

REVIEW OF REHABILITATION POLICY FOR THE INDIAN ARMED FORCES PERSONNEL AND EX-SERVICEMEN WITH DISABILITY

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ABSTRACT

The Indian armed forces personnel consist of personnel from the Indian Army, Navy and Air Force. They are exposed to wide spectrum of threats ranging from conventional to the asymmetric warfare and needs the manpower to suitably counter them. The armed forces in order to retain their strength recruit their personnel at a young age of 17 years to mould them to their highly demanding work culture where they need to give their physical extremes. The philosophical approach towards rehabilitation followed by the armed forces is a typical Medical approach. The practical approach towards rehabilitation is Institution based approach wherein the individual reports the problem to the medical authorities for diagnosis and treatment. The Resettlement policies have been in place for ages for the armed forces personnel and the ESM with an aim to achieve welfare measures.

Keywords: *Armed Forces personnel, Disability, Ex-servicemen, Rehabilitation, Resettlement*

I. Introduction

The Indian armed forces play the most important role of maintaining the territorial integrity of the nation from any external aggression and contribute towards the power of the nation. The armed forces personnel by virtue of their existence need to maintain themselves fighting fit. There are about 13,86,171 armed forces personnel in various cadres of Officers, Junior Commissioned Officers and the Other Ranks.¹ The armed forces personnel consist of personnel from the Army, Navy and Air Force. They are exposed to wide spectrum of threats ranging from conventional to the asymmetric warfare and needs the manpower to suitably counter them. The armed forces in order to retain their strength recruit their personnel at a young age of 17 years to mould them to their highly demanding work culture where they need to give their physical extremes.

The Role of Armed Forces in India

The armed forces organisation is a closely-knit society within a bigger civilian society spread across the nation. The job profile and the work culture are such that it needs total dedication to duty at any time

of the day or night. The task accomplishment is a continuous process requiring rotation of manpower to ensure that there is no breach of security at any level. Armed Forces are a non-profit making organisation and not expected to produce any tangible assets for the public use. It provides services to the nation by keeping its boundaries intact and safe. To meet this primary role, it is utmost necessary that the personnel doing this job are always physically and mentally fit. Hence, the armed forces ensure that its newly recruited man power is in perfect physical and mental health by adopting stringent selection measures.

Role of Armed Forces Medical Services

The Medical Services of the Armed Forces consist of the Medical Services of the Army, Navy and Air Force. Director General Medical Services is the Medical Advisor to the Chief of the Staff of their respective service. The Director General Armed Forces Medical Services (DGAFMS) is the medical advisor to the Ministry of Defence. The main objective of the Armed Forces Medical Services (AFMS) is to provide comprehensive health care cover to the entitled and authorised clientele both during War and Peace. The AFMS exist for preservation of health of the Armed Forces Personnel and their families, prevention of diseases and for the care and treatment of the sick and wounded. The Regulations for the Medical Services of Armed Forces (RMSAF) is a guide covering all aspects of Medical services. Besides, each service has its own set of orders, manuals and guidelines for medical treatment and conduct of medical boards for classification of the sick personnel and their disposal as to whether they should be retained in service or not. The Director General Armed Forces Medical Services is the apex body at the Ministry of Defence which issues policies and guidelines centrally for implementation by all three services. The Director General Medical Services look after the medical policies for each service during peace and war in coordination with the Chiefs of the services and the DGAFMS.²

Medical Attendance

Medical Attendance means professional advice and treatment afforded by the authorised medical attendant to persons eligible for such during sickness/injury. Medical attendance includes Inoculation, Vaccination and provision of necessary blood, Supply of medicines, life- saving appliances and surgical material, Laboratory examinations, Physiotherapy, X-ray, Ultrasound, CT Scan, MRI, ECG, anti-rabies treatment, local purchase of medicines, supply of Hearing Aids, dental treatment etc.³

Medical Evaluation

Different types of medical evaluations are carried out as part of the surveillance system for the armed forces personnel: -

(a) **Medical Inspection.** It is a brief medical check-up wherein an individual is examined to detect any disease or disability, which will interfere with his/her capability to perform the specific duties of their trade as well as to detect effects of occupational hazards.

