under:

"The average age of retirement of an officer is 54 years(54-62Yrs) whereas, that of PBOR is 35 years(37-45Yrs). Most of the disabilities encountered during retirement have their onset in later years of life including Hypertension, Diabetes, Coronary Artery Disease (CAD) etc., as these are constitutional disorders which occur with increasing age. As a mode to detect them early, an elaborate system called Periodic Medical examination (PME) is conducted only after 35 years of age for all ranks. Since most soldiers retire around this age, the detection of medical ailments in 40s and 50s is higher in officers.

As per Audit, category wise data in respect of officers and categories in respect of 2671 PBORs was not indicated by the Ministry which impeded any meaningful analysis of the causes of disability among the defence forces and possible remedial measures to bring down such causes."

4. When asked about the reasons for not bringing out category wise data in regard to PBORs, and can it be furnished and provided so as the remedial measures can be taken, also to check disability in the said ranks, the Ministry in its written reply stated as under:

"Categories showing various circumstances of casualty pensionary awards to decide type of award was introduced by Government vide MoD letter dated 31.01.2001. The Defence personnel invalided out with impairment/disability are entitled for Invalid pension in Category 'A'. Disability Pension in Categories 'B' and 'C' Liberalized Disability Pension in Category 'D' and War Injury Pension in Category 'E'. Thus, the name of award itself denotes the type of disability. PPO is an instrument conveying entitlement of pension based on which Pension Disbursing Agencies

(PDAs) make payment of pension. As Category has no role in the calculation and disbursement of disability pension, mentioning the category in the PPO was not mandatory.

However, since implementation of the Centralized Sanction and payment of system "System for Pension Administration, Raksha (SPARSH)" from 2021, category of disability is being captured in case of new retirees, and can be provided by 15.02.2024". Audit has noted that the responsibility for approving, accounting, and other related matters regarding pensions for Indian Army personnel lies with the Principal Controller of Defence Accounts (Pension), Prayagraj (PCDA (P)). An audit has scrutinized the grant of disability pension from 2015-16 to 2019-20, referencing disability pension reports for invalidated/discharged service personnel and data provided by PCDA (P)."

4. Audit findings revealed that the Ministry of Defence (MoD) established the method for determining pensionary benefits on disability in January 2001, categorized based on different circumstances. However, the Audit has also found that incomplete data from PCDA (P) regarding Officers and PBORs, coupled with the absence of mandatory category information in the database, has hindered a thorough analysis of the causes of disability and potential remedial measures within the defense forces. The higher percentage of officers retiring with a disability pension compared to PBORs was under inquiry as of February 2021, with a pending response from the Ministry as of August 2022.

5 In the audit conducted in November 2020, it was observed that Medical Officers were granted disability pensions at a higher rate compared

to their non-Medical Officer counterparts. Subsequent inquiries from the Audit in November 2021 seeking information from the Ministry regarding any studies or root cause analyses conducted on the elevated percentage of Officers and Medical Officers receiving disability elements, along with measures taken to address the situation. However, as of January 2023, the Audit has reported in their findings that Ministry's response to these inquiries was still pending.

6. To a query with regard to the reasons for higher percentage of such medical officers being granted disability element, the Ministry in its written reply informed as under:

“The analysis of medical officers having higher percentage of disabilities due to lifestyle disorders than other officers needs to be compared realistically as a subset since this composite figure includes officers of the MNS and non-technical officers. There is an unfounded misconception that medical officers being in proximity to officers conducting medical boards in hospitals gain undue advantage. Notwithstanding that, preventive steps have been taken and a policy has been promulgated that Release Medical Boards of medical officer will be conducted only in hospitals commanded by a Brigadier and above and also in a different geographical location outside the area of responsibility to eliminate any such perception. Medical officers have irregular working hours and are unable to adopt healthy lifestyles, something which is well established. Also, Medical officers retire at a higher age of 58 years; thus they are relatively more prone to developing lifestyle disorders. In addition, by virtue of domain knowledge, they report early and are detected in larger numbers. These factors can also be contributory to a higher percentage”.

7. Concerning disability pension for lifestyle diseases, the Audit has noted that the Ministry's stipulation from September 2005 designates competent authorities based on rank for deciding attributability/aggravation and assessing disability. The analysis of disability data provided by PCDA (P) revealed that a significant percentage of disability pensions for Officers and PBORS were granted exclusively due to lifestyle diseases like Primary Hypertension and Diabetes Mellitus (DM-II). Despite inquiries from the Audit in March 2021 and November 2021 regarding the absence of disease information in the database, and whether the issue was analyzed for remedial measures, the Ministry's response was awaited as of January 2023. The data limitations, particularly the absence of crucial information in the PCDA (P) database, hinder meaningful analysis of the causes of disability among defense forces and the exploration of potential remedial measures to reduce such cases.

