THE KARNATAKA CENTRAL GOVERNMENT PENSIONERS' ASSOCIATION®

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KARNATAKA

CGPA

PENSIONERS' DIGEST

JANUARY 2026

Vol XXI, Issue 10 (28 Pp.)

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CENTRAL GOVERNMENT
PENSIONERS' ASSOCIATION (REGD.)
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PENSIONERS' DIGEST

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What is inside?

Forthcoming Holidays:

Jan 26, 2026 - Monday - Republic Day

(Government of Karnataka) Jan 15, 2026 - Thursday - Sankranti

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Several MPs have been raising questions in the two Houses of the Parliament about the delay in commencement of work by the 8th CPC and demanded a timeline for final announcement of the recommendations of the CPC. The latest questions have come from S/Shri N.K.Premachandran, Thanga Tamilselvan, Dharmendra Yadav and Dr.Ganapathy Rajkumar P. The repoly from Shri Pankaj Chaudhary, MoS/Finance states that there are 50.14 employees and 69 Lakh pensioners of the Central Government, that it will make appropriate provision of funds for the implementation of the accepted recommendations of the 8th CPC will consider , and also that the date of implemen tation will be decided later.

So, it is clear that the Central Government is not serious about the 8th CPC . It has not made provision for funds, it has no timeline fixed and, it has not provided office space to the 8th CPC to function. A sad state of affairs.

PENSION AT PERIL?

In March 2025, Parliament passed the Finance Bill, 2025, which included a provision validating the CCS (Pension) Rules. Through this provision, the Government has given itself the power to classify pensioners and to create distinctions among them, mainly based on the date of retirement. More importantly, this power has been given retrospective effect from 1 June, 1972 allowing the Government to apply it even to past cases.

This move has caused deep concern and strong protests among pensioners across the country. The main reason is that it threatens the long-standing principle of parity between past and present pensioners. This parity was first established by the Fifth Central Pay Commission and was consistently followed by the Sixth and Seventh Pay Commissions. Under this principle, pensions of earlier retirees were revised whenever pay scales were revised, with the same fitment benefit.

Realising the danger posed by the new validation law, we launched an email campaign requesting the Prime Minister and the Finance Minister to withdraw the provision. We warned that this law was not a harmless technical amendment to deny pension revision of S30 scale only. We cautioned that once the Government acquired this power, it may at any time use it like a hanging sword over our heads to deny pension revision altogether.

Many Central Government pensioners' Welfare Associations throughout the country have registered their protest in several ways - Gathering and slogans, memorandum to the Prime Minister and other ministers, mass mail campaign etc.

Later, adding insult to injury, the Terms of Reference issued for the Eighth Central Pay Commission are silent on the revision of pension for past pensioners. This is a clear departure from the Sixth and Seventh Pay Commissions, both of which were specifically asked to examine pension revision for those who had retired earlier.

This omission has disappointed pensioners deeply. The reference in the Terms of Reference to the "unfunded cost of the non-contributory pension scheme" further increases anxiety, as it indirectly targets the Old Pension Scheme. Despite repeated representations by pensioners' organisations, the Government has so far refused to amend the Terms of Reference to include pension revision.

At the same time, the Government has taken a clear stand before courts that it has the authority to classify pensioners based on their date of retirement. If pension revision is denied to Central Government pensioners, the pensioners of all the autonomous bodies including the BSNL pensioners will also lose any effective ground to demand revision at any time in future.

Parity between past and future pensioners is the very foundation of pension justice. Any attempt to break this parity by artificial classification strikes at the principle of equality and puts the future of pension revision in serious danger. This is a critical moment, and pensioners must remain alert, united, and determined to protect their rightful dues.

All the three cases filed by (1). All India S30 Pensioners Association, (2). NCCPA & others and (3). Forum of Retired IPS Officers (FORIPSO) are expected to be heard on 9.1.2026.

Expectations from the 8th CPC

The fitment factor is a crucial multiplier applied to an employee's existing basic pay to arrive at the new revised pay, and it also directly affects pension revision. The multiplier is never fixed by any statutory formula; instead, it is derived by the Pay Commission after analysing inflation levels, the existing Dearness Allowance, government finances, market wage comparisons, and the need to restructure pay scales.

Although the market experts expect the factor to be somewhere above 2.13, their optimism beats logic. This time, the DA may rise to a minimum of 70% by the end of 2026. In that case, the fitment factor can be expected at the lower end of 100+70+15=185 % only. One can also expect a lower hike for the higher pay brackets while being generous for the Class-C employees. All depends on economic and fiscal conditions and this Government is not so liberal towards its employees, especially the officers.

