



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
UNITED STATES ARMY GARRISON  
WALTER REED ARMY MEDICAL CENTER  
6900 GEORGIA AVENUE, NORTHWEST  
WASHINGTON, DC 20307-5001

MCWR-GC

MEMORANDUM THRU MG George W. Weightman, Commander, NARMC and WRAMC,  
6900 Georgia Avenue NW Washington, DC 30207

FOR COL Daryl Spencer, Assistant Chief of Staff for Resource Management, MEDCOM,  
2050 Worth Road, Bldg 2792, Suite 9, MCRM, Fort Sam Houston, TX 78234-6009

Subject: Challenges Concerning the Base Operations A-76 Study and Resulting Reduction In  
Force (RIF) at Walter Reed Army Medical Center (WRAMC)

1. Walter Reed Army Garrison and Walter Reed Medical Center (WRAMC) requests approval and financial support as the Base Operations A-76 Study proceeds toward a reduction-in-force (RIF) and the date when the contractor will assume duties. Specifically we are requesting the following to prevent possible mission failure:

- a. Approval and funding of the personnel in the "bridge organization", and FY07 funding for VERA/VSIP.
- b. Establishment of a larger than approved Continuing Garrison Organization (CGO).
- c. Formal implementation of the Directorate Of Logistics (DOL) and Plans Analysis and Integration Office (PAIO) organizations.

2. Since the Army initiated the A-76 study in 2000, the current workload in the hospital and garrison missions has grown significantly in the past six years due to our need to care for and support Wounded Warriors from Operation Enduring Freedom, Operation Iraqi Freedom, and other outcomes of the Global War on Terrorism (GWOT). As a result, the Army performed the competition with dated workload data and expectations created before the GWOT began in 2001. Now in 2006, we need more personnel than the study had anticipated. To rectify this situation, we need more government employees to remain on staff and need to implement a garrison DOL and PAIO.

3. As a direct result of the A-76 study, its associated proposed RIF, and eventual Base Realignment and Closure (BRAC) of WRAMC's Main Post, we face the critical issues of retaining skilled clinical personnel for the hospital and diverse professionals for the Garrison, while confronted with increased difficulties in hiring. In our efforts to manage the RIF, we implemented a Voluntary Early Retirement Authority/Voluntary Separation Incentive Program (VERA/VSIP) effort. As a result we lost 21 personnel in June and nine more in July; an additional seven personnel will leave at the end of September while 30 to 35 more will depart after due course notification of Congress. Due to the uncertainty associated with this issue,

MCWR-GC

SUBJECT: BOS A-76 Study and Resulting RIF at WRAMC - Challenges

WRAMC continues to lose other highly qualified personnel. A planned Priority Placement Program (PPP) registration will allow other employees to be placed into Department of Defense jobs at other locations. So far 67 personnel have registered for this program, which will become effective on 26 September 2006.

4. The bump and retreat process that follows a RIF will impact the Hospital's patient care mission as highly skilled and experienced personnel in the current workforce are moved in to other jobs or involuntarily separated. The danger of an "under-lap" of personnel to perform vital functions could decrease our ability to complete the garrison mission and provide world class patient care. To ensure WRAMC's primary mission experiences little or no disruption, we request you approve a personnel "bridge organization" (attached as Enclosure 1) to support the transition process until the contractor performance period begins.

5. Compounding the issue is Medical Command's (MEDCOM's) non-concurrence with our requested residual organization, the Continuing Garrison Organization (CGO). Using the older workload data in 2004, WRAMC proposed a relatively small CGO of 25 government personnel. Earlier this year, with a better understanding of the greater workload requirements, the WRAMC Leadership submitted to MEDCOM a request for 63 CGO positions (Enclosure 2) to be spread across the WRAMC garrison to provide effective oversight and monitoring of contractor activities proposed to implement the BASOPS support. After MEDCOM reviewed the request and sent a manpower analyst to discuss the revised CGO with each of our directors proposal they reduced the approved CGO total to 26 slots (Enclosure 3).

6. WRAMC established its garrison command in 2002 when the Army established the Installation Management Agency (IMA). Consequently the A-76 study data in 2000 did not include other areas of the garrison command necessary to run a full service BASOPS organization. These include the DOL and the PAIO; therefore, the final contractor submission did not include positions for them. Furthermore, MEDCOM did not approve any full time equivalents for the Garrison DOL or PAIO functions anywhere in the CGO.

7. No provisions were made for a PAIO which has created additional problems. The PAIO is the Garrison Commander's right hand in the areas of planning, assessment and improvement. Working hand in hand with the BRAC office, the PAIO facilitates and maintains the BIG PICTURE Garrison planning efforts. Working with cross-functional planning teams we truly considered all aspects of every challenge facing the Garrison during the A-76, the RIF and BRAC processes, as well as the programs and services we provide to our customers on a daily basis. The PAIO consolidates all Garrison plans (Master Plan, Human Resource Plan, etc.) into an over arching Garrison Strategic Plan governed by an Installation Planning Board. This board is designed to be made up of the Installation Chain of Command, MEDCOM representatives, other tenant organization representatives and chaired by the Installation Commander. It is imperative that we continue ongoing measurements, analysis, assessment and adjustments that result in our goals and objectives being met at the installation level. Meeting these goals and objectives guarantees improvement of the Garrison BASOPS mission for the MEDCOM, our tenant units, our soldier's and their family members.

8. Our last point has to do with section C.5.10 of the Performance Work Statement that was submitted for contracting, where DOL functions are represented. These functions relate to the

MCWR-GC

SUBJECT: BOS A-76 Study and Resulting RIF at WRAMC - Challenges

"Hospital" DOL and do not consider Garrison DOL functions. The Garrison DOL is the property accountability and supply and services authority for the Garrison organization. With out these essential offices, WRAMC, MEDCOM, the Army and the US Tax payer are vulnerable to property loss amounting to hundreds of thousands of dollars over the next five years. DOL's hand receipt system and follow on Financial Liability Investigation of Property Loss (FLIPL) process were implemented to hold hand receipt holders accountable for lost property and is a systematic and proven means of ensuring government property is tracked and accounted for. In addition, the disposition and transfer of property, equipment and facilities are all logistical functions and during BRAC the Vice Chief of Staff of the Army expects accountability from closing installations. Once the hospital is relocated this becomes a Logistics action and the hospital DOL will NOT be here to perform that function. After BRAC there could be a AAA Audit or GAO review to see that the correct steps were taken. The DOL also serves as a central office for supply acquisition and distribution thereby building a more efficient and effective means to procure supplies and equipment for the entire Garrison operation. A central supply system reduces redundancy and increases availability of supplies to Garrison organizations.

9. Without favorable consideration of these requests, WRAMC Base Operations and patient care services are at risk of mission failure.

10. Thank you for your interest in and support of our challenges. The POC is the undersigned at (202) 782-3355.

  
PETER M. GARIBALDI  
COL, MS  
Garrison Commander

3 Encls