

TRANSCRIPTS

CNN LARRY KING LIVE

Will Obama Send More Troops to Afghanistan?; H1N1 Discussion

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LARRY KING, CNN ANCHOR: Tonight, we're going to talk about Afghanistan. Is it the 21st century's Vietnam? It may be President Obama's toughest test yet. Send more troops and fight for years to come or get out and lose.

And then, more than 100 American children are dead from H1N1. Nineteen last week, alone. The parents of a perfectly healthy child who died are here with the heartbreaking and harrowing tragedy. Is this flu a pandemic or are we panicking? What you must know about this virus and the vaccine to protect your loved ones. Get your calls ready. Experts standing by, next on Larry king live.

Please forgive the way I sound and look tonight. I have an upper respiratory infection. Not the swine flu but it is an upper respiratory infection. I like saying that. It sounds better than a cold. Anyway, we'll struggle through if you will. The president struggling, too, deciding whether to send more United States troops to Afghanistan. What should he do? Joining us in Boston, Pete Hegseth, he's the chairman of vets for freedom. He served in Iraq with the 101st airborne. He's now a captain in the army national guard.

And on Chicago, retired u.s. Army General Wesley Clark who served as Supreme Allied Commander for NATO, Commander for the Democratic President's Nomination in 2004, and is a Senior Fellow at UCLA'S center for international relations. We'll start with Pete. All right. What decision should the president make? A lot more troops, some more troops, go home? Pete, what do you say?

PETE HEGSETH, CHAIRMAN, VETS FOR FREEDOM: Well, I think at this point General McChrystal has asked for a lot more troops. General McChrystal is commander on the ground, the commander who President Obama himself hand picked to be the commander in Afghanistan provided an assessment to the president. Where he very candidly asked for what it seems to be about 45,000 additional troops on the ground in order to execute a comprehensive Iraq surge-like counterinsurgency campaign. General McChrystal, that commander had led counterterrorism efforts in Afghanistan and Iraq for the last five years. If anybody knows what it means to capture and kill the enemy, it's Stanley McChrystal. He's the one that would be implementing President Obama's strategy. And I think President Obama would be very wise to listen to the recommendations of McChrystal.

KING: General Clark, do you listen to your general?

GENERAL WESLEY CLARK, FORMER NATO SUPREME ALLIED COMMANDER: You bet you. When the commander on the ground says he needs more troops to do the mission and you're the commander in chief, you better listen to him. It may be that you need to carefully consider what the mission is. But we don't want to get pushed out of Afghanistan by battlefield defeats. However, Larry, the real problem here is that the enemy's not just in Afghanistan. It's in Pakistan. And maybe that's the headquarters for the enemy.

And so we have to be concerned not only with Afghanistan but with Pakistan. And for Pakistan, if that's where al Qaeda is, that's really the heart of where our strategy should be focused. You know, you mentioned Vietnam. I think back to my experience. I was a company commander over there. I came home on a stretcher in 1970. I got shot by a guy in an ambush in a base camp. Basically there were three major lessons I took from Vietnam and from 30 years of reflecting on it.

Number one is that when you put your troops in, you take more casualties. We had a million troops in Vietnam, 550,000 Americans, almost 500,000 from the republic of Vietnam army. Plus another million in uniform that were part of the local militia. And the more troops, the more casualties. Secondly, that if you complain about the quality of the government, you're never going to solve this problem. We got rid of the government in Vietnam. We changed it, we still had problems. And to the end we complained that there was too much corruption.

So, that's endemic. They're not going to meet our standards. And third, the enemy wasn't in Vietnam. And we waited too long to realize that we had to go outside Vietnam. I hope we don't make that mistake in Afghanistan.

KING: OK. Pete, isn't it a political decision, the generals have to listen to what the commander thinks is best to do politically and the general is not a politician, right, Pete?

HEGSETH: Well, the general's not a politician. The general's job is to fight and win the war when given the guidance from the commander in chief. I do take issue with one thing General Clark said. That in some case was indeed the lesson in Vietnam but not lesson of Iraq. Which I believe is a much more of a parallel comparison. In Iraq, we added more troops in the Iraq surge, yes, casualties spiked temporarily as we went into areas where the enemy had a foothold.

But as we took over those areas and protected the populations, like we would in Afghanistan, in the population centers, the violence dramatically decreased. In fact, saving Iraqi lives, saving the lives of U.S. Soldiers and Marines to the point of today, violence is much lower than at any point it was in Iraq before the Iraq surge and almost since the evasion of 2003. If you draw the appropriate lessons, which I don't think in this case are from Vietnam but are from Iraq. That if you apply the proper counterinsurgency strategy and protect the population with more troops, you can bring the violence down which creates the conditions for that political and economic progress that General Clark referenced.

