

greatly to our deficits, including enormous tax cuts mainly for the wealthiest. No effort was made to pay for that policy or the two wars. They were financed by debt.

In fact, to the extent that our budget outlook is significantly worse at the end of this decade than it was in the beginning, decisions by the previous administration are by far the biggest contributor to the problem. In parceling out the blame for our massive deficit, one expert said, the Obama administration "is like a relief pitcher who enters a game in the fourth inning trailing 19-0 and allows another run to score. The extra run is nothing to cheer about, of course, but fans should be far angrier with the starting pitcher."

However we reached this point, it is our responsibility now to address the consequences of failing to act. That is why I believe the amendment offered by Senators CONRAD and GREGG is worthy of consideration.

Briefly, they propose to establish a task force to recommend changes to our budget policies to address our long-term fiscal crisis. The task force would consist of 18 members: 16 Members of Congress, equally divided between House and Senate and majority and minority, and 2 administration officials, the Treasury Secretary and another Presidential appointee. Recommendations would require approval of 14 of the commission's 18 members. Those recommendations would be referred to the Budget Committee and other committees of jurisdiction in each Chamber and then move automatically to floor votes in each Chamber, where passage would require a three-fifths vote.

There is much to recommend this approach. Our fiscal problem is so large partly because it is so politically difficult to address. Repairing our finances will require some combination of spending cuts and tax increases, and spending cuts and tax increases are rarely politically popular. The use of a task force to recommend difficult but necessary choices for the common good has been successful in the past, in several rounds of military base closings and with the Greenspan Commission on Social Security reform in 1983.

But this approach is not without flaw. One is the structure of the task force, which would include two executive branch appointees.

Some have argued that the legislative commission must include members from the executive branch to achieve Presidential buy-in on the commission's proposal. And I agree that gaining the support of the administration is vital in this effort. But in seeking that buy-in, I do not believe it is either necessary or proper to give executive branch officials votes, which are potentially decisive votes, on recommendations that would bypass the Senate's rules and procedures. The proper way to achieve Presidential buy-in is through Presidential communication

and consultation and the threat of an actual Presidential veto of a task force proposal, if passed by the Congress, if it is objectionable to the President. The appropriate buy-in before Congress acts could also be advanced with ex officio membership for the two executive appointees.

I was pleased that the task force proposal we are voting on today no longer gives the task force power to recommend changes to the Standing Rules of the Senate. That is a welcome change from its prior iterations. Successfully tackling our fiscal crisis will require far-reaching legislation, and procedural hurdles in both chambers make passing any far-reaching legislation extraordinarily difficult. But any permanent procedural changes in our rules should be made by the Members themselves in each Chamber and not through this process.

Despite my reservations, particularly about voting membership for executive branch officials on a congressional commission that has the power to bypass the normal rules of our body for consideration of its recommendations, I believe Senators CONRAD and GREGG have offered a way forward. Their 60-vote requirement for positive congressional approval of the task force's recommendations does significantly protect congressional prerogatives. It also is clear that our current political climate and ways of doing business have been unequal to the task. Addressing our deficit requires bold action. The consequences of failure to act are too severe for us to miss this chance to act. I will vote for the Conrad-Gregg proposal.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

EXECUTIVE SESSION

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate now proceed to executive session to consider Executive Calendar No. 641, the nomination of Ben Bernanke.

The PRESIDING OFFICER. Without objection, it is so ordered.

NOMINATION OF BEN S. BERNANKE TO BE CHAIRMAN OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

The legislative clerk read the nomination of Ben S. Bernanke, of New Jersey, to be Chairman of the Board of Governors of the Federal Reserve System for a term of 4 years.

CLOTURE MOTION

Mr. DURBIN. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the nomination of Ben S. Bernanke, of New Jersey, to be Chairman of the Board of Governors of the Federal Reserve System.

