

~~CONFIDENTIAL~~

~~SECRET~~

COPY 1 OF 2 COPIES

CIA CAREER SERVICE BOARD

35th Meeting

Wednesday, 30 June 1954

4:30 p.m.

DCI Conference Room

Administration Building

DOCUMENT NO. _____
 NO CHANGE IN CLASS
 DECLASSIFIED
 CLASS. CHANGED TO: TS S 02011
 NEXT REVIEW DATE: _____
 AUTH: HR 70-2
 DATE 2 JUL 1981 REVIEWER: 029726

~~SECRET~~

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

~~SECRET~~

CIA CAREER SERVICE BOARD

35th Meeting

Wednesday, 30 June 1954

4:30 p.m.

DCI Conference Room

Administration Building

Present

Lyman B. Kirkpatrick
IG, Chairman

Robert Amory, Jr.
DD/I, Member

[Redacted]
AC/PP, Member

25X1A

25X1A9a

[Redacted]
DD/TR, Alt. for D/TR, Member

25X1A9a

[Redacted]
CGPS-DD/P, Alt. for DD/P, Member

25X1A9a

[Redacted]
AD/CO, Member

Harrison G. Reynolds
AD/P, Member

Lawrence K. White
DD/A, Member



25X1A9a

By Invitation:

[Redacted] Chairman, Insurance Task Force
Member, Insurance Task Force

25X1A9a

* Also Member, Insurance Task Force

~~SECRET~~

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~~~SECRET~~

. . . The 35th Meeting of the CIA Career Service Board convened at 4:30 p.m., on Wednesday, 30 June 1954, in the DCI Conference Room, Administration Building, with Mr. Lyman B. Kirkpatrick presiding . . .

MR. KIRKPATRICK: Gentlemen, shall we come to order? I apologize for keeping those of you waiting who were here, but I thought if we could work this meeting in at the end of the Project Review Committee meeting, we could close up this Board as of this afternoon.

Are there any corrections or deletions or changes in the minutes of the last meeting? If not, they stand approved as submitted.

25X1A9a Mr. has indicated that he can present his Insurance Task Force program, or, as he said, "lead us through it", in 30 minutes. You may start, Mr.

25X1A

25X1A9a MR. I might say that this is probably the toughest job I have ever tackled, in terms of getting essential information out of so many places, and then the problem of how to present it to someone who hasn't had the chance to spend hours on it. What I propose to do is to lead you through this. I will skip a lot of it. I will point up what is important and that you ought to see, and then get to these large sheets at the end - there's the pay-off, and I'll skip some of that. It's a terrifically complex thing. The fine print is illustrated all the way through here.

So, then, on the first page, down at the bottom, the summary of statistics showing the difference between benefits paid and the actual cost paid by the employee, wherein you see two-thirds of the cost are paid, and it varies with respect to the three categories, hospital room and board, surgical and extras, as shown in those percentages. I point up here only the fact that there was two-thirds return, but the surgical is very bad.

Now turn over to (d) on the next page. This is the total actual costs paid by the employee in respect to the different kinds of service, wherein hospital room and board is 32.2 percent of total, and 41% for surgical, and the extras is smaller than I thought - 26.8%.

Turn over to the next page. Here is the summary in respect to the different kinds of illnesses, and the benefit here of looking at this is to realize the heavy importance of pregnancy and complications therefrom, which is shown to be 55% out of the actual cost with respect to the benefit. Then gastro-intestinal, and then a grouping of 160 miscellaneous small illnesses, which grouping was made by our actuaries,

~~SECRET~~~~CONFIDENTIAL~~

~~SECRET~~

and then eye, ear, nose and throat, genito-urinary. Just a gander at that is all you need. Then in (g) - days hospitalized - it can be seen that very, very few are hospitalized more than 15 days. When a guy is hospitalized for 14 days, he's had it. We intend to take care of him in a new contract.

Turn over to page 4. All you need to note there, with respect to surgical claims, is that 97% of them are under \$300; but, again, you can't pay the \$800 one or the \$1,000 one with statistics. We plan to do something on that, too.

