

The State of War-Wounded Personnel in India: An Appraisal

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Abstract

The paper elucidates the challenges faced by war-wounded personnel in India, focusing on their physical, psychological, and societal struggles post-injury. Despite their sacrifices, the paper highlights the inadequate recognition and support for these individuals, contrasting the attention given to those killed in action. Through qualitative and quantitative methods, it assesses the concerns of war-wounded personnel, revealing gaps in their rehabilitation and welfare. Issues such as lack of empathy, inadequate counselling, and medical negligence are discussed, along with recommendations for improvement. The paper suggests a holistic approach to rehabilitation, drawing from international models like the United States and the United Kingdom, emphasising physical and psychological support alongside constructive engagement. It proposes measures for career progression, financial assistance, and family support to ensure the well-being of war-wounded personnel. Furthermore, it advocates for the establishment of a comprehensive data bank to track and support these individuals effectively. Drawing inspiration from Maj Gen Ian Cardozo's remarkable journey, the conclusion emphasises the need for opportunities for wounded warriors to prove themselves, challenging existing norms and fostering

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a culture of inclusivity and support within the armed forces. Ultimately, the paper calls for a concerted effort to address the multifaceted challenges faced by war-wounded personnel, underscoring the imperative of providing them with dignity and support as they navigate life beyond injury.

Introduction

“While it takes strength to serve in the Armed Forces, it takes a different kind of strength to live a life beyond injury”.¹

Indian Armed Forces have fought four wars against Pakistan including limited operations in Kargil in 1999 and one war against China since Independence in 1947. In addition, the Indian Armed Forces went as Peacekeeping Force to Sri Lanka. Although the nation has not fought a war since the Kargil War of 1999, the forces, especially the Army have been involved, in major counter-insurgency and counter-terrorism operations in many parts of the country. During these operations, the Indian Armed Forces have suffered many casualties. There are nearly 40,000 war disabled personnel in our country, scattered in different parts of India and the number is constantly increasing.² Broadly, these casualties are of two types, ‘Killed in Action’ and ‘Wounded in Action’. Some of those ‘Wounded in Action’ become permanently disabled. While a few are invalided out of service, others are retained in the service.³

The Soldiers serve the nation selflessly. Captain Vikram Batra’s war Cry ‘Ye Dil Mange More’ and the famous line in Captain Manoj Pandey’s letter to his family which said, “If death strikes before I prove my blood, I swear, I will kill death”, has been reverberating in radio, TV, social media and the hearts of patriots. While national pride has been the primary reason why a soldier is willing to sacrifice their lives and limbs, but the understanding that the nation will look after their Next of Kins (NOKs), if they make the ultimate sacrifice on the battlefield or are maimed permanently, also plays a significant role. While due recognition is given to those ‘Killed in Action’ and their families, the war disabled are easily forgotten and consigned to a life of ‘Existence’.⁴

Aim of the Paper

The primary aim of the paper is to undertake research about the present state of war-wounded personnel in India, identify problems associated with their welfare and recommend feasible solutions for ensuring their well-being.

Layout of the Paper

In the beginning, the paper attempts to understand the concerns of war-wounded personnel and problems associated with their welfare. Various examples and instances are quoted to support the statements. To study and develop appraisal regarding state of war-wounded personnel in the country, a survey has been carried out among armed forces personnel, both serving and veterans. Analysis of the survey has been included in the paper. In the end, the paper attempts to present a road map for instituting measures towards ensuring welfare of war-wounded personnel.

Terminology

Rehabilitation.⁵ Rehabilitation is a process of assessment, treatment and management by which the individuals (and their families) are supported to achieve their maximum potential for physical, cognitive, social and psychological functions, participation in society and quality of living.

Physical Casualty.⁶ Physical casualties are those, which occur in non-operational or in operational areas when there is no actual fighting/action involved. Physical casualties consist of the following categories:

- Died or Killed.
- Seriously or dangerously ill.
- Wounded or injured (including self-inflicted).
- Missing, presumed dead.

