

Interview with influencer Nurse Erica on RaDonda Vaught's prosecution and the state of health care in the US

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The pandemic has laid bare the state of class relations in the United States and health care workers have come to the forefront of the growing movement of workers opposing the miserable conditions under which they have to labor. The conviction of former Vanderbilt nurse, RaDonda Vaught, galvanized this movement as nurses across the country rose with one voice challenging the legal system that intended to punish her as a criminal for a medication error that tragically led to the death of a patient.

Nurse Erica, an influencer and nurse advocate, became a critical figure in Vaught's defense and mobilization of nurses. The World Socialist Web Site had an opportunity to speak with her on this topic and many more.

Benjamin Mateus [BM]: Good morning, Erica. Thank you for accepting the interview. Can you tell us what you do and how you become a nurse influencer? And are you still working in health?

Nurse Erica [Erica]: I do still work. I work in hospice and palliative care now. I'm a nurse leader as they call it. I'm a program director, but still do hands-on patient care from time to time. I'm still within the nursing world constantly.

I became an influencer or an advocate kind of by accident at the beginning of the pandemic over two years ago. I started posting videos on TikTok, which I just downloaded at the beginning of COVID because everybody did. And I have a kind of unique perspective because I am not just a nurse, but also work in management.

There was really no one at that time willing or able to speak. And, as you know, because nursing is unfortunately very retaliatory. So, I just garnered a lot of attention and following. And it has really sort of exploded since then. I have always really done nurse advocacy, but it had always been local, but now it is just much bigger.

BM: I think that nurses do need strong advocates. There has been a tremendous movement taking place among health care workers. The pandemic has forced nurses to recognize that their work has assumed a political dynamic that cannot be suppressed anymore.

Nurses stand on one side of the fence while the health care systems are on the other side. The issue early on surrounding the personal protective equipment (PPEs) was volatile. Nurses were donning garbage bags and having to share masks and risking catching COVID, getting sick, dying, and bringing it to their families. Watching the deaths of thousands of patients as they work themselves into the ground day in and out without an end in sight. Meanwhile the CDC and White House is telling them the virus is not airborne, they can take off their masks if they are vaccinated—the constant lying and disinformation. The experience of the last two years has been transformative.

Erica: I agree with you. Many nurses are hurting and are looking for answers. I could certainly tell you a lot of stories about PPE and the pandemic. And I think that the movement behind RaDonda is in response

to these.

BM: You have been very involved in her [RaDonda Vaught] case. Do you mind speaking on it? [Vaught was recently sentenced to three years' probation for the death of Charlene Murphey in 2017 who died due to a medication error. Initially charged and convicted for criminal negligence and elderly abuse, Vaught faced significant jail time. However, the movement of nurses behind the case was an important factor in the leniency granted to the former Vanderbilt nurse.]

Erica: Yes, heavily! I knew about it when it first happened. This was back in 2017. Like everyone else, I was appalled just hearing about it on the surface. I remember distinctly saying back then 'She needs to lose her license' not knowing any of the other details and kind of followed it on and off.

It took three or four years before it even went in front of the state board of nursing. When it finally went to the board about a year or so ago, I covered that in depth and did a deep dive into the whole case. And I really learned just how much Vanderbilt was at fault. And that is not to say that she was not at fault because she certainly was.

But she was also set up for failure. That whole investigation really changed my tune. And I knew from that point that she would be facing criminal charges in March. I really wanted to go and attend her trial. But as I am in Las Vegas and this was in Nashville, it was not convenient.

About a day or two before it was set to start, I resigned myself to not being able to go because I did not have money to travel and stay for an undetermined period. You do not know how long a trial is going to last. Still, I half-jokingly posted a video on social media saying, "I remember that case. God, I'd love to go there and report on it and tell you guys. Does anyone want to sponsor me?"

And wow! They [the nurses] did like immediately. It was amazing and overwhelming. Twelve hours later I was on a plane on my way to Nashville and I met RaDonda the first morning before court. I was just in the hallway outside of the courtroom and was introduced to her. And I really thought that I was going to be a fly on the wall, sitting in the back corner, did not want to disrupt anything, just wanted to take notes, and observe.

But that is not what happened. What did happen was that I got to know RaDonda very well, actually, and ended up spending the night at her farm. Spent quite a bit of time with her and her close friends. And from the beginning of the week, where I was one of only two nurses that attended to the end of the week, where it was a nationwide story and reporters everywhere—it was quite the rollercoaster. So, I stayed and attended the entire trial and kept in touch with RaDonda after leaving.