Under the 6th Pay Commission (2006), the recommended multiplier was originally 1.74, but after objections from employees, the government raised it to 1.86. This factor was designed to merge the then-prevailing Dearness Allowance and other components into basic pay, while still giving a real increase in salary and pension. In the case of the 7th Pay Commission, the fitment factor was fixed at 2.57 because in 2016, DA had reached 125% of basic pay, and most of this had to be merged, resulting in an automatic increase of about 2.25 times. To provide an additional real raise over and above this merger, the Commission adopted 2.57 as the common multiplier across all pay levels. This led to a major jump in basic pay, especially for lower grades, whose minimum pay rose from Rs.7,000 to Rs.18,000.

The final fitment factor for the 8th Pay Commission will again involve balancing several elements—merging of allowances, giving a reasonable real hike, preserving pay hierarchy, and ensuring fiscal sustainability. Whatever the final decision, the fitment factor will play a decisive role in determining the revised salaries and pensions for millions of central government employees and pensioners.

SPARSH - Pensioner's Dilemma

Reforms are meant to simplify life, not complicate it. The controversy surrounding SPARSH, the digital pension system for defence pensioners, must therefore be examined calmly and objectively. Technology itself is not the problem. SPARSH is a robust digital platform capable of maintaining a centralised database, ensuring uniformity and transparency in pension disbursement.

However, serious issues arose during implementation. Defence pension data spans decades and includes complex service details. When this vast legacy data was migrated into SPARSH, inadequate verification led to widespread errors in rank, service, and disability, and pension calculations. Once incorrect data entered the system, rectification became difficult and slow.

Earlier, banks and DPDOs provided a human interface where pensioners could personally resolve issues. That support system has largely disappeared. For elderly pensioners, widows, and rural retirees, an online-only mechanism involving logins, uploads and automated replies has become distressing rather than empowering.

The most serious concern is ineffective grievance redressal. Delays are common, and issues often remain unresolved for months. While NHRC's intervention does not imply guilt, it reflects the gravity of pensioners' distress.

There is no evidence of widespread corruption, though lapses in accountability and responsiveness are evident. While SPARSH has helped identify some ineligible cases, many genuine pensioners have also suffered due to faulty data migration. A soldier's pension is not a dole; it is earned through service and sacrifice.

The core problem is reform without compassion. Adequate verification, local assistance, special care for the elderly, and time-bound grievance redressal should have been integral to implementation. As noted by Shri R. S. N. Murthy, our treasurer, errors were inevitable with over 30 lakh pensioners and decades-old records, but delayed corrections and lack of follow-up has worsened the situation.

SPARSH is a powerful reform, but technology alone cannot replace human responsibility. True success will be measured not by data efficiency, but by how sensitively and fairly the system serves those who once served the nation.

There was indeed a way out, provided some planning had been done properly before migration. The CGDA should have:

- ensured verified data before migration;
- retained assisted local support;
- provided special handling for widows and very senior pensioners;
- created transparent, time-bound grievance mechanisms;
- These were not luxuries; they were necessities.

OPS, NPS and UPS: A Reality Check

The debate over pension schemes for government employees has generated more heat than light. A calm examination of facts shows that the present impasse is not merely ideological, but deeply linked to fiscal arithmetic and political convenience.

The Old Pension Scheme (OPS) was not withdrawn abruptly. It was prospectively closed with effect from 1 April 2004. All employees appointed on or after that date entered service with a clear understanding that OPS would not apply to them and that they would be governed by the New Pension Scheme (NPS). There was no ambiguity in the terms of appointment, nor any retrospective alteration of service conditions.

For many years thereafter, NPS did not face organised resistance. This was largely because most post-2004 recruits were young, far away from retirement, and pension appeared to be a distant concern. Contributions were modest, markets were rising, and long-term risks were neither visible nor pressing.

It is also relevant to note that almost all countries across the world have moved to contributory pension systems, either fully or partially. Defined-benefit pensions funded entirely by the state have become rare, even in developed economies, due to rising life expectancy, shrinking workforce ratios and fiscal pressures. In this sense, India’s shift to a contributory pension framework is not an exception but part of a global trend, driven by sustainability rather than ideology.

Apprehension grew only later, when the government began tweaking the finer aspects of fund governance, annuity purchase rules and withdrawal conditions. Employees then realised that pension outcomes would depend entirely on market performance, inflation trends and annuity rates, with no assured minimum income. The concern was practical rather than political: uncertainty at an age when certainty matters most.

In response, the government introduced the Unified Pension Scheme (UPS) as a middle path. UPS assures a minimum pension of 50% of the last drawn basic pay, while allowing the accumulated corpus to earn market-linked returns. Crucially, other retirement benefits such as DCRG and allied entitlements remain fully protected. In effect, UPS restores income certainty while retaining fiscal discipline.

The real distinction between OPS and UPS lies mainly in employee contribution. OPS was described as non-contributory, but in reality, pension liabilities were met by keeping salaries relatively restrained and paying pensions from current revenues. Over time, this unfunded obligation expanded sharply. Recognising this unsustainability, the government had been examining contributory pension models since 1999, culminating in NPS in 2004.

