the expanded enumeration-at-entry program described in paragraph (2) shall become effective at all United States ports of entry.

SEC. 5. FACILITATING BUSINESS AND ACADEMIC TRAVEL.

(a) EXPEDITED VISA REVIEWS FOR TRUSTED TRAVELERS.—

(1) REQUIREMENT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of State shall establish a trusted traveler program for international students, researchers, scholars, and individuals engaged in business, which shall operate in accordance with such guidance and procedures as the Secretary may determine.

(2) TRUSTED TRAVELER DESCRIBED.—The trusted traveler program shall provide for expedited visa review for—

(A) frequent low-risk visitors to the United States, who—

(i) have a history of visa approvals;

(ii) have not violated their immigration status;

(iii) have provided biometric data; and

(iv) have agreed to provide the consulate with such information as the Secretary may require; and

(B) aliens admitted under subparagraph (F) or (J) of section 101(a)(15) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15), who—

(i) are pursuing a program in the United States;

(ii) have not violated their immigration status;

(iii) have left the United States temporarily; and

(iv) require a new visa to return to the same program.

(3) AUTHORITY TO WAIVE PERSONAL APPEARANCE.—Notwithstanding section 222(h) of the Immigration and Nationality Act (8 U.S.C. 1202(h)), the Secretary may waive the requirement for an in-person interview by a consular officer with respect to trusted travelers described in paragraph (2).

(b) ENHANCING CONSULAR RESOURCES AND PERFORMANCE.—

(1) REQUIREMENT.—The Secretary of State shall—

(A) issue instructions providing for—

(i) enhanced staffing of United States consulates with high demand for visas and long visa-processing backlogs; and

(ii) enhanced training, in partnership with institutions of higher education, leaders in educational exchange, and the business community, for consular officers with respect to processing visas for international students and scholars and individuals traveling for business;

(B) issue strong operational guidance to all United States consular posts to eliminate inconsistencies in visa processing; and

(C) through regular reviews, hold such posts accountable for removing such inconsistencies.

(2) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall report to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives on the implementation of this subsection.

(c) RESTORATION OF REVALIDATION PROCEDURES FOR EMPLOYMENT-BASED VISAS.—

(1) IN GENERAL.—Section 222 of the Immigration and Nationality Act (8 U.S.C. 1202) is amended by adding at the end the following:

''(i) The Secretary of State shall issue regulations to permit an alien granted a nonimmigrant visa under subparagraph (E), (H), (I), (L), (O), or (P) of section 101(a)(15) to apply for a renewal of such visa within the United States if—

''(1) such visa is valid or did not expire more than 12 months before the date of such application;

''(2) the alien is seeking a nonimmigrant visa under the same subparagraph under which the alien had previously received a visa; and

''(3) the alien has complied with the immigration laws of the United States.''.

(2) CONFORMING AMENDMENT.—Section 222(h) of such Act is amended, in the matter preceding subparagraph (1), by striking ''Notwithstanding'' and inserting ''Except as provided under subsection (i), and notwithstanding''.

(d) COMPREHENSIVE HUMAN CAPITAL WORKFORCE PLAN.—The Secretary of State and the Secretary of Homeland Security shall jointly—

(1) develop a plan for the appropriate selection, training, and supervision of Federal Government officials whose contact with foreign citizens impacts the international image of the United States, including consular and customs and border protection officials; and

(2) submit an annual report on the implementation of the plan described in paragraph (1) to—

(A) the Committee on Homeland Security and Governmental Affairs of the Senate;

(B) the Committee on Foreign Relations of the Senate;

(C) the Committee on Homeland Security of the House of Representatives; and

(D) the Committee on Foreign Affairs of the House of Representatives.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 454—DESIGNATING THE MONTH OF MARCH 2008 AS ''MRSA AWARENESS MONTH''

Mr. DURBIN (for himself, Mr. HATCH, Mr. MENENDEZ, Mr. SPECTER, and Mr. BROWN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 454

Whereas Methicillin-resistant Staphylococcus aureus (MRSA) is a type of infection that is resistant to treatment with the usual antibiotics and is one of the most common pathogens that cause Healthcare-Associated Infections (HAIs) in the United States and in many parts of the world;

Whereas a study led by the Centers for Disease Control and Prevention estimates that in 2005 more than 94,000 invasive MRSA infections occurred in the United States and more than 18,500 of these infections resulted in death;

Whereas the percentage of Staphylococcus aureus infections in the United States that are attributable to MRSA has grown from 2 percent in 1974 to 63 percent in 2004;

Whereas the annual number of hospitalizations associated with MRSA infections, including both HAIs and community-based infections, more than tripled between 1999 and 2005, from 108,600 to 368,600;

Whereas approximately 85 percent of all invasive MRSA infections were associated with healthcare;

Whereas serious MRSA infections occur most frequently among individuals in hospitals and healthcare facilities, particularly the elderly, those undergoing dialysis, and those with surgical wounds;