(b) **Medical examination.** This is a more detailed examination and is recorded on a prescribed form. Complete and comprehensive assessment of an individual's physical and medical condition to perform service duties of his/her branch/trade in a specific medical category is declared.

(c) **Medical Board.** This is an assessment of an individual by a board of medical officers with a view to determine the physical and mental status of an individual and need for any protected employment.⁴

Induction process of personnel into the Armed Forces

The newly recruited manpower after passing through a tough selection process are assessed for certain mandatory qualities of leadership which will make them not only effective leaders but also loyal followers. These individuals are also medically evaluated during the for their physical fitness based on the qualifying standards for their branch/trade so that they can be detected for any disease or ailment, which may later affect the physical and mental capacity of the individual adversely. This is to avoid likely dropouts and subsequent invalidment due to disabilities when substantial expenditure on training has been incurred by the state. After passing through all the tests and achieving an overall performance above the cut-off in the merit, the individual is called for mandatory basic military training. The basic military training is imparted at training institutes where more stress is given on physical training to achieve combat fitness. Intermediate and advanced training is imparted for trade allotment and professional knowledge respectively. The trained personnel are deployed for On the Job Training to various units across the country.

Initial Medical Examination

The objective is selection of personnel who can withstand the stress of active service. The candidate needs to be free from any disability which may interfere with the training and subsequently with performance of duties in any part of the world. The tests need to be simple and uniform for all in adherence to standard techniques. The medical examination comprises of assessment of family medical history and specialised medical examinations.

Annual Medical Examination

During their duties, the armed forces personnel are exposed to physical training, drill procedures and sports activities on daily routine basis to ensure their combat fitness. Primary medical facilities are always available at the place of duty for attending routine ailments and first aid. In addition, the Annual Medical Examination is carried out on yearly basis with comprehensive medical check-up to reaffirm medical fitness, detect for any physical or mental illness at its earliest stage and to render advice for maintenance of positive health to return to his full duties.

Medical Treatment

During the course of their duties, the armed forces personnel face contingencies in life either in a combat zone or normal environmental conditions and suffer various ailments/trauma which may lead to impairments that lead to restrictions in effective execution of their duties. These impairments may be of temporary nature or get converted in to permanent disabilities. Medical examination helps to determine the capacity of the individual to carry out the service tasks. In cases where a disease or a disability has occurred, or has been detected, the criteria for medical fitness should be the individual's ability to satisfactorily discharge his/her duties in peace and war and to ensure that the task does not impose any risk to the individual or to the service, because of individual's physical handicap. In cases of any abnormalities being detected, the personnel are referred to Armed Forces Hospitals for observation/investigation either as an outpatient or in-patient. All persons who are entitled to admission into a hospital of the armed forces, or a civil hospital when admitted there are provided free hospital diet and comfort as per authorised scales.

Provision of Artificial Limb/Eyes and Surgical Appliances

The initial fitting and provision of artificial limbs/eyes and surgical appliances are made to the serving personnel immediately the individual is ready for the fitting. In case of serving armed forces personnel and their families requiring artificial limbs/surgical appliances, the cost of provisions is met from the public funds, irrespective of the fact whether the disability is attributable to the service or not. The service personnel are entitled to artificial limbs in duplicate, either of the same or different type depending on the medical opinion in each case. Re-Assessment is done after fitment of artificial limb regarding the fitness or otherwise of the individual being retained in service. Personnel found fit for duties are sent back to their units. Battle Casualties in Army who can perform activities on their own are retained in service. The artificial limbs/eyes are repaired or replaced at government expenses while the individual continues in active service. Ex-servicemen (ESM) and their dependents are authorised repairs/replacements when they are the members of Ex-servicemen Contributory Health Scheme.

Release Medical Boards (RMB)

RMBs are conducted to assess the fitness of the individual at the time of his/her release from service to assess the effects of service career on his/her health, if any, and to decide fitness for commutation of pension. In cases of prior disability, the attributability/aggravation factors, percentage of disablement and frequency of review and fitness for civil employment after release from service are also decided in the RMB.