The next one shows the extras. The extras are all those costs in the hospital outside of the room, and you can get soaked. Here, again, in actual experience of Omaha over 6 years, 96.1% are under \$150, and the distribution of that is shown - \$151 to \$668.

Next page. All of these figures are the new Omaha ones as of 1 September 1953. The previous contract which had stood in effect for six years, almost, was amended when got hold of the situation - amended from a very poor contract up to a fair minus one.

We get nothing - this is under the GHI - we can get nothing that is any real value there, because: (a) they won't give us anything; and (b) their basic hospitalization is a plan which gives you "x" number of benefit days plus 16 named extras, and you can't cost them - it's impossible, so much of these statistics you can skip. But here, again, at the very bottom of the next page, p.7, it is shown that under GHI statistics there were also 96% hospitalized less than 15 days. The bottom of the very next page tells you there are about members of the Agency in GHI. The next page is the balance sheet. These so and so's wouldn't give it to us and wouldn't give it to and I went down to the District people where we copied this off. There are two important things to note there, at the very bottom - their percentage of profit, so to speak, how it has jumped to 22% in the two years, and their unallocated reserve and surplus is now practically 2 million dollars. It has gone up a million dollars in one year. That is all you need to know there.

Now with respect to existing available protective measures as to disability, you don't have to look through this stuff. First, you can buy anything you want on the commercial market if you pay for it, and whatever you pay for it. National Service Life has some disability. Federal Employees Compensation Act is, in respect to disability, just as good as it is in respect to life - it's damn good legislation. Civil Service Retirement Act has some small benefit when you are totally disabled. The contrast between FECA is that they will pay you if you are disabled, suffered in

~~SECRET~~

performance of duty as long as your disability continues, but under the Civil Service Act you have to be totally disabled.

Now, against temporary disability, just note the next page - Public Law 110, which in effect says to a single individual of this Agency - you don't need any hospitalization because it will pay the transportation to and from the hospital or clinic and pay the cost of treatment while you are in the hospital or clinic.

25X1A9a MR. [] It's only good for the employee.

25X1A9a MR. [] Yes. This Act provides benefits to employees, but if the employee is overseas with his family he is a fool if he doesn't take out some hospitalization.

Now we are getting down to where we need to go. There are two plans of hospitalization and surgical benefit offered in the Agency. One is known as Omaha - the short name, and the other is GHI. I would like to run you through these general observations with respect to the new plan before I get into particulars. Omaha was offered to employees in August, 1948 - a very poor plan. Omaha knows that and has known it, and has approached the Agency along this line, and the Agency hadn't gotten around to doing anything about it until [] got hold of it himself last 25X1A9a year and moved it up from a very poor plan to a fair-minus plan. That is my own characteristic. Both plans confine eligibility to staff employees and staff agents. Omaha is superior on the whole as it stands, for the overseas employee who has his dependents with him. That is because GHI is so poor overseas. GHI is superior on the whole for the employee resident in the U.S. Omaha is cheaper than GHI even if the surgical benefits were matched. We did that separately. Neither plan pays off if FECA does. That is true over the whole United States. No Blue Cross plan will pay you anything if you have FECA coverage or other Government coverage.

Now here is a point in 7 here. I got the testimony of Dr. Baehr who is the Medical Director of the Health and Insurance Plan of Greater New York - HIP, which has about half a million members, and he said those plans are okay but they don't cover more than 10 percent of the illnesses because they are confined to hospitals. Outside of the hospital is where the real costs are, and the Task Force proposes to deal with that separately. They propose to clean up what we have now got, and then deal with that subject.

The last point - neither plan offers catastrophic insurance. It's the same as your deductible in your automobile.

You can skip pages 13, 14, 15 and 16, and get over to a summary comparison

~~SECRET~~

~~SECRET~~

of these two plans, and I want to gallop through this. First, with respect to overseas, in overseas general hospitalization OMAHA is far superior to GHI. In overseas maternity hospitalization Omaha is substantially superior.

