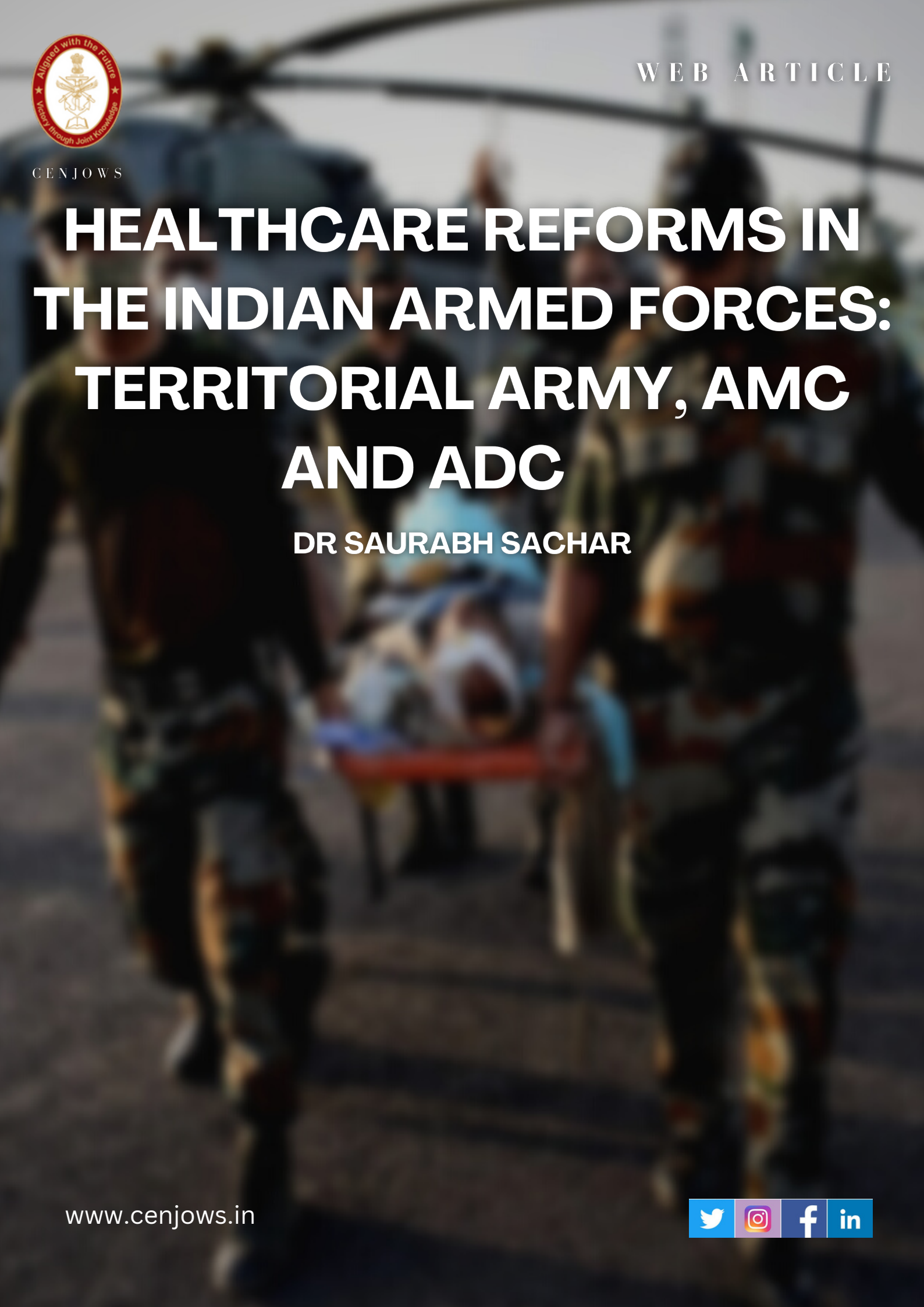

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HEALTHCARE REFORMS IN THE INDIAN ARMED FORCES: TERRITORIAL ARMY, AMC AND ADC

DR SAURABH SACHAR

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HEALTHCARE REFORMS IN THE INDIAN ARMED FORCES: TERRITORIAL ARMY AMC & ADC

Dr Saurabh Sachar, is an Assistant Professor of Radiodiagnosis & Imaging at the SGRR Institute of Medical & Health Sciences & SMI Hospital, Dehradun.

