

Hi Team!

Well, we're sneaking up on the last of these messages from me since I will retire on 31 Jan 19. This one will most likely be the next-to-last and you know what that means!! There is, as always, a lot going on so saddle up for a (dun-dun-da-dun [think Beethoven's Fifth Symphony]) lo-o-o-o-ong one. Hopefully it won't be as long as the one on talent management for those of you who remember that epistle from a year or so ago. But there is a lot to cover so here we go.

In the recent past, there are two very specific questions that I am asked more than any others by a factor of about 10. The first is, "Will there be a replacement for you?" The answer is "yes!" The recruitment action is ongoing—has been for a while—but there is no news yet on the selection. We were hoping that it would come through before my departure but we'll have to wait and see. Bottom line, though is "not to worry" there will be a replacement but we just don't know the timeframe yet, so stay tuned, OK? BTW, the job description for the position identifies that individual as the AMEDD Civilian Corps Chief, so when the person gets identified and comes on board, I ask that you continue to give the Corps same incredibly positive support you have given it while I've been the Chief. I know you will because you understand as well as anyone how important our mission is to the Army and the Nation and you know what we do is not about us but is about the Army and the Nation. Thanx in advance!!

AMEDD TRANSITION UPDATE:

The second frequently asked question has to do with the transition of Army Medicine that is being driven by the National Defense Authorization Act (NDAA) from both Fiscal Year (FY) '17 and FY '19. Two messages ago I promised you an update so sit back, relax, and take a gander at the next "few" paragraphs. Remember as you read that this is my interpretation, from my foxhole, of what is going on now. I'm sure that you also understand that this "ground truth" as I see it is subject to change that feels almost instant. Circumstances are changing so quickly that what you see here may change by signature or decision in DC before you finish reading this page, so understand that flexibility is key to dealing with the amount and level of change that is ongoing.

With that said, let's review the background. The NDAA '17 required that the Defense Health Agency (DHA) become responsible within the next several years for administration and management of all DoD medical treatment facilities (MTF). The law broke down the requirements into two primary pieces that part of the MTF dedicated to providing the medical benefit and that which works to ensure the readiness of our warfighting force. The DHA would be responsible for providing the benefit in the person of a director who would lead those efforts. The balance of the MTF would be led by a readiness-focused commander. As you can imagine, breaking the MTF into two such pieces would be difficult and there is certain to be multiple gray areas which could go either way.

In providing guidance on execution of the law, DoD published a document which became known as the Wilke Memo. This memo, signed by one of the senior leaders in DoD, used the NDAA-like language to direct essentially what was in the law but also included a list of responsibilities for the director and commander mentioned above. Interestingly, while the memo itself broke down the benefit and readiness missions essentially the same as the law, an attached list of duties included a requirement for the director to execute readiness actions in support of the readiness commander's mission, essentially blurring the lines between the two missions. The result was a disagreement in interpretation between

DA and DoD that included different legal positions. The way ahead decision on the Wilke Memo has been pending for some time now and, to my knowledge, has not yet been made.

Why is this important? Civilians who support the mission(s) transferred to the DHA will transition from DA to DoD civilians as their organizations move. There are several impacts, a number of which we'll discuss in a bit. The first impact is in the percentage of civilians who transfer. If the decision is that only the pure benefit personnel resources transfer, by DHA estimate approximately 35% of the members of the AMEDD Civilian Corps would transfer to DHA. If, however, the decision follows the duties list in the Wilke Memo and includes readiness activities under the director then it is possible that as much as 80% of the Corps members would transition to DoD. Given the nearly 45,000 civilians in our Corps, that means a range of approximately 16 to 36 thousand could transition to DoD, depending on the outcome of currently pending decisions.

In addition to the requirements of the FY '17 law, the FY '19 NDAA directed movement of the Medical Research and Development Command and the AMEDD Public Health capabilities to DHA, raising the estimated percentages of civilians who might transition to nearly 90%. The law also required studies of:

- 1) the feasibility of transferring the AMEDD Center & School, Health Readiness Center of Excellence, to an education entity headed by the Uniformed Services University of Health Sciences (USUHS)—bringing the transition potential to nearly 93%, and
- 2) the feasibility of forming a joint medical command to replace the DHA in the long run.

Those studies are ongoing.

One more piece of background before we move on to what it all means. The DHA is building its capabilities to do the management required by the NDAA. In doing so they must build a joint manning document (JMD) that shows their organization and how it will be staffed. That process is in progress but the JMD is not complete/published as of yet. That may also have some impact on how some of our Corps members transfer or do not transfer to the DHA. We'll know a lot more once we see that document. You should know that Army, Navy, and Air Force Medicine have all been working with the DHA J-1 staff to lay the groundwork for how the transition can best be accomplished. For our AMEDD Civilian Corps, we have had great support from our Surgeon General, LTG West.

While these transitions have multiple implications, the bottom line question for us is, "What impacts will they have on our civilians and what are we doing to bring them into balance?" I'll try to cover that now.

