

Our Ref : 002/NCESMO/204/2019

31 Jan 2019

Smt Nirmala Sitharaman,

Hon'ble Raksha Mantri, Govt of India

104, South Block , New Delhi-110 011

**PERIODICAL MEETINGS WITH NATIONAL CONFEDERATION OF ESM
ORGANISATION (NCESMO)**

Dear and Respected Raksha Mantri Mahodya – Jaihind,

1. Further to our letter No 001/NCESMO dt 08 Nov 2018 and Agenda Points discussed with Hon'ble Raksha Mantri ji during the meeting held on 27 Nov 2018, and our email dated 22 Jan 2019.

2. It is requested that the ESM fraternity shall be grateful if you could kindly issue the progress on the agenda points discussed during the last meeting.

3. The National Confederation of ESM Organisation also requests that an early meeting may kindly be convened to discuss these issues. Agenda points for the next meeting are enclosed as Appendix.

Yours Sincerely,

SD/-XXXXXX

(Brig Kartar Singh), (Retd)

President

National Confederation of ESM Organisations

(Refer Para 3 of Brig Kartar Singh DO letter No 002/NCESMO/204/2019 dt 31 Jan 2019)

AGENDA POINTS FOR NEXT MEETING WITH HON'BLE RM

1. **Item I - State of Patient Care in ECHS.** The satisfaction levels of Patient care among the beneficiaries of ECHS seems to be less than satisfactory. While it is just below satisfactory in the Metro Cities and in major Military Stations, it requires substantial ramping up in remote locations like North East or hinterland of the Country. There are two aspects which if taken care of would boost the levels of Patient care and give better satisfaction levels:-

(a) **Authorized Local Chemists.** The Government has instituted the system of Local Chemist who would fill the essential medicines which are NA in ECHS Pharmacy. The outlet of ALC is at a distance from the PC premises and often unable to deliver the NA Medicines the same day. The patients are often told to make a second trip after two to three days for taking the medicines to be supplied by the ALC. Many beneficiaries of ECHS who live in their ancestral villages, access their health care benefits from ECHS Polyclinics, which are around 100 km away. Making a second trip for obtaining the LP Medicines may be prohibitively expensive and, in some cases, exceedingly tiring for the beneficiary or his spouse. A frequent refrain of the ALCs is that the turnaround time for bill settlement is high and indeterminate. Weekly settlement of bills with three to five working days processing time will encourage the ALCs to keep at least one day stock of all NA medicines and deliver them to the Patients on the same day. Further it should be a mandatory condition in the ALC Tender that the vendor will maintain an outlet for at least three hours 10 am to 1 pm in the PC Premises and he will deliver the NA Medicines the same day.

(b) **ECHS Beneficiaries refused Admission by Empaneled Hospitals.** The referred patients from ECHS and sometimes even ECHS Beneficiaries in emergency are refused admission in the empaneled Hospitals. The main cribs of the erring Hospitals are very low rates for procedures etc, long gestation period for bill payment and huge dues awaiting settlement. The Insurance Cos which provide large number of Patients for the Corporate Hospitals seem to get better deal for their customers since they are perhaps more prompt in bill settlements. For the In-Patient care of ECHS Beneficiaries in Mil Stations, there is no alternative for the empaneled Hospitals till the ECHS Wings are made operational in the Military Hospitals. Further the empaneled Hospitals will continue to be main stay of the ECHS Beneficiaries in Non-Military stations and they also cater to the super specialty care required by the ECHS Beneficiaries. There is a dire need to ramp up the reputation of ECHS among Empaneled Hospitals so that the ECHS Beneficiaries are welcomed for treatment especially in Emergency cases. Concerted and sustained efforts must be made to liquidate the outstanding payments due to Empaneled Health Care Facilities, so that Health Care Facilities with high quality of service come forward for empanelment.

Considering that there are only two or three reputed hospitals that afford quality patient care even in a large metro. ECHS Beneficiaries will be left in serious predicament if these hospitals decline to admit because of outstanding dues. An emergency Hot line to flag denial treatment for ECHS Beneficiaries by empaneled Hospitals may be considered so that the Director RC or Dy MD ECHS can facilitate admission. Any denial of admission/treatment to an ECHS Beneficiary by an empaneled hospital must be treated as a serious breach of contract and action must be initiated for exemplary damages.