Introduction

Healthcare to the active, reserve and Ex-Servicemen (ESM) members of the Indian Armed Forces along with their eligible dependants is primarily provided by the Medical & Dental Officers under the aegis of the Army Medical Corps (AMC) & the Army Dental Corps (ADC) along with functional support from the MNS and AMC (NT) cadres in approximately 150 service hospitals, and in the case of ESM & their eligible dependants, also through the ECHS polyclinics and routinely empanelled private hospitals.

As per the latest data available in public domain through multiple reports of the Standing Committee on Defence of 16th and 17th Lok Sabha as well as ECHS website, the authorization of manpower to AFMS excluding MNS is approximately 10000 whereas the total dependant population being catered to is above 2.5 crores. The following data thus requires careful scrutiny:

a) Specialist healthcare facilities are provided in service hospitals taking into account the number of beds in that particular hospital. The general rule followed in terms of Specialists Medical officers in various levels/tiers of Service Hospitals as per bed strength is as follows:

- 76 - 100 Medicine, Surgery, Anaesthesia
- 101- 200 + Obstetrics and Gynaecology
- 201- 400 + Radiology, Pathology
- Zonal hospitals (401- 600) + Psychiatry, Dermatology, Eye, ENT, Paediatrics, Orthopedics
- Command hospitals and AH R & R > 600 + Super specialities – Cardiology, Neurology Nephrology, Urology, Burns & Plastics and Re-constructive Surgery, Oncology & Oncosurgery, Joint Replacement, Gastroenterology, Endocrinology.

b) ECHS has approximately 450 active polyclinics out of which approximately 300 are in Non-Military Stations. The authorization of Manpower in Polyclinic is as under:

Types of Polyclinics:

A) Medical Officers 6, Medical Specialist 2, Dental Officer 2, Gynaecologist 1, Radiologist 1
B) Medical Officers 3, Medical Specialist 2, Dental officer 2, Gynaecologist 1, Radiologist 1
C) Medical Officers 2, Medical Specialist 1, Dental officer 1
D) Medical Officers 2, Medical Specialist 1
E) Medical Officers 1, Medical Specialist

Note: ECHS on its own strength roll only has the above specialists available for OPD basis

It is a well-known fact that the expansion in manpower in AFMS and even in ECHS, for that matter, though significant since its inception, has not been commensurate with the growth in its role, scope & mandate. It partly for this reason that ECHS was conceptualized since 2003. It is also a well-known fact that the two major reasons for the same are limited availability of financial and human resources with the ECHS budget alone at approximately Rs 5000 crores per annum. Similar constraints also exist in terms of specialist Dental Healthcare.

Hence, to overcome these constraints, it is proposed to revive the grant of Territorial Army (TA) Commission in AMC/ADC to duly registered civilian Doctors/Dentists such as Private Practitioners as well as those from other Central/State Government Ministries such as MoHFW, PSU`s, Govt and

Pvt Medical Colleges, autonomous institutions, example, AIIMS, on terms similar to other branches of TA. At present, Commandants of individual Military Hospitals & Military Dental Centres are empowered to engage Private Practitioners or Civilian Doctors/Dentists for augmenting manpower under their individual commands on CGHS/ECHS defined rates of reimbursement. However, this is a very adhoc and not very attractive option for most Civilian Doctors who are employed with better financial remuneration elsewhere.

Potential Benefits of TA AMC & ADC:

A) Benefits in respect of Service Hospitals/MHs & MDCs.

1) Ability to deal with pandemics and **scale up new medical infrastructure in terms of health related exigencies, such as in Covid – 19, mucormycosis etc with readily available medical manpower at very short notice**, **and with the ability & flexibility to maintain normal strength levels even during such times in all MHs**, thereby ensuring zero reduction in medical cover to serving troops & dependants, as well as veterans, and if need be, in aid to civil authorities as well, during natural or man-made disasters etc.