First of all, I anticipate that the AMEDD Civilian Corps and, commensurately, Career Program 53 will continue to exist. The form may be a somewhat different depending on the decisions to be made regarding what we covered above but they will still exist. Our real challenge will be what will become of support for the civilians who become DoD civilians in the DHA? As I indicated above, we have been working with the transition issues with the DHA staff. They have recognized that the work being done by the Civilian Corps of the Services and by the CP's (or their equivalents) in the Services have had positive impact on the capability and capacity of our civilian cohort to support the military medical mission. As a result, they see these functions as positives and want to build them into the future of the DHA. We will help them do that. Recognize that this will mean significant changes for the DHA and, as such, will take a while. I equate it to taking off in a high powered car on a gravel road. When you first step on the gas you may well spin the tires and spit out some gravel behind the car, but once it starts to get traction it will quickly gain speed and hold that speed very well.

What functions do we see the DHA picking up? Glad you asked. So far we have discussed (In some cases at the General Officer level):

- Corps Activities: Mentorship, Strategic Learning Projects, Leadership Education, Talent Management.
- Education and Training
- Career Program Activities to include identification of requirements and centrally funded training (Note that the DoD calls its Career Programs “Functional Communities.” They are similar to our CPs in the Army but, because they are newer, are not as active yet. {Remember the gravel??})
- Working with the other Services to achieve best of breed

I should note here that we are working with the civilian corps’ of the other Services to try to identify best of breed activities so we can learn and also teach as we develop the most effective program we can as folks transition to the DHA. I also have to note here that there are legal prohibitions on spending appropriated money across departmental lines in the Federal government so this it isn’t just as easy as saying, “Services continue to support transitioned employees as if they were still yours.” The complexities are pretty significant. The final “worth noting” issue at this point is that this doesn’t mean the Services couldn’t be the provider of corps-like services for the DHA; it’s just that the funding of the efforts would have to come from the department to which the employees are assigned,...in this case DHA.

There is one more piece to this transition that is important, but unfortunately also somewhat complex so please bear with me. As the work transitions to DHA, you may hear two specific terms regarding the way in which the transfers could occur. Those terms are “Transfer of Work” and “Transfer of Function.” The definitions can be complex but, in the bottom line, for a transfer of work the work itself might transfer but the employees don’t necessarily transfer with it. Transfer of function transfers the work and the employees transfer along with it. So far, all agree that at the MTF and similar function levels the transitions are in fact transfer of function, so the work and workers both move. The agreement is not so universal at the management levels. Army’s position is that all the transitions are transfers of function. The other Services agree. DHA sees it differently. That piece is in the decision process now and I believe that the final decision will support transfer of function. That’s not a guarantee but I think it’s headed that way. Fortunately for us, DA supports our position and some of the SES leadership at DA is currently fighting that battle. Unfortunately, it doesn’t look like the decision will come in the near future. The Corps will try to keep you posted as this situation progresses.

Finally, I would remind us all that we still will have the most honorable of missions in taking care of Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen anywhere, anytime, often under circumstances which no one else would accept,...and we do it the best in the world. That mission in its most finite form is an “eyeball to eyeball” (care giver to patient and back) event and that would be the same regardless of the headquarters. Your dedicated service will still make a difference whether you serve as a DA or DoD member of the military medical Team. So now, you’re about as up to date as we are (without having this letter go on even longer....). I’m sure there are still many questions out there and, frankly, we have many as well. Please be patient and the information will come.

Now, for the balance of the message, here are some reminders and some opportunities.

MEDCOM 2019 VOLUNTARY EARLY RETIREMENT AUTHORITY (VERA)/VOLUNTARY SEPARATION INCENTIVE PAY (VSIP)/VSIP II:

The MEDCOM FY19 VERA/VSIP/VSIP II application window is open from 1 Oct 2018 through 31 Aug 2019. All MEDCOM civilian employees, GS-15 and below (or equivalent), including Wage Grade and Non-appropriated Fund employees, who meet eligibility requirements may voluntarily apply. Applications are subject to MEDCOM Chief of Staff Approval. On 12 Sep 18, MEDCOM published FY19 VERA/VSIP/VSIP II Workforce Downsizing and Restructuring Incentive Guidance. VERA/VSIP/VSIP II discretionary workforce incentive programs allow activities undergoing workforce downsizing or restructure to minimize or avoid involuntary reduction in force separations by offering eligible employees an incentive to voluntarily leave the Federal government. Remember, that this program is not automatic and commanders have authority to determine if the use of VERA/VSIP/VSIP II is required. Visit the Civilian Corps website: <https://ameddciviliancorps.amedd.army.mil> and click "WHAT'S NEW" then "ANNOUNCEMENTS" for additional information.

