23

# STANDING COMMITTEE ON DEFENCE (2006-07)

## FOURTEENTH LOK SABHA

# MINISTRY OF DEFENCE

*[Action Taken by the Government on the Recommendations contained in the Twelfth Report of the Committee (Fourteenth Lok Sabha) on 'Review of Medical Services and Education in the Defence Sector']*

# TWENTY-THIRD REPORT


**LOK SABHA SECRETARIAT**
**NEW DELHI**

*July,* 2007/*Asadha,* 1929 *(Saka)*

# TWENTY-THIRD REPORT

# STANDING COMMITTEE ON DEFENCE
# (2006-07)

(FOURTEENTH LOK SABHA)

## MINISTRY OF DEFENCE

*[Action Taken by the Government on the Recommendations contained in the Twelfth Report of the Committee (Fourteenth Lok Sabha) on 'Review of Medical Services and Education in the Defence Sector']*

*Presented to Hon'ble Speaker Lok Sabha on 3.8.2007*
*and Hon'ble Dy. Chairman Rajya Sabha on 9.8.2007*
*Presented to Lok Sabha on .....*
*Laid in Rajya Sabha on .....*


LOK SABHA SECRETARIAT
NEW DELHI

*July,* 2007/*Asadha,* 1929 *(Saka)*

**C.O.D. No. 84**

*Price* : Rs. 105.00



Published under Rule 382 of the Rules of Procedure and Conduct of Business in Lok Sabha (Eleventh Edition) and Printed by Jainco Art India, New Delhi-110 005.

## CONTENTS

## COMPOSITION OF THE STANDING COMMITTEE ON DEFENCE (2006-07)

Shri Balasaheb Vikhe Patil — *Chairman*

MEMBERS

*Lok Sabha*

2. Shri S. Bangarappa
3. Shri Milind Murli Deora
4. Shri Santosh Kumar Gangwar
5. Shri Ramesh C. Jigajinagi
6. Shri Suresh Kalmadi
7. Shri C. Kuppusami
8. Dr. K.S. Manoj
9. Ms. Ingrid Mcleod
10. Shri Asaduddin Owaisi
11. Shri Adhalrao Shivaji Patil
12. Shri Shriniwas Patil
13. Shri Rajendrasinh Ghanshyamsinh Rana (Raju Rana)
14. Dr. H.T. Sangliana
15. Shri Arjun Charan Sethi
16. Prof. Mahadeorao Shiwankar
17. Shri Manvendra Singh
18. Shri Balashowry Vallabhaneni
19. Shri Rajesh Verma

*Rajya Sabha*

20. Dr. Farooq Abdullah
21. Shri Jai Prakash Aggarwal
22. Shri Abu Asim Azmi
23. Smt. Shobhana Bharatia
24. Shri R.K. Dhawan

25. Smt. N.P. Durga
26. Shri S.P.M. Syed Khan
27. Shri K.B. Shanappa
28. Shri Arun Shourie
29. Smt. Viplove Thakur

SECRETARIAT

1. Shri S.K. Sharma — *Additional Secretary*
2. Shri P.K. Bhandari — *Joint Secretary*
3. Shri Gopal Singh — *Director*
4. Shri D.R. Shekhar — *Deputy Secretary-II*
5. Smt. Jyochnamayi Sinha — *Under Secretary*
6. Shri Nilendu Kumar — *Sr. Executive Assistant*

## PREFACE

I, the Chairman, Standing Committee on Defence (2006-07) having been authorized by the Committee to submit the Report on their behalf, present this Twenty-Third Report on Action Taken by the Government on the recommendations of the Committee contained in their Twelfth Report (Fourteenth Lok Sabha) on 'Review of Medical Services and Education in the Defence Sector'.

2. The Twelfth Report was presented to/laid in Lok Sabha/Rajya Sabha on 02 August, 2006. The Government furnished replies indicating action taken on the recommendations contained in the Report on 'Review of Medical Services and Education in the Defence Sector'. The Committee examined the Action Taken Replies and noted that the Ministry of Defence had not taken any action on most of their recommendations and the replies to rest of the recommendations were not complete and exhaustive. The Committee, therefore, had briefing by the representatives of Ministry of Defence on 12 February, 2007 and asked them to take action and furnish revised Action Taken Replies within two months. The Committee again found that most of the revised replies furnished by the Ministry were more or less of the same nature and character as reflected in the earlier replies. The Committee, therefore, again took evidence of the representatives of the Ministry on 04 July, 2007 to have clarifications on various issues arising out of the action taken replies. In view of the above, the Draft Action Taken Report was prepared, which was considered and adopted by the Committee at their sitting held on 18 July, 2007.

3. An analysis of action taken by the Government on recommendations contained in the Twelfth Report of the Standing Committee on Defence (Fourteenth Lok Sabha) is given in Appendix.

4. For facility of reference and convenience, the observations/recommendations of the Committee have been printed in thick type in the body of the Report.

NEW DELHI;
25 *July*, 2007
3 *Sravana*, 1929 *(Saka)*

BALASAHEB VIKHE PATIL,
*Chairman,*
*Standing Committee on Defence.*

## CHAPTER I

REPORT

The Report of the Standing Committee on Defence deals with action taken by the Government on the recommendations/observations contained in their Twelfth Report (Fourteenth Lok Sabha) on 'Review of Medical Services and Education in the Defence Sector' which was presented and laid in both the Houses of Parliament on 02.08.2006.

2. In the Twelfth Report (Fourteenth Lok Sabha), the Committee had made 61 observations/recommendations on the following subjects:

| Sl.No. | Para No. | Subject |
|---|---|---|
| 1 | 2 | 3 |
| 1. | 1.4 to 1.7 | Introduction |
| 2. | 2.5 to 2.7 | Role of Armed Forces Medical Services |
| 3. | 2.13 | Coordination amongst Medical Services of the three Forces |
| 4. | 2.17 to 2.18 | AFMS v/s. Civil Medical Services |
| 5. | 2.22 | Funds allocation to AFMS |
| 6. | 3.3 to 3.5 | Authorised and held Strength |
| 7. | 3.13 to 3.17 | Authorised and held Strength of Doctors |
| 8. | 3.20 | Authorised and posted Strength of Para-Medical Staff |
| 9. | 4.12 to 4.17 | AFMS Hospitals and their Upgradation |
| 10. | 4.20 & 4.22 | Field Units |
| 11. | 4.27 to 4.28 | Doctor-Patient Ratio |
| 12. | 5.10 to 5.11 | Specialists facilities in Hospitals |
| 13. | 5.16 to 5.18 | Cardiology Centres |
| 14. | 5.23 | Orthopaedic facility |
| 15. | 5.25 | Neurology specialists |

| 1 | 2 | 3 |
|---|---|---|
| 16. | 5.29 | Treatment for Psychological problems of Armed Forces Personnel |
| 17. | 5.31 | Treatment facilities for AIDS/HIV |
| 18. | 5.34 to 5.35 | Traditional Systems of Treatment |
| 19. | 6.4 | Medical preparedness for contagious diseases and NBC War |
| 20. | 7.11 to 7.13 | Medical Education |
| 21. | 8.6 to 8.7 | Medical Research |
| 22. | 9.3 to 9.4 | Nursing and Para-Medical Training |
| 23. | 9.9 | Training to Para-Medical Personnel |
| 24. | 10.6 | Disaster Management |
| 25. | 11.8 | Medical Equipment and Drugs |
| 26. | 12.5 to 12.6 | Medical Services for Ex-Servicemen |

3. Action Taken Notes have been received from the Government in respect of all the recommendations/observations contained in the Report. These have been categorised as follows:

(i) Recommendations/Observations which have been accepted by Government (Please *see* Chapter II):

Para Nos. 1.7, 2.22, 3.16, 3.17, 4.12 to 4.14, 4.16, 4.17, 4.20 to 4.22, 5.16 to 5.18, 5.28, 5.30, 6.4, 8.7, 10.6 and 11.8

(ii) Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies (Please see Chapter III):

Para No. 7.13

(iii) Recommendations/Observations in respect of which replies of Government have not been accepted by the Committee (Please see Chapter IV):

Para Nos. 1.4, 1.5. 1.6.1 to 1.6.6, 2.5 to 2.7, 2.17, 2.18, 3.3 to 3.5, 3.13 to 3.15, 3.20, 4.15, 4.24, 4.27, 4.28, 5.10, 5.11, 5.23, 5.24, 5.33, 5.34, 7.11, 7.12, 8.6, 9.3, 9.4, 9.9, 12.5 and 12.6

(iv) Recommendations/Observations in respect of which final replies of Government are still awaited:

NIL

**4. The Committee trust that utmost importance will be given to the implementation of the recommendations accepted by the Government. In cases, where it is not possible for any reason to implement the recommendations in letter and spirit, the matter should be reported to the Committee with reasons for non-implementation. The Committee desire that action taken notes on the recommendations/observations contained in Chapter–I and final replies to the recommendations contained in Chapter–V of the Report be furnished to the Committee within six months of the presentation of the Report.**

5. The Committee will now deal with the action taken by the Government on some of their recommendations contained in Chapter-I of this report. Chapter-I deals with the recommendations of the Committee on which replies furnished by the Ministry are not satisfactory and are not accepted by the Committee or replies to the recommendations of the Committee have been accepted, but still in some areas of implementation, the Committee want to further comment or seek more detailed information. Accordingly in Chapter-I of the Action Taken Report further comments, recommendations on some of the replies have been given/made by the Committee for further reply/ seeking action taken statement from the Ministry. The Ministry shall, after the presentation of this report, furnish statements of action taken or proposed to be taken by them on the recommendations contained in the Chapter-I and the final replies to the recommendations contained in Chapter-V of this report.

UPGRADATION IN THE STATUS OF DGAFMS
**(Recommendation Para Nos. 1.4 & 1.5, 2.17 & 2.18)**

**Recommendation Para Nos. 1.4 and 1.5**

6. The Committee noted 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.

7. The Committee, however, on making an in depth examination of AFMS felt that the BC Roy Committee's recommendations which were still relevant in present day scenario had 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 were constrained to note that over the years the status of DGAFMS had been slowly downgraded. This had impinged upon the working of AFMS. The Committee in this connection had pointed 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 organizations posted in field and central/ intelligence agencies operating in disturbed areas and medical aid to civilians in low intensity conflict areas. It had also a major role to play in international medical missions and in providing medical relief in case of natural calamity and disaster. It was ironic that on the one hand there had been a substantial increase in the role of AFMS which had been earning accolades for its services to the nation and the world and on the other status of DG(AFMS) was being slowly downgraded. Looking at the size, responsibility and nature of AFMS, the Committee desired 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).

8. The Ministry, in their action taken reply, have stated:

> "The Government is conscious of the concern expressed by the Committee about substantial increase in workload of DG, AFMS. To address this concern, a proposal to augment the AFMS set up is under consideration of the Government. As regards upgradation of the post of DG, AFMS, it may be noted that DG, AFMS's pay scale is already higher than that of Lieutenant Generals and equivalent, who are not Army Commanders or equivalent. The proposal to further upgrade it equivalent to Army Commanders/ Secretaries has overall implications *viz-a-viz* pay scale of officers in the services. However, the proposal is under examination of the Government".

**Recommendation Para Nos. 2.17 and 2.18**

9. The Committee noted that the post of DGAFMS was created in 1948 in the rank of Lt. Gen. with the status of Special Secretary. In the civil, the post of Director General Health Services (DGHS) was equivalent to Director. Since 1948 there had been no change in the status of DGAFMS which was presently equivalent to Additional Secretary, whereas in the civil DGHS had been upgraded to the status of Secretary, Govt of India.

10. The Committee found that AFMS had expanded manifold since independence and its role had also considerably increased. Accordingly, the responsibilities of DGAFMS have also increased substantially. The Committee, therefore, strongly recommended that the post of DGAFMS would be upgraded to the status of Secretary, Govt of India. The Committee felt that upgradation of status of DGAFMS would not only boost the morale of AFMS but also help DGAFMS in working effectively.

11. The Ministry have reproduced the same reply as given to the recommendation Para Nos. 1.4 and 1.5.

12. During the oral evidence, the Defence Secretary has further apprised the Committee about the latest status of implementation as under:

> "The Committee of the Chiefs have not agreed that there should be a higher grade. They have given an intermediary grade. We have informed about it. We have also said that this is the view of the Standing Committee and we wanted that there should be difference in grade".

**Comments of the Committee**

**13. The Committee, after making an in-depth examination of AFMS and B.C. Roy Committee's recommendations and also keeping in view the considerably increased workload and responsibilities of DGAFMS since inception, had opined that there was an imperative need for upgradation of status of DGAFMS to the status of Secretary, Government of India. The Committee, are however, dismayed to note that the Chief of Staff Committee (COSC) has not approved the upgradation of DGAFMS. The Committee do not approve the baseless ground of the Ministry of Defence of referring this important administrative matter to Sixth Pay Commission. The Committee, therefore, again strongly recommend that there is an imperative need to upgrade the rank and status of DGAFMS when his own counterpart in civil health services *i.e.* DGHS has already been enjoying the status of Secretary, Government of India. The Committee, therefore, strongly reiterate that the Ministry should take up this matter in right earnest and show the result to the Committee. The Committee also desire that pending the decision on upgradation of the post, DGAFMS should be invested with more financial power so that there is no need for taking frequent financial sanctions.**

AUGMENTATION OF MANPOWER IN AFMS
**(Recommendation Para Nos. 1.6.1 to 1.6.5, 2.5 to 2.7, 3.13 to 3.15, 3.20, 4.24, 4.27 & 4.28, 5.10 & 5.11, 5.23 & 5.24)**

**Recommendation Para No. 1.6.1**

14. Having examined various other issues pertaining to the subject, the Committee had *inter alia* recommend:

> 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.

15. The Ministry in their action taken reply, have stated:

> "To cater for increased workload and heightened clientele expectations and awareness, Army Head Quarters took up a case for the revision of establishment of various military hospitals for requirement of additional manpower before the Chiefs of the Staff Committee (COSC). The COSC recommended accretion of additional 8714 manpower in three distinct phases. In phase-I additional manpower to the extent of 1242 was recommended for Army Hospital (R&R) Delhi Cantonment, Base Hospital Delhi Cantonment and five Command Hospitals. The Army Standing Establishment Committee (ASEC), a specialized body set up for study of manpower and other requirements of Army establishments, has also accepted and recommended accretion of 1242 manpower for Phase-I.
>
> Consequent to the recommendations of the Standing Committee, a committee was set up by DGAFMS on 11 August 2006 under the chairmanship of a Lieutenant General Rank Officer [Director General Health Services (Armed Forces)] for review of authorization of manpower to Armed Forces Medical Services. The Committee has submitted its report in September 2006, which is under examination of the Government".

16. The Ministry have further furnished the latest status of implementation as under:

> "The report of the DGHS(AF) Committee has been examined by the Ministry of Defence and the matter of augmentation of strength of AFMS set up has been referred to Finance Division in the Ministry for examination".

**Recommendation Para No. 1.6.2**

17. The Committee had recommended that the vacancies of doctors and paramedical staff in hospitals and field units of AFMS should be filled up urgently.

18. The Ministry, in their action taken reply, have stated:

"As far as vacancies of doctors are concerned recruitment has already been carried out thrice in the recent past to limit the gap between the authorized and the held strength. The manpower planning cell, in DGAFMS, now carries out an analysis in advance, pertaining to normal releases of Short Service Commissioned Officers, superannuation and premature retirement of Permanent Commissioned Officers. Accordingly, advertisements are issued well in advance of the anticipated vacancies so that by the time the selected candidates report for duty, there is no deficiency against the sanctioned strength. As to further augmentation of the strength of doctors and paramedical staff, a proposal to augment the AFMS set up has referred to Finance Division in the Ministry for examination".

**Recommendation Para No. 1.6.3**

19. The Committee had recommended that :

"AFMS should extend super specialist facilities like cardiology and Neurology in all zonal hospitals and more specialists in peripheral hospital so that soldiers and officers might be provided with proper medical care in their vicinity".

20. The Ministry, in their action taken reply, have stated:

"This issue has been covered in the report of the Committee constituted by DG, AFMS to review authorization of manpower to AFMS cadre. The report of the Committee has been examined in the Ministry of Defence and a proposal to augment the strength of AFMS set up has been referred to Finance Division in the Ministry for examination".

**Recommendation Para No. 1.6.4**

21. The Committee had recommended that the staffing norms in AFMS hospitals should be improved to one Medical officer per twenty one beds according to recommendations given by ASEC Committee in this regard.