You have to have a government partner in Afghanistan. It's going to be more of a local partner. But you can create those conditions by bringing the violence down with more troops in the near term. And that's exactly what the General McChrystal is asking for from President Obama.

KING: General Clark, are you saying you would leave Afghanistan? What are you saying?

CLARK: I'd put troops in there right now to try to do something. But ultimately we're not going to create a government and a society that meets our standards in Afghanistan. And when you think about the United States Army and young people like captains and lieutenants going back there on fourth and fifth and sixth tours, and you look at what it does to the military, what it does to the country, how it distorts our efforts in so many other areas, we need to define what success is over there, we need to put in the necessary resources, we need to get to success as soon as possible.

Now, we could have a long discussion of whether Afghanistan is more like Vietnam or Iraq. I hope that Pete's right, but on the other hand, in Iraq, we had Iraqis fighting each other. That's not actually the case in Afghanistan. They're pretty much -- there's an insurgency and it's directed against us. That's a big difference and that's the way it was in Vietnam. And so, when you secure these cities have you have in there is.

KING: Let me get a break.

CLARK: Go ahead, Larry. We'll continue afterwards.

KING: All right. President Obama calls the election process in Afghanistan messy. How's it going to affect his decision? We'll talk about

that, take your calls and some more guests will join us when we come back.

(COMMERCIAL BREAK)

KING: We're talking Afghanistan with Pete Hegseth of Vets for Freedom and retired general U.S. Army Wesley Clark. And joining us now, Retired U.S. General Barry McCaffrey now and an Adjunct Professor of International Affairs and WestPoint. He previously served by the way as Adjunct during the Clinton Administration. Also, served the 7th Commander of the u.s. Southern command. Also joining us is Jake Diliberto, former marine corporal who served in Iraq and Afghanistan. He is a Founder of Veterans for Rethinking Afghanistan. We'll start with General McCaffrey and everybody will get in on this. General, should we send 45,000 more troops?

GEN. BARRY MCCAFFREY, U.S. ARMY (RET): I think the bottom line is, we fired the commander on the ground, put in a new guy, and he's done an assessment. The president done a theory and review the strategy. It's taken and done in public. Now, we're probably the point where we've got to back up probably the most determined and effective counterterrorist fighter we produced in 25 years, Stanley McChrystal.

Having said that, Larry, what bothers me is the debate we're having is over 10,000 or 40,000 troops when we should be talking in Washington in about the political and military objectives of the war and telling the American people in congress what we decided to do. I think we're arguing tactics. And it's a huge mistake.

KING: Jake, what do you feel? You served in Iraq and Afghanistan. What are your thoughts?

JAKE DILIBERTO, FOUNDERS, VETERANS FOR RETHINKING AFGHANISTAN: Well, thanks for having me on, Larry. I think that the commentary tonight is useful. And I think it's thoughtful but I think the error that is not being discussed, if we go through with the counterinsurgency campaign it will not be simply 40,000 troops. It will be more like 140,000 troops for decades to come. This is not something that we can finish in one year, two years, three years. This all counterinsurgency experts are commentating this will be more like 10 to 15 years and greater on.

That is problem number one. But problem number two, the government that is needed for a successful counterinsurgency campaign is failing in Afghanistan. It is a failed state. It is a failed environment. And to think that we can do what we did in Iraq, the same way we did in - - the same way I think we can do what we did in Iraq in Afghanistan and really miss the point. It's a different terrain, it's a different culture. And we need to think about U.S. foreign policy from a 21st century perspective. Not a Paleolithic century perspective. The error of foreign policy has come to a time where we need to have a more modest approach, thinking that al Qaeda ...

KING: All right. Go ahead, finish the sentence.

DILIBERTO: The final thought is that al Qaeda is a 5,000 to 7,000 operative force worldwide, that it's in Germany, it's in Florida, it's in Switzerland. It's in Afghanistan. It's in Pakistan. And so, to think that if we can secure Afghanistan that al Qaeda will not be able to go back in there is missing really missing the point. Al Qaeda will be operating all over the place. And we need a worldwide intelligence effort to find the criminal conspiracy and arrest it. That's how you deal with this threat, not with a massive military intervention in the greatest Middle East.

KING: Pete, basically he's saying it's unwinnable. How do you respond to what Jake said, Pete?