BECOME A MEMBER OF THE AMEDD CIVILIAN CORPS BOARD OF ADVISORS If you didn't know, we have an active AMEDD Civilian Corps Board of Advisors that provides support and (go figure!) advice to the Corps Chief on multiple matters. The members rotate about every three years and we now have some upcoming vacancies. The membership is broken down by category to represent the membership of our Corps and we have openings coming up in several of the categories:

- CAT 3—CP 53, Medical Clinical Professional
- CAT 7—CP 53, Medical Nursing
- CAT 9—CP 11, Admin; CP13 Supply Mgmt; or CP32 Training
- CAT 10 All other CPs

Vacancy information is posted on the AMEDD Civilian Corps website (<https://ameddciviliancorps.amedd.army.mil>) under "Breaking News" or "What's New" and "Announcements." This is a great part time way to serve and give back to the Corps that represents you full time.

UPCOMING CIVILIAN EDUCATION AND TRAINING OPPORTUNITIES: You can find information on upcoming Civilian Education and Training Opportunities under the "Breaking News" link on the left quadrant of the AMEDD Civilian Corps website (<https://ameddciviliancorps.amedd.army.mil>). Click on each topic for more information and how to apply.

- Intermediate Leader Development Program—this has been an extremely successful program, one we share with TRADOC, ARCYBER and INSCOM. The next cohort, 2019-2021 will kick off with a meeting 24-28 June 2019. The program is centrally funded and is open to GS11/12 or equivalent. The suspense for applications is 22 Feb 2019. Information on how to apply is available on the AMEDD Civilian Corps website (<https://ameddciviliancorps.amedd.army.mil>).
- Army Congressional Fellowship Program: This opportunity is also centrally funded and provides an opportunity to learn the inner workings of our legislative processes. The application suspense is 1 March 2019 to the MEDCOM G37 at usarmy.jbsa.medcom.mbx.civilian-workforce@mail.mil. Application information, like the other opportunities is available on our AMEDD Civilian Corps website (<https://ameddciviliancorps.amedd.army.mil>).
- AMEDD Civilian Corps Strategic Learning Project #2, an opportunity to work with and learn about our Corps Office and the strategic efforts the Corps makes in your behalf is coming up. The opportunity itself is 15-26 July 2019 here at Fort Sam Houston and is, again, centrally funded. The application suspense is 15 March 2019. Information on the project and how to apply is on the AMEDD Civilian Corps website (<https://ameddciviliancorps.amedd.army.mil>).

AMEDD MENTOR CADRE

Another great way to give back to Army Medicine is by becoming a mentor to junior Army Medicine civilians. It is a really effective way to share experiences and lessons learned during your career. In doing so you will help build our future leaders. We need mentors in grades GS10-13 or equivalent and senior mentors in grades GS14-15 or equivalent. Visit our website at <https://ameddciviliancorps.amedd.army.mil> under "What's New" and "Announcements" for more information.

FOR REGIONAL HEALTH COMMAND EUROPE CIVILIANS:

Army has an existing requirement for commands to conduct an Emerging Enterprise Leader (EEL) Program for GS 11/12 or equivalent civilians in the command. Because of funding limitations we have worked with US Army Europe (USAREUR) and developed a partnership to have MEDCOM civilians train with other civilians in USAREUR. The first cohort, 2019-2020, orientation kick-off is scheduled for Apr 2019. Interested applicants assigned to RHC-Europe will be able to submit an application to participate in this partnership EEL program soon. If you are interested, keep your eyes open. We'll publish the information on our AMEDD Civilian Corps website at <https://ameddciviliancorps.amedd.army.mil> under "What's New" and "Announcements" for more information. We'll give you as much time as we can but, since we don't own the course, the suspense could be short, so be ready. STAY TUNED!!

CIVILIAN HUMAN RESOURCE DIRECTORATE (CHRD) JANUARY NEWSLETTER:

The MEDCOM CHRD monthly newsletter is now available on the AMEDD Civilian Corps website. This month's topics include:

- Temporary Direct-Hire Authority for Financial Management Experts in the Department of Defense
- Injury Compensation Center of Excellence
- Emergency Leave Transfer Program for Civilian Employees Adversely Affected by Hurricane Florence
- 2019 Thrift Savings Plan Contribution Limits
- TSP Unveils Plans for Expanding Withdrawal Options
- Annual Leave Planning
- 2019 Federal Holiday Schedule
- RRAD January Events

Well, that's about it (He said, knowing all along that this is the longest message on record for our Civilian Corps!). Hope you found it useful despite the length. I'll see what I can do to make the next one very short. Before signing off, I have to say, "Don't forget safety!" We still have a long way to go with winter so cold injury, icy driving, slip sliding away (sounds like a good title for a Simon & Garfunkel song), and so on still have you and your families at risk. You know what to do; just keep safety as a conscious thought to begin and end your days and you'll succeed at keeping your part of the Team ready to do our mission. Yay you!!

Finally, don't forget to share this message with your military teammates and others who may not have received it, especially if they are supervisors of civilians (not necessarily your own). With all the changes going on in the AMEDD and the Army, keeping all our teammates up to date is really important!

All the best to you and yours for 2019!

Sincerely,
gregg