

Paul Reickhoff: [00:00:01](#) Ladies and gentlemen, angry Americans around the country and around the globe, we have an exceptionally important, heroic, timely conversation to bring to you from New York City. I am very, very honored and humbled to have with us today on Angry Americans the great and powerful Dr. Paul Hazer. How are you, my friend?

Dr. Paul Hazer: [00:00:45](#) I'm good. I don't know about great and powerful, but I really appreciate your intro. So, I'm doing well. Maintaining, as I tell most people. Maintaining our health, maintaining the calm, trying our best.

Paul Reickhoff: [00:00:58](#) You're doing an incredibly heroic job. I mean, I think this is now a global war, and you are a frontline warrior in that war, so thank you for taking time away from the hospital, away from the fight, away from your family, what little time you do get with your family in the middle of all this, to update people from the front lines of what's happening. So before we get to that, folks should know, we know each other because we live in the same building. And it's a sign of the times you're up a couple floors and over in exactly the same building in New York City that I'm in, but we're maintaining social distance and we wanted to capture video and I wanted people to be able to see your face and hear your voice at this important time. But, you've been in a lot of places, you've saved a lot of lives, you've changed a lot of lives.

Paul Reickhoff: [00:01:45](#) But before we get to that, it is a sobering time. And I want to still make sure people get an insight into who you are. So what are you drinking, man? What's your drink of choice?

Dr. Paul Hazer: [00:01:54](#) I'm having some Scotch, some Monkey Shoulder. I don't know if you can see that.

Paul Reickhoff: [00:02:00](#) We can see it. We can see it.

Dr. Paul Hazer: [00:02:01](#) I want everyone to know I'm not on call.

Paul Reickhoff: [00:02:05](#) Well, if anybody deserves a drink right now, it's you, my friend.

Dr. Paul Hazer: [00:02:10](#) Cheers.

Paul Reickhoff: [00:02:10](#) Cheers. All right, so let's get right into it, man. I mean, you and I have been in touch over the last couple of weeks. Our kids play together. I see you on the playground every day. You have come to events before, you listen to this show, and now in the last couple of weeks it's just all twisted. And the guy that I know

from the playground is a frontline leader in this war for our city, for our country, for the world. So, give me an insight into, first of all, tell people where you work, what you do and what you think starting out they need to know most. We'll go into greater detail, but kind of paint the picture for them. If they're watching it on TV, if they're outside, where are you, what do you do and what's it like?

Dr. Paul Haser: [00:02:53](#) So, I feel like I'm a backup player as a vascular surgeon. I'm a vascular surgeon over at Brookdale Hospital in Brooklyn, New York, which is right in the thick of things. If you look at the Corona map of the high density, Brooklyn Brookdale is right there, along with several other hospitals. And I do support a lot of the people that are really on the front line working in the emergency room, fielding that or working in the intensive care unit, and then have to go down there and work there as well. So I work there. I work at Kingsbrook Jewish as well as part of the One Brooklyn Health System.

Dr. Paul Haser: [00:03:32](#) Again, as a vascular surgeon. But I've had to ramp up my education about Corona, virology, epidemiology curves, all that kind of stuff. And we've been doing things sort of in the background in some ways in terms of helping, setting up the tele-video, telemedicine, for people so that we can still keep track of, and more importantly, support our patients. A lot of our patients have chronic illnesses and they need that, and they're really at high risk if they were to contract the virus. So we're kind of helping in terms of that. Helping organize PPE distribution, getting beds opened up, and even in terms of the operating room, to keep that going, but at the same time find ways to keep our nurses safe, keep the aid safe that people that are cleaning the floors and all those other people really in the front line.

Paul Reickhoff: [00:04:28](#) So you've been in Haiti after the earthquake, you did I think four rotations to Landstuhl to work on US military troops. And I want to get more into that in a second. But you've been in intense environments with trauma, with adversity. How does this compare, Paul? What is it like right now? And give us an insight into your expert analysis. How bad, rough, tough, however you want to describe it. How is it?

Dr. Paul Haser: [00:04:58](#) It's interesting because Brookdale, it's a safety net hospital. It's always had very high trauma. We have about 30% penetrating trauma. And one thing I will add, and I'll get to your question is that at least thankfully the trauma has been down. It's not zero, but it has been down. People are social distancing themselves

from shooting and stabbing each other, which is great as well. It was always, the emergency room is always a bit crazy, overflowing, particularly on the weekend nights of the summer, et cetera. And this is really unimaginable because it's sort of like a Twilight Zone episode. One of the surgeon says, this is like, here's an umbrella and here's the hurricane, Storm Sandy's coming, we'll give you a really nice umbrella. You stand outside and stop all the rain.

Dr. Paul Haser: [00:05:50](#) It's like, what are we going to do? And it hasn't quite peaked, but you don't almost want to imagine how bad it is because it does compare a little bit with Haiti when we got over there, the hospital had been decimated. The nursing school with nurses inside was completely flattened. You could smell the corpses, et cetera, it was terrible. And we were operating out of a locker room with a headlight. And you were bargaining with anesthesia. Could you give a little bit? Do you have this? Well, if you bring the sutures we can do that. And now we're in the situation in New York City of all places where you're feeling the same way. Well, if you give me a gown, I can get you an extra set of gloves and then we can put in that line that you need to for the dialysis machine or those kinds of things. It's feeling very surreal.

Paul Reickhoff: [00:06:45](#) And I want to come back to the PPE discussion, which is front and center in the national media anyway, but the actual ... the casualty numbers is what's striking to me. You sent me a note the other day and said you lost I think 13 people in one night. So can you break down what it looks like when patients come in. And describe, I think some folks haven't seen it, you hear the stories, but can you describe, number one, what do the numbers look like? And if there's a trajectory, if there's a change in the numbers? And then number two, if you can, describe what it's like when a patient comes in, what do you see? What do you evaluate? The story that people aren't seeing unless they're either a frontline healthcare worker or they're coming down with COVID-19, describe that if you would please, Paul.