MR. KIRKPATRICK: Where are you?

25X1A9a

MR. [] I'm sorry. I'm on page 17, point #2 in the summation on p.17, and this is an important point here. Omaha is substantially superior in a normal pregnancy, but in cases involving Caesarean, termination of ectopic pregnancy and miscarriage, which Dr. Tietjen says is about 10% of total cases, GHI is substantially superior. On overseas surgical Omaha is only 60% as good as GHI. Just as I run down through here, look what we are doing to the employee. On domestic general hospitalization Omaha is substantially inferior to GHI in either a normal or abnormal case. On domestic maternity hospitalization Omaha is substantially superior to GHI in the normal pregnancy but in the abnormal they are not. Domestic surgical - Omaha is only 60% as good as GHI. Now I can skip 7, 8 and 9 - which I will talk about in just a minute. In respect to hospitalization the two plans are strictly comparable in respect to an overseas location of the individual with family, but impossible of comparison in a domestic situation. Now the next page - one word about the minority cases which you will see us dealing with in the new Omaha plan - admitting that 95% are in the normal, the guy who really gets caught and really get it is the guy in the 5% - and we plan to deal with him in the spread sheet which I will show you.

Now, then, the rest of it you don't need to read, except I'd like to say that the brochure of GHI is to me a "come-on" brochure. The way they do it, they give heavy emphasis to the unusual situation and make you think you are really getting the moon with a ring around it.

Now, one more point - f., down at the very bottom of page 18. You have no chance of making a modification in GHI. They are enmeshed in legislation and with 4500 other Blue Cross plans in the United States. So just note that contrast between GHI potential for modification, and Omaha will do anything we want.

The next point - g. - I think is important. Omaha's service to us in the settlement of claims, per [], is vastly better than GHI. Mr. [] 25X1A9a characterizes GHI as a bickering, negotiating outfit.

The "fine print" you can skip, and get over to discussion on page 21. Here I scold a little bit over the fact that the Agency offers two noncomparable plans, and offers two that are entirely unsatisfactory, and let OMAHA stand in a very poor plan arrangement for nearly six years in spite of Omaha's initiating the request that

~~SECRET~~

~~SECRET~~

we ought to look at what we have got. Then we put GHI in for the overseas, forgetting what we could do with Omaha there, their flexibility, their complete security - and GHI is insecure, and the guy who can't say to GHI that he works for CIA, and there are a lot of them, gets a rriming because he gets the poor overseas rate under GHI, and it is poor.

25X1A9a Turn over to page 22, para. f. GHI's attitude is that of doing us a favor. When Mr. [] approached them to get some statistics, and I quote [] they 5X1A9a said to him, "If you require this kind of information, it might be better for you to take your business elsewhere." They also refused us and [] a balance sheet. I 25X1A have already commented on the balance sheet.

Next page - 23. I have covered f., which I wanted to. Then turn to the conclusions on page 24. Neither plan offers enough, and neither plan offers an opportunity to relate premiums to our experience. Neither plan takes advantage of actual previous experience in its coverage features. Neither plan takes advantage of the co-insurance philosophy to base premium rates in the higher incidence circumstances and still protect the minority substantially. Security-wise only Omaha offers or can offer a completely satisfactory situation for the employee who cannot admit Agency affiliation. The Agency must offer one best plan. Adding the tangibles and intangibles in the foregoing comparisons, Omaha offers excellent and the only potential for improvement. Now here are the recommendations, and you will be all through when I take you through these sheets: That the Agency accept and offer to its staff employees and staff agents the new Omaha Plan, next hereto, proposed by the Task Force and worked out with the local Omaha office together with Mr. A. W. Randall, head of the Omaha Company's Group Insurance Department, and Mr. Gale Davis, Omaha's No. 1 Vice-president, who came here to Washington to do it. (2) That the DD/A and General Counsel proceed from here on to embody this plan in a contract. (3) That AD Personnel take over responsibility for appropriate Agency publicity on the plan and continue the study of any possible amendment for coverage of home and doctor's office costs. (4) That the Task Force go out of business in respect to disability insurance.