HEGSETH: Well, Larry. What Jake is saying is the same thing for a lot of folks were saying, and some on this panel about Iraq in 2006 and 2007, that it was completely unwinnable. And we'll going to have to send hundreds of thousands of troops for decades to come in order to

secure it. Instead, a strategic and tactical surge in the right place as many just called, it's just a tactic and not a strategy was part of a comprehensive strategy in securing Iraq.

In Afghanistan, we're not talking about nation building. We're talking about capacity building. We have to plug the hole, fill the gap until we can train Iraqi's or Afghan security forces to the point where they are capable of securing their own people in their own regions. This is not about sending a hundreds and thousands of troops for decades. No one wants that. I want to bring our troops home just as soon as anyone else. We have the best man on the job in Stanley McChrystal. He believes it needs to be a counterinsurgency and not counterterrorism. And he would know it. He led the counter terrorism fight for five years in both Iraq and Afghanistan.

(CROSSTALK)

MCCAFFREY: Larry, can I add to that.

KING: All right. General Clark.

MCCAFFREY: This is not about nation building.

KING: General McCaffrey. I'm sorry. Go ahead.

MCCAFFREY: One thing for sure I would agree on, certainly Jake's point. This is not a year to make a dramatic difference in Afghanistan. This is a 10 to 15-year campaign. It's clearly not just a military component. Stanley McChrystal has publicly argued the primary purpose is build Afghan security forces, an army and police force. That's clearly 10 years or more. I would argue that we need to tell the American people, look it's \$5 billion a month right now. Before the end of next year, it will be \$10 billion a month. It will be probably 15,000 casualties, u.s. killed and wounded. If we're going to do this. We have to tell the American people that was a lesson of Vietnam. You have to be transparent and make arguments at work.

CLARK: One more thing I'd like to add, Larry.

KING: I'd like to just go back to one thing here.

CLARK: The enemy we went after out is in Pakistan.

KING: Quickly, General.

CLARK: The enemies in Pakistan, we spent at least talking about Afghanistan. The Pakistanis have got to go get out al Qaeda in Pakistan. And we've got to give ...

KING: All right. Let me get a break. Hold it. Do you have questions about the war in Afghanistan? I'm talking to the audience. We'll take calls, back in 60 seconds.

(COMMERCIAL BREAK)

KING: Let's take a call from our distinguished group. Madison Heights, Michigan. Hello.

CALLER, MADISON HEIGHTS, MICHIGAN: Hi Larry. I have a general question for all the guests.

KING: Sure.

CALLER: I just wanted to ask them, if you think it's feasible for, you know, the millions of different Afghans to all accept the legitimacy of a central government that was imposed on them by the United States?

KING: Who wants to take that?

DILIBERTO: I'll take it first, Larry.

KING: Jake, you want to take that or Pete?

DILIBERTO: Certainly. I'm in Washington, D.C. right now with Malalai Joya, and she is a woman who served in the Afghanistan parliament. And she's made it very clear that the Afghani people are in a situation where they are being oppressed by warlords that are in congress as well as being oppressed by the Taliban. And while we are there trying to secure this population, the general situation is getting worse. And it's getting more compounded. And the likelihood that we can make that a safe environment where they can respect local leadership is pretty daunting task. I doubt it ...

HEGSETH: But the likelihood is certainly not better if we leave. Larry, the likelihood of that succeeding is certainly not better if we leave. So, we allow that government and that country to extend into Chaos? And we know al Qaeda thrives in Chaos. So, if you're arguing to pull the troops out, that is not really a solution.

(CROSSTALK)

DILIBERTO: I'm not advocating ...

HEGSETH: He has to offer a counterargument.

KING: One at a time.

HEGSETH: I think our best opportunity is to mentor and train both on the military and the political side to bring this Afghan government, which was elected, Karzai government which was elected up to part to be able to provide at least basic services to its people. I want to add to something General McCaffrey said. If we're going to support increase of troops in Afghanistan, we really need to -- President Obama needs to be prepared to make the case to the American people. He's absolutely right on that. To stand up and say this is a fight we need to win. And then he's done it before.

KING: All right. Let me get another break and come right back. And by the way, all four of our guests have served this country with a distinction. We have a special show coming up Wednesday night, a one-on-one interview with super star Mariah Carey. Opening up about her new album, her new movie and her new marriage. Wednesday night on "LARRY KING LIVE."

When we come back, more of your questions about Afghanistan.