Dr. Paul Haser: [00:07:31](#) So, it's a combination. Most of the patients seem to be coming with an ambulance, coming through on a stretcher, looking very sick, just very ill, febrile, coughing, sort of zoned out, really almost not with it, as you'd say, or not as coherent as you'd expect. We do have some people that walk in to the emergency room waiting area. I don't tend to see them. I tend to see people that are sicker. And again, I often don't see any of these patients until the emergency room, the triage, et cetera has already seen the patients. So I'm seeing them with a stretcher.

The numbers are definitely still going up. I think today I got a stat about 167 positive, and another 60 or so that are persons under investigation, which now about half of them to 80% are turning positive as well.

Dr. Paul Haser: [00:08:28](#) Last Friday, it was 107 patients. So, it's not doubling like it had been, which is good, but it is still rising. And we're expecting it to continue to rise. Our hospital originally had about 420 beds or so, and nearly all of them are full, and beyond. I think we have 30 patients right now intubated just with this. And thankfully, we actually, Elon Musk donated some ventilators to Brookdale through Tesla, but as governor Cuomo put it well, what am I going to do with this small number when I need such a big number? It's like a drop in the bucket of the ocean.

Paul Reickhoff: [00:09:16](#) Can you talk about morale, Paul? You've got these incredible heroic workers that we now appreciate on a level we never did before. But can you talk about morale and I know as an infantry officer how important it is to have your troops morale focused on and understood. And in my experience, nothing hit morale harder than a lack of clarity of mission. And we have that here. We have I think a pretty clear mission or a lack of support. And you were on German TV the other day with one pair of gloves and one mask. Can you talk about morale and get into the PPE discussion? Describe what that scene is like and what you all need right now.

Dr. Paul Haser: [00:09:58](#) So I think the morale overall is good. It's interesting, because we are a trauma center maybe or just because the nature of medicine in the US, we're used to sort of this, we'll go get them, we're going to take care of everything we can. And so people, one of our Chair of Rehab actually sent out an email today reminding us to kind of notice if people are skipping meals. Notice that they're not drinking enough fluid. Notice if they're burning out. Because this is not a sprint. It's going to be at least a mid level race, if not a marathon. And so, overall very good. There are definitely little incidences, moments. The other day we had I think six people in our trauma bay that normally holds two, and the nurse came in and said, "I need to get this patient intubated."

Dr. Paul Haser: [00:10:49](#) And the doctor's standing there saying, "Where are you going to put this patient?" And she goes, "Well, you have to take care of them." And he's like, "Well, you have to let me out of the door because there's a stretcher in the door." And you could see a little bit of the flare of short fuses, well not even short fuses, but fuses that have been spent and have been spending 12 hours

doing this kind of stuff. So I mean people are generally very encouraging and supportive of one another. There has been a lot of collegial help in terms of the PPE sharing, of getting people fresh ones. It's human nature. When this first broke, all of a sudden boxes started disappearing, and I'm sure they're sitting in people's homes, hopefully being used when they go out.

Dr. Paul Haser: [00:11:38](#) There was a great Instagram thing about, I save you, you save me, everybody wear your mask, kind of thing. And so people are really encouraged to do that. But that said, it's human nature, I guess some people probably walked off with boxes, so they quickly sequester those. And then they're distributing them. We do have enough right now, but normally we would use a mask, a gown, gloves go in the room, we'd finished, we take it off the proper way. You throw it in the garbage, you're done. If you have to go back because you needed to listen to the lungs again. You'd put another set on, use them, throw them away. Those days are definitely gone. So I have, for instance, I have one of those N95 that I just actually got, it took a week or so to get, and I use this underneath my mask.

Paul Reickhoff: [00:12:30](#) So, hold on. So you're a frontline surgeon in New York City and one of the hardest hit hospitals in the world right now. And it took them a week to get you a mask.

Dr. Paul Haser: [00:12:41](#) Yeah, the N95.

Paul Reickhoff: [00:12:43](#) How do you feel about that, man? Could you ever imagine that happening and like as a person, as a citizen, as a father, how do you feel about that?

Dr. Paul Haser: [00:12:53](#) I mean, I guess my first instinct was to say what I did was I wore three masks. I made sure that one mask was very tight against me. I had a second set of shielding, I had a third and the third one I'd discard. So, that's my first thought. As you said, the idea of support and the strategy behind this, it does bring back the days of Storm Sandy when they were talking about building a wall and they needed a wall that was 50 feet high, and instead they got a wall that's 12 feet high. And what good does that do? And it's like, I think people couldn't imagine it and I think it seems like it's human nature. It happened in China and people, they suppressed it.

Dr. Paul Haser: [00:13:35](#) They arrested the doctor who reported it for two days, who sadly at least reported wound up dying from COVID, even though he's an ophthalmologist. And I'm here too, I think

people just couldn't imagine that it's, and I think people really haven't yet pictured the worst. I know there was a piece about a guy from Harvard who had in January kind of painted this doomsday picture and then even Northwestern Med School where I went to med school, had a special on it, and they talked about the reason they want to flatten the curve is not because they want, I mean, they do of course want fewer people to be sick, but it's more that they want people to get sick over the course of time so that they're not going to do what's happening now, which is flood the hospitals to massive overcapacity.

Dr. Paul Haser: [00:14:25](#) I think governor Cuomo was great when he asked for double the beds, because I think if every hospital can double their beds, and Brookdale is very actively working on that, then I think that we won't spill out too many places into the street like you saw in Wuhan, China. But, I think that, as you said, from the administration down, getting rid of the person who was heading the pandemics, I guess in 2018 was a colossal, I mean, I don't swear, but you know what.

Paul Reickhoff: [00:15:03](#) Yeah, yeah, yeah.

Dr. Paul Haser: [00:15:04](#) And I mean, and those are the kinds of people, I'm not directly in the frontline and I'm a support person. I'm not the logistics guy who would have said, "Hey, we're going to need 40,000 ventilators. We're going to need double the capacity of the beds." And I know there's a lot of physicians who do this, who know this, and who could have looked at this and said, "Look, this is going to happen."

Paul Reickhoff: [00:15:27](#) Yeah.

Dr. Paul Haser: [00:15:28](#) It's frustrating when you hear that Trump on one day, and maybe he's doing it for the optics of the economy to say, "Oh, we're going to get people back to church, because wouldn't Easter be great." And you look at what's happened in every other city where this has been hitting and where it's hitting here, and like, what planet do you live on? That does nobody any good, because then people think they don't really, really appreciate how serious, how dangerous it is.

