12

STANDING COMMITTEE ON DEFENCE (2005-06)

FOURTEENTH LOK SABHA

MINISTRY OF DEFENCE

REVIEW OF MEDICAL SERVICES AND EDUCATION IN THE DEFENCE SECTOR

TWELFTH REPORT

LOK SABHA SECRETARIAT
NEW DELHI

August, 2006/*Sravana*, 1928 *(Saka)*

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(2005-06)

(FOURTEENTH LOK SABHA)

MINISTRY OF DEFENCE

Presented to Lok Sabha on 2.8.2006
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LOK SABHA SECRETARIAT
NEW DELHI

August, 2006/*Sravana,* 1928 *(Saka)*

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COMPOSITION OF THE STANDING COMMITTEE ON DEFENCE (2005-06)

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* Nominated *w.e.f.* 9.12.2005.

** Ceased to be a Member of the Committee *w.e.f.* 22.12.2005.

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2. Shri R.C. Ahuja — *Joint Secretary*
3. Smt. Anita Jain — *Deputy Secretary*
4. Shri D.R. Shekhar — *Under Secretary*

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* Ceased to be a Member of the Committee *w.e.f.* 18.8.2005.
** Ceased to be a Member of the Committee *w.e.f.* 29.1.2006.
*** Ceased to be a Member of the Committee *w.e.f.* 8.3.2006.
@ Nominated *w.e.f.* 8.3.2006.
@@ Ceased to be a Member of the Committee *w.e.f.* 2.4.2006.
† Demised on 3.5.2006, consequently his seat remained vacant *w.e.f.* 3.5.2006.
†† Nominated *w.e.f.* 2.6.2006.
$ Nominated *w.e.f.* 7.7.2006.

PREFACE

I, the Chairman, Standing Committee on Defence (2005-06) having been authorized by the Committee to submit the Report on their behalf, present this Twelfth Report on 'Review of Medical Services and Education in the Defence Sector'.

2. The subject was selected for examination by the Standing Committee on Defence (2005-06). The Committee, during their examination of the subject, took evidence of the representatives of the Ministry of Defence on 05 December, 2005, 30 January, 2006 and 11 May 2006. The Committee also took evidence of some non-official experts in the field on 30 January, 2006 and 10 February, 2006. For an in-depth analysis of the subject matter, the Committee also undertook study visits to Leh and Srinagar Hospitals during October 2004 and a local study visit to R & R Hospital and Base Hospital located in Delhi on 20 May, 2006.

3. Based on the background note, written replies to the list of points furnished by the Ministry of Defence on the subject, briefing/ oral evidence tendered by the representatives of the Ministry of Defence and also the suggestions and written memoranda submitted by the non-official experts, the Committee considered and adopted the draft report at their sitting held on 28 July, 2006.

4. The Committee wish to express their thanks to the representatives of the Ministry of Defence for appearing before the Committee for evidence and for furnishing the valuable material and information in a very short span of time which the Committee desired in connection with the examination of this subject.

The Committee also wish to express their thanks to non-official experts Shri Ajay Vikram Singh, Defence Secretary (Retd.), Gen. V.P. Mallick (Retd.), Lt. Gen. Dr. B. Sadananda (Retd.), Director General, Dr. Vikhe Patil Memorial Hospital & Medical College, Col. K.S. Bhimwal (Retd.), Medical Director, Rockland Hospital, Lt. Col. Inderjit Singh (Retd.), Chairman, All India Ex-Services Welfare Association who appeared before the Committee and shared their views on the subject.

5. For facility of reference and convenience, the observations/ recommendations of the Committee have been printed in bold type in the body of the report.

NEW DELHI;
28 *July,* 2006
6 *Sravana,* 1928 *(Saka)*

BALASAHEB VIKHE PATIL,
Chairman,
Standing Committee on Defence.

CHAPTER I

INTRODUCTION

1.1 During 2nd World War it was felt that there should be an integrated approach for the Medicare of Sick & Wounded Military & Civil personnel as medical sickness due to Malaria, Pneumonia etc. were much higher than battle casualties as such. A Committee was appointed in March, 1947 under the Chairmanship of Dr. B.C. Roy for considering the question of integration of the three medical services and medical research in their services. The Committee *inter-alia* recommended the following:—

(i) That there should be three branches of the Indian Armed Forces Medical Services *i.e.* Army, Air Force and Navy and that these three branches would deal with the various medical problems affecting the three forces.

(ii) That there should be a Supreme Controller of all the three Armed Forces Medical Service designated as Director-General of the Armed Forces Medical Services who would be the advisor to the Supreme Commander or the Defence Minister as the case may be regarding the medical needs of the Armed Forces. He will be the administrative head of the Armed Forces Medical Service.

1.2 The Committee also came to the conclusion that it was both desirable and feasible to establish an integrated medical research organization for the three branches.

Consequent to the recommendations of Dr. B.C. Roy Committee Report Armed Forces Medical Services came into existence in 1948. Armed Forces Medical Services (AFMS) is an integrated service headed by Director General, Armed Forces Medical Services. It is a tri-service organization consisting of Medical Services of Army, Navy and Air Force. Each Medical Service is under a Director General who is the Medical Advisor to the Chief of Staff of the respective service and is responsible to him for the day to day administration and proper functioning of the service under him. DGAFMS is advisor to Rakhsha Mantri in all health matters pertaining to Armed Forces and functions directly under the Ministry of Defence.

1.3 The Armed Forces Medial Services consist of:—

(a) Officers of the Army Medical Corps (AMC) including AMC (Non-Technical) officers, officers of the Army Dental Corps and officers of the Military Nursing Services. Army Medical Corps and Army Dental Corps officers seconded to the Navy and Air Force; Ward Master Officers of the Navy and probationer nurses.

(b) Junior Commissioned Officers, Other Rank of the Army Medical Corps, Sick Birth attendants of the Navy and Medical Assistance of the Air Force.

(c) Civilians of categories sanctioned periodically by the Government.

(d) AFMS is authorized 5440 Medicals Officers, 418 Dental Officers, 3152 MNS staff & 55500 Paramedical staff.

1.4 The Committee note that AFMS came into existence in 1948 in pursuance of the recommendations of Dr. B.C. Roy Committee set up to consider the question of integration of three medical services and medical research in Armed Forces. Dr. B.C. Roy Committee in its report laid down general principles as to how this integration could be effected efficiently for providing best medical care to Armed Forces.

1.5 The Committee, however, on making an in depth examination of AFMS feel that the B.C. Roy Committee's recommendations which are still relevant in present day scenario have not been fully implemented in letter and spirit. The Roy Committee had envisaged a higher status of DGAFMS as Advisor of the Supreme Commander or the Defence Minister. The Committee are constrained to note that over the years the status of DGAFMS has been slowly downgraded. This has impinged upon the working of AFMS. The Committee in this connection would like to point out the manifold increase in the workload of AFMS over the years with its medical cover having been extended to families of service personnel, ex-servicemen and their dependents, para-military forces *viz*. BSF, ITBP, CRPF, Border Road Construction Units and other supporting organisations posted in field and Central/intelligence agencies operating in disturbed areas and medical aid to civilians in low intensity conflict areas. It also has a major role to play in international medical missions and in providing medical relief in case of natural calamity and disaster. It is ironic that on the one hand there has been a substantial increase in the role of AFMS which has been earning accolades for its services

to the nation and the world and on the other status of DG (AFMS) is being slowly downgraded. Looking at the size, responsibility and nature of AFMS, the Committee desire that status of DGAFMS should be upgraded to that of Secretary, Government of India as in the case of Director General of Health Services (Civil).

1.6 Having examined various other issues pertaining to the subject, the Committee *inter-alia* recommend:

1. **Government should increase the strength of AFMS in proportion to its increased workload and responsibility for smooth and effective functioning. For this purpose, Government should set up a high level Committee to review the authorized strength of each cadre of AFMS.**
2. **Vacancies of doctors and para medical staff in hospitals and field units of AFMS should be filled up urgently.**
3. **AFMS should extend super specialist facilities like cardiology and Neurology in all zonal hospitals and more specialist facilities in peripheral hospitals so that soldiers and officers may be provided with proper medical care in their vicinity.**
4. **The staffing norms in AFMS hospitals should be improved to one Medical Officer per twenty-one beds according to recommendations given by the AESC Committee in this regard.**
5. **10% cut in recruitment should not be made applicable on civilian manpower of AFMS particularly in essential categories and trades like dietician, physiotherapist, etc.**
6. **The Armed Force Medical College should be converted into deemed university and all the training courses should be brought under its umbrella. Besides helping in having uniform standards for various training courses, this will facilitate in getting necessary recognition for various courses.**

1.7 There is an imperative need for regular lectures and exercises on yoga techniques in order to de-stress our Jawans in field units. Immediate steps may be initiated in this direction.

CHAPTER II

ROLE OF ARMED FORCES MEDICAL SERVICES

2.1 Armed Forces Medical Services (AFMS) provide comprehensive health care to the serving Armed Forces personnel, their families and dependents which are about 6.6 million in number. In addition, personnel of Para-military organizations while posted in the field and other Central police/intelligence forces operating in the disturbed areas of the country are provided treatment by the Armed Forces Medical Services. The Armed Forces Medical Services are also providing medical care to the ex-servicemen and their dependents to the extent possible.

2.2 Elaborating the role of Armed Forces Medical Services, the Ministry in a presentation on the subject stated:—

> "Although AFMS was initially required to provide medical cover to Services personnel only but now its services have been extended to the families and dependents of the serving personnel and ex-Servicemen and their dependents. More than 40 new establishments/categories have been made dependent on AFMS in last few years for providing medical cover within existing manpower resources.
>
> In addition to the above, in Forward areas, high attitude and remote areas, they provide medical cover to Para Military Forces, which includes Counter Insurgency Forces, Border Security Force, Central Reserve Police Force, Border Roads Units & General Reserve Engineering Force etc.
>
> AFMS provides medical aid to civilians in case of natural calamities and also during man made disasters like major aircraft accidents, major train accidents, road accidents, improvised Explosive Devices blasts, insurgency etc.
>
> AFMS has been playing major role in International Medical, Humanitarian and United Nations Aid Missions since early 1950s."

2.3 On the query as to how the strength of three Forces has increased since Independence, the Ministry furnished the following:—

Army

Category	Strength in 1947	Present Strength	Increase
Officers	18,412	34,427	16,015
JCO	22,125	74,995	52,870
OR	4,11,463	12,40,578	8,29,115

Navy

Category	Strength in 1953	Present Strength	Increase
Officers	1,096	9,594	8,498
Sailors	9,594	51,642	42,048

Air Force

Category	Strength in 1947	Present Strength	Increase
Officers	896	10456	9560
PBORs	10350	120011	109661
NCs (E)	820	10343	9523
Civilians	Nil	22000	22000

2.4 On Committee's query as to how AFMS has expanded since Independence commensurate with its increased role, the Ministry stated:

> "In 1947, Armed Forces Medical Services (AFMS) were authorized 900 Med. Officers and gradually this number has increased to 5440 at present. The expansion of AFMS directly relates to expansion of Armed Forces. The authorization of medical officers is based on existing and additional/new raisings under respective Commands of three Services. Where ever required modern technology has been/is being introduced. To meet the functional deficiencies pertaining to detailment of medical officers for post graduate and Doctorate in Medicine/Master of Chirurgery courses, a case for enhancement in the authorized strength, in terms of training drafting and leave requirement, is currently under active consideration of the Ministry."

2.5 The Committee note that AFMS was established in 1948 with authorized strength of 900 medical officers and other supporting staff to provide comprehensive health care to the serving Armed Force personnel. Over the years the role of AFMS has considerably increased with its services having been extended to families and dependents of service personnel since Independence. In addition, the AFMS also provides medical cover to ex-servicemen and their dependents, para-military forces *viz*. BSF, ITBP, CRPF, Border Road Units, etc. posted in field, Central/intelligence agencies operating in disturbed areas, and medical aid to civilians in low intensity conflict areas and in case of natural calamity and disaster. The AFMS has

also been playing a major role in International/UN Medical & Humanitarian Aid Missions since 1950. To cope with the increased responsibilities, the AFMS has also expanded and at present has an authorized strength of 5440 medical officers and other supporting staff.

2.6 The Committee, however, feel that the expansion of AFMS is not commensurate with the increase in its responsibilities which have become manifold over the years as AFMS now not only provides medical cover to Armed Force Personnel, their dependents and other beneficiaries but also plays a vital role in Disaster Management and international missions, etc.

2.7 The Committee, therefore, strongly recommend that a high level Committee should be appointed to comprehensively review and re-assess the overall increase in work and responsibilities of AFMS and suitably recommend ideal strength for each cadre so as to have smooth and efficient functioning. The proposed Committee should also take into consideration the new medical technologies that have been introduced in the field requiring trained manpower.

COORDINATION AMONGST MEDICAL SERVICES OF THE THREE FORCES

2.8 As AFMS is a tri-service organization of Medical Services of Army, Navy and Air Force, the Committee enquired about the coordination between departments under the control of DGAFMS and the medical services of three forces at various levels in peace and war. The Ministry in their written note stated:

> **"During Peace Time:** The coordination during peace time are as follows:—
>
> **At Station Level—**
>
> (a) Patients from any service avail medical facilities from nearby service hospital, Army/Navy/Air Force.
>
> (b) Medical Officers of any service regularly attend clinical meetings/seminars at nearby service hospital for keeping abreast of latest development in medical field. Medical Officers posted at various units also visit near by service hospital to follow up the admitted cases which boosts morale of the patients. It also helps in enhancement of professional knowledge and clinical acumen of Medical Officers and establishing healthy rapport with the specialists of the hospitals.

(c) Though each service hospital is manned by staff of respective service, Medical Officers & Specialists irrespective of uniform are posted to any type of service hospital whenever such arrangement is necessitated because of shortfall in number of specialists in a particular service at any time.

(d) SEMO (Senior Executive Medical Officer) of the service hospital looks after overall health and hygiene matters in that specified area which also includes units of other services.

At Command Level—Medical head at Commands, *i.e.* Principal Medical Officer (Air Force), DDMS in Army & CMO in Navy work in a co-ordinated manner, in providing replacement from nearby hospital, when specialists from other service hospital are away on Temporary Duty or leave.

At HQ Level—DGsMS of three services work in coordinated manner under the guidance of DGAFMS pertaining to all major policies involving Armed Forces Medical Services like training, placement of specialist medical officers, promotion boards for Medical Officers, provision of medical equipment etc. Medical Service Advisory Committee comprising of DGAFMS and three DGsMS frequently meet every month to deliberate on major issues."

2.9 Replying to integration of medical services of three services during war time, the Ministry stated:—

"The medical services are very well coordinated and integrated during peace and war without any differentiation between three services personnel at hospital level. The integration during war is complete as the casualties are treated at service hospitals on their merit and evacuated by different modes *viz.* air, sea and land route to base medical echelons depending upon their condition irrespective of their service. This has been coordinated at the HQ's level by Director General Armed Forces Medical Services (DGAFMS) and Director General Medical Services (DGsMS) and at command level by Principal Medical Officer (Air Force), Deputy Director Medical Service (DDMS) (Army) and Chief Medical Officer (CMO) (Navy). Supply of medical stores and coordinated through Armed Forces Medical Stores Depots and Armed Forces Transfusion Centre, centrally be perfect integration of provisioning by DGAFMS and distribution to periphery by respective DGsMS."

2.10 On the query regarding other areas, which need to be addressed effectively to keep better coordination amongst the armed forces in order to provide best possible medical services to their personnel, the Ministry stated:

> "Professional Training of Personnel Below Officer Rank (PBOR) is at present carried out separately by the three services. It could be examined if the same can be carried out under the aegis of DGAFMS in a unified manner so that the level of technical knowledge of the paramedics of the three services are standardized."