22. The Ministry, in their action taken reply, have stated:

"The Committee constituted by DGAFMS in August 2006 has also made recommendations on the norms for General Duty Medical Officers, Specialists, Nursing Officers and staff to bed ratio. The issue is linked with overall manpower authorization to AFMS. As mentioned earlier, the proposal for augmentation of AFMS set has been referred to Finance Division of the Ministry for examination".

**Recommendation Para No. 1.6.5**

23. The Committee had recommended that:

10% cut in recruitment should not be made applicable on civilian manpower of AFMS particularly in essential categories and trades like dietician, physiotherapist etc.

24. The Ministry, in their action taken reply, have stated:

"Department of Personnel and Training (DOP&T) had issued guidelines vide Office Memorandum No. 2/8/2001-PIC dated 16th May 2001 to restrict Direct Recruitment in civilian post to 1/3 of Direct Recruitment vacancies subject to 1% of total sanctioned strength of the Department including all Formations/ Directorates with a view to achieve reduction of 10% manpower in Government Departments during a five year period from 2001-02 to 2005-06. DOP&T has since extended the Scheme of Optimization of Direct Recruitment to civilian post upto 31st March 2009, subject to a review being undertaken after receipt of the 6th Pay Commission recommendations.

The issue raised by the Committee about exemption of AFMS from the purview of 10% cut in recruitment is also valid in case of other branches of Army, Navy and Air Force and hence a comprehensive proposal for obtaining Cabinet approval for such an exemption in respect of civilian employees is being progressed".

**Recommendation Para Nos. 2.5 to 2.7**

25. The Committee noted that AFMS was established in 1948 with authorised strength of 900 medical officers and other supporting staff to provide comprehensive health care to the serving Armed Forces personnel. Over the years the role of AFMS had 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 had also been playing a major role in International/UN Medical & Humanitarian Aid Missions since 1950. To cope with the increased responsibilities, the AFMS had also expanded and at present had an authorised strength of 5440 medical officers and other supporting staff.

26. The Committee, however, felt that the expansion of AFMS was not commensurate with the increase in its responsibilities which had become manifold over the years as AFMS now not only provides medical cover to Armed Forces Personnel, their dependents and other beneficiaries but also plays a vital role in Disaster Management and International missions, etc.

27. The Committee therefore, strongly recommended 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 training manpower.

28. The Ministry, in their action taken reply, have stated:

> "Consequent to the recommendations of the Standing Committee, a committee under DGHS(AF) was set up by DGAFMS for review of authorization of manpower to Armed Forces Medical Services. The Committee has submitted its report. This issue has been covered in the report of the Committee constituted by DGAFMS. The report of the Committee has been examined by the Ministry and a proposal for augmenting the AFMS set up has been referred to the Finance Division of the Ministry for examination".

**Recommendation Para Nos. 3.13 to 3.15**

29. The Committee were constrained to note that whereas the actual strength of doctors posted in command hospitals was much more than the authorised strength, there was more than 20% deficiency of the doctors in field units' *vis-a-vis* authorised strength. This showed that more doctors were being posted in command hospitals at the cost of field units.

30. The Committee were not inclined to accept the reasons given by DGAFMS that it was 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 recommended that the Ministry should look into the matter and take urgent steps to post doctors at filed units as per the authorised strength.

31. The Committee further noted that the number of doctors posted in Delhi and Mumbai was double of the authorised strength because of requirement of specialists and super specialists at hospital in these cities. The Committee would like the Govt. to look into the lopsided postings and take corrective measures in this regard. As recommended in an earlier paragraph, the Committee desire the Govt. to set up a Committee to review the authorised strength of doctors in various levels of hospital 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 was no shortage of doctors in field units both in peace time and war time. The Committee desired that adequate reserve doctors/staff should be kept for leave vacancies so that there was no deficiency on account of doctors and other staff proceeding on leave/training.

32. The Ministry, in their action taken reply, have stated:

"As a result of advancement in medical technology and requirement of Armed Forces to keep pace with advances in the technology, a number of specialists and super specialists have been added to each hospital. These specialist officers have been culled out from the existing authorised strength of the doctors in AFMS. By virtue of their qualification and training acquired these officers are posted to Command Hospitals and at Delhi and Mumbai to fulfill the requirements of the clientele. The statement of the DGAFMS was accordingly based on the factual position on ground. However during operational requirements the specialists and medical officers are posted in field units and formations. In Northern Command and Eastern Command, where there are operational requirements 100% authorised strength has been posted.

Consequent to the recommendations of the Standing Committee, a Committee was set up by DGAFMS in August 2006 for review of authorization of manpower/personnel to Armed Forces Medical Services. This issue has been covered in the report of the Committee.

The report of the Committee is under examination of the Government".

33. The present status of implementation, as furnished by the Ministry, is as under:

"This issue is also linked with the overall issue of authorization of additional manpower in AFMS. The report of the Committee under DGHS(AF) set up by the DGAFMS to review the authorization of manpower to AFMS has been examined and proposal for augmentation of AFMS set up has been referred to Finance Division of the Ministry for examination".

**Recommendation Para No. 3.20**

34. The Committee were constrained to note that large scale deficiency in posted strength of paramedical staff against the authorised 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.

35. The Ministry, in their action taken reply, have stated as under:

"This has resulted due to reduction in 'tail' of the Army to improve the 'teeth to tail' ratio based on various Committees reports. The AFMS is treated as a service and part of tail.

This issue has been covered in the report of the Committee constituted by DGAFMS for review of authorization of manpower to Armed Forces Medical Services. The report of the Committee is under examination of the Government.

Several measures have been taken to reduce the deficiency in authorised strength of paramedical staff. Some of the measures are listed below:—

(a) Increasing the number of Diploma seats for General Nursing and Midwifery at School of Nursing from 30 to 90 per years.

(b) Detailment of 44 Nursing Assistant/Nursing Technician on highly specialized courses conducted by Karnataka Medical Board, Bangalore. This will be a regular and annual feature.

(c) Detailment of selected Nursing Assistant/Nursing Technician for courses in civil and also sending them abroad for advanced courses in Liver Transplant and Nuclear Medicine.

(d) Efforts are on to start Paramedics Academy at AMC Centre & School, Lucknow with affiliation to Uttar Pradesh Medical Council for award of Diploma to Nursing Assistant & Ambulance Assistant.

(e) Detailing a large number of persons from various trades on foreign assignments so as to enhance prestige and financial status.

(f) Reducing the minimum service for attestation of Nursing Assistant from two years to one year so as to make them earn the salary and benefits of Sepoy earlier".

**Recommendation Para No. 4.24**

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

37. The Ministry, in their action taken reply, have stated:

"Department of Personnel and Training (DOP&T) had issued guidelines *vide* Office Memorandum No. 2/8/2001-PIC dated 16th May 2001 to restrict Direct Recruitment in civilian post to 1/3 of Direct Recruitment vacancies subject to 1% of total sanctioned strength of the Department including all Formations/ Directorates with a view to achieve reduction of 10% manpower in Government Departments during a five year period from 2001-02 to 2005-06. DOP&T has further extended the Scheme of Optimization of Direct Recruitment to civilian post upto 31st March 2009, subject to a review being undertaken after receipt of the 6th Pay Commission recommendations.

The issue of 10% cut in recruitment is also valid in case of other branches of Army, Navy and Air Force and hence a comprehensive proposal for obtaining Cabinet approval for exemption of Armed Forces from such cut is being processed".

**Recommendation Para Nos. 4.27 and 4.28**

38. The Committee were constrained to note that norms for staffing pattern were much lower in AFMS hospitals not only a 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 were 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 Govt. ASEC (2006) had now recommended staffing pattern of 1 medical officer per 21 beds and 1.25 staff per bed.

39. The Committee desired the Govt. 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 could be made available to armed forces personnel and their dependents.

40. The Ministry, in their action taken reply, have stated:

> "The Committee constituted by DGAFMS in August 2006 has also made recommendations on the norms for General Duty Medical Officer, Specialists, Nursing Officers and staff to bed ratio. The issue is linked with overall manpower authorization to AFMS. The Committee has submitted its report in September 2006, which has been examined and a proposal to augment AFMS set up has been referred to Finance Division in the Ministry for examination".

**Recommendation Para Nos. 5.10 and 5.11**

41. The Committee noted with concern that only basic specialist facilities like, surgery, gynaecology were provided in peripheral hospitals and specialist facilitates like psychiatry, skin, paediatrics, orthopedics, ENT etc. were provided only in zonal hospitals. Further super specializations such as cardiology, neurology, etc. were provided only in Command and Base hospitals.

42. The Committee were of the view that there was a need to extend more specialists facilities in peripheral hospitals. ENT, skin, paediatrics, orthopaedics related diseases and problems were very common and therefore, peripherals hospital should be equipped effectively to treat such cases. The Committee further desired 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 did not have rush to Command Hospitals for treatment. This would ease the congestion in the Command Hospitals. The Committee were happy to note that specialists facilities in various categories of hospitals was under review of Govt. The Committee strongly desired that early decision might be taken in this regard".

43. The Ministry, in their action taken reply, have stated:

"This issue is also linked with the overall issue of authorization of additional manpower in AFMS. As stated in reply to para 1.6.1 the report of the Committee set up by DGAFMS has been examined and a proposal to augment the AFMS set up has been referred to Finance Division in the Ministry for examination".

**Recommendation Para No. 5.23**

44. The Committee were happy to note that AFMS had world class orthopaedic centres and had been instrumental in undertaking world class orthopaedic surgery. The beneficiaries included besides armed forces personnel, ex-servicemen and civilians. The Committee were however constrained to note that there are only 30 orthopaedic specialists in AFMS. The Committee desired 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, might avail benefits of world class orthopaedic facilities.

45. The Ministry, in their action taken reply, have stated:

"This issue is also linked with the overall issue of authorization of additional manpower in AFMS. As stated in reply to para 1.6.1 the report of the Committee appointed by DGAFMS has been examined and a proposal to augment AFMS set up has been referred to Finance Division in the Ministry for examination".

**Recommendation Para No. 5.24**

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

The Ministry, in their action taken reply, have stated:

"Establishment of Neurological Centre at 5 AF Hospital, Jorhat and 7 AF Hospital, Kanpur is being processed at the level of Air Headquarters for implementation."

**Comments of the Committee**

**46. The Committee are concerned to note that the Ministry of Defence have not given the details of overall manpower authorization proposed for the AFMS nor have they indicated any clear-cut requirement of the specialists as stressed upon by the Committee in their report. The Committee are constrained to note that inspite of the fact that the proposal of the Ministry of Defence for manpower authorization has been duly approved by COSC, the same is pending with another Division of the Ministry of Defence *i.e.* Finance Division which is a clear case of bureaucratic delays. Taking so much of time in examination of the report by Finance Division also shows efficiency level of the Ministry of Defence in a very poor light. The Ministry's reply shows that no serious action has been taken on the recommendations of the Committee. The Committee, therefore, desire that immediate steps should be taken to improve efficiency in the Ministry of Defence. The Committee are of the considered view that there are several critical areas in the AFMS where there is immediate requirement of trained manpower, Doctors and Specialists in the absence of which the Armed Forces personnel are bound to suffer a lot. The Committee are totally dissatisfied with the present pace of implementation and therefore strongly reiterate that the Ministry should intensify their efforts to augment the existing manpower of the AFMS and go for phase-wise implementation of the Committee's recommendations in a time-bound manner. The Committee also wish to be apprised of the constraints, if any, being faced by the Ministry in this regard. The Ministry should also give status of implementation periodically to this Committee.**

AFMC – DEEMED UNIVERSITY

**Recommendation Para No. 1.6.6**

47. The Committee had recommended that the Armed Forces 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 would facilitate in getting necessary recognition for various courses.

48. The Ministry, in their action taken reply, have stated:

"Further to the reply given earlier, it is submitted that the proposal for converting AFMC, Pune, into a "Deemed University" is under examination of the Government. As per guidelines for considering a proposal for declaring an institution as "Deemed University"

under section 3 of the UGC Act, one of the requirements is that "the institution should be registered under the Societies Registration Act or Public Trust Act and should formulate a Memorandum of Association and Rules based on the Model prescribed by the UGC". The proposal for converting AFMC Pune into a "Deemed University" in relaxation of above referred guidelines, has since been forwarded to the Ministry of Human Resources Development. That Ministry has referred the matter to UGC for their recommendations/comments".

49. During presentation, a representative of the Ministry of Defence stated the latest status of implementation of this recommendation as under:

"The proposal for AFMC being given the status of deemed university was not agreed to by UGC. Proposal for seeking relaxation from forming into a society has been referred to the Ministry of Human Resource Development. UGC had not agreed to this saying that they should be converted into a society".

50. The Defence Secretary endorsed the recommendation of the Committee as under:

"One thing I would like to humbly point out is that AFMC, Pune is one of the medical colleges in the country today. So, we do not want to do something by which it will come down. It is a professional advice which the Armed Forces Medical Service will have to take if they want to make it into a society".

**Comments of the Committee**

**51. The Committee are totally dissatisfied with the bureaucratic reply of the Ministry that they are facing several constraints in according the status of deemed university to AFMC. The Committee note that the UGC has its own criteria to award such status subject to fulfillment of certain conditions and, therefore, referring this matter to the Ministry of HRD for relaxation of certain rules, is unnecessarily a wastage of time as the same will hardly serve any purpose in this connection. The Committee further note that for granting the status of deemed university to AFMC, the institution has to be converted into a society under Societies Registration Act, 1860. The Committee feel that conversion of AFMC into a society will not degrade the institution but rather it will empower the Government to make it a truly professional institution. The Committee feel that after getting this status, the AFMC will be**

**enjoying immense facilities and will be in a position to offer several courses of medical science, biotechnology, etc. without any need to seek permission from the Medical Council of India. It would further strengthen and boost the academic excellence of the institution. In this regard, the Committee wish to mention that a number of organisations have deemed university. The Committee desire that the Ministry should make study of the pattern of the deemed university being followed by the other organisations. The Committee further desire to reiterate that the Ministry should endeavour to convert the AFMC into a society on priority basis and take concerted steps to get the status of deemed university by amending rules, etc., if need be. The Committee also desire that Raksha Mantri should be appointed as the Chancellor and DGAFMS as the Vice-Chancellor of the Deemed University by designation.**

**The Committee desire that the whole matter be examined with an open mind and AFMC should be given 'deemed university' status at the earliest.**

STRESS MANAGEMENT
**(Recommendation Para No. 1.7 and 5.28)**

**Recommendation Para No. 1.7**

52. The Committee had recommended that there was an imperative need for regular lectures and exercise on yoga techniques in order to de-stress our Jawans in field units. Immediate steps might be initiated in this direction.

53. The Ministry in their action taken reply have stated:

"This is already under implementation in various units especially in Northern and North Eastern Command and the same will be gradually extended to all the units in the Armed Forces".

**Recommendation Para No. 5.28**

54. The Committee had noted with concern that there had been substantial increase in stress environment leading to psychological problems for Armed Forces Personnel. There had been increasing reports in media where soldiers, unable to bear the highly stressed working atmosphere, had taken extreme step of committing suicide/ attacking their officers. The troops particularly those stationed in border areas experience loneliness and anxiety and needed proper professional counselling to de-stress themselves. The Committee, therefore, felt that

it was imperative that these troops should not only be regularly given lectures on peace and mental relaxation through yoga techniques/ mediation but they should also have easy access to counselors in case of need. The Committee, therefore, recommended the Ministry to seriously examine the issue and post doctors counsellors specializing in this area, particularly in the field units. The Committee also desired 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".

55. The Ministry in their action taken reply have stated:

"Some incidents of stress in the personnel of forces mostly caused due to their personal matters have come to notice. Some of the measures adopted by the forces in this regard are:

(i) Approval has been accorded for appointment of 88 psychological councellors on contract basis for initial period of 2 years. DGAFMS has been asked to work out modalities for engagement of the psychological councellors.

(ii) Augmentation of two Psychiatric centers one each in the Northern & Eastern sectors in the insurgency affected areas has been undertaken. Additional Psychiatrists have been provided. Psychiatrists as per authorization have been posted to similar high pressure stations.

(iii) Teams of Psychiatrists and Preventive Social Medicine [PSM] Specialists have conducted seminars and lectures at Division/Counter Insurgency Forces HQrs levels for Senior/ Staff Officers/Commanding Officers. This was followed by training seminars for Assistant Directors Medical Service/ Deputy Assistants Director of Health.

(iv) Personnel deployed in sensitive/stressful environment are being granted regular & frequent spells of leave & are being turned over/ rotated regularly. All personnel returning to unit after leave are interviewed & medically examined by Regimental Medical Officer. Any stress marker is looked for and motivational talk rendered to all.

(v) Training of Religious teachers/ Education Junior Commissioned Officers/Non Commissioned Officers, other Junior Commissioned Officers has begun in two appropriate hospitals of the Command. Those trained are being termed as mentors and they will act as peer group leaders in their respective units.

