

soul, a proud dad, a proud husband and a wonderful son.

Mr. Speaker, for much of the history of war, the number of soldiers struck down on the battlefield has been dwarfed by those killed by illness and disease. Thankfully, modern medicine has made the scourge of disease far more remote for our soldiers today, which makes the death of Private Randy Stabnik, also of the Indiana Army National Guard, all the more painful.

On February 17, Private Stabnik died from pneumococcal meningitis, a rare and unexpected death. After Randy had joined the National Guard, his family could see how much he was growing to love his service. His dad Jim, when asked about his son's service, said, "When he came home for Christmas, I could tell he missed it. He missed the lifestyle. He missed his friends there. He loved it, but missed his son. They were very, very close."

His son Nathan, only 8 years old, lost his 28-year-old dad. This is part of the tragedy of war. Soldiers fight and die to protect those they love, and we must never forget the burden of sacrifice borne by the loved ones who are left behind.

His son and his family should know that Randy cared deeply for them. His mom said shortly after his death, "Randy was Mom's baby, Mom's angel. He was my heart." And her angel, he remains. But he is also an angel for the entire Nation.

Mr. Speaker, ultimately the greatest memorial to these fallen patriots, to Cameron, to Joey and to Randy, will not be my words nor anything we can build or bestow. Our greatest honor for them will be to look not toward them but to look where they looked, to seek what they sought. If we work for that same good for which they gave their lives, if we create a nation at once more just, more secure, and more free, we will be a brighter beacon in a frequently dark world; and we will have given our fallen brothers and sisters a true memorial worthy of them.

Thank you, Mr. Speaker.

I yield back the balance of my time.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment a bill of the House of the following title:

H.R. 627. An act to amend the Truth in Lending Act to establish fair and transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes.

ADDRESSING THE HEALTH CARE CRISIS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Tennessee (Mr. ROE) is recognized for 30 minutes.

Mr. ROE of Tennessee. Thank you, Mr. Speaker. We're here this evening to begin and continue a very important debate in American society. I think it's probably one of the most important social debates we've had in the last 40 years in this Nation since the debate on Medicare in 1965.

We're here tonight as a Physicians Caucus to discuss health care reform. My background, I spent 31 years practicing medicine in Johnson City, Tennessee, in the First Congressional District. As I've watched our health care system change over the past 30 years, it really spurred me to run for Congress, to come here and be part of this great debate that will affect every American citizen.

I recall when I made my decision to go to medical school, I wanted to be a family practitioner. Somewhere along the way, I discovered I had a great knack and a love of delivering babies. I have delivered almost 5,000 of them, many of whom are now grown. One of the great advantages you have as an obstetrician when you run for Congress is that you can deliver your own voters. There is some advantage to that.

We have a health care problem in America. Some call it a crisis. For some, it is. For others, it's cost. Certainly we know that there are great concerns about the cost of health care.

In the next hour we're going to discuss how we're going to address this health care crisis. We can ensure that every American can get the care they need, protect individuals from costs that can bankrupt them and make health insurance portable so that you don't lose your coverage just because you change jobs or move from one State to another.

We can also take the profits out of health care by reforming the health insurance industry to bring about a patient-centered approach to providing health care. Enacting a public plan will not bring about this type of change, and I'm going to go into that in some detail from the experiences we've had in the State of Tennessee with our Tennessee Medicaid system called TennCare.

If you think you won't be affected by a public plan, consider this: A recent analysis of this plan by the respected independent firm Lewin Group estimated that 70 percent of individuals who have health care coverage through their employer would lose those benefits in favor of a public plan. Now this plan could very easily become a Medicaid-type plan.

When supporters of a public plan say they want the public plan to compete with private plans, the facts show that what they're really saying is that they want Washington bureaucrats to take over the health care decision-making.

I want to talk for a while or speak to you a little while about the principles that House Republicans have put forward to start the debate over how to bring about patient-centered health care.

I want to mention a couple things before we start. Health care affects all of us, whether we're Democrats, Republicans, Independents, or whether we're totally apolitical. At some point in time in your life, you're going to have to make decisions about how I receive and get health care for myself or my family.

We're going to start this evening by giving another opinion or another view of the health care plan and how it is to be administered and obtained. The principles that we're going to talk about for health care reform are, number one, make quality health care coverage affordable and accessible for every American regardless of pre-existing conditions. In a country that spends 16 percent of its GDP, over \$2 trillion a year, on health care, I think there's no question that we can provide a basic health care plan for each American.

Now what I mean by basic health care, it's not a plan where you can get hair transplants or face-lifts or all this. But if you are out there injured in an automobile wreck or have a heart attack or have a gallbladder that goes bad, you can get basic health coverage and care.

I think this is something that all Americans believe in. I think we now have crossed that bridge and believe we can do that. I think the differences we're going to have in this great debate that we're going to have are, how are we going to accomplish this very noble task? In a few minutes I will go through how we tried this in Tennessee, and how it was not successful. But I think it can be.

Most Americans also fear, I think rightly so, that a basic health problem—it may be leukemia or a cancer of some type—can bankrupt the family. Certainly we don't want a situation where a family, through no fault of their own, develops a disease process, and then you use up all the family resources you've saved in a lifetime to provide care for your family.

The second principle we'll talk about is not a government-run health care plan. This eliminates coverage for more than 100 million people who receive insurance from an employer, and it restricts patient choice of doctors and treatments and results in the Federal Government takeover of health care.

Let me sort of explain how this worked in Tennessee. In the early nineties and mid-nineties, the big debate in this country came along about controlling health care costs or managed care. We were going to control costs through deciding who and what care was appropriate and so on. Well, that didn't work. Health care costs have continued to escalate in spite of managed care, and managed care basically has moved the pay to providers over to the third-party payers.

In Tennessee we had a very noble plan. We wanted to cover everyone in our State, and we're not a wealthy