Now here is the pay-off. This one you are going to have to watch very carefully. I'll take you through it from left to right, and because I have covered the present Omaha contract essentials, anyhow, I think we can skip entirely the left-hand side which is the present Omaha contract, and therefore, deal with the present GHI contract, which is in the middle, and the new Omaha plan. First note that this is overseas. First you have hospital room and board under GHI which is \$10 per day for

~~SECRET~~

21 days with 90-day interval on frequency, plus \$64 for hospital extras. Now you have to be in a hospital over 18 hours before you get anything under GHI, and if it's under 18 hours you get nothing. Under new Omaha, hospital board and room - \$9 per day for 90 days with no limit on frequency, plus hospital extras of \$135 unallocated - not 16 specified, but all of them except maternity. Therein is your first comparison of the new plan against the GHI. Omaha has no minimum requirement on number of hours. No. 2, GHI - plus out-patient emergency up to \$10 and it has to be within two hours of accident.

MR. KIRKPATRICK: What if you are pinned under a car for two hours?

25X1A9a

MR. In new Omaha it's plus out-patient emergency up to \$135, and within 24 hours of accident. Presumably you would get out from under your car within 24 hours. Waiting period - GHI - none for the applicant who joined initially or for the EOD since then. Otherwise 10 months for maternity, tonsillectomy, adenoidectomy and one year for all pre-existing conditions. The waiting period under new Omaha, none if participation of members is 75% of GEHA --and our scheme would be such as to have it 100% anyway-- and none on transfer from GHI, except for maternity wherein in all cases waiting period is 9 months, but coverage extends 9 months beyond termination of membership.

MR. KIRKPATRICK: What about the people who are presently holding GHI contracts but who want to transfer over to the new Omaha? Are they covered completely except for maternity?

25X1A9a

MR. Yes.

MR. KIRKPATRICK: In other words, they shouldn't cancel if there are going to be any maternal developments.

25X1A9a

MR. GHI does not guarantee 9 months after termination, whereas Omaha does.

25X1A9a

MR. Maternity - \$9 per day room and board for 8 days except Caesarean, termination of ectopic pregnancy and miscarriage, for which hospitalization benefits are 1. above - that is to say, the one you have been through. Now Omaha - it's \$9 per day room and board for 8 days, except Caesarean, termination of ectopic pregnancy and miscarriage, for which hospitalization is #1 above. In other words, they have met GHI and because they have bettered them in the hospitalization it is shown in No. 1 that it is a better maternity deal. Now, then, a single individual - a woman who wants a single contract which costs a hell of a lot less than the family contract, if she wants it for maternity coverage she can't get it at the single contract rate, she has to buy a family contract rate. Not so with Omaha. I'm talking

~~SECRET~~

~~SECRET~~

about GHI. There is a little piece of fine print - TB, mental disorders, nervous disorders and quarantinable diseases - 10 day limit during any 12 month period for #1 above. In Omaha's No. 1 above they are superior. It should say #1 above in that spot under New Omaha.

25X1A9a

MR. You mean No. 6 on the right?

MR. No. 6 should say No. 1 above.

Now ambulances.

MR. AMORY: That No. 6 is the most remarkable thing - to get mental disorders.

They are almost invariably excluded.

25X1A9a

MR. 10 days in any 12 month period.

MR. And Omaha will go the 90 days.

Now these are worthwhile going through. This is the fine print, but when you add them all up you have the coloration. Ambulances - GHI won't pay and Omaha will. X-ray - GHI pays only if connected with surgery within 3 days and in a hospital, and Omaha pays, no restriction if in hospital or clinic. Dependent children - GHI - added after 90th day to 18th birthday; under Omaha - added after 14th day to 19th birthday. Congenital anomalies - GHI - not covered; Omaha - full coverage at any age after the 14th day following birth.

