

STATEMENT OF
GENERAL TERRENCE R. DAKE
ASSISTANT COMMANDANT OF THE MARINE CORPS
UNITED STATES MARINE CORPS
BEFORE THE
SENATE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON PERSONNEL
ON
2 MARCH 2000
CONCERNING
HEALTH CARE

Mr. Chairman, Senator Cleland, and distinguished members of the Senate Armed Services Committee Subcommittee on Personnel, I appreciate this opportunity to appear before the Committee and discuss the importance of health care to our Marines, their families and retired Marines. The Marine Corps considers health care critical to recruitment and retention as well as an implied contract with our retirees. The access to quality affordable health care for family members is extremely important to Marines and Sailors, especially when they are deployed. Given the complexities of providing health care and the scope of benefits, the challenges are great.

In order to meet these challenges, the Defense Medical Oversight Council (DMOC) has been established. The DMOC is an important step forward. It allows senior military leaders a role in providing strategic direction for the military health system and improving health care benefits. As the Marine Corps representative, I have an important responsibility in helping shape the future health benefit for our active duty personnel, their families, and our retirees. As we adjust health care for the future, the Marine Corps leadership is fully engaged in making TRICARE work for our beneficiaries.

The Marine Corps has instituted its own "TRICARE GREEN" program in an effort to facilitate health services and make sure families are well informed. Some highlights of this program include mandatory TRICARE briefings for newly reporting personnel as part of their check in process, and appointing a health care complaints officer at the unit level, to field complaints for Marines and family members. Additionally, we have made TRICARE refresher briefs available for spouses of those Marines going on deployment. We feel strongly that involving senior Marine leadership is essential for a successful TRICARE program.

We clearly realize that however laudable these efforts are, we have not fully met the challenges. Anecdotal evidence is clear that dissatisfaction with the current system exists. One of the most common complaints comes from our Marine Corps family members in remote areas. Those family members whose military member is a recruiter or on independent duty frequently must pay expensive co-pays when billed for health care services, unlike those members assigned close to military treatment facilities. Active duty Marines now enjoy the benefits of a Prime Remote program that eliminates those additional fees. Expansion of this benefit to active duty family members is included in the President's Budget for FY 2001. When we send Marines to

these challenging assignments that are crucial to the future of our Corps, we should provide them the support they need.

Secondly, the limited space available for Medicare eligible retired personnel and their spouses is a valid concern and an unfortunate situation for many of our retirees who have an expectation of lifetime health care benefits. Title 10 of the U.S. Code directs that Medicare eligible retirees and spouses be treated on a space available basis in military treatment facilities, but “space available” health care frequently amounts to NO health care. We have a moral obligation to support our retired veterans regardless of availability. They more than any other group in the 20th Century have shaped our nation for the bright future we all envision.

Navy Medicine, in an effort to bring Medicare eligible retirees back into the military health system, participates in a demonstration program referred to as TRICARE Senior Prime. In addition, a recent recommendation was made to finance retiree health care through an accrual accounting finance system. This accounting system is similar to the 1985 DoD financing of the military retired pay benefit. We support demonstrations and proposals such as these to find a solution to care for those retirees who may lack access to the system.

The Marine Corps applauds and supports these efforts as we move to finding effective and cost efficient ways of delivering quality health care to our beneficiaries. We also understand that health care delivery is a complex issue, as well as a costly one. It is clear that the Defense Health Program (DHP) is underfunded across the FYDP and that the baseline needs to be increased. But reprogramming in the FYDP to meet this shortfall will result in the degradation of current operational readiness and modernization efforts.

The Marine Corps considers health care critical to current, retired, future Marines, and their families. It is an important recruiting and retention issue. We fully support the efforts of the DMOC to understand the complexities, develop alternatives, and tackle the challenges. The issue simply boils down to taking care of people---a basic tenant of leadership.