Whereas individuals infected with MRSA are most likely to have longer and more expensive hospital stays, with an average cost of $35,000;

Whereas there has been an increase in reported community-acquired staph infection outbreaks, including antibiotic-resistant strains, in States such as Illinois, New York, Kentucky, Virginia, Maryland, Ohio, North Carolina, Florida, and the District of Columbia;

Whereas clusters of community-acquired MRSA infections have been reported since the late 1990s among competitive sports teams, correctional facilities, schools, workplaces, military facilities, and other community settings;

Whereas a person who is not infected with MRSA can be a vehicle for the transmission of infections through skin-to-skin contact; and

Whereas many instances of MRSA transmission can be prevented through the use of appropriate hygienic practices, such as hand washing and appropriate first aid for open wounds and active skin infections, are followed: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the need to apply what is already known about reducing the transmission of infections in hospitals, effectively using diagnostics, and ensuring appropriate use and utilization of antibiotics to meet patient and public health needs;

(2) recognizes the need to pursue operational research to find the best ways of preventing hospital- and community-acquired Methicillin-resistant Staphylococcus aureus (MRSA) and developing new antibiotics for improving care for MRSA patients;

(3) recognizes the importance of raising awareness of MRSA and methods of preventing MRSA infections;

(4) supports the work of advocates, healthcare practitioners, and science-based experts in educating, supporting, and providing hope for individuals and their families affected by community and healthcare associated infections; and

(5) designates the month of March 2008 as ''MRSA Awareness Month''.

Mr. DURBIN. Mr. President, in response to the emerging threat of methicillin-resistant staphylococcus aureus, or MRSA, infections, I introduced legislation in November to improve the prevention, detection, and treatment of community and healthcare-associated infections. The Community and Healthcare Associated Infections Reduction Act of 2007 builds on what hospitals are already doing and what infectious disease experts and government agencies agree is critical to reducing the emergence of these infections.

In the last few months, the problem has persisted and Congress has done little. The problem is not going away. Just last month a hospital in Chicago treated a patient with a nasty sore on his wrist that was attributable to MRSA. Unfortunately, the hospital found that the infection was unresponsive to two medications that have been recommended, mainstay treatments for MRSA. The already-formidable microbe has strengthened its defenses.

Scientists are constantly trying to learn more information about MRSA and its impact on communities, even while healthcare professionals are fighting to keep patients safe. Although MRSA infections can be mild or moderate, almost 100,000 become serious and lead to 19,000 deaths each year, according to the Centers for Disease Control and Prevention.

The CDC estimates that in 2005 in the U.S., 94,000 people developed an

invasive drug-resistant staph infection. Out of 94,000 infections, researchers found that more than half were acquired in the health care system—people who had recently had surgery or were on kidney dialysis, for example. The 9,000—often needless—American deaths from these infections every year account for more than the number of people who died from HIV/AIDS, homicide, emphysema, or Parkinson's.

MRSA infections are a persistent crisis. In 2002, Illinois hospitals diagnosed 6,841 cases of MRSA. In 2006, that number was 10,714. Steady growth in the incidence of MRSA cases shows a 56.7 percent increase over a 5-year period. As a result, the State of Illinois has taken aggressive steps to identify the infection before it grows out of control. Illinois was the first State to require testing of all high-risk hospital patients and isolation of those who carry the MRSA bacteria. Twenty-two States have passed laws that will give their residents important information about hospital infections. Nineteen States have laws that require public reporting of infection rates.

Hospitals are actively working to identify and control infections, implementing infection control plans to maintain the safety of patients. For example, Evanston Northwestern Hospital is now placing patients who test positive for MRSA in ''contact isolation.'' That means patients are placed in private rooms or rooms with other MRSA-positive patients. Also, patients who developed symptoms of infection at the hospitals are tested and treated on the premises. The strategy is working. Evanston Northwestern went from 1,200 cases of patient-to-patient MRSA transmission in 2003 to 80 cases in 2006, and the $600,000-a-year program saved twice as much as it cost.

But we can't leave it up to the hospitals to control these infections. About half of the infections that end up being treated in hospitals were actually picked up in the community. Schools in Illinois, Connecticut, Maryland, North Carolina, Ohio, Virginia and Kentucky have had to close to help contain the spread of an infection. School officials in Mississippi, New Hampshire, New York, and Virginia have reported student deaths from bacteria, while officials in at least four other States reported cases of students being infected.

Today, I am introducing a bipartisan resolution with the support of my colleagues Senator HATCH, Senator MENENDEZ, Senator SPECTER, and Senator BROWN to designate March as MRSA Awareness Month. We hope this resolution will bring more attention to the need to address this critical public health issue—not only by communities and healthcare organizations, but by the Federal Government.