(vi) Seminars for training of officers in stress management are planned in collaboration with Defence Institute of Psychological Research (DIPR).

(vii) Yoga Training has been incorporated in Air Force fitness programmes launched at many Air Force stations. In collaboration with Defence Institute of Physiology and Allied Sciences, yoga training is being planned at two training institutes to the cadets and trainees who will in turn propagate such training to others when posted out.

(viii) DIPR has recently conducted two studies in relation to factors leading to psychological problems in Armed Forces personnel serving in counter insurgency areas in Northern and Eastern Command. Important recommendations based on the studies are as follows:

(a) Sensitising the leadership

(b) Enhancing leadership qualities among junior officers and Junior Commissioned Officers (JCOs)

(c) Rationalizing grant of leave

(d) Rest and recuperation

(e) Improving organizational climate

(f) Control the zero-error syndrome

(g) Improved management of manpower

(h) Education and awareness

(i) Improved training

(j) Improving selection of soldiers

(k) Provision of basic facilities

(l) Training of religious teachers

(m) Psychological indoctrination

(ix) Based on above recommendations action is being taken with emphasis on the following measures:

(a) Promptly attending to grievances by interaction between junior leaders and other personnel.

(b) Counselling of persons at higher risk

(c) Training capsules in relaxation exercises including yoga

(d) Training of doctors and junior leaders by service psychiatrists

(e) Frequent spells of leave and rotation of individuals

(f) 50 psychological counsellors have been trained through 3 courses at Base Hospital, Delhi Cantonment, Command Hospital (Eastern Command) Kolkata and Command Hospital (Northern Command), C/o 56 Army Post Office as a part of combating effects of stress. These counsellors have been trained to identify 'high risk' personnel to provide timely treatment and thus avoid loss of trained manpower. Expertise of DIPR has been incorporated in this venture. The counsellors are being made available to assist commanders and commanding officers".

56. During oral evidence, a representative of the Ministry of Defence elaborated the issue of suicide cases in the Armed Forces as under:

"As far as the number of suicides of last year and this year are concerned, last year we had 126 cases and this year we had 57 cases so far. Last year, at the end of the year, in the month of November we instituted a study by the Defence Institute of Psychological Research. The officer who conducted the study, Dr. Manas Mandal is sitting here. He had recommended certain steps to be implemented. He had gone across into the Northern Region and the Eastern Region, interacted with the soldiers and the officers, and he had given certain recommendations which have been implemented. One of the major causes which came out in his Report was concerning the domestic problem of the soldier which he is not able to at times cope with it. We are continuing that. We have educated people, we have sensitized the environment, our commanders and junior leaders to try and identify such men who are depressed or who are not behaving in their normal pattern. We have trained 50 junior commissioned officers as psychologists. They have undergone three months training. They have now spread out all over the region in the Northern and the Eastern Regions, and we are training more people. In our courses also, we have introduced an element of stress training more people. In our courses also, we have introduced an element of stress management for the junior leaders to identify. We have set up Committees at all levels, that is at the Brigade, Division, Corp and Command levels".

**Comments of the Committee**

**57. The Committee note that the Ministry of Defence have taken several measures to address the issue of stress management in the**

**Armed Forces. Despite that, the Committee observe that numerous suicide cases are still taking place in the forces and the killing of senior officers by their subordinates is equally prevalent. The Committee take serious view of these incidents which are reported very frequently in the newspapers. During the last year alone, 126 suicide cases were reported and this year, 57 cases have so far come to light. The Committee feel that the measures enunciated by the Ministry to check this alarming trend are absolutely misleading and are just on the paper. Had these measures been implemented in true spirit, the stress level of the personnel would have definitely come down and the figures must have been otherwise. The Committee also note that the Defence Institute of Psychological Research (DIPR) has conducted a study to go into the reasons for suicides. The Committee strongly feel that mere conducting a study and suggesting a series of measures will not serve any meaningful purpose unless the Ministry focus on the implementation of the recommendations of the report. The Committee also desire to have a copy of the report of DIPR. For long term solution of this problem, the Committee recommend that Ministry should undertake a research work on the issue so as to arrest this alarming trend of suicide and killing. The Committee feel that most of the suicide cases due to social/criminal/civil cases pending against the Defence personnel. The Committee are of the view that the existing set-up to address the stress problems of Jawans and Officers have not been able to yield desired results. In this connection, the Committee desire that there should be a judicious set-up in the Armed Forces where personal complaints of the members of Armed Forces can be handled through interaction with civil authorities. The personnel should also be informed of the action taken on their complaints. The Committee also feel that the administrative set-up should also address the continuous social changes taking place in the society and the resultant effects in the Armed Forces. The Committee further desire that the Ministry should make concerted efforts for completion of married accommodation project for the Defence personnel so as to contain their stress level to some extent.**

**58. The Committee also note that to address the needs of stress management in the Armed Forces, Yoga Training is being imparted in various units especially in Northern and North Eastern Command and the same is proposed to be extended to the other Command Zones also. The Committee desire the Ministry to furnish the detailed action plan for the extension of Yoga Training facilities to all the Commands. The Committee feel that in addition to the yoga training, spiritual discourses can also be arranged to de-stress the troops. The**

**Committee also desire that there is a need to fix responsibility on seniors when Army Jawans commit suicide so that suicides committed on account of misbehaviour of the seniors can be checked.**

**The Committee also desire that Armed Forces Tribunal Bill, 2005 should also be enacted at the earliest to give fair and quick mechanism to deal with their problems to give them relief.**

UNIFIED TRAINING TO PERSON BELOW OFFICER RANK (PBOR)

**Recommendation Para No. 2.13**

59. The Committee noted that AFMS was an integrated tri service organisation which was well coordinated during peace and war time. All service personnel irrespective of their force could avail medical care at all hospitals. The Committee had; however, been informed that professional training of PBORs was carried out by the three services separately. The Committee concurred with the suggestion of DGAFMS that the same might 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 were standardized. The Committee, therefore, recommended that all 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 would enable DGAFMS to have proper monitoring of training standards as per the requirements from time to time and ensure accountability".

60. The Ministry of Defence in their action taken reply have stated:

"To impart training to PBORs in a unified manner, the following measures are being progressed:

(a) A common syllabus for paramedics is being formulated.

(b) Efforts are being made to get the specialized training courses presently being conducted in the AFMS, recognized/affiliated with the local Universities/statutory bodies;

(c) Expediting commencement of the Paramedics Academy at Lucknow, in the vicinity of AMC Centre and School with affiliation of the University;

(d) After formulating the common training syllabus, instructors from three medical services will be cross-posted between the training institutions of Army, Navy and Air Force, in order to bring in standardization and uniformity in the methods of instructions/training.

The issue of placing the training institutions for training of various categories of PBOR in AFMS under DGAFMS, is, however, under examination of the Government".

61. The Ministry have further furnished the latest status, during oral evidence, as under:

"While pacing of all training institutions under DGAFMS has not been found advantageous by the tri-service committee of AFMS, common syllabus is being formulated and a common pool of instructors is being created."

**Comments of the Committee**

**62. The Committee note the measures being taken by the Ministry to impart unified training to PBORs, which is being taken up, at present, by the three Services separately. The Committee also note the view of the Ministry of Defence that placing of all training institutions under DGAFMS to enable unified training to various categories of PBORs has not been found advantageous. The Committee do not subscribe to this finding of the Ministry and, therefore, strongly reiterate that the Ministry should place the training institutions under DGAFMS so that the training standards could be adequately monitored and the Services of all categories of PBORs could be gainfully utilized at par, thereby creating a separate pool of trained PBORs. The Committee feel that in view of rapid changes and development in technology, there is corresponding changes in the medical science as well. The Committee, therefore, desire that there is a need to have joint command in the form of DGAFMS to impart unified training to medical staff of the three Services together. This will avoid duplicacy of training and works. The Committee also desire that DGAFMS should also be given authority to have administrative control over all medical personnel working in the three Services. The Committee also desire that DGAFMS should open the centres as per the requirement of the Services.**

FILLING UP OF VACANCIES IN AFMS
**(Recommendation Para Nos. 3.3 & 3.4 and 3.5)**

**Recommendation Para Nos. 3.3 and 3.4**

63. The Committee were concerned to note the large scale vacancies in various cadres of AFMS. The Committee had been informed that vacancies arised due to normal releases of SSC officers, superannuation and premature retirement of permanent Commission Officers.

64. The Committee desired that since most of these vacancies were 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 could be worked out and there was no deficiency in the sanctioned strength of officers at any given point of time.

65. The Ministry of Defence in their action taken reply have stated:

"Recruitment has already been carried out thrice in the recent past to limit the gap between the authorized and the held strength. The manpower planning cell, in DGAFMS, now carries out an analysis in advance, pertaining to normal releases of SSC Officers, superannuation and premature retirement of PC Officers. Accordingly, advertisements are issued well in advance of the anticipated vacancies so that by the time the selected candidates report for duty, there will be no deficiency against the sanctioned strength".

**Recommendation Para No. 3.5**

66. The Committee also desired that Govt. should review tenure of Short Service Commission officers in AFMS who were released from service at a young age. The Committee desired that SSC medical officers and other staff should have 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 utilised. The Committee, further, desired 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. Govt. 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 were of the view that for the purpose, if necessary, Govt. might amend the existing service rules.

67. The Ministry of Defence in their action taken reply have stated:

"The recommendation of the Standing Committee has been noted and DGAFMS has been requested to submit a comprehensive proposal in respect of SSC officers in AFMS.

Regarding time bound promotion policy for AFMS officers, it is stated that in Phase-I of cadre restructuring proposal of AFMS, as a consequence of the recommendations of A.V. Singh Committee as applicable to the Army, Navy and Air Force, additional posts of

300 Colonel (& Equivalent) have been sanctioned in the selection grade to be implemented over a period of 4 years in Army Medical Corps. Also in Phase-I a time scale rank of Colonel (& Equivalent) for those, who could not make to the selection grade has been sanctioned at 24 years of service. In Phase-II additional selection grade posts in the ranks of Brigadier, Major General & Lieutenant General (& Equivalent) are under examination of the Government.

As far as, enhancement of retiring age for PG teachers to 65 years as recommended by Standing Committee is concerned, a proposal sent by DGAFMS is under consideration of the Government".

68. The present status of implementation, as furnished by the Ministry of Defence, is as under:

"As regards the tenure of SSC officers in AFMS, a proposal for enhancing the same from present 10 years to 14 years across the board *i.e.* for AMC, ADC, MNS and AMC(NT) is being processed for obtaining approval of the Cabinet.

Phase-II of cadre restructuring proposal of AFMS regarding additional selection grade posts in the rank of Brigadiers, Major General & Lieutenant General (& Equivalent) is also being processed for obtaining Cabinet approval.

As far as, enhancement of retiring age for PG teachers to 65 years as recommended by Standing Committee is concerned, it may be stated that in AFMS there is no separate stream for PG teachers. Enhancing age of retirement for some select few to 65 years may have overall implications. Since it is a sensitive issue, the matter is still under examination in consultation with DGAFMS."

69. During Evidence, a representative of the Ministry of Defence further stated as under:

"Now, we are having 240 vacancies. Now, interviews are going on. Normally we select double the number. All of them do not join. Some of them have already applied for PG and other exams. Once they find better avenue outside, they do not come. The compliance is about 60-70 per cent. All of them do not join. That is why, we do it twice or thrice a year.

Armed Forces is not a very popular career as you all know. Everyday, you would be reading about it in the papers also. This is the same thing for the doctors too. Army becomes the second choice. But still the difference is not critical; it is 10-15 per cent."

**Comments of the Committee**

**70. The Committee note that the Ministry have carried out recruitment in the AFMS thrice in recent past to limit the gap between the authorised and held strength. The Committee are, however, surprised to note that despite all efforts, the Ministry are unable to attract the young and talented doctors and youth to fill up the vacancies. The Committee are deeply concerned to learn that the Ministry themselves have admitted that the Armed Forces is not a popular career and comes up as the second choice for the young aspirants. The Committee strongly feel that it is the Ministry which is accountable for making it an unpopular choice among the youth. The Committee do not see any reason why comparable and attractive pay packages may not be offered by the Government to the youth joining the Defence Services, keeping in view, the market conditions and remunerative perks and allowances being offered to them by the private sector enterprises. The Committee, while examining the Defence PSUs *viz*. HAL and BEL, also noticed the same trend of attrition of engineers and scientists for the search of better pay package. The Committee, therefore, recommend that the Government should seriously consider the concern of the Committee and devise attractive pay structure and allowances for the doctors so that they do not think of pursuing a career outside the AFMS.**

**71. The Committee note that Short Service Commission (SSC) doctors and staff are being given early-age retirement despite the hard fact that the gap between authorised and held strength of AFMS continues to remain. The Committee also reiterate the recommendation regarding proposal for enhancing the tenure of SSC officers of AFMS from 10 years across the board and retirement age for P.G. Teachers be increased to 65 years and that of nursing and Technical para medical staff to 58 years, which are under consideration of the Government. In this connection, the Committee also desire that till the matter is finalised, P.G. Teachers after superannuation may be appointed as consultant, without uniform so that their valuable experience & knowledge could be availed by the AFMS. It will not only result in immense saving for the Government but will also check the enormous expenditure on their training. Moreover, the shortage of manpower will be simultaneously solved and better and efficient services will be available to the Armed Forces at all times. In view of the above, the Committee reiterate their recommendations that Officers in the medical service must be allowed to continue for more years than at present.**

**The Ministry should adopt a liberal view on the years of service allowed to the Medical Personnel, particularly Short Service Commission to meet the shortages.**

MODERNISATION OF ARMED FORCES HOSPITALS

**Recommendation Para Nos. 4.12 and 4.13**

72. The Committee noted that AFMS had a total of 127 hospitals in the three forces. The Army (R & R) Hospital had the state of art facilities and had been recently upgraded with new facilities. Similarly, Naval Hospital, Ashvini was also being modernized with latest facilities. The Committee desired that DGAFMS should strive to had such state of the art facilities initially at all the Command Hospitals and then gradually at Zonal Hospitals so that the service personnel might get best possible medical treatment at their vicinity. This in turn would ease pressure on the Referral and Command hospitals.

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

74. The Ministry of Defence in their action taken reply have stated:

"The modernisation plan in respect of Armed Forces hospitals, with a view to have standardized state of the art facilities, initially at the Command Hospitals/Zonal Hospitals, is already under phased implementation as part of the Annual Acquisition plans. Gradually the extension of state of the art facilities will be carried out at other hospitals in a phased manner.

The Annual Acquisition Plan for 2006-2007 is already in advanced stage of implementation. Annual Acquisition Plan for 2007-2008 has also been approved by the Government.

Out of the Budget Allocation of Rs. 93.00 Crores (modified appropriation) under Capital Head during 2006-07, Rs. 109.95 crores was spent upto 28.3.2007. Under the Revenue Head, against allocation of Rs. 343.50 crores (modified appropriation),

Rs. 361.46 crores was expended upto 28.3.2007. The Budget Estimates for the year 2007-08 under Capital Head is Rs. 100.00 crores and under Revenue Head is Rs. 345.50 crores.

**Comments of the Committee**

**75. The Committee had recommended for the modernisation, upgradation and creation of state-of-the-art facilities in the AFMS Hospitals at various levels. The Ministry, in their Action Taken Reply, have given a very vague picture of their modernisation efforts. The Committee fail to understand as to how much amount of funds is proposed to be spent and on what specific structures as part of modernisation. The Committee, therefore, desire that the Ministry should furnish detailed modernisation plan inclusive of total expenditure incurred in each year, schedule of expenditure in the coming years and improvements made over the existing facilities in the Hospitals.**

**76. The Committee, during their visit to Jammu, had expressed deep concern for the need of upgradation of border hospitals. The Committee feel that in the border areas, the officers and jawans have to fly to distant places in order to avail adequate medical services. Therefore, the Committee desire that the Ministry should pay sufficient attention on the Modernisation and Upgradation of border hospitals also.**

CONSTRUCTION OF NEW HOSPITAL BUILDINGS

**Recommendation Para No. 4.15**

77. The Committee further noted that some Military Hospitals and Air Force Command Hospital at Bangalore were housed in old buildings of the British times. A plan for construction of new buildings was under consideration of Govt. The Committee desired the Govt. 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.