2.11 The Committee enquired about this coordination at the peripheral hospitals at the border, the Defence Secretary stated:

> "Whether there is an Army, Navy or Air Force hospital, and the service person is of a different Service, each hospital can receive patients of all three services. Supposing there is a Naval hospital and if it is an Air Force person who falls sick or injured, then in our system, every hospital can receive patients from there services."

2.12 In a subsequent note to the Committee DGAFMS furnished the following information on Inter Service Transfers for better integration:—

> "It is submitted that as per the directives of Dr. B.C. Roy Committee recommendations duly approved by the Govt., policy exists for inter service appointments at various ranks from Col. (& Equiv.) and above. However for Lt. Col. (& Equiv.) and below inter service transfers are done as per service requirement. The service conditions in respect of all officers of AFMS are same irrespective of their uniform. Efforts are on to ensure that there are more inter service transfers in line with recommendations of Dr. B.C. Roy Committee. This is also seriously thinking of bringing in the same pattern of uniform which will be applicable for the personnel of three medical services *i.e.* Army, Navy & Air Forces."

2.13 The Committee note that AFMS is an integrated tri service organization which is well coordinated during peace and war time. All service personnel irrespective of their force can avail medical care at all hospitals. The Committee have, however, been informed that professional training of PBORs is carried out by the three services separately. The Committee concur with the suggestion of DGAFMS that the same may be carried out under the aegis of DGAFMS in a unified manner so that the level of technical knowledge of para medicals of the three services are standardized. The Committee, therefore, recommend that the training institutes for training various categories of PBORs be placed under DGAFMS where PBORs from the three services could be imparted training in a unified manner. This will enable DGAFMS to have proper

monitoring of training standards as per the requirements from time to time and ensure accountability.

AFMS *V/S.* CIVIL MEDICAL SERVICES

2.14 Comparing AFMS v/s Civil Medical Services, the Ministry submitted:—

Sl.No.	AFMS	Civil
1.	Doctors serve in Field/High Attitude and operational areas	Mostly in cities
2.	Cadre Strength-9362	CGHS-5233 Railways-2569
3.	Doctors move with troops by land, sea & air and in Siachen glacier.	No such requirement
4.	24 Hours on duty. Professional work and military duties for example physical training, parade, Military exercises with troops, Field firings etc.	8 hours duty except emergencies.
5.	Training-Trained for deserts high altitude, seas and aerospace medical care Training Includes managing of combat Casualties and health maintenance in field conditions. Training include Casualty evacuation.	These aspects not covered in details in civil service.

2.15 Comparing status of DGAFMS, with Civil counterpart, the Ministry submitted:—

DGAFMS	Civil
Created in 1948 in the rank of Lieutenant General (& Equi-Valent) with the status of Special Secretary	Director General Health Services (GOI) & Director General Medical Services (Railways) have Higher status (Secretary)
Presently-No change in Rank with status of Additional Secretary	
Pay scale-24050-650-26000	Pay scale-26000 fixed.

2.16 In this regard the representatives of the Ministry further explained:—

> "The appointment of DGAFMS was created in 1948 in the rank of Lieutenant General (& Equivalent) with the status of Special Secretary. In Civil, the Director General Health Services was equivalent to Secretary. Since 1948 there has been no change in the status of DGAFMS and his status at the moment is to the equivalent of Additional Secretary in the present rank. Whereas it has been upgraded in the Civil to the status of Secretary. The pay scale as is given here is Rs. 24050-650-26000 for DGAFMS."

2.17 The Committee note that post of DGAFMS was created in 1948 in the rank of Lieutenant General with the status of Special Secretary. In the Civil, the post of Director General Health Services (DGHS) was equivalent to Director. Since 1948 there has been no change in the status of DGAFMS which is presently equivalent to Additional Secretary, whereas in the civil DGHS has been upgraded to the status of Secretary, Government of India.

2.18 The Committee find that AFMS has expanded manifold since independence and its role has also considerably increased. Accordingly, the responsibilities of DGAFMS have also increased substantially. The Committee, therefore, strongly recommend that the post of DGAFMS be upgraded to the status of Secretary, Government of India. The Committee feel upgradation of status of DGAFMS would not only boost the morale of AFMS but also help DGAFMS in working effectively.

FUNDS ALLOCATION TO AFMS

2.19 About the availability of funds to the AFMS for performing its numerous responsibilities, the Ministry provided the details as under:

> "The Armed Forces Medical Services have been allotted sufficient funds. The details of allotment & expenditure of budgetary allocation for last ten years is as follows:—

Revenue Head

Sl.No.	Financial Year	Allotment (Rs. in crore)	Expenditure (Rs. in crore)
1	2	3	4
(i)	1995-96	95.40	95.6833
(ii)	1996-97	95.40	103.2483

1	2	3	4
(iii)	1997-98	105.00	113.81
(iv)	1998-99	108.60	110.7663
(v)	1999-2000	139.67	110.2424
(vi)	2000-01	153.00	147.77
(vii)	2001-02	184.40	183.16
(viii)	2002-03	258.00	253.97
(ix)	2003-04	258.00	258.8610
(x)	2004-05	305.12	284.87
(xi)	2005-06	308.00	309.12 (as on 24 March, 2006)

Capital Head

Sl.No.	Financial Year	Allotment (Rs. in crore)	Expenditure (Rs. in crore)
(i)	1997-98	34.50	15.71
(ii)	1998-99	40.00	25.37
(iii)	1999-2000	80.00	21.09
(iv)	2000-01	80.00	49.66
(v)	2001-02	63.00	102.91
(vi)	2002-03	127.00	135.11
(vii)	2003-04	95.00	82.22
(viii)	2004-05	120.00	121.00
(ix)	2005-06	95.00	90.872 (as on 24 March, 2006)

2.20 During oral evidence on the subject, the Defence Secretary stated:

"In the earlier years, the allocation was there but the expenditure was not there. Later on, there has been some review and additional delegations have been given. Therefore, now they are able to work according to the plan and they are able to spend."

2.21 He further stated:

"The money may have been surrendered in the medical head but that money might have been used in some other heads."

2.22 The Committee note the substantial improvement in expenditure of the allocated capital funds by AFMS in the last few year. The Committee, however, desire the funds allocated under medical head be used only for that purpose and should not be diverted/re-appropriated to other heads.

CHAPTER III

AUTHORISED AND HELD STRENGTH

3.1 The following is the authorized and held strength of the various cadres of AFMS:

Sl.No.	Regiment	Authorized	Held
1.	Army Medical Corps	5440	5288
2.	AMC (Non-Technical)	360	259
3.	Army Dental Corps	418	418
4.	Military Nursing Service	3,152	3,026
5.	Personnel Below Officer Rank	55,500	52,494

3.2 To a query on the large scale vacancies in various cadres and the efforts being made to fill up these vacancies, the Ministry furnished the information as under:

> "The deficiency position of AFMS manpower as on date is around 152 *i.e.* 2.7%. The reason for above stated deficiency position is due to the normal releases of SSC officers and Superannuation and Premature Retirement of Permanent Commission Officers. The normal wastage is made up by recruiting civil doctors 2 to 3 times a year and by recruiting doctors trained at AFMC, Pune.
>
> The vacancies are filled by recruitment from Open Market as well as from AFMC. AFMC cadets are commissioned twice a year. Recruitment from open market is also done at least twice a year based on requirements."

3.3 The Committee are concerned to note the large scale vacancies in various cadres of AFMS. The Committee have been informed that vacancies arise due to normal releases of SSC officers, superannuation and premature retirement of permanent Commission Officers.

3.4 The Committee desire that since most of these vacancies are anticipated, timely action should be taken to fill up these vacancies. A career profile in respect of officers should be prepared by the DGAFMS so that a well planned recruitment programme can be worked out and there is no deficiency in the sanctioned strength of officers at any given point of time.

3.5 The Committee also desire that Government should review tenure of Short Service Commission Officers in AFMS who are released from service at a young age. The Committee desire that SSC medical officers and other staff should have a minimum tenure of 15 years with 5 years' extension so that experience and knowledge gained by the doctors, technical and para-medical staff could be gainfully utilized. The Committee, further, desire that the retirement age of PG teachers be increased to 65 years and that of nursing and technical para-medical staff be increased to 58 years. Government should also consider time-bound promotion policy for AFMS doctors and other staff so as to discourage premature retirement/resignation of permanent commission officers. The Committee are of the view that for the purpose, if necessary, Government may amend the existing service rules.

AUTHORISED AND HELD STRENGTH OF DOCTORS

3.6 The Ministry of Defence has furnished detailed information on the sanctioned and actual strength of Doctors posted in command and zonal hospitals and field units as under:

Hosp type	Auth	Held
Command	331	543
Zonal/Mid-Zonal/ Peripheral Hospitals	1251	1734
Field Units	3858	3011
Total	5440	5288

EASTERN COMMAND

Hosp type	Auth	Held
Command	37	72
Zonal/Mid-Zonal/ Peripheral Hospitals	160	272
Field units	269	201
Total	466	545

3.7 About the transfer policy of doctors, the following information has been furnished by the Ministry:

"Transfer policy of non-selection grade rank officers

(a) Medical Officers: Guidelines for posting Medical Officers up to the rank of Lt. Col. (& equivalent) is as follows:—

(i) **On commission:** Postings to hospitals 0-6 months depending upon the schedule to Medical Officers Basic Course.

(ii) **After Medical Officers Basic Course:** Posting to Field as Regimental Medical Officers or Medical Officers in Field Ambulances/Ships/Air Force Stations.

(iii) Subsequent postings is to Field Ambulances/Military Hospitals/Ships/Air Force Stations/Paramilitary Organizations/Recruiting Organizations/DRDO/Border Roads/Chief of the Army Staff Guard depending on organizational requirements and posting profile of officers.

(b) Specialist Officers

(i) Officers Possessing Post Graduate Degree in Clinical or Para clinical Subject prior to commission: On completion of first tenure of 1 year, these officers are posted to work independently in hospitals or Field Ambulances as authorization and as per service requirements.

(ii) Officers Ex Advance Course: On completion of Advance course, officers are posted to work under a Senior Advisor/ Senior Specialists for one year. However, this may not be feasible, till such time adequate number of officers are available in the respective specialities. In the specialities where deficiency exists officers ex-advance course are posted to meet the service requirement. Thereafter these officers are posted to work independently in hospitals or Field Ambulances/Ships/Air Force Stations as per service requirements.

(c) Super Specialists Officers

Depending on the speciality, availability of the vacancies, number of officers in a particular super speciality and service requirements officers immediately after training/obtaining Super Specialist qualification are posted to a centre in the concerned super speciality. Subsequently the officer is posted alternatively to hospital not having

the respective Super Speciality Centre and then to a super speciality centre.

(d) Tenure

Generally tenure of appointment is 2-3 years. Tenure in High Altitude Area and Recruiting Organization is of 2 yrs. only. Tenures of staff officers at Army Hqrs. and Instructors at Army Medical Corps Centre & School, AFMC Pune is 3-4 years. A minimum gap between two High Altitude tenures is 6 years and between two Field tenures is 5 years.

(e) In order to fulfill the Armed Forces role and responsibilities in peace and war, the organization requirements always have an overriding consideration *vis-a-vis* all other requirements. Notwithstanding any provisions/guidelines on posting or tenure, posting including compassionate postings are governed by this overriding important criteria. Depending on organizational requirements tenures may be truncated, officers be posted prematurely, or previously granted Compassionate Ground Posting or collocation with spouse may be reviewed and curtailed."

3.8 As regards Transfer Policy of Selection Grade Ranks, the Ministry of Defence stated:—

"(a) Tenure: An endeavor is made to ensure that officers have two tenures in each selection grade rank up to the rank of Major General (and equivalent). These will include tenures in Staff/Command and or various specialist appointments. This enables officers in selection grade ranks to have adequate exposure in different appointments.

(b) The normal duration of tenure in various select ranks is as under:—

Sl.No.	Rank	Tenure
(a)	Colonel (& Equivalent)	2-3 years
(b)	Brigadier (& Equivalent)	1-2 years
(c)	Major General (& Equivalent)	1-2 years

(c) The duration of the tenure may be extended/curtailed based upon the organizational requirements and exigencies of services.

(d) The duration of tenure in the rank of Colonel (& equivalent) may be extended up to 4 years in the following appointments:—

(i) Instructional appointments at AFMC Pune and AMC Centre & School.

(ii) Super Specialist Centres at various hospitals.

(iii) Staff appointments at Service Hqrs.

Provisions for meeting individual officers requirements

There is a provision for compassionate ground postings which is considered objectively on the merit of each case. An Officer can apply for compassionate posting for Medical Reasons, Children Education, Financial Reasons, Posting from Field to Field, Spouse Posting and Last Tenure Posting. These are considered favourably subject to the merit of each application, overall organizational requirements and the availability of vacancies in the choice stations.

Inter-service postings: The officers are rotated amongst the services without change in uniform on tenure basis for giving exposure to the prevailing ethos in the services. Specialist officers are also posted to inter service hospitals depending upon the requirement of various specialists in different services.

Conclusion: These instructions and guidelines have been laid down to ensure objectiveness, fairness and transparency in placements and posting of officers in order to ensure organizational effectiveness in times of peace and war. These guidelines do not, however, confer any right on officers to represent against posting quoting these orders. It is emphasized that station and tenure of posting are dependent on various parameters such as organization requirements, overall manpower situation, career management of officers, officers profile, professional competence, individual requirement, availability of vacancies and chain posting. While all possible endeavor is made to conform to the guidelines enunciated in the policy, the organizational requirements take over riding precedence over all other stated parameters."

3.9 The Committee during evidence enquired the reasons for more than sanctioned strength of doctors at command hospital when there is deficiency in field units. The DGAFMS stated:—

"This is peace formation. If you see if carefully, the number you can see is slightly less because they have been pooled into

command officers. But during wartime, these medical officers go back forthwith in that area."

3.10 The Committee wanted to know the number of doctors that normally stay in Mumbai and Delhi for various reasons, the Ministry furnished the following information:

Officers posted in Delhi:—

Service	Auth	Posted	Remarks
Army	174	327	Most of the Officers are posted because of requirement of Specialist and Super Specialist at Base Hospital & Army Hospital (R&R).
Navy	14	27	4 Officers posted in Inter Service Appointment. 11 Officers posted within the Specialists/Super specialist posts to provide Super Specialist cover in Army Hospital (R&R) and Base Hospital.
Air Force	64	95	

Officers posted in Mumbai:—

Service	Auth	Posted	Remarks
Army	10	25	15 Officers posted as Specialist and Super Specialist
Navy	146	148	
Air Force	8	8	

3.11 The Committee wanted to know the married accommodation provided to DGMS doctors. DG(AFMS) informed that allotment is through general pool which is around 30% in case of Captain & 60-80% in case of Major and above. There is no specific accommodation for Medical Officers.