I proceeded to collect all the position statements on her verdict, which there were thousands from various hospitals, health care organizations, nursing unions, nursing schools, all the nursing associations, et cetera.

Almost all of them put out a position statement and the vast majority were positive in favor of RaDonda and against the criminal prosecution of nurses.

I painstakingly collected all of those, put them together in a binder and sent it to the judge for the sentencing so that would hopefully be considered. And I traveled back to Nashville for the sentencing. I was one of two nurses that planned and arranged the sentencing day event, because we knew that nurses from around the country would be showing up. We planned a big event in the park right across from the courthouse. We had speakers and we live streamed the sentencing that day.

I am still in touch with RaDonda. I just texted her this morning and that is a general overview.

BM: How is she doing?

Erica: She is doing okay. You know, obviously relieved that she is not facing prison time. Of course, that was the biggest concern, right? But I think people have kind of lost sight of the fact that she is still a convicted felon. Many people are like, "Okay, good! She didn't have to go to prison," like it is over and done with. Well, no. Not only is she on probation for three years, but she is also a convicted felon. For example, she cannot leave the state if she wanted to.

She has a farm and part of having a farm typically involves having maybe one or two firearms to fend off against snakes or hawks that can attack your livestock. But she had to give up all of her firearms.

And there is also the, I can assume, just horrible embarrassment and shame having to disclose each time that you are convicted of elder abuse, that you are a convicted felon and, of course, being stripped of your entire profession, which is no easy degree to obtain, right? The BSN [Bachelor of Science in Nursing] degree is widely accepted as the most arduous baccalaureate level degree that there is.

You put in all this work and time and you are doing something you love and you are just no sooner getting comfortable—because she was at about the two-and-a-half-year mark as a nurse when the incident with Charlene Murphey happened—and now you cannot work as a nurse ever again.

She is still dealing with huge ramifications, even though she has avoided prison time. But she is very strong and resilient and doing as well as can be expected.

BM: Speaking about Vanderbilt and the Nashville District Attorney (DA), why do you think they went after her?

Erica: The DA, in my opinion, went after her to make a name for himself. He was running for reelection. The timing cannot be overlooked. Apparently, he has a history of doing this with other high-profile cases in the past, using it to boost his own image or what not. These are cases that typically would not go to trial were it any other DA. But he has a history of strategically pushing these headline grabbing cases to the forefront to further his career.

BM: But why didn't they go after Vanderbilt [University Medical Center – VUMC]? If I correctly understand, the issue of just culture has been around for more than 20 years, to prevent these blame game scenarios. From the beginning, RaDonda has been straight about what took place.

She admitted her mistake about overriding the Pyxis [automated medication dispensing system], which was commonplace, and administering vecuronium instead of versed. When she asked to write up the timeline of events, they told her not to put anything down in the chart. They fired her a week later. Meanwhile, Vanderbilt misled the medical examiner's office the next day essentially saying that Charlene Murphey died of natural causes. They then settled with the Murphey family with the agreement that they would not go to the press with their story.

Almost nine months later, only after an anonymous tip to CMS [Centers for Medicare and Medicaid Services] that led to an investigation that exposed all of it. And the only thing VUMC had to do was submit their corrective actions to CMS and they were scot-free. I mean, not one

executive, not one health administrator was convicted let alone fired from their position.

Erica: Not only did overriding the Pyxis happen several times during Murphey's two-day admission before her death, but it was happening for every patient at VUMC for several weeks. It was common practice at that time for up to about two months.

They were even given emails and memos stating, "You have to override, because nothing is interfacing [with the electronic patient charting]." They were in the process of switching to Epic patient electronic charting system. Epic was not interfacing with their Omnicell-Pyxis automated medication at the time. And so, they were told they had to override something like 70 percent of all patient medications. Even the intravenous fluids were being overridden. This was commonplace. And they had no other choice. Now that is clearly a system-wide failure, right?

And they knew for more than a year that they were transitioning to Epic Go-Live. Trust me, I know the challenges with that. But they knew a year in advance and still they were not prepared. "You are Vanderbilt, for the love of God! Tell me you don't have IT (Information technology) people working on this, come on?"

There is really no excuse. Now we could see maybe a day or two you are working at problem solving, but this went on for up to two months. That is just a system-wide failure.

And they even were so lackadaisical about it, that they put it in writing and handed it to employees saying essentially that they could override their main safety check. They did not care.

