Discussion #9

WALLACE, UK: Maj Hughes, in reference to the Global C4I system; in particular the Smart Card aspect, will it allow for non-US personnel going through the system. That being the case, will they be issued with Smart Cards as they enter your evacuation system. How much memory capacity will then be on each card? I ask the question because, in the United Kingdom, we are looking at a system that will be Smart-Card based (in reference to Paper #47).

HUGHES, US: Initially, the Smart Card concept that is being proposed in the United States will have an 8K integrated circuit. The Joint Program Office for the Department of Defense has been set up to begin issuing Smart Cards to all of the military. The contractor for that program has also been working with the United Kingdom. I don't know if we are that far along in the planning yet to consider distributing cards to non-US personnel. It's very easy to issue these cards to every person before they go into a theater of operations. The cards may have a picture on them. We are still defining the exact data to put onto the cards. At the moment, it may include blood type, allergies, significant medical conditions; e.g., if someone had only one kidney, and any medications being taken. To non-medical personnel, inquiring about the type of card information, I usually explain that if someone who was unconscious was presented to an emergency room, what knowledge is required for the health care provider to give emergency care. If we treated someone who did not have a card or the card was lost, the medics could issue a card. It wouldn't have the digital photograph on it but one could still put the name and some identifying number - for the American military that would be the social security number - on it. There is the problem of software compatibility in issuing Smart Cards to non-US personnel; i.e., can the card be read back home with the software there.

MACEDONIA, US: Maj Hughes, I would like to add something to your comment. DICOM (Digital Imaging and Communications in Medicine), which is the international format for exchange of radiological information, and HL7 (Health Level 7) are the international standards of medical informatics. As long as medical information systems and storage systems comply with either DICOM or HL7 (depending on the type of information), then that should work. It may also be prudent that any medical informatic system developed in a country be compliant with Windows 95/Windows NT.

SALISBURY, CA: I'd like to amplify on those previous comments and make a plea that for those who think that STANAGs no longer need to be developed and that we don't have anything new to talk about, that they reconsider their position. NATO has been woefully behind in identifying a NATO Standard for information exchange on the electronic format. We have not, as an organization, agreed that HL7 will be the NATO Standard, nor have we agreed that DICOM 1, 2, or 3 (depending on which one you want to use) is going to be our NATO Standard. This will prove to be a real problem because increasing interoperability, and joint and combined operations will mean that our patients will be in each other's medical system. If we can't exchange information then we will not be able to look after the patients correctly.

HUGHES, US: The Smart Card that is being issued to the US military is an ISO-Standard card; of course, the software is different.

SALISBURY, CA: Unfortunately, there is also the issue of people concerned with security not allowing certain information to be released to other people. Information that needs to be stored, for example, identification numbers and units, and what a person needs to be contacted about will not be allowed to cross other information systems because one can do aggregate studies and determine facts like parade states on tactical units and so forth, which become vital information. We need to be thinking about the creation of a mechanism and a forum for establishing the kinds of standards that the medical people need because those in security and others will put forth their own agendas.

HUGHES, US: The information on the Smart-Card chip is compartmentalized so that the medical people cannot read the financial information, and the finance department cannot read the medical information. The people who are authorized to read the various data elements must have a special card that they put into the card reader to read the appropriate data elements. Also, the information is encoded, and, in certain instances, it is necessary to enter the personal identification number and other data to activate the reading device.