Despite this, employees are often misled into believing that sustained agitation will compel the government to restore OPS. This belief ignores clear policy signals. The government has consistently maintained that OPS will not be restored at the central level, and fiscal realities leave little scope for reversal.

Hope is drawn from the fact that some state governments have announced a return to OPS. However, a crucial fact is overlooked: most employees appointed after 2004 have not yet retired. The real pension burden under OPS will arise a decade or more later, beyond the tenure of the governments that made these promises. In effect, the liability is being deferred to future governments. Moreover, these states were already obligated to pay OPS pensions to employees appointed before 2004. What has been added is a future commitment, not an immediate payout. With most states already under severe fiscal stress, the long-term sustainability of such decisions remains questionable.

The result is a continuing stalemate—between a government constrained by fiscal reality and employees sustained by expectations shaped more by political assurances than economic feasibility. Until the global trends and long-term costs are acknowledged honestly, the pension debate will remain caught between hope and hard reality.

An Appeal: Please do not be carried away by false propaganda being made by vested interests and mischief mongers in social media and YouTube etc. Those who spread rumours may be doing so because they earn money or pleasure of misleading or fooling the people. Wait with patience for the Government announcements. Here is also an appeal from the SPARSH: A fake message is circulating on social media claiming that SPARSH issues can be resolved through WhatsApp. Please note that NO Whats App numbers are authorized for SPARSH related queries. DO NOT share personal or sensitive information via WhatsApp. Protect Yourself: Contact only Authorized SPARSH Service Center (or) SPARSH portal for any information.

Judicial Independence

In every system of governance, different organs of the State perform different functions. Each function has its own character, method, demands, and responsibilities. The judiciary is no exception. Judges perform a specialised role - they interpret laws, resolve disputes, and ensure that the power is exercised within constitutional limits. For this reason, the Constitution guarantees them independence in the discharge of their judicial duties. However, this necessary independence is often misunderstood as institutional superiority, a perception that deserves careful reconsideration.

Judges undoubtedly belong to a separate class because the nature of judicial work is unique and distinct. A judge must decide cases without fear or favour, guided by law, reason, and conscience. To protect this function, judges are insulated from direct executive pressure and political interference. This separation is essential for the rule of law. Yet separation does not mean elevation above all other organs of the State.

In a democratic polity, sovereignty does not vest in any institution, but in the people themselves. The legislature represents this sovereignty by enacting laws and shaping public policy. The executive administers those laws. The judiciary interprets them. Each organ has its own sphere, and none is meant to dominate the others. While constitutional supremacy is unquestionable, institutional supremacy of the judiciary over the legislature or executive was never envisaged by the Constitution.

It is therefore inappropriate for judges to compare themselves even with the legislative executive in terms of supremacy. Legislatures, for all their imperfections, are accountable to the electorate. Judges are not. Their authority rests on trust and constitutional design, not popular mandate. Judicial independence exists to ensure fairness in decision-making, not to create a parallel centre of power beyond democratic scrutiny.

Equally important is the belief—sometimes subtly encouraged—that judges must occupy a position of awe in society. Traditionally, courts commanded respect because they were seen as impartial, learned, and morally upright. Over time, however, this reverence has occasionally hardened into an assumption of infallibility. But the facts show that it is neither realistic nor desirable.

Judges are human beings, shaped by their experiences, beliefs, and limitations. Like any other institution, the judiciary is not immune to material temptations or moral failings. Instances of corruption, impropriety, or questionable conduct within the judicial system, though limited in number, are no longer entirely unknown. Ignoring this reality in the name of preserving dignity does not protect the institution; it weakens it.

Public confidence in the judiciary cannot be sustained by awe alone. Respect that is demanded or enforced through contempt powers or moral posturing is fragile. True respect flows from transparency, ethical conduct, and the willingness to accept criticism. When courts appear to place themselves beyond questioning, they risk alienating the very citizens they are meant to serve.

Moreover, an institution that claims moral authority must be prepared for moral scrutiny. The judiciary cannot expect unquestioned reverence while resisting accountability. Recognising fallibility does not diminish judicial independence; it humanises it. A system that admits the possibility of error is stronger than one that pretends perfection.

Judicial independence, therefore, must be understood in its proper context. It is a means to ensure justice, not a claim to supremacy. It protects judges from interference in their decisions, not from public debate or institutional accountability. When independence is confused with superiority, the balance between constitutional organs is disturbed.

A mature democracy requires equilibrium. Judges must be independent, but also restrained. Respected, but not placed on a pedestal. Separate,but not supreme. Only then can judicial authority remain legitimate, credible, and aligned with the constitutional vision of governance by consent rather than by awe.

