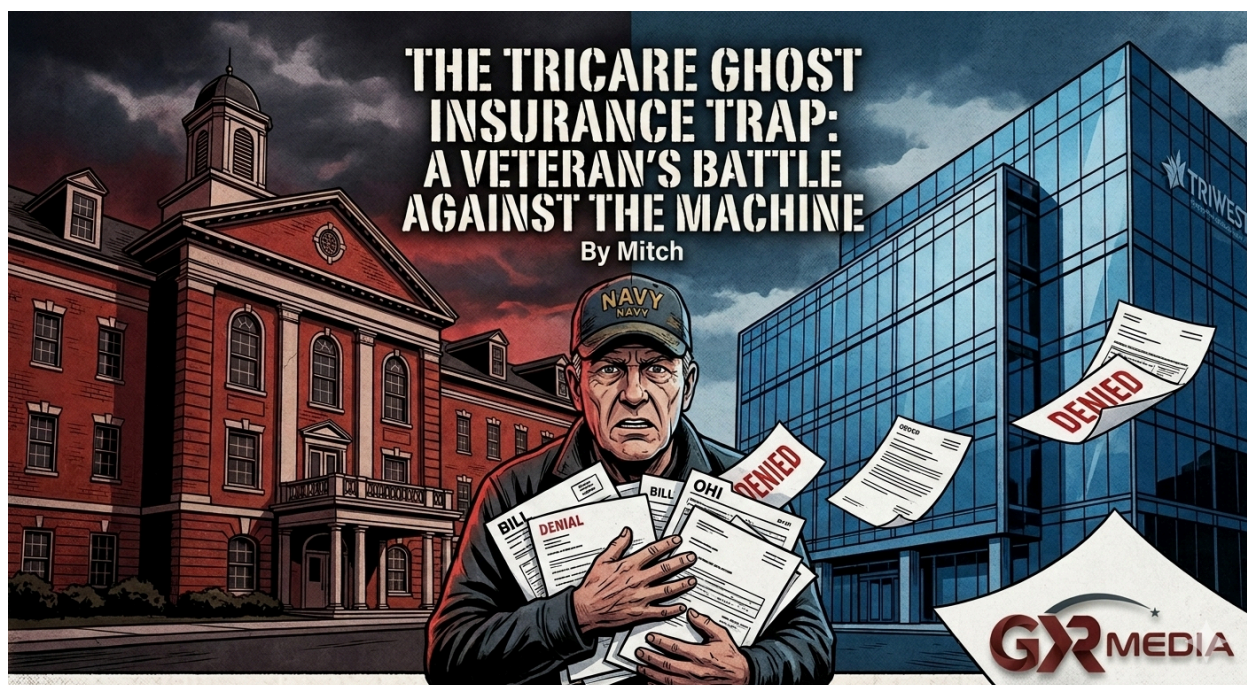




The TRICARE Ghost Insurance Trap: A Veteran's Battle Against the Machine

By Mitch

On November 1, I was rushed to the hospital by ambulance with a cardiac episode. Anyone who has been there knows the gravity of that moment—the flashing lights, the medical team, the sudden realization of mortality. But in the eyes of TRICARE's automated billing infrastructure, my emergency wasn't a medical crisis; it was an opportunity to deploy a data glitch. Every single medical appointment I've had since that day—my ambulance ride, my cardiology follow-ups, my routine blood tests, and even a standard shingles vaccine at CVS this morning—has been slapped with a hard denial. Why? Because a computer program at a private defense contractor stubbornly insists I have "Other Health Insurance" (OHI) that I do not own, never have owned, and which does not exist.

The Illusion of Left vs. Right

When my wife Marlene received our first bizarre TRICARE denial letter late last year, I joked that the system was penalizing her for being a registered Democrat, while I—a registered Republican—was spared. The joke was on me. By April, the machine came for my files, too, retroactively denying every claim back to November.

This isn't a story about partisan politics. The real conflict isn't Left vs. Right; it's **The Machine vs. The Veteran.**

- **The "Blue" Left Failure:** A massive, rigid, deeply unaccountable government database (DEERS) that is too slow to adapt and prone to catastrophic data migration gaps.
- **The "Red" Right Failure:** The outsourcing of a vital public service to a corporate giant—TriWest Healthcare Alliance—under a massive multi-billion-dollar federal contract. In the name of privatized "efficiency," human accountability was replaced by automated software scripts that strip empathy out of care.

The Human Cost of a "1.3% Error"

According to independent reporting by military watchdog groups, when TriWest took over the TRICARE West Region, legacy data was severely corrupted. Inactive, historical, or completely unrelated dental or vision policies from years past were scraped by automated scripts and falsely re-uploaded as active major medical insurance.