Christopher J. Dodd, Tom Udall, Edward E. Kaufman, Mark R. Warner, Patty Murray, Robert P. Casey, Jr., Paul G. Kirk, Jr., Daniel K. Inouye, Robert Menendez, Tim Johnson, Jack Reed, Debbie Stabenow, Tom Harkin, Max Baucus, Jon Tester, Joseph I. Lieberman, John D. Rockefeller IV.

Mr. DURBIN. I ask unanimous consent that the mandatory quorum call be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.

LEGISLATIVE SESSION

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate resume legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

REMEMBERING DELIA MARTINEZ

Mr. REID. Mr. President, I rise today to honor Ms. Delia Martinez of Henderson, NV, who on January 19, 2010, passed away at the age of 61. Ms. Martinez was a dedicated public servant who volunteered countless hours of service to communities around the State of Nevada.

Ms. Martinez was born in Mexico City to U.S. Foreign Service officer Charles Coop and his wife Concepcion Martinez. When Delia was 7 years old her family moved to Nevada, where she would spend the rest of her life. After graduating with honors from Rancho High School in Las Vegas, Ms. Martinez went on to receive a degree in business management from the University of Nevada Reno in 1972.

From an early age, Delia was attracted to the ideals of justice and equality for all. As a high school student, she became actively involved in the civil rights movement, and worked diligently to this end all throughout her life. Ms. Martinez later enjoyed the opportunity to act on the passion for equality she had obtained earlier in life, when she became the first Hispanic female executive director of the Nevada Equal Rights Commission. In

this position, which she held for over 10 years, Ms. Martinez honorably served the citizens of Nevada by overseeing the State's pursuit to ensure equal employment opportunities.

After her retirement from the professional world Ms. Martinez began serving in several organizations including the Henderson Democratic Club, *Si Se Puede*, the Clark County Hispanic Democratic Caucus, Clark County By-Laws Committee and the Clark County Democratic Black Caucus. Ms. Martinez understood the necessity of improving her community through public service and advocacy. For this reason, it is no surprise that she went on to serve in various leadership positions in many community-based groups. At the time of her passing, Ms. Martinez was serving as the president of the Henderson Democratic Club, treasurer of the Clark County Democratic Hispanic Caucus, and corresponding secretary for *Si Se Puede*.

Along with her dedication to serving her community, Ms. Martinez will also be remembered for the overwhelming love she had for her family. Ms. Martinez was married to Glenn Phillips with whom she raised their beloved son Benjamin. Prior to the birth of her child, she mentored four nieces and nephews, inspiring them to become active community leaders in Nevada. Ms. Martinez is preceded in death by her parents and is survived by her husband, son, sister, and a large extended family throughout southern Nevada and across several States.

I am humbled today to offer my profound gratitude to Ms. Martinez for her life of service to the citizens of the great State of Nevada, and with equal humility offer my deepest condolences to Ms. Martinez's family.

RECOGNIZING THE EFFORTS OF PROJECT C.U.R.E.

Mr. JOHNSON. Mr. President, today I wish to speak in recognition of PROJECT C.U.R.E. and its efforts to improve health care infrastructure in developing countries. PROJECT C.U.R.E. has been bringing customized medical relief to those in the developing world since its inception in 1987. In 2008 alone, PROJECT C.U.R.E. delivered nearly \$40 million worth of supplies to more than 100 health care facilities throughout the world.

PROJECT C.U.R.E. representatives conduct needs assessments at prospective sites to determine unique, appropriate medical supply and equipment needs. Follow-up accountability assessments provide necessary training and ensure that donated medical supplies and equipment are operating and being used properly. The organization focuses more than 98 percent of funds on program delivery. For every nickel given to PROJECT C.U.R.E., they provide a dollar's worth of services; that is an impressive 20-to-1 return on investment.

PROJECT C.U.R.E. would not be successful if it were not for the grassroots

efforts of volunteers throughout the United States, including participants in my home State of South Dakota. Doctors, medical professionals, housewives, businessmen, and average citizens in the Black Hills have come together to donate supplies and used medical equipment to be reprocessed, re-sterilized, and sent to where there is the greatest need. The local Wal-Mart facilitated these efforts by donating the transportation of the goods from Rapid City, SD, to the PROJECT C.U.R.E. warehouse in Centennial, CO.