Battle Casualty.⁷ Battle casualties are those casualties sustained in action against enemy forces or preparation/deployment for operations on land, sea or air. Casualties of this type consist of the following categories:

- Killed in action.
- Died of wounds or injuries (other than self-inflicted).

- Wounded or injured (other than self-inflicted).
- Missing, presumed dead.

Understanding Concerns of War-Wounded Soldiers

The methodology adopted, to understand concerns of war-wounded personnel, consists of both qualitative and quantitative methods. The qualitative method comprises interviews of war-wounded personnel whereas the research survey forms part of the quantitative method.

Qualitative Method. During the process of interviews, I came across an officer who on completion of ab-initio military training at Officers Training Academy, Chennai, joined an Infantry Regiment. The officer got married in six years of service and within a few months of marriage, he was deployed in counter-insurgency operations in the Northern Command. During one of the search and destroy operations, he sustained injuries from hundreds of shrapnel from a grenade which exploded in close vicinity. He was grievously wounded and was evacuated to the nearest Hospital. Through the streamlined medical board procedure, the officer was eventually downgraded to a permanent low medical category, S1H1A3P2E1. Since then, he has been surviving on Central Nervous System depressants and strong painkillers and has been trying to justify his retention in service by working harder than others.

The officer is a short-service officer and will be considered for permanent commission in a year. While undertaking his assigned mission with utmost pride, the officer has laid down probably everything, except his breath. However, analysis of events post injury poses various questions about his future:

- Being a short service officer, he is at fag end of his signed service tenure and would be considered for permanent commission along with his course shortly. What is the probability that the officer will be selected for permanent commission?
- If selected for permanent commission
 - Will he be considered for worthy assignments, courses and further promotions?

- Does the officer need to compete with others who are physically fit to prove his calibre or he will be given any concessions on account of his disability for further promotion?
- If not selected for permanent commission, considering his medical condition will he be able to establish himself in the civil streets? What has the organisation done to equip him for the 'After-Life' post-retirement?
- The shrapnel which pierced his groin has left him without the ability to have a normal sexual life. So, will he be able to lead a normal family life? What will be the source of motivation in his life both on personal and professional fronts?
- His medical condition has been worsening and new complications are developing. His physical and mental condition is likely to deteriorate faster with age and time which will increase his dependence on others. Is he an asset for the family or a liability? Will he be able to lead a life with self-respect?
- Last but not the least, what will be his financial entitlements on retirement? Is he eligible for a pension with 'Service', 'Disability' and 'War Injury' elements? Can any amount of financial support compensate for his loss?
- While this is about one wounded soldier, there are many whose condition is no better. For any organisation to take welfare measures for its employees, it is imperative to understand their concerns. A few of the concerns of War-wounded personnel include:
 - Dependence on others for menial things including routine activities.
 - Inability to support their family.
 - Feeling that they are a liability to the family.
 - Feeling that they have been forgotten by the people of their beloved organisation who are racing for career progression.

Quantitative Method. As part of the quantitative analysis method, a research questionnaire was circulated among war-wounded and other armed force personnel including those serving and veterans. The research analysis was mainly focused on exploring the following areas:

- To establish the level of awareness about the war-wounded among the serving personnel and veterans.
- To gauge the opinion of war-wounded personnel whether serving or veterans about various aspects including:
 - Retention in service post incurring injury.
 - Welfare measures of war-wounded personnel and their families.
 - Recognition of their sacrifices.
- Seek probable ways of improving the present state of war-wounded soldiers.

Data Analysis of Questionnaire. In furtherance to the questionnaire circulated, 202 responses were received from 60 war-wounded personnel (serving and veterans) and 142 others (serving and veterans). The questionnaire is placed at **Appendix A** and the analytical graphs are placed at **Appendix B**.