8. It was contended by the Ex Servicemen association that the most important existing rule was that military personnel shall not be called upon to prove their entitlement and the 'benefit of reasonable doubt' will be given to the claimant. This has remained in existence since a long time. Rule 9 of Entitlement Rules, 1982) but now has been abrogated in the new rules. The ex- servicemen association has also stated that it is a matter of concern that the clause of 'benefit of reasonable doubt' remains in force for the Central Armed Police Forces (CAPFs).

9. When asked about the specific steps being taken to address the concerns raised by ex-servicemen regarding the perceived shortcomings of the revised policies, the Ministry in its written reply stated as under:

“(a) The Entitlement Rules 1982 referred to in the question were superseded by the existing Rules issued by MoD in 2008.

(b) As per the rules of 2008, the condition of Entitlement is proven by circumstances of onset of disease/ injury by clinical examinations and documentary evidence. The Entitlement is accepted by the Competent Authority during adjudication based on such evidences. The new rules of 2023 have also reiterated the same procedure and do not envisage calling upon Armed Forces personnel to prove their Entitlement.

(c) To address the concerns raised by Ex-Servicemen and to clarify all issues, the Defence Services have undertaken numerous outreach programs where in regular interactions are carried out with the veterans to respond to such queries. Such activities are undertaken by the senior officers to include the CDS, COAS and AG”.

10. As per the new Rule, 7(b), it has been stated that merely because a disease has manifested during military service does not mean that it is attributable to service. The ESM association says this is totally opposite to the existing rules (See Rule 9 of Entitlement Rules, 1982) and contrary to not only globally existing practices for all militaries but also against rules applicable to the CAPFs in India and Supreme Court judgments. The positive presumption clause in the earlier rules has been abrogated. Please furnish the reasons for this change. When asked about the reasons for change in the new Rule, 7(b) and the abrogation of the positive presumption clause in the earlier rules, the Ministry in its written reply stated as under:

“(a) The Entitlement Rules 1982 referred to in the question were superseded by the Entitlement Rules issued by MoD in 2008.

(b) This clause remains unchanged in the new Entitlement Rules-2023.

(c) Despite medical advancements, there are certain diseases which cannot be identified during medical examination at entry stages since these tests are not exhaustive and are limited to broad physical examination. Also, certain dormant diseases may not be detected during enrolment. In addition, certain hereditary, constitutional and congenital diseases may manifest during service irrespective of service conditions. Hence, the mere fact that a disease has manifested during service period does not per se establish attributability or aggravation by military service. Therefore, entitlement of attributability/ aggravation is decided by the Competent Authority based on documentary and clinical evidence”.

11. In new Rule, it has been stated that diseases will only be considered attributable to service in case they occur in active operations, high altitude, extreme physical exertion etc.

It reads as under:

Rule No. 11(b)(2),

Diseases: For acceptance of a disease as attributable to military service, the following two conditions must be satisfied simultaneously: -

(i) that the disease has arisen during the period of military service, and,

(ii) that the disease has been caused by the conditions of employment in military service like active operations, high altitude, extreme cold/hot climate, extreme physical exertion and other specified exposures for e.g. to infections, chemicals and ionizing radiation.

In the earlier rules, the place of deployment was not a condition for the grant of benefits and rather there was a presumption and benefit of doubt given in the rules that any disability arising in military service would be presumed to be connected with service. As per the news article ex-servicemen association has stated that the Supreme Court has specifically ruled that disability or death benefits cannot be denied on the ground that the same had occurred in a peace area.

12. Asked to furnish their comment on the above facts and on the ruling of the Supreme Court in regard to the disability, the Ministry in a written reply stated as under:

“Rule 11 (b) (ii) as quoted, elaborates the difficult service conditions with the emphasis being on conditions and not areas. Hence, it should not be construed that disability compensation will not be applicable incase onset of such disability is in peace areas. The rule specifically mentions conditions of employment like “extreme physical exertion and other specified exposures” irrespective of the area”.

13. To a query with regard to the new guidelines that provide heart diseases etc., in high altitude areas due to extreme physical exertion for more than 72 hours continuously, and the judgments of Supreme Court with regard to the same, the Ministry in its written reply informed as under:

“The association says the new guidelines provide that heart diseases e.t.c would only be treated as connected with service in case the same occurs after a service of more than three months in active operations, high altitude areas and extreme physical exertion for more than 72 hours continuously.