78. The Ministry of Defence in their action taken reply have stated:

"For modernization of the Armed Forces Hospitals, DGAFMS has been asked to submit a proposal for allocation of dedicated annual funds for major work plan. A comprehensive proposal for construction of 54 hospitals at an estimated cost of Rs. 2960.61 crores

is already under consideration of the Government. Regarding the modernisation of Command Hospital (Air Force), Bangalore, it is stated that cost of the project, based on Standard Schedule of Rates (SSR) 1996, was Rs. 283.75 crores inclusive of cost of medical equipment of Rs 62.50 crores. However, the cost estimates are being revised now based on SSR 2004 by the Service Headquarters. Once the revised cost estimates are finalized, appropriate approvals will be obtained".

**Comments of the Committee**

**79. The Committee note that a comprehensive proposal for construction of 54 hospitals is under consideration of the Government. The Committee desire the Ministry to furnish the location-wise list of these hospitals and schedule of their construction.**

**80. The Committee are constrained to note that even after the lapse of almost a year since the report was presented to Parliament, the revised cost estimates for the modernisation of the Air Force Command Hospital, Bangalore are still being finalised, which is reflective of the dilatory attitude and intention of the Ministry. The Committee are unhappy to note that the said Command Hospital is still housed in Old Buildings of the British times and the Ministry are indifferent to it. The Committee, therefore, strongly reiterate that the Ministry should take immediate steps for the relocation of the Command Hospital, Bangalore. The Committee desire that while opening the new hospitals, proper weightage should be given to the hilly and sensitive border areas.**

ESTABLISHMENT OF NEURO SURGICAL CENTRES FOR AIR FORCE

**Recommendation Para No. 5.24**

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

82. The Ministry of Defence in their action taken reply have stated:

"Establishment of Neurological Centre at 5 AF Hospital Jorhat and 7 AF Hospital Kanpur is being processed at the level of Air Headquarters for implementation".

**Comments of the Committee**

**83. The Committee note that the setting up of two neurological centres for Air Force Personnel is being processed at the level of Air Headquarters for implementation. The Committee feel that besides Air Force Personnel, there are Naval Personnel who have to serve in the Ships and Submarines for the months together and in the process their nervous system gets badly affected. In view of this, the Committee desire that such neurological centres should also be established for Navy Personnel. The Committee wish to be apprised of the progress made in this regard. The same facilities for Army personnel in difficult areas should also be provided.**

**84. The Committee, during their visit to Guwahati in May - June 2007, had observed that the serving defence personnel have to make advance cash payment to the hospitals to avail the private hospital facilities in critical conditions. The Committee feel that the personnel may be in dire need of emergency treatment but may not be having the required sum to avail the treatment facility. The Committee take a very serious view of this and strongly desire that the Ministry should make provisions for the serving personnel to avail all medical facilities without any advance payment of expenditure to be incurred on the treatment and should be given same facilities as are available to the retired personnel.**

INDIAN SYSTEM OF MEDICINE

**Recommendation Para Nos. 5.33 and 5.34**

85. The Committee were constrained to note that AFMS did not have any hospitals and education system which were based on Indian system of medicine and homeopathy which was being used worldwide. The Indian systems *viz*. Ayurvedic, Unani, Siddha etc were proven systems being practiced since ancient times. Though they might not cater to the wartime requirements, these systems were very effective in some areas and service personnel had great faith in them.

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

87. The Ministry of Defence in their action taken reply have stated:

"In reply to OM No. 16/2/COD/2007 dated 2nd Feb., 2007 from the Standing Committee on this issue, the Standing Committee

has already been informed as under:

The Medical Services Advisory Committee (MSAC), the Principal Personnel Officers Committee (PPOC) and the Chiefs of Staff Committee (COSC) gave the following reasons for non-acceptance of Indian System of Medicine in Armed forces hospitals:—

(a) The option of permitting an individual to choose the system of medicine he desires is not in the interest and ethos of a disciplined force like the Armed Forces, where sometimes strict measures have to be enforced not only to keep an individual fighting fit at all times but also to ensure that a person is free from any infectious disease which may jeopardize the health and well being of his fellow combatants.

(b) The AFMS who are accountable for providing health services to the Armed Forces personnel are not qualified to practice the Ayurvedic system and cannot refer any individual or his dependents for same, without raising Ethical and Legal issues.

(c) There cannot be any cross-references between these two systems of medicine that would be detrimental to the health of troops & families.

(d) The AFMS has in existence a very stringent system of medical audit and the Ayurvedic system cannot lend itself to such an audit.

(e) Drug interactions between the Allopathic system of medicine currently practiced in Armed Forces and Indian Systems of medicine have not been largely studied.

(f) Wartime medical and surgical requirements are the pivot on which the structure of AFMS revolve and their scales of manpower, infrastructure and equipment are based on catering to this need. The Indian System of Medicine would not be able to cater to these requirements and neither would they be able to handle the emergencies in modern medicare such as Myocardial infarction, arrythmias, cardiac arrest, intestinal obstruction, head injuries, polytrauma, renal failure etc which are the primary role of any allopathic physician or surgical specialist.

**Comments of the Committee**

**88. The Committee note the arguments of the Ministry of Defence in support of continuing with allopathic system of treatment**

**citing that the traditional Indian system of Medicines i.e. Ayurveda, Unani, Siddha, etc. is not in the interest and ethos of a disciplined force like the Armed Forces and also that the same will not meet the surgical requirements. The Committee are not convinced with the reasons advanced by the Ministry and feel that any system of treatment, be it allopathic or any other, has nothing to do with ethos of an individual. So far as surgical requirements of the forces are concerned, the Service personnel do not require on daily basis. There are several diseases which do not involve surgical treatment. In addition to it, there are family members and kids of the Defence Personnel who may be benefited by the traditional systems of Medicine. In view of the above, the Committee desire that the AFMS should tie up with DGHS (Civil) to develop the necessary infrastructure at the Command and base Hospitals of the Armed Forces to create the facilities of traditional Indian System of Medicines/Homeopathic/Unani so that individual patients have options to get himself treated under any system of medicines.**

INCREASING UG & PG SEATS IN AFMC
**(Recommendation Para Nos. 7.11 and 7.12)**

**Recommendation Para No. 7.11**

89. The Committee noted that AFMC imparts undergraduate training with a total intake of 130 students (105 boys, 25 girls). The Committee felt that in view of the large campus of AFMC and available infrastructure, the Govt. should consider augmentation of Under Graduates seats in AFMC to 200 to meet the big demand for the course. The Committee, therefore, desired that a proposal in this regard might be put to MCI for consideration".

90. The Ministry of Defence in their action taken reply have stated:

"The recommendation of the Committee has been noted. Since increase of Under Graduate seats in AFMC, Pune to 200 would involve augmentation of infrastructure, employment of additional faculty etc, AFMC, Pune has been advised to furnish detailed proposal including financial implications".

91. The Ministry have further informed the Committee as under :

"Government has agreed 'in principle' to enhance MBBS seats in AFMC, Pune to 200. DGAFMS has been asked to take up the matter with MCI for increase of the seats in AFMC, Pune".

**Recommendation Para No. 7.12**

92. The Committee further desired that Govt. should increase the Post Graduate and super specialisation seats in various disciplines so that more medical officers of AFMS may acquire specialisation. Besides contributing to AFMS they would have better job prospects when released from defence services.

The Ministry of Defence in their action taken reply have stated :

"Presently following Post Graduate (PG) seats are available in AFMS Institutions

| | | | |
|---|---|---|---|
| (i) | Medical Council of India (MCI) recognized | - | 150 |
| (ii) | Only University recognized | - | 30 |
| (iii) | Diplomate National Board (DNB) | | |

About 100 PG/Superspeciality seats are available at various AFMS Institutes. Further, application for reorganization of 50 more seats has been submitted to the National Board Examination (NBE).

These are sufficient to meet current requirement of AFMS".

**Comments of the Committee**

**93. The Committee note that the Government has given 'In-principle' approval to enhance MBBS seats in AFMC, Pune to 200. However, the same is yet to be approved by the Medical Council of India (MCI) subject to fulfilment of certain conditions. The Committee also note that at the PG level only 100 seats are available at various AFMS institutes. The Committee feel that enhancing the seats at under-graduate and post-graduate level requires augmentation of infrastructure, employment of additional faculty, etc. and also financial implications. The Committee, therefore, desire that the Ministry should take concerted action in this regard so that more and more number of aspirants go through the MBBS course and thereafter attain expertise/specialities in various disciplines.**

PLACING OF MEDICAL LIFE SCIENCE RESEARCH UNDER DGAFMS

**Recommendation Para No. 8.6**

94. The Committee appreciated 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 noted that all medical research in Armed Forces was carried out under the aegis of Defence Research and Development Organisation. The Medical Research Committee also included senior scientists of DRDO. The Committee were of the view that medical and life science research should not be placed under DRDO as it was 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 would increase in their specialized and independent field.

95. The Ministry of Defence in their action taken reply have stated:

"The Life Sciences laboratories of DRDO are unique in that they are the only laboratories in the country operating in their assigned fields of expertise with the avowed aim of enhancing the operational efficiency of the armed forces. This encompasses human factors research related to selection of manpower, weapons development and manual operations, evaluation of occupational hazards and safety of weapon systems developed by DRDO etc. These laboratories are the only laboratories addressing the various problems being faced by the Indian troops which operate in highly challenging and hostile environments, like high altitudes, desert regions, under-water operations, aerospace and toxic and noisy environments, like engine rooms of ships, aircrafts, tanks etc. No other agency in the country deals with such issues, which are paramount for the safety and efficiency of our armed forces. The research work is targeted to develop technical know-how, impart necessary training, suggest remedial/preventive measure and to design and develop useful products to mitigate hazardous effects of extreme environments. The ergonomics related research ensures human factor integration in all R&D work of other system laboratories in DRDO in respect of weapon systems, workstations and military vehicles. These aspects of research work are beyond the boundaries as well as capabilities of medical entities and other agencies.

In the past an experiment has been tried, wherein the biomedical laboratories were placed under the command and control of the Director General Armed Forces Medical Services (DGAFMS) (during 1976-1979). However, this experiment failed to yield appreciable results and the laboratories reverted back to DRDO. Research

requires sustained efforts and a continuity to be maintained. The continuity in the Services is affected due to frequent postings resulting disruptions in the flow of research work.

Similarly, the agricultural research laboratories were initially under the purview of the Indian Council of Agriculture Research (ICAR) in the Ministry of Agriculture for a few years. They had to be finally transferred to the DRDO as no R&D work could be undertaken at these remote laboratories at all during this period.

The existing multi-disciplinary laboratories have proven their importance to the Armed Forces, therefore it would not be desirable to detach them from DRDO".

**Comments of the Committee**

**96. The Committee are not satisfied with the arguments advanced by the Ministry of Defence in support of continuing the Medical Life Science Research under DRDO. The Committee note that an experiment of placing the Life Science Research under DGAFMS had been carried out way back in 1976, which could not be successful and the same was again reverted to DRDO. The Committee do not concur with the logic of the Ministry that the DGAFMS is not capable to undertake Life Science Research in fulfilment of the extremely tough requirements of the Armed Forces. The Committee, therefore, reiterate that DRDO should detach itself from the Life Science Research and hand over the entire responsibility relating thereto to the DGAFMS. The DRDO should concentrate on research work pertaining to Defence Strategic Industry only and play the role of facilitator for AFMS in this regard. The Committee desire to be apprised of the progress made by the Government in this regard.**

M.Sc. NURSING AT AFMC

**Recommendation Para Nos. 9.3 and 9.4**

97. The Committee noted that there was one college of Nursing at AFMC Pune and seven schools of Nursing in AFMS. The Indian Nursing Council (INC) had recommended that all the schools of nursing might be converted into college of nursing by 2010. The Committee while appreciating the move desired that diploma courses conducted by the schools should not be discontinued. The Committee were given to understand that training being imparted in College of Nursing and schools was very effective and of a very high professional caliber. The Committee, however, were constrained to note that at

present no post graduate degree in nursing was being awarded by AFMS and there is no proposal at present for the same.

98. The Committee also desired 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.

99. The Ministry of Defence in their action taken reply have stated:

"As far as continuation of the seven schools of nursing, which conduct Diploma Courses in Nursing, is concerned the Indian Nursing Council has informed *vide* their Letter No.1-5/GB-CIR/2005-INC dated 2.5.2006 that it has been resolved that upgradation of School of Nursing (GNM) to College of Nursing to be kept in abeyance, keeping in view the expansion of health sector and requirement of large number of nurses in National Rural Health Mission (NRHM). In view of this, the existing schools of Nursing in AFMS will continue to function till further order.

Regarding the recommendation to start Post-graduate Degree Course, it is stated that 'In-principle' approval has been granted to start M.Sc. (Nursing) at College of Nursing AFMC, Pune in the subject of Medical Surgical Nursing, Obstetrics and Gynaecological Nursing, Community Health Nursing & Paediatric Nursing and Service HQrs have been asked to obtain approval/clearance from concerned agencies required to start M.Sc. (Nursing) course at AFMC, Pune".

**Comments of the Committee**

**100. The Committee note that the Ministry of Defence have not agreed to convert the existing nursing schools into the college of nursing. The Committee, had recommended for this conversion, keeping in view the recommendation of the Indian Nursing Council. The Committee feel that the upgradation of the schools of nursing to college of nursing is urgent as the same will bring about a considerable change in its functioning and lead to contribute a very high professional caliber of the institution. The Committee, therefore, desire that the Ministry should re-look into the matter and furnish the status report in this regard.**

**101. The Committee also note that 'In-principle' approval has been taken by the Ministry to start post-graduate degree course in Nursing. However, the Service Headquarters are yet to obtain**

**approval/clearance to start the said programme at AFMC, Pune. The Committee desire that even after the lapse of almost a year since the report was presented to Parliament, the necessary formalities have not yet been completed which show the Ministry's efficiency in a poor light. The Committee, therefore, strongly reiterate that the Ministry should take up the matter on priority basis and implement the same at the earliest in a time-bound manner.**

UTILISATION OF THE SERVICES OF SPECIALISTS IN AFMS AFTER THEIR RETIREMENT

**Recommendation Para No. 9.9**

102. The Committee noted that at present Armed Forces' para medical personnel being imparted training as per requirement of the three services. Though the curriculum was the same as per the corresponding civilian medical establishment, these courses had not been recognised with the result that para medical staff were deprived of getting benefits of their training post retirement as ex-servicemen. The Committee, therefore, strongly desired that Govt. 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 might be utilised by AFMS, even after their retirement, on contract basis. For this purpose, if necessary, Govt. might amend the existing rules framed under the relevant Act".

103. The Ministry of Defence in their action taken reply have stated:—

> "The proposal of DGAFMS for converting AFMC, Pune, into a "Deemed University" is under examination of the Government. As per guidelines for considering a proposal for declaring an institution as "Deemed University" under section 3 of the UGC Act, one of the requirements is that "the institution should be registered under the Societies Registration Act or Public Trust Act and should formulate a Memorandum of Association and Rules based on the Model prescribed by the UGC". The proposal for converting AFMC Pune into a "Deemed University" in relaxation of above referred guidelines, has since been forwarded to the Ministry of Human Resource Development. That Ministry has referred the matter to UGC for their recommendations/comments.

Regarding utilization of services of specialists and experts in the field of medical science after their retirement, it is submitted that officers, who are willing and volunteer to serve in the Armed Forces Medical Services (AFMS) are eligible for re-employment in the AFMS subject to the following conditions:—

(a) Fulfilling of eligibility criteria in terms of record of service, medical category and disciplinary status.

(b) Overall deficiency in the AFMS.

(c) Initial re-employment for two years and thereafter extendable by one year upto the age limit of sixty years.

In addition retired AFMS officers are also eligible for grant of the status of Honorary Consultant/Advisors to the AFMS subject to the following conditions:—

(a) Willingness to provide services free of cost.

(b) Recommendations of the concerned hospitals and intermediary authorities.

(c) A tenure of three years, which is extendable upto the age limit of 65 years".

**Comments of the Committee**

**104. The Committee note that the Ministry of Defence have set out certain eligibility conditions for the utilisation of the Services of retired specialists. The Committee, however, note that there are a few such conditions *viz*. willingness to provide services free of cost, recommendations of the concerned Hospitals and intermediary authorities, etc. which are absolutely irrelevant in the context of the existing market conditions. The trained and experienced people who have retired from the Medical Services of the Armed Forces have immense scope in the private sector. So, the Committee do not see any reason why these people will opt for joining the Armed Forces on the irrelevant conditions. The Committee, therefore, strongly desire that the Ministry should prepare attractive remunerations and pay packages for the retired specialists so as to attract them to work for Armed Forces. This would make available the Services of most experienced and trained medical officers to the Armed Forces personnel on the one hand; whereas on the other, it would generate huge saving for the Government and also minimize the gap between authorised and held strength of the AFMS.**

**Regarding the status of 'deemed university' to the AFMC, please refer to the recommendation of the Committee in this report under title 'AFMC-Deemed University'.**

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

**Recommendation Para Nos. 12.5 and 12.6**

105. The Committee were constrained to note that the ECHS scheme was applicable to pensioners/family pensioners only. The committee desired that coverage of ECHS should be expanded to include Ex-servicemen with a stipulated minimum period of service under its purview. Since the ECHS was a contributory scheme, the Committee failed to understand as to why this scheme was not extended to the service personnel who were 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.