3.12 Elaborating further, DGAFMS in a note to the Committee stated:—

"Quota System of Govt. Married Accommodation:—At present there is no system for earmarking Govt. Married Accommodation for

Armed Forces Medical Services (AFMS) Officers [Medical, Dental AMC (Non Tech.)/SDM officers and Members of MNS]. However in certain stations earmarked accommodation exists for certain specialist officers belonging to discipline of Surgery, Medicine, Anesthesiology, and Obstetrics & Gynaecology. The waiting time for accomodation for specialist officers at all level is as under:—

(a) In Metropolitan Cities:—

(i)	Capt./Maj.	—	2 to $2^1/_2$ years
(ii)	Lt. Cols.	—	Upto 2 years
(iii)	Cols./Brigs.	—	1 to $1^1/_2$ years
(iv)	Maj. Gen.	—	upto 1 year

(b) In Other than Metropolitan Cities:—

(i)	Capt./Maj.	—	1 to $1^2/_3$ years
(ii)	Lt. Cols.	—	Upto 1 year
(ii)	Cols./Brigs.	_	6 months to 1 year
(iv)	Maj. Gen.	—	Earmarked"

3.13 The Committee are constrained to note that whereas the actual strength of doctors posted in command hospitals is much more than the authorized strength, there is more than 20% deficiency of the doctors in field units *vis-a-vis* authorized strength. This shows that more doctors are being posted in command hospitals at the cost of field Units.

3.14 The Committee are not inclined to accept the reasons given by DGAFMS that it is a peace time formation and during war time these medical officers go back to the field units. Even during peace time there should not be any deficiency of doctors in field units so that the troops receive adequate medical care and remain fit and healthy to take on any challenge there. The Committee, therefore, strongly recommend that the Ministry should look into the matter and take urgent steps to post doctors at field units as per the authorized strength.

3.15 The Committee further note that the number of doctors posted in Delhi and Mumbai is double of the authorized strength because of requirement of specialists and super specialists at hospitals in these cities. The Committee would like the Government to look into the lopsided postings and take corrective measures in this regard. As recommended in an earlier paragraph, the Committee desire the Government to set up a Committee to review the authorized strength

of doctors in various levels of hospitals and field units taking into consideration the necessity of posting more specialists and super specialists at command and zonal levels but at the same time ensuring that there is no shortage of doctors in field units both in peace time and war time. The Committee desire that adequate reserve doctors/staff should be kept for leave vacancies so that there is no deficiency on account of doctors and other staff proceeding on leave/ training.

3.16 The Committee are further constrained to note that at present there is no system of earmarking Govt. Married Accommodation for AFMS officers. Only in certain stations earmarked accommodation exists for certain specialists officers belonging to disciplines of surgery, medicine, anaesthesiology, obstetrics and gynaecology. The Committee further note the waiting time for accommodaiton for specialist officers in Metropolitan cities can be more than two years. Keeping in view their service requirements which involve medical exigencies, the Committee recommend that there should be separate pool with earmarked accommodations for AFMS officers near the hospitals.

3.17 The Committee understand that investigations/enquiries against the Medical Officers are often constituted under the purview of the AFMS. The Committee, in this regard, strongly desire that in the case of such investigations against a lady officer in AFMS or any other Defence Services, a lady member should be invariably appointed on the Board of Enquiry to ensure equity and fair justice.

AUTHORISED AND POSTED STRENGTH OF PARA-MEDICAL STAFF:

3.18 In regard to authorized and held strength of para-medical staff posted in various regions, the Ministry furnished the following information:

Army

The authorized and posted strength of the para-medical staff is as under:—

Para-medical Staff Distribution As Per Commands

Sl.No.	Commands	Authorised	Held Strength
1	2	3	4
1.	North Comd.	2447	2330
2.	South West Comd.	1117	906

1	2	3	4
3.	East Comd.	2548	2309
4.	Central Comd.	2441	1915
5.	South Comd.	2748	2210
6.	West Comd.	2209	1776
	Total	13510	11446

Navy

The strength of paramedic staff in various regions are as follows:

		Auth	Held
(a)	Western Naval Command, Mumbai	911	816
(b)	Eastern Naval Command, Vishakhapatnam	273	411
(c)	Southern Naval Command, Kochi	313	413
(d)	Andaman Nicobar Command	83	147
(e)	Others	76	94

Air Force

Paramedical Staff Distribution as Per Command

Sl.No.	Commands	Strength
1.	Western Air Command	693
2.	Southern Western Air Command	373
3.	Training Commands	740
4.	Eastern Air Command	475
5.	Central Air Command	263
6.	Maintenance Command	386
7.	Southern Air Command	44
8.	Andaman & Nicobar Command	23
9.	AIR Head Quarters	291
	Total	3288

3.19 On a specific query regarding sanctioned strength and actual number of supporting staff (Nursing Assistance, Ambulance Assistant and Nursing Technical category persons) posted in Northern-Eastern region and border areas as under:

Sl.No.	Units	Authorised	Posted
1.	In all DGMS (Army) units	26,606	24,461
2.	In North-East Region	2,974	3,004
3.	In border areas	7,321	7,484

3.20 The Committee are constrained to note that large scale deficiency in posting strength of paramedical staff against the authorized strength in most of the service commands. The Committee would like the Ministry of Defence to take urgent steps to fill up the vacancies and take concrete steps so that such a situation does not arise in future.

CHAPTER IV

AFMS HOSPITALS & THEIR UPGRADATION

4.1 AFMS has a total 127 hospitals in the three forces. The Ministry of Defence has furnished the following details about the AFMS hospitals spread across the country:

DGMS (Army)

Medical Advisor to Chief of Army Staff

Units

• Training Centre—AMC Centre & School, Lucknow		
• Military Hospitals—Total, including	—	109
Army Hospital (Research & Referral) Delhi	—	01
Military Hospital (Cardio Thoracic Centre), Pune	—	01
Command Hospitals	—	05
• Field Ambulances	—	87
• Station/Field Health Organisations	—	39
• Military Dental Centres	—	139
• Nursing Schools	—	6

DGMS (Navy)

Advisor to Chief of Naval Staff

Units

• Total Naval Hospitals including	—	7
Indian Naval Hospital Ship Asvini, Mumbai		
• Institute of Naval Medicine, Mumbai	—	01
• Dental Centres	—	12
• Nursing Schools	—	2
• Sick Bays	— In Every Naval establishment	

DGMS (Air Force)

He is Advisor to Chief of Air Staff

Units

• Total Air Force Hospitals including	—	11
Command Hospital Air Force, Bangalore		
• Air Force Central Medical Establishment, New Delhi	—	01
• Institute of Aero Space Medicine, Bangalore		
• Station Medicare Centres—In every Air Force establishment		

4.2 The Committee enquired if the number is adequate to take care of all Armed Force Personnel, the Ministry stated:

> "The number of medical units of the Armed Forces are adequate to take care of the large number of Armed Forces personnel. However, these medical establishments may require restructuring involving additional specialist facilities and manpower."

4.3 Asked if any review has been made on the facilities available in various hospitals and the need for upgradation of some of these hospitals especially in border areas, the Ministry furnished the following information:—

Upgradation of infrastructures of military hospitals

"A review of the medical facilities available in various hospitals of the Armed Forces was made by a Committee for Modernisation of Hospitals appointed by the DGAFMS. After taking a comprehensive review, the committee recommended a plan for mdoernisation of hospitals of the Armed Forces. This modernisation plan caters to all the hospitals of Armed Forces including the hospitals in the border areas. The plan at a total cost of Rs. 432 crore approx has been presented to Ministry of Defence and DGAFMS has been advised that the entire Plan be made into Annual Acquisition Plan in next three to four years within the annual budget allocation for each year.

A study on review of medical establishment and rationalization of medical cover during Peace and Operations has been carried out recently under the aegis of Operational Logistic (OL) Directorate. The aim of study was to review existing military hospitals in terms of bed occupancy, various facilities available with a view to effectively re-deploy resources to achieve optimization in peace and war. Study has recommended new hospitals in border areas like Jaisalmer, Doda, Kargil and Gopalpur by re-locating certain hospitals in peace areas with less work load. Recommendations of committee are under consideration of Army Head Quarters.

Upgradation of infrastructures of Naval Hospitals

INHS Asvini was recently modernized at a cost of Rs. 136 crores. Two new hospitals are under construction at Karwar and Ezhimala. All Indian Naval Ships carrying Medical Officers have been equipped with Cardiac monitors and defibrillators, Nebulizers, Medical Waste disposal equipments. For the current financial year Central Purchase of 1900 Lakhs & Local Purchase of 503 Lakhs has been sanctioned."

4.4 In regard to proposal for new Army hospitals, the representative of AFMS stated:

> "There are places like Doda, Gopalpur and Jaisalmer which need to raise new hospitals because of the operational requirements. We are trying to relocate the beds in places like Dharamshala and Palampur".

4.5 As regards naval hospitals, DG (AFMS) stated:

> "This INHS Ashwini is a command hospital for Navy in Mumbai. It is furnished with every equipment available. It is one of the finest hospitals that has come up. Besides, that, they have got two zonal hospitals at Visakhapatnam and Cochin. In addition to this, two more hospitals are coming at Karwar and Exhimala. Karwar is almost completed. By the end of this year, it will be operational though they are running a small set-up. A MI room has come there at Ezhimala. The hospital will take about a year and a half. By the end of 2007, the Navy will have two extra hospitals."

4.6 In regard to Air Force Hospitals, DG (AFMS) stated:

> "As far as modernization of Air Force Hospitals is concerned, it has been completed. Kalaikonda, which is a very small hospital, has been upgraded to certain operational requirement. We have established another Air Force pilots testing unit at Jorhat. Previously, it was one and that was in Delhi. So, the eastern pilots can go to Jorhat. They have been equipped with all equipment. Most modern equipment has been provided to them."

4.7 In a further note to the Committee the Ministry informed that a proposal for construction of 54 Army Hospitals housed in old buildings for an estimated cost of Rs. 2960 crore is under consideration with the Govt.

4.8 It was further stated that at present command hospital Air Force Bangalore is accommodated in a number of standalone buildings of various vintages. It has been proposed to replace the building with Modern Multi-speciality Hospitals complex with an estimated cost of Rs. 283 crores.

R&R Hospital, Delhi

4.9 The Committee were informed that R&R hospital in Delhi has been modernized with state of art facilities. In regard to the expenditure

incurred on the creation of new facilities in the R&R hospitals, the following table has been furnished by the Ministry:

"The expenditure incurred on the upgradation of Army Hospital (R&R) is as follows:

Financial Year	Cost (Rs. Crore)
1996-97	4.15
1997-98	29.08
1998-99	2.16
1999-2000	24.56
2000-01	34.28
2001-02	67.69
2002-03	21.23
2003-04	55.19
2004-05	138.55
2005-06	57.07
Total	433.96

Some of the new facilities added in Army Hospital (R&R) are as follows:

(a) Positron Emission Tomogragphy (PET) Scanner

(b) Gamma Camera

(c) 3 Tesla Magnetic Resonance Imaging (MRI)

(d) Assisted Reproductive Treatment (ART) Centre

(e) Molecular Biology Lab

(f) Gama Knife

(g) Bone Marrow Transplant Centre

(h) Digital Subtraction Angiography (DSA) Unit

(j) Robotic Joint Replacement surgery (Robodoc)

(k) Human Patient Simulator for training

The Committee visited R&R hospital for on the spot study."

Leh Hospital

4.10 The Committee in their study tour to J&K in October, 2004 visited Srinagar and Leh Hospital. I was observed that there were many patients in the Leh hospital suffering from high altitude illnesses. The Committee enquired if there is any proposal to strengthen hospitals, the representative of Ministry Stated:

> "At Leh, we have general hospital with 200 beds. In addition we are establishing high altitude research center to take care of all high altitude illnesses alongwith DRDO."

4.11 Explaining about the procurement of new oxygen manufacturing devices for the hospital, the DG (AFMS) stated:—

> "...There is something like oxygen manufacturing device which was lacking. Recently we have got approval for such devices. Now, these plants can take oxygen from atmosphere and fill the bottle also. The field trials is planned in month of January in order to check whether that equipment is going to work in that atmosphere. We are giving three plants to the northern side, and two plants to the North-East. The five plants that will be given will have aluminum bottles which can be filled and which a *Jawan* can carry on his shoulder. These are very light. We have taken care of that. The problem being faced by the North-Indian troops is basically hypertension. There are also high incidence particularly of mountain sickness. For that we have designed rapid induction courses for which we are already doing research. By 2007, we are very sure that troops who are coming from North will be quickly inducted. We are paying special attention to all these hospitals to which I have personally gone alongwith my team. We have supplied MRI, CT Scan to every center in that side starting from Srinagar, Leh, and in one more hospital which is coming in Pratappur. Our attention is more this area because our threat perception is also more on that side. We can assure you that by 2007 they will have one of the finest medical systems available in this area."

4.12 The Committee note that AFMS has a total of 127 hospitals in the three forces. The Army (R&R) hospital has the state of art facilities and has been recently upgraded with new facilities. Similarly, Naval Hospital, Ashwani is also being modernized with latest facilities. The Committee desire that DGAFMS should strive to have such state-of-the-art facilities initially at all the Command Hospitals and then gradually at Zonal Hospitals so that the service personnel may get best possible medical treatment at their vicinity.

This in turn will ease pressure on the Referral and Command hospitals.

4.13 The Committee note that a modernisation plan of Rs. 432 crore for upgradation of hospitals has been presented by DGAFMS to Ministry of Defence and DGAFMS has been advised that entire plan be made into Annual Acquisition Plans in the next 3-4 years within the annual budget allocation for each year. The Committee desire that the Ministry should give priority to the modernisation and expansion plan of AFMS and ensure that the requisite funds for the plan are made available in the annual budgets and it is implemented as per the schedule.

4.14 The Committee note that the study on a review of medical establishment and rationalization of medical cover during operations has recommended new hospitals in border area Doda, Gopalpur and Jaisalmer. The Committee desire that an early decision be taken in this regard so that our forces and supporting organizations at the border can be given proper medical care.

4.15 The Committee further note that some Military hospitals and Air Force Command hospital at Bangalore are housed in old buildings of the British times. A plan for construction of new buildings is under consideration of Government. The Committee desire the Government to expedite the approval of the same and allocate requisite fund to replace the old buildings with Multi-speciality Hospital complex before any untoward incident takes place.

4.16 The Committee, further desire that the problems faced by our jawans at high altitude should be studied and requisite equipment/facilities be made available to treat such illnesses on the spot at such places. Also the proposed research centre at Leh to study all high altitude illnesses be expedited.

4.17 The Committee understand that some private organizations have donated substantially for the setting up of facilities/ modernization at the Army Hospitals. The Committee, therefore, recommend that these organizations should be exempted from the deduction of Income Tax for the amount of donation.

FIELD UNITS

4.18 About the medical facilities provided in the field units and the Plan for their upgradaiton, the Ministry furnished details as under:

> "The medical facilities are provided in the field through field medical units known as "Field Ambulances". These

Field Ambulances provide the following medical facilities to the troops:

(a) Casualty evacuation

(b) Basic medical cover

(c) Basic diagnostic facilities

(d) Surgical treatment

(e) Preventive Health cover

Modernization of Field Medical Units was carried out 2 years ago by DGAFMS and field ambulances were provided with 34 new equipments as given in list placed as **Appendix "6A"**. In addition, medical equipment required by the field medical units are being procured form time to time."

4.19 When asked about the steps being taken by the Ministry for providing mobile medical treatment facilities for the field military personnel as well the civil society residing there, the Ministry informed:

"Mobile medical treatment facilities for the field military personnel are being provided through RAP (Regimental Aid Post) where a RMO (Regimental Medical Officer) is posted with basic medical equipment and treatment facilities. ADS (Advanced Dressing Station) and Forward Surgical Centre (FSC) is being provided by the field ambulance. These have 45 beds along with operation theatre and diagnostic elements like X-Ray, laboratory etc. Civil population residing in low intensity conflict zones, inaccessible areas where civil medical infrastructure does not exist is also covered by Armed Forces Medical Services as aid to civil authority. Medical camps are being regularly conducted in Northern and North-East sectors."

4.20 The Committee note that modernization of field medical units was carried out two years ago by DGAFMS wherein the field medical units are provided with 34 new equipment.