The earlier rules simply stated that such disabilities are all “affected by stress and strain of military service”. The association says the newly inserted conditions are also against Supreme Court judgments which state that the area of sustaining or incurring disability has no relation with disability benefits, and any disability even arising in peace areas will be deemed to be attributable/ aggravated by service unless caused by a person’s own negligence as mentioned above.

As per GMO 2008, Ischemic Heart Disease (IHD) is considered attributable to service if-

(a) The disease occurred in close time and relation to service compulsions involving severe trauma or exceptional mental, emotional or physical strain, provided that the interval between the development of symptoms and the incidence is approximately 24 to 48 hrs.

(b) IHD arising while serving in Fd/CI ops/HAA or during ops.

It is also brought out, as per Para9, Ch I, GMO 2008, before award can be made for a disability or death claimed to be related to service, a causal connection between disability and mil service has to be established by evidence.

Cases where neither immediate nor prolonged exceptional stress and strain of service is evident, disease may be assumed to be a result of biological factors, heredity and way of life as incl in risk factors such as smoking. These case would be considered as neither attributable nor aggravated by service.

As per current GMO 2023,

Coronary Artery Disease (CAD) will be considered attributable to service if

(a) The onset is while serving in HAA or within 3 months of de-induction or Onboard Ships for 3 months or Submarines for one month.

(b) Onset during or within 72 hrs of heavy physical exertion requiring >7 METS due to service requirements (all battle physical efficiency/ fitness tests are within it's ambit).

(c) Onset during active operations.

As per Para 3, Ch II, GMO 2023, any disease is to be considered aggravated by military service if the evidence indicates that its onset was hastened by specific conditions of military service.

As per Para 12, ER 2023, an impairment shall be conceded as aggravated by military service if its onset is hastened or the course is worsened by specific conditions of military service such as being posted to in places with extreme climatic conditions or being exposed to environment factors that adversely affect any pre-existing medical conditions. This is applicable for all disabilities.

Interpretation –

(a) All service related factors contributing to CAD are considered in the current GMO.

(b) The time between the extremely stressful incidence and the onset of disability has been increased from 48 to 72 hrs.

(c) De induction period of 3 month, after posting at HAA, has been included in the present GMO, which was not a part of GMO 2008.

All the above provisions were not there in the GMO 2008. These provisions have been introduced in new GMO-2023 and are more beneficial to the Armed Forces Personnel in terms of determining of attributability.

(d) Peace or Field areas were not distinguished in the ER -2008 or GMO-2008. Peace or Field areas are not distinguished in the current ER-2023 or GMO-2023 also. The criteria of stress are independent of location viz Peace or Field. Hence, there is no change in the new ER-2023 and GMO-2023 in this respect”.

14. As per a news article, the Ex- servicemen Association has also stated that Under the old rules, all cancers except those caused by smoking etc. were deemed to be aggravated by service in case of worsening during military service, but now all cancers have been taken out of the list and only those caused by radiation or exposure to chemicals during service will be included in the attributable list. The association says all types of diabetes have been excluded from the attributable/aggravation list whereas the effect of stress and strain is medically well-known to affect insulin levels.

Bronchial asthma, which was always connected with service conditions, is not in the list anymore. Under the new guidelines 'primary hypertension' is also not linked with service conditions. Even disabilities like PIVD and spondylolysis have been taken off the aggravation list despite common knowledge that these disabilities are aggravated by service conditions and have always been a part of the aggravation clause.

15. When asked about the reasons for exclusion of all diseases like cancers, diabetes, bronchial asthma in the new entitlement rules and also the reasons for taking off primary hypertension and disabilities like PIVD and spondylolysis from the aggravation list, the Ministry in its written reply stated as under:

"As per MoD letter dated 21.09.2023, w.e.f. 21.09.2023 and in supersession of all previous orders/rules on the subject, the Entitlement Rules 2023 (ER-2023) and Guide to Medical Officers 2023 (GMO-2023) shall apply in cases of disablement or death of service personnel. Hence, the new ER-2023 and GMO-2023 will be applicable in case of death and disability reported recorded on or after 21.09.2023. MoD letter dated 21.09.2023 only deals with Entitlement Rules and Guide to Medical Officers and it has not superseded/altered any existing Govt. policy/rule determining pensionary award of Armed Forces Personnel. The approved policy/rules are still guiding the entitlement of the Armed Forces Personnel.