2) **Ability to plan and expand medical manpower for service personnel in critical operational locations** for providing medical care, especially in view of possibility of two front simultaneous operational exigencies **such as along both LAC and LC.**

3) **Improved accessibility and better standards of health care to dependants of serving personnel in hinterland thus reducing stress of serving personnel.**

4) Availability of **highly trained & motivated Specialists/Super Specialists at minimal cost to the exchequer across multiple locations** thereby improving patient care.

5) As detailed above, broad specialities such as Psychiatry, Dermatology, Eye, ENT, Paediatrics, Orthopedics are only available in Zonal Service hospitals with bed strength above 400. **With TA AMC, it shall be possible to provide optimal or bi-weekly OPD and perhaps even IPD services in smaller zonal and even below Service Hospitals across all streams** through specialists in close

proximity. Same is true for Dental specialities in multiple crucial streams.

6) **Easy availability of Super Specialists** such as Cardiologists, Endocrinologists, Onco Surgeons, Interventional Radiologists etc **in smaller areas & Tier II/III cities with Zonal or smaller Hospitals for service personnel as well as veterans,** thereby **alleviating the need for private referrals and reducing the financial load on the exchequer.**

7) Availability of highly trained Specialists/Super Specialists to impart **training to regular AFMS Officers** as well as providing niche care in highly specialized areas in Service Hospitals with a perennial paucity of specialists such as MSK imaging, sports medicine etc.

8) **Ability to extend tele diagnostic and tele medicine facilities** with daily reporting in every single MH, without the need for physical specialists` presence of specialists.

9) **Better and optimal use of existing static existing resources such as existing machinery, by way of Sunday & evening OPD`s which is also being followed in many Central Government Hospitals.**

10) TA AMC Officers can be utilized to extend Specialist/Super Specialist OPD & diagnostic services such as in Radiology by way of Evening/Weekend/Sunday OPD`s in Service Hospitals to cater to both regular as well as ECHS members. This will not only drastically reduce patient backlog, but also significantly improve patient care and also bring down costs to the exchequer due to need of reduced referrals outside.

11) Similarly, as on lines of TA AMC, TA ADC can be conceptualized as well.

12) **Availability of trained motivated manpower without any cost of UG/PG training**.

13) **Long term possibility of reduction of salaries/pensions outlay dedicated TA in v/o above.**

14) **Larger pool of disciplined reserve manpower with sense of participation in Nation building.**

B. <u>Medical Benefits For Veterans/ECHS</u>

1) **Ability in normal times to extend care/manpower in all Districts as per goals of AFMS/ECHS and therefore access to timely medical/dental care to veterans & dependants.**

2) **Improved accessibility and better standards of health care for veterans & dependants, especially for JCOs and below ranks especially in the hinterland, which at present is not optimal.**

3) At present ECHS also does not have the provision of Specialists in streams such as Surgery, Psychiatry, Ophthalmology, ENT, Orthopaedics, Dermatology in any of its polyclinics, even though it caters to a geriatric age group with a much higher requirement of these specialities, & is largely dependent on empanelled private Hospitals for these critical streams leading to inadequate care, hassle of referrals & running around etc for Veterans. **With TA AMC, OPD services on an even bi weekly basis in these other specialties may be started in ECHS Polyclinics which will improve patient care manifolds.**

4) **Cost saving to the exchequer by way of reduced ECHS referrals to private set ups.**

C. <u>Intelligence & Aid to Civil Authority benefits</u>

1) Availability of TA AMC & ADC manpower & **medical/dental cover in remote areas** such as remote and hilly areas, A & N islands etc to deal with any natural calamities and administrative exigencies.

2) Increased availability of TA resources in sensitive areas could prove to be an extremely reliable source of crucial (HUMINT). In operational areas, they could act as a vital source of information as doctors are often referred to by local population in case of

medical necessities. This could be **especially critical and useful in sensitive areas such as J & K and North-East.**

3) Availability of manpower for various activities such as medical camps, **aid to civil authorities in cases of calamities etc** thereby reducing the burden on regular AFMS, as well as providing better availability of on ground resources on grounds.