Paul Reickhoff: [00:15:53](#) So, I want to build on that in a second, Paul. But, when I think about this decision to get rid of the key folks who would respond from a policy standpoint is a catastrophic decision-

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Rieckhoff: [00:16:03](#) The key folks who would respond from a policy standpoint is a catastrophic decision. It's almost like, I think about the Iraq War when they disbanded the Ba'athist and they sent hundreds of thousands of guys with guns out in the streets with no jobs. That's similarly what I feel like is happening there and then in Florida, where Governor DeSantis is refusing to shut down the state. Everybody's saying it should be shut down. The world is shutting down, but Florida wants to keep the beaches open and could be seeing a massive tidal wave coming. If you could talk... You're a frontline guy. You're seeing people die nightly, daily. If you could send a message to someone like Governor DeSantis in Florida or someone in one of these states that hasn't shut down yet, you got two minutes with the governor, what do you want them to know?

Dr. Paul Haser: [00:16:46](#) I think they need to just come to the emergency room for two minutes. Take a look at... That CNN put a good piece on from Brookdale actually. Take a look in real life at what's happening or Elmhurst Hospital or some of the other... I know Cornell, every hospital and this is happening at small and big hospitals. It's massive. It's truly unimaginable. You had mentioned something the other day about raising children, being in combat, which I've never thankfully been in. I know this, you couldn't imagine it. You really can't until you're there. It's not going to matter if they don't do it. Their wishing it to be better is not going to make it better. What they're doing is they're giving themselves, and New York, I think, has tried, but because it's so tight quartered and probably because people didn't really appreciate it and maybe we didn't even know exactly how much should we wear the masks. Do we have to? If we're six feet away, does it matter? That kind of thing.

Dr. Paul Haser: [00:17:47](#) I think there's things about the virus we don't understand as well, in a way that some people... We had a patient come in, walked in, short of breath, but walked in, elderly. 12 hours later he was in the morgue, dead. It's like you can't believe it. People believed it when they saw Ebola. I think if you can get them to think of Ebola... This for some people, and it's a small percentage thankfully, but even one percent of, I don't know how many people live in Florida, but one percent of that is a lot of people and a lot of loved ones to lose that don't have to be lost. I do think it doesn't give science a chance to catch up.

Dr. Paul Haser: [00:18:29](#) I know there's a lot of work going on vaccines. There's different types of drugs. There's some discussion about, and I'm not going to give the names of drugs because then people will buy them off the shelves [inaudible 00:18:41] us physicians, but if

you treat the illness very early you may turn the curve and have a totally different prognosis than if you catch them much later on. There's a lot of things that can be done. I know it's a sacrifice. I know it's economic sacrifice and it affects people's lives, but compared to actually losing lives, there's no question in my mind. Listen to Cuomo, listen or come in for just two minutes to the emergency room and look at what's happening. You honestly can't imagine it. There's stretcher upon stretcher. Think about the six feet, forget it. You can't get six inches of separation. There's just room and the people are literally dying. A lot of them are, or they're going to be very sick.

Rieckhoff: [00:19:33](#) Hope is not a course of action is what we used to say in the army all the time. I had this insight the other night when I was doing the live show where I said, "For a long time I've said that there are two things in life you only understand if you experienced them, parenthood and combat." Unless you have experience, unless you've been a parent, you think you know, I thought I knew what it was like to be a parent until that first baby came out and everything went sideways and everything changed and everybody told me it was going to be different. I remember General Portrez told me once he was looking forward to me having kids, because he said it was going to smooth out some of my edges and I was like, "What is he talking about?" But he was 100% right.

Rieckhoff: [00:20:08](#) Similarly combat, you think you know or you watch it on TV. You read all the books, but until it's your ass in the line of fire, you don't understand. I am now adding experiencing a pandemic to that. Unless you've experienced a pandemic, unless you felt the threat, you don't get it. We never could have imagined all of the different elements of this that are bearing down upon us. As we think about you Paul, and I think about you as my friend, right? Our wives are friends. We live in the same community. Can you talk about your wife sent me a text the other day and said you were, I think, in the ER operating on... Is it correct? Do we say, do you say COVID-19 positive?

Dr. Paul Haser: [00:20:50](#) Yeah.

Rieckhoff: [00:20:50](#) Because I feel like it's at the point now where it was like when AIDS, we said someone has HIV or they have AIDS. It was this language thing that was kind of used interchangeably. We say they are COVID-19 positive. Is that the right way to say it?

Dr. Paul Haser: [00:21:01](#) That's for sure. You can also say coronavirus. There's many, many corona viruses. This one just caught the name because of



the naming, like the SARS one, the MERS. There's swine flu. Even the Spanish flu was considered a coronavirus. Back in the days when I was a kid, I remember them saying, "We can get a man on the moon but we can't cure the common cold." And we're still there unfortunately. [crosstalk 00:21:30]

Rieckhoff: [00:21:32](#) For you as my friend, not Dr. Paul B Haser, but Paul, the guy I know and we have drinks together and we hang out. Can you describe what it's like, what goes through your head when you are operating on a patient who's COVID-19?

Dr. Paul Haser: [00:21:50](#) It's very scary. The very first thing because it's an unseen enemy. You can't see these little microscopic pellets. This is a very small strand of RNA. It's so tiny and you feel like you just don't know. Maybe going back to combat thing, it's like you're walking through a field and there may be a mine there somewhere or there may be 100 mines and you have no idea and you have no minesweeper. You have no way of knowing whether or not that's going to be the thing.

Dr. Paul Haser: [00:22:20](#) It goes through my head that am I going to bring this back to my family? Am I bringing this back to the building? Because it's six and a half days asymptomatic. You don't know. Take all the precautions and stuff, but there's in the back of your mind it's definitely there. Maybe not even in the back of your mind. In the front of your mind you're thinking like, "I got to do this right." I had the residents go out of the room. I'm like, "I'll do this myself. You don't need to learn how to do one more of these procedures." We do lots of surgery at Brookdale.