Gold Prices, Wars and India in 2026

Gold prices in India are mainly decided by global prices, not by local demand alone. India imports most of its gold, so when international prices rise, Indian prices rise too. If the rupee weakens against the dollar, gold becomes even more expensive in India.

Wars and global tensions play a major role in pushing gold prices up. Conflicts in Europe, West Asia, and other regions create fear and uncertainty. In such times, investors prefer gold because it is seen as a safe and reliable asset. Unlike shares or bonds, gold does not depend on any government or company.

These wars also affect gold prices through the actions of central banks. Many countries are buying more gold to reduce their dependence on foreign currencies. India is part of this trend. The Reserve Bank of India has increased its gold reserves as a long-term safety measure.

In this background, India's decision to bring back part of its gold from European banks becomes easy to understand. Wars, financial sanctions, and freezing of foreign assets showed that keeping national gold abroad involves risks. Bringing gold back to India ensures full control and safety. This move was not because of panic, but because of caution and experience from recent global events.

Looking ahead to 2026, gold prices in India may move up and down, but a sharp fall appears unlikely as long as wars and global tensions continue. For Indian families, gold will remain not just jewellery, but a form of financial protection in uncertain times.

Health & CGHS

Welcome to Dr. H. S. Prasanna,
the new Additional Director, CGHS, Bengaluru.
Our Best wishes to Dr. Vijayalakshmi Mohan - Retired but not tired.

Empanelment of Hospitals

All existing and new Health Care Organisations (HCOs) must submit fresh applications for empanelment under CGHS through the designated portal, accepting the prescribed CGHS rates and conditions. Applications are open to eligible hospitals in CGHS-covered cities and district headquarters. Existing empanelled HCOs must execute the revised Memorandum of Agreement (MoA) on or before 31 March 2026, failing which they will be de-empanelled from 1 April, 2026.

CGHS package rates shall apply as notified, with differential rates based on accreditation status, city category, and ward entitlement. Non-NABH/NABL hospitals will receive 15% lower rates; Super Speciality hospitals will receive 15% higher rates. Y- and Z-category cities will attract lower rates than X-category cities. Ward-wise adjustments include a 5% reduction for General wards and a 5% increase for Private wards. Uniform rates will apply for consultations, diagnostics, and day-care procedures, while existing cancer surgery rates remain unchanged.

A fresh Performance Bank Guarantee, valid for 42 months, must be submitted as per prescribed norms; existing guarantees will be released only after submission of the new one. The signed MoA and Hospital Policy must be submitted to the concerned Additional Director to complete the empanelment process. For details, the hospitals may visit CGHS website.

Our readers are hereby requested to contact reputed hospitals and get them empanelled. Drive their attention to the revised rates and tell them they are attractive.

Daily Dose of Poison!

Poor regulatory processes in India have allowed toxic and cancer-linked chemicals to be produced, used, or continued here even after they were banned or restricted elsewhere due to catastrophic health and environmental impacts. A glaring example is the recent controversy over “forever chemicals” (PFAS) — industrial compounds linked to cancer and other serious illnesses — whose production technology was acquired and relocated from a closed and criminally prosecuted plant in Italy to a facility in Maharashtra. In Italy, the Miteni factory was shut down and former executives were handed over 140 years in prison collectively for environmental pollution and harm to public health; yet in India, weak chemical regulation has permitted the import of that technology with minimal public debate, oversight, or safeguards for communities.

Similarly, India’s chemical and pesticide policies have repeatedly failed to protect its people. In coastal Karnataka, the organochlorine pesticide endosulfan was aerially sprayed over cashew plantations by the Karnataka Cashew Development Corporation for nearly two decades from the late 1970s to 2000, exposing thousands of residents to the chemical's residual toxicity. The result has been widespread health damage — congenital anomalies, cancers, nervous system disorders, and other serious ailments in affected villages across Dakshina Kannada, Udupi and Uttara Kannada districts. Despite a Supreme Court ban on endosulfan in 2011, the long-term legacy of its use continues to cause suffering and disability among thousands of victims, who are still campaigning for adequate compensation and medical support. The failure of regulation is not unique to pesticides or industrial chemicals — it has deep precedents in India's modern history.

In the thalidomide tragedy of the late 1950s and early 1960s, a drug that caused severe birth defects in newborns was prescribed to pregnant women in many countries. Yet in India, despite global evidence of harm, thalidomide or its analogs continue to be used for some treatments including TB. Does the system betray regulatory inertia? Why are such harmful substances still permitted in India when safer alternatives and international bans exist?

And, of course, the Bhopal Gas Tragedy (1984) — where a massive methyl isocyanate leak at the Union Carbide plant killed thousands and left many more permanently disabled — remains the starkest reminder of what inadequate industrial oversight and enforcement can cost a nation.

