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4 January 1971

MEMORANDUM FOR: Director of Medical Services  
SUBJECT : Recommendation and Comments

MEDSIGN  
Medical Assignability & Examinee Control  
DESIGN REQUIREMENTS STATEMENT

1. As requested, a review of MEDSIGN proposal has been accomplished. I have included both [REDACTED] in this review. It is our recommendation that you non-concur in the proposed design as it is now written.

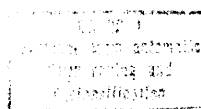
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2. Our recommendation is based primarily on our belief that the proposal gathers too much detailed medical information about the status of an individual and that such data then would become an integral part of the Human Resources System. It is our belief that no one outside OMS need know, for example, that an individual be he on duty or an applicant, has been disqualified for an assignment or for employment on psychiatric grounds. The design of the system is too broad and should be split. The "medical assignability" we believe rightly belongs in the Human Resources System. An "examinee control" system should be an internal OMS managed and controlled system.

For purposes of incorporation into Human Resources System the design phase could be approved as outlined up through the end of the first paragraph at the top of page 9 of the document. It is our recommendation that if such a limited system be used then the SSN should be used as requested by SIPS.

It is our recommendation that any "examinee control system" similar to that requested in D/MS memorandum of 22 October 1968 (Tab D) be a part of what is referred to in the preface of this document as MEDSTAT. As stated earlier, it is our belief that

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SUBJECT: Review of MEDSIGN Design Requirements Statement

such a system develops sensitive and confidential medical data which should be controlled by OMS and not open to manipulation or use by other components in the Human Resources Systems. With the response to the preliminary program call recently presented, it is believed that the DD/S would support OMS position in developing and controlling its own data.

3. In terms of conversion it is our recommendation that option number one, page 22 be followed. In terms of Hardware/Software Requirements as described on page 23, we object to concurring in a unilateral decision by HRS/SIPS on the input mode. It is our recommendation that terminals be used at both [REDACTED] and Headquarters.

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4. The inclusion of MEDSIGN of Immunization Branch at this time is, in our view, premature and requires further OMS study. It is recommended that [REDACTED] along with the personnel concerned with immunization procedures and records study this topic further. With the departure of [REDACTED] in his new position should be aware of this subject. He has expressed an interest to [REDACTED] and I have asked [REDACTED] to involve him in these activities.

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5. As a final observation, although this document refers to MEDANE package of PSS, there is no reference to the SAT project of PS under [REDACTED]'s guidance as being a part of MEDSTAT. There is no mention of OD activities in the computer field and such may well be inappropriate. There is, however, I believe, a need for central cognizance and coordination in OMS of those matters relating to clinical activities in keeping with OMS concept of the establishment of an Integrated Health and Evaluation System. For that reason I believe the Medical Systems Development Officer should formally be designated the officer in OMS responsible for cognizance and coordination of these activities in CD, PS, SPD and PSS.

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[REDACTED]  
Assistant Director for  
Clinical Activities

Attachment

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