SENATE RESOLUTION 455—CALLING FOR PEACE IN DARFUR

Mr. DURBIN (for himself, Mr. BIDEN, Mr. BROWNBACK, Mr. FEINGOLD, Mr. COLEMAN, Mr. VOINOVICH, and Mr. MENENDEZ) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 455

Whereas, during the past 4 years in Darfur, hundreds of thousands of innocent victims have been murdered, tortured, and raped, with more than 2,000,000 people driven from their homes;

Whereas some but not all of the parties to the conflict in Darfur participated in the first round of a United Nations-African Union peace process launched in October 2007 in Sirte, Libya;

Whereas the Comprehensive Peace Agreement (CPA) reached between the Government of Sudan and the Sudanese People's Liberation Movement (SPLM) in January 2005 has not been fully or evenly implemented;

Whereas the Government of Sudan has continued to obstruct the deployment of a joint United Nations-African Union peacekeeping force to Darfur that would include non-African elements;

Whereas elements of armed rebel movements in Darfur, including the Justice and Equality Movement (JEM), have made violent threats against the deploying peacekeeping force;

Whereas 13 former world leaders and current activists, including former president Jimmy Carter, former United Nations Secretary-General Kofi Annan, Bangladeshi microfinance champion Muhammed Yunus, and Archbishop Desmond Tutu, have called for the immediate deployment of the peacekeeping force; and

Whereas, while these and other issues remain pending, it is the people of Darfur, including those living in refugee camps, who suffer the continuing consequences: Now, therefore, be it

Resolved, That the Senate—

(1) calls upon the Government of Sudan and other signatories and non-signatories to the May 5, 2006, Darfur Peace Agreement to declare and respect an immediate cessation of hostilities, cease distributing arms to internally displaced persons, and enable humanitarian organizations to have full unfettered access to populations in need;

(2) calls upon the Government of Sudan to facilitate the immediate and unfettered deployment of the United Nations-African Union peacekeeping force, including any and all non-African peacekeepers;

(3) urges all invited individuals and movements to attend the next round of peace negotiations and not set preconditions for such participation;

(4) calls upon the diverse rebel movements to set aside their differences and work together in order to better represent the people of Darfur and end their continued suffering;

(5) encourages the participation in future talks of traditional Arab and African leaders from Darfur, women's groups, local nongovernmental organizations, and leaders from internally displaced persons (IDP) camps;

(6) condemns any intimidation or threats against camp or civil society leaders to discourage them from attending the peace talks, whether by the Government of Sudan or rebel leaders;

(7) condemns any action by any party, government or rebel, that undermines or delays the peace process in Darfur; and

(8) calls upon all parties to the Comprehensive Peace Agreement (CPA) to support and respect all terms of the agreement.

Mr. DUBRIN. Mr. President, time and time again I have come to the floor to speak about the ongoing genocide in Darfur.

For more than 4 years the world has watched this humanitarian crisis unfold—thousands murdered, tortured, raped, and chased from their homes. Thousands more languishing year after year in refugee camps.

Many of us on both sides of the aisle have repeatedly called for greater U.S. and international action. President Bush has called the situation genocide and British Prime Minister Brown said ''Darfur is the greatest humanitarian crisis the world faces today.''

U.N. Secretary General Ban Ki-moon has made ending the crisis in Darfur one of his top priorities.

Thirteen former world leaders and current activists—a group of ''Elders''—including former president Jimmy Carter, former U.N. Secretary General Kofi Annan, Bangladeshi microfinance champion Muhammed Yunus, and Archbishop Desmond Tutu have called for the immediate deployment of a peacekeeping force to Darfur.

Here at home, thousands of students, churches, and other activists have helped raise awareness of the horrible human suffering in Darfur.

Such efforts led to an important vote last year by the U.N. Security Council to deploy 26,000 peacekeepers from the U.N. and African Union. This peacekeeping force would go to Darfur to halt the violence and create conditions for a long-term political settlement.

Late last year, Congress passed the Sudan Divestment and Accountability Act, which will help concerned Americans ensure that their investments do not support the murderous regime in Khartoum.

Yet, despite such overwhelming calls for action, the Sudanese government continues to brutalize its own people and thumb its nose at the international community.

Earlier this week Sudanese army and allied militia forces, with the help of helicopter gunships and planes, conducted yet another major assault in Darfur, burning villages, killing civilians, and forcing thousands more to flee into increasingly unstable Chad.

Equally troubling are blatant efforts by the Sudanese government to obstruct deployment of the peacekeeping force. For example, Sudan's leaders have balked at deployment of non-African forces. Last month government forces fired upon a peacekeeping convoy.

In recent months the regime has even appointed notorious figures complicit in the Darfur genocide to senior government positions. Two are wanted by the International Criminal Court for war crimes.

Incredibly, one such figure, Ahmed Haroun, was actually appointed to be Minister of Humanitarian Affairs, ostensibly to assist the very people he helped displace.

It is time to bring an end to the violence and set the conditions for a long-term political settlement.