D. **<u>Short Service Commission & Paramilitary Related Benefits</u>**

1) **By improving medical infrastructure, TA AMC & ADC will also ultimately make SSC in Armed Forces a far more attractive option & thus ultimately help reduce the pension load in the long run**.

2) TA AMC & ADC can be used to augment **super specialists, specialists and medical officers in existing MH`s to be able to provide medical cover to Ex SSC as per their authorization**. Currently Ex SSC Officers after 5 years are reimbursed 50% & those after 10 years or 14 years are reimbursed 75 % of medical costs in ECHS empanelled Hospitals. With increased manpower via TA AMC & TA ADC, medical cover with 50% rebate in charges or 75% rebate in charges could be provided inside the services Hospitals itself.

3) **Ex SSC Officers after 14 years of service could also be considered for 100% cashless cover in service hospitals**.

4) **Alleviating the inconvenience of filing reimbursements and paper work for ECHS claims**.

5) Scope of TA AMC & ADC can also be deliberated in terms of Paramilitary forces.

6) **TA AMC & ADC will also enable to provide healthcare cover to paramilitary troops** in multiple locations thereby providing a critical operational boost and saving lives.

7) It will also help make Paramilitary forces a more lucrative proposition.

8) If successful, this could also serve as a template for providing better health care facilities to the CAPF & Paramilitary services by starting their own TA like commissions in the medical/dental wings

As is known, the bulk of our serving personnel, veterans and their dependants are JCOs and or equivalents, who reside in the hinterland, at time far away from the first point of comprehensive medical care. Recent Parliamentary Standing Committee reports on Defence of 16th & 17th Lok Sabha are on record to state that in multiple locations our ESM especially have to travel upto 70-80 kms to avail medical care, which is obviously cumbersome and also a financial drain. Inadequate and non-uniform availability of specialists/super specialists is also a fact affecting both AMC as well as ECHS.

Many a times due to these reasons, invaluable time is lost in diagnosis and treatment of critical illnesses such as cancers. TA AMC & ADC therefore have the potential to significantly improve the health care standards for both serving as well as veterans, drastically improve patient outcome and increase life expectancy.

By way of TA AMC & ADC, it shall be possible to scale up our medical infrastructure without any cost of training manpower and at a much reduced cost as compared to paying referral charges to private Hospitals etc. The latest budgetary estimate of ECHS for procedures alone for p.a. is Rs 3000 crores approximately, which could significantly reduce if existing infrastructure can be utilized in a more optimum manner.

Owing to the nature of TA as well as the highly technical training required to be eligible, TA AMC and ADC being likely to consist of highly qualified individuals who are otherwise financially and professionally successful, are likely to attract highly motivated individuals who are likely to join for the pride of the uniform and minimal pecuniary gains. Such motivated individuals shall be a huge asset to the services, MoD and the Nation at large. TA AMC/ADC will also help boost the morale and service conditions of our existing regular AMC/ADC personnel as it will make it easier for them to avail leave & thus ensure better human resource management.

It is also known that many a times highly qualified specialists/super specialists are unable to join the Armed Forces due to stringent medical standards required for regular AMC & ADC Officers as necessary due to

regular Service requirements, though technically speaking such specialists are likely to be assets to the organization. Owing to the non-operational nature of a TA Commission in a Service Corps, some of these standards can be reviewed to enable intake of technical personnel on a TA basis only for their skills.

It is therefore proposed to revive recruitment of TA AMC & ADC Officers in the Medical Offices /Specialists/Super Specialists cadres**. Being a reserve cadre, the medical standards could also be kept commensurate to CHS cadre levels instead of stringent regular service levels to ensure better intake as at present by rule all CHS Doctors/Medical Officers are liable to be called upon for compulsory Military service in the event of any calamities or exigencies**. Service conditions could be kept with options of weekend or evening Service.

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