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

107. The Committee also understood that there was a still a vast number of Ex-servicemen across the country staying in remote and interior areas and were not in a position to avail these ECHS facilities. The Committee desired that the Polyclinic facilities should be set in those areas on priority basis so as to benefit this section of Ex-servicemen".

108. The Ministry of Defence in their action taken reply have stated:—

> "The Ex-Servicemen Contributory Health Scheme (ECHS) was sanctioned by the Government of India for providing comprehensive medical care to the ex-servicemen, who are in receipt of pension/family pension/disability pension and their dependents. It is considered necessary to link eligibility to some minimum service rendered. To be in receipt of pension is a reasonable criteria in this regard. The non-pensioners are either

those, who left the military service voluntarily for their personal reasons or those, who were removed as a result of departmental action on disciplinary grounds. The Government does not favour extending the scheme to non-pensioners due to above reasons and because of wide ranging financial implications.

The war widows and the families/dependents of those soldiers, who died in operations on military duties have already been covered under ECHS as they are drawing pension. Moreover, the Government has exempted the War Widows from payment of contribution for becoming members of the scheme.

Death due to Heart attack/Natural causes both in operational areas as well as in peace areas are examined with reference to duty profile, posting profile history of disease etc. and held attributable/non-attributable by the Medical Board accordingly.

The authorization of family pension and ex-gratia in both cases is as under :—

| | Battle Casualty | Physical Casualty held attributable to Military Service | Physical Casualty held non-attributable to Military Service |
|---|---|---|---|
| Family Pension | Liberalized Family Pension equal to pay drawn | Special Family Pension equal to 60% of pay drawn | Ordinary Family Pension equal to 30% of pay drawn |
| Ex-gratia | Rs. 5 lakhs for death in courses of performance of duty attributable to Military Service, acts of violence by terrorists, antisocial elements or due to accidents.<br>Rs. 7.5 lakhs for death occurring during action against militants, terrorists, extremists and during border skirmishes. | Rs. 5 lakhs for death occurring due to accident in course of performance of duty | Nil |

Persons dying of natural causes are covered under physical casualty attributable/non-attributable to Military Service depending upon medical opinion.

At the time of introduction of the scheme, 227 ECHS polyclinics had been sanctioned to be set up by 31st March, 2008 as per the concentration of Ex-Servicemen pensioners population across the length and breadth of the country. As of date, 225 polyclinics are functional. The balance two are about to be operationalised and thereafter, necessary need assessment will be carried out to identify the areas not covered by ECHS facilities.

Thus all the areas are gradually being covered with opening of polyclinics and empanelling private hospitals."

**Comments of the Committee**

**109. The Committee note that the Ministry of Defence are facing constraints in extending the benefits of Ex-Servicemen Contributory Health Scheme (ECHS) to the non-pensioners. The Committee had specifically emphasised that there were several Service personnel who were discharged from the Services for the reasons beyond their control and, therefore, it was imminent to recognize their invaluable contribution to the Services by way of extending ECHS facilities to them and their family members. The Committee feel that the Service personnel may die or injured due to several reasons like participation in sports events, which may not be attributable to the duty profile and posting profile of the Military service and, therefore, the Government may find difficult to recognize them as Ex-Servicemen. The Committee, therefore, strongly desire that the Ministry should appropriately amend their existing rules in regard to definition of Serviceman and Ex-Servicemen and suitably accommodate the interests of families of those service personnel who lose their lives for the reasons beyond their control. The Committee desire that these Service personnel should be recognized as a special category of Ex-servicemen.**

## CHAPTER II

## RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

**Recommendation (Para No. 1.7)**

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

**Reply of the Government**

This is already under implementation in various units especially in Northern and North-Eastern Command and the same will be gradually extended to all the units in the Armed Forces.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Paras 57 and 58 of Chapter-I)

**Recommendation (Para No. 2.22)**

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

**Reply of the Government**

In pursuance with the recommendations of the Committee it has been decided that while approving the annual works plan for AFMS, commensurate funds will also be earmarked in the Works budget of the Services who will be advised accordingly for releasing of funds. For purchase of equipment etc., separate funds are already being allotted.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 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 specialist officers belonging to disciplines of surgery, medicine, anesthesiology, obstetrics and Gynaecology. The Committee further note the waiting time for accommodation 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.

**Reply of the Government**

The provision already exists in Para 103(c) of Special Army Order (SAO) 10/S/86, which is reproduced as under:—

> "A General Officer Commanding in Chief (GOC-in-C) may at his discretion reserve quarters for Officer Commanding Base or Army Hospitals and for any specialists and consultants in Military or Army Hospitals, whose services are required for attending to emergency cases".

2. Seeing the overall shortage of married accommodation that exists today no change in present provisions is considered necessary. Also with Married Accommodation Plan (MAP) Phases I and II which is likely to be completed in near future, the waiting list in almost all stations including Metros' is likely to reduce considerably.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 3.17)**

The Committee understand that investigations/enquiries against the Medical Officers are often constituted under the purview of 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.

**Reply of the Government**

As per the existing policy for all investigations, a court of inquiry, consisting of a presiding officer and two to three members, is

constituted. The presiding officer so detailed is generally of a rank senior to the person under investigation and the members detailed are of equal rank/status.

2. DGAFMS has instructed all the units under him to ensure that depending on availability of a woman officer in appropriate rank, in any Court of enquiry/Investigation against a lady officer, member of Military Nursing Service or lady civilian staff, a lady member should be invariably appointed on the Board of Inquiry to ensure equity and fair justice.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para Nos. 4.12 and 4.13)**

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, Ashvini 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.

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 in 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 place 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.

**Reply of the Government**

The modernisation plan in respect of Armed Forces hospitals, with a view to have standardized state-of-the art facilities, initially at the Command Hospitals/Zonal Hospitals, is already under phased implementation as part of the Annual Acquisition plans. Gradually the extension of state-of-the art facilities will be carried out at other hospitals in a phased manner.

2. The Annual Acquisition Plan for 2006-07 is already in advanced stage of implementation. Annual Acquisition Plan for 2007-2008 has also been approved by the Government.

3. Out of the Budget Allocation of Rs. 93.00 crores (modified appropriation) under Capital Head during 2006-07, Rs. 109.95 crores was spent upto 28.3.2007. Under the Revenue Head, against allocation of Rs. 343.50 crores (modified appropriation), Rs. 361.46 crores was expended upto 28.3.2007. The Budget Estimates for the year 2007-08 under Capital Head is Rs. 100.00 crores and under Revenue Head is Rs. 345.50 crores.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Paras 75 and 76 of Chapter-I)

**Recommendation (Para No. 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 are Doda, Gopalpur and Jaisalmer. The Committee desire that an early decision be taken in this regard so that our forces and supporting organisations at the border can be given proper medical care.

**Reply of the Government**

Sanction for establishment of 75 bedded Air Force Hospital at Jaisalmer has already been granted and Board of Officers for works services is in progress. Medical equipment as per scale have already been authorised by the Office of DGAFMS. The manpower has been arranged from existing resources.

2. The proposal for establishment of 49 bedded Military Hospital (MH) at Doda by way of relocation of MH Dagshai is under consideration of the Government. Regarding establishment of MH at Gopalpur, a proposal has been approved by VCOAS by relocating MH Avadi. VCOAS has been asked to expedite the matter.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No.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 to be expedited.

**Reply of the Government**

Important research projects carried out for examining problems faced by jawans at high altitude and actions taken thereon are indicated below:—

| Sl. No. | Title | Year | Conclusions and Recommendations | Action taken |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1. | Medical problems at high altitude | 1991 | Problems of High Altitude Pulmonary Oedema (HAPO) and cerebral oedema identified | HAPO bags and HAPO chambers provided at high altitude for first aid and treatment of cases |
| 2. | The Electrocardio-gram [ECG] at extreme altitude | 1991 | ECG changes were seen in troops stationed for more than 12 weeks at extreme altitudes (> 5,500 m) | Troops are not kept at extreme altitudes for more than 12 weeks |
| 3. | Role of modulating pulmonary hemod-ynamics in the treatment of high altitude pulmonary edema | 1997 | Nitric oxide and oxygen mixture found to be definitely helpful in treatment of HAPO | Nitric oxide: oxygen mixture made available for use |
| 4. | High altitude induced systemic arterial hypertension | 1996 | Angiotersin Converting Enzyme [ACE] inhibitors are found to be the drug of choice | Drug included in treatment |
| 5. | Epidemiological study to establish whether re-inductees to high altitude are more prone to pulmonary edema | 2000 | Results suggest higher incidence in re-inductees | Maximum precautions taken for re-inductees in particular |

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 6. | A study to ascertain causative factors for cold injuries in Siachen glacier/ high altitude and suggest remedial measures | 2000 | Various factors identified | Troops being educated to follow preventive measures |
| 7. | Assessment of nutritional requirements of Armed Forces personnel at various conditions of climate and training | 2001 | The requirements of calories and nutrients at high altitude estimated | Necessary changes in rations made |
| 8. | A pilot study on molecular mechanisms of high altitude acclimatization by differential gene expression analysis | 2001 | Preliminary data on populations susceptible to effects analysed | Larger studies being contemplated |
| 9. | Acclimatization along Manali-Patsio-Pang-Leh Road | 2001 | Incidence of HAPO high in soldiers inducted in this route | Halts were rescheduled which has brought down the incidence of HAPO |
| 10. | Brain functions at high altitude with special reference to sleep architecture | 2002 | The effects on sleep understood | Has improved care and treatment of individuals with symptoms |
| 11. | Role of sildenafil in the treatment of HAPO | 2003 | Sildenafil found useful in treatment | Being used in treatment whenever indicated |
| 12. | Review of acclimatization status at high altitude with special reference to duration, age and ethnicity | 2003 | Present acclimatization schedule found to be appropriate | Acclimatization schedule validated |

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 13. | Field trials of One-man recompression bag | 2004 | Indigenous HAPO bag found to be suitable for use | Being introduced for use |
| 14. | Knowledge, attitude and practices (KAP) of troops as regards medical hazards at high altitude and extreme cold climate | 2005 | Most of the troops found to be adequately educated | Efforts are being made to improve KAP |
| 15. | Study of blood pro-coagulant and anti-coagulant activity in high and extreme altitude in apparently healthy subjects | 2005 | Ongoing study which will highlight causes of thrombosis in certain individuals at high altitude | Ongoing study |
| 16. | Evaluation of incidence and pathophysiology of ocular surface disorders | 2005 | Ongoing project which will show reasons for increased incidence of certain eye conditions at high altitude | Action, when results of study are known |
| 17. | Introduction of yoga in the Army at High Altitude | 2005 | Ongoing project showing encouraging interim results | Yoga being inducted gradually for troops at high altitude |
| 18. | Evaluation of Diamox for the prophylaxis of Acute Mountain Sickness in rapid inductees to high altitude | 2005 | Diamox found useful in this preliminary study | More extensive studies planned for finding appropriate dose for application |
| 19. | A study of hemoglobin rends in soldiers exposed to high altitude conditions | 2007 | Will enable in early detection of cases with risk of thrombosis | New study |

2. Medical equipment installed at high altitude areas include, CT Scanner, Computerized ECG machine, Cardiac Monitor Defibrillator, Nebuliser, Blood Storage Cabinet, Electric Insulating Blankets,

Hyperbaric Recompression Chamber, Portable X-Ray Machine 100 MA and Field Sonography. In addition an oxygen generation plant is being set up at Leh.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 4.17)**

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

**Reply of the Government**

Though in the past, funds were received through the Army Central Welfare Fund for construction of part of the Siachen Hospital run by 403 Field Ambulances, the office of DGAFMS does not receive donations from private organizations for setting up hospitals/facilities directly. Private organizations are eligible for claiming deduction under section 80G in respect of donations made to the Army Central Welfare Fund. Sufficient funds are available for modernization of the Armed Forces Hospitals.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para Nos. 4.20 and 4.21)**

The Committee note that modernisation of field medical units was carried out two years ago by DGAFMS wherein the field medical units were provided with 34 new equipments.

The Committee are of the view that modernisation is an ongoing process and technologies in medical field are being upgrade 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 emphasize that there

should not be any deficiency in the strength of doctors and equipment and other manpower in the field units.

**Reply of the Government**

Director General Armed Forces Medical Services and the Director Generals Medical Services (Army/Navy/Air Force) make regular visits to the various hospitals and field medical units to ascertain and monitor their functioning as well as to address the problem areas. Administrative and Technical Inspection of all the medical units are being carried out annually as per laid down instructions for reviewing the functioning of the different facilities.

2. The modernization of medical units, as pointed out by the Committee, is an ongoing process and is being undertaken based on Annual Plans. Steps have been taken to lessen deficiency in the strength of doctors. Recruitment has already been carried out thrice in the recent past to limit the gap between the authorized and the held strength. The manpower planning cell, in DGAFMS, now carries out an analysis in advance, pertaining to normal releases of SSC Officers, superannuation and premature retirement of PC Officers. Accordingly, advertisements are issued well in advance of the anticipated vacancies so that by the time the selected candidates report for duty, there will be no deficiency against the sanctioned strength.

3. This issue is also linked with the overall issue of authorization of additional manpower in AFMS. The report of the Committee under DGHS(AF) set up by the DGAFMS to review the authorization of manpower to AFMS has been examined and proposal for augmentation of AFMS set up has been referred to Finance Division for examination. If the same is approved, the deficiencies will be taken care of.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 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.

**Reply of the Government**

The medical services are being provided to civil population in border areas where the Armed Forces are deployed and where adequate medical facilities are not in place. Various camps and medical fraternization programmes are also being carried out from time to time with a view to extend these services to those where such facilities from civilian sources are inaccessible.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 5.16)**

The Committee note that there are 10 super specialty 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 Govt. has approved treatment of such cases by civil private hospitals under Govt. expense. The Committee desire that Govt. should also empanel private hospitals for cardio vascular treatment.

**Reply of the Government**

Presently 23 private hospitals/nursing homes in 9 metropolitan cities have been empanelled for providing cardio vascular services. Reputed medical college hospitals such as AIIMS, CMC Vellore & KM Hospital Mumbai are also empanelled for advanced cardio vascular treatment for service personnel and their dependents. Service personnel and their dependents are also entitled to avail specialized treatment in any Govt. hospital in emergencies. Proposal for empanelment of 7 more private hospitals for cardio vascular treatment has been accorded 'in-principle' approval and DGAFMS has been asked to initiate the process for empanelment of the seven hospitals one each at Ahmedabad, Allahabad, Jabalpur, Jaipur, Kolkota, Nagpur and Pune.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para Nos. 5.17 & 5.18)**

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.

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 Govt. 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 for Video conferencing and Tele Medicine should be expanded.

**Reply of the Government**

Keeping in view various aspects, parameters and functional requirements the manpower review Committee has already recommended basic cardiology centres in all the zonal hospitals (300 and above beds). No interventional cardiology facility and cardio thoracic surgery facilities are envisaged in these centres. All advance care will be provided by full fledged centres in Command/Army Hospitals.

2. Facilities for video conferencing and tele medicine are in the initial phases of implementation. The facilities of tele medicine exist in Eastern Command, Northern Command and Army Hospital (R&R). Under the aegis of ISRO, tele medicine has been introduced at Command Hospital (AF) Bangalore, 5 Air Force Hospital Jorhat and 9 Air Force Hospital Halwara and two Air Force stations at Jaisalmer and Nalia as pilot phase. These will be expanded in due course of time as per the requirement and utilisation pattern of the available facilities. A project management organisation is already in place for taking up such projects.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 5.24)**

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

**Reply of the Government**

Establishment of Neurological Centre at 5 AF Hospital Jorhat and 7 AF Hospital Kanpur is being processed at the level of Air Headquarters for implementation.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 5.28)**

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/mediation but they should also have easy access to counselors in case of need. The Committee, therefore, recommend the Ministry to seriously examine the issue and post doctors counselors specializing 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.

**Reply of the Government**

Some incidents of stress in the personnel of forces mostly caused due to their personal matters have come to notice. Some of the measures adopted by the forces in this regard are:—

(i) Approval has been accorded for appointment of 88 psychological councellors on contract basis for initial period of 2 years. DGAFMS has been asked to work out modalities for engagement of the psychological councellors.