Dr. Paul Haser: [00:22:49](#) They got great experience, great training. I train there too, by the way, so I can say that. I have given myself a pat on the shoulders, but you get great training, lots of cases and stuff. I'm telling them, "Go out of the room." I think I want to do this as efficiently, as effectively as possible and with minimum protection of everything, protect, protect. But at the same time, you just don't know. You're walking through the emergency room, even scarier because you just think like, "It's got to be there. It's got to be all over." I do hope I've rested enough. I'm taking my extra vitamin C, drinking my fluids and stuff like that. As a human being, I think I don't want myself or my coworkers, my colleagues, my friends to have to go through this or experience it.

Rieckhoff: [00:23:39](#) The heroism of what you are demonstrating is so profound to me and that's a good point to take a drink. You're taking a drink. I'm going to take a drink. Go ahead.

- Dr. Paul Haser: [00:23:52](#) No, I was going to say, people say heroism and I've seen it, it's sort of just doing my job.
- Rieckhoff: [00:23:58](#) But that's heroism, right? That's true heroism. We talked to Flo Groberg in the last episode and he talked about people become heroes by not trying to be heroes, by trying to do their job and do the right thing and have integrity. That's what you're demonstrating every single day. You walk, I mean, for New Yorkers, every time we walk outside it feels like you're going outside the wire in a combat zone. You're leaving the forward operating base. There's risk when you go outside. I think about how many thousands of people walk past a corner outside our building in a given day, right? On a normal day. But you guys are going deeper and deeper into enemy territory. You are behind enemy lines. You are outnumbered. You are overwhelmed. You are exhausted.
- Rieckhoff: [00:24:40](#) The heroism is really, really profound and there's so many glimmers of it. That's part of why I wanted to talk to you, Paul, because I know you'd bring hope to people to hear from an actual front line person and how humble you are. The humility that you have I think is very important, but you're also a human. You have emotions. I want to give you an opportunity to answer the question that I ask of all of our inspiring important guests on Angry Americans. Dr. Paul Haser, what makes you angry?
- Dr. Paul Haser: [00:25:10](#) Yeah, what makes me angry is really the failure of leadership of getting rid of a pandemic czar or chief or however you want to label that person and to be completely caught off guard. Then to add to that, and I guess it's human nature, but the hopeful, "Oh, this is nothing. It's just a flu. It's just..." Rather than heeding the warnings to say we have really truly unimaginable, but imagine the worst case and then multiply it times 10. Imagine the mass casualty. Imagine a 9/11 with 3000 victims that all lived, what that would've done to the city and then multiply that times 10 because... And/or times 20 or 30 and to not have had that in mind and have the backup style plans and stuff like that.
- Dr. Paul Haser: [00:26:07](#) I think it makes me angry that people want to try to sort of give this false hope. As you said, "Hope isn't just a... It's a plan of action." By itself it's not a plan of action, so it's like hoping that it'll be better. When you have the department of veterans affairs who should be the backup, who should have come in saying, not like, "Oh we're ready." But they should have come in and contacted every hospital in New York and said, "Here's where our supplies are. This is what we're missing." And made

those announcements right away in January or February or the beginning of March. Now we're here, we're at April 1st and they're playing catch up as well. They didn't do their jobs because that isn't... And they got rid of the people who could have done the jobs or given them the advice properly. That makes me angry.

Rieckhoff: [00:27:02](#) Thank you for sharing that man. I remember after 9/11, after the first time I left ground zero, which ironically for me and you or powerfully for me and you is a couple of blocks away from where we're talking right now.

Dr. Paul Haser: [00:27:15](#) Yeah. Just up there.

Rieckhoff: [00:27:15](#) We lost 3000 or so people on 9/11. I think we'll probably lose that many in New York City, I don't know, within the next week. We'll probably hit the same number, right?

Dr. Paul Haser: [00:27:25](#) Yeah.

Rieckhoff: [00:27:26](#) But I remember the first time I left downtown and I crossed 14th Street and I went north. I was going past St Vincent's Hospital, which is now closed in the West Village. I remember walking past the hospital when I was going back and forth in those first couple of days and I saw all the stretchers outside. So many stretchers. The entire city. Every hospital had these stretchers lined up. Then what we later found out is they never used them because everybody either died inside or walked out. There wasn't a lot of middle ground, right?

Dr. Paul Haser: [00:27:55](#) Right.

Rieckhoff: [00:27:55](#) There weren't huge numbers of casualty evacs coming out of ground zero during that time. Now we have this reverse situation where we don't have enough resources. People are overwhelmed. I want to ask you if you can, to talk about the role of the VA. I've talked about it a lot in this show and the Department of Defense. I want to talk in a minute about your experience at Landstuhl because I think that's very powerful and heroic and needed, be our guy who continues to answer the call. It's in your... Service is not an event. It's a lifestyle, especially for people like you that continue to serve. But can you talk about, I have said that the VA can be the reinforcements. It can be the cavalry because it has the fourth mission to provide resources in the event of an emergency, but it can also be a place that has mass problems.

- Rieckhoff: [00:28:43](#) We saw that just this week in Holy Oak, Massachusetts. 13 veterans died in one soldiers home, not run by the federal VA state run, but this is a very, very sharp double edged sword where if led properly and activated properly, the VA can be the cavalry. If they're slow, if they're behind, they could be a mass weak point and can be a mass casualty area. From where you sit, can you talk about how you view the VA's response so far and what you see the potential for them to do is?
- Dr. Paul Haser: [00:29:15](#) For us as a hospital, we've had no response from them. They haven't reached out as far as I know. Now I'm again, in the trenches. I'm not in the administration. If they have, I apologize for saying that, but as far as I've felt it, as far as we felt it, no. There is this wonder, not just by myself, but other people. Do they have things and they're just holding back? Are they the people that have the boxes of masks in their back shelf or whatever that are sitting around waiting and when's the time to mobilize? And to me, I feel like they have not done their fourth directive to really mobilize and help people on a much broader scale logistically to say, "Here's where we need people. Here's where we don't." And it's not directly the VA, but the Mercy, I guess, or Comfort, is now docked off of Manhattan just up the road from us. People were saying, "Well, those are the people you could send to the Mercy or to the Comfort." and I'm like, "What's their number?" We don't have any of that information.
- Rieckhoff: [00:30:23](#) So right now you don't know how if... You're a trauma guy, right? The way the Comfort is supposed to be set up as I understand it, they're going to take the overflow. The gunshot wound victim that would normally go to your hospital is maybe now going to go to... That might be a great example, right, because they're a combat hospital. A gunshot wound that would normally go to your hospital is supposed to go to the Comfort up on the west side highway just past the Intrepid. If folks are thinking about geographically where it is, it's on the west side, just a little bit past midtown, passed where we normally record the show at the Classic Car Club, only by a couple of blocks. But you don't know how to send them there?
- Dr. Paul Haser: [00:30:56](#) Right.
- Rieckhoff: [00:30:57](#) And you're the guy who should be sending them there.
- Dr. Paul Haser: [00:30:59](#) Yeah, yeah. No, exactly. When I was in Haiti, I think it was the Mercy, that's why I keep saying that, was docked out off there, but we had army personnel and we did send people directly there. I got on the phone and I spoke to one of the captains, the