Invaliding Medical Board

Based on the outcome of the treatment, when it becomes obvious that an individual should be invalided out of service, an Invaliding Medical Board (IMB) is constituted for the purpose. The IMB assesses the disability on the percentage basis according to the Pension Regulations and states whether the disability is capable of improvement, whether medical attention is required after discharge and the type of medical attention

needed. When the disabilities are of such a nature, as will not affect the efficient performance of duties in civil life, the IMB states that the individual is unfit for military service but fit for performance of normal duties in civilian life. It also comments on attribution/aggravation due to service towards the disability. The individual is given an opportunity to appeal or review against the IMB.

Medical Categorisation

Medical Categorisation is a system by which individual's physical and mental fitness is determined vis-à-vis his/her employability for performing duties of a specific branch in an efficient manner. The disabilities of individuals are categorised by each service (Army/Navy/Air Force) in various forms to decide their functional efficiency and restrictions on employability. The personnel are first categorised after Initial medical examinations, the category is valid for one year. While awarding appropriate medical category to serving personnel due consideration is given to the following: -

- (a) Medical condition of the individual.
- (b) Work Environment in which he/she is expected to perform.
- (c) Physiological ageing process.
- (d) Experience levels of the individual.
- (e) Liability of service, at the time of initial occurrence of the disease or disability, or at a subsequent time, towards the requirement of providing sheltered and restricted employment to an affected individual. This has obvious ethical, financial and legal implications.

Medical Categorisation and Boards are secondary to providing comprehensive treatment to the individual to ensure adequate recovery to the maximum extent possible. It must be done expeditiously with the singular aim of returning an individual to his work in the minimum of time and with minimum dislocation from his duties/ duty station. Each service has a nomenclature of depicting the category of their personnel belonging to fighting arms e.g. All are given a SHAPE grading (S- Psychological, H- Hearing, A- Appendages, P- Physiological and E- Eye conditions) to indicate the functional capacity of the personnel. The other personnel are categorised as Category A, B and C. The categories are indicated as temporary or permanent depending on the nature of the impairment. The final category is given within two years of awarding a temporary category. The individual is granted sick leave to recuperate, if required, and re-assessed by the medical authorities. The disabilities are also classified as attributable or aggravated by service conditions by the Medical Board as per the Guidelines for Medical Officers for Pensions. The implication of this classification is to decide the financial compensation against the acquired disability.

Disposal of Unfit Personnel

The case of personnel who has been more than two years continuously temporary medical unfit for the duties of his branch/trade is referred to the Competent Authority (Human Resource Management Department) of

the Service Head Quarters for decision regarding retention/ non-retention in parent Branch/Trade. Based on the disability, its prognosis and the likelihood of becoming fit for resuming his primary duties, a consideration is given to whether to retain or to release from service as per policy of each service. The Low Medical Category (LMC) service personnel retained in service are considered for placement/posting accordingly.

Management of Retained LMC Personnel

The personnel proceeding on service courses are required to be fit in medical category commensurate with the requirement of the course. Incompatibility of course content vis-à-vis LMC is given due consideration by the administrative authorities. When the LMC service personnel are posted out from a unit, the medical authorities inform the next unit giving details regarding disability/ medical category/follow-up treatment and restrictions on his/her employment. The medical category is also annotated in the annual appraisal report of the service personnel. Extension of service of LMC personnel is granted by a condonation board held at their respective service record office.

Organisational Approach towards Rehabilitation

The philosophical approach towards rehabilitation followed by the armed forces is a typical Medical approach. The practical approach towards rehabilitation is Institution based approach wherein the individual reports the problem to the medical authorities for diagnosis and treatment. The Physical, Medical, Social and Occupational rehabilitation of the armed forces personnel when in service is done on case to case basis at the organisational level by each service (Army/Navy/Air Force). Each service has a welfare-oriented approach towards his/her rehabilitation without compromising the service interests. The services have also introduced special cells to attend to the problems faced by the veterans. The ex-servicemen are looked after by various agencies under the Ministry of Defence.