These cases — PFAS relocation, endosulfan poisoning in Karnataka, thalidomide misuse, and Bhopal — form a grim pattern of regulatory failure, where economic interests or weak enforcement allow hazardous substances to harm citizens and ecosystems with long-lasting consequences.

Why should Indian communities continue to bear the burden of chemicals that the rest of the world has rejected? Why are dangerous pesticides and industrial toxins still in circulation when their harms are well documented? Ensuring robust, science-based legislation and strict implementation is not just an administrative reform — it is a moral imperative to protect human life, health, and the environment. **Hence the KCGPA demands:**

1. Chemical safety and environmental health must be treated as non-negotiable priorities.
2. The list of banned and restricted substances should be constantly updated in step with global scientific evidence.

3. Strong enforcement, real-time monitoring, transparent impact assessments, and stringent liability for polluters must be central to any chemical law.

Drug Quality in CGHS

The KCGPA believes that the CGHS authorities check and confirm that the generic drugs supplied to the WCs are therapeutically as effective as the branded ones. But, many CGHS beneficiaries have complained about the quality. Some have also complained that the CGHS centres in the Parliament supply branded drugs to the MPs while it gives away sub-standard drugs to other CGHS centres in the country. Hence, the KCGPA has written a letter to the Union Health Minister as below:

Subject: A Brief on Quality Assurance, Perception and Trust-deficit relating to generic medicines supplied under CGHS.

Sir,

Kindly refer to our last mail, No. KCGPA/CGHS/01/2025 Dated 27 October 2025 regarding foreign complaints on spurious cough syrup and drugs supplied to CGHS.

Enclosed kindly find a representation from our Association about the concerns expressed by some CGHS beneficiaries on the quality of drugs dispensed by the CGHS Wellness Centres. The representation examines concerns raised by beneficiaries of the Central Government Health Scheme (CGHS) regarding the quality of generic medicines supplied through CGHS wellness centres. India is the world's largest producer and exporter of generic medicines, and in law, generic and branded medicines are subject to identical quality standards under the Drugs and Cosmetics Act, 1940. Available regulatory data indicate that while instances of sub-standard medicines do occur, they represent a small proportion and are linked to enforcement gaps rather than the generic system itself.

At the same time, persistent complaints point to a trust deficit that merits corrective action. Commercial narratives favouring branded medicines and uneven regulatory oversight have contributed to negative *perceptions. The issue therefore calls for stronger quality assurance, greater transparency, and improved post-market surveillance, not abandonment of generics. This submission recommends targeted reforms to strengthen testing, disclosure, and accountability within CGHS, thereby protecting beneficiaries' health while preserving the affordability and integrity of India's generic medicine policy. Kindly see a note attached herewith. Thanks and regards.*

Concern over Generic Medicines

Subject: A Brief on Quality Assurance, Perception and Trust Deficit relating to Generic Medicines supplied under CGHS and to Jan Aushadhi Kendras.

We wish to place before you an impartial, evidence-based assessment of the ongoing concerns expressed by beneficiaries of the Central Government Health Scheme (CGHS) regarding the quality of generic medicines dispensed through CGHS wellness centres, and to suggest pragmatic reforms aimed at strengthening both quality assurance and public confidence.

India today stands as the largest global supplier of generic medicines, serving not only domestic needs but also critical health systems across the world. It would therefore be unreasonable to conclude that generic medicines, as a class, are substandard. At the same time, persistent complaints from CGHS beneficiaries indicate a trust deficit that deserves serious attention, not dismissal.

1. Legal and Regulatory Position: Under the Drugs and Cosmetics Act, 1940, and allied rules, all medicines — whether branded or generic — are required to meet identical pharmacopoeial standards. In law, there is no concept of an inferior "generic" medicine. Any drug failing quality parameters is classified as "Not of Standard Quality" (NSQ), irrespective of branding.

Government data and regulatory disclosures indicate that NSQ medicines do exist, but they form a small percentage of tested samples. Such failures arise primarily from manufacturing, testing, and enforcement gaps, and are not intrinsic to the concept of generic medicines. In fact there are more spurious branded medicines in the market than the generic ones.

2. CGHS-Specific Concerns: Complaints from many CGHS beneficiaries are that the medicines are fake. Complaints are heard in the WCs that their tablets have some ash or chalk only, they are either useless or less effective. That they repose more faith on the branded drugs prescribed by private doctors but they have to spend money to buy them in the market. Such apprehensions could arise from: a. Composition variances or manufacturing and packing. b. No transparency in manufacturing and batch-wise testing; c. Limited choice or forced out-of-pocket purchase of branded drugs in chronic or critical conditions.

It is also evident that commercial narratives promoted by segments of the pharmaceutical industry and private hospitals, which derive significant margins from branded medicines, have contributed to shaping negative perceptions about generics. This factor must be taken into account while analysing beneficiary grievances.