Based on the survey, following is *germane*:

- Respondents are of the opinion that war-wounded personnel are only partially looked after by the organisation.
- The survey indicates that more than half of the respondents feel that the career progression opportunities and options for those retained in service are not adequate.
- 28 out of 60 war-wounded respondents are of the opinion that justice has not been done by the organisation for their contribution while 16 feel that partial justice has been done.
- About 40 per cent of the respondents are of the opinion that the sacrifices of war-wounded personnel have been given due recognition while 20 per cent feel that the statement is not true. The remaining 40 per cent feel that the fact is partially correct.

- 30 per cent of respondents are of the opinion that there is a lack of empathy towards war-wounded personnel in services while 40 per cent feel partial empathy exists.

Organisational Issues

General Attitude.

- **General Attitude towards the Disabled : Sympathy versus Empathy.** Interactions with war-wounded personnel indicated that while there is enough sympathy in the organisation for those who continue in service but the factor of empathy is lacking. While superiors sympathise with their physical conditions, they tend to forget their limitations and treat them as a burden. For instance, on a few occasions, war-wounded with disabilities are considered as additional manpower and are deputed for temporary duties in lieu of others. On other occasions, they are compared with other disabled personnel with similar conditions. During interactions, the war-wounded personnel indicated that they seek empathy and not sympathy from their colleagues and superiors.
- **Lack of Awareness.** The awareness of the disabled person in various units of all three services is subjective to the level of interest shown by the seniors of the units. In most cases, the disabled personnel, including those serving, are not aware of their entitlements, which is a clear indicative of the lack of focus of their superiors on their welfare.

Inadequate Counselling Facilities

To start with, what arrangements are in place for helping a person, who has recently lost a body part or had a near-death experience, to come to terms with the situation they suddenly find themselves in? Are there adequate Counsellors whom these persons can talk to? Is there someone who can help them understand and rationalise their fears? Are Psychiatrist and the fear of a 'Form 10' an answer to everything? There is a vast difference in the professional capabilities and requirements of a Psychologist and a Psychiatrist.

A person with a disability has various concerns about his own future and his family. In most cases, he is not able to discuss his concerns with anyone. Therefore, counselling by a professional is considered essential in dealing with the situation. Interaction

with the disabled revealed that the state of counselling as part of treatment is either missing or inadequate. Also, it is imperative to state that while counselling of the individual is of prime importance, counselling of the family members in accepting the 'New Normal' is equally important.

Medical Issues

Special Immediate Care. There have been cases of medical negligence which have resulted in serious consequences. For instance, one of the officers posted along the 'Line of Control', after an Improvised Explosive Device blast, was admitted in one of the military hospitals with multiple splinters in one leg. Amputation was undertaken as last resort to arrest spread of infection. However, a detailed medical examination to ascertain the cause of his deteriorating health revealed presence of a splinter in another leg too. By now the infection had spread enough and required amputation of the other leg as well. The officer thus became a bilateral amputee because of medical negligence. While such cases of medical negligence are rare and can be attributed to circumstances, it is essential to lay particular emphasis on correct medical procedures.

Lifestyle and Lifestyle Related Diseases. Analysis of trends indicates that the cases of lower limb amputation tend to suffer from various infections of the residual limb and lifestyle related diseases. The sedentary lifestyle because of limited physical activity has resulted in increased probability of obesity and cardiac issues. These disabled personnel also tend to develop issues related to the kidneys and renal system. Therefore, there is a need to review their medical diagnosis periodically and any complication, which arises due to the initial injury, needs to be considered as a part of the Battle Casualty and the degree of disability should be revised at the time of Release Medical Board.

Way Ahead

Steps for Rehabilitation in Other Countries.

- **United States (US) Concept of Constructively Engaging Wounded.** US Armed forces are known to be exposing wounded soldiers to various Paralympic sports and games to keep them motivated by giving them a purpose in life.

