

Undercover Epicenter Nurse: How Fraud, Negligence, and Greed Led to Unnecessary Deaths at Elmhurst Hospital

A Special Interview With Erin Marie Olszewski

By Dr. Joseph Mercola

Dr. Mercola:

Welcome everyone. This is Dr. Mercola helping you take control of your health and today we are excited to share an interview with Erin Marie Olszewski, who is a nurse who was at the epicenter of the pandemic in New York City. So, she has some really interesting information to share. Welcome and thank you for joining us today, Erin.

Erin Marie Olszewski:

Thank you so much for having me, Dr. Mercola. It's been a long time coming.

Dr. Mercola:

All right. You've written a new book too. What's the name of your new book that describes this process?

Erin Marie Olszewski:

It's "The Undercover Epicenter Nurse."

Dr. Mercola:

That's an appropriate title. "The Undercover Epicenter Nurse: How Fraud, Negligence, and Greed Led to Unnecessary Deaths at Elmhurst Hospital." I'd like to start with getting a little historical background from you. I thought, we have posted your initial video that was really well done and had quite a good response to that back in June, but that was well before your book was out. It seemed clear from your video that you – you live in Tampa, Florida now, but it seems like you did not sound like a Floridian. I detected a bit of a Canadian twinge to your accent and I suspected you were from Wisconsin and you confirmed that [you] were even from Upper Peninsula (UP). You grew up in the upper Midwest.

Erin Marie Olszewski:

Yes.

Dr. Mercola:

And then from there you transitioned, you were in the Iraqi War too. I'm curious if you can describe what transitioned you there and then onwards to nursing school and then down to Florida. Let's get the history first and then we can go into what you did in New York.

Erin Marie Olszewski:

I was born in Bessemer, Michigan, so that's like the UP of Michigan. My parents were raised in that area too. I'm talking a town of 2,0002, small town. I've always been the risk taker. My parents joke about it to this day. I ventured out on my own and joined the military when I was 17 and just explored. I always knew that there was more out there and I wanted to just immerse myself in a different culture and experience life. When I was in basic training, which was, I left in July of 2001, that's when September 11 happened. I actually write a lot about my life in my book so people can understand why I am the way I am and why I think the way I think.

Erin Marie Olszewski:

September 11th happened when I was in basic training and they pretty much said, "Listen, get ready because you're about to go to war," and at that point I was only 18 years old so I grew up pretty quickly.

Dr. Mercola:

I can imagine that would do it to you for sure. How long were you in the war conflict? Was it four years?

Erin Marie Olszewski:

Altogether, I was in Iraq for just over a year straight and then ventured around the United States. It essentially brought me down to Tampa where I worked for a short period at the Special Operations Command and ended up getting out and going into nursing, which is what my ultimate goal was since I was essentially in kindergarten. That's kind of what got me here and what essentially brought us down to Tampa.

Dr. Mercola:

I was curious how you got there. It was the military position. We both migrated from the Midwest down to Florida for different reasons, but I think it's a, really, in my view, one of the best states to live in in the United States. As we're recording this, I'm a former Chicagoan native, went to kindergarten all the way through post graduate medical school in that city, within the city limits, not even the suburbs. Last night they had a bunch of rioting and looting going on in downtown Chicago. They are just tearing up that town, so much better to be in Florida.

Dr. Mercola:

Anyway, I want to go back to 20 years ago before you actually enlisted. I was sitting at my desk when I was still treating patients and at the time I had a subscription to the print version of JAMA (Journal of the American Medical Association). And there was an article written by Barbara Cartwright, who was a M.D., Ph.D. and it went over the statistics of death rates in the United States. I was astounded. It had a benign, grayish-type headline, nothing major. But I read the article and I realized, "Oh my gosh, if you add the numbers up, doctors are the third leading cause of disease." I created that headline 20 years ago in July of 2000. That actually took off as quite a meme and spread over the whole earth. You might have even heard of it before.