3. Perception Versus Evidence: **A**vailable studies, regulatory records, and international practice clearly establish that well-regulated generics are therapeutically equivalent to branded medicines. India's credibility as a global exporter of generics would not be sustainable otherwise.

However, quality control processes, especially in small manufacturing plants; poor bio-equivalence testing in Government labs, and limited post-market surveillance - can create isolated but real failures, which disproportionately affect government-supplied medicine systems such as CGHS. If this is the case in CGHS, one can easily imagine what could be happening in the supply of generic drugs in rural areas.

4. Lessons from Past Public Health Failures: India’s history, from the Bhopal Gas Tragedy to pesticide disasters and drug safety lapses, shows that public confidence collapses not merely due to harm, but due to opacity and delayed corrective action. The CGHS issue must therefore be approached as a governance and trust issue, not merely a technical one.

5. Policy Recommendations: In light of the above, the following measures are respectfully recommended:

a. Mandatory Bio-equivalence Testing: Introduce compulsory, publicly disclosed bio-equivalence and dissolution testing for all generic medicines supplied under CGHS, starting from chronic and life-saving drugs.

b. Transparent Public Dashboard: Create an online CGHS medicine quality dashboard displaying manufacturer details, batch numbers, test results, and NSQ alerts in simple language for public scrutiny.

c. Strengthen Post-Market Surveillance: Expand random sampling and independent laboratory testing specifically for CGHS supply chains, with time-bound action on failures.

d._Manufacturer Tiering System: Develop a quality-based empanelment system for manufacturers supplying CGHS, rewarding consistent compliance and excluding repeat offenders.

e. Limited Clinical Flexibility: Give a limited discretion to doctors to prescribe branded medicines in defined clinical scenarios, with documentation in a field study.

f. Beneficiary Awareness Programmes: Launch structured communication campaigns explaining what generic medicines are, how quality is ensured, and how complaints are addressed.

Lastly, the issue before us is not a choice between generic and branded medicines. It is about ensuring robust regulation, visible quality assurance, and restoration of trust. Strengthening quality systems of CGHS medicines will not only protect beneficiaries but also reinforce India's global standing as a reliable pharmaceutical supplier.

We respectfully urge the Ministry to treat this matter as an opportunity for systemic reform, rather than as a defensive response to criticism.

Copy sent to: Dr. Jitendra Singh,Hon'ble Minister of State, Personnel, Public Grievances and pension.

The Challenge of Drug Pricing in India

Transparency Matters for Affordable Healthcare: Ayushman Bharat and the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) were launched to ensure that no poor patient is denied treatment due to high medical costs. While these schemes improved access to affordable medicines, drug pricing under Ayushman Bharat remains unclear and unpredictable for manufacturers, creating tension between public health goals and pharmaceutical industry interests.

The Traditional Profit Chain: Medicine prices in India typically include raw material cost, manufacturing, packaging, transport, marketing, distributor and retailer margins, and—importantly—*commissions to doctors and hospitals*. Many branded medicines are prescribed because doctors and hospitals receive incentives such as cash per prescription, conference sponsorships, foreign trips, consultancy fees, and gifts. This keeps prices high even when cheaper equivalents exist.

Janaushadhi Disrupted the System: The Janaushadhi scheme offers quality generic medicines at very low prices by sourcing in bulk and controlling retail margins. This people-friendly model reduces profits for retailers, distributors, hospital pharmacies, and doctors who previously benefited from commissions. As a result, resistance to the scheme is common.

Generic Prescriptions: Policy vs Reality: Although doctors are required to prescribe medicines by generic name, patients still trust the doctor's brand choice, pharmacists promote high-margin brands, and hospitals push expensive brands stocked in their own pharmacies. Thus, control remains with the commercial supply chain rather than the patient.

Influence of Global Pharma: Multinational companies shape research priorities, drug promotion, treatment guidelines, and medical conferences. India, however, has strong generic manufacturing capabilities. The key challenge is to ensure this strength benefits Indian patients, not just global markets.

Suggestions for Improving Affordability:

1. Public hospitals should compulsorily stock Janaushadhi medicines, and doctors should prescribe them when appropriate.
2. Enforce generic prescription rules through monitoring.
3. Publish a transparent pricing formula so manufacturers can plan production confidently.
4. Ensure timely payments to suppliers under government health insurance schemes.
5. Conduct independent audits to stop hospitals from forcing patients to buy from in-house pharmacies.
6. Increase public awareness that generic drugs are equally effective.
7. End doctor–pharma commission practices through strong ethical regulations.

To sum up, India's healthcare pricing issues stem from a long-standing profit-driven ecosystem involving drug companies, doctors, distributors, and hospitals. Ayushman Bharat and Janaushadhi challenge this structure by prioritising the patient. To succeed, India needs greater transparency, accountability, and fair returns for manufacturers—only then can healthcare be both affordable and sustainable for the poor.