military physicians, and I said I have this patient with head trauma, arm injury, et cetera. They'd arrange for a transport and a cat scan, et cetera. We had a collegial conversation and again, it could be the EMT people know that and they just, or one of them didn't or they didn't have the space. Who knows? But we have not been given any of that kind of information. Nor has the VA said to us, "Hey, we're going to open up tents out in Brooklyn and the old air airfield out there." They could do that too, but they have not done any of that.

Rieckhoff: [00:31:51](#) I feel like there's also number one, when we talked about morale, Paul, if you heard the VA secretary standing up saying, "Surgeons, we're coming. We're sending resource." If it's a press conference, if they're up there-

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Speaker 1: [00:32:03](#) ... Surgeons were coming. We're sending resources. It's a press conference. If they're up there with the President, the President was saying that that alone would be a boost to morale to know that there is some kind of support coming, and at the same time you have this slow, discombobulated response on behalf of the federal government, on behalf of the military, but on a very basic level, and I'm not, again, there's the old saying in the military, strategy is for amateurs and logistics is for experts. I know how important logistics is because I could have a great strategy, but if I don't have enough ammunition, it doesn't mean shit. So right now when I look at it, I see the Comfort with a thousand beds. I see a makeshift hospital going up in Central Park. I see now another hospital the tennis center, the U.S. Open Center in Queens.

Speaker 1: [00:32:45](#) You see Detroit, you see Boston, you see other starting to spin up. But when I look at the numbers, I see a thousand beds on the Comfort. It feels like we're spitting in the ocean. It feels like a tidal wave is coming. And I think people have this false sense of hope because there's the symbolism of the Comfort that came right by our windows on the other side of you where you're sitting now. It tugged up through the Hudson and people cheered for it, but it's 1,000 beds and we need 10,000 beds. So how off are we in your view?

Paul Reickhoff: [00:33:16](#) If you look at New York's Department of Health mentioned that we need 40,000 ventilators. We're going to need 40,000 ventilators in New York. And we have around 4,000, something like that. And with apparently another 700 here and we got seven at our hospital and thankfully we have not had to triage.

We're at that point. But I think that if we were able to mobilize every hospital, double their capacity and take advantage of these things that we might not overflow too much, over spill and have people that literally cannot get into the hospital. But as you said, logistics is key to that. And coordination of that needs to be not just on an upper level, but also sent directly down to the physicians in the ER. To the physicians in the intensive care unit to say, "Here's a resource. When you have this, call this person," and you're not calling up three different or four different hospitals to say, "Where do I do this?"

Paul Reickhoff: [00:34:15](#) When you call 911 and you ask to be picked up, they don't start calling ambulances and say, "Oh, can you? Are you free? Can you do this? Do you have this bed open?" They have a whole setup in mind and EMT's have been excellent. I mean, those guys, I really, they're coming into the houses which are in a sense infested with this virus and really putting themselves in the line. But, they have that coordinated well and the hospitals need to have the same thing and they don't have that yet.

Speaker 1: [00:34:51](#) I want to give people an insight into the kind of work specifically you've done. And you sent me an article about your time at Landstuhl and I wanted you to talk about that because I think two parts of this. Number one, I want you to talk about that from a trauma standpoint. And you performed a first ever procedure of its kind when you were at Landstuhl on a sniper and you've saved lives,, you've helped people as best you could and you've been on those front lines. But I also think about some of the less glamorous parts of trauma or less glamorous parts of what's coming. And this is a really big reach. But the other day I may have told you this story, my wife slammed my finger in the dishwasher and for a second I thought my finger was cut off and immediately my brain went through, "Okay, can I do this myself?"

Speaker 1: [00:35:34](#) I know I'm first aid trained, I know how to do combat medic basics. I could probably deal with, if I need to deal with this wound. And a week before I had a dental emergency. So what happens to all of those kinds of things? And in particular when I see the Comfort rolling up and I see this, I'm thinking that's where babies are going to be born. All these people who are pregnant who thought they were going to be giving birth in like this bougie luxury bed in Sinai, maybe they're going to be given birth on a Navy ship. So maybe on the first case, Paul, can you talk about the types of trauma and where they are likely to go and what's likely to happen? Because that's the long tail of this I don't think people are understanding.

Speaker 1: [00:36:16](#) They're thinking, "Okay, I'm worried about COVID," but they don't realize if you fall off a ladder or you get in a car accident or you break your leg or your kid smashes his head open and needs stitches like has happened and I've called you and said, "Hey man, you might need to come down to stitch up my kid." Can you talk about that more immediate trauma that is a part of living in a modern world and how we're prepared to care for it? And then if you can also go, go back to Landstuhl and tell us about what you did there.

Paul Reickhoff: [00:36:43](#) So for in terms of the daily traumas that we have and the daily acute appendicitis or you said childbirth or things like that. Yeah, we are very hopeful that the Comfort will be a comfort and that will provide that service for those people. And we need to get the connections, the logistics to be able to send our patients there. Right now what a lot of physicians at Brookdale are doing is we have sort of an office space in the back where we can get people through without having to go right through the emergency room or even to the main hospital. They can come in through the parking lot kind of area there. And it's fairly secured and we're talking about doing those good old fashioned where we would maybe in the past have admitted a patient with a cold leg and treated them, done a bypass and then got them to convalescence, et cetera.

