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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

22 FEB 1999

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY

SUBJECT: Policy Memorandum - Support to the FY 1999 Department of Defense (DoD) Breast Cancer Prevention, Education, and Diagnosis Initiative

The Military Health System (MHS) has achieved extraordinary success with implementing a comprehensive Breast Cancer Prevention, Education, and Diagnosis Initiative (BCI) within the DoD. After three years we have institutionalized provider and beneficiary education, improved mammography procedures, emphasized and supported women's health issues, and identified longer term initiatives for system-wide improvement through the continued oversight by the Breast Cancer Working Group. In addition to these centralized programs, the BCI also provided additional money to each military treatment facility, on a capitated basis, to develop and implement programs to increase access to and quality of care for breast cancer prevention, education, and diagnosis. This decentralized aspect of the BCI program has resulted in significantly enhanced breast cancer and women's health preventive services to our female beneficiaries. This comprehensive approach of centralized and decentralized programs has been central to the success of this critical program.

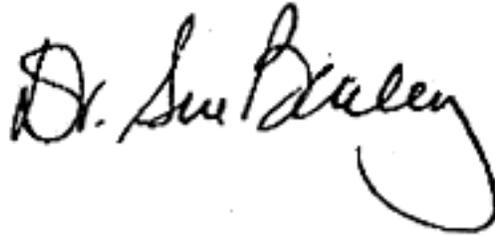
In FY 1999, in concert with our previously agreed upon resourcing policy, the Defense Health Program (DHP) distributed not only funds from internal TMA/central funding but also all of the \$200 million in supplemental funding. Included in this distribution was \$25 million that Congress directed for breast cancer initiatives. While the original DHP appropriation did not earmark Breast Cancer funding, it was clearly the intent of Congress that this level of effort continues. I intend to ensure that we meet our TRICARE commitment to women's health issues and maintain our momentum with breast cancer initiatives. The continuation of both the centralized and decentralized BCI programs hold the best possibility of success in continuing to provide access and high quality breast cancer care to our beneficiaries in the most cost effective manner.

The Secretary of Defense in his February, 1999 letter to Congress, also stated that the continuation of both the centralized and decentralized Breast Cancer Initiative programs hold the best possibility of success in providing high-quality breast cancer care to our beneficiaries. Therefore, I am directing that a centralized BCI fund of \$5.425 million be established for FY 1999 to support and expand successful BCI programs as well as implement new initiatives as recommended by the Breast Cancer Working Group. I have designated \$2 million from TMA to support the centralized BCI fund. This leaves \$3.425 million to be supported by the Services. The per-capita

funding responsibility for each Service is as follows: Army - \$1.195M; Navy - \$1.041M; Air Force - \$1.188M.

The Executive Director, TMA will centrally manage the breast cancer fund for the agreed upon BCI initiatives and facilitate realigning Service resources to support these initiatives. The TMA Director, Resource Management will provide the Services with updates on execution and, with the BCI program manager, continually assess program accomplishment of stated objectives.

My point of contact for this project is COL Margaret Knapp, who may be reached at (703) 681-1703.

A handwritten signature in black ink that reads "Dr. Sue Bailey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Dr. Sue Bailey

HA Policy 99-011

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Last update: 03/25/1999