Our Activities

Protest (17-12-25) against Validation Act and missing reference to pensions in the Terms of Reference given to the 8th CPC.

"Pensioners Day" on 17-12-25. The EC meeting of the CCCGPA was held after the protest event. Dr.H.S.Prasanna, the new Addl. Director at Bengaluru was the chief guest while Dr.Ravindra Asangi made a power-point presentation, specially prepared for the benefit of the CGHS subscribers. The gist of his talk is given below.

Dr. Ravindra explained the key changes under the revised CGHS rules and rates, highlighting that beneficiaries aged 70 years and above can directly consult specialists at empanelled hospitals. He clarified that CGHS rates are now fixed based on hospital category (NABH, non-NABH, super-speciality) and city classification, and are determined through multiple parameters, not merely by tender. The revised rate list clearly defines procedures, removes obsolete tests, and adds 405 new ones. He also informed that some disposables are now included in the rates, though cosmetic items are excluded. Hospitals are required to set up consumer helplines, nominate grievance officers, and cannot deny treatment on the grounds that services are outsourced.

Dr. Ravindra advised beneficiaries to insist on detailed bills for any extra charges and to mention such amounts in their feedback. He stressed the importance of submitting nomination forms and following new safeguards introduced to prevent fraudulent claims, such as geo-tagged photographs and OTP-based authentication. For patients above 70 years, one referral allows consultation with up to five specialists in the same hospital and investigations costing up to ₹3,000 without further referral. He cautioned against unnecessary tests and advised beneficiaries claiming both insurance and CGHS reimbursement to obtain the final settlement copy from the insurer. He also informed that one hospital is proposed to be empanelled in each district to improve access, that emergency treatment reimbursement will be at non-NABH rates, and that CGHS has shifted to a new digital system where new cards are issued online while renewals can be done offline.

Pensioners Day function at KCGPA Office: As has been the practice, this time also, the KCGPA observed "Pensioners Day" to celebrate the unique gift bestowed by the Supreme Court of India in 1983. On 17th December 1983, CJI Y.V.Chandrachud adjudicated on a case filed by Shri D.S.Nakara. The judgment carved an edict in defence of the entire pensioner community. The court declared parity in pension by treating all pensioners - past and present as one class. It declared that pension is a deferred wage, meaning that it is given to a retiree in recognition of his service and that the pension should enable the pensioner to continue to live a dignified life as earlier.

The chief guest at the function was Dr. Varsha Vijay, psychiatrist from NIMHANS, Bengaluru, specialised in mental issues among the elderly persons. She explained the common issues that affect memory in the elderly persons, dementia, alzheimer's disease etc and gave tips to remain healthy - physically and mentally. She also spoke on stroke in detail. Almost everyone in the audience got their questions answered satisfactorily. She explained all the tests and research that is going on in the field of psychiatry at NIMHAS. Shri

Pravin Kumar, a researcher offered to give a free assessment of one's mental health and invited us to participate in a research project, "India Enigma Initiative for Global and Mental Health". (Details in a box on the last page)

EC Meeting: After the end of the talk, the President chaired the EC meeting and thanked the volunteers who participated in DLC campaign namely, S/Shri RSN Murthy, R. Nagarathnam, C.J. Murali, T.V.Venugopala, B. Shivalingaiah, V.E.Thyagaraja, D. Ravi, C.A.Venkatesha Murthy, P.M.Pai and others. To a suggestion that the association should write to the 8th CPC on all our demands, the President replied that the 8th CPC does not have an office premises to function from. That the national leaders of various pensioners' welfare associations and the Staff Side of the Joint Consultative Machinery (JCM) are all based in Delhi and we are in touch with them for finalising a charter of demands. He also said that we may have to wait till the CPC gets its office address and gives its contact details.

Several pension-related grievances of retired personnel and their dependents of Defence Accounts were resolved with the assistance of Shri R. S. N. Murthy. Shri V. Rama Rao, retired Sr. Auditor from PCDA Secunderabad, was denied upgraded pay scales applicable from 01.01.1996. He was given guidance with relevant DoPPW orders to pursue his case with PCDA Allahabad. The pension of Shri Atma Ram, also a retired Sr. Auditor from PCDA, Secunderabad, was reduced after revision, which was gainst the rules. He was suitably guided to take up the matter with PCDA Allahabad. Smt. R. Kalyani, widow of late Shri R. S. Prakash Rao, was denied additional pension due to an incorrect date of birth in her PPO. Her eligible pension was correctly restored after out intervention. In a similar case, Smt. K. Varalakshmi, widow of late Shri J. S. Ramachandra Murthy of PCDA Chennai, did not receive additional pensionas her date of birth iwas not mentioned in the SPARSH PPO. Her case was successfully resolved and a revised PPO was issued. The widow of Late Shri B. Shekar of IB, Smt. Chitrakala was not getting family pension since her husband's death seven years ago. When Shri Kumaravelu, a friend of Shri Shekar brought her case to our notice, after some documentation, letters and intervention through CPENGRAMS, she received her pension and arrears of ₹21 lakh.