(COMMERCIAL BREAK)

KING: We love to involve our audience. Let's get another call for this panel. Arlington, Virginia. Hello. CALLER: Hi. Yes. I mean, is Obama

afraid to make a decision? I'm here in Arlington, Virginia, to bury my son tomorrow, Lance Corporal David Baker who was killed two weeks ago. Tomorrow in Afghanistan, we need to send more troops. Is Obama -- why doesn't he listen to the people he hires? Why doesn't he listen?

KING: General Clark, do you want to respond?

CLARK: I think he will send more troops. But I also think he has to go through the full process of making sure the strategy's right, the mission's right and we know exactly what we have to do to succeed there. And that's really the review he didn't have when he first took office. He's doing it now. And I think he has to do it.

MCCAFFREY: Larry, let me add to that. You know, one of the problems, the last administration plunged into Iraq where we actually saw Secretary of Defense Rumsfeld state that he had never been asked whether it was the right war to fight or not. So, I joined West in saying I endorse a thoughtful, prudent, determined way to make this decision. At the end in which, the government has to own the decision. Secretary Clinton, Secretary Gates and others have got to say, OK, join hands, now tell the congress, the American people what we're going to do.

KING: Pete, do you agree with that? Pete.

HEGSETH: First I would add to that caller, you know, thank her for ultimate sacrifice and tell her our prayers are with her. And there are hundreds and thousands of people across this country connected to men and women who served and paid that sacrifice and I think we owe it to them to make the best, the most prudent decision possible. Hundred and forty eight of Americans have died since General McChrystal gave his assessment to President Obama. But I also agree to both of you generals who spoke before us. This seems to be a quick decision but it needs to be the right decision. And I hope that the Obama administration is taking this time to do a thorough assessment and sure that they know what the right way forward, which I hope is playing simple, listening to commanders in the ground and getting those troops to them as quickly as possible.

KING: Jake, would you leave, Jake? Would you leave?

DILIBERTO: I want to comment on Pete's statement. He's correct to the caller, thank you for your family's sacrifice and your son's service. I do not think that the situation in Afghanistan has a promising future. No matter how many troops you send in, no matter what the right strategy is. We could be there for 15 years. And have 200,000 troops in country. And 200,000 Iraqi soldiers or Afghani soldiers and the situation on the ground is still going to be a mess.

That country, no matter if we stay there for 20 years or 50 years will have a civil war and will figure out how to do their own democratic society the way that the Afghans want it. And whether we want to admit it or not, that will happen. There's nothing you or me can do to stop the demographic time bomb that's taking place in that region. We can do our best service to our soldiers and men and women in uniform in this country to protect our borders by collaborating with local partners and developing an intelligence group to find al Qaeda through intelligence means, arrest them and put them in jail and bring the open the global war of terror to an end.

KING: I want to ask a quick question about the election process. President Obama calls Afghanistan's election process messy. Called on Karzai to offer congratulations on his re-election and he spoke about that little earlier. I want the gentlemen to comment. Watch.

(BEGIN VIDEO CLIP)

OBAMA: I did emphasize to President Karzai that the American people and the international community as a whole want to continue to

partner with him and his government. In achieving prosperity and security in Afghanistan. But I emphasize that this has to be a point in time in which we begin to write a new chapter. Based on improved governance, a much more serious effort to eradicate corruption, joint efforts to accelerate the training of Afghan security forces, so that the Afghan people can provide for their own security.

(END VIDEO CLI)

KING: Gentlemen, quickly, what do you think he's going to do, General McCaffrey?

MCCAFFREY: Well, I don't think we have many options. I don't think the short-term political withdrawal is simply unacceptable. NATO allies feel betrayed, they led Pakistan goes unstable. We're not going to do it. The Karzai election was not very democratic. This should not be a stunning surprise to the administration. So I think we're going to ...

KING: Question is what ...

MCCAFFREY: We have to support the government that's on the ground and see how we can best use it to serve stable Afghanistan after a decade of hard, bloody work.

KING: Jake? What do you think he's going to do?

DILIBERTO: I think that President Obama's probably go with 15,000 troops which isn't going to make the situation better. A year from now we'll have several hundred more dead soldiers, we're going to spend more billions of dollars and it's still going to be a failed situation a year from now. So, therefore, I believe the best scenario for the short time is to have a slow withdrawal and have -- recognize there's not a military solution.

KING: OK. Pete, what do you think he's going to do?

HEGSETH: I hope and believe he's going to give the general what he needs, what he asked for, give him 30,000 to 45,000 additional troops and let General McChrystal get to the business of building a stable Afghanistan.

KING: General Clark, quickly, what do you think he's going to do?