The MoD letter dated 21.09.2023 have not superseded any policy/rules set by Union Cabinet and implemented vide MoD letter

dated 31.01.2001 and constitutional Courts. But the earlier Entitlement Rules 2008 have been superseded by the new ER-2023. There has been no change in the entitlement for any category of death/disability and rates of any death/disability compensation in the new ER-2023.

ER and GMO, 2023 are the product of extensive deliberations held among the three Services, DESW, MoD (Finance) and DMA.

There is no material change in the entitlement of cancer cases in GMO 2023 compared to GMO 2008.

Due to advances in medical science the aggravating factors for Diabetes Mellitus are now well delineated and hence, the specific factors have been mentioned which could occur at any place irrespective of field or peace. GMO 2023 objectively defines the criteria for considering the disease to be aggravated by service and broadens the same. Hypertension was considered only aggravated by service. However, as per new GMO-2023, it can also be attributable to service. Hence, it is more beneficial for the Armed Forces Personnel in determining attributability/aggravation.

(d) Primary Hypertension – As per Para 43, Ch VI, GMO 2008, entitlement for attributability was not considered appropriate. Primary Hypertension was considered aggravated if it occurred while serving in Field areas, HAA, CI Ops or prolonged afloat service.

All the conditions such as HAA, active operation, service on board ship/submarine that can affect the onset or course of illness have

been included in GMO 2023 for granting entitlement for Hypertension. In addition, any worsening or aggravation in the form of target organ damage, due to service condition, will be considered as aggravated by service irrespective of Field or Peace. De induction period of 3 months after serving in HAA, has been introduced in new GMO.

The criteria for entitlement of PIVD and Spondylosis have been reformed and updated in view of latest knowledge in the field of medicine.

It is once reiterated that any disease, even beyond all the above mentioned conditions, is to be considered aggravated by military service if the evidence indicates that its onset was hastened by specific conditions of mil service, i.e. causal connection is established, as per Para 3, Ch II, GMO 2023.

Hence, the new provisions of GMO-2023 are more beneficial for the Armed Forces Personnel in determining attributability/aggravation”.

16. Under the old rules, the disability percentage granted for diseases like heart disease and hypertension aggravated by military service was 30 per cent and now the same has been reduced to 10 per cent and below, thereby taking it below the minimum percentage required for disability pension/ impairment relief i.e, 20 per cent. The same has been done with many other disabilities also. When asked about the reasons for the reduction in the grant of disability percentage for diseases like heart disease and hypertension and also the reasons for taking it below the

minimum percentage required for disability pension/ impairment relief i.e, 20 per cent, the Ministry in its written reply stated as under:

“The assessment criteria for the disabilities have been objectified for correct assessment of the functional status of the individual. The subjective nature of the assessment has been done away with. All the specialist assessing the disability will be required to fill the assessment sheet and objectively define the functional deficit due to the disability.

The interpretation of reduction in percentage of assessment is applicable only if the condition is well controlled and individual has no sequelae or target organ damage. However, as heart failure or organ involvement of target organ like Kidney, Heart, Eyes evolve, the percentage of assessment will increase. In addition, it must be appreciated that many disabilities due to attributable injuries or illnesses have been granted higher percentage of assessment in comparison to earlier compensation in the new GMO 2023”.

Part-II

Observations/Recommendations

The Committee find that Defence personnel is granted disability pension in case he/she is invalidated out on account of a disability or retires (discharged) with sustained disability attributable to, or aggravated by the service. As per the Guide for Medical Officers (GMO) 2002, disability denotes solely the actual wound, injury or disease, the disablement caused by which gives rise to a claim for compensation. When the disablement is attributable to or aggravated by Military Service and is assessed at 20 per cent or more, the concerned defence personnel is granted disability pension. Disability pension consists of two elements viz. Service Element and Disability Element. Service element is equal to the retiring pension determined. Disability Element for 100 per cent disability for various ranks is 30 per cent of emoluments last drawn. For disability less than 100 per cent, it shall be reduced proportionally. The Principal Controller of Defence Accounts (Pension), Prayagraj [PCDA (P)] is responsible for sanctioning, accounting, etc., of pensions of the service personnel of the Indian Army. Audit examined the grant of disability pension of the Indian Army during the period 2015-16 to 2019-20 and found that absence of input in vital fields of database of PCDA (P) like category, disease, etc. with regard to disability impeded any meaningful analysis; high percentage of Officers and PBORs being granted disability pension on the ground of lifestyle diseases; significantly higher percentage of Medical Officers being granted disability pension as compared to other officers of the Indian Army etc. Based

on their interaction with the Ministry and the replies received from them, the Committee have recorded their observations and recommendations on issues in the audit para that merit consideration in the succeeding paragraphs.