Thanks to our Contributors

Following payments have been received during DECEMBER 2025. We are grateful to the members who have donated Rs.1000/- and more, but that does not mean we ignore the contributions made by others also. We thank you all and expect generosity from others also.

Name (Smt/Shri/Dr.)	M.No.	Recpt No.	Dona-tion	MF	PD Subscription Rs.	Year
Abdul Rahman S (New Member)	1572	3693		500	400	03/28
Geetha H.N.	1421	3696			600	03/28
Hariharan R.	1220	3691	400		600	03/27
Kumaravelu (New Member)	1574	3695	2000	500	200	03/27
Nancy Coelho (New Member)	1573	3694	1000	500	200	03/27
Poornima Kalolgi	940	3689	4000		1000	03/29
Sarjoo Singh Suryavamshi	1105	3692	600		400	03/27
Subramanya (New Member)	1571	3688		500	600	03/29
Sumathy KR	1293	3698	600		400	03/28
Vinodh Ananth	1451	3697	1000			

A Hearty Welcome to the New Members - DEC 2025.

M. No.	Name and address	Age / DOB	Depart-ment	Email/ Pnone No.
1571	SUBRAMANYA A,No 42nd Cross, 8th Block, Jayanagar, BENGALU	22.08.1943	CQAR, Min Of Def	Asubbu1943@gmail.com 99450 59126
1572	Abdul Rahman S, No.17, 2nd Cross, 3rd Main, Rahamath Nagar, Opp. Meelwin Clinic, RT Nagar PO, BENGALURU 560 032	15.06.1958	CQAL, Min of Def	Sahmanabduls0786@gmail.com 95352 67427
1573	Nancy Coelho, B-702, Somerset Appts, No.18, MG Road, BENGALURU 560 001	13.12.1934	Defence	judecoelho@gmail.com 98451 30225
1574	Kumaravelu	His Application form is awaited.		

Amount received for Legal Fund from Members

Srl. No.	Name Smt/Shri/Dr.	M.No.	Receipt No.	Amount in Rs.
01	Padmanabhan K	280	3690	5000

OBITUARY

Shri. Kewal Kishan (M.No.1460) , Ex CQAL, Bengaluru, expired On 19 Dec 2025. We deeply regret the demise and pray peace to his soul and solace to the bereaved family.

ENIGMA INITIATIVE: This is an on-going project at NIMHANS under the aegis of the National Institute on Aging. Any one above the age of 55

years with no metal implants can participate in the day-long evaluation. The doctors will study your lifestyle, memory power, thinking skills, blood tests and MRI etc and give an assessment of your mental health, probabilities of dementia / Alzheimer's etc. The entire exercise is beneficial not only to the patients but also the science of psychiatry, especially to the research in geriatric psychiatry. The Institute will arrange for your pick-up and drop transport and food. It will give a soft copy of your report card in a CD.

Those interested may contact Dr. John or Mr. Pravin Kumar, the Geriatric Clinic, Dept. of Psychiatry, NIMHANS (Ph: 9108809414; 9611596718)

Please send your contributions online
(or by cheque to KCGPA,)
Acct No. 0406 2010 062 937
IFSC: CNRB 0010434
Canara Bank, Sadasivanagar Branch, Bengaluru;

We are going to launch our own website soon.

Domain Name will be <pensionersindia.org>

OUR OFFICE-BEARERS

President:	Girish Kanagotagi	Tel: 9980021280
Vice-President:	Venugopalachar S.V	Tel. 9448943355
Secretary:	Nagarathnam R	Tel: 9632454725
Jt. Secretary	P.M.Pai	Tel: 9538759010
Treasurer:	Murthy R S N	Tel. 9731663662

Executive Committee Members: S/Shri

Krishna Prakash / 9731058891, D.Krishnappa / 9980188785

Murali C.J. / 9448122887, Sridhara G.N. / 9449341963

C.A.Venkatesha Murthy / 9845027457

Office Manager: T.V.Venugopala, Tel:9591837011

Office: Ph: 080-23468438 Email: cgpakarn@gmail.com

A mini- story:

An old man saw a worried youth sitting alone, head in his hands. He did not ask questions. He simply sat beside him and said, "Storms pass. I have seen many."

The youth felt lighter and stood up with hope. The old man walked away smiling.

Experience shared with kindness can calm any storm.

THE KARNATAKA
CENTRAL GOVERNMENT PENSIONERS' ASSOCIATION®

(Estd:1974 Regd:1983)

PENSIONERS' DIGEST (English)

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To Shri/Smt

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