Now I've got some more and because I got them at the last minute I want to pass them around. Pre-existing conditions - GHI - not covered if membership falls below 75%; New Omaha - covered. Laboratory tests - in GHI only initial test, which is urinalysis and blood count, whereas New Omaha covers all of it. Tonsillectomy and adenoidectomy - GHI - 1 day limit for children and two days for all others, and Omaha gives you the full benefit of their No. 1 - 90 days. Diagnosis is not covered in GHI but is covered under Omaha. Service connected disability is not covered under GHI, but is covered under Omaha. Physical therapy is not covered under GHI and is covered under Omaha. Whether or not you have to specify the members of family for coverage - yes you do but in Omaha you don't have to make any specification as to who is covered. You don't have to remember that when your child gets to be 90 days old you have to put him on contract. You don't have to remember at all in Omaha. Private nurses are not covered in any contract - in neither of these two, and Omaha explains the reason for that is you get into real money awfully fast and you don't really need it most of the time - but they won't write it anyway. Premium based on experience - in GHI "no", and in Omaha "yes - yearly modification possible." Rest cures - if it's a long term diagnosis and they don't know what the hell is the matter with you and you go to the hospital and stay there - you are not covered

~~SECRET~~

~~SECRET~~

under GHI in a specifically named exclusion while Omaha will cover you. Plastic surgery under GHI is not covered unless the injury is received after individual is a subscriber, but in Omaha it is covered regardless of when injury was received. The last one is dental surgery - in GHI if hospitalized will pay only if performed by an M.D.; under Omaha - if hospitalized will pay if performed by a dentist, a dental surgeon or an M.D.

I'll now take you quickly through the domestic one. In the domestic situation there is some improvement but most of it is the same. Now this is Washington - this second big sheet that you have there. Under GHI on hospitalization - hospital board and room plus 16 named extras for 21 days - with 90 day interval on frequency plus \$5 per day for additional 180 days. That is a come-on. If a private room you get \$10 per day only for room and board. Under Omaha - and this is important - hospital room and board - \$13.50 per day for 90 days with no limit on frequency, plus hospital extras of \$202.50 unallocated plus 75% of the next \$5 thousand of hospital extras, and also, if you are in a private room Omaha pays you, regardless, whereas GHI will give it to you if in a semi-private room. But you may need a private room. Now there is a beautiful contrast. GHI out-patient emergency up to \$10 within 2 hours, and Omaha out-patient emergency up to \$202.50 within 24 hours of accident.

The rest is all the same except maternity and under the new Omaha we have the 10 percent feature - \$9 per day for 8 days except for Caesarean, termination of ectopic pregnancy or miscarriage for which hospitalization is the Washington #1 above. They walloped the heck out of GHI. Now if you are in New York or someplace else outside of Washington, if you are in a participating hospital, the benefits are the same as the overseas rates. Omaha will give the same all over the world.

MR. All over the United States.

MR. Yes - domestic. And the overseas I gave you. Excuse me.

Now the surgical. We picked at random these 17 or 20 various kinds of operations and pulled out the GHI from the printed formula - the schedule, and the Omaha. The average is what you need to look at. You can see how bad the present Omaha contract is compared to the GHI - which was \$71; and the GHI was \$122, and the new Omaha beats the GHI - \$132.

And the very last words I have - the new Omaha contract for a single individual costs exactly the same as GHI's hospital and surgical - \$2.70.

MR. What is the basis for determining the surgical? Is it an average or a percentage of what the going cost is?

MR. You mean how do they arrive at it? I don't know.

~~SECRET~~

~~SECRET~~

25X1A9a MR. [] I think that is what they charge an ordinary individual.

MR. AMORY: It's not the charity thing - it's the \$4000 a year man. A tonsillectomy locally here would run up to \$125.

MR. KIRKPATRICK: Any organized questions or comments on this report?

MR. AMORY: It's a hell of a good job.

MR. KIRKPATRICK: Excellent. Now what do we do? Do we go right into Omaha - and the Personnel Office circularizes the employees as to-- 25X1A9a

25X1A9a MR. [] We have to get a contract with them. [] has to do the same thing on this as he is now doing on life, and Red can sign off on it after he has it done. The life proposals are almost ready for the DD/A.