1. The Committee note that PCDA (P) did not furnish to the Audit, category wise data in respect of Officers and 2671 PBORs and also did not enter the nature of disease in the database. The Committee also note from the reply of the Ministry that the category was not mentioned in all cases as earlier the category field was not a mandatory input to be filled in the database. Further, it was stated that name of disease is blank in the master database in respect of these cases. The Committee while opining that absence of input in vital fields of database like category, disease, etc. with regard to disability defeats the very purpose of creating a database. In this regard, the Committee recommend the Ministry to ensure that complete database of pensioners with all relevant information is maintained and validated by senior officers to ensure that data is complete and available for meaningful analysis on the causes of disability among the defence forces and possible remedial measures to bring down such cases.
2. The Committee note that the officers retiring with disability to the total retirees ranged between 36 per cent and 40 per cent whereas disability pension in case of PBORs ranged between 15 per cent and 18 per cent during the same period. The Committee note from the reply of the Ministry that the average age of

retirement of an officer is 54 years that of PBOR is 35 years (37-45Yrs) and most of the disabilities encountered during retirement have their onset in later years of life including Hypertension, Diabetes, Coronary Artery Disease (CAD) etc., as these are constitutional disorders which occur with increasing age. As a mode to detect them early, an elaborate system called Periodic Medical examination (PME) is conducted only after 35 years of age for all ranks. Since most soldiers retire around this age, the detection of medical ailments in 40s and 50s is higher in officers. Further analysis of disability data as furnished by the PCDA (P) revealed that 21.69 per cent and 13 per cent disability pension out of all disability pensions were granted to Officers and PBORs respectively, exclusively on the ground of lifestyle diseases viz. Primary Hypertension and Diabetes Mellitus (DM-II). The Committee note from the reply of the Ministry that as per the Fifth National Family Health Survey the prevalence of hypertension in India is 28.1% that of Diabetes Mellitus is 16.1, however, in the Armed Forces, prevalence of hypertension and diabetes, according to the data from Indian Navy, is 3.25% and 2.14% and in Indian Air Force is 5% and 3.38%. The Committee, however, are of the view that 40% officers retiring with disability and one fifth of these being on the ground of lifestyle diseases does not speak well for the armed forces where physical fitness is a mandatory requirement. The Committee desire to be apprised of the percentage of prevalence of hypertension and diabetes in Indian Army personnel and the remedial measures suggested by the Army Medical Corps for checking these life

style diseases in order to bring them to the minimum. Further, the Committee desire that a root cause analysis be undertaken to remedy this situation.

3. The Committee note that the percentage of Medical Officers granted disability pension was significantly higher as compared to other officers in Indian Army. The Committee note from the reply of the Ministry that the Medical officers have irregular working hours, are unable to adopt healthy lifestyles, and, therefore, are relatively more prone to developing lifestyle disorders. Further, by virtue of domain knowledge, they report early and are detected in larger numbers. The ministry has further stated that an analysis of medical officers having higher percentage of disabilities due to lifestyle disorders than other officers needs to be compared realistically as a subset since this composite figure includes officers of the MNS and non-technical officers. However, preventive steps have been taken and a policy has been promulgated that Release Medical Boards of medical officer will be conducted only in hospitals commanded by a Brigadier and above and also in a different geographical location outside the area of responsibility to eliminate any such perception. The Committee while noting that the figures as pointed out by the Audit are composite, desire to be apprised of the disability data in respect of all categories of officers separately in the Armed Forces along with an analysis of the disease they are suffering from and the average age of the onset of these diseases.

4. The Committee note from the submission of the Ministry that the Entitlement Rules 2023 have strengthened the process of award of disability compensation, thereby facilitating seamless processing of entitlements while preventing any misuse, misinterpretation and dilution of disability compensation policies/ frame work. These rules aim to encourage personnel to remain physically and medically fit and at the same time ensure that all genuine disability cases are suitably compensated as per Govt. regulations. Further, the new rules do not impact any widows or war wounded personnel and veterans in any manner. The Committee while acknowledging the efforts made by the Ministry to strengthen the process of award of disability compensation recommend that actively engaging with the army personnel will go a long way in addressing their apprehension for the new rules and for this, awareness and outreach programmes and interactive sessions may be conducted to dispel any doubts in the minds of the Army personnel, serving or retired.

NEW DELHI
06 February, 2024
17 Magha, 1945 (Saka)

ADHIR RANJAN CHOWDHURY
Chairperson,
Public Accounts Committee