(ii) Augmentation of two Psychiatric centers one each in the Northern & Eastern sectors in the insurgency affected areas has been undertaken. Additional Psychiatrists have been provided. Psychiatrists as per authorization have been posted to similar high pressure stations.

(iii) Teams of Psychiatrists and Preventive Social Medicine [PSM] Specialists have conducted seminars and lectures at Division/Counter Insurgency Forces HQrs levels for Senior/ Staff Officers/Commanding Officers. This was followed by training seminars for Assistant Directors Medical Service / Deputy Assistants Director of Health.

(iv) Personnel deployed in sensitive/stressful environment are being granted regular & frequent spells of leave & are being turned over/rotated regularly. All personnel returning to unit after leave are interviewed & medically examined by Regimental Medical Officer. Any stress marker is looked for and motivational talk rendered to all.

(v) Training of Religious teachers/Education Junior Commissioned Officers/Non Commissioned Officers, other Junior Commissioned Officers has begun in two appropriate hospitals of the Command. Those trained are being termed as mentors and they will act as peer group leaders in their respective units.

(vi) Seminars for training of officers in stress management are planned in collaboration with Defence Institute of Psychological Research (DIPR).

(ix) Yoga Training has been incorporated in Air Force fitness programmes launched at many Air Force stations. In collaboration with Defence Institute of Physiology and Allied Sciences, yoga training is being planned at two training institutes to the cadets and trainees who will in turn propagate such training to others when posted out.

(x) DIPR has recently conducted two studies in relation to factors leading to psychological problems in Armed Forces personnel serving in counterinsurgency areas in Northern and Eastern Command. Important recommendations based on the studies are as follows:

(a) Sensitising the leadership

(b) Enhancing leadership qualities among junior officers and Junior Commissioned Officers (JCOs)

(c) Rationalizing grant of leave

(d) Rest and recuperation

(e) Improving organizational climate

(f) Control the zero-error syndrome

(g) Improved management of manpower

(h) Education and awareness

(j) Improved training

(k) Improving selection of soldiers

(l) Provision of basic facilities

(m) Training of religious teachers

(n) Psychological indoctrination

(ix) Based on above recommendations action is being taken with emphasis on the following measures:

(a) Promptly attending to grievances by interaction between junior leaders and other personnel.

(b) Counselling of persons at higher risk

(c) Training capsules in relaxation exercises including yoga

(d) Training of doctors and junior leaders by service psychiatrists

(e) Frequent spells of leave and rotation of individuals

(f) 50 psychological counsellors have been trained through 3 courses at Base Hospital, Delhi Cantonment, Command Hospital (Eastern Command) Kolkata and Command Hospital (Northern Command), C/o 56 Army Post Office as a part of combating effects of stress. These counsellors have been trained to identify 'high risk' personnel to provide timely treatment and thus avoid loss of trained manpower. Expertise of DIPR has been incorporated in this venture. The counsellors are being made available to assist commanders and commanding officers.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please see Paras 57 & 58 of Chapter-I)

**Recommendation (Para No.5.30)**

The Committee note the facilities available in Armed Forces hospitals for 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.

**Reply of the Government**

This is being implemented. It is stated that AFMS have a vibrant HIV/AIDS control programme, which includes, health education of the troops and their families, surveillance of high risk groups, screening of all ante natal cases and all blood/blood products for HIV, encouraging voluntary counselling and testing and spreading awareness about HIV/AIDS through audio-visual means etc. As already stated earlier, AFMS is one of the nodal agencies for implementation of the National AIDS Control Organisation (NACO) guidelines for prevention and control of HIV/ AIDS.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 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 incase 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.

**Reply of the Government**

The recommendation of the Committee has been noted for guidance. Nuclear, Biological and Chemical [NBC] warfare training is being carried out at Army Medical Corps (Centre & School), Lucknow. In addition, Air Force Institute of NBC Protection located in Delhi, conducts training programme for all service personnel of Air Force.

AFMS officers and paramedical staff are being trained on medical aspects of managing NBC warfare casualties. This includes monitoring of radio active materials, decontamination of casualties and use of protective NBC clothings. Quick Reaction Teams (QRT) have been set up in field ambulances. Hospitals have earmarked crisis management beds alongwith requisite stores and equipment.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 8.7)**

The Committee are of the view that the Govt 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 utilised for providing best services to the AFMS. The Committee, therefore, recommend that Ministry should prepare a discreet policy in this regard.

**Reply of the Government**

It has been the endeavor of the Government to send as many doctors as possible for attending International seminars, presenting papers and research work in international conferences. Research work in AFMS is being carried out under the aegis of DGAFMS. A proposal for allocation of funds to the tune of Rs. 1.5 crores for DGAFMS under the annual foreign travel plan is under consideration. In addition to the reply given earlier, it is submitted that there is already a policy on research work in Armed Force Medical Services. The policy lays down guidelines for research work in AFMS, selection and monitoring of research projects, deputing doctors and research workers to attend various seminars and conferences and composition of the Armed Forces Medical Research Committee, which is headed by DG(AFMS).

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para Nos. 9.3 & 9.4)**

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 caliber. 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.

The Committee also desire that Govt 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.

**Reply of the Government**

As far as continuation of the seven schools of nursing, which conduct Diploma Courses in Nursing, is concerned the Indian Nursing

Council has informed *vide* their Letter No.1-5/GB-CIR/2005-INC dated 2.5.2006 that it has been resolved that upgradation of School of Nursing (GNM) to College of Nursing to be kept in abeyance, keeping in view the expansion of health sector and requirement of large number of nurses in National Rural Health Mission (NRHM). In view of this, the existing schools of Nursing in AFMS will continue to function till further order.

2. Regarding the recommendation to start Post-graduate Degree Course, it is stated that 'In-principle' approval has been granted to start M.Sc(Nursing) at College of Nursing AFMC Pune in the subject of Medical Surgical Nursing, Obstetrics and Gynecological Nursing, Community Health Nursing & Pediatric Nursing and Service HQrs have been asked to obtain approval/clearance from concerned agencies required to start M.Sc(Nursing) course at AFMC, Pune.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 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.

**Reply of the Government**

In so far as the role of the Defence Services in disaster management, including fall out of Nuclear, Biological and Chemical (NBC) warfare is concerned, the same is taken care of by the Defence Crisis Management Group, functioning under the Chief of Integrated Defence Staff Committee (CISC). The meetings of the Group are held periodically at Integrated Defence Staff HQs. At the time of a crisis, the Committee meets frequently on need basis and representatives of all concerned agencies are invited in such meetings. However, inclusion of representative of DGAFMS in the Committee is being examined by the Government in consultation with CISC.

A representative of DGAFMS, not below the rank of Major General(& Equivalent), has been included as part of Defence Crisis Management Group.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Recommendation (Para No. 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 emergency requirements are met in a short time. The Committee further desires that proposal for revision of delegated powers of DGAFMS should be approved and implemented urgently.

**Reply of the Government**

Revised Financial powers have already been delegated to the DGAFMS and Commandants of the hospitals *vide* Government of India, Ministry of Defence Letter No. A/89591/FP-1/1974/2006/D(GS-1) dated 26 July 2006. DGAFMS has now been delegated financial powers upto Rs. 2 crores each case under Capital Head for procurement of medical equipment and upto Rs. 5 crores each case for purchases based on Approved Scales and Authorised by Provision Reviews and for conclusion of rate Contract for Medical Stores.

2. The Commanding Officers of all hospitals commanded by Brigadiers and equivalent and two hospitals each of Air force and Navy commanded by Colonel and equivalent have been de-linked from the mother depots for drugs and consumables. They have now become the Direct Demanding Officers and have been vested with adequate financial powers for such procurements thereby avoiding delays. After monitoring the effectiveness of this system over a period, this facility will then also be extended to all other hospitals.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

## CHAPTER III

## RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT REPLIES

**Recommendation (Para No. 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 Forces 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.

**Reply of the Government**

The matter regarding revival of the quota for PG seats for AFMS Doctors in various Civil medical Colleges has been considered in consultation with DGAFMS and though they have stated that the National Board of Examinations has granted fresh recognition for about 100 seats in basic specialities in various Service Hospitals and as such, after utilization of these seats, the requirement of the AFMS is most likely to be met, DGAFMS have been asked to reconsider the proposal.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

## CHAPTER IV

## RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

### Recommendation (Para Nos. 1.4 & 1.5)

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.

The Committee, however, on making an in depth examination of AFMS feel that the BC 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 organizations posted in field and central/intelligence agencies operating in disturbed areas and medical aid to civilians in low intensity conflict areas. It has also 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).

### Reply of the Government

The Government is conscious of the concern expressed by the Committee about substantial increase in workload of DG,AFMS. To

address this concern, a proposal to augment the AFMS set up is under consideration of the Government. As regards upgradation of the post of DG,AFMS, it may be noted that DG,AFMS's pay scale is already higher than that of Lieutenant Generals and equivalent, who are not Army Commanders or equivalent. The proposal to further upgrade it equivalent to Army Commanders/Secretaries has overall implications *viz-a-viz* pay scale of officers in the services. However, the proposal is under examination of the Government.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 13 of Chapter-I)

**Recommendation (Para No. 1.6.1)**

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

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.

**Reply of the Government**

To cater for increased workload and heightened clientele expectations and awareness, Army Head Quarters took up a case for the revision of establishment of various military hospitals for requirement of additional manpower before the Chiefs of the Staff Committee (COSC). The COSC recommended accretion of additional 8714 manpower in three distinct phases. In phase-I additional manpower to the extent of 1242 was recommended for Army Hospital (R&R) Delhi Cantonment, Base Hospital Delhi Cantonment and five Command Hospitals. The Army Standing Establishment Committee (ASEC), a specialized body set up for study of manpower and other requirements of Army establishments, has also accepted and recommended accretion of 1242 manpower for Phase-I.

2. Consequent to the recommendations of the Standing Committee, a committee was set up by DGAFMS on 11 August 2006 under the chairmanship of a Lieutenant General Rank Officer [Director General Health Services (Armed Forces)] for review of authorization of

manpower to Armed Forces Medical Services. The committee has submitted its report in September 2006, which is under examination of the Government.

The report of the DGHS(AF) Committee has been examined by the Ministry of Defence and the matter of augmentation of strength of AFMS set up has been referred to Finance Division in the Ministry for examination.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 1.6.2)**

Vacancies of doctors and paramedical staff in hospitals and field units of AFMS should be filled up urgently.

**Reply of the Government**

As far as vacancies of doctors are concerned recruitment has already been carried out thrice in the recent past to limit the gap between the authorized and the held strength. The manpower planning cell, in DGAFMS, now carries out an analysis in advance, pertaining to normal releases of Short Service Commissioned Officers, superannuation and premature retirement of Permanent Commissioned Officers. Accordingly, advertisements are issued well in advance of the anticipated vacancies so that by the time the selected candidates report for duty, there is no deficiency against the sanctioned strength. As to further augmentation of the strength of doctors and paramedical staff, a proposal to augment the AFMS set up has referred to Finance Division in the Ministry for examination.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 1.6.3)**

AFMS should extend super specialist facilities like cardiology and Neurology in all zonal hospitals and more specialists in peripheral

hospital so that soldiers and officers may be provided with proper medical care in their vicinity.

**Reply of the Government**

This issue has been covered in the report of the Committee constituted by DG, AFMS to review authorization of manpower to AFMS cadre. The report of the Committee has been examined in the Ministry of Defence and a proposal to augment the strength of AFMS set up has been referred to Finance Division in the Ministry for examination

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 1.6.4)**

The staffing norms in AFMS hospitals should be improved to one Medical officer per twenty one beds according to recommendations given by ASEC Committee in this regard.

**Reply of the Government**

The Committee constituted by DGAFMS in August 2006 has also made recommendations on the norms for General Duty Medical Officers, Specialists, Nursing Officers and staff to bed ratio. The issue is linked with overall manpower authorization to AFMS. As mentioned earlier, the proposal for augmentation of AFMS set has been referred to Finance Division of the Ministry for examination.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please see Para 46 of Chapter-I)

**Recommendation (Para No. 1.6.5)**

10% cut in recruitment should not be made applicable on civilian manpower of AFMS particularly in essential categories and trades like dietician, physiotherapist etc.

**Reply of the Government**

Department of Personnel and Training (DOP&T) had issued guidelines *vide* Office Memorandum No. 2/8/2001-PIC dated 16th May 2001 to restrict Direct Recruitment in civilian post to $^{1}/_{3}$ of Direct Recruitment vacancies subject to 1% of total sanctioned strength of the Department including all Formations/Directorates with a view to achieve reduction of 10% manpower in Government Departments during a five year period from 2001-02 to 2005-06. DOP&T has since extended the Scheme of Optimization of Direct Recruitment to civilian post upto 31st March 2009, subject to a review being undertaken after receipt of the 6th Pay Commission recommendations.

2. The issue raised by the Committee about exemption of AFMS from the purview of 10% cut in recruitment is also valid in case of other branches of Army, Navy and Air Force and hence a comprehensive proposal for obtaining Cabinet approval for such an exemption in respect of civilian employees is being progressed.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 1.6.6)**

The Armed Forces 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.

**Reply of the Government**

Further to the reply given earlier, it is submitted that the proposal for converting AFMC, Pune, into a "Deemed University" is under examination of the Government. As per guidelines for considering a proposal for declaring an institution as "Deemed University" under section 3 of the UGC Act, one of the requirements is that "the institution should be registered under the Societies Registration Act or Public Trust Act and should formulate a Memorandum of Association and Rules based on the Model prescribed by the UGC". The proposal for converting AFMC Pune into a "Deemed University" in relaxation

of above referred guidelines, has since been forwarded to the Ministry of Human Resources Development. That Ministry has referred the matter to UGC for their recommendations/comments.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para Nos. 2.5, 2.6 & 2.7)**

The Committee note that AFMS was established in 1948 with authorised strength of 900 medical officers and other supporting staff to provide comprehensive health care to the serving Armed Forces 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 authorised strength of 5440 medical officers and other supporting staff.

The Committee, however, feels 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 Forces Personnel, their dependents and other beneficiaries but also plays a vital role in Disaster Management and International missions, etc.

The Committee therefore, strongly recommends 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 training manpower.

**Reply of the Government**

Consequent to the recommendations of the Standing Committee, a committee under DGHS(AF) was set up by DGAFMS for review of authorization of manpower to Armed Forces Medical Services. The Committee has submitted its report. This issue has been covered in the report of the Committee constituted by DGAFMS. The report of the Committee has been examined by the Ministry and a proposal for augmenting the AFMS set up has been referred to the Finance Division of the Ministry for examination.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 2.13)**

The committee note that AFMS is an integrated tri service organisation 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 all 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.

**Reply of the Government**

To impart training to PBORs in a unified manner, the following measures are being progressed:

(a) A common syllabus for paramedics is being formulated.

(b) Efforts are being made to get the specialized training courses presently being conducted in the AFMS, recognized/affiliated with the local Universities/statutory bodies;

(c) Expediting commencement of the Paramedics Academy at Lucknow, in the vicinity of AMC Centre and School with affiliation of the University;

(d) After formulating the common training syllabus, instructors from three medical services will be cross-posted between the training institutions of Army, Navy and Air Force, in order to bring in standardization and uniformity in the methods of instructions/training.

2. The issue of placing the training institutions for training of various categories of PBOR in AFMS under DGAFMS, is, however, under examination of the Government.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please see Para 62 of Chapter-I)

**Recommendation (Para Nos. 2.17 & 2.18)**

The Committee note that the post of DGAFMS was created in 1948 in the rank of Lt. Gen. 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, Govt of India.

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 recommends that the post of DGAFMS be upgraded to the status of Secretary, Govt 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.

**Reply of the Government**

The Government is conscious of the concern expressed by the Committee about substantial increase in workload of DG,AFMS. To address this concern, a proposal to augment the AFMS set up is under consideration of the Government. As regards upgradation of the post of DG,AFMS, it may be noted that DG,AFMS's pay scale is already

higher than that of Lieutenants General and equivalent who are not Army Commanders or equivalent. The proposal to further upgrade it equivalent to Army Commanders /Secretaries has overall implications *vis-a-vis* pay scale of officers in the services. However, the proposal is under examination of the Government.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 13 of Chapter-I)

**Recommendation (Para Nos. 3.3 & 3.4)**

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.

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.

**Reply of the Government**

Recruitment has already been carried out thrice in the recent past to limit the gap between the authorized and the held strength. The manpower planning cell, in DGAFMS, now carries out an analysis in advance, pertaining to normal releases of SSC Officers, superannuation and premature retirement of PC Officers. Accordingly, advertisements are issued well in advance of the anticipated vacancies so that by the time the selected candidates report for duty, there will be no deficiency against the sanctioned strength.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 70 &71 of Chapter-I)

**Recommendation (Para No. 3.5)**

The Committee also desire that Govt. 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 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 utilised. 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. Govt. 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, Govt. may amend the existing service rules.