25X1A9a MR. []: Do either of these plans have to be approved by the Director or Deputy Director, or can you approve these plans and put the Agency into a contract basis.

MR. WHITE: I can sign the contract.

MR. KIRKPATRICK: And simply for information purposes, the Director and Deputy Director should have an opportunity to glance through this material. I think we should send it to them for two reasons: one, so they can see the tremendous amount of work that has gone into this; and secondly, see that we are now in a position to tell the employees of this Agency that we have got the best hospital and death benefits of any Government workers, which it will be when we get it into effect.

25X1A9a MR. [] Definitely.

MR. []: I would like to say, Kirk, I suppose there are a hundred anonymous people who have been grinding out statistics and counting and checking - back of this report, mostly in the Office of Personnel - dozens and dozens of clerks have been working on this for months, literally.

25X1A9a MR. KIRKPATRICK: So we can get poetry and anthology and issue a commendation to anon.

MR. [] No, I don't mean that. I just want you to know there are an awful lot of clerical personnel in the Office of Personnel that have been grinding away on this for a long time.

25X1A9a MR. [] You also ought to know that you originally gave us \$2 thousand as a budget; we spent \$2341.00, but Colonel White very kindly agreed to sign off on the \$341 that was over that amount. It came about this way: There were 38 $\frac{1}{4}$ hours of conferences between the Task Force members and the []; and 51 $\frac{1}{4}$ hours on their own, studying, conferring and making their report which dealt with 25X1A

~~SECRET~~

~~SECRET~~

life insurance mostly - and then 23 clerical hours.

MR. AMORY: Is the life insurance part of it done?

MR. KIRKPATRICK: Yes, that was done a month ago. And it would be worth your time, Bob, to take a look at it.

MR. AMORY: In our publicity will we coordinate the two of them?

MR. KIRKPATRICK: That is up to the Personnel Office to put out both of them.

Now, John, you are going to explain this in a meeting with the supervisors - both of them - in 10 minutes.

25X1A9a MR. [] I veto that item. (Laughter)

MR. KIRKPATRICK: I think this is an excellent job, and I think one thing this Board can pat itself on the back for is getting this job done and getting it out.

25X1A9a MR. [] You are the one who gets credit for that. It was stuck for two years until you became Chairman of this Board.

MR. KIRKPATRICK: Let's not have any personal comments here, acrimonious or otherwise.

MR. AMORY: Going onto the next item of business. I think the meeting is too damn long, and I nominate myself for the first item of exclusion. I really think you can have something like that very short but with a lot of punch to it, and without having a break and coming back. When you are trying to pay attention for an hour and 10 minutes or an hour and a half session, you can't get all the details. This is a pep session, primarily.

MR. KIRKPATRICK: I agree, Bob, that it shouldn't be too long. On the other hand, there is so little true and accurate knowledge of the Career Service Program and how it works, it would be far more effective to have one meeting slightly longer and get everything explained and give them an opportunity to ask their questions. And I can assure you that both Mr. Reynolds and myself feel that this has to be the ne plus ultra of presentations, because we're going to have the cream of CIA there - every supervisor - [] of them - and if we don't get it across this time--

25X9A2 MR. AMORY: When is this planned?

25X1A9a MR. [] I have reserved the 3rd and the 10th of August - Tuesday afternoons. I have to confirm one or the other date tomorrow or lose both dates.

MR. AMORY: I won't be available on the 10th.

MR. WHITE: I don't plan to be here in August at all.

25X1A9a MR. [] Kirk, I suggest there are too many speakers.

~~SECRET~~

~~SECRET~~

MR. KIRKPATRICK: Before we go any further, is there any other comment on the Insurance Task Force report? Otherwise that stands as accepted, and with our previous comments about commendations to the individual members. I think it is a wonderful job, John, and I think [] would have been proud of you.

25X1A

MR. AMORY: On this meeting - I take it Rud will give us detailed terms of reference so that we won't repeat each other.