CLARK: Put in more troops, probably not everything General McChrystal has asked for. Put pressure on the Pakistanis to do more, probably not enough pressure, give them some assistance and hope he can find some measure of progress in the effort there.

KING: Thank you all very much. We shall stay a top this naturally. You may remember the young Mattie Stepanek, a frequent guest in this program. He was a poet and a peacemaker who died young from muscular deficiency. His mother Jenny Stepanek has written an aspiring book about his life. The book "Messenger" comes out tomorrow. Tonight, you can read an exclusive blog from Jenny. Check it out at cnn.com/larryking.

Up next, the very latest on H1N1. The virus and how to protect your family.

(COMMERCIAL BREAK)

KING: Two distinguished pediatricians are going to join us in a couple of minutes to debate all this. Right now, let's talk the very latest on the H1N1 Virus with Dr. Sanjay Gupta, CNN's chief medical correspondent. Dr. Gupta, before our pediatricians get into it, what is the

latest?

DR. SANJAY GUPTA, CNN CHIEF MEDICAL CORRESPONDENT: Well, the latest is that just today, we have some more data on just how effective the vaccine is and some information about whether or not there's adverse effects from it. We know that it's a pretty effective vaccine. Kids have to get two shots under the age of nine. Adults have to get one shot.

So far, what's interesting -- people have been waiting for some time -- is that there haven't been any significant adverse effects report. In China, for example, there were tens of thousands of the vaccine given out, and there were very few adverse affects. In the United States, there's been about seven weeks now of data, and we're not seeing much in terms of adverse effects.

So there's about six million people infected in the United States, and around 600 or so deaths total. So it's a very low fatality rate. That's the good news, Larry.

KING: And Dr. Gupta will be back with us later, after he watches our pediatricians, and offer some insight. And they are, in New York, Dr. Karen Natterson, author of "Dangerous or Safe; Which Foods, Medicines and Chemicals Really Put Your Kids at Risk." And here in Los Angeles, Dr. Jay Gordon, pediatrician, author of "Good Food Today, Great Kids Tomorrow," and of "Listening To Your Baby."

All right, Dr. Natterson, are you for or against the concept of administering this flu to children -- the flu shot?

DR. KAREN NATTERSON, PEDIATRICIAN: I think this is a great vaccine. Just like the seasonal flu vaccine we've given for many years. This is a very effective vaccine against an illness that's obviously pretty rampant in our communities today.

KING: Dr. Gordon, a new "Vanity Fair"/"60 Minutes" poll says 44 percent of those surveyed says they are taking no steps to avoid getting the flue. At the same time, a recent "Washington Post" poll showed 52 percent of people are a great deal or somewhat worried that someone in the family is going to get infected. Should you get the flue shot, if you can get it?

DR. JAY GORDON, PEDIATRICIAN: You can't get it. Almost nobody can get that shoot. You know what? It's a good vaccine. It's not a great vaccine. It hasn't been adequately tested on children. It hasn't been adequately tested at all, really.

It's not a dangerous vaccine. What we need to do is calm down and realize that influenza, H1 Influenza is just another virus. There are going to be a lot of cases. It's going to be a difficult public discussion because there will be fatal cases. But neither the vaccine nor the illness are terribly dangerous.

KING: Dr. Natterson, would you comment?

NATTERSON: You know, I think that when Dr. Gordon says we need to calm down, he's right, in that it's taken a little bit longer for us to get this vaccine out into the communities. The concern I have is that once it makes its way there, then we're going to have people who turn it away. They're going to choose not to vaccinate because they're under the impression that they don't need it or it won't help them.

I think it's very important to keep our eye on the ball here, that over the next five to six weeks, as we start to see more and more vaccine available for people who are at low risk, for older children, teenagers, adults, that those folks, when it's available to them, should really be thinking very long and hard about getting this vaccine.

KING: Dr. Gordon, you said it was unconscionable for the federal government to declare it a national emergency. Why?

GORDON: Because we don't have any vaccine. We've got people panicked. We've got them standing in lines at drugstores. We have people worried to death. We have people skipping important events. And we have no vaccine.

There are some high-risk groups. I would recommend that people who have bad asthma, people who have underlying cardiovascular disease, certain other ailments should think long and hard about getting that vaccine. Many of them should probably get it. But if we don't have any vaccine, we shouldn't declare a national emergency.

KING: My pediatrician doesn't recommend it for kids unless they have asthma or diabetic conditions or get upper respiratory problems.

GORDON: I know your pediatrician. He's a smart guy.

KING: You would agree with that? GORDON: I would completely agree with that.