Resettlement of Ex-Servicemen (ESM)

The Ministry of Defence (MoD) formulates policies on all subjects for the three services. The MoD has the Department of Ex-servicemen Welfare (DESW) which formulates various policies and programs for the welfare and resettlement of Ex-Servicemen in the country. The DESW has two Divisions viz. the Resettlement and the Pension Division. The Resettlement Division consists of following three attached offices which have a major role in resettlement of the ESM: -

- (a) Kendriya Sainik Board (KSB).
- (b) The Directorate General of Resettlement (DGR).
- (c) The Ex-servicemen Contributory Health Scheme (ECHS).

Kendriya Sainik Board

The KSB is responsible for the welfare of the Ex-servicemen and their dependents and administration of welfare funds. It is an apex body of the Govt. of India whose main role is to ensure implementation of policies for the welfare of ESM and their families. It also provides financial assistance to the non-pensioners as well as the pensioners. The KSB is headed by the serving officer of the rank of a Brigadier or equivalent from IAF/IN. The KSB is assisted by the 32 Rajya Sainik Boards (RSB) and 392 Zilla Sainik Boards (ZSB) which are under the administrative control of the respective state governments. The government bears 75% of the expenditure incurred on the organisation of the RSBs in states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Uttarakhand, Jammu & Kashmir and Himachal Pradesh; It bears 60% for other states/ UTs while the remaining expenditure is borne by the respective state Govt. since welfare and resettlement of ESM is the joint responsibility of the Central Govt. and State Govt.⁵

The various welfare schemes available through KSB are,

- (a) **Raksha Mantri's Discretionary Fund (RMDF).** Various assistance like Penury, Marriage, Education, Funeral, Medical, Orphan grants and assistance for House Repairs ranging from Rs. 5000/- to Rs. 30,000/- are provided.
- (b) **Prime Minister's Scholarship Scheme.** To encourage higher technical and professional education for the wards of widows and ex-servicemen.
- (c) **Sainik Rest Houses.** To provide suitable and cheap accommodation to the ESM during their short visit to the State capital/District HQ for settlement of their pension claims and availing facilities of CSD canteen, Hospital etc.
- (d) **Paraplegic Rehabilitation Centre (PRC).** Located at Kirkee, Pune and Mohali for the rehabilitation of Paraplegic and Tetraplegic ESM.
- (e) **Cheshire Homes.** To look after Leprosy patients, mentally handicapped patients, Chronic Spastic/Paraplegic and TB patients. Located at Delhi, Dehradun and Lucknow.
- (f) **St. Dunstan's After Care Organisation.** Located at Dehradun for the rehabilitation of blind DAFF.
- (g) **All India Gorkha ESM Welfare Association.** Located in Dehradun for the rehabilitation of Gorkha soldiers.
- (h) **Grants to Regimental Centre for War Memorial Hostels.** It provides grants for the wards of armed forces personnel staying in these hostels.
- (j) **Grants to Training cum Production Centres in Military Hospitals.** It provides grants for vocational training for TB/Leprosy patients at various Military Hospitals and Artificial Limb Centre.
- (k) **Financial Assistance.** For penury, education of children/ widows, 100% disabled child, daughters' marriage, medical treatment of non-pensioners (upto Havildar/Equivalent), repairing of house

damaged in natural disaster, funeral of ESM, orphan children of ESM, as interest subsidy upto 1 Lakh, grant for treatment of serious diseases, distribution of modified scooters to disabled ESM.

(1) **Army Battle Casualty Welfare Fund.** To provide monetary assistance upto 8 Lakhs to the families of battle casualties in case of death or disability.