BM: The Institute for Safe Medication Practices had warned even back in 2016, I think, about the sound-alike medication error between versed and vecuronium after a similar incident. These warnings get sent to all the health care systems to act on to prevent such errors in the future. Yet, nothing was done. Vecuronium is a dangerous paralytic agent to be used in particular settings. Why was access to it so readily available? But I am sure these things are not unique to Vanderbilt.

Erica: These things unfortunately happen all the time, but this case was really blown up and used strategically to other people's advantage. RaDonda was made a scapegoat, to be frank about it.

But this certainly is not the only time that something like this [medication error] has happened. In fact, though you will not be able to verify this, I have been told by multiple sources that a few years back there was another incident involving vecuronium administration at Vanderbilt about a year prior to this. It was in the PICU [pediatric intensive care unit]. The nurse was supposed to be giving vancomycin antibiotic, but instead gave vecuronium repeatedly every six hours. I'm not sure how many doses the child received but thank God they did not die.

But that nurse in the incident is still employed there. It was not reported to the state board and certainly no criminal charges were brought.

BM: How much do you think that the massive support RaDonda received from nurses made the difference in her lenient sentencing?

Erica: Oh, tremendously. Tremendously! And I am very proud of being at the center of that.

Absolutely the judge and the prosecutors, the DA's office, heard this nonstop from the moment she was convicted. Even prior to the conviction. It just grew exponentially—the outrage—and it did not quiet at all. From the date of the conviction to the sentencing, it just kept growing. There was extreme outrage. It definitely played in the judge's leniency—I believe.

BM: Erica, social media also recently exploded over the issue that the Tennessee Nursing Board fined RaDonda almost \$39,000 after taking away her license. I understand she was able to raise the money through GoFundMe. But it begs the question, now that she is unemployed, how would she ever raise that kind of money?

Erica: Talk about adding salt to an open wound. All of this coincided with her interview on *Good Morning America*. A friend of hers raised the

issue and when I heard it, I was flabbergasted. She sent me the letter from the board that said they were charging her \$35,890 for “assessment of costs” and \$3,000 for civil penalties. And she had to pay it in full by a cashier’s check by August 2024. It was reprehensible.

BM: I feel these explosive situations are becoming all too commonplace in health care throughout the country. You recently reported on your social media on the tragic situation at Orlando Regional Medical Center. Can you give us an account?

Erica: Gosh, Orlando Regional Medical Center! The nurses there have been given extremely dangerous patient to nurse ratios. For example, in the cardiovascular ICU, the ratio is now four patients to one nurse. Of course, that should be one or two patients max per nurse. Any ICU, regardless of specialty, should never exceed one to two and sometimes one-to-one if the patient is very critical. But never three or four and they are being quadrupled.

Their med surge and oncology units are going up to 13 patients to one nurse. Thirteen! This should be somewhere around five. Six is pushing it. They are going 13 patients for one nurse.

The environment they are working in is very toxic, which is no surprise. They are constantly being threatened with patient abandonment and being reported to the state board if they do not accept an assignment. And, unfortunately, the vast majority of nurses really do not understand the legalities behind that or their rights, which is one of the reasons that I do what I do to try and get that information out there. So, in other words, they’re manipulated very easily.

It culminated recently in an incident where a hospitalized patient allegedly jumped from an eighth-floor window and died. It was immediately covered up by all reports. As it was relayed to me, before they removed the body, they worked [CPR] on the patient, but, as you know, the patient was already deceased. Once they took the body, they burned the grass where he landed. I think they had engineering come out and burn the grass to get rid of all the evidence.

They immediately replaced the window and, apparently, went so far as to do something to the window to make it look old so it would not look like it had just been replaced with a new window. And they immediately made every employee sign a non-disclosure agreement (NDA).

BM: Can they do that, right then and there, legally?

Erica: Well, this is something that I am passionate about. Unfortunately, it has become commonplace as a condition of employment, especially within nursing. Here are the 500 other forms you must sign when you are hired. “We are just going to slip this NDA in there” and it is a condition of employment.

When you need a job, you are not going to say, “No, I’m not going to sign it.” It has become commonplace. But as someone who has worked in nursing leadership and witnessed the corruption firsthand for many years, I can absolutely see them doing this.