25X1A9a

MR. [] Yes. This is just a discussion piece.

MR. REYNOLDS: We want to get two members and two alternates from the DD/I for the Selection Board. We will send you a memo and ask you to nominate them. This is a letter addressed to you that I have drafted out here.

MR. KIRKPATRICK: What grade? Division Chief and up?

25X1A9a

MR. []: For the Selection Board there is no limit; for the Panel of Examiners it's GS-14 and above. The terms of reference are in the memorandum. This is just to let everybody know there is one on the way.

MR. REYNOLDS: This will go out in the course of the next two or three days to everybody.

. . . Mr. Amory retired from the Meeting . . .

MR. KIRKPATRICK: Is there general acceptance of August 3rd? Red, we will just have to issue you our condolences.

MR. WHITE: I'll be glad to provide a speaker.

MR. KIRKPATRICK: Any objection to August 3rd? I think the sooner the better.

MR. [] General Cabell will be back presumably by August 3rd.

25X1A9a

MR. [] Is he going to take a month?

MR. KIRKPATRICK: Well, Red, let's gamble on it. You said the Director is definitely not going until Congress adjourns.

MR. REYNOLDS: I think we should save it until say the 10th.

25X1A9a

. . . Mr. [] retired from Meeting . . .

MR. KIRKPATRICK: Well, my inclination, Harry, would be to hit at the 3rd. I think General Cabell will be back by then, and I think we might have a better chance of catching them both at the same time. My view would be, even if we do happen to miss one or the other, that we should go ahead with it at that time because all of this will be going out, and by August 3rd a pretty high pressure of questions

~~SECRET~~

~~CONFIDENTIAL~~~~SECRET~~

will have developed that they will want answers to. Is there any disagreement to that?

MR. REYNOLDS: Let's call it the 3rd, then.

MR. KIRKPATRICK: And then as to the length of time, Mr. Amory and Mr.

[] apparently think there is too much here. 25X1A9a

25X1A9a MR. [] I do, too. I think TSS would be upset about it, and everyone of my supervisors know precisely what the career concept of personnel is, and so I think that is of no interest except to the small number who would consider coming over to us. It sort of seems to me redundant.

MR. REYNOLDS: I think you can cut some of them to five minutes.

25X1A9a MR. [] I was going to suggest that when you come to the questions, if any of them pertain to my field I'll answer the questions.

MR. KIRKPATRICK: Wouldn't the same apply to administrative personnel?

MR. WHITE: Yes, I think it would.

MR. KIRKPATRICK: My reaction to both of those was if we get into that, then basically speaking we should let every career service designation speak.

25X1A9a MR. [] It would seem to me if you had somebody sort of running the whole picture he could mention these technical services, and then if questions occurred he would be present to answer them. With all these different speakers there would be such a variety that it would be confusing. It's tough for one man to carry the whole thing but it would be a better presentation.

MR. KIRKPATRICK: I would be inclined to say that I would agree with you on having a few speakers, but I don't think one or two could do it. It ought to take about six, maybe - or five.

25X1A9a MR. [] I for one don't believe that two hours and three quarters is too long for the subject, but I do think this number of speakers makes it look like a parade across the platform, especially with 10 minutes for presentation and then 5 minutes of questioning. I don't believe you can get far enough in 5 minutes so that it would be worth the trouble.

MR. KIRKPATRICK: In the orientation course it's very short.

MR. [] I think that is a very good point.

25X1A9a MR. [] It has been our experience in speaking that it takes a guy at least 10 minutes to get air-borne.

MR. KIRKPATRICK: Wouldn't it be more to the point having each speaker speak for 20 minutes and then have questioning for 10 minutes, and cut it down to 5 speakers?

25X1A9a MR. WHITE: Kirk, why couldn't you - you want some fellow like [] to

~~SECRET~~ ~~CONFIDENTIAL~~

~~CONFIDENTIAL~~~~SECRET~~

come along and give this insurance thing, but why couldn't you and Harry carry the ball? And have everybody else sitting in the back row to answer the questions. You could do the overseas thing, and you could do the career staff of professional people that you have Bob down for, etc.