2. There is an urgent need to act on these issues to allay the fears of ESM that the Patient Care for ECHS Beneficiaries will be downgraded due to bureaucratic red tape, budgetary constraints and other specious reasons.

3. **Item No II - Enhanced Rate of Ordinary Family Pension (OFP) for Family Pensioners till 70 years.** At present the Widows of Pensioners who die are granted enhanced rate of Family Pension for 10 years or 70 years of age (of Pensioner) whichever is earlier. This is a 'Mutatis Mutandis' application of the rule applicable to the civilian counter parts. For a variety of reasons like early retirement, arduous and hazardous conditions of service and alienation from family assets due to prolonged absence from the home stead, put the Pensioners from Armed Forces and their widows on a different footing. Statistics show that Armed Forces Pensioners die at a much younger age compared to their civilian counter parts and leaving the widow of a Havildar Pensioner with meager Ordinary Family Pension which is just about the minimum pension will be grossly insufficient to lead a dignified life and keep two children alive and educate them. Hence, we request the Government to consider the Enhanced Family Pension to the Widows of Armed Forces Pensioners till the pensioner would have attained the age of 70 years or till the youngest child of the Family attains the age of 25 years whichever is earlier. This step is not likely to pose any unbearable burden on the Exchequer as the number of widows eligible for proposed benefit will be very limited, but will wipe the tears from the eyes of needy widows living penury.

4. **Item No III - OROP Notification.** The present rate of OROP was granted with effect from 1st July 2014 and the first equalization will become due in Jul 2019. The Armed Forces Pensioners are apprehensive about the implementation of equalization assured and to put their anxieties to rest we request that Government to issue letter granting the equalization at the earliest with Tables for each rank if they are ready. If the Tables are not readily available, the Government may issue the Government letter conveying the sanction of the President for equalization of Armed Forces Pensions, Family and other Pensions with effect from 1st July 20019 and say that PCDA(P) will issue the Equalizing Tables for each rank in the three services. This will boost the morale of the Pensioners.

ADDITIONAL AGENDA POINTS – DISABLED WAR VETERANS

1. NON IMPLIMENTATION OF LETTER NO 200487/PEN-C/71 DATED 24 FEB 1972 FOR AWARD OF 7 CPC PAYMENTS

ADVERSE ATTITUDE OF PCDA (P) TOWARDS WAR DISABLED SOLDIERS / BATTLE CASUALTIES.

In 1965, vide special instructions issued by not only MoD but also AHQ, War Disabled were granted first priority for welfare and other measures ahead of War Widows and decorated personnel. The reason being that any one disabled during war was not retained by the Army and was invalided out. They thus left the service at very young age and were granted as a special dispensation the normal retiring pension of the rank to the maximum of the rank, the GOI/ MoD vide letter No 200847/Pen-C/71 dated 24 February 1972 has sanctioned benefits for such personnel in the form of a “Special Dispensation” which would not be subject to any alteration as a result of any revision of pay and pension structure as may be sanctioned in future. However, where and for as long as awards admissible under existing rules and orders happen to be more favorable than those sanctioned vide letter dated 24 February 1972 the higher entitlements will be payable. This letter has not been implemented in letter and spirit.

It would be relevant to state that the provisions and entitlements of such categories of personnel are repeatedly overlooked whilst issuing government orders from time to time, as they are for all pensioners in general. However if a clause is added in each circular hereafter keeping their entitlements in mind, such mistakes would not happen.

(a) The GOI/MoD has over the years made several positive changes towards pay/pensions, particularly in favour of war disabled individuals who were invalided out of service. The GOI / MoD vide their letter No 16 (01)/2014/D (Pen/Pol) dated 18 May 2016, for implementation of 7 CPC, had highlighted at Para 4 (h) that Service Element of War Injury Pension in invalidment cases will be given for the maximum of terms of engagements for the rank of Armed Forces Personnel from which he had been invalided out. This particular provision was keeping in spirit of the special provisions of GOI letter dated 24 February 1972. This aspect was however, erroneously missed out in Circular No 560 dated 08 June 2016 but thereafter included as Para 3 in Circular No 69 dated 19 October 2016.