4.21 The Committee are of the view that modernisaiton is an on-going process and technologies in medical field are being upgraded very rapidly. Our soldiers at the borders should have access to the latest medical care facilities including mobile hospitals by road, Air Ambulance services and, therefore, a six monthly review of facilities at local level and annual review by DGAFMS should be carried out so as to upgrade the same as per requirement. DGAFMS should

also undertake surprise visit to monitor facilities. The Committee strongly emphasise that there should not be any deficiency in the strength of doctors and equipment and other manpower in the field units.

4.22 The Committee further note with satisfaction that AFMS is providing medical cover to civil population residing in low intensity conflict zones, inaccessible areas. Such service to civil population would definitely improve confidence of local population with Armed Forces which is so essential for maintaining cordial relationship. The Committee desire that such services be extended to all border areas where adequate medical facilities are not in place.

IMPACT OF 10 PER CENT CUT IN RECRUITMENT OF MEDICAL STAFF

4.23 When asked about the problems generated as a result of 10% cut in manpower recruitment to the medical staff to the Armed Forces, the Ministry stated:—

> "Implementation of 10% cut in Civilian manpower particularly in essential categories like Ward Sahayika, Barber, Washer man, Safaiwala/Wali in Armed Forces hospitals has adversely affected the patient care. Cut in some trades like Dietician., Physiotherapists, Occupational Therapists, Psychologists, Medical Physicist etc. has rendered the concerned departments redunant as only one post is authorized in these categories in one hospital."

4.24 The Committee note that 10 per cent cut in civilian manpower particularly in essential categories has adversely affected the patient care. Also cut in trades like dietician, physiotherapists etc. has adversely affected the functioning of these departments as only one post is authorized in these categories in one hospital. The Committee, therefore, strongly recommend that cut in recruitment should not be made applicable to the civil manpower connected with the operationalisation of armed forces medical services as it has direct ramifications on the health care of our officers in general and troops in particular.

DOCTOR PATIENT RATIO

4.25 The Committee enquired about the average ratio of patients and Doctors in various command, zonal and field units, the Ministry, in a written note, provided the following details:

> "The present ratio of staffing in military hospitals as compared to corporate hospitals in Delhi and staffing norms recommended by

various committees is given below:—

Sl.No.	Recommending Authority	Type of Authority	Medical Officer	Spl Offrs	Nur Offrs	Staff
(a)	Sir Ganga Ram Hospital	Corporate Hospital	1 per 4 beds	1 per 4 beds	1 per 1.1 beds	3 per bed
(b)	Escorts	Corporate Hospitals	1 per 4 beds	1 per 3 beds	2 per 1 bed	6 per bed
(c)	Batra Hospital	Corporate Hospital	1 per 3 beds	1 per 5 beds	1.3 per 1 bed	4 per bed
(d)	National Institute of Health & Family Welfare 1988	Autonomous Body	1 per 15 beds	1 per 18-21 beds	1 per 3 beds	2 per bed
(e)	Bureau of Indian Standards, 2001	Govt. Committee	1 per 10 beds	6 per 30 beds	1 per 3 beds	2 per bed
(f)	Bajaj Committee 1980	Govt. Committee	1 per 15 beds	1 per 17-20 beds	1 per 3 beds	3 per bed
(g)	Lt Gen N Foley Committee 1993	Inter-Services Committee	1 per 15 beds	1 per 17 beds	1 per 6 beds	2 per bed
(h)	Existing Army Norms 1960 Vintage	—	1 per 50 beds	0.7 per 1000 troops (1 per 33 beds)	1 per 5 to 20 beds	0.8 per bed
(j)	Recommended by ASEC (2006) for phase-I of review of establishment	—	1 per 21 beds	1 per 15 beds	1 per 8 beds	1.25 per bed

4.26 On a specific query, the Ministry informed that the norms of patient doctor ratio has not changed since 1960.

The Defence Secretary in this regard clarified,

"As far as general duty medical officers are concerned, the Armed Forces are much better. They are better than the norms prescribed. It is in the specialists side where the norms are much less. Then, there is one more thing which you used to consider when you compare it with the civil hospitals. The civil hospitals have far more OPD patients. The bed strength may be less but the OPD is very high as compared to Armed Forces. But again in the Armed Forces, we have to have more staff and doctors available to meet

different kind of a scenario. So, the operation threatres must have proper medical support. That is why there will be a large number of general duty medical officers and specialists who are actually working in the hospitals are less. At the same time there are some hospitals, which we will see later on, where there are large number of specialists. In fact, there the general duty medical officers are less. But the specialists can also work as general duty medical officers. For example, a gastroenterologist can work as general physician. So, this kind of inter-change of duties are done. The Commanding Officer of that hospital is empowered to do that."

4.27 The Committee are constrained to note that norms for staffing pattern are much lower in AFMS hospitals not only as compared to corporate hospitals but also civil hospitals. The present staffing pattern of 1 medical officer per 50 beds and 0.8 staff per bed being followed in AFMC pertains to 1960 vintage. The Committee are unhappy to note that Lt. Gen. Foley Committee recommendation made in 1993 for staffing pattern of 1 medical officer for 15 beds and 2 staff per bed was not implemented by Government. ASEC (2006) has now recommended staffing pattern of 1 medical officer per 21 beds and 1.25 staff per bed.

4.28 The Committee desire the Government to take necessary action to implement the new staffing norms for AFMC as recommended by ASEC in a time bound manner so that quality services can be made available to armed force personnel and their dependents.

CHAPTER V

SPECIALISTS FACILITIES IN HOSPITALS

5.1 Specialist facilities are provided in hospitals with a bed strength of 76 and above. The basic specialist facilities like Medicine, Surgery, Gynaecology are provided for hospitals upto 200 beds upward. Additional specialist services such as Radiology and Pathology are provided in hospitals with upto 400 beds. In Zonal hospitals additional allied specialities *i.e.* Psychiatry, Skin, Paediatrics, Orthopaedics, Eye, Ear Nose Throat (ENT), etc. are provided. At Command Hospital, base Hospitals in additional to Basic and Allied Specialities certain Super-Specialities such as Cardiology, Neurology, Nephrology, Gastroenterology, Urology, Reconstructive Surgery & Oncosurgery etc. are provided.

Based on the bed strength there are 1342 Specialists and 210 Super Specialists in the Armed Forces Hospital. Besides this there are 665 specialists in the annotated appointments, totalling to 2295, this includes 5% cushion (78 numbers) in the Pool of Specialists for AFMS.

5.2 In a presentation to the Committee, the Ministry informed the following Pool of Specialists in the AFMS:

• No. of Specialists based on bed strength	—	1342
• Number of Super Specialists	—	210
• 5% Cushion for future after approval of Government	—	78
• Annotated appointments	—	665
Total Specialist Strength	—	2295

5.3 Giving break up status of various specialists in AFMS the Ministry of Defence furnished the following information:

General Medicine	285
Dermatology	48
Psychiatry	56
Anaesthesia	209
Obstetrics & Gynaecology	133

Preventive & Social Medicine	150
Orthopaedics	30
Pharmacology	8
Physiology	18
Tuberculosis & Respiratory Medicine	12
Marine Medicine	17
Forensic Medicine	4
Hospital Administration	87
Paediatrics	82
Radio diagnosis	93
General Surgery	297
Ophthalmology	97
Ear Nose & Throat (ENT)	87
Pathology including Biochemistry	169
Microbiology	30
Anatomy	9
Forensic Medicine	4
Aviation Medicine	90
Master of Dental Surgery (for Dental Officers)	123
Radiotherapy	4
Medical Informatics	8

5.4 When asked if there is a need to improve staff pattern in specialist and super-super specialist cadre, the Ministry stated:—

"There is a need to improve the existing status of basic speciality, especially in following subjects:—

(a) Surgery
(b) Medicine
(c) Anesthesia
(d) Orthopaedics
(e) Obstetrics and Gynaecology
(f) Pathology

The super specialist status in the AFMS is adequate."

5.5 In written reply to a question on the need for review of specialist facilities in the various categories of hospitals, the Ministry furnished the following details:

"The proposals to review specialist facilities available in various categories of hospitals have been included by the Army Head Quarters in the revision of establishment of these hospitals with the aim to improve the staffing pattern particularly in respect of technical manpower and specialist. The revision is proposed to be progressed in a phased manner as under:—

(a) Phase-I (7 Hospitals): All command hospitals of the Army, Army Hospital (R&R) and Base Hospital, Delhi Cantt.

(b) Phase-II (20 Hospitals): All Ministry Hospitals/Base Hospitals (400 bedded and above) and Military Hospital (Cardio Thoracic Centre), Pune.

(c) Phase-II (78 Hospitals): All remaining hospitals."

5.6 About the demand for providing more specialist facilities in base and other hospitals, the Ministry has furnished as under:

"According to DGAFMS there is a demand from the clientele for having basic specialities in all the hospitals up to periphery level. To meet this requirement additional allotment of upto 300 vacancies of medical officers by temporarily suppressing 350 vacancies of regular army has been approved in principle by the Chief of the Army Staff for further processing."

5.7 When asked the areas where specialists are not sufficient, the Ministry stated:—

"There is a functional deficiency in basic specialities because of medical officers proceeding on study leave/mandatory army courses etc. A case for authorization of training, drafting, leave reserve (TDLR) is under consideration of Ministry of Defence."

5.8 To facilitate Armed Forces Personnel to avail treatment from civil hospitals the Government issued orders in 1998. In this regard the Ministry stated:—

"Government of India (GoI) orders issued *vide* letter No. 20028/DGAFMS/DG-3A/1348/D (Med.), dt. 28 March 1988 are applicable for only specialized cardiovascular and renal transplant therapy. This order was issued consequent to the need for advanced

treatment for Heart and Kidney diseases, the facility for which were not available in Armed Forces hospitals. The order has been amended from time to time and is applicable till date. However, the GoI also sanctions such cases of specialized treatment for other diseases like Cancer/Liver transplantation on a case-to-case basis."

5.9 The Committee wanted to know the circumstances when Defence Personnel are allowed to avail treatment under Government expenses, the Ministry stated:

"(a) In an emergency, the service personnel & their dependents are provided treatment in local service hospitals to the extent possible. For specialists/super specialist care they are referred to larger service hospitals at Govt. expenses.

(b) When no service hospital exists in a station or in the absence of specialist facilities available locally or if it is impracticable to transfer a case to another service hospital, these patients could be referred to a local civil hospital.

(c) In absence of suitable accommodation or facility in the local civil/government hospital or if patient cannot be transferred to another hospital, the patient could be referred to local private hospital/nursing homes for treatment."

5.10 The Committee note with concern that only basic specialist facilities like medicine, surgery, gynaecology are provided in peripheral hospitals and specialist facilities like psychiatry, skin, paediatrics, orthopaedics, ENT etc. are provided only in zonal hospitals. Further super specializations such as cardiology, neurology, etc. are provided only in Command and Base hospitals.

5.11 The Committee are of the view that there is a need to extend more specialists facilities in peripheral hospitals. ENT, Skin, paediatrics, orthopaedics related diseases and problems are very common and therefore, peripherals hospitals should be equipped effectively to treat such cases. The Committee further desire that steps should also be taken to upgrade the zonal hospitals with all specialities and super-specialist facilities as per the demands of agro-climatic conditions so that the Armed Forces Personnel could get these facilities at nearby place and they do not have rush to Command Hospitals for treatment. This will ease the congestion in the Command Hospitals. The Committee are happy to note that specialists facilities in various categories of hospitals is under review of Government. The Committee strongly desire that early decision may be taken in this regard.

CARDIOLOGY CENTRES

5.12 The Committee enquired about the Cardiology facilities in AFMS, the Ministry in a written note stated:

"(a) Medical specialists are available in almost all service hospitals and they have the expertise and equipment to stabilize and treat acute heart ailments and to treat chronic heart disease such as Hypertension, Valvular diseases not requiring surgery and Ischaemic Heart Diseases.

(b) There are 10 super speciality centres for cardiology and 4 centres for cardio vascular surgery in the Armed Forces as under:

Cardiology Centres

1. AH (R&R), Delhi Cantt.
2. Command Hospital (SC), Pune
3. CH (EC), Kolkata
4. CH (CC), Lucknow
5. CH (NC), Udhampur
6. MH, Jalandhar
7. INHS, Asvini
8. CH (AF), Bangalore
9. CH (WC), Chandimandir
10. MH, Secunderabad

Cardio Vascular Surgery Centres

1. AH (R&R) Delhi Cantt.
2. CH (SC), Pune
3. MH CTC, Pune
4. CH (AF), Bangalore

The cases that require advance cardio-vascular treatment as assessed by treating physician, are referred to these super speciality heart centres.

(c) The facility for advanced cardio-vascular treatment in Armed Forces hospitals is entitled to Armed Forces Personnel as well their dependents. Since the number of such cases is large and cannot be met by the existing cardiology centres, the GoI had kindly sanctioned in the year 1988, the treatment of such cases also in Ministry approved civil/ private hospitals under Govt. expense.

(d) In emergencies, facility of cardio-vascular treatment can be availed even from civil/private unapproved hospitals and the expenditure is reimbursed at Central Government Health Scheme (CGHS) rates."

5.13 On a query about efforts being made to open cardiology centres so as to meet the requirement of Defence forces, the Ministry stated:

"Cardiology centres with Catheterisation labs exist in Army Hosp. (R&R) and Military Hospital (Cardio Thoracic Centre) Pune. These Cardiology centres have been equipped with state of the art equipment. All the Command Hospitals, Base Hosp. Delhi Cantt. Military Hospital Jalandhar, 151 Base Hospital and Military Hospital Secunderabad also have Cardiology centres with Cardiologists posted. Every year Armed Forces reviews need of Cardiologists as well as other super specialists and grants study leave to the deserving postgraduate doctors who are available to be posted to these centres. INHS Asvini at Mumbai has also a full fledged interventional cardiology centre.

In the proposal for revision of Peace Establishments, additional Cardiology Centres have been suggested in two Zonal Hospitals *i.e.* 5 Air Force Hospital (AFH) & 7 AFH."

5.14 During evidence the representative of Ministry of Defence informed that they have three cardiac centres and they propose to make it to 7, in addition to three zonal centres because the number of clientele has increased in those areas.

5.15 In their tour report on visit to Jammu and Kashmir in October, 2004 the Committee had pointed out that there was no cardiology specialist facility in Srinagar Hospital. The DGFMS in this regard stated:—

"After your report, Sir, in northern command cardiology centres have been opened in Udhampur and Leh. Similarly, we have opened the centres in Guwahati and Jalandhar. Now we are also planning to have one centre in Jammu. It is because that is another area we want to cover."

5.16 The Committee note that there are 10 super speciality centres for cardiology and 4 cardio vascular centres where cases requiring advance cardio vascular treatment are referred to by the treating physician. The Committee further note that since the number of such cases is large, the existing centres are not adequate to meet the requirement of all service personnel and their dependents and therefore the Government has approved treatment of such cases by civil/private hospitals under Government expense. The Committee desire that Government should also empanel private hospitals for cardio vascular treatment.

5.17 The Committee note in the proposal for revision of peace establishments, additional cardiology centres have been suggested in two zonal hospitals. The Committee also note that in pursuance of their tour report wherein they had desired more cardiology specialist facility in military hospitals, the AFMS has opened new cardiology centres in Udhampur, Leh, Guwahati and Jalandhar.