Dr. Mercola:

This is conventional medicine. It is well-documented, clearly that there are errors and mistakes alone is the third leading cause of death. That is egregious enough, but it has gone exponential

since that time and actually been validated. Your experience in New York is amazing testimony to what has happened, how clinicians are essentially getting away with murder. We're going to go into the details because it's quite a story. I'm wondering though, you left the military, got your nurses training and you've been a nurse. I want you to pick up your story after you finish nursing school and then lead us into the thought process that prompted you to go to New York, in Queens, Elmhurst Hospital there, which is a public health hospital. Were you just volunteering? Did you have some idea that you were going to uncover some nefarious deeds up there? What was the story behind that?

Erin Marie Olszewski:

I'm going to go back really quickly just to touch on what you were talking about with medical error and being the third leading cause.

Dr. Mercola:

Absolutely.

Erin Marie Olszewski:

I'm sure that you did and I know that I did go into this profession to help people and just as a new nurse out of school, usually most nurses start out on a medical surgical floor in a hospital, which is where I began my career as a registered nurse. It did not take me long to realize that we're literally just pumping our patients full of medications. Most of my job was morning meds, afternoon meds and night meds. Meds, meds, meds, more meds, more tests. I've always had a passion for more of a natural approach to health and it was devastating to me to realize that I wasn't really helping these patients, I was contributing to the problem.

Erin Marie Olszewski:

I always had that mindset, as a nurse, "How can I get these patients look through these meds and talk to the doctors and advocate for them to get them off of all this?" I would hit a lot of roadblocks and so I ended up going to work at a private practice where doctors were more concerned about not so much profit, but the people. I've always continued along those lines. Fast forward to this year, we were essentially laid off from our jobs. In Florida, we did it right. We didn't ban any of the alternative treatments. They left it up to individual hospitals to make up their own minds so that's why we were very successful, whereas New York was not. I didn't learn that right away until I got there. So-

Dr. Mercola:

Wait, wait. You said you were in private practice. Did you transition back into a hospital setting or were you still in private practice before [crosstalk 00:08:58]-

Erin Marie Olszewski:

Yeah. I actually worked two jobs. I've always kind of worked at multiple different jobs at the same time just because I like to keep myself entertained, I guess. I get bored of the same thing over and over and over. So I've always kind of held two nursing jobs. And so yeah, I was working at a hospital here so I did go back into the hospital sector because my point of view is,

“If I'm not going to be there to be able to advocate for my patients in a way that puts them first, then who is?” So some of us have to be able to like fix the broken system. So yeah.

Dr. Mercola:

All right. So let me just finish up. I forgot the full story on the article I read written by Barbara Cartwright who is an M.D., Ph.D., out of Stanford and the final part of sharing that story is that the ultimate irony is that she died of a medical mistake essentially. And it's not just a mistake but a complication of a legally prescribed drug. She was given Plavix for some type of DVT (deep venous thrombosis) prophylaxis and she died from complications. So it is ironic that the physician who was exposing this actually dies from the system. So you have this pension, this leaning towards understanding this on a profoundly deep level. And you were practicing both in private practice and the hospital in Florida. One of the best states in the country with respect to their ability to provide appropriate care to the patients. So what motivated you to go up there? I'm just curious, just this desire to have another life experience or was there any other reason for it?

Erin Marie Olszewski:

Yeah. I mean, I couldn't figure out why New York was struggling so much. And I guess it's just kind of in my personality to go where the help is needed, and the opportunity presented itself, I talked to my boss, my director at the hospital. And they're like, "Are you sure?" Because most people were scared and-

Dr. Mercola:

When you said the opportunity presented itself, do you mean that there was request from New York City because they were being overwhelmed with cases up there for nursing staff from other states to come up and help them?

Erin Marie Olszewski:

Yeah. They were in desperate need of nurses. They were calling it the frontlines, the epicenter, this is where everybody was just dying left and right. You saw the trucks outside these hospitals filled with bodies and then it can't be any worse than what I've already been through in Iraq, so Put me in the game. So yeah, I accepted a travel nursing job, packed my bags and was out the door in two days. Kissed my family good-bye and hopped on a plane.

Dr. Mercola:

And when was it? Was that May of this year?

Erin Marie Olszewski:

It was in April.

Dr. Mercola:

April. That was early on.