I can see them walking up to nurses and going, “Help us help you!” “Here, sign this. Let’s put this all to rest.” The gaslighting is prolific in the nursing world from the administration … and the manipulation and the threats. As soon as anyone says, “I would like to have my lawyer review this,” or, “I don’t know about this,” they are immediately thrust into the spotlight and told that “This is a condition of your job. You can go to HR right now and give me your badge, or you can sign this. What are you going to do?” Florida has no unions. They are a right-to-work state and people are terrified to say anything and speak out.

BM: I was trying to look for an article on the incident at Orlando Regional Medical Center even in the local papers but could not find one.

Erica: I have been contacted by a few reporters and there are a couple that want to report on it, but they cannot get any nurses to agree to publicly speak to them and of course to verify their identity. I just posted a video a few minutes before meeting with you saying, “Look, I have a reporter who is legit and would love to speak to nurses. She will protect

your identity, but you do have to disclose it so she can verify you on her end. Please consider coming forward.” So now we will see if they do or not.

I also spoke to the deceased’s mom. She was crying and nervous because the hospital refused to disclose anything to her.

BM: How old was he?

Erica: In his 40’s. He was transferred to the psychiatric ward, I was told. I asked her who was the next of kin. Apparently, he has two children so I told her that legally they could not discuss it with her, but it is unlikely the hospital will be transparent if they feel that there will be a lawsuit.

BM: There is another nurse who has not garnered the same national recognition as RaDonda but whose story seems equally compelling. DonQuenick Joppy was terminated from her position at the Medical Center of Aurora, Colorado. She was charged with manslaughter in connection with the death of a 94-year-old patient back in the summer of 2019. She was directed by a doctor verbally to assume “end of life” measures for him. The respiratory therapist assisted in walking her through the process. The details are published, and the manslaughter charges were eventually dropped but the whole incident severely tarnished her reputation.

She is now suing the medical center. Her attorney, Jennifer Robinson, had this to say, “I took this case on because I thought it was particularly egregious that they would do this to someone’s life. She’s pretty much homeless now and hasn’t recovered since all this happened. Who is going to hire a nurse who has manslaughter charges against her, even if they are dropped?”

I understand she was an outstanding nurse.

Erica: I do know her. Hers is an interesting case. I reached out to her with an opportunity, but she has publicly said that she is unable to work and is nearly homeless because even though she was not convicted of anything, she has to disclose that she was charged with reckless homicide or manslaughter, I believe. As a result, she has not been able to find work as a nurse.

I got in touch with a recruiter there who said they would hire her. And followed up with her, but she said she does not want to work as a nurse now because of the trauma that she has been through.

BM: It is a very sad situation. We are trying to reach out to her attorney to see if she will speak with us. Thank you for the insight.

Maybe shifting to topics to the issue of nursing and health care in the US, what has the pandemic revealed?

Erica: I do not know that it has revealed as much as it has pushed nurses past their breaking point. Prior to COVID we knew these things took place—the corruption, the manipulation. We knew that. But the vast majority of us still were easily manipulated by management and administration saying, “You know, there’s a nursing shortage and we’re doing our best trying to get nurses in here.” Or, “We’re a family and let’s just get through the work as a team.” It was all this gaslighting and BS that they do.

And we wanted to believe the best in them. Then came COVID and they tell us to throw out everything that we know to be true that has been drilled into us from day one of nursing school, throw it out the window and put our lives and our family’s lives at risk. Here is the trash bag. Here is the medicine cup full of liquid soap. “That’s all you get for your shift to wash your hands.” “Here, wear someone else’s used N95 that’s covered in their lipstick and smells.” “Here, share the isolation gowns shift to shift.” “There will be mandatory overtime.” “Oh, you have COVID, that’s okay. Come to work anyway.”

And then we are going to give you non-COVID patients to make sure that you expose them. Let’s not put them in negative pressure, airflow rooms. Let’s cohort COVID and non-COVID patients putting patients constantly at risk. All these things.

Let’s not let you take your vacation time when you are clearly burnt out

and in need of a day off, but we're going to add insult to injury and make you work overtime, mandatory overtime. "And if you say anything, we're going to report you to the state board of nursing."

The culmination of all these things, in my perception, pushed nurses past their breaking point. So, whereas before we would make excuses, sometimes, a lot of the time, for our hospitals, for example, we just got to the point where we were like, "We're out! Done! We don't believe you. You're lying. You're corrupt. No more."

BM: The nursing shortage is getting worse. You even posted that Vanderbilt was bringing in truck drivers to train them as medical assistants?