KING: Dr. Natterson, would you say you don't have to give it to healthy kids?

NATTERSON: I think for right now, for this week or next week, with limited supplies, the right group to be receiving the vaccine are the very little babies, the asthmatics, diabetics, pregnant women for sure. I think it's a mistake, as we get well into November and into December, when we see millions and millions of this vaccine rolling out, I think it's a mistake to pass on it. I really do.

I think Influenza is a very, very serious illness. We have 36,000 deaths every year in this country from regular seasonal flu. This is a strain of flu that is new to many of us. People in their 60s and above tend to have some antibodies against the flu already. So they have some protection, probably from a strain that circulated in the late '30s and '40s.

But for everyone younger than that, I really do think it's a mistake to be too cavalier about it.

KING: Coming up, we'll meet the parents of a healthy six-year-old girl who died from the H1N1 virus. They'll share a heartbreaking story. First, our medical experts are standing by. We'll take your calls, too. Don't go away.

(COMMERCIAL BREAK)

KING: Let's take calls for our experts about this, for want of a better word, dilemma. We go to Portland, Oregon. Hello.

CALLER: Yes. I want to know how long the virus lives on a surface, like a door knob or a counter top.

KING: Good question. Dr. Gordon?

GORDON: It's a very good question. With moisture, the virus probably lives on a surface for hours. Nobody's quite sure. Viruses vary. This one, in a pediatrician's office, you could catch H1N1. You're better off staying home and caring for yourself, unless you have complications.

KING: St. Joseph, Missouri. Hello.

CALLER: Hi, this is Danielle. Everybody has the Swine Flu around here. Is it going to taper off or is it going to be like this all Winter long?

KING: Dr. Natterson, what's the future of this?

NATTERSON: Well, we know that these Influenza viruses get a little bit worse as the weather gets cold. We know they spread more easily when the weather is cold. And people have more symptoms. We also know that a lot of viruses look like Influenza Virus. They behave the same way. They give kids and adults fever and muscle aches and nausea and all the same symptoms.

So sometimes people are under the impression they might have one specific virus, like H1N1, when in fact they might have another. It's kind of unclear exactly how many people have H1N1 at this point.

KING: But they can test for it, right? They can tell you if you have it.

GORDON: The in-office tests do not test for H1N1. They're as inaccurate as can be. And they're almost worthless.

KING: The pediatrician told me my son doesn't have it.

GORDON: If it's negative -- you can test for Influenza Type A. If it comes back negative, you probably don't have Influenza. But in order to test for Swine Flu, you need a 200 dollar lab test, which takes a little while to come back.

KING: Is Tamiflu one of the big answers?

GORDON: Tamiflu is not one of the big answers.

KING: Not one of the big answers?

GORDON: No. Tamiflu can shorten the illness. It might prevent the spread of the illness. But Tamiflu can have side effects, not the least of which is that upsets little kids' tummies. In Japan, they reported psychiatric side effects. If you're going to get this illness, and you're in a low-risk group, you should let the process proceed, get antibodies and get protection for next year.

KING: Dr. Natterson, what do you do? If you get the Swine Flu, what do you do?

NATTERSON: You do all those things your mother told you to do. You stay in bed. You stay out of work or school.

(CROSS TALK)

KING: My mother put mustard plaster. That worked for me.

NATTERSON: There you go. Give it a try. I agree with Dr. Gordon. Tamiflu is not the answer here. It is a drug with a number of side effects. It's very hard to find. It only shortens the course of the disease by about 24 hours. There was a concern over this summer that if we use too much of it, that we would build resistance and some of the viruses would start to circulate that were resistant to it.

So that's not the answer. It's really stay in bed, stay out of school, stay out of work, hydrate, really drink well. I'm a big fan of throwing away that toothbrush when you're done with an infection, getting a new one. When you brush away all the germs in your mouth, they all sit on that toothbrush for a while.

KING: Wow, we'll be back with more. Hope we're helping you. Don't go away.

(COMMERCIAL BREAK)

KING: Take another call. Blind River, Ontario. Hello.

CALLER: I was wondering, Larry, my two children and myself I'm pretty sure had the Swine Flu. And we're just wondering now that the vaccinations are out, should we be getting the vaccine?

KING: If you've had it, should you get the vaccine?

GORDON: I do not think you should. I think that once you've had H1N1, or all the symptoms thereof, and you're in a low risk group, you do not need the vaccine.

KING: Norfolk, Virginia, hello.

CALLER: I would like to know what are the side effects of getting the shots? I'm a nurse's aide. And to be honest, I'm afraid of the shot.