5.18 The Committee, however, are not satisfied by opening of new cardiology centres in some commands. They feel that available number of cardiology centres are still not sufficient to meet the present-day requirements. In the recent years, due to highly stressed working environment, number of cardio cases have considerably increased. The Committee, therefore, desire that Government should chalk out a time bound programme for all zonal hospitals to make available full-fledged cardiology centres with latest equipments so that precious lives could be saved by providing timely cardio treatment facilities. The Committee further desire that facilities of Video-conferencing and Tele-Medicine should be expanded.

ORTHOPAEDIC FACILITY

5.19 The AFMS has state of art orthopaedic facilities. An Artificial Limb Centre, Pune is working directly under DGAFMS. Army Hospital (R&R) has a state of art Joints Replacement Programme Centre.

5.20 In a presentation to the Committee, the Ministry informed:

"The state-of-the-art Joints Replacement Programme Centre is at Army Hospital (Research & Referral), Delhi Cantt. which is one of the best not only in Asia but in the world. They have carried out 646 complete hip joint replacements, 967 knee joint replacements, 15 elbow replacements, and 19 shoulder replacements without any complications. All were successful surgeries."

5.21 In regard to Artificial Limb Centre in Pune, the representative of the Ministry stated:—

> "Then, this Artificial Limb Centre in Pune is one of the largest centres in the world, fully automated where Local Area Network has been done. The state-of-art Limb and Rehabilitation Aids are being provided (43 types) and below knee endoskeletal carbon fibre is the latest technique artificial limb which is now being fitted in all the patients.
>
> There are more than 48 thousand people, including civilians, Ex-Servicemen and Armed Forces Personnel provided with artificial limbs since 1944 and the 25 thousand are on regular follow up as on date."

5.22 From the material submitted it is observed that there are only 30 Orthopaedic Specialists in AFMS. When asked if the no. of Orthopaedic specialists is sufficient, the Ministry stated:

> "Efforts are being made to reduce the deficiency of Orthopaedic Surgeons by the following measures:—
>
> (a) Recruiting Orthopaedic Surgeons from civil.
>
> (b) Increasing the training capacity at the AFMS teaching hospitals."

5.23 The Committee are happy to note that AFMS has world class orthopaedic centres and has been instrumental in undertaking world class orthopaedic surgery. The beneficiaries include besides armed force personnel, ex-servicemen and civilians. The Committee are however constrained to note that there are only 30 orthopaedic specialists in AFMS. The Committee desire that in view of state of art orthopaedic centres in AFMS, more specialists should be appointed so that more and more people, both service personnel and civilians, may avail benefits of world class orthopaedic facilities.

NEUROLOGIST SPECIALISTS

5.24 In regard to the status of Neurological Department including the number of Neurologists and Neurosurgeons in the AFMS, the Ministry has furnished the following:—

> "All the Command Hospitals, Base Hospital, Delhi Cantt. and Army Hospital (R&R) have Neurology department including Neuro Surgery element. There are 13 Neurologists and 18 Neurosurgeons

in the Army. Neurosurgeons are also posted in forward neurosurgery centres at 92 Base Hospital (J&K) and 151 Base Hospital (North East). Every year need for more Neurology centres/ specialists is assessed and accordingly one or two post graduate doctors are being trained at civil institutions for the purpose. At present there is one neurology centre in AF at Command Hospital AF, Bangalore with two neurosurgeons. One neurologist is being posted shortly. At present the centre is adequately equipped. The hospital has Computed Tomography (CT) scan facility and Magnetic Resonance Imaging (MRI) is being installed. The requirement of additional two neurosurgical centres, one each at 5 AF Hospital and 7 AF Hospital with one neurosurgeon each at both the places has been projected in the proposed Peace Establishment (PE)."

5.25 The Committee desire that the two neurosurgical centres as projected in the proposed Peace Establishment should be set up urgently.

TREATMENT FOR PSYCHOLOGICAL PROBLEMS OF ARMED FORCES PERSONNEL

5.26 The Committee enquired about the facilities available for stress management and treatment of psychological problems of soldiers and officers. The Committee was informed:

"All Command and Zonal military service hospitals have psychiatric treatment, both OPD indoor. Further, Psychiatric Centres are located in the hospitals in the area of CI Operations like:

92 Base Hospital in Srinagar

155 Base Hospital in Tejpur

151 Base Hospital in Guwahati

Primary prevention is done by:

(a) Stress management lectures given by Regiment Medical Officers (RMO) in the units in the field.

(b) Officers, Non Commissioned Officers (NCO) and Religious teachers are trained as resource persons in separate batches at the psychiatric centres on short capsule course of one week to train them in identifying & managing stress in field.

(c) Psychiatrists in the above hospitals conduct lectures on Stress Management on induction of troops for the first time in Counter insurgency operations.

(d) Once the personnel are identified to be suffering from strees related psychological disorders they are removed from the work place and admitted in psychiatric centres for observations and management.

Secondary Level

(a) After proper evaluation & diagnosis, psychiatrists attend to these patients with

— Modern drug therapies

— Psychological forms of therapy like psychotherapy sessions/ Relaxation Techniques/Behaviorual therapy/Religious therapies

— Sick leave to facilitate recovery

(b) Reevaluation and return to unit under sheltered employment.

(c) Only those patients who do not recover after sufficient length of observation in sheltered employment are discharged from service.

(d) More serious psychiatric illnesses like insanity are offered the best available treatment with modern drugs in the psychiatric centres and put under sheltered employment. They are retained in service as long as possible but discharged from service only when sheltered employment cannot be provided or the relapses are so frequent that they become a liability to service.

5.27 On further query on the soldiers released/retrenched due to psychological disorders, the Ministry furnished the following data:—

Year	No. of admissions in Psychiatric Centres of Military Hospitals	No. of Pers invalided out of services	Percentage
2000	2709	457	16.87
2001	2763	345	12.49
2002	4514	522	11.56
2003	4432	538	12.14
2004	4982	443	08.89

5.28 On use of yoga/ayurveda/mediation and other Indian systems of medicines like the Kerala therapy in case of such problems, the Ministry stated:—

> "Stress management techniques such as breathing exercises, mediation and yoga are actively being studied in the prevention of heart disease alongwith diet control and life-style modifications. The personnel who appear to be at high risk of heart diseases who are detected during annual medical exam are advised life style modifications to prevent the occurrence of such diseases. The modifications known to have positive effect are weight reduction for obese personnel, stopping of tobacco use, dietary changes, encouragement of exercises and stress management techniques described above. However, the role of yoga/ayurveda/mediation and other Indian systems of medicines including Kerala Therapy in curing heart disease has not been fully established."

5.29 The Committee note with concern that there has been substantial increase in stress environment leading to psychological problems for Armed Forces Personnel. There have been increasing reports in media where soldiers, unable to bear the highly stressed working atmosphere, have taken extreme step of committing suicide/ attacking their officers. The troops particularly those stationed in border areas experience loneliness and anxiety and need proper professional counseling to de-stress themselves. The Committee, therefore, feel that it is imperative that these troops should not only be regularly given lectures on peace and mental relaxation through yoga techniques/meditation but they should also have easy access to counsellors in case of need. The Committee, therefore, recommend the Ministry to seriously examine the issue and post doctor counsellors specialising in this area, particularly in the field units. The Committee also desire that there should be proper study of reasons responsible for creation of stress and feedback received from it should be given to the doctors for utilisation thereof in the treatment of such patients.

TREATMENT FACILITIES FOR AIDS/HIV

5.30 The Committee enquired about the treatment facilities for AIDS/HIV. The Ministry furnished the following information:—

> "The details of preventive and curative strategies and treatment facilities available in Armed Forces are as follows:—
>
> (a) Priority targeted interventions for groups at high risk.
>
> (i) Establishment of Sexually Transmitted Diseases (STD) Clinics Armed Forces today have fifteen Sexually Transmitted

Diseases (STD) clinics established for early diagnosis and treatment of cases of STD among its personnel. A close monitoring of all STD clinics have showed early detection of and a declining trend in the incidence of the sexually transmitted infections.

(ii) Condom Promotion

The Armed Forces are making a concerted effort to educate each and every soldier regarding the usages of condoms and its advantages. The aim is to promote the basic factual information about Human Immunodeficiency Virus (HIV/ Acquired Immuno deficiency Syndrome (AIDS).

(iii) Surveillance

Surveillance is the backbone of the prevention and control programme of HIV/AIDS in the Armed Forces. Following categories of people are screened for HIV:

a. All blood donors

b. All STD cases and those giving history of sexual promiscuity

c. All antenatal cases and the husbands/children of the HIV positive cases

d. Spouses and dependent children of HIV infected persons

e. All Intravenous drug users

f. All recipients of blood and blood products

g. Patients on dialysis

h. Suspected Aids Related Complex (ARC)/AIDS cases

i. All cases of pulmonary & extra-pulmonary tuberculosis

j. Personnel proceeding to and returning from foreign missions/tenures abroad.

k. Other high risk cases .e.g. those who test positive for Hepatitis B Surface Antigen (HbsAg)/Hepatitis C Virus (HCV)/Venereal Disease Research Laboratory 9 VDLR) etc.

l. Any other case which the treating physician deems necessary

m. Cases undergoing invasive procedures/investigations where risk of transmission is high."

5.31 The Committee note the facilities available in Armed Forces hospitals for the treatment of AIDS/HIV. In view of the fact that it is assuming dangerous proportion all over the country, the Committee desire that AFMS should be more vigilant in this regard and conduct regular awareness programmes to educate the troops about the disease. AFMS should also undertake more research programmes in this area.

TRADITIONAL SYSTEMS OF TREATMENT

5.32 The Ministry informed that AFMS does not use Indian system to medicine in any of its hospitals. When asked the efforts being made to introduce Homoeopathy and Ayurveda system in Service Hospitals the Ministry stated:

> "Armed Forces Medical Services have been debating the introduction of the Indian System of Medicines and Homeopathy in services since 1956. However these systems have not been introduced at a large scale due to the specific role of the AFMS to support the services during war as the Ayurveda and Homeopathy systems do not cater for these wartime requirements. However, efforts are being made to introduce these systems for the families and the population living in the civil areas by opening up facilities in the Cantonment General Hospitals. Also, extensive research is being undertaken by Defence Research and Development Organisation (DRDO) on various herbal medicines and remedies, without heavy metal contents for introduction into the Armed Forces."

5.33 The DG (AFMS) in this regard stated during evidence:—

> "There is a consideration for that also. We are working out. The problem is coming up only in the mixing up of these systems. Now we have taken a decision that alternative medicine will be given a separate place and they will be allowed to develop with the help of ICMR and DRDO under MOD. We are going to do the follow up."

5.34 The Committee are constrained to note that AFMS does not have any hospitals and education system which are based on Indian system of medicine and homeopathy which is being used worldwide. The Indian systems viz., Ayurvedic, Unani, Sidha etc. are proven systems being practiced since ancient time. Though they may not cater to the wartime requirements, these systems are very effective in some areas and service personnel have great faith in them.

5.35 The Committee, therefore, desire that Government should examine the feasibility of introducing the Indian system of medicine and homeopathy in various hospitals alongwith allopathic system for service personnel.

CHAPTER VI

MEDICAL PREPAREDNESS FOR CONTAGIOUS DISEASES AND NBC WAR

6.1 The Committee enquired about the medical preparedness to tackle the outbreak of various contagious diseases. The Ministry stated:—

"(a) Contagious disease surveillance and containment activities are done at each and every level. At the unit level, Medical Officers/Regimental Medical Officers (RMOs) are trained in carrying out various preventive and control activities. At the station level, disease surveillance, prevention and control activities are carried out by specialists in Preventive and Social Medicine posted at Station Health Organization/Field Health Organizations.

(b) Assistant Directors of Health at Command and Corps levels and Deputy Assistant Director of Health at Division levels are actively involved in monitoring the contagious diseases and enforcing the preventive and control measures.

(c) Regular reporting & notification of contagious diseases to the higher authorities is done at station levels under Senior Executive Medical officers. Preventive and Control measures are closely monitored by specialists in Preventive and Social Medicine, MOs and RMOs at each level.

(d) A close liaison is kept with civil health authorities and Director General Health Services by Director General Armed Forces Medical Services and his staff regarding outbreak of any contagious disease in civil population adjoining the military cantonments for immediate implementation of prevention and control measures to safeguard the health of troops and families.

6.2 On a further query on separate pool or medical staff in this regard the Ministry *inter-alia* stated:-

"Armed Forces Medical Services are authorized 154 specialists in preventive medicine & public health (including 13 specialists authorized to department of community medicine at Armed Forces

Medical College, Pune). Out of these 144 specialists (including 10 in AFMC, Pune) are held with the Armed Forces Medical Services. Among the specialist para medical staff who are health assistants, the Armed Forces Medical Services are authorized 393 persons and posted with 381 health assistances. The specialists in preventive medicine and public health alongwith specialist para medical staff are posted in all the 61 station & field health organizations in full complement. Specialists in preventive medicine are also posted to various HQs at Divisional, Corps, Area and Command level. Paramedical staff performing specialized health duties posted apart from SHOs/FHOs, in Field Ambulances and Military Hospitals."

Preparedness for Nuclear, Biological & Chemical war (NBC war)

6.3 There has been increasing threat of non-conventional war *i.e.* Nuclear, Biological and Chemical war in the future. When asked about the special preparedness of the AFMS in this regard, the Ministry stated:—

"(a) To provide medical cover for Nuclear, Biological and Chemical (NBC) scenario simplified and standardized treatment protocols have been evolved for prompt and effective NBC casualty management.

(b) The troops in forward areas are equipped with minimum individual protective equipments (min IPE), and trained in mitigation techniques, decontamination drills and for evacuation of casualties to the hospitals. The NBC Operation bricks and platoon bricks have been designed and issued.

(c) One QRMT (Quick Reaction Medical Team) per command and one for Delhi have been earmarked and equipped for NBC related disasters to work with QRTs. (Quick Reaction Team).

(d) AF Institute of NBC Protection (AFINBCP) located in Delhi, also conducts training programme for all service personnel of Air Force, and these trained people go back to their units and disseminate the knowledge and skills of NBC protection.

(e) AFINBCP also trains Medical Officers and Paramedical staff on treatment of NBC casualties and these trained personnel propagate acquired knowledge at peripheral units."

6.4 The Committee are of the view that due to changing security environment the threat of non-conventional *i.e.* nuclear, biological and chemical war has increased. The Country therefore should be well prepared to meet any eventuality in case of such attack. The Committee, therefore, desire that AFMS should re-look into our special preparedness and take all the steps as may be necessary so as to able to deal with such situations more effectively. The Committee stress that proper equipment and training should be provided to troops and Bio-medicine developed in this area.

CHAPTER VII

MEDICAL EDUCATION

7.1 AFMS imparts training for various courses as mentioned below:—

- Under Graduate (MBBS)
- Post Graduate (MD/MS)
- Post Doctoral (DM/MCh)
- Training for paramedical personnel
- Nursing Education (Diploma/Degree)
- Short duration training in Service and institutions

Under Graduate Training

As regards under graduate training the Ministry furnished the following:

- * MBBS degree course at Armed Forces Medical College, Pune
- Total intake 130 students (105 Boys, 25 Girls)
- Entry through all India entrance test
- Duration—$4^1/_2$ years + 1 years internship
- Permanent to short Service Candidates = 50:50

Note—So far more than 5000 doctors have been trained

7.2 In written reply to a question on the average percentage of doctors who leave AFMS after completion of the MBBS course and also whether it is compulsory for them to serve in the Armed Forces for a particular number of years, the Ministry of Defence have stated as under:—

"Medical cadets admitted to AFMC Pune for MBBS course have compulsory liability to serve as commissioned officers in the Armed Forces Medical Services (AFMS). 50% of medical cadets are granted permanent commission (PC) and 50% short service commission (SSC) on completion of MBBS course. The offer of type of commission depends on merit-cum-option after final MBBS examination. The liability of SSC officers passing out of AFMC to

serve in AFMS is 7 years. The average number of doctors who do not take commission after paying bond money or due to medical/ other grounds is 10-12 per year."