Directorate General Resettlement (DGR)

The vision of DGR is to act as the single point of interface between ESM/ their dependents and the environment for their resettlement, rehabilitation and welfare. Their objective is to give focussed attention towards their welfare. Implements various policies/ schemes/ programmes of the DESW like the pre- and post-retirement training, re-employment, self-employment etc. It has five Director Resettlement Zones (DRZ), one in each of the five Army Commands.⁶ It has five directorates to look after the aspects of training, employment, publicity, self-employment and records. The important duties of DGR include,

(a) To facilitate the serving Armed Forces personnel as well as ESM and their dependents to derive full benefits from concessions and facilities granted by Central and State Govt. and to monitor its actual implementation.

(b) Interact with the corporate and private companies.

(c) To create awareness about the vast Human Resource available in ESM.

(d) Create Awareness in ESM on job market trends and expectations of the industry and to plan, coordinate and organise resettlement training.

(f) Disseminate useful information in respect of welfare and resettlement matters to ESM/Widows/Serving personnel.

Training Directorate

The DGR is entrusted with the responsibility of preparing retiring armed forces personnel to enhance their qualifications and to seek second career. The training is conducted at Govt., Semi-Govt. and private institutions of repute across the country.

(a) **Officers' Training.** For serving officers in their last two years of service and for retired /released officers within three years from release or up to 60 years, whichever is earlier. The training is upto six months. The cost is shared by Officers sponsored by the government.

(b) **PBOR Training.** For serving PBORs in their last two years of service. Their training is considered as on temporary duty and are entitled to draw full pay and allowances. 100% course fees are paid by the govt.

(c) **ESM Training.** It is meant for those ESM who could not avail the facility of training while in the service and is extended to the widow/ one dependent of ESM. They are eligible for training upto five years from retirement/release or age of 60 years whichever is earlier.

Employment Directorate

DGR is a nodal agency for registering of the Officers and ESM (Officers) for employment opportunities. The PBOR register themselves for re-employment at their nearest ZSB.

Self-employment Directorate

This is responsible for employment and functioning of ESM Coal Loading and Transportation Scheme, Tipper Attachment Scheme for Widows and disabled ESM, Allotment of Oil Product Agencies under 8% Defence Quota Scheme, COCO Scheme (IOC and BPCL retail outlets) and CNG in NCR, sponsorship of Mother Dairy Outlets /Safal Outlets for retired JCO/ORs, Gopaljee dairy milk booths/milk shops/retail outlets, allotment of LPG distributorship, Kidzee Education Centres and facilitate allotment of class V 'B' Army surplus vehicles to ESM/Widows.

Publicity Directorate

It has two sections, Publicity Cell and Rajbhasha Implementation Cell. Their role is to enhance the visibility of the DGR in the environment through mass media and to participate in relevant outdoor events like employment seminars, job fairs, veteran's day, DEFEXPO etc.

Statistics and Records Directorate

It is responsible for collating the statistical data of the ESM and widows as received from RSB/ ZSB/ Service HQ.

Ex-Servicemen Contributory Health Scheme (ECHS)

The ECHS was launched on 01 April 2003 with an aim to provide Allopathic Medicare to the ESM pensioners and their dependents through a network of ECHS Polyclinic, service medical facilities and Govt. empanelled / Govt. Hospitals spread across the country. The scheme is structured on the lines of the CGHS to ensure cashless transactions as far as possible and is financed by the Govt. of India. Total beneficiaries of the scheme are about 43.5 Lakh. The scheme is managed through existing infrastructure of the armed forces to minimise administrative expenditure. The existing infrastructure includes command and control structure, spare capacity of service medical hospitals, defence land etc. The Station Commanders assisted by the Senior Medical Officers exercise control over the ECHS polyclinics. The ECHS Polyclinics are categorised as Type 'A' to 'E' based on the number of ESM residing in that area as follows,

- (a) Type A- Above 20,000
- (b) Type B- Above 10,000
- (c) Type C- Above 5,000
- (d) Type D- Above 1,500
- (e) Type E (Mobile) - Above 800 for remote areas.

Hospital stoppages are not recovered from Disabled ESM Officers admitted into Armed Forces Hospitals for treatment of a disability accepted as being attributable to military service and for which disability pension has been granted, or for observation to enable the medical authorities to arrive of a correct assessment of the degree of such disability. A total of 426 ECHS Polyclinics are sanctioned. The ESM are required to make a one-time contribution based on their pay scale. The eligibility for membership of the scheme is,

- (a) ESM status.
- (b) Should be drawing Normal Service/Disability/Family Pension.