Erin Marie Olszewski:

April.

Dr. Mercola:

I don't have access to the statistics now but where was that in the course of the pandemic? Was that the height of it, was it right before the height? It was pretty close to it if it wasn't at the height, right?

Erin Marie Olszewski:

Yeah. It was a little after the height but it was still pretty – I mean, every single one of my patients still died. It was still extremely packed in these hospitals with pretty much every single person on a ventilator.

Dr. Mercola:

Okay. So you were at the epicenter of the epicenters. The place in the world, actually, that had one of the highest concentrations of patients dying and number of people dying. And they were in the middle of it because Elmhurst Hospital was probably one of the – had the largest concentrations of COVID patients and maybe you can share the details on that because I'm not sure of the specifics of the New York system.

Erin Marie Olszewski:

Yeah. Well one of my first red flags is when you're going into wartime which they considered that frontline war, I expected to get to work immediately and I quickly learned that we were just going to sit around for three days waiting for an assignment. There were nurses who got there before me that were sitting around for 18 days getting [crosstalk 00:13:53]. So my question is, "Why weren't they utilizing their resources, complaining that they didn't have enough help when we got" – I'm not talking 100 or 200, I'm talking like 1,000, 2,000 nurses sitting around in New York waiting for an assignment. So that was very confusing to me.

Erin Marie Olszewski:

If indeed this was essentially a warzone, people are literally dying left and right, why aren't they using us, utilizing us? And it didn't make any sense to me but I finally did get an assignment and they put me at Elmhurst Hospital. It was just completely random, I could've went anywhere but that's where they picked for me to go and so I went. And I got there and literally it took me a shift, 12 hours, to realize that this is absolute chaos and not because we didn't have enough staff, we were well-staffed, it was because just nobody cared. I literally felt like I was living in the twilight zone. And just knowing what I know about our system anyway on a good day, this was just absolute negligence and-

Dr. Mercola:

Yeah, your experience highlights one of the greatest flaws in the entire system. And even in good times, the best of times, it was like 20 years ago when I read that article, the system is responsible for maybe the majority of deaths in the country. Collectively, if you include their ignorance of basic nutritional principles. But clearly when you go into the hospital, you are at great, great risk. And I've interviewed Dr. Andrew Saul in the past, who's written actually a book on this and we've got, I think, two interviews helping people understand that one of the most

important strategies if you or anyone you know who is in the hospital, that you have to have an advocate.

Dr. Mercola:

Ideally, that is a close family member who's with you, depending on your circumstances, around the clock to make sure mistakes don't happen. Because they will happen, invariably it'll happen because of the attitude that you've described. People weren't caring. Not you or some of the other nurses but the medical staff typically gets into this. And I'm not blaming them, it's just the reality and as a result of that, mistakes are made. So the complication, which just greatly exponentially exacerbated this whole process is that family was excluded. You had no advocates other than the staff there. So why don't you expand on that? To me, that was probably the worse catastrophe of this that resulted in much of this abuse occurring because they had no advocates there.

Erin Marie Olszewski:

Well that's exactly right. And on top of that they created a liability-free environment. So now you have a liability-free environment where everybody knows that, "No matter what I do, I'm not going to get in trouble for it." We have no family around putting us in check. On a good day, and I'm sure there are a lot of your viewers who have had their own struggles inside these hospitals on a good day when they're allowed in. I mean, I've seen it, working in these hospitals. And so now you have no family, you've got a liability-free environment, you've got doctors and nurses who, at that point, just didn't care because everybody was going to die anyway so what's the point? And then you have everybody on a ventilator. So these patients can't even speak for themselves. They're at the hands of whoever is taking care of them at that point. How do you sit by and allow this to happen? I don't know how so many people knowingly knew this was going on and just choose to remain quiet. It's just really sad.

Dr. Mercola:

Yeah, at the time I don't think it was well-understood that ventilator management for this illness was not a good choice and it was really the kiss of death. I don't practice in the hospital or even in an office setting anymore but it's my understanding that's not being considered the standard of care at this point. So I mean you cited some incredible statistics. I think there was only one person in your four weeks at the hospital who survived being put on the vent and that's because they self-extubated. It was a kiss of death. If you were put on the vent, you were dead.