KING: Dr. Natterson, side effects of the shot?

NATTERSON: They're very similar to the side effects of a regular seasonal flue vaccine. So a lot of people feel a little pain at the site where the shot goes in, might get red, tender, swollen. When you get the nasal spray, a lot of people complain that their nose is runny, or they have a little cough or congestion for a day or two afterwards, maybe a little low grade fever.

KING: When you die, Dr. Gordon, of Swine Flu -- we're going to meet a couple who lost their daughter -- what kills you?

GORDON: What kills you is a secondary bacterial infection almost all the time. This virus is not virulent. It's not powerful enough to actually kill very many people, if any. But the immune system is set up to get a secondary bacterial infection. If that's not taken care of, you can have a fatal case.

KING: We'll be back with more right after this. Don't go away.

(COMMERCIAL BREAK)

KING: Joining us now, Becky and Daniel Davis. They are in Hot Springs, Arkansas. Their six-year-old daughter, Kharra Sky Davis, died from the H1N1 virus in September. Dr. Sanjay Gupta is also aboard for any questions he may have. Our deepest condolences to you. Was she healthy up to this point, Becky?

BECKY DAVIS, DAUGHTER DIED OF H1N1: Yes, sir. She actually attended a birthday party --

KING: What happened? Go ahead.

B. DAVIS: I'm sorry. We actually attended a birthday party the night before she was admitted to the hospital. Her symptoms came on very quick. She was hospitalized probably for about 20 hours before she passed away.

KING: What was the first thing you noticed? Why, Daniel, did you have to hospitalize her so quickly?

DANIEL DAVIS, DAUGHTER DIED OF H1N1: Well, the first thing, that morning we took her to the hospital. They did that rapid flu test and

came back negative. They sent her home. About eight hours later, she was labored breathing, looked very lethargic, eyes rolling in the back of her head, just wasn't her. So we took her back and they literally flew her instantly to Little Rock.

KING: Did they give you a warning that it was going to be grave, Becky?

B. DAVIS: Yes. When we arrived at Little Rock, they didn't even allow us to go back and see her right away. But they informed us that usually somebody in her shape doesn't live very long.

KING: Oh, my god. Daniel, did she take any medicine, Tamiflu or anything?

D. DAVIS: No, they didn't give her anything. They sent her home and told us to give her clear liquids and put her on the couch.

B. DAVIS: That is the first time I took her to the emergency room. I was kind of treated like I was an over-concerned parent, and sent home just to have my daughter stay inside and rest.

KING: Do you think had they admitted her, then she'd be alive?

B. DAVIS: I don't know. Maybe if they would have gone about testing a different way. Her rapid test was negative. When I took her back at -- I think it was around 5:00 that evening, when they did the chest x-ray, it showed severe double pneumonia, is what they said. So I don't know if there's a different protocol that could be taken to test for the Swine Flu. We received her positive H1N1 results two days after she died. So, to me, those --

KING: Daniel, would you have vaccinated her?

D. DAVIS: I don't know at this time. Probably not.

KING: Dr. Gupta, do you have any questions or comments for Becky and Daniel?

GUPTA: I'm so sorry to hear about your loss. I have three daughters myself. Just I can't even imagine what you're going through. I did have -- one thing that happens is that a child has a H1N1 infection, a viral infection. It goes away and then a fever comes back. I wonder, did that happen to Kharra? Did she have a fever and then that fever went away and then it came back? What happened exactly?

B. DAVIS: She did. The night before, Saturday night, we attended a birthday party. Around 3:00, she started running a very low grade fever. I was able to give her Tylenol and the fever subsided. About 2:00 in the morning, the fever came back. I gave her some Tylenol. It went away again.

Woke up around 7:00 and she had the fever and I couldn't -- I really couldn't break it. By 5:00 in the evening, her fever was 105.

GUPTA: Wow. It is really hard to sort of second guess anything at this point. One thing -- I point that out only because when you're talking about children who were otherwise healthy and then had a problem like this, one of the clues that doctors are starting to figure out is that you get the fever with the viral infection, the H1N1, and then it goes away. And then if it comes back, that's a little bit of a red flag for doctors. That could be the first sign that a bacterial pneumonia is developing, which is what sounds like -- exactly what happened to Kharra here.

KING: What --

D. DAVIS: Yes.

KING: Daniel, what did her death certificate say? I'm sorry, go ahead, Becky.

B. DAVIS: No, I'm sorry.

D. DAVIS: Septic shock and respiratory failure?

GUPTA: Does that figure, Dr. Gupta, as the way you looked at it?