Pension

The Pension forms a sort of economic rehabilitation for the ESM who retire relatively early to maintain the young profile of the armed forces. The Pension Division deals with the policy matters relating to pensionary matters of the Armed Forces Personnel. The various types of Pension are: -

- (a) **Service Pension.** Granted @ 50% of the emoluments last drawn. The minimum qualifying service to earn pension is 20 years for Commissioned Officers and 15 years for PBOR.
- (b) **Ordinary Family Pension.** Granted to family @ 30% of the emoluments last drawn, in cases of natural death of the individual.
- (c) **Special Family Pension.** Granted to family @ 60% of the emoluments last drawn, in cases of death of individual attributable to service.
- (d) **Liberalised Family Pension.** Granted to family @ 100% of the emoluments last drawn, in cases of death of individual due to War, War-like Operations, Counter Insurgency Operations, and Encounter with Terrorists etc.
- (e) **Disability Pension.** Granted @ 30% of the emoluments last drawn for 100% disability to be reduced proportionately for lesser degree of disablement which is attributable and/or aggravated by service. Service element @50% of the emoluments last drawn.
- (f) **War Injury Pension.** Granted @100% of the emoluments last drawn for 100% disability reduced proportionately for lesser degree of disablement. Service element @50% of the emoluments last drawn.
- (g) **Invalid Pension/Gratuity.** Granted to personnel who are invalided out of service on medical grounds.
- (h) **Constant Attendance Allowance.** It is payable to pensioners drawing either Disability/War Injury Pension with 100 % disability for utilising the services of the attendant.

Commutation Medical Examination

Personnel who have not undergone RMB, prior to retirement/release, commutation of pension is not sanctioned unless they undergo special Commutation Medical Exam. Disability, which does not affect longevity (life expectancy) is recommended for full commutation of pension. However, if the disability is severe

where it affects the longevity, the medical board considers whether commutation should be recommended or to be recommended with loading of age.

Disability Compensation Medical Board (DCMB)

Govt. of India has authorised payment of compensation in lieu of disability element of pension to service personnel vide Ministry of Defence letter No. 1(5)/87/D (Pen/Services) dated 30 Oct 87 subject to holding of a special medical board termed as DCMB. The payment of compensation in lump sum is considered for those service personnel who are found to have disability which is;

- (a) Accepted by competent authority as attributable or aggravated by service factors, and
- (b) The percentage of disablement is assessed at 20% or more for life but the individual is retained in service despite such a disability.

Relevant Acts for Pension

The following Regulations/Acts are applicable for release of Disability Pension to service personnel,

- (a) Pension Regulations for the Army, 1961.
- (b) Pension Regulations for the Air Force, 1961.
- (c) Pension Regulations for the Navy, 1964.
- (d) Entitlement Rules, 1982 revised as Entitlement Rules, 2008
- (e) Guidelines for Medical Officers (Pensions), 2002 (Revised 2008)

II. Conclusion

The Resettlement policies have been in place for ages for the armed forces personnel and the ESM with an aim to achieve welfare measures. Over the period various measures have been initiated to compensate the bodily loss caused to the personnel and the ESM during their service. There have been few issues when certain privileges granted to the service personnel like exemption from Toll Tax and Rations were stopped and restored later after introspection. The ESM with disability pension are facing issues related to non-exemption from payment of taxes. The higher echelon in the system needs to address the issues to safeguard the interests of its personnel and the ESM.

References

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- ¹ Report on 7 Central Pay Commission, 2015. Para 6.2.2, Data as on 01 Jan 2014
 - ² Regulations for Medical Services of Armed Forces, 2010.

³Ibid.

⁴ IAP 4303 4th edition. 2004.

⁵ Kendriya Sainik Board, 2007. *Abridged Guide Book*, New Delhi.

⁶ Website www.desw.gov.in assessed on 05 Mar20.