25X1A9a MR. [] I rather support that idea. It would give you a much better opportunity to develop the subject and speak at a sufficient length so that it would have some cohesion to it. No matter how hard we would try to coordinate it, we would all go off in back alleys. And then the rest of us can handle the questions.

25X1A9a MR. KIRKPATRICK: Handle the questions perhaps by deliberate reference.

MR. [] That would also give the feeling that this is the career service of the whole Agency instead of a whole bunch of disconnected parts of the Agency, which is what this list of subjects does.

MR. REYNOLDS: I'll buy that. I think that is pretty good. The more informal we make it, the better it will be, in my opinion. Presumably it's a family affair.

25X1A9a MR. [] I like that, Kirk. You certainly are conversant with all aspects of this thing and can give it a form which at least will start at "a" and come out at "z" - and then they can go at it with the questions.

25X1A9a . . . Mr. [] rejoined the Meeting . . .

25X1A9a MR. [] The Director will definitely stay in town until Congress adjourns. He will be in town until General Cabell gets back, which is on the 31st of July, and the chances are very good that he will be here on the 3rd of August, and slightly less good that he will be here on the 10th.

MR. KIRKPATRICK: We gambled on that while you were out of the room, and decided on the 3rd.

Well, it's all right with me on that method of presentation. I'm not going to argue the point if you want to do it that way. And supposing, then, Harry, that you and I between us - we can discuss this out as to whether [] should try and explain all of this--

25X1A9a

MR. REYNOLDS: My feeling on [] presentation is that [] make a graphic thing which will be a big help.

25X1A9a

25X1A MR. [] We will get ORR-Graphics to make that.

MR. REYNOLDS: He can put it on a big chart.

25X1A MR. [] Isn't all you need on insurance a very simple statement that as the result of work over so many months or years, we are prepared now to offer

~~SECRET~~~~CONFIDENTIAL~~

~~CONFIDENTIAL~~~~SECRET~~

the following program - very simply stated - which is better than anything that is available elsewhere in Government.

25X1A9a MR. [] And that brochures are available at the door.

MR. KIRKPATRICK: I think a lot of written material at the door when they leave rather than as they come in, because if you give it to them when they come in they will read that stuff during the presentation. And then have a lot of illustrative charts on the stage - that will do a lot more. Because you realize the Boss will want to speak for a little while, and if you put this on for August 3rd he will want to stay just for that. Apparently his vacation plans are just a little flexible. So we have him and possibly General Cabell will want to say a word. So actually there will be four speakers, and then a question period to exhaust the questions - not continue indefinitely but for 10 or 15 minutes, at least. So we have a shorter program and I think we could work that into about two hours at the most. That would be fine. Anybody have any comments on that? Does that meet with general approval?

25X1A9a MR. [] I would like to move that the meeting consist of three

25X1A9a speakers, namely Kirk, Harry and [], and that [] not be simply in 25X1A9a
surance but everything which he can summarize briefly as to the advantages of a career in this outfit.

MR. REYNOLDS: Well, is he fully qualified to do that?

25X1A MR. [] Not at this moment, but I think he could be. I say John because he has such an infectious and enthusiastic approach that certainly wins friends.

MR. KIRKPATRICK: I would like to suggest to the Board, in view of the fact there is general agreement on the over-all program, that that be left to Harry and myself to work out the program.

25X1A9a MR. [] Fair enough.

MR. KIRKPATRICK: Any other comments?

25X1A9a MR. [] We have three Career Development Slots.

MR. KIRKPATRICK: They are approved. Next business?

I just want to say I appreciate all of your cooperation and help, and if at times I've been impatient and cracked the whip--

25X1A9a MR. [] I think we should take a rising vote of thanks to Kirk for his work as Chairman of this Board.

. . . The Meeting adjourned at 5:15 p.m. . . .

~~SECRET~~~~CONFIDENTIAL~~