GUPTA: Yes, that's exactly -- what happens is you had the viral infection first. The bacterial infection, in this case, possibly *Staphylococcus* (ph) -- Staff -- something that a lot of people have heard of -- can get out of the lungs and can actually get into the bloodstream. And that -- that's what sepsis is. It's sort of a body wide infection. And what happens at that point is the blood pressure starts to drop and that just starts a cascade of events.

Again, I'm -- it's almost difficult to talk about it like this with you right now. But that's basically what happens.

KING: How you are two holding up?

B. DAVIS: Dr. Gupta?

KING: I'm sorry, go ahead, Becky.

B. DAVIS: I was going to ask Dr. Gupta. He said that the vaccine wasn't really tested on children, like it should have been? Is that what he said?

GUPTA: Well, you know -- what we're talking about is that today, in fact, there were some early trial results that came out, Becky, about seven weeks worth of data. And what they're reporting is that weren't any adverse effects from this particular vaccine. Like you and -- like Dan and you, I'd love to have five years or ten years of safety data before I recommend anything for my children. You don't have that luxury with the flu vaccine. Every year, you get a new flu vaccine. So that -- that's the only point I was trying to make. KING: How sad. Becky and Daniel, you have our deepest condolences. We can only imagine what you're going through. Thank you.

B. DAVIS: Thank you.

KING: Dr. Gupta and H1N1 -- we'll ask him what it was like to have it. He had it. Some final questions when we come back.

(COMMERCIAL BREAK)

KING: Before I ask Sanjay about his Swine Flu, let me get a call in. Harrisburg, Virginia. Hello.

CALLER: Hi. My question is how do you obtain the vaccination if your children's pediatrician is refusing to vaccinate and no pediatricians in your area are taking new patients?

KING: I will add, Dr. Gupta, my pediatrician feels the same way. He said if I insist, he would vaccinate.

GUPTA: Yes, you know, it's a little surprising that pediatricians are flat out refusing to give the vaccine. I think a lot of them are counseling patients. States are handling this differently. So Walmarts, for example, in some states, various other locations. It doesn't just have to be your pediatrician's office. But you have to have the discussion.

KING: What was it like to have it and were you scared?

GUPTA: You know, doctors can sometimes be the worst patients, as it turns out. I didn't know that I had it. I sort of couldn't believe that I would -- I was in Afghanistan at the time. And I remember it was a really bad cough, Larry. I think just about everyone's had cough at one point or another. This is the worst cough I ever had. You wince, you grimace, you pray that you don't have to cough again any time soon. It was that kind of cough.

And also feeling very light headed. You can get light headed from being dehydrated, that sort of thing. I was sleeping in a sleeping bag. I couldn't even get out of my sleeping bag. I don't get sick very often. But this was sort of the sickest I think I've ever been. Two days of just sort of, you know, not wanting to do anything. Two more days after that not feeling great.

But then after that, I just started to recover and I feel fine now.

KING: When it goes away, does it go away fairly quickly?

GUPTA: Yes. I think for the total amount of time, it was probably a week. Again, with two days sort of being the very worst of it. And, you know, as I've talked to lots of doctors and other people around the country who have been studying this, I think that's pretty typical. I think that's what most people will probably suffer. And despite this awful story that we just heard about Kharra, 99 percent of people who get infected are not going to die, are not going to be hospitalized, are going to have a few miserable days, probably best spent at home. And they're going to recover from it.

KING: We have less than a minute. What would be your guess -- obviously it would be a guess -- as to why Kharra died?

GUPTA: Well, in a -- about 30 percent of the children who have died were otherwise healthy. So that's not that atypical. But what I think happens in these particular children is that the virus, the first virus sort of it makes their immune system a little compromised. It weakens it a bit. And, all of a sudden, there is a setup to get this bacterial pneumonia, this *Staphylococcus pneumoniae*.

So, you know, they get that virus infection. It goes away. They may even think that they recovered. Then the fever comes back. That's a bit of a red flag. Breathing difficulties, having a hard time speaking while trying to breathe. All of that can be sort of clues. I think that's probably what happened here. Sad story.

KING: Thank you, Sanjay. Always great calling on you.

GUPTA: Any time, Larry. Thank you.

KING: Dr. Sanjay Gupta, our chief medical correspondent, practicing neurosurgeon. Don't forget, live tomorrow at 9:00 and 12:00 and Midnight Eastern. Bring you all the latest election results and expert analysis. Right now, another expert, Anderson Cooper, and "AC 360" starts.