**Reply of the Government**

The recommendation of the Standing Committee has been noted and DGAFMS has been requested to submit a comprehensive proposal in respect of SSC officers in AFMS.

2. Regarding time bound promotion policy for AFMS officers, it is stated that in Phase-I of cadre restructuring proposal of AFMS, as a consequence of the recommendations of A V Singh Committee as applicable to the Army, Navy and Air Force, additional posts of 300 Colonel (& Equivalent) have been sanctioned in the selection grade to be implemented over a period of 4 years in Army Medical Corps. Also in Phase-I a time scale rank of Colonel (& Equivalent) for those, who could not make to the selection grade has been sanctioned at 24 years of service. In Phase-II additional selection grade posts in the ranks of Brigadier, Major General & Lieutenant General (& Equivalent) are under examination of the Government.

3. As far as, enhancement of retiring age for PG teachers to 65 years as recommended by Standing Committee is concerned, a proposal sent by DGAFMS is under consideration of the Government.

4. As regards the tenure of SSC officers in AFMS, a proposal for enhancing the same from present 10 years to 14 years across the board *i.e.* for AMC, ADC, MNS and AMC(NT) is being processed for obtaining approval of the Cabinet.

5. Phase-II of cadre restructuring proposal of AFMS regarding additional selection grade posts in the rank of Brigadiers, Major General

& Lieutenant General (& Equivalent) is also being processed for obtaining Cabinet approval.

6. As far as, enhancement of retiring age for PG teachers to 65 years as recommended by Standing Committee is concerned, it may be stated that in AFMS there is no separate stream for PG teachers. Enhancing age of retirement for some select few to 65 years may have overall implications. Since it is a sensitive issue, the matter is still under examination in consultation with DGAFMS.

[Ministry of Defence OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 70 &71 of Chapter-I)

**Recommendation (Para Nos. 3.13 to 3.15)**

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

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 filed units as per the authorised strength.

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

**Reply of the Government**

As a result of advancement in medical technology and requirement of Armed Forces to keep pace with advances in the technology, a number of specialists and super specialists have been added to each hospital. These specialist officers have been culled out from the existing authorised strength of the doctors in AFMS. By virtue of their qualification and training acquired these officers are posted to Command Hospitals and at Delhi and Mumbai to fulfill the requirements of the clientele. The statement of the DGAFMS was accordingly based on the factual position on ground. However during operational requirements the specialists and medical officers are posted in field units and formations. In Northern Command and Eastern Command, where there are operational requirements 100 % authorised strength has been posted.

2. Consequent to the recommendations of the Standing Committee, a committee was set up by DGAFMS in August 2006 for review of authorization of manpower/personnel to Armed Forces Medical Services. This issue has been covered in the report of the committee. The report of the committee is under examination of the Government.

This issue is also linked with the overall issue of authorization of additional manpower in AFMS. The report of the Committee under DGHS(AF) set up by the DGAFMS to review the authorization of manpower to AFMS has been examined and proposal for augmentation of AFMS set up has been referred to Finance Division of the Ministry for examination.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 3.20)**

The Committee are constrained to note that large scale deficiency in posted strength of paramedical staff against the authorised 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.

**Reply of the Government**

Several measures have been taken to reduce the deficiency in authorised strength of paramedical staff. Some of the measures are listed below:—

(a) Increasing the number of Diploma seats for General Nursing and Midwifery at School of Nursing from 30 to 90 per years.

(b) Detailment of 44 Nursing Assistant/Nursing Technician on highly specialized courses conducted by Karnataka Medical Board, Bangalore. This will be a regular and annual feature.

(c) Detailment of selected Nursing Assistant/Nursing Technician for courses in civil and also sending them abroad for advanced courses in Liver Transplant and Nuclear Medicine.

(d) Efforts are on to start Paramedics Academy at AMC Centre & School Lucknow with affiliation to Uttar Pradesh Medical Council for award of Diploma to Nursing Assistant & Ambulance Assistant.

(e) Detailing a large number of persons from various trades on foreign assignments so as to enhance prestige and financial status.

(f) Reducing the minimum service for attestation of Nursing Assistant from two years to one year so as to make them earn the salary and benefits of Sepoy earlier.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No.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 Govt. The Committee desire the Govt. 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.

**Reply of the Government**

For modernization of the Armed Forces Hospitals, DGAFMS has been asked to submit a proposal for allocation of dedicated annual funds for major work plan. A comprehensive proposal for construction of 54 hospitals at an estimated cost of Rs. 2960.61 crores is already under consideration of the Government. Regarding the modernisation of Command Hospital (Air Force), Bangalore, it is stated that cost of the project, based on Standard Schedule of Rates (SSR) 1996, was Rs. 283.75 crores inclusive of cost of medical equipment of Rs. 62.50 crores. However, the cost estimates are being revised now based on SSR 2004 by the Service Headquarters. Once the revised cost estimates are finalized, appropriate approvals will be obtained.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 79 & 80 of Chapter-I)

**Recommendation (Para No. 4.24)**

The Committee note that 10% 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 authorised 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.

**Reply of the Government**

Department of Personnel and Training (DOP&T) had issued guidelines *vide* Office Memorandum No. 2/8/2001-PIC dated 16th May 2001 to restrict Direct Recruitment in civilian post to $^{1}/_{3}$ of Direct Recruitment vacancies subject to 1% of total sanctioned strength of the

Department including all Formations/Directorates with a view to achieve reduction of 10% manpower in Government Departments during a five year period from 2001-02 to 2005-06. DOP&T has further extended the Scheme of Optimization of Direct Recruitment to civilian post upto 31st March 2009, subject to a review being undertaken after receipt of the 6th Pay Commission recommendations.

2. The issue of 10% cut in recruitment is also valid in case of other branches of Army, Navy and Air Force and hence a comprehensive proposal for obtaining Cabinet approval for exemption of Armed Forces from such cut is being processed.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para Nos. 4.27 & 4.28)**

The Committee are constrained to note that norms for staffing pattern are much lower in AFMS hospitals not only 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 Govt ASEC (2006) has now recommended staffing pattern of 1 medical officer per 21 beds and 1.25 staff per bed.

The Committee desire the Govt. 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 forces personnel and their dependents.

**Reply of the Government**

The Committee constituted by DGAFMS in August 2006 has also made recommendations on the norms for General Duty Medical Officer, Specialists, Nursing Officers and staff to bed ratio. The issue is linked with overall manpower authorization to AFMS. The Committee has submitted its report in September 2006, which has been examined and a proposal to augment AFMS set up has been referred to Finance Division in the Ministry for examination.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para Nos. 5.10 & 5.11)**

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

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 hospital 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 Govt. The Committee strongly desire that early decision may be taken in this regard.

**Reply of the Government**

This issue is also linked with the overall issue of authorization of additional manpower in AFMS. As stated in reply to para 1.6.1 the report of the Committee set up by DGAFMS has been examined and a proposal to augment the AFMS set up has been referred to Finance Division in the Ministry for examination.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 5.23)**

The Committee are happy to note that AFMS has world class orthopedic centres and has been instrumental in undertaking world

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

**Reply of the Government**

This issue is also linked with the overall issue of authorization of additional manpower in AFMS. As stated in reply to para 1.6.1 the report of the Committee appointed by DGAFMS has been examined and a proposal to augment AFMS set up has neen referred to Finance Division in the Ministry for examination.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para No. 5.24)**

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

**Reply of the Government**

Establishment of Neurological Centre at 5 AF Hospital Jorhat and 7 AF Hospital Kanpur is being processed at the level of Air Headquarters for implementation.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 46 of Chapter-I)

**Recommendation (Para Nos. 5.33 & 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 times. 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.

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

**Reply of the Government**

In reply to OM No. 16/2/COD/2007 dated 2nd Feb., 2007 from the Standing Committee on this issue, the Standing Committee has already been informed as under:

The Medical Services Advisory Committee (MSAC), the Principal Personnel Officers Committee (PPOC) and the Chiefs of Staff Committee (CoSC) gave the following reasons for non-acceptance of Indian System of Medicine in Armed forces hospitals:—

(a) The option of permitting an individual to choose the system of medicine he desires is not in the interest and ethos of a disciplined force like the Armed Forces, where sometimes strict measures have to be enforced not only to keep an individual fighting fit at all times but also to ensure that a person is free from any infectious disease which may jeopardize the health and well being of his fellow combatants.

(b) The AFMS who are accountable for providing health services to the Armed Forces personnel are not qualified to practice the Ayurvedic system and cannot refer any individual or his dependants for same, without raising Ethical and Legal issues.

(c) There cannot be any cross-references between these two systems of medicine that would be detrimental to the health of troops & families.

(d) The AFMS has in existence a very stringent system of medical audit and the Ayurvedic system cannot lend itself to such an audit.

(e) Drug interactions between the Allopathic system of medicine currently practiced in Armed Forces and Indian Systems of medicine have not been largely studied.

(f) Wartime medical and surgical requirements are the pivot on which the structure of AFMS revolve and their scales of manpower, infrastructure and equipment are based on catering to this need. The Indian System of Medicine would not be able to cater to these requirements and neither would they be able to handle the emergencies in modern medicare such as Myocardial infarction, arrythmias, cardiac arrest, intestinal obstruction, head injuries, polytrauma, renal failure etc. which are the primary role of any allopathic physician or surgical specialist.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 88 of Chapter-I)

**Recommendation (Para No. 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 Govt. should consider augmentation of Under Graduates 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.

**Reply of the Government**

Government has agreed 'in principle' to enhance MBBS seats in AFMC, Pune to 200. DGAFMS has been asked to take up the matter with MCI for increase of the seats in AFMC, Pune.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 93 of Chapter-I)

**Recommendation (Para No. 7.12)**

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

**Reply of the Government**

Presently following Post Graduate (PG) seats are available in AFMS Institutions:—

(i) Medical Council of India [MCI] recognized - 150

(ii) Only University recognized - 30

(iii) Diplomate National Board [DNB]

- About 100 PG/Superspeciality seats are available at various AFMS Institutes. Further, application for reorganization of 50 more seats has been submitted to the National Board Examination [NBE].

2. These are sufficient to meet current requirement of AFMS.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 93 of Chapter-I)

**Recommendation (Para No. 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.

**Reply of the Government**

The Life Sciences laboratories of DRDO are unique in that they are the only laboratories in the country operating in their assigned fields of expertise with the avowed aim of enhancing the operational efficiency of the armed forces. This encompasses human factors research related to selection of manpower, weapons development and manual operations, evaluation of occupational hazards and safety of weapon systems developed by DRDO etc. These laboratories are the only laboratories addressing the various problems being faced by the Indian

troops which operate in highly challenging and hostile environments, like high altitudes, desert regions, under-water operations, aerospace and toxic and noisy environments, like engine rooms of ships, aircrafts, tanks etc. No other agency in the country deals with such issues, which are paramount for the safety and efficiency of our armed forces. The research work is targeted to develop technical know-how, impart necessary training, suggest remedial/preventive measure and to design and develop useful products to mitigate hazardous effects of extreme environments. The ergonomics related research ensures human factor integration in all R&D work of other system laboratories in DRDO in respect of weapon systems, workstations and military vehicles. These aspects of research work are beyond the boundaries as well as capabilities of medical entities and other agencies.

2. In the past an experiment has been tried, wherein the biomedical laboratories were placed under the command and control of the Director General Armed Forces Medical Services (DGAFMS) (during 1976-1979). However, this experiment failed to yield appreciable results and the laboratories reverted back to DRDO. Research requires sustained efforts and a continuity to be maintained. The continuity in the Services is affected due to frequent postings resulting disruptions in the flow of research work.

3. Similarly, the agricultural research laboratories were initially under the purview of the Indian Council of Agriculture Research (ICAR) in the Ministry of Agriculture for a few years. They had to be finally transferred to the DRDO as no R&D work could be undertaken at these remote laboratories at all during this period.

4. The existing multi-disciplinary laboratories have proven their importance to the Armed Forces, therefore it would not be desirable to detach them from DRDO.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 96 of Chapter-I)

**Recommendation (Para Nos. 9.3 & 9.4)**

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 caliber. 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.

The Committee also desire that Govt. 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.

**Reply of the Government**

As far as continuation of the seven schools of nursing, which conduct Diploma Courses in Nursing, is concerned the Indian Nursing Council has informed *vide* their Letter No.1-5/GB-CIR/2005-INC dated 2.5.2006 that it has been resolved that upgradation of School of Nursing (GNM) to College of Nursing to be kept in abeyance, keeping in view the expansion of health sector and requirement of large number of nurses in National Rural Health Mission (NRHM). In view of this, the existing schools of Nursing in AFMS will continue to function till further order.

2. Regarding the recommendation to start Post-graduate Degree Course, it is stated that 'In-principle' approval has been granted to start M.Sc(Nursing) at College of Nursing AFMC Pune in the subject of Medical Surgical Nursing, Obstetrics and Gynecological Nursing, Community Health Nursing & Pediatric Nursing and Service HQrs have been asked to obtain approval/clearance from concerned agencies required to start M.Sc(Nursing) course at AFMC, Pune.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please see Para 100 & 101 of Chapter-I)

**Recommendation (Para No. 9.9)**

The Committee note that at present Armed Forces' para medical personnel 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 recognised 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 Govt. 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 utilised by AFMS, even after their retirement, on contract basis. For this purpose, if necessary, Govt. may amend the existing rules framed under the relevant Act.

**Reply of the Government**

The proposal of DGAFMS for converting AFMC, Pune, into a "Deemed University" is under examination of the Government. As per guidelines for considering a proposal for declaring an institution as "Deemed University" under section 3 of the UGC Act, one of the requirements is that "the institution should be registered under the Societies Registration Act or Public Trust Act and should formulate a Memorandum of Association and Rules based on the Model prescribed by the UGC". The proposal for converting AFMC Pune into a "Deemed University" in relaxation of above referred guidelines, has since been forwarded to the Ministry of Human Resources Development. That Ministry has referred the matter to UGC for their recommendations/ comments.

2. Regarding utilization of services of specialists and experts in the field of medical science after their retirement, it is submitted that officers, who are willing and volunteer to serve in the Armed Forces Medical Services (AFMS) are eligible for re-employment in the AFMS subject to the following conditions:—

(a) Fulfilling of eligibility criteria in terms of record of service, medical category and disciplinary status.

(b) Overall deficiency in the AFMS.

(c) Initial re-employment for two years and thereafter extendable by one year upto the age limit of sixty years.

3. In addition retired AFMS officers are also eligible for grant of the status of Honorary Consultant/Advisors to the AFMS subject to the following conditions:-

(a) Willingness to provide services free of cost.

(b) Recommendations of the concerned hospital and intermediary authorities.

(c) A tenure of three years, which is extendable upto the age limit of 65 years.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 104 of Chapter-I)

**Recommendation (Para Nos. 12.5 & 12.6)**

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.

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

**Reply of the Government**

The Ex-Servicemen Contributory Health Scheme (ECHS) was sanctioned by the Government of India for providing comprehensive medical care to the ex-servicemen, who are in receipt of pension/family pension/disability pension and their dependents. It is considered necessary to link eligibility to some minimum service rendered. To be in receipt of pension is a reasonable criteria in this regard. The non-pensioners are either those, who left the military service voluntarily for their personal reasons or those, who were removed as a result of departmental action on disciplinary grounds. The Government does not favour extending the scheme to non-pensioners due to above reasons and because of wide ranging financial implications.

2. The war widows and the families/dependents of those soldiers, who died in operations on military duties have already been covered under ECHS as they are drawing pension. Moreover, the Government has exempted the War Widows from payment of contribution for becoming members of the scheme.

3. Death due to Heart attack/Natural causes both in operational areas as well as in peace areas are examined with reference to duty profile, posting profile history of disease etc. and held attributable/non-attributable by the Medical Board accordingly.

4. The authorization of family pension and ex-gratia in both cases is as under :-

| Battle Casualty | | Physical Casualty held attributable to Military Service | Physical Casualty held non-attributable to Military Service |
|---|---|---|---|
| Family Pension | Liberalized Family Pension equal to pay drawn | Special Family Pension equal to 60% of pay drawn | Ordinary Family Pension equal to 30% of pay drawn |
| Ex-gratia | Rs. 5 Lakhs for death in courses of performance of duty attributable to Military Service, acts. of violence by terrorists antisocial elements or due to accidents. | Rs. 5 lakhs for death occurring due to accident in course of performance of duty. | Nil. |
| | Rs. 7.5 Lakhs for death occurring during action against militants terrorists, extremists and during border skirmishes. | | |

5. Persons dying of natural causes are covered under physical casualty attributable/non-attributable to Military Service depending upon medical opinion.