Erin Marie Olszewski:

And they knew that. When I first got there this was, well, earlier April. And within the first week I was there, I started videoing after speaking with an attorney in New York and I-

Dr. Mercola:

Wait, wait. Why don't you go – I'm really curious as to that process. And I don't want you to skip over that, I want you to go into more detail because it really was quite a decision that you made to do this. You said there were hundreds of the nurses in just that hospital alone and thousands within the city but very few made the decision to actually video record what was going on. So just help us understand your thinking process that led you to that action.

Erin Marie Olszewski:

I actually don't know if I've ever talked about this the very first day that I was there with actually anyone. So you're the first. The very first day I was at Elmhurst, like I said, it didn't take me more than a shift to realize what was going on. And I got back to my hotel room and just broke down in tears and I'm like, "I don't even know what to do right now." I couldn't even believe it. And so I actually have a lot of nurse friends and I asked them to just hop on a Zoom call with me. And I just let it all out. Like, "You guys. I don't know what to do." And one of them is a nurse practitioner, so she ended up essentially kind of being my proxy. She did a live video and it went pretty viral.

Erin Marie Olszewski:

And what happened to her is she got just gaslighted by everybody. She had death threats. Everyone said she was making it up. So I had contacted an attorney after a few days of seeing what was going on with her just trying to get my message out. And I'm like, "Listen. No one's going to believe what's happening here because they don't believe her. There were other whistleblowers prior to me who they didn't believe. And the only way the public is ever going to be able to even somewhat take this seriously and believe what I'm saying and what others were saying is with actual video." And I had already tried to go up the chain of command and everybody would just tell you to, "Just be quiet or you're gone." You were considered a troublemaker if you try to advocate for your patients. And you were pretty much shunned.

Erin Marie Olszewski:

So I contacted an attorney after I realized that no one was believing essentially my proxy who is a nurse practitioner herself. So even after going up the chain of command, talking to anybody who was in charge and they always were passing the buck to, "Oh, well it's not me. It's the next person. That's the authority." Nobody had any answers. And if you were considered a problem child, somebody who's asking way too many questions, then you were sent home. And there were nurses sent home prior to me getting there, for doing the same things. So why would anybody do that? And I mean, there are maybe a lot of different answers to that but ethics, essentially, just went out the window. And my attorney actually ended up getting me a pair of spy glasses in order to video and they fit in with the rest of the PPE (personal protective equipment) so it was never really questioned.

Dr. Mercola:

How do those work? They're lenses that don't have any prescription element to it and they've got a camera embedded in the frame?

Erin Marie Olszewski:

Yeah. I didn't even know those existed so I was – it was really surreal to me. I was like, "Is this where this is now? Is this what I'm literally going to do?" And it was pretty terrifying but at the same time I'm going in there looking at my patients like, "You know what? You guys deserve justice." And this should have never happened and I hope history never repeats itself ever again and that was the mission. People need to know the truth and those who thought this was okay need to be held accountable for these actions. And in our profession, we're supposed to be there

for the patients. We're supposed to act with integrity and compassion and none of that was happening.

Dr. Mercola:

Yeah, yeah. I did my training in an inner-city hospital in Chicago, which had major benefits. I mean, you get some really, really sick patients. And even as a third-year medical student, you were delegated a lot of responsibility and hopefully were smart enough to get some help when you needed it. But it basically taught you to be a doctor a lot quicker than the regular system would typically allow you to do but it became very clear, it was an interesting window into your experience because typically the committed nursing staff knew more than most of the doctors put together because they were in the trenches day in and day out.

Dr. Mercola:

They knew what worked, they knew what didn't work and they knew if they were going to kill someone. And I can remember many times as either a medical student or a resident where the nurses would, maybe some of my choices but certainly other training staff, they would correct the mistakes that, if implemented, were to kill the patient. So it's just part of the process of learning how to be a physician. It's an inevitable consequence but the nurses are typically there to protect most of them, obviously some have gotten to the point where it's just a job. But that wasn't common from my experience. So I'm wondering if you can share your observations as to the percentage of the nursing staff who felt similar as you did versus taking the position of most of the physicians. And also, comment on the physicians themselves, what percentage were just doing the job to get it done or expeditiously or really were there any physicians you saw there who really cared for what they were doing and really sought to provide exemplary care to the patients?