Paul Reickhoff: [00:37:45](#) And we're looking at how can we temporize this? Can we do this in 12 hours? Can we bring them directly from our office up to the operating room, take care of them, convalesce them in recovery and then send them home with close followup support? I mean, we do at least have, the telemedicine has ramped up very quickly. And so even today I talked to people online and they can call up and I can see them through Skype or through other stuff. We have HIPAA compliant things as well that we can do so we're trying our best, but there's going to be a lot more sheltering in place in terms of that and treatment in place. Some of it has to do with the physicians then advocating for the patients that you call your doctor and say, "Hey, my finger's hanging by a thread, what should I do?"

Paul Reickhoff: [00:38:35](#) And then he's going to be talking to somebody and say, "Well, could we get them in to the office and I'll, I'll bring over some equipment and we'll sew it up as best we can. And if the nerves injured we'll replace it in six weeks like we normally would." But some of the acute things and the childbirth, I think there's going to be a lot more home births. So I'm hoping that they're mobilizing midwives and even some of the obstetricians to be able to go into the homes, do it the old fashioned way. But of

course that's nothing you imagine in modern day society and New York City.

Speaker 1: [00:39:08](#) But that's what I'm trying to do is forecast for what's to come. And especially pull it out for people who, there's still some folks who are saying, "Oh, New York is unique. It's not going to happen here in Kansas City or in Tulsa or in Portland, Oregon," wherever they are, or in rural areas. And now I don't think people are understanding the kind of traffic jam of our healthcare system that can happen. But let's shift over to your time in Landstuhl.

Speaker 1: [00:39:34](#) For folks who don't know, Landstuhl is a front line, they're actually maybe not frontline. Second line if you're medevaced out of a combat zone, if you're out of Afghanistan or Iraq, you come to Landstuhl where a lot of lives are saved and lives are lost. Can you talk about what that environment was like? The specific case that you sent me that I think is very important and understanding your experience and your service. And you know what that taught you, that prepares you for this moment now.

Paul Reickhoff: [00:40:03](#) So that was interesting. I had majored in German in college and so they had this program that allowed you to go over to Landstuhl, Germany for two weeks as a volunteer and serve as a vascular surgeon. They didn't have any full time vascular surgeons at Landstuhl, which is a tertiary care center. And they had [inaudible 00:40:26] there were front lines really doing some heroic work and they got people back to Landstuhl. So we, the Society for Vascular Surgery along with the Red Cross and the Society for Trauma organized this whole effort. Every two weeks people would come back. And I tried to go at least every year, every 18 months while the program was still active.

Paul Reickhoff: [00:40:49](#) And they've gotten better where they didn't need us as much, to tell you the truth, which was good. But taught it taught me a lot actually for being prepared for this moment because one of the things that struck me, when I first got there was the guy said, "Look, you're like the firefighter and the best case scenario is you sit in your firehouse and read journals and hang out and meet people and drink some German beer and never get called in." And in some ways, like for all of us, our best case scenario is we sit at home, watch Netflix and Disney+ for us with kids. And we never have any fevers. We don't have any of these modern day traumas or anything else that goes on. And, and we get through this. And that's really the best case scenario. And that's part of what actually Landstuhl did teach me.



Paul Reickhoff: [00:41:44](#) But it was also a great experience with it. Because we would have a bus come in and there were 25 injured soldiers, and I will say this, the staff there was amazing. They were the best intensive care unit I've ever worked at. They saved people that nowhere else would be saved. It was just remarkable. And they were really, really injured as you know. Many of them with lost limbs, but then it gets to where you're trying to save one finger. And that experience was for me, I felt blessed because I got a chance to be there and do that and help out.

Paul Reickhoff: [00:42:29](#) We had one case, the one that you reference before where a sniper had been, I think it was actually in Africa. So they served there as well. He had gotten shrapnel that had gone through his aorta, main blood vessel, running, literally missed his heart by a quarter of an inch and went right through the main artery there and was lodged just outside of it. And you could see the little dings on either side where this ticking time bomb was waiting to explode. And in general this kind of case would have been done, you'd open up, make a very long incision along the chest and then get in there and you'd repair the aorta. Ideally in a place that had open heart preparations and such, but he wasn't nobody would be a good candidate to send overseas where they had open heart.

Paul Reickhoff: [00:43:20](#) So we had done a lot of fixing of the arteries from inside, mostly for aneurysm, so ballooning of the artery but occasionally also for these intense like motor vehicle Lady Diana injuries where the artery actually sheers off and then ruptures. But they had not done any in Landstuhl yet. So it wasn't the first ever of this kind of case, but it was the first ever for a military hospital. And I was able to contact the people from the stent company and they contacted the people in Germany. We actually had sent the soldier over to the German hospital where they were like, "Well, he's going to need open surgery." And that would have put him out of all of his training. And he basically would have retired with a medical retirement. And I said, "Well, we could re-line the artery with this covered stent through a very small incision, it was maybe less than the width of your driver's license and slide up and re-line the artery and protect him so he could get back to his normal work in a few days."

Paul Reickhoff: [00:44:32](#) And it was really great. It was great to be able to give him that opportunity. And then back to work. I think we gave him a couple of weeks for his growing incision to heal up fully and then he was back on the job.