- **United Kingdom (UK).**⁸ In UK, the Defence Medical Rehabilitation Centre (DMRC) has been treating Armed Forces patients who have sustained injury either during training and exercises or during active service. DMRC has recently collaborated with Nottingham University Hospital Trust under the Defence and National Rehabilitation Centre (NRC) Program. UK is also known to be integrating the Clinical and Academic space/facilities with the NRC. This integration is known to have brought many benefits:

- Promoting innovation in rehabilitation, leading to new and improved solutions.
- Reducing the time taken from the development of a service to its introduction into clinical practice.
- Collaboration and learning, with academics and researchers hearing directly from patients and clinicians.

Holistic Approach

Towards quick recovery of the individuals, clinically as well as psychologically, a holistic approach needs to be adopted. Following aspects are to be looked at as part of the holistic approach:

- Providing high-quality medical treatment.
- Physical rehabilitation.
- Psychological rehabilitation including restoring their high morale.
- Constructive Engagement of war-wounded Personnel.

Physical Rehabilitation. The aim of Rehabilitation is to enable those war-wounded who have been invalidated out from services and are finding it difficult to survive in society in living a life with dignity. Rehabilitation needs to be given to wounded personnel at the right time and in a specialised way to give them back their lives after the setback of serious injury or illness. Presently, there are three rehabilitation centres, including two Paraplegic Rehabilitation Centres and one Artificial limb centre. The Paraplegic Rehabilitation Centres at Khadki and Mohali cater for veterans only while the Artificial limb centre at Pune caters for all including

civilians. New rehabilitation centres, one each in the North East Region and Southern region, need to be established in line with NRC, UK. The aims of the rehabilitation centre should be to:

- Provide rehabilitation to the war-wounded and engage them constructively.
- To bring research and innovation in the field of prosthetics and support gears for the disabled.
- To provide education and training towards making them independent.

Assistance from NGOs. These days many services have come up with the idea of helping old age personnel with their daily needs based on minimum subscription model. For example, recently an application known as 'GoodFellows' has been launched which is backed by legendary businessman Ratan Tata. It employs young, educated graduates to create inter-generation friendships and to reduce the loneliness of the elderly. Services on similar lines can be launched through collaboration with NGOs to assist veteran war-wounded soldiers in meeting their day-to-day needs and assist them in dealing with their loneliness.

Psychological Rehabilitation. Psychological rehabilitation of the individual is equally important towards enabling him in accepting his physical state and looking at the future with a positive outlook. For psychological rehabilitation of war-wounded personnel, the counsellors will play an important role towards enabling individuals and their families in dealing with the situation. The following aspects of psychological rehabilitation are considered important:

Sense of Belonging in the Organisation. Those who tend to go and face the enemy in hostile conditions are ones who have a deep sense of belonging for his/ her unit, service and nation. It is the responsibility of the organisation to respond with a similar sense of nurturing towards these individuals when they are going through tough times.

- **Motivation.** A motivated individual can fight all odds of life and can come out of toughest of the situations. It is the responsibility of the organisation to give their life a purpose and keep them motivated.

- **Research Strategy.** For better rehabilitation, there is a requirement to develop strategy towards integrating rehabilitation centres with the academics/researchers and collaborating with National hospitals like AIMS in line with UK.⁹ The aims of the strategy are as follows:

- Establish a national centre of excellence for research in rehabilitation.
- Strengthen the national and international rehabilitation research community.
- Ensuring high-quality medical facilities at the rehabilitation centres.

Constructive Engagement. Activities to engage wounded soldiers constructively are expected to solve most of the issues of motivation and psychological rehabilitation. Pursuing these activities would help in:

- Keeping the individual engaged and distracting his attention from problems.
- Enable him to look forward to life with a hope.
- Providing a hope of doing good in life again.
- Enables him in fighting the odds of life in a better way.
- Increase social interactions which in turn acts as natural counselling.