Erin Marie Olszewski:

The nurses, and this is what surprised me so much, that the majority of us all said the same things. We went to work on a bus and we drove home on a bus. So we were together in the mornings and we were together in the evenings. And this is what we'd discuss like, "Oh my gosh, I can't even believe this is how they do things here."

Dr. Mercola:

And these were 12-hour shifts that you were working?

Erin Marie Olszewski:

Yeah. Yeah. Every day, every single day.

Dr. Mercola:

Wow. Not even the weekends off?

Erin Marie Olszewski:

No. Straight. I've never worked so much in my entire life, yeah.

Dr. Mercola:

That's an 84-hour week. That's double time.

Erin Marie Olszewski:

Yeah. Every day for just about a month straight. And so we all did say the same thing and I actually recorded a lot of those conversations too just because I don't want people to think it was just me. Really everybody thought the same thing, this is not okay. But everybody is so afraid to say something because, for instance, I've gotten taken through the trenches with people. There are a lot of upset people and they try to hurt you and silence you in any way that they can. I was fired essentially for saying anything. And we were making a lot of money-

Dr. Mercola:

You were fired from your position in New York?

Erin Marie Olszewski:

Yeah.

Dr. Mercola:

Not in Florida?

Erin Marie Olszewski:

No. I'm still employed in Florida as a nurse. My hospital knew about this video coming out before it actually came out.

Dr. Mercola:

Have you been threatened with your nursing license removal at all?

Erin Marie Olszewski:

Yeah. Yeah. There are a lot of people gunning for it. If you go against the norm, then you're – they just try to stop you. There have been petitions to take my license. So yeah.

Dr. Mercola:

Yeah. When I first saw your video that was the first thing that went through my mind is that they're going to get your license for saying that. That's a desperate strategy, they silence the opposition.

Erin Marie Olszewski:

Yeah. But the doctors there, I don't know. A lot of them were residents, they were first-year residents and a lot of them have never been at a patient's bedside before. And I started out as a CNA (certified nursing assistant) when I was 16 years old working in my local hospital. I've been at the patient's bedside for decades. And some of them, that was their first time ever interacting with an actual patient. And just zero bedside manner because a lot of these patients were on ventilators. They just treated them as they were just something to practice on, a human

being. And that was very common. Very few and far between. There was a really, really good resident who I just really appreciate because he was on our side and he was like, "You're right, Erin." But there was not many of them who really had that compassion for these lives.

Dr. Mercola:

Yeah. So I'm assuming the Elmhurst Hospital is a training hospital where they had residents. Because obviously private hospitals typically don't have residents. And if they do, they're really severely supervised, or strictly supervised might be a better term. So public hospitals are a lot different.

Erin Marie Olszewski:

There was no supervision though. There wasn't. I mean, I very rarely saw an attending [doctor] so it was the residents running these floors. And then it was us nurses constantly – I mean we couldn't even leave our patient's room because they'd come in there and dial the ventilators, they'd mess with our drips. We had to end up locking our pumps because they would just come in and change it. That's unheard of on a normal day. These physicians should never touch our pumps or ventilators without letting us know.

Dr. Mercola:

That's just an incredible arrogance. What do you think motivated this type of behavior that they think they knew better than the nursing staff who, essentially, is responsible for doing these things day in and day out and they're new to the game and thinking that they're going to come up with a better system? What do you think motivated them to do that?