7.3 The Committee enquired about the reasons for having only 130 seats in AFMC, even though there is a big campus in the college. As regards the reasons for not increasing the seats in AFMC, the Defence Secretary stated:

"What happens is that the bulk of the Armed Forces Medical Service's personnel are not placed at AFMC. Bulk of them are where the Forces are. There are MI rooms. There are field hospitals. There are field ambulances. There, the requirement is that of younger age group people like lieutenants, captains and this kind of people. So, like in the Armed Forces, the structure of the AMC also has to be young. Therefore, this stream of short service medical doctors are taken. They are given training in the Army or Navy or Air Force. Then they are all taken to Lucknow where they complete their training and then they join the Armed Forces.

Then they are at various field establishments. Some of them come into major hospitals. Depending upon their speciality or depending upon their aptitude, they are given further training. This procedure has made the Armed Forces Medical Service serve all the difficult areas wherever the Army, Navy and Air Force are deployed.

As you might have seen, they are also in high altitude areas. Similarly in submarines also, we would have AFMS doctors and technicians and all areas wherever they are required. Aviation sickness and all kinds of problems which occur because of difficult service conditions are there, yet Armed Forces Medical Services doctors and technicians are there. That is one of the major reasons."

7.4 The Committee pointed out that even though in Armed Forces there are 169 dental centres yet AFMC does not have BDS course. The DGAFMS informed:

"We are going to the Government to have a undergraduate dental course at AFMS, after creating infrastructure shortly".

7.5 He added:—

"For BDS we are planning for 50 seats. It takes time. Actually Dental Council Chairman has been going through the whole proposal. Once it is approved, perhaps we will be having one.

The problem is that of the requirement of teachers. It is because the Dental Council also insists on the number of teachers required for each places."

Post Graduate Training

7.6 In regard to Post Graduate Training, the Ministry furnished the following information:

"Armed Forces Medical College, Pune	(103 Seats)
Army Hospital (Research & Referral), Delhi	(14 Seats)
INHS Asvini, Mumbai	(4 Seats)
Institute of Naval Medicine, Mumbai	(2 Seats)
Command Hospital (Air Force), Bangalore	(13 Seats)
Institute of Aerospace Medicine Bangalore	(7 Seats)"

7.7 Giving details of average annual intake in various Post Graduate subjects, the Ministry furnished the following information:

General Medicine	14	Paediatrics	4
Dermatology	2	Radio diagnosis	7
Psychiatry	2	General Surgery	14
Anesthesia	10	Ophthalmology	2
Obstetrics & Gynecology	8	Ear Nose & Throat	2
Preventive & Social Medicine	4	Pathology	2
Biochemistry	1	Microbiology	1
Pharmacology	1	Anatomy	1
Physiology	1	Orthopaedics	1

7.8 On being asked to clarify that the total seats for post graduate training are 143 while post graduate subjects and average annual intake is 100, the Ministry stated:

"The seats available in AFMS institutes for PG courses are first utilized for service officers based on the service requirement in various specialities. These figures vary for different specialities depending on officers proceeding on retirement/premature release from service etc. and are approximately 100 per year. The remaining seats are offered to foreign students, sponsored para military doctors, Ex-SSC and civilians as per the existing Govt. policy.

The selection of service officers is based on a common admission test (CAT-PG) held in Jan/Feb every year. Officers are detailed/ selected for PG courses based on merit-cum-choice for various vacancies as per service requirement. There is no provision of any residency in civil hospitals for Doctorate of Medicine (MD)/Master Surgery (MS) courses."

7.9 On being asked on number of post graduate doctor are absorbed in Armed Forces hospital every year, the Ministry submitted:

"On an average 90-100 medical officers of AFMS complete the Post Graduate (PG) training every year and are thereafter utilized in various AFMS hospitals. About 10-15 PG qualified civilian doctors are also recruited every year."

7.10 On being enquired the reason for having only one post-graduate seat in Orthopaedics since Armed Forces have state of art facilities for joint replacement programme DGAFMS stated:

"MCI recognizes the Centre also. They visited the infrastructure. When they visited AFMC they recognized for one seat. In the meantime, they are also recognizing one seat in our R&R and Base hospital. It is under process. Suppose if we get 120 seats, then we will take officers according to our requirement. We will give the rest of the seats to the civilian people who are available in that area and they qualify. This is the thing that we follow. Suppose we have 10 seats and my requirement is five, I will take five service personnel and the remaining five goes to the civilian doctors as per the laid down norms."

7.11 The Committee note that AFMC imparts undergraduate training with a total intake of 130 students (105 boys, 25 girls). The Committee feel that in view of the large campus of AFMC and available infrastructure, the Government should consider augmentation of Under Graduate seats in AFMC to 200 to meet the big demand for the course. The Committee, therefore, desire that a proposal in this regard may be put to MCI for consideration.

7.12 The Committee further desire that Government should increase the Post Graduate and super-specialisation seats in various disciplines so that more medical officers of AFMS may acquire specialization. Besides contributing to AFMS they will have better job prospectus when released from defence services.

7.13 The Committee understand that a number of vacancies are provided for AFMS Officers in non-military medical institutions for PG courses. The Committee are constrained to note that the same got subsequently discontinued in April 1998. The Committee stress that the revival of this quota for PG seats in various civilian medical colleges and PG training institutions will go a long way in fulfilling the PG specialist requirement of the Armed Force since there is always a shortage of PG qualified officers. The Committee further desire that Ministry of Defence should revive this quota and try to get more seats reserved for PG courses in various institutions for AFMS officers.

CHAPTER VIII

MEDICAL RESEARCH

8.1 In response to Committee's query about the procedure for undertaking medical research in critical areas, the Ministry stated:

"(a) All medical research in the Armed Forces is carried out as a tri-service entity under the aegis of the Defence Research & Development Organisation and the Director General Armed Forces Medical Services is the Chairman of the Armed Forces Medical Research Committee. This Committee comprising the three Directors General Medical Services from the Army, Navy, Air Force respectively, senior scientists from DRDO, as well as nominated experts from civil, meets each year in the month of February, to discuss proposals forwarded by medical officers from all the three services. Selection of projects submitted by the research workers is subjected to thorough discussion and scrutiny by the Governing Council of the Armed Forces Medical Research Committee before finally being approved.

(b) Since the Army Medical Corps is a tri-service organization Medical officers are permitted to forward proposals for research in all critical areas in various subjects. Selection of a research project however largely depends on the following:—

(i) Outcome—utility of the project in Armed Forces

(ii) Originality

(iii) Expertise in the field *vis-a-vis* the proposed project

(iv) Financial outlay—should not be entirely equipment oriented.

(v) Facilities for carrying out research work should be available at the place of posting of the research workers.

(vi) Whether ethical guidelines have been followed.

(vii) Whether the research project can be taken up as a multi centric study.

All projects are chosen on their individual merit and no separate allocation of funds is given to Army, Navy or Air Force.

(c) The Armed Forces Medical Research Committee is also responsible for monitoring and appraising the performance effectiveness and progress of medical research projects authorized thereby ensuring that work is undertaken as per laid down guidelines.

8.2 On the query regarding availability of funds for undertaking medical research, the Defence Secretary informed that the funding comes from the DRDO.

8.3 When asked about the number of proposals submitted by doctors in the last 5 years for undertaking medical research the number of proposals sanctioned and time taken in sanctioning the proposals, the Ministry submitted as under:—

"Year	Proposal submitted	Proposal approved
2002-03	93	56
2002-04	113	74
2002-05	135	85
2002-06	292	129
2002-07	246	159

Currently 5 months time is taken by expert group & by Technical Committee for study and sanction the proposals."

8.4 On a further query on the number of research papers of AFMS doctors published/circulated globally or domestically, the Ministry furnished the following:

The number of research papers published by authors from the major institutions of Armed Forces (AFMC Pune, AH (R&R) Delhi, INHS Asvini, Institute of Naval Medicine, Mumbai and Institute of Aviation Medicine) in International journals and Indian journals during the years 2005 and 2006 are given below:

Year	No. of research papers Published in International journals	No. of research papers published in the Indian journals
2004	159	68
2005	207	64
2006	31	33

8.5 When asked on no. of doctors who went abroad to take part in conferences and to submit research papers in the last 5 years, the Ministry stated:—

The number of doctors who went abroad to take part in conferences and to submit research papers in the last five years:—

Year	No. of doctors who went abroad to submit research papers	No. of doctors who have attended conferences without submitting research papers	Total No. of doctors who attended conferences
2002	06	04	10
2003	09	14	23
2004	19	10	29
2005	15	04	19
2006	05	05	10

8.6 The Committee appreciate the medical Research work being done by the DRDO/DGAFMS and procedure for selection of research projects and number of Indian Research Papers published in International Journals. The Committee note that all medical research in Armed Forces is carried out under the aegis of Defence Research and Development Organisation. The Medical Research Committee also includes senior scientists of DRDO. The Committee are of the view that medical and life science research should not be placed under DRDO as it is entirely different from strategic and Defence Research work. DRDO should concentrate on Research work pertaining to Defence Strategic Industry only and medical and life science research work should be gradually detached from the purview of the DRDO. This way strength of the DRDO and AFMS will increase in their specialized and independent field.

8.7 The Committee are of the view that the Government should encourage the fundamental and basic research work and for the purpose senior doctors and research scholars should invariably be sent to attend international seminars so that their exposure and updated knowledge can be utilized for providing best services to the AFMS. The Committee, therefore recommend that Ministry should prepare a discreet policy in this regard.

CHAPTER IX

NURSING AND PARA-MEDICAL TRAINING

9.1 The Ministry of Defence, in regard to the nursing education being imparted by the various nursing colleges in AFMS, has provided the following details:

"There is one College of Nursing at AFMC Pune and seven Schools of Nursing in AFMS. In the light of the recommendation of the Indian Nursing Council (INC) all the schools of nursing are to be converted to college of nursing by 2010. The nursing institutions are as follows,

(i) Army Hospital (R&R)

(ii) Command Hospital (Western Command), Chandimandir

(iii) Command Hospital (Central Command), Lucknow

(iv) Command Hospital (Eastern Command), Kolkata

(v) Indian Naval Ship Hospital (INHS), Asvini Mumbai

(vi) Command Hospital (Air Force), Bangalore

(vii) Military Hospital Secunderabad

Training is being imparted in all the eight nursing institutions including the Colleges of Nursing and has been recognized by the Indian Nursing Council (INC). The following steps are being taken to augment training:

(i) Procuring of simulated manikins for training

(ii) Installation of computer/internet systems

(iii) Updating of library with latest international journals & periodicals

(iv) Updating of museum with models, charts, etc.

(v) Improving the physical facilities and infrastructure

(vi) Procuring of equipment for nursing arts lab and nutrition lab

(vii) Updating of Medical Equipment scales for training

(viii) Improving clinical facilities in hospitals and urban rural community.

The training imparted in College of Nursing and Schools of Nursing is very effective and of a very high professional calibre. It is not only recognized by the INC but also by the National Accreditation Committee. The College of Nursing is one of the best nursing colleges in the country.

9.2 When asked if there is any post graduate training for nurses in AFMS, the Ministry informed:—

"At present no Post Graduate degree is being awarded for nursing in AFMS. There is no proposal at present for the same."

9.3 The Committee note that there is one college of Nursing at AFMC Pune and seven schools of Nursing in AFMS. The Indian Nursing Council (INC) has recommended that all the schools of nursing be converted into college of nursing by 2010. The Committee while appreciating the move desire that diploma courses conducted by the schools should not be discontinued. The Committee are given to understand that training being imparted in College of Nursing and schools is very effective and of a very high professional calibre. The Committee, however, are constrained to note that at present no post graduate degree in nursing is being awarded by AFMS and there is no proposal at present for the same.

9.4 The Committee also desire that Government should make sincere efforts to introduce a post graduate degree course in the College of Nursing. The Committee would like to be apprised of the steps taken in this regard.

TRAINING TO PARA-MEDICAL PERSONNEL

9.5 About the types of courses and the quality of training available for the para-medical staff, the Ministry of Defence has furnished the following details:

(i) The PBOR (Personnel Below Officer Ranks) of the three medical services undergo technical/professional courses at the following service institutes/hospitals.

(a) AFMC Pune

(b) Army Hosp. (R&R) Delhi Cantt.

(c) Armed Forces Transfusion Centre, Delhi Cantt.

(d) Command Hospitals

(e) Zonal Hospitals

(ii) The following courses are being conducted regularly for paramedics:—

(a) Radiographer course

(b) Lab Assistant course

(c) Lab Technician course

(d) Blood Transfusion Assistant course

(e) Pharmacist course

(f) Health Assistant course

(g) Speech Therapy and Hearing Aid course

(h) Dental Hygienist course

(i) Dental Operating Room Assistant course

(j) Dental Technician course

(k) Special Treatment Assistant course (Dermatology)

(l) Psychiatric Nursing Assistant course

(m) Operating Room Assistant course

(n) Physiotherapy Assistant course

(o) Nursing Assistant course

(p) Electroencephalography (EEG)/Electromyography (EMG) Technician course

(q) Human Immunodeficiency Virus (HIV) infection and biosafety course

9.6 When asked about the steps taken to improve the training to para-medical staff the Ministry stated:

"**Army**

The following steps have been taken to improve the training:—

1. Creation of modern infrastructure & methodology
2. Intensive on the job training
3. Formal institutional training with validation

Navy

(a) In order to improve the professional acumen of medical assistant their training within the Navy is being revamped and all will become diploma holders in their specializations. In-house add on Courses are being conducted for para medical staff for training as Nuclear Medicine Technician, Radio Immunoassay Technician, Dialysis Assistant, Radiotherapy, Perfusion Technician. Case is being taken up for diploma in physiotherapy from civil institutes.

(b) At present paramedical training is carried out separately by the three services. A need has been felt that the level of technical knowledge of the paramedical staff of the three services should be standardized. Accordingly a case for unified professional training of paramedics of all three services in a central Paramedic Academy is under consideration of the DGAFMS.

Air Force

(a) The Paramedical Board of Karnataka has approved the affiliation of command Hospital, Air Force Bangalore/ Medical Training Centre (MTC) for conduct of diploma courses in the following ten specialities. The first course will commence from September/October, 2006.

Disciplines are as follows:—

(i) Diploma in Med Lab Tech.

(ii) Diploma in Med X-ray Tech.

(iii) Diploma in Health Inspector

(iv) Diploma in Med Records Tech

(v) Diploma in Operation Theatre Tech

(vi) Diploma in Ophthalmic

(vii) Diploma in Dialysis

(viii) Diploma in Physiotherapy

(ix) Diploma in Dental Mechanic

(x) Diploma in Dental Hygiene

(b) Training for Radiation Safety Officer (RSO) level III is also being conducted at BARC Mumbai.

(c) Diploma in Speech Therapy is conducted by Ali Yavar Jung National Institute for Handicapped at Delhi, Kolkata, Hyderabad and Bhubaneshwar."

9.7 In regard to the recognition of the courses being provided to the para-medical staff, the Ministry has stated as under:

"DGAFMS has stated that for purpose of recognition of the courses being imparted to the paramedical personnel, proposal of making an 'Armed Forces Medical University of Health Sciences' as a deemed to be university of Defence Medical Services has been initiated. Armed Forces Medical College, Pune has been identified as the node and the other 3 teaching AFMS institutions namely the Army Hospital (R&R) Delhi Cantt. Indian Naval Hospital Ship (INHS) Asvini, Mumbai and Command Hospital Air Force, Bangalore as its satellite institutions. A core group of senior medical officers has been earmarked from AFMC and the 3 teaching institutions to identify/meet the requirements of University Grants Commission (UGC) for making the deemed to be university and to forward the necessary documents to UGC for early recognition".