The Following means of constructive engagement of the wounded soldiers may be considered:

- **Para Sports.** It is recommended that once the medical condition of the individual has been stabilised, the individual may be exposed to sports and encouraged to participate in Para Sports. While the Army has established the Army Paralympic Node and has a coherent Sports Policy in place, the Navy and Air Force are yet to develop such nodes.
- **Skill Development.** It is imperative that thought be given to skilling the war-wounded individuals. Queen Mary Technical Institute (QMTI), Pune trains differently-abled ex-servicemen who have been rendered unfit for the service in armed forces

due to medical conditions and those in service who are under prolonged medical treatment.¹⁰ However, this is the only institute working on the skill development of disabled soldiers dedicatedly. Setting up more skill development centres at regional/state levels in line with QMTI, Pune is highly recommended.

Recommendations by War-Wounded

The survey questionnaire revealed that the war-wounded personnel are of the opinion that their sacrifices have not been recognised. Also, they expressed concerns about limited career progression prospects for war-wounded personnel who continue in service. Towards addressing these concerns, the following measures may be instituted:

- The system should be amended to ensure easier absorption into Non-Combatant branches. Upon absorption, the individual should have options for career progression equal to others in these branches.
- The war-wounded should be considered for competing for prized appointments like Diplomatic assignments abroad.
- On superannuation, they must be considered at par with those invalided out of service in terms of financial aspects.

On many occasions, wounded personnel with grave injuries are invalidated out of service irrespective of the duration of their service tenure. It is difficult for these personnel to establish themselves in the civil world considering physical limitations. Towards enabling them for a second career and providing sufficient career opportunities, the following measures may be instituted:

- Reservation in other government sector jobs including civil services towards ensuring equal career progression.
- Personality development and other career-oriented courses at recognised institutions like IIMs/IITs/NITs to help them in getting good jobs based on their qualification post leaving services.

When a person is wounded during a conflict, the family of the wounded suffer psychologically as much as the individual. Towards asserting the will of the nation in looking after the family

members of war-wounded, the following measures may be considered for projection by the services:

- Reservation for wards/spouses of war-wounded in government jobs based on their educational qualification.
- Reservations for wards/spouses of war-wounded personnel in higher education.

Data Bank of War-Wounded

Gen Bipin Rawat while speaking to media persons on the sidelines of the convocation ceremony of Military College of Electronics and Mechanical Engineering on 14 Dec 18 said, "There are two different categories of disabled jawans. One, those who need temporary support and those whose families also were affected by the permanent disability of a jawan. We will prepare the database on the type and size of the disability and will come up with the policy to assist them accordingly".¹¹

The above statement is indicative of the fact that the services lack a system of maintaining a data bank of war-wounded. Since 2018, efforts have been put in to build up a database. With the recent establishment of Veterans' Directorates, some headway has been made to reach out to them after retirement. However, such services are still in the shadows.

Preparation of a comprehensive Data bank of war-wounded personnel (serving and veterans) involves two steps:

- Collation and verification of relevant details
- Regular updation of Data collected.

Data Bank for Serving War-Wounded Personnel

Adjutant General's Branch (AG's branch)/Personnel branches of respective services are responsible for maintaining Data bank of all officers including war-wounded. The regimental centres for Junior Commissioned Officers (JCO) and Other Ranks (OR) in Indian Army, Commodore Bureau of Sailors (CABS) for sailors in Indian Navy is responsible for maintaining Data Bank of all soldiers, sailors and airmen.

The updated details can be viewed on Officers Automated and Structured Information System by officers and Army Data Network by the ORs. On few occasions, it has been observed that the details are not being updated on a regular basis and it has become responsibility of the individual only to send reminders to the updating authorities. It is therefore recommended that the agencies maintaining Data Bank including AGs/Personnel Branch and Regimental Centres/CABS may be held accountable.