Erin Marie Olszewski:

A lot of ego, a lot of, "They're going to die anyway so we just want to experiment and see what works and what doesn't." There were a lot of errors being made and unnecessarily causing a lot of death. And I can't explain it. Like I said, the liability-free environment, free for all, these residents weren't being monitored by the attending doctors who were nowhere to be found and it just-

Dr. Mercola:

It seems one of the most egregious behaviors was the lack of segregating the has-yet-to-be-confirmed cases of COVID who were newly admitted patients from those who had already been established as being COVID positive. Although, in reality, is segregating them into different rooms or floors probably, I don't know if it would have made much of a difference because they share the same ventilation system, this bugger of a virus once it gets into the HVAC system, it's going to circulate at least that entire floor. I suspect at Elmhurst, that the floors aren't even separated. So you've got the entire air circulating throughout the hospital. So you've got that virus going around, so I don't know if it would have made much of a difference. Do you have any insights on that? And why not comment on the lack of segregation of the newly admitted patients?

Erin Marie Olszewski:

Yeah, that, I mean, to have like a negative pressure room for each individual patient in a perfect world, yeah. But even at the same time, the PPE was just being worn all day long. A lot of nurses weren't even changing it because it looks good. There was just no regulation on anything. And all you needed was one person to not do it correctly and you're going to infect everybody. But they were knowingly putting non-COVID patients with COVID patients on the same floor, in the same room.

Dr. Mercola:

Same room?

Erin Marie Olszewski:

Yeah. And they were ventilating patients who they knew didn't have COVID but were calling them COVID rule outs. Maybe this one negative test is not correct so they had to do another-

Dr. Mercola:

Let's stop there because that's an extraordinary claim that they would ventilate a patient who wasn't COVID [positive]. Did this person that was being ventilated, were they highly symptomatic, were they seriously ill?

Erin Marie Olszewski:

No. The one guy who I talked about who pulled his own tube out, didn't have COVID. What they did is he was a patient admitted for a high blood glucose, which is easily remedied. But they ended up giving him a lot of different psych drugs, which ultimately just kept that blood sugar going up and up. And instead of treating that, they ventilated him. They put him on our COVID ICU floor, which is unheard of and then he's anxious, they have him tied down to the bed in restraints which makes anybody even more anxious. You can't have any family in there, there's a bunch of nurses telling you to be quiet. Anyone's going to fight in that type of situation. You're terrified to be there in the first place.

Erin Marie Olszewski:

It's COVID, this is the no.1 hospital that people are dying at and I was in there just trying to hold his hand, talk to him, calm him down. And one of the residents comes in and, "If you don't calm down, we're going to have to put a tube down you to help you breathe." And this was when I was just like, "What are you doing? He doesn't need that." And I hadn't left for the end of my shift five minutes and he was on a ventilator when I got back. That right there, that's just negligence.

Dr. Mercola:

Well, negligence is too mild a term. That is reprehensible medical malpractice is what it is. And that person should have his license removed but they can't because the liability has been essentially removed. That person should not be allowed to practice medicine.

Erin Marie Olszewski:

No. It was a female fellow actually. And she's the same one who ordered my other patient to be – for us not to resuscitate him knowing that he was a full code.

Dr. Mercola:

Yeah. Now a fellow, for those who don't know, is someone who's completed their formal medical training, graduated medical school, internship and residency, and is doing a subspecialty in some discipline of medicine. You would think a fellow would be a little smarter than that.

Erin Marie Olszewski:

At that point, nobody really cared anymore. They're going to die anyway. And there's no liability and those are the type of doctors that the world doesn't need.

Dr. Mercola:

Yeah. And clearly there was a financial incentive for the institution, at least, to be reimbursed at a higher rate for it because every person, I believe, who was ventilated was – the hospital received another \$30,000, \$29,000. So can you confirm that was the case going on and if there was any direct communication between hospital administration and the medical staff to incentivize them in any way or encourage them to ventilate more patients?

Erin Marie Olszewski:

Well they essentially turned Elmhurst into an all-COVID hospital. So I think that was pretty much incentive. If they're going to admit somebody, they're either COVID-positive or they're awaiting their test results. So they would be admitted as COVID rule out and the hospital would still get the kickback. It was \$13,000 to admit a patient to the floor. Some of these people, like the one who was unnecessarily vented, he could have went to the comfort ship knowing that he was negative for COVID. They knew that. But they still admitted him, got the \$13,000 and then ventilated him for another \$39,000. So this was happening consistently. There's no reason that these patients had to be packed in