In 2004, the Rapid City Regional Hospital had an ultrasound machine that was 1 year past meeting U.S. standards but was still perfectly functioning. The hospital was weeks away from sending it to the landfill when they heard about PROJECT C.U.R.E. Rather than waste away in the landfill, this \$75,000 machine was sent to Malawi where it is still being used today. There are many similar success stories and countless individuals that have benefited from these efforts.

Once again, I commend the volunteers and staff of PROJECT C.U.R.E. for their generosity, dedication, and hard work. I wish them well as they continue their mission "to identify, solicit, collect, sort and deliver medical supplies and services according to the imperative needs of the world."

VISION REHABILITATION

Mr. BROWN. I rise today to recognize the importance of vision rehabilitation services for vision-impaired Americans.

There are more than 25 million Americans who have trouble seeing—even when aided by glasses or contact lenses. Over 1 million are legally blind and over 3 million have low vision or partial sight.

This disability strikes Americans from all walks of life: the young and old, the poor and rich, urbanites and rural-dwellers.

Among Ohioans over the age of 40, there are more than 40,000 blind people, more than 90,000 suffering from age-related macular degeneration, more than 170,000 suffering from diabetic retinopathy, and nearly 100,000 with glaucoma.

Vision rehabilitation services help vision-impaired Americans restore function and live independent lives.

Whether it is learning to read Braille or use assistive computer technology, travel safely or take care of the home, meet career objectives or enjoy leisure activities, vision rehabilitation services help vision-impaired people cope with and overcome their disability.

These critical services are provided by occupational therapists—who can earn a specialty certificate in low vision—and vision rehabilitation professionals—who include low vision therapists, orientation and mobility specialists, and vision rehabilitation therapists.

These health care providers are uniquely qualified to serve the vision-impaired and have made a profound difference in millions of lives.

Take, for example, Laurine, an 84-year-old from the Cleveland area in my State of Ohio.

Laurine went blind 5 years ago due to macular degeneration. After decades of living independently, Laurine suddenly needed help with basic activities of daily living and had to go into an assisted living facility.

Laurine wanted to regain her independence, so she took advantage of services from the Cleveland Sight Center, a nonprofit organization providing vision rehabilitation.

She had orientation and mobility training, and relied on Susie Meles, a vision rehabilitation specialist, to learn how to cook her own meals, do her laundry, and even sew.

Today, Laurine is living happily and independently in Strongsville, OH.

There is also the story of Nicole, a 32-year-old from Ohio.

Nicole has been totally blind since she was 2 years old.

Like Laurine, she came to rely on the orientation and mobility specialists and vision rehabilitation therapists at the Cleveland Sight Center for help learning how to travel to school and later to work, how to read Braille, and how to use special computer software and adaptive aids.

Today, Nicole is a self-employed music therapist living with her husband in South Euclid, OH.

These are two of the many success stories produced every year at the Cleveland Sight Center.

However, the work of the Cleveland Sight Center and other vision rehabilitation organizations across the country is hindered by a lack of reliable funding.

Clients are often unable to pay for the services themselves. And while some disability and workers' compensation insurance policies cover the costs, very few health insurance policies do.

Public insurers like Medicare and Medicaid do not reimburse for vision rehabilitation services when they are performed by a vision rehabilitation specialist, despite the fact that they are accredited by the Academy for Certification of Vision Rehabilitation and Education Professionals, a national body.

Medicare is currently testing a low-vision demonstration project in four States and two cities that allows vision rehabilitation professionals to be reimbursed for their services when supervised by a physician.

I am hopeful that this demo will illuminate the importance of making vision rehabilitation services—and the diagnostic evaluations by optometrists and ophthalmologists that prompt it—a guaranteed Medicare benefit.

I am also supportive of including vision rehabilitation services in the health plans that will be offered in the new exchange set up by the health reform bill.

These are long-term goals. As an original member of the Congressional