Data Bank for War-Wounded Veterans

A dedicated portal named Retired Officers Digital Records Archive (RODRA) is prevalent for accessing details by the veteran officers through which war-wounded officers can view their details and also raise objections in case of any anomaly. However, there is not such online portal for veteran soldiers, which leaves them with the rudimentary way of raising complaints. It is recommended that an online portal in line with RODRA be devised towards increasing awareness of the veteran soldiers (JCOs and ORs) and as a means of raising issues about incorrect details.

Integration of AG's Branch/Regimental Centres with War Wounded Foundation (WWF) and other NGO's. War Wounded Foundation has been set up as an autonomous organisation to assist war-wounded personnel in leading useful and productive lives and becoming financially independent.¹² It is therefore recommended that the branches/agencies maintaining Data bank in services be integrated with WWF and similar NGO's, which are looking into the welfare of veteran war-wounded personnel, so as to share details of personnel invalidated from services and those retiring with battle casualties. This would enable these autonomous bodies to reach out to those war-wounded personnel in need.

Conclusion

"I didn't join the Army to be chained to a desk," he says.

"I was determined that my war disability would not stand in the way of commanding my men".¹³

Maj Gen Ian Cardozo clambered over icy mountains with his prosthetic limb, outran his able-bodied officers and went on to become the first war-disabled Indian Army officer to command a battalion, brigade and a division.¹⁴ The officer had to prove himself

before being considered for such appointments. His incident brings to fore two important questions:

- After one has proved himself on the actual battlefield, is there a requirement to prove oneself under simulated conditions?
- Would we have more Ian Cardozos, Oberois or Joshis today if we give opportunities to wounded warriors to prove themselves?

The organisation needs to accept the fact that the problem is prevalent and the present state of affairs needs to be changed. One of the major problem areas that need to be addressed is enabling war-wounded in living their lives with dignity. In an attempt to identify problem areas, the paper could locate a few and has recommended solutions. However, there are many more that need to be addressed in addition.

Appendix A
(Refers to Para 13)

THE QUESTIONNAIRE

Question No.	Question	Options	Remarks
1.	Are you a:	(a) War-wounded veteran (b) War-wounded serving soldier (c) Serving personnel (d) Veteran	Mandatory Question
2.	In your opinion, do you think war-wounded are looked after enough by the organisation after the injury?	(a) Yes (b) No (c) Partially (d) Don't Know	Mandatory Question
3.	Do you think war-wounded have fair career opportunity/ options in services?	(a) Yes (b) No (c) Don't Know	Mandatory Question
4.	If you have been retained in service, were you given an option to continue or be invalided out?	(a) Yes (b) No	Optional Question
5.	If retained, do you think justice has been done to you for your contribution to the organisation?	(a) Yes (b) No (c) Partially	Optional Question
6.	Do you think war-wounded have been given due recognition of their sacrifices?	(a) Yes (b) No (c) Partially (d) Don't Know	Mandatory Question
7.	Do you think, NOKs of war-wounded have been looked after well after your injury?	(a) Yes (b) No (c) Partially (d) Don't Know	Mandatory Question
8.	Given an option, do you think war-wounded who have got permanent medical category would like to continue in service or leave service to start a new career?	(a) Would like to continue in service (b) Would like to leave service	Mandatory Question

Question No.	Question	Options	Remarks
9.	Do you think there should be a difference between operational and Battle Casualty?	(a) Yes (b) No	Mandatory Question
10.	Do you think there is enough empathy in services towards war-wounded?	(a) Yes (b) No (c) Partially (d) Don't Know	Mandatory Question
11.	Do you think establishment of veterans' directorates by services has helped in making a headway to reach out to war veterans?	(a) Yes (b) No (c) Partially (d) Don't Know	Mandatory Question
12.	In your opinion, what changes could be made to improve the welfare measures of war-wounded/ disabled soldiers? Mention atleast 2 points.	Subjective Question	Optional Question