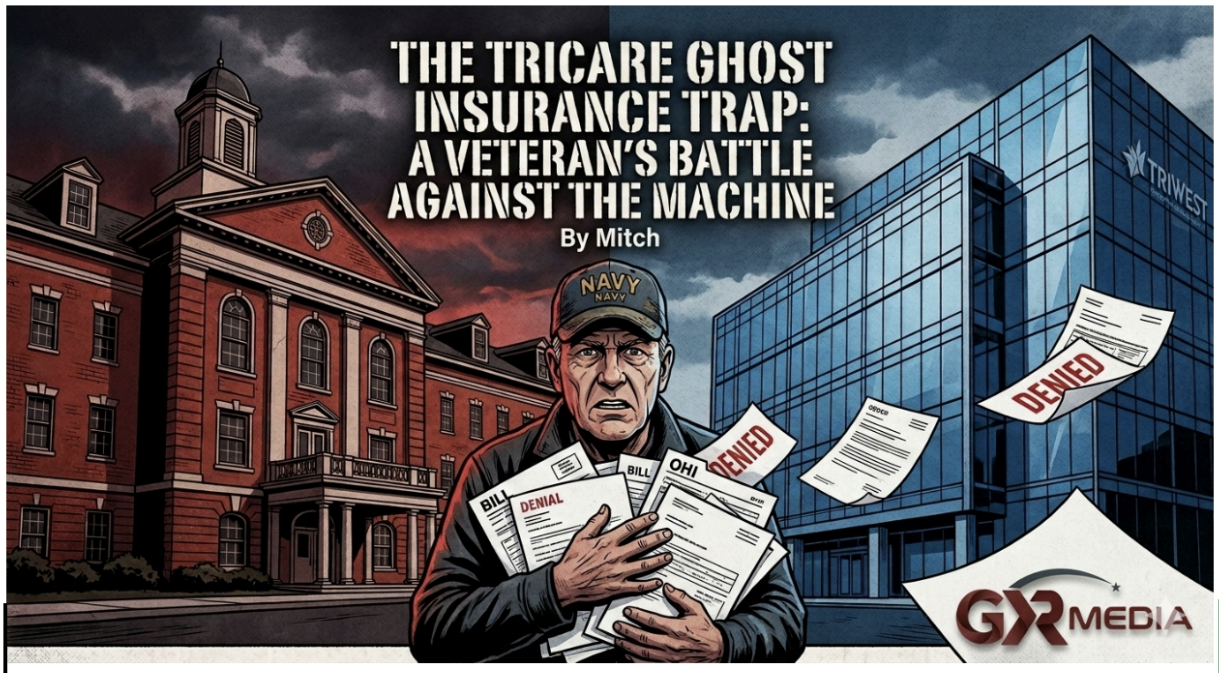
Corporate PR teams boast that they have driven the OHI error rate down to roughly 1.3%. On a corporate spreadsheet in a boardroom, 1.3% looks like an acceptable margin of error. But when you apply that 1.3% to the 4.7 million military beneficiaries in the West Region, you realize that **over 60,000 veterans and family members** are actively locked out of their healthcare. I am one of those 60,000.

I served 22 years on active duty in the Navy's submarine fleet, dealing with nuclear weapons systems where a 1% error rate meant total catastrophe. We were trained to double-check every line of data because lives depended on it. I didn't just serve; I gave my body to the submarine fleet. I literally broke my back while on duty inside a hull, a severe injury that required three grueling years of physical therapy just to regain basic mobility. For years after my retirement, I walked with a cane, a daily physical reminder of the price of service. I fought through the pain and the rehab because I believed in the mission and the promise made to those who serve. Yet today, that same country's military healthcare system is treating me like an insurance scammer. After decades of managing the physical fallout of a broken back, I am being denied routine follow-up cardiology care and basic preventative medicine. The contrast is sickening: I survived a catastrophic spine injury on a nuclear submarine, but I might be taken down by a data-entry glitch at a private insurance contractor. When I call TRICARE, front-line customer service agents look at my file, acknowledge the error, promise a "30-day fix," and send me on my way. Thirty days pass, a \$4,400 ambulance bill arrives, collection notices top \$2,200, and the automated system simply refreshes, wiping out the human correction and re-instating the phantom policy.

The Bureaucratic Black Hole

This is the ultimate failure of privatized bureaucracy. When a computer code forces an automatic denial, TRICARE points to the provider, the provider points to TriWest, and TriWest points to an automated queue. The result is an unaccountable loop where veterans are forced to prove they *don't* have something to an agency that refuses to listen.

We don't have a funding shortage, and we don't have a lack of doctors. We have a total



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We don't have a funding shortage, and we don't have a lack of doctors. We have a total surrender of human governance to broken algorithms. And until Congress forces these private contractors to put human beings back in charge of the data, thousands of veterans will continue to be turned away at the pharmacy counter for the crime of surviving an emergency.

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