

and toughen those penalties. I hope TV becomes smarter, becomes more engaging. That is a task not for us but for the people who make TV. Our job as legislators is to protect those basic standards of decency.

#### LITTLE BOY BLUE

Mr. FRIST. Mr. President, briefly on another issue, just because each day we are bombarded with so much bad news, disappointing news, news that makes you want to put the newspaper down or turn off the television, I want to share with my colleagues a piece of good news, heartwarming news, news that is reflective of the compassion that we as an American people have, that we have the opportunity to express at times, and this particular incident, I believe, represents it quite concretely. It is about a very special 7-year-old boy from Afghanistan.

His name is Mohammad Omar. He suffers from a congenital anomaly, a birth defect that is not all that rare but we didn't know how to treat until the beginning of the 1940s, 1950s, when the research was initially done. Before that, it had a 100-percent mortality rate. As you will tell from the outcome of the story, surgery has changed that.

His defect is called tetralogy of Fallot. Tetralogy means there are four things—It doesn't matter what they are—but it is a hole between two chambers of the heart; a ventricular septal defect it is called. The second is an outflow tract obstruction from the right ventricle to the lungs, and therefore the obstruction there means the blood does not get up through the lungs. There is an overriding VSD and then there is some right ventricular hypertrophy—the right side of the heart is big and very muscular.

Mr. REID. Mr. President, will the Senator yield? Would you like me to help explain some of that for you?

Mr. FRIST. That is three of the four tetralogies. I know my colleague knows the fourth is that right ventricular hypertrophy. I would be happy to yield to the Democratic leader.

Mr. REID. I have forgotten quite a bit about that, so maybe you should go ahead and explain it.

Mr. FRIST. I will be brief. But what is fascinating is that with science and with the great progress that is made, today it can be cured, where before it couldn't. What is interesting about the overall story is that Mohammed's father, Fateh, about a year ago—this is over in Afghanistan—brought his son to an American military hospital, reaching out, not knowing where to go. The province is the Khowst Province. He happened to run across my colleagues, or colleagues in the military, who are cardiologists, who are heart specialists. And looking at the blue appearance—because you don't get this oxygen flow through the heart, blood through the right side of the heart—they said it was probably tetralogy of Fallot.

With a few tests they made the diagnosis and they petitioned Mohammed to come to the States for treatment, but the visa applications by Mohammed and his dad, Fateh, were initially denied. But somewhere out there was a little angel looking out, and sure enough they ran into a fellow who happened to be a student of mine back at Vanderbilt, Dr. Sloane Guy, whom I hadn't seen for a while, and I was with him at a time when he was looking to the future, didn't know where he was going, whether it was heart medicine, cardiology, heart surgery. He was on active duty in Afghanistan.

He called me and said: Isn't there anything that we can do? So, working together, I—and this is really compassion, reaching out, going beyond what a lot of people usually do—but working with the State Department, again reaching out, the Department of Defense, we were able to get approval for young Mohammed to come here and, indeed, on Tuesday, just 3 days ago, they arrived at Andrews Air Force Base.

Yesterday morning, Mohammed underwent surgery at the Children's National Medical Center. Straightforward surgery, it would be described by Dr. Jonas, Richard Jonas, who is a renowned cardiac surgeon, fellow cardiac surgeon, but does the surgery over at Children's National Medical Center—fairly routine surgery, although it was pretty complex surgery in truth, repairing the hole between the ventricles—the right outflow obstruction—and hooking things back up so they flow normally. Right now the young boy is still in the intensive care unit. That is the normal course, but he is recuperating nicely. You never want to predict the long-term outcome because in the first 5 or 6 days anything can happen.

But my point is, that is the kind of story you don't hear. It took a lot of people reaching out, coming together, the best of the public sector, the best of the private sector, the best of the generosity of doctors, the compassion of individuals in Afghanistan who made the initial diagnosis coming together with the result that just a few miles from here is unfolding.

Larry King, whom you know, although sometimes we are here after he is on at night, many of us turn him on at night, just about every night—the Larry King Cardiac Foundation provided much of the financial support to bring him here. The Afghan Embassy, right now, is providing support for the family and support with interpreters and food and the like. Dr. Jonas and his cardiac surgical team, including the people who run the part of the pulmonary bypass machine, and all the technicians there who contributed their time, the great resource of the Children's National Medical Center, which is right here—everybody came together to make this story possible.

To me, this reflects the stories that never get told. But it also shows how

humanitarian outreach can be used as a currency for peace. It is built around trust. It is built around outreach. It is built around selflessness and going beyond faces that you see every day; everybody working towards a common goal.

So I just wanted to take the opportunity to tell that very brief story. I do wish Mohammed a speedy recovery and wish his dad the very best. While waiting in Afghanistan, not knowing whether or not this lifesaving surgery—without surgery he would die—without knowing whether this lifesaving surgery would be provided by people in a country they had no idea even existed, in terms of the people, he became known as the little blue boy; Little Boy Blue, I guess, is what they called him because of that blue appearance.

So it will be a great story because that blue appearance, Little Boy Blue no longer will be Little Boy Blue. He will be a healthy young child with a normal lifespan thereafter.

Mr. President, I yield the floor.

#### RESERVATION OF LEADER TIME

The PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### COMPREHENSIVE IMMIGRATION REFORM ACT OF 2006

The PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of S. 2611, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 2611) to provide for comprehensive immigration reform and for other purposes.

Pending:

Ensign/Graham modified amendment No. 4076, to authorize the use of the National Guard to secure the southern border of the United States.

Chambliss/Isakson amendment No. 4009, to modify the wage requirements for employers seeking to hire H-2A and blue card agricultural workers.

The PRESIDENT pro tempore. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, while the majority leader and the Democratic leader are still in the Chamber, I wish to express my gratitude to each of them, as well as the managers of the comprehensive immigration reform bill that is in the Chamber and that we have been debating this week, for the progress we have made. I think it has been in the greatest traditions of the Senate that we have taken a controversial subject where debate that has been long overdue and we have had an open and honest and vigorous debate on many important amendments that have helped improve the bill, from my perspective. But this is the Senate at its best. While we know we will not always agree with one another, there is one place on the face of the planet