Erica: Truck drivers or housekeepers. Anyone they can train to become a medical assistant.

BM: A nurse in Kentucky explained that the older nurses with experience are leaving in droves. The nurses coming in are getting fast tracked to cover patients. She recounted that one young nurse could not figure out how to calculate drawing out 15 milligrams of Toradol (pain reliever) out of a 30-milligram vial that has 10 milliliter in the vial.

Erica: Oh my God.

BM: She then asked if it was okay to just give the whole vial. These are anecdotal stories but speak to a broader issue especially as we have discussed RaDonda's case and fatal medication errors. We are in trouble. One nurse told me always have a family member at the bedside if you are admitted to the hospital and paying attention to what is happening.

Erica: I say that all the time. You better have an advocate sitting there with you the whole time.

BM: So, where is all this going?

Erica: Well, I will first challenge you to think about it from another angle. There is no nursing shortage. There is not. There are over four million nurses in this country. There are more registered nurses than there has ever been in this country. They are just not at the bedside.

[In a recent report in *Healthcare IT News* from March 24, 2022, a November 2021 survey found that 90 percent of nursing respondents were considering leaving their profession in the next year, with 71 percent of nurses that have more than 15 years of experience thinking about leaving in the next few months. This has also led to a rise in the workload of active nurses including clerical duties, cleaning rooms and units and procuring supplies. Almost half of the nurses said they must carry five patients across their shifts. And specifically, 84 percent of emergency department nurses and 96 percent of intensive care or critical care nurses have a four to one ratio, double the optimal levels.]

If you treated nurses properly, if you paid them a livable wage, if you did not constantly threaten them and put them in toxic work environments and allow them to be violently attacked and all the things they would be at the bedside. They are at the bedside in California, where they have a union, where they have experienced nurses still at the bedside that do not want to leave because they can go to work and know that they are going to get a lunch break, a bathroom break, and they are not going to be forced to work overtime. They are not going to be constantly exhausted and they are going to have mandated ratios.

But it only exists in California, and not even all of California.

There is no nursing shortage. There is just a shortage of nurses willing to work at the bedside. If they changed things, there would be no nursing shortage. Hell, I would return to the bedside in those conditions.

BM: Can you speak on the HR3165 [Nurse staffing standards for hospital patient safety and quality care act] bill that is before Congress?

Erica: That's the staffing act?

So, it's been reintroduced every year consecutively for, I don't know, like 15 years or something and every year they let it die. They do not even vote on it. They just let it die and expire every single year. Even in 2020 when nurses were heroes and everyone was clapping at night for us, even then the Senate could not be bothered to simply vote on it. They let it die.

Every year, year after year.

BM: What would you like to tell nurses? How, how do we make health care better?

Erica: You must know your rights and you must not be willing to put yourself and your patients in dangerous situations. If that means you lose a job, that is terrible. But I would rather lose a job than my license or a patient's life.

Know your rights, educate yourself, get involved, politically pressure your legislators to push potential legislation that will positively impact us. And do not let them threaten you and take advantage of you. Don't be afraid to speak up.

BM: The Kentucky nurse I mentioned previously told me that health care has always been for profit. Twenty years ago, at least health care was put ahead of profits. Now nurses are saying health does not matter to these health systems.

Erica: Correct.

BM: How do you combat that as a nurse, as a health care worker?

Erica: They need to crack down even on nonprofit organizations because they are all about profits. You know, even the nonprofits have holdings and investments worldwide with teams of financial experts. And they are funneling money and hiding money everywhere. And these are just the nonprofit organizations, and their CEOs are taking home millions of dollars in bonuses alone.

For instance, the CEO of HCA, Samuel Hazen, received \$30 million in compensation packages even before his \$3.5 million bonus in 2020 in the middle of the pandemic when they were claiming that they were hemorrhaging money, because they had to cancel elective procedures and all of it. He is taking home \$30 million, and this is happening all over the place.

They also need to have lobbyists that are for health care and not in the pockets of medical organizations that only care about the bottom line and the profit.

BM: Would it be fair to say, as a final statement, perhaps, as you said, "I will challenge you to think about the fact that it is not that there are not enough nurses, but not enough nurses at bedside." It is not that there is not enough money. There is too much money in the pockets of Wall Street and not enough being put into the care of patients and their treatment and of the health and well-being of nurses.

Erica: One hundred percent, yes.

BM: Erica, thank you so much for your time. I hope to stay in touch.

Erica: Thank you.



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