6. At the time of introduction of the scheme, 227 ECHS polyclinics had been sanctioned to be set up by 31st March, 2008 as per the concentration of Ex-Servicemen pensioners population across the length and breadth of the country. As of date, 225 polyclinics are functional. The balance two are about to be operationalised and thereafter, necessary need assessment will be carried out to identify the areas not covered by ECHS facilities.

7. Thus all the areas are gradually being covered with opening of polyclinics and empanelling private hospitals.

[Ministry of Defence, OM No. H-11013/21/2006/D(Parl.) dated 13.04.2007]

**Comments of the Committee**

(Please *see* Para 109 of Chapter-I)

## CHAPTER V

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE STILL AWAITED

—NIL—

NEW DELHI;
18 *July,* 2007
27 *Asadha,* 1929 *(Saka)*

BALASAHEB VIKHE PATIL,
*Chairman,*
*Standing Committee on Defence.*

MINUTES OF TWENTIETH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2006-2007)

The Committee sat on Monday, the 12th February 2007 from 1100 to 1430 hrs. in 'Main' Committee Room, Parliament House Annexe, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil – *Chairman*

MEMBERS

*Lok Sabha*

2. Shri S. Bangarappa
3. Shri Santosh Kumar Gangwar
4. Dr. K.S. Manoj
5. Shri Asaduddin Owaisi
6. Shri Adhalrao Shivaji Patil
7. Shri Mahadeorao Shiwankar
8. Shri Rajesh Verma

*Rajya Sabha*

9. Dr. Farooq Abdullah
10. Shri Abu Asim Azmi
11. Shri R.K. Dhawan
12. Smt. N.P. Durga
13. Shri K.B. Shanappa

SECRETARIAT

1. Shri P.K. Bhandari — *Joint Secretary*
2. Shri Gopal Singh — *Director*

WITNESSES

**Representatives of Ministry of Defence**

1. Shri Shekhar Dutt — Defence Secretary
2. Shri K.P. Singh — Secretary (DP)

| | | |
|---|---|---|
| 3. | Dr. M. Natarajan | — SA to RM |
| 4. | Shri S. Banerjee | — DG (ACQ) |
| 5. | Shri V.K. Mishra | — Secretary (Def. Fin.) |
| 6. | Dr. (Mrs.) Rekha Bhargava | — Special Secretary (B) |
| 7. | Shri P.K. Rastogi | — Addl Secy. (B) |
| 8. | Dr. W. Selvamurthy | — CCR&D (LS&HR) |
| 9. | Shri Gautam Chatterjee | — JS (O/N) |
| 10. | Shri Binoy Kumar | — JS (E) |
| 11. | Shri Harcharanjit Singh | — Secy (BRDB) / JS (ESW) |
| 12. | Shri S.N. Mishra | — Addl FA(M) |
| 13. | Shri Alok Perti | — JS (SY) |
| 14. | Dr. (Mrs.) Kiran Chadha | — JS (X) |
| 15. | Shri T. Ramachandru | — JS (S) |
| 16. | Shri Ranjan Chatterjee | — JS (HAL) |
| 17. | Shri Mohd. Haleem Khan | — Addl FA (H) |
| 18. | Smt. Anuradha Mitra | — Addl FA (AM) |
| 19. | Shri Amit Cowshish | — Addl FA (A) |
| 20. | Shri S. Ghosh | — Chairman/OFB |
| 21. | Shri V. Somasuderam | — JS (OF) |
| 22. | Shri B. Saha | — Secy, OFB |
| 23. | Shri Sharad Ghodke | — OSD (P) |
| 24. | Shri Ashok K. Baweja | — Chairman, HAL |
| 25. | Shri V.R.S. Natarajan | — CMD, BEML |
| 26. | Shri M. Narayana Rao | — CMD, MIDHANI |
| 27. | Shri VVR Sastry | — CMD (BEL) |
| 28. | Rear Adm (Retd.) A.K. Handa | — CMD, GSL |
| 29. | Rear Adm T.S. Ganeshan | — CMD, GRSE |
| 30. | Vice Admn S.K.K. Krishnan | — CMD, MDL |
| 31. | Maj. Gen (Retd.) R. Gossain | — CMD, BDL |
| 32. | Shri PRK Hara Gopal | — Dir (Fin.), BEL |
| 33. | Shri SK Mehta | — Dir (R&D), BEL |
| 34. | Shri Devjit Ghosh | — LO. MIDHANI |
| 35. | Commdt. Sunil Mane Sinde | — CM, GSL |
| 36. | Shri Yogesh Sharma | — Regional CM, MDL |

| | | |
|---|---|---|
| 37. | Commander Hardev Inder | — IN (Retd.), Addl GM |
| 38. | Lt. Gen. HS Lidder | — CISC |
| 39. | Lt. Gen. Deepak Kapoor | — VCOAS |
| 40. | V. Adml. Nirmal Verma | — VCNS |
| 41. | Air Mshl AK Nagalia | — DCAS |
| 42. | Lt. Gen. SS Dhillon | — MGO |
| 43. | Lt. Gen. Thomas Mathew | — AG |
| 44. | Air Mshl VR Iyer | — AOP |
| 45. | Vice Adml Sunil K. Damle | — COP |
| 46. | Surg Vice Adml VK Singh | — DGAFMS |
| 47. | Lt. Gen. LP Sadhotra | — DGMS (Army) |
| 48. | Air Marshal HK Maini | — DGMS (Air) |
| 49. | Surg Vice Adml Yogendra Singh | — DGMS (Navy) |
| 50. | Maj. Gen. Suresh Chandra | — Addl DGAFMS |
| 51. | Maj. Gen. J. Jayram | — Addl DGAFMS (MR) |
| 52. | Maj. Gen. R.K. Kalra | — MD-ECHS |
| 53. | Maj. Gen. A.K. Mehra | — ADG WE |
| 54. | AVM N. Vijaya Kumar | — ACAS (FP) |
| 55. | R. Adml. R.K. Dhowan | — ACNS(P&P) |
| 56. | Brig. Kunwar Karni Singh | — Dy. DGAFMS (P&T) |
| 57. | Brig. Satish Malik | — Dy. MD-ECHS |
| 58. | Col. A.K. Verma | — Dir MS (H) |
| 59. | Col. Pawan Kapoor | — Dir AFMS (P) |
| 60. | Col. G. Ghosh | — Dir. ECHS |
| 61. | Lt. Col. SI Subhani | — CRD Cell |
| 62. | Capt. Abhishek Saxena | — SO to VCOAS |
| 63. | Shri S. Ahuja | — INAS, DGONA |

2. At the outset, Hon'ble Chairman welcomed the representatives of the Ministry of Defence to the sitting of the Committee and drew their attention to Direction 58 of Directions by the Speaker, Lok Sabha.

3. The Committee then took evidence of the representatives of Ministry of Defence on Action Taken Replies furnished by the Ministry of Defence on Seventh Report on 'Defence Ordnance Factories', Ninth Report on 'Defence Public Sector Undertakings' and Twelfth Report on 'Review of Medical Services and Education in the Defence Sector'.

4. The Committee expressed their displeasure almost on all the Action Taken Replies furnished by the Ministry to the recommendations contained in the above Reports especially on Twelfth Report on 'Review of Medical Services and Education in the Defence Sector'.

5. The representatives of the Ministry of Defence submitted that they would go through the recommendations again in respect of Twelfth Report and requested the Committee to give two months' time for submission of Action Taken Replies thereon. The Committee agreed to the request of the Ministry.

6. The Committee thereafter sought clarifications on the Action Taken Replies to the observations/recommendations contained in the Seventh and Ninth Reports on Defence Public Sector Undertakings and Defence Ordnance Factories respectively to which the representatives of the Ministry of Defence answered one by one.

*The witnesses then withdrew*

7. The verbatim record of the proceedings was kept.

8. The Committee, thereafter, considered the two draft reports on the subjects 'In-depth Study and Critical Review of Bharat Electronics Limited (BEL)' and 'In-depth Study and Critical Review of Hindustan Aeronautics Limited (HAL)' and adopted the same with some additions/modifications as suggested by the members.

9. The Committee then authorised the Hon'ble Chairman to finalise the reports and present the same to the Parliament.

*The Committee then adjourned.*

MINUTES OF THIRTY-SEVENTH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2006-2007)

The Committee sat on Wednesday, the 04th July 2007 from 1500 hrs to 1755 hrs. in Committee Room 'D', Parliament House Annexe, New Delhi.

PRESENT

Shri Balasaheb Vikhe Patil – *Chairman*

MEMBERS

*Lok Sabha*

2. Shri S. Bangarappa
3. Shri Suresh Kalmadi
4. Dr. K.S. Manoj
5. Shri Asaduddin Owaisi
6. Shri Shriniwas Patil
7. Dr. H. T. Sangliana
8. Shri Arjun Charan Sethi
9. Shri Manvendra Singh
10. Shri Rajesh Verma

*Rajya Sabha*

11. Shri Jai Parkash Aggarwal
12. Abu Asim Azmi
13. Smt. Shobhana Bhartia
14. Shri S.P.M. Syed Khan
15. Shri K.B. Shanappa

SECRETARIAT

1. Shri P.K. Bhandari — *Joint Secretary*
2. Shri Gopal Singh — *Director*
3. Shri D.R. Shekhar — *Deputy Secretary-II*
4. Smt. J.M. Sinha — *Under Secretary*

**Representatives of Ministry of Defence**

| | | |
|---|---|---|
| 1. Shri Shekhar Dutt | — | Defence Secretary |
| 2. Smt. N.K. Narang | — | FA (DS) |
| 3. Dr. M. Natarajan | — | SA to RM |
| 4. Smt. Rekha Bhargava | — | Spl. Secy. (B) |
| 5. Shri A.K. Jain | — | Spl. Secy (J) |
| 6. Dr. W. Selvamurthy | — | CCR&D (LS&HR) & DS |
| 7. Shri Binoy Kumar | — | JS (O/N) |
| 8. Dr. J.P. Singh | — | Addl. Dir (P&C) |
| 9. Dr. Manas K. Mandal | — | Director, DIPR |
| 10. Lt. Gen. Thomas Mathew | — | AG |
| 11. Air Mshl. VR Iyer | — | AOP |
| 12. V. Adml. D.K. Dewan | — | CPS |
| 13. Surg. V. Adml. Y. Singh | — | DGAFMS |
| 14. Lt. Gen. S. Mukherjee | — | DGMS (Army) |
| 15. Air Mshl. J.K. Gupta | — | DGMS (Air) |
| 16. Maj. Gen. Suresh Chandra | — | Addl. DGAFMS |
| 17. Surg. Cdr. B.S. Rathore | — | PDMS (P&M) |
| 18. Brig. K.K. Singh | — | DDG (P&T) |
| 19. Col. Pawan Kapoor | — | Dir. AFMS (P) |

**List of Non-Official Experts (Retired Senior Officers of Armed Forces)**

1. Lt. Gen. Shri Prakash Mani Tripathi (Retd.), Ex-M.P.
2. Lt. Gen. B.S. Thakkar, PVSM, VSM (Retd.)
3. Lt. Gen. Depinder Singh, PVSM (Retd.)

2. At the outset, Hon'ble Chairman welcomed the representatives of the Ministry of Defence to the sitting of the Committee and drew their attention to Direction 58 of the Directions by the Speaker, Lok Sabha regarding maintaining confidentiality of the deliberations of the sitting of the Committee.

3. The Ministry of Defence then made a presentation to the Committee on the updated status of implementation of the recommendations contained in the Twelfth Report of the Committee on 'Review of Medical Services and Education in the Defence Sector'.

The Ministry apprised the Committee about the efforts being made for augmentation of manpower in the AFMS, upgradation of the status of DGAFMS, modernisation plan for the AFMS, setting up of new military hospitals in the forward areas, upgradation of the existing hospitals, increasing number of suicide cases in the Armed Forces and the measures being taken to check this alarming trend *viz*. by way of conducting Yoga, etc. The Ministry also discussed the efforts being made in regard to getting Deemed University status to AFMC, Pune, increasing the number of seats in MBBS Courses and PG Courses and the preparedness of the AFMS to contain the NBC threat. The facilities being provided to Ex-Servicemen under Ex-Servicemen Contributory Health Scheme (ECHS) were also discussed. The Committee then raised a few queries/clarifications in regard to the issues discussed which were responded to by the representatives of the Ministry.

*The witnesses then withdrew*

4. The Hon'ble Chairman then invited the non-official experts to share their experience and expert views on the problems being faced by the serving personnel as well as Ex-Servicemen and the problems pertaining to manpower planning in Armed Forces. The Chairman also apprised the experts about the relevant Direction of Speaker regarding maintaining confidentiality of the deliberations of the sitting of the Committee. Thereafter the experts elaborated several issues *viz*. representation of Defence Services in the Sixth Pay Commission, removal of the existing system of calculation of Pension with minimum 33 years of service; one rank—one pension; bleak promotional prospects; treating Armed Forces Officers not at par with other Central Government Officers; limited family accommodation in military stations, etc. The Committee raised a few queries on the issues elaborated by the experts which were responded to by them.

5. A verbatim record of the proceedings was kept.

*The witnesses then withdrew*

*The Committee then adjourned.*

MINUTES OF THIRTY-NINTH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2006-2007)

The Committee sat on Wednesday, the 18th July 2007 from 1100 hrs. to 1200 hrs. in Committee Room 'B', Parliament House Annexe, New Delhi.

PRESENT

Shri. Balasaheb Vikhe Patil – *Chairman*

MEMBERS

*Lok Sabha*

2. Shri Milind Deora
3. Shri. Santosh Kumar Gangwar
4. Shri Ramesh C. Jigajinagi
5. Dr. K.S. Manoj
6. Ms. Ingrid Mcleod
7. Shri Shriniwas Patil
8. Shri Rajendrasinh Ghanshyamsinh Rana (Raju Rana)
9. Dr. H.T. Sangliana
10. Shri Arjun Charan Sethi
11. Shri Mahadeorao Shiwankar
12. Shri Manvendra Singh

*Rajya Sabha*

13. Shri Abu Asim Azmi
14. Shri R.K. Dhawan
15. Smt. N.P. Durga
16. Shri S.P.M.Syed Khan
17. Shri. K.B. Shanappa
18. Smt. Viplove Thakur

SECRETARIAT

1. Shri P.K. Bhandari — *Joint Secretary*
2. Shri Gopal Singh — *Director*
3. Shri D.R. Shekhar — *Deputy Secretary-II*
4. Smt. J.M. Sinha — *Under Secretary*

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

3. The Committee then authorised the Hon'ble Chairman to finalise the report and present the same to the Parliament.

4. The Committee also expressed their concern that the Ministry of Defence are not giving due importance to the Committee's recommendations given in various reports. Therefore, they desired to have discussion on the reports on the floor of the House in order to draw pointed attention of the Hon'ble Defence Minister towards the observations/recommendations and take action thereon.

*The Committee then adjourned.*

## APPENDIX

ANALYSIS OF THE ACTION TAKEN BY THE GOVERNMENT ON THE RECOMMENDATIONS CONTAINED IN THE 12TH REPORT OF THE STANDING COMMITTEE ON DEFENCE (FOURTEENTH LOK SABHA) ON 'REVIEW OF MEDICAL SERVICES AND EDUCATION IN THE DEFENCE SECTOR'

| | | | Percentage of Total |
|---|---|---|---|
| (i) | Total number of recommendations: | 61 | |
| (ii) | Recommendations/Observations which have been accepted by the Government: (Para Nos. 1.7, 2.22, 3.16, 3.17, 4.12 to 4.14, 4.16, 4.17, 4.20 to 4.22, 5.16 to 5.18, 5.28, 5.30, 6.4, 8.7, 10.6 and 11.8) | 21 | 34.42 |
| (iii) | Recommendations/Observations which the Committee do not desire to pursue in view of Government replies: (Para No. 7.13) | 01 | 1.64 |
| (iv) | Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee: (Para Nos. 1.4, 1.5,1.6.1 to 1.6.6, 2.5 to 2.7, 2.13, 2.17, 2.18, 3.3 to 3.5, 3.13 to 3.15, 3.20, 4.15, 4.24, 4.27, 4.28, 5.10, 5.11, 5.23, 5.24, 5.33, 5.34, 7.11, 7.12, 8.6, 9.3, 9.4, 9.9, 12.5 and 12.6) | 39 | 63.94 |
| (v) | Recommendations/Observations in respect of which final replies of Government are still awaited: | — | — |
| | NIL | | |