9.8 On the query regarding training being imparted to PBOR and the commissioned officers so as to avail their services after retirement the Ministry stated:—

"Officers and Personnel Below Officers Rank (PBOR) prior to their release/retirement are given opportunities to upgrade their skill through various training programme and refresher capsules. Short Service Commissioned Officers are given a preferential opportunity to do Diplomat National Board (DNB) and Post Graduation in Army after release from service. It is also proposed to start a diploma course for Nursing Assistants and other paramedical staff which would enhance their qualifications and skills as well as improve their post retirement job prospects. The ex-servicemen are further preferentially utilized in ECHS polyclinics. After retirement the services of Armed Forces Medical personnel may be utilized as per existing policy as "reservists" in case required."

9.9 The Committee note that at present Armed Forces' para-medical personnel are being imparted training as per requirement of the three services. Though the curriculum is the same as per the corresponding civilian medical establishment, these courses have not been recognized with the result that para-medical staff are deprived of getting benefits of their training post retirement as ex-servicemen. The Committee, therefore, strongly desire that Government should

take up the matter at the highest level including the University Grants Commission to convert Armed Forces Medical College and the relevant institutions into a deemed university and bring all training courses under its umbrella so that the same get recognition. The Committee also desire that services of specialists and experts in the field of medical science may be utilized by AFMS, even after their retirement, on contract basis. For the purpose, if necessary, Government may amend the existing rules framed under the relevant Act.

CHAPTER X

DISASTER MANAGEMENT

10.1 AFMS has played a very major role in recent and past disasters. They gave emergency life saving measures and carried out life saving surgeries. In addition to that, they provided medical relief materials. Their role in Latur and Bhuj earthquakes is well-known. Their role in Tsunami, in the coastal areas and Andaman and Nicobar is also well-known. During Hurricane Katrina, in the USA, AFMS provided medical services to the USA. AFMS played a major role in Jammu and Kashmir earthquake. We provided medical team and medical stores in PoK also.

10.2 On the question whether the Disaster Management Committee of AFMS is fully equipped with the latest technology to meet the natural disasters and whether some specialized training courses have been formulated for managing the disasters, the Ministry stated:

> "A Disaster Management Cell under the Chairmanship of Director General Hospital Services (Armed Forces) [DGHS (AF)] has been established at DGAFMS, which will act as the nodal agency of the Armed Forces Medial Services to provide swift medical relief operations during disaster situations. The medical infrastructure of all the three services will be activated and any medical unit can be tasked to rush medical teams with adequate medicines and stores to the affected areas for the immediate rescue and relief operations in the shortest possible time. All hospitals and field medical units have been equipped and personal have been trained to meet any challenge during disaster, whether man made or natural."

10.3 Regarding specialized training in Disaster Management, following is intimated:—

(a) Structured institutionalized training is conducted for MBBS students during their $4^{1}/_{2}$ years curriculum at AFMC Pune, to include didactic lectures/demos/workshops.

(b) The AFMS officers are imparted training in management of natural disasters during Medical Officers Basic Course (MOBC), Medical Officers Junior Command Course (MOJCC) and Medical Officers Senior Command Course (MOSCC).

10.4 The Committee enquired about the response time & access to technology equipment. The representative of AFMS during evidence stated:—

> "A word about the disaster management about which we are very much concerned these days. The Disaster Management Committee under the DGAFMS has been created. All services, medical units have been equipped for disaster response of all types whether it is a fire, earthquake or land slide etc. the disaster drills are practiced weekly and fortnightly in all peripheral units and in the hospitals and in the various stations. The disaster response time in India is 1/2 hour to 2 hours. We have practiced it. We have mobilized also. We demonstrated this during the last disaster and for abroad it is 6 hours to 24 hours which happened during last disaster in USA and PoK where AFMS rendered medicare."

10.5 When the Committee wanted to know whether the AFMS has separate doctors for disaster management, the DGMS explained:

> "The system is that a medical officer is built in the system like battalions are there. There is a medical officer moving with the battalion. He is an integral part of that battalion. Similarly, if an ambulance or a unit moves when we have a disaster, the doctor and his infrastructure move without affecting the functioning of the hospital. The number of doctors have been catered according to the strength of the Armed Forces. So, wherever you call the Armed Forces, the doctor would go and for your information, this is only AMC which is going to the field with their RMO, who is always with the troops even in the most forward areas."

10.6 The Committee appreciate that AFMS plays a very major role in providing medical care during disasters like earthquake, Tsunami, etc. The Committee are happy to note that a disaster management committee has been created under DGAFMS and all service medical units have been equipped to meet disaster situations. The disaster response time is less than 2 hours. The Committee, however, understand that precious time is lost due to delay in providing information and giving necessary orders to DGAFMS in case of disasters. In order to avoid such delays, the Committee desire that a mechanism should be evolved whereby such information is provided to DGAFMS simultaneously so that AFMS machinery could be mobilized forthwith. The Committee would like to be apprised of the progress made by the Government in this regard.

CHAPTER XI

MEDICAL EQUIPMENT AND DRUGS

11.1 Procurement of medical equipment and drugs for the hospitals of Armed Forces is the responsibility of DGAFMS. It is done by the following agencies:—

— DGAFMS

— Medical Store Depots—

— Commandants and Commanding Officer of the hospitals

— Commanding Officer of the Electrical & Mechanical engineering.

Medicines/vaccines are available in Medical stores in sufficient quantity to meet the threat of such diseases.

11.2 About the functioning and management of various medical stores under AFMS and the problems being faced, the Ministry has stated as under:—

"There are four main depots under AFMS *i.e.* Armed Forces Medical Stores Depot (AFMSD) Delhi Cantt., AFMSD Lucknow, AFMSD Mumbai, AFMSD Pune and eight subdepots *i.e.*—37 Advanced Medical Stores Depot (AMSD) at Udhampur, 38 AMSD at Bengdubi, 55 Forward Medical Stores Depot (FMSD) at Bhatinda, 56 FMSD at Tejpur, 57 FMSD at Jodhpur, 58 FMSD at Guwahati, 59 FMSD at Pathankot and 60 FMSD at Jalandhar."

The functions and management of AFMSDs are as follows:—

(a) Procurement, stocking, issue and despatching of medical stores and equipment to Medical, Dental, Veterinary and Para-military units under their jurisdiction.

(b) Local purchase is effected under Commandant's financial powers through Tender Purchase Committee (TPC).

(c) To arrange procurement, packing and issue of medical equipment and drugs for troops detailed to provide medical cover under United Nations Missions such as Cambodia, Somalia, Angola, Rwanda Sierra Leone, Ethiopia, Sudan, Op Sahayata etc.

(d) To procure and issue medical stores for "OP SAHAYATA" (Afghanistan) as and when demanded through MEA.

(e) To receive the returned stores from the dependent units and carry out their conditioning and disposal.

(f) Arrange repair of medical equipment returned by dependent units.

(g) Repair and servicing of x-ray and other electro medical equipment of the dependent units at site and also through Command Repair Cell (CRC).

(h) Issue of medical stores and equipment to various mountaineering expeditions.

(i) Conduct courses connected with medical Store matters for:

(aa) Practical training to trainees of Pharma Class III Course.

(ab) Orientation course in Medical Stores Management.

(ac) Refresher course for store keepers.

(ad) Information Technology training in basics of computer and application software.

(j) To procure and issue Expendable and non-expendable stores for ECHS Polyclinics located all over India.

(k) Building up and issue of medical sets for various Field Medical Units of the Army under instructions from the office of the DGAFMS.

(l) Build up of War Maintenance Reserves stores (WMR) and Adhoc Mob stores, *viz*. MTSPs (Mobile Technical Support Platoons), Ambulance Trains and General Hospitals (TA).

11.3 The Procurement of medicine, drugs and medical equipments is done under Defence Procurement procedure 2005 and Defence Procurement Manual. Procurement of equipment is only done by the Central Agency, *i.e.* O/O DGAFMS. However, drugs and consumables are purchased by the Store holding installations, *i.e.,* the Medical Stores Depots and also by the user Medical units, *i.e.,* the hospitals within the delegated powers.

11.4 On the query of the Committee about the ratio of indigenisation & import by central medical store the Ministry stated:

"The ratio of indigenous and import composition of medical stores is 80:20 for drugs/consumables and 40:60 for medical equipment."

11.5 When asked about the average time taken for procurement of medicines drugs and medical equipment and time taken for

disbursement of these medicines & medical equipments to the hospital and field units, the Ministry has furnished the following details:

"Average time taken for procurement of medicines/drugs and the medical equipment ranges from 4 weeks to 9 months and 4 weeks to 24 months respectively depending on the nature of the item, level of competition, representations of the competing vendors need for updation of specifications etc.

Time given for disbursement of these medicines and equipments to hospitals and field units ranges from 15 days to 3 months, depending on the emergent nature of the requirement of the item."

11.6 On a further query as to how it is ensured that drugs do not get expired:

"In order to ensure that high cost life saving drugs are brought in time and kept safe from becoming expired, two steps are undertaken:—

(a) At the time of placement of supply order, a clause is incorporated in the supply order whereby the firm gives an undertaking to replace unconsumed stocks three months before expiry date free of cost.

(b) Medical stores in all medical units and Regiment Medical Officers (RMOs) in non-medical units ensure regular monitoring of the date of expiry of all such drugs and ensure turnover/consumption accordingly."

11.7 The Committee enquired about the delegation of power in respect of procurement of medical equipment. The Ministry stated:—

"Delegated Financial powers of DGAFMS are under revision at present. The proposal is yet to be approved by the Govt. However, the existing powers and proposed powers are as under:—

	Existing Powers		Proposed Powers	
	Without IFA	In consultation with IFA	Without IFA	In consultation with IFA
	1	2	3	4
Capital Expenditures	—	Rs. 50 lakh	—	Rs. 2 crore
Revenue Expenditures				
(a) Scaled (Medical Stores which have been authorized and included in the Scale of an unit)	Rs. 5 lakh	Rs. 1.50 crore	Rs. 5 lakh	Rs. 5 crore

	1	2	3	4
(b) NIV (Not in Vocabulary) these are the items which are not yet included in the scale	Rs. 3 lakh	Rs. 20 lakh	Rs. 3 lakh	Rs. 1 crore
(c) Rate Contract (RC) for drugs and consumables	Nil	Nil	Nil	Rs. 5 crore

11.8 The Committee note that procurement of Medical equipment and medicines/drugs is being done under DPP-2005 and Defence Procurement Manual. The average time taken for procurement ranges from 4 weeks to 9 months in case of medicines/drugs and 4 weeks to 24 months in case of medical equipments. Further a time period of 15 days to 3 months is required for disbursement of the same to the hospitals and field units. The Committee feel that in view of the emergent requirements of the medicines/medical equipments that the time taken for procurement & disbursement is very much on higher side. They therefore desire that a quicker system including fast track for procurement of medicine/drugs and medical equipment be worked out so that emergent requirements are met in a short time. The Committee further desire that proposal for revision of delegated powers of DGAFMS should be approved and implemented urgently.

CHAPTER XII

MEDICAL SERVICES FOR EX-SERVICEMEN

12.1 Ex-servicemen Contributory Health Scheme (ECHS) was made operative from 1 April, 2003 to provide quality medical care to ex-servicemen, pensioners and their dependents for all known diseases through 227 ECHS Polyclinics to be established throughout the country by 31 March, 2008. Outpatient facilities are provided at the polyclinics. Those requiring advance diagnostic tests/hospitalization are sent to the nearest Service Hospital. When there is no Service Hospital nearby or the facility is not available in the Service Hospital, the patient is referred to an empanelled facility.

12.2 On the working of the empanelled hospitals, the Ministry, in its written note, furnished the following details:

> "Civil Hospitals are being empanelled under ECHS to provide quality specialized treatment to ECHS members and the empanelment is done by Ministry of Defence on the recommendations of Board of Officers who inspects the facilities offered by a Hospital.
>
> An ECHS member requiring specialized treatment which is not available in ECHS Polyclinic or nearest Service Hospital is referred to an outsourced, empanelled facility by ECHS Polyclinic. An ECHS member is not required to make any payment to the Empanelled Hospital for the authorized treatment. The treating hospital bills the cost of treatment directly to ECHS as per memoranda of Agreement.
>
> During emergency (life/limb saving situation etc.), an ECHS member is permitted to avail medical treatment from any private/empanelled/Govt. Hospital. If during emergency a member is admitted to an Empanelled Hospital no bill is paid by the member. However, in case of admission in a non-empanelled hospital, a member is required to clear the hospital bills and claim reimbursement through nearest ECHS Polyclinic. Reimbursement is restricted to CGHS rates.
>
> So far, 498 hospitals have been empanelled with ECHS including 85 Central Government Health Scheme/Railways hospitals."

12.3 Elaborating about the coverage of ECHS the Ministry of Defence stated:—

> "The membership of the Scheme is applicable for ex-servicemen (ESM) pensioners/family pensioners only. At the time of launch of Scheme, the strength of ESM pensioners including family pensioners was approximate 16.5 lakhs with annual increase of approximate 65,000 pensioners. The membership of the Scheme is optional for pre 31 March, 2003 retirees and compulsory for post 1 April, 2003 retirees. Till date approximately three lakh ESM pensioners including family pensioners belonging to pre 31 March, 2003 have become members of ECHS. 100% pensioners who have retired from service w.e.f. 1 April, 2003 are compulsory members of ECHS and their ECHS contribution is deducted at source and reflected in the PPO. 100% eligible ESM pensioners are going to be benefited by the Scheme and no one has been deprived of the benefit of the Scheme."

12.4 When asked if Government propose to review the existing criteria for benefits of ECHS, the Ministry stated:—

> "There is no proposal to undertake review of the Scheme to extend the facilities to non entitled Ex-Servicemen."

12.5 The Committee are constrained to note that the ECHS scheme is applicable to pensioners/family pensioners only. The Committee desire that coverage of ECHS should be expanded to include Ex-Servicemen with a stipulated minimum period of service under its purview. Since the ECHS is a contributory scheme, the Committee fail to understand as to why this scheme is not extended to the service personnel who are discharged from the Services for reasons beyond their control by accepting suitable contribution from such personnel. Also families of the soldiers who expired during the operations should be brought under the ECHS.

The Committee understand that the families/dependents of the soldiers/officers who die of natural causes, like cardiac arrest, etc. while on duty are not entitled for additional compensation and medical facilities as paid during operations. The Committee are of the view that such deaths should also be treated at par with death during military operations and desire that rules may be suitably amended so the families/dependents of deceased get all the facilities, including ECHS.

12.6 The Committee also understand that there is still a vast number of Ex-Servicemen across the country staying in remote and interior areas and are not in a position to avail the ECHS facilities. The Committee desire that the polyclinic facilities should be set up in those areas on priority basis so as to benefit this section of Ex-Servicemen.

NEW DELHI;
28 *July,* 2006
6 *Sravana,* 1928 *(Saka)*

BALASAHEB VIKHE PATIL,
Chairman,
Standing Committee on Defence.