- Speaker 1: [00:44:47](#) So he had a piece of shrapnel next to his heart and then a couple weeks later he's back in the field.
- Paul Reickhoff: [00:44:55](#) Yep.
- Speaker 1: [00:44:56](#) That's exceptional man. That's exceptional. And thank you for sharing that. I want to ask you, Paul, to kind of put your Dr. Oz hat on, which I'm reluctant to do with any doctor or any medical professional that I know, but for folks right now that are listening to this show, what do you feel they need to know to protect themselves, number one, and their families. And what do you hope they will do right now to help? I talked to your wife a little bit about how she's like a military family now. You all are on the front lines and you volunteered and they got drafted. But we're all in war now, kind of like the Blitz in Europe after World War II, we all feel connected. But what do you want people to do personally for their health to protect themselves against COVID-19 and what can they do to support frontline fighters like you?
- Paul Reickhoff: [00:45:49](#) So I think personally is staying healthy, which isn't just social distancing, washing before and after for the good 20 seconds or getting that, if you can find it, the alcohol-based rubs to use on your hands and make sure that you're keeping clean, keeping distance. I do think that there's been an initiative and a few countries to really have people wear masks all the time when they're out. Even recognizing like you and I, we could have been talking to each other face to face. But I do think unfortunately, and I feel that way to, like I don't know if I have it. I never know if I have it and I have to act like I have it. And so I do not want you to get it, God forbid, or your kids or your wife. And so I just wear my mask when I'm out and about.
- Paul Reickhoff: [00:46:45](#) I think as well, getting proper sleep, doing some exercises, some in home calisthenics, that kind of stuff. Keeping your mind sharp in terms of that recognizing it isn't forever, but it may be a couple of months. If you look at the Wuhan model, if you look at the others, it's really, it's not a couple of weeks, it's not a few days. It's probably going to be a couple months that we have to really every day maintain this exercise. Not, you can't just one time say, "Ah, forget it, I'm going to go out. I don't matter. I know these people, they've been healthy, I'm healthy." You just can't let your guard down in terms of that.
- Paul Reickhoff: [00:47:22](#) I do think that people who get sick should use the old, I mean it is a cold and for the vast majority of people it's just a cold. So I always tell my kids, salt water gargle, steam up, take the

Tylenol. Question of whether you should take Motrin or not, but take the Tylenol. You can take the anti-histamines and Vitamin C's probably not going to hurt you. It may even help. Good nutrition, well balanced diet, that kind of stuff is very important. We haven't yet figured out why some people get really sick. Even old people, we'd say, "Well, they're at greater risk," but they had-

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Dr. Paul Haser: [00:48:03](#) ... who would say, "Well, they're at greater risk." But they had a guy a hundred years old, discharged from one of the hospitals in Wuhan. After about three weeks, a hundred years old, he had Alzheimer's and he had hypertension and a few other things. And then just the other day, a 12-year-old girl from Belgium died, a terrible tragedy and stuff like that.

Dr. Paul Haser: [00:48:21](#) And so I think people have to keep that in mind. I don't want to be the person, if you have a choice of playing Russian roulette, why would you do it? Don't even don't even pick up the gun. I think in terms of personally taking responsibility for that and supporting each other in terms of that. I think it's been helpful in terms of that. You asked me a second part of the question after that.

Dr. Paul Haser: [00:48:46](#) The second part of the question... And I want folks to understand too, if you're listening you can watch this video at [angryamericans.us](#). But if you're listening, Paul's actually got a mask around his neck right now. And I mean, on a very basic level, I want to ask you, when you're around your kids now, do you wear the mask just to be safe? In the family, what do you do? And the second part of the question was, what can people do to support you?

Dr. Paul Haser: [00:49:10](#) Now I think your first answer is probably the best way they can support you, right? Support the fight by doing what you need to do every single day and taking care of yourself. But number one, you got a mask right now and you're pretty much probably wearing it all the time. And then, secondly, what do you think folks can do to support the fight?

Dr. Paul Haser: [00:49:27](#) Yeah. I have this whole decontamination process that I go through. For instance, the scrubs I'm wearing right now, because I'm working remote from home, are not the scrubs that I use at the hospital. I go into the hospital. I have a separate white coat, separate scrubs. I get in there, I changed that. The

mask that I use to walk to and from the hospital is not the same as the mask I use in the hospital.

Dr. Paul Haser: [00:49:57](#) And we've converted one of our bathrooms into my decontamination room, so the kids don't go in there. I come home, I strip down, I put on a fresh set of clothes and I have the alcohol wipes and the Purell type of stuff. And I do that. I do this special thing with my nose. I'm definitely taking all those precautions as much as I can. I've been doing that since this all started and since we were told to. And so I don't keep my mask on around my kids at home and stuff like that because there's too much chance that we'd have the exposure and mutual exposure. And they're also at very low risk. Even if they get that, that they would give it to me. If they were to get it then it would be bad.

Dr. Paul Haser: [00:50:40](#) In terms of what people can do to help, you mentioned it. I mean, one of the doctors from Illinois mentioned it's hard to feel like you're a hero when you're sitting at home on your couch watching Netflix, but if people can remember that. I don't feel like a hero and you don't feel like hero, but you are, and everybody. And your message and what you're doing is really important too, to get that message out to people. They should clap for themselves and say, "Hey, we're doing our part." And they really are doing their part.

Dr. Paul Haser: [00:51:08](#) People that do that, people who say to Governor DeSantis and other people, "Hey, we're going to do our part for humanity." Because this is a global thing. It's not a party. It's not a country. It's global. It's everywhere. And it doesn't discriminate based on anything. It's certainly people that are predisposed who are already sick could have some worsening complications from it.

Dr. Paul Haser: [00:51:40](#) And I think also people maintaining a sense of hope that they're going to help by flattening this curve, that they'll give medicine, science a chance to develop a vaccine that actually works, to work out different drug protocols that seem to help and to get these things manufactured and stuff like that. I think going online, whether you support research and science, and you give them something for that. It's not just masks and PPEs, it's all of that and even supporting and giving cheers to the guys that are picking up the trash and doing all that because they're on the front line as well.

Dr. Paul Haser: [00:52:21](#) Yeah. Yeah. Thank you for that, man. Because this is Angry Americans and you are a fan of this show and you've been a great supporter of the show, my thanks to you for that. You give

me great notes on the show and you give me feedbacks on the episode. And everybody needs a moment of levity but also a perspective on our guests, so I want to ask you the question that I do ask of all of our guests. Dr. Paul Haser, what was your first car?

Dr. Paul Haser: [00:52:48](#) It's funny because, I'll tell you this, I never imagined being on your show. And I've loved it from the time I found out about it and I've binged listened and re-listened to several of the episodes and stuff, but I've always thought, "Oh, if I was ever on the show, I have such a great answer." It's nothing close to getting a car from the Shah or anything like that.