Appendix B**(Refers to Para 13)****ANALYTICAL GRAPHS OF QUESTIONNAIRE**

Ser	Question	Response															
1.	Are you a:	<div>Are you a:-</div> <div>PIE CHART</div> <div><div>War wounded veteran - 11</div><div>War wounded serving soldier - 49</div><div>Serving personnel - 138</div><div>Veteran - 4</div></div> <div><table><thead><tr><th>Category</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>War wounded veteran</td><td>11</td><td>5.4 %</td></tr><tr><td>War wounded serving soldier</td><td>49</td><td>24.3 %</td></tr><tr><td>Serving personnel</td><td>138</td><td>68.3 %</td></tr><tr><td>Veteran</td><td>4</td><td>2.0 %</td></tr></tbody></table></div>	Category	Count	Percentage	War wounded veteran	11	5.4 %	War wounded serving soldier	49	24.3 %	Serving personnel	138	68.3 %	Veteran	4	2.0 %
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Yes	12.0											
8.	Given an option, do you think war-wounded who have got permanent medical category would like to continue in service or leave service to start a new career?	<p>Given an option, do you think war wounded who have got permanent medical category would like to continue in service or leave service to start a new career?</p> <p>BAR CHART</p> <table><tr><th>Response</th><th>Percentage</th></tr><tr><td>Would like..</td><td>61.0</td></tr><tr><td>Would like..</td><td>12</td></tr></table>	Response	Percentage	Would like..	61.0	Would like..	12				
Response	Percentage											
Would like..	61.0											
Would like..	12											
9.	Do you think there should be a difference between operational and Battle Casualty?	<p>Do you think there should be a difference between Operational Casualty & Battle Casualty?</p> <p>PIE CHART</p> <p>Yes - 94 No - 108</p> <table><tr><th>Response</th><th>Count</th><th>Percentage</th></tr><tr><td>Yes</td><td>94</td><td>54.5 %</td></tr><tr><td>No</td><td>108</td><td>45.5 %</td></tr></table>	Response	Count	Percentage	Yes	94	54.5 %	No	108	45.5 %	
Response	Count	Percentage										
Yes	94	54.5 %										
No	108	45.5 %										

Ser	Question	Response										
10.	Do you think there is enough empathy in services towards war-wounded?	<div><p>Do you think there is enough empathy in services towards the war wounded?</p><p>BAR CHART</p><table><tr><th>Response</th><th>Percentage</th></tr><tr><td>Don't Know..</td><td>6.0</td></tr><tr><td>Partially..</td><td>81</td></tr><tr><td>No</td><td>63.0</td></tr><tr><td>Yes</td><td>52.0</td></tr></table></div>	Response	Percentage	Don't Know..	6.0	Partially..	81	No	63.0	Yes	52.0
Response	Percentage											
Don't Know..	6.0											
Partially..	81											
No	63.0											
Yes	52.0											
11.	Do you think establishment of veterans' directorates by services has helped in making a headway to reach out to war veterans?	<div><p>Do you think establishment of veterans' directorates by services has helped in making a headway to reach out to war wounded?</p><p>BAR CHART</p><table><tr><th>Response</th><th>Percentage</th></tr><tr><td>Don't Know..</td><td>37.0</td></tr><tr><td>Partially..</td><td>74</td></tr><tr><td>No</td><td>52.0</td></tr><tr><td>Yes</td><td>39.0</td></tr></table></div>	Response	Percentage	Don't Know..	37.0	Partially..	74	No	52.0	Yes	39.0
Response	Percentage											
Don't Know..	37.0											
Partially..	74											
No	52.0											
Yes	39.0											

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- (ii) Cdr Shailes Tyagi, NM and Bar (06273-F)
- (iii) Maj Neeraj Kumar Sharma (SS46398-Y)
- (iv) Maj Manish Singh, SC, 9 Para SF (IC 74882 F)
- (v) Sqn Ldr Ishan Mishra (31469-S)

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