MINUTES OF THE THIRTEENTH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2005-06)

The Committee sat on Monday, the 5 December, 2005 from 17.30 hrs. to 18.50 hrs. in Committee Room 'B', Parliament House Annexe, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil—*Chairman*

MEMBERS

Lok Sabha

2. Shri Suresh Chandel
3. Shri Thupstan Chhewang
4. Dr. K.S. Manoj
5. Shri Ganesh Prasad Singh
6. Ms. Ingrid Mcleod

Rajya Sabha

7. Shri R.K. Anand
8. Smt. N.P. Durga
9. Shri Janardan Dwivedi
10. Shri Anand Sharma

SECRETARIAT

1. Shri R.C. Ahuja — *Joint Secretary*
2. Shri D.R. Shekhar — *Under Secretary*

LIST OF WITNESSES OF MINISTRY OF DEFENCE

1. Shri Shekhar Dutt, Defence Secretary
2. Shri V.K. Misra, FA (DS)
3. Shri Ranjit Issar, AS (I)
4. Shri Anand Misra, JS (E)
5. Surg. Vice Admiral V.K. Singh, DGAFMS

6. Shri S.N. Misra, Addl. FA (M)

7. Maj. Gen. M. Srivastava, Addl. DGAFMS

8. Maj. Gen. J. Jayaram, Addl. DGAFMS (MR)

2. At the outset, the Chairman welcomed the representatives of the Ministry of Defence to the sitting of the Committee and invited them to brief the Committee on the subject 'Review of Medical Education and Services in the Defence Sector'.

3. The representatives of the Ministry of Defence briefed the Committee on various aspects of the subject through slide presentation on matters like organisation, composition & role of AFMS, establishment of DGAFMS, authorised and available manpower, total no. of hospitals at command, zonal and other level, pool of specialists and status of specialisation, medical education in Armed Forces & types of training imparted, nursing education, strength of nursing staff, AFMS *vis-a-vis* civil medical services *vis-a-vis* civil counterpart, status of DGAFMS, role of AFMS in Disaster Management etc.

4. Thereafter the Hon'ble Chairman and Members of the Committee put forth certain queries like adequacy of hospitals for Army, Navy and Air Force personnel, availability of specialist facilities in hospitals, upgradation/modernization of AFMS, training facilities for medical and paramedical staff, imparting yoga training to cure diseases and reduce tension among armed forces personnel, Ex-Servicemen Health Scheme, status of DGAFMS *vis-a-vis* his civil counterpart and providing appropriate rank to the nursing staff etc.

5. The representatives of the Ministry then replied to the queries of the members.

6. A verbatim record of the proceedings was kept.

The Committee then adjourned.

MINUTES OF THE TWENTIETH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2005-06)

The Committee sat on Friday, the 30th January, 2006 from 14.00 hrs. to 16.30 hrs. in Committee Room 'D', Parliament House Annexe, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil—*Chairman*

MEMBERS

Lok Sabha

2. Shri Illiyas Azmi
3. Shri Thupstan Chhewang
4. Dr. K.S. Manoj
5. Shri Ganesh Prasad Singh
6. Shri Balashowry Vallabhaneni

Rajya Sabha

7. Smt. N.P. Durga
8. Shri Janardan Dwivedi
9. Shri Lalit Suri

SECRETARIAT

1. Shri R.C. Ahuja	—	*Joint Secretary*
2. Smt. Anita Jain	—	*Deputy Secretary*
3. Shri D.R. Shekhar	—	*Under Secretary*

List of non-official experts

1. Lt. Col. (Retd.) Inderjit Singh
2. Lt. Gen. Dr. B. Sadanand

List of Representatives of Ministry of Defence

1. Shri Shekhar Dutt, Defence Secretary
2. Shri V.K. Misra, FA (DS)

3. Shri Ranjit Issar, AS (I)
4. Shri Anand Misra, JS (E)
5. Shri S.N. Misra, Addl. FA (M)
6. Surg. Vice Admiral V.K. Singh, DGAFMS
7. Maj. Gen. J. Jayaram, Addl. DGAFMS (MR)
8. Maj. Gen. M. Srivastava, Addl. DGAFMS

2. At the outset, Hon'ble Chairman welcomed Lt. Col. (Retd.) Inderjit Singh to the sitting of the Committee and requested him to share his experience and put forth suggestions on the subject 'Review of Medical Education and Services in Defence Sector'.

3. In this connection, Lt. Col. (Retd.) Inderjit Singh underlined certain important issues and submitted suggestions as detailed below:

(i) Ex-Servicemen Contributory Health Scheme (ECHS) is totally inadequate as it deprives 60 per cent of the Ex-Servicemen of the necessary medical facilities. The scheme is applicable to pensioners only. The strength of entire hospital staff is not adequate to meet the requirements.

(ii) Inadequate number of polyclinics in certain districts is also an important issue. The doctors and the supporting staff appointed are not adequate and their salary structure is not favourable.

(iii) The registration forms for ECHS should be simplified and the entire expenditure under this scheme should be taken care of by the State Governments. In order to avail the benefits, the Ex-Servicemen should not be required to fill up any form. The discharge certificates should be considered sufficient to enable the Ex-Servicemen to avail the benefits.

(iv) The Ex-Servicemen should not depend on the Army hospitals only for medicines and other clinical tests. They should be permitted to go for local purchase to meet their requirements.

(v) Officers posted as Secretaries in the Boards should be the serving military officers posted by the Medical Services Branch of the Armed Forces to check unnecessary political influences.

Then the Committee sought certain clarifications on the suggestions submitted by him.

(The Witness then withdrew)

4. Thereafter, the Hon'ble Chairman welcomed Lt. Gen. Dr. B. Sadanand to share his experience and put forth suggestions to improve the medical education and services in the defence sector. Lt. Gen. Dr. B. Sadanand submitted the following suggestions:

(i) The medical education system has given importance to only specialists and super-specialists, whereas the paramedical staff, the nursing staff are not given much importance.

(ii) Medical facilities at the field level in the Northern (except Delhi) and Eastern sectors are inadequate. Therefore, there is a need for the upgradation of 151/158 Base Hospitals in the Eastern sector and 16 MH/92 Basic hospitals in the Northern Sector.

(iii) So far as procurement of equipment and medicine for DGAFMS is concerned, the DGAFMS must ensure the quality of the products available and the products of only major firms should be acceptable.

(iv) Most of the Ex-servicemen are from rural areas, whereas the military hospitals and district hospitals are located at district level. Despite their contribution, they are not getting the best treatment possible. Therefore, they should be permitted to report to the best hospital/nursing home nearby.

(v) Zonal Hospitals should be upgraded to the level of command Hospitals with all facilities.

(vi) Specialist centres allotted to the Command Hospitals are on ad hoc basis. Due to this ad-hocism, medical officers, nursing officers and paramedical staff, are taking up their tasks at the cost of other peripheral units. Hence, this ad-hocism must be stopped and there should be proper authorization.

(vii) The soldiers, sailors, ex-servicemen are being trained in various subjects like physiotherapy pharmacy, lab-technologies, without giving any degree or diploma. When they become ex-servicemen they do not get benefits of this training. Hence, the Armed Forces themselves should establish institutions for these training courses so that the persons trained may be given recognised degree/diploma.

(viii) Armed Forces Medical College may be considered as a Deemed University so that it can establish more colleges and maximum number of personnel below the officer rank and other ranks may benefit.

(ix) There is need for more colleges for paramedical in various subjects. The nursing colleges should start post-graduate degree courses to assist all the super-specialists. Government may give permission for study leave to the para medical staff to undergo and acquire knowledge of latest equipment.

(x) There is need for improvement in the services of the field medical units. At present, all the 88 field ambulances are obsolete. They should function like mobile hospitals with good facilities.

(xi) Administrative staff in the hospital, below the officer rank, should be educated in hospital material management, hospital finance, human resource management, hospitality, catering management, etc. It should be made compulsory.

(The witness then withdrew)

5. The Hon'ble Chairman, then welcomed the representatives of the Ministry of Defence to give evidence on the subject. The members raised certain issues e.g. inadequacy of Ex-Servicemen Contributory Health Scheme (ECHS) and its applicability to pensioners only, non-functioning polyclinics in the States like Rajasthan, Uttaranchal and North-Eastern States, inadequate infrastructure and manpower in such polyclinics, steps being taken by the Ministry for providing mobile medical facilities for the field military personnel as well as the civil society residing there, steps being taken by the Ministry to recognise the Armed Forces Medical College and other such organisations as deemed Universities under UGC, etc. The members also desired information on the number of doctors and supporting staff working in the field hospitals/polyclinics and stressed the need of opening up some more hospitals on the lines of Base and Command Hospitals.

6. The representatives, then, responded to the queries of the members and on certain issues they assured the Committee to make a review and send reply later on.

(The representatives then withdrew)

7. A verbatim record of the proceeding was kept.

The Committee then adjourned.

MINUTES OF THE TWENTY THIRD SITTING OF THE STANDING COMMITTEE ON DEFENCE (2005-06)

The Committee sat on Friday, the 10 February, 2006 from 11.00 hrs to 12.40 hrs. in Committee Room 'G-074', Parliament House Annexe, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil—*Chairman*

MEMBERS

Lok Sabha

2. Shri Thupstan Chhewang
3. Dr. C. Krishnan
4. Shri Raghuraj Singh Shakya

Rajya Sabha

5. Dr. Farooq Abdullah
6. Shri Janardan Dwivedi

SECRETARIAT

1. Smt. Anita Jain — *Deputy Secretary*
2. Shri D.R. Shekhar — *Under Secretary*

NAME OF NON-OFFICIAL EXPERT

Col. K.S. Bhimwal (Retd.), Medical Director, Rockland Hospital

2. The Committee could not take up the consideration and adoption of draft Report on 'Defence Public Sector Undertakings' due to lack of quorum. Hon'ble Chairman directed that the draft report might be considered on 16th February, 2006. The Committee, however, decided to hear the views of Col. K.S. Bhimwal (Retd.) on 'Review of Medical Education and Services in Defence Sector.' He suggested the following points:

(i) The relevance of the course content of medical education should be close to the ground realities, especially for the new recruits and officers of the AMC.

(ii) The training interventions like service courses are ill timed. Administration oriented courses are early and not oriented to higher commands.

(iii) Quality of instructors is poor. No defined process for their selection.

(iv) Training aids are vintage, therefore they should be replaced with modern machines.

(v) Training of paramedical staff is very rudimentary. If a person trained as nursing assistant goes to the field area, he is totally lost their.

(vi) Hardly anyone is trained in critical care, including Doctors especially in Basic and Advanced life support. Critical care skills of doctors and paramedical staff in basic & advanced life support need improvement.

(vii) Doctors need to take study leave for advanced courses like other armed forces personnel to go on courses abroad for training.

(viii) Continued Medical Education Programme and other training events should have live workshops with focus on training part. Most CMEs are sponsored events costing lakhs of rupees, which is a total waste.

(ix) Professional training should be provided after service training.

(x) Post Graduate vacancies and the requirements needs proper long term planning.

(xi) Super specialisation to doctors comes late, which is a loss to the service.

(xii) Rank and administration appointments could be de-linked.

(xiii) Attachment of service doctors to civil hospital in some areas may be explored.

(The witness then withdrew.)

A verbatim record of the proceeding was kept.

The Committee then adjourned.

MINUTES OF THE FORTIETH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2005-06)

The Committee sat on Thursday, the 11 May, 2006 from 15.00 hrs. to 17.20 hrs. in Committee Room No. 'G-074', Parliament Library Building, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil—*Chairman*

MEMBERS

Lok Sabha

2. Smt. Sangeeta Kumari Singh Deo
3. Shri Ramesh Jigajinagi
4. Shri S.D. Mandlik
5. Shri Ganesh Prasad Singh

Rajya Sabha

6. Shri Jai Prakash Aggarwal

SECRETARIAT

1. Shri S.K. Sharma — *Additional Secretary*
2. Smt. Anita Jain — *Deputy Secretary*
3. Shri D.R. Shekhar — *Under Secretary*

LIST OF REPRESENTATIVES FROM MINISTRY OF DEFENCE

1. Shri Shekhar Dutt, Defence Secretary
2. Shri V.K. Misra, FA (DS)
3. Dr. (Smt.) Rekha Bhargava, Addl. Secy. (B)
4. Shri A.K. Jain, Addl. Secy. (J)
5. Shri Bimal Julka, JS (G/Air)
6. Shri S.N. Misra, Addl. GA (M)

ARMED FORCES MEDICAL SERVICES

1. Surg. Vice Admiral V.K. Singh
2. Maj. Gen. Suresh Chandra, Addl. DGAFMS
3. Brig. T. Prabhakar, Dy. DGAFMS (Prov.)
4. Lt. Gen. L.P. Sabhotra, DGMS (Army)
5. Air Mshl. H.K. Maini, DGMs (Air)
6. Surg. Cmde B.S. Rathore, Offg. DGMS (Navy)

2. At the outset, the Committee expressed deep sorrow on the sad demise of Shri Pramod Mahajan, M.P. and Member of the Standing Committee on Defence on 3 May 2006 and the Chairman read out a Resolution for conveying condolence message to the bereaved family in that regard. The Chairman alongwith other members of the Committee, officers of the Secretariat and the representatives of the Ministry of Defence observed silence for a while as a mark of respect to the departed soul.

3. Hon'ble Chairman, then, requested the representatives of the Ministry of Defence to further brief the Committee on the subject 'Review of Medical Education and Services in the Defence Sector'. The representatives of the Ministry thereafter made a presentation clarifying the questions sent by the Committee for obtaining written replies from the Ministry.

4. During presentation, the DGAFMS clarified various issues *viz*. upgradation of facilities in military hospitals and field units, setting up of new hospitals in the border areas, enhancement of authorised strength of Medical officers to meet functional deficiencies, discrepancies in authorised and held strength of doctors and para-medical staff in the hospitals, introduction of traditional medicine systems *i.e.* Ayurvedic and Homoeopathic Systems in the military hospitals.

5. The Committee, *inter-alia*, also discussed coordination among the hospitals of the three services in providing services to the defence personnel, ex-servicemen and civilians in times of peace and emergencies; and undertaking medical research in critical. The Committee stressed the need for a separate fund for research activities. The Committee further discussed in detail various other issues *viz*. purchase of medicines and medical equipment, outbreak of contagious diseases in various regions, threat of chemical weapons and adequate training to contain the threat, medical training being imparted to para medical staff, efforts for indigenisation of medical equipment etc. The

representatives of the Ministry replied to the queries raised by the members. The Chairman asked the Ministry to furnish written replies to certain issues which were raised in the meeting but not replied to.

The representatives then withdrew.

6. A verbatim record of the proceedings was kept.

The Committee then adjourned.

MINUTES OF THE FORTY-NINTH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2005-06)

The Committee sat on Friday, the 28 July, 2006 from 0930 hrs. to 1020 hrs. in Committee Room No. '139', Parliament House Annexe, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil—*Chairman*

MEMBERS

Lok Sabha

2. Shri A.V. Bellarmin
3. Dr. C. Krishnan
4. Dr. K.S. Manoj
5. Shri Raghuraj Singh Shakya
6. Shri Ganesh Prasad Singh
7. Shri Manvendra Singh

Rajya Sabha

8. Smt. N.P. Durga
9. Shri K.B. Shanappa
10. Shri Lalit Suri

SECRETARIAT

1. Shri R.C. Ahuja	—	*Joint Secretary*
2. Smt. Anita Jain	—	*Deputy Secretary*
3. Shri D.R. Shekhar	—	*Under Secretary*

2. At the outset, Hon'ble Chairman welcomed the Members to the sitting of the Committee. The Committee, thereafter, considered the draft report on 'Review of Medical Education and Services in the Defence Sector' and adopted the same with some additions/ modifications as suggested by the Members.

3. The Committee then authorised the Chairman to finalise the report with further minor modifications, if necessary, and to present the same to the Parliament.

The Committee then adjourned.