Dr. Paul Haser: [00:53:11](#) My very first car I had for about 10 minutes, and it wasn't because of a crash at least. But we had this old... Remember the old Checker Limousines, the yellow cabs? Well, my parents, because I'm one of five kids so we had a big family growing up in Chicago... And that's where they were made by the way in Chicago. They had gotten a Checker Limousine but it was black, so it was like a stretch version. Not super stretch, but it was longer, and it was this old car.

Dr. Paul Haser: [00:53:43](#) By the time I was driving, it had well over 200,000 miles and I drove it to school. I was so excited, with my dad, and here I am 16 years old and the steering wheel is basically like I'm on the river steering back because it's like de-linked from the driveshaft somehow. I got it to the school and my dad's like, "You are not driving this car." I'm like, Oh, but it's my car." And so I didn't have my own car then until I got to med school, when I bought my very first car that I bought was a light green Rabbit.

Dr. Paul Haser: [00:54:21](#) Wow.

Dr. Paul Haser: [00:54:23](#) And I drove that car into the ground.

Dr. Paul Haser: [00:54:26](#) That is a great answer, man. That is a fascinating insight into your background. Well, you're also an exceptionally positive guy. You bring great energy to everybody around you. You know that the positivity is a key part of this show, and I think it's going to be more important now than ever. We've been trying to bring it to every episode since the war began. I don't know how else to talk about it yet.

Dr. Paul Haser: [00:54:47](#) But since the war began, we've been trying to bring positivity, and your wife is incredibly inspirational. She was so great when we had our last baby. She's always picking people up in the neighborhood and she would send food to our house all the

time. She's an awesome cook. But you have a great sense of positivity around your family. I think this is really, really important especially now, Dr. Paul Haser, what makes you happy?

Dr. Paul Haser: [00:55:13](#) My family. Honestly, my wife, my kids. It's amazing to come home. Now we have a pause where I get home and I have to get into the little changing room, decontamination room before my five-year-old will run up and jump into my arms, and that's a moment that's amazing. And then my wife will be like, "What about me?" And of course my teenage kids are like, "Uh, hi. Hi." But I know that means everything to them.

Dr. Paul Haser: [00:55:48](#) Well, I want to ask you for one more because the family answer is a powerful one and it's good, but what do you do when you're in this intense environment? Whether it's in Landstuhl or now on the front lines in Brooklyn, do you have anything, like is it music or a walk or a skill? How do you keep your mind right?

Dr. Paul Haser: [00:56:08](#) One of the things that I've loved doing is I actually sing. I like singing a lot. And my daughter's, Gabby's, piano teacher has actually been on Broadway and starred in Waitress and like what that is, and so she had a little thing to sort of support the actors, because I follow her, where she did a cameo thing. Now I'm doing this remote virtual learning to learn my part of the song, "You matter to me."

Dr. Paul Haser: [00:56:38](#) Wow.

Dr. Paul Haser: [00:56:39](#) And my old, I call them my Canadian uncles or Papas [inaudible 00:56:48] that I lived with, these two gay fellas that are really outstanding artists and pianist. He's a pianist and a vocal teacher, and he's playing the piano part and he's going to teach me... I downloaded the words and such, and so he's teaching me that part. And then we're going to do kind of a combined virtual thing where we bring the whole song all together. Desi's going to sing Sara Bareilles's part and I'm going to sing the Dr. Pomatter's part or whatever.

Dr. Paul Haser: [00:57:17](#) I love it, man. I love it. Now I'm already thinking of what gifts we can get you when this is all over to celebrate your leadership.

Dr. Paul Haser: [00:57:25](#) Well, you know this show I would normally end by giving of the gifts. I can't give you gifts, right? I'm going to figure out a way to have them at the front desk and decontaminate them or whatever, right? But I'll get you a bottle of whiskey that I will find that will be suitable for your experience and expertise. I'll

get you some more Angry Americans gear, if you don't have it already. But Easter is coming again. This is actually, I believe, the one-year anniversary episode of our show, I think. It's either this week or next week, so we've now done a full year. I think 52 weeks we just hit. But we've always asked everybody, if you could choose a color of Peeps and you had pink, blue or yellow, what would you pick, Paul?

Dr. Paul Haser: [00:58:15](#) You know I have five girls, right? I have to go with pink. Two stepdaughters, two older daughters from previous marriage and Gabby, so pink.

Dr. Paul Haser: [00:58:24](#) There you go, man.

Dr. Paul Haser: [00:58:25](#) Even though I know it's not the OG as Sarah Parker said, but pink.

Dr. Paul Haser: [00:58:30](#) Well, you are an OG now, man. You are an incredible inspiration. You're an American hero. I'm honored to call you a friend and a neighbor, and to just know about what you're doing every day. I know that this episode is going to reach people around the country and around the world. And here in New York now and other places around the world, seven o'clock everybody's opening the windows and cheering for you guys and for the gals and everyone out there on the front lines. Tonight, we will be cheering for you at seven o'clock and we'll be cheering for you every other night at seven o'clock until this is all over and we have a great big party at the Classic Car Club. And you go to the front of the line, right? You are going to be at the front of the line for the whiskey and for that big, gigantic 50 pound bottle of champagne that Rachel Maddow sent me.

Dr. Paul Haser: [00:59:19](#) But I appreciate you taking so much time away from the fight right now to be with us and all that you're doing every day. Know that you are appreciated, know that you are supported, know that we love you and we're just so grateful for all that you're doing right now, my friend.

Dr. Paul Haser: [00:59:32](#) Well, thank you, Paul. I mean, I can't give the thanks back enough in person, but over the internet I'll say that you also are doing a great job by getting this word out and this message out. I think it's extremely valuable, so thanks back to you as well.

Dr. Paul Haser: [00:59:49](#) You got it, man. All right, well, I need to let you go a sing or do something that's fun.

Dr. Paul Haser: [00:59:53](#) Go back to work actually the whole day.

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Dr. Paul Haser: [00:59:56](#) Yeah. And you're in our prayers and thoughts. But thank you for joining us. Ladies and gentlemen, live from New York, the great and powerful Dr. Paul Haser. Cheer for him, root for him and know that he's out there leading the fight every day. Thank you, my friend.

Dr. Paul Haser: [01:00:09](#) Thank you, Paul.

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