

DEDICATED TO THE CAUSE OF PENSIONERS SINCE 1991

RAILWAYS SENIOR CITIZENS WELFARE SOCIETY (RSCWS)

(ESTD 1991, REGD NO.1881- UNDER REGISTRATION OF SOCIETIES ACT)

WEBSITE: <u>WWW.RSCWS.COM</u>; QUARTERLY JOURNAL: PENSIONERS' RAIL SAMPARK

AFFILIATED TO BHARAT PENSIONERS' SAMAJ (BPS)

FORMER MEMBER, SCOVA (STANDING COMMITTEE FOR VOLUNTARY AGENCIES)

T S Kalra, PCEE (Retd)
Chairman RSCWS
Mob: 98761-73490
E-mail: tejkalra@gmail.com

K P Singh, ED Rly BD (Retd)
President RSCWS
Mob:98119- 22222
kpsingh.railways@gmail.com

Sat Pal Singh, SecyGenl, 98884-48063
secretarygeneralrscws@gmail.com
Desh Rattan, Jt Secy1; 70870-70320
GP Singh Sandhu, Jt Secy2; 97795-82475

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No. RSCWS/CHD/Health/2025-05

GM (Medical), N RLY, Baroda House, New Delhi; PCMD, N Rly, Baroda House, New Delhi;

gm@nr.railnet.gov.in cmd@nr.railnet.gov.in

Sub: Medical Facilities for RELHS Optee Railway Pensioners settled in the tri city of Chandigarh, Mohali, Panchkula and adjoining areas.

Regarding NO REFERRALS OR VISITS FOR CONSULTATIONS, INVESTIGATIONS, TREATMENT BE PRESCRIBED by DMO/CDG or CMS/UMB, TO N RIY DIVISIONAL HOSPITAL AMBALA and/or NRCH, NEW DELHI.

With advancing age, very often, seniors need to consult specialists & super specialists for their age related problems, That's why private super-speciality hospitals in the city are empanelled by Railways.

The senior citizens are not in a position to travel long distances and would like to go to the nearest speciality hospital &/or one of their choice. Most of them are living alone by themselves, their children being posted at outstations or even abroad.

The third part is attending to patients in emergency cases where in it should not be binding for the patient to go to even an empanelled hospital.

There has been lot of correspondence on these subject items over the last 5-6 years and addressing the above issues, directives had been issued by Railway Board to all GMs. The emphasis has been to provide best possible medical care to pensioners near to their places of residences.

Chandigarh has the best possible medical facilities available, next only to New Delhi, both in the government as well as private sectors.

Two recent cases need to be brought out wherein pensioner patients were put to lot of harassment, even amounting to torture by DMO CHD, under orders from CMS/UMB

- a) In one case a patient was referred by DMO/HU/CHD(under instructions from CMS/UMB) to Railway's New Delhi Hospital for Eyes(Cataract) treatment. That is simply atrocious. Even going to Rly's Chandigarh Health Unit is so much taxing for the patient, because the HU is located at a far off forlorn place across the railway yard, not linked with any bus service route. And the patient is being asked to travel to New Delhi. This, beside the fact that an eye hospital, named Drishti Hospital of the tricity, is empanelled with N Rly Ambala. But Drishti is also located at far off Panchkula. For eye surgery- cataract etc, three –four trips are needed to the Eye Hospital.
- b) In another case, a gynaecology patient, living far away in Kharar, reported to the empanelled hospital in an emergency. That was got duly approved on line from CMS Ambala, but after the emergency part was tackled, the patient was got discharged and asked to report to Ambala

Hospital for further management. With RSCWS's consistent intervention, Ambala reporting was withdrawn but, still the patient as well as RSCWS had to struggle hard to get the patient re-referred to the empanelled hospital for the delayed surgery.

These two cases reveal as to how the pensioner old patients are being dealt with so negligently, even cruelly, so as to refer them to Delhi and Ambala.

We have had protracted correspondence, since 2018, with CMS/UMB, PCMD/NDLS Baroda House, Director Genl Health Services Rly Board, Director Genl CGHS, Min of Health & Family Welfare/ New Delhi. The outcome of these meetings & correspondence was that:

- a) No RELHS beneficiary will be asked to go to Ambala under any circumstances;
- b) No referral will ever be made to Ambala Hospital and nothing whatsoever to New Delhi Central Hospital.
- c) All referrals will be made to empanelled and even non-empanelled hospitals(in case of emergency) in the Chandigarh tricity.

But these instructions from RB are being flouted with impunity.

At the most, in case of any doubt or disagreement, the patient can be referred to any of the Govt Super Speciality Hospitals in CHD and their opinion or line of action for the patient, should be considered as final. But that also should be only in case of observed disagreement with the empanelled hospital; otherwise going to these overcrowded government hospitals, in itself, is a harassment for aged patients.

It is requested that , keeping in view the above described scenarios, suitable strict instructions be issued at the earliest to CMS/Ambala to deal with the tricity pensioner patients in a most sympathetic and helpful way and not harass them by way of referring them to Ambala or New Delhi.

Chairman/RSCV

Copies to i) CMS, Ambala; <u>cmsambala97@gmail.com</u>

ii) DRM, Ambala; drm@umb.railnet.gov.in

Copy to pedhealth,Rly Board; pedhealth@rb,railnet.gov,in

New Delhi