(b) PCDA (P) unilaterally issued Circular No 604 dated 16 August 2018 vide which they have indicated that Para 3 provisions in earlier circular No 569 dated 16 October 2016 have become redundant and may be treated as cancelled. Whether they took approval of MoD is not known. This aspect has adversely affected the limited category

of war disabled (invalided out) cases and special provision in spirit of GOI/MoD letter dated 24 February 1972 needs to be honored and reinstated.

Due to this error on the part of PCDA (P), the Disabled invalided out of Service have not received their correct entitlements in the implementation of 7 CPC but continue to received these on actual qualifying service instead of receiving the Maximum terms of engagement of the rank in which invalided out.

2. ENHANCED FAMILY PENSION FOR WIDOWS OF THE WAR DISABLED INVALIDED OUT OF SERVICE

As per current policy, with the demise of an invalided out war disabled veteran, war injury element of his war injury pension gets extinguished. His widow's family pension gets re-fixed on the basis of service element only. This results in sharp drop in the family's pension entitlement, at times as much as by 80% (in case of a veteran invalided out with 100 % disability.) Many widows of the invalided out disabled war veterans are reduced to penury. There is a strong case for the widow's pension to be based on a veteran's total pension inclusive of war injury element. The issue has been examined in MOD from time to time, but without any positive outcome. The former RM, Shri Manohar Parrikar and present MOS (Personnel, Dr. Jitendra Singh have supported the proposal. The number of veterans in this category is small, about 4000, and dwindling; the benefit would accrue to the family only after the demise of the veteran. The net financial impact of the proposal is meagre, but its morale boosting impact both on retired and serving defence personnel can be huge. The proposal is restricted to invalided out disabled war veterans and does not cover other disabled. War casualty invalidment often takes place at a very young age and in lower ranks. The service element of pension in such cases is rather meagre which is not the case with other disabled.

3. PRIORITY FOR ADMISSION IN INSTITUTION/ COLLEGES RUN BY ARMY WELFARE EDUCATION SOCIETY (AWES) TO THE WARDS OF THE WAR DISABLED / BATTLE CASUALTIES

War Widow and Gallantry Award winners have been accorded priority in admission in AWES run institution / Colleges, wards of War Disabled have been left out. Do the authorities access the sacrifice of this category lesser than martyred and Gallantry Award Winners.

The ground reality is:-

When a Soldier is a martyred, a family dies, fact is no monetary benefit can glue the family together, But Soldiers becomes Disabled / Battle Casualty, the family dies every day, our own are scratching upon the wounds of disability and killing the hopes of family.

Both parents can't provide the amount of care required by the wards because wounds of disability have to be taken care on priority. Under the circumstances also wards of war disabled should be provided priority. The efforts of Diwave till date have not been favourable.

4. PRIORITY FOR THE WAR DISABLED AND WARDS OF THE WAR DISABLED IN CONTRACTUAL EMPLOYMENT IN ECHS.

The Veer Naaris (War Widows), wards of Veer Naaris and Ex- Servicemen can get priority in employment in ECHS on contractual basis, the wards of War Disabled Soldiers should have been included for all such benefits .As per the list issued by DESW Veer Naaris come first and War Disabled are next on the list. Hence the wards of the War Disabled given their rightful place and employment in ECHS on priority.

Early speedy action is solicited since the ECHS contractual employment have started.

5. REPLACEMENT OF ACCESSORIES REQUIRED FOR THE EQUIPMENT / FITMENTS

Certain equipment / fitments are provided to the War Disabled Soldiers / Battle Casualties is provided after their injuries are part of consumable stores the CSM and OIC of ECHS Polyclincs are empowered to provider replacement, however most of CSMs and OICs avoid providing the same. This need to be looked into.

6. PUBLICITY OF THE BENEFITS & CONCESSIONS PROVIDED TO ESM BY TELECASTING ON FIXED DAY & FIXED TIME ON NATIONAL TV CHANNEL DOORDARSHAN.

Though the benefits & concessions provided to ESM by Central Govt & State Governments available on various Websites and printed material yet due to signal problems & other reasons of most of ESM are not aware of these.

Televisions which reaches even in remotest corner of the county and is viewed by almost every ESM, will be the best source for creating awareness about the benefits and concessions. Provided telecasted on fixed Day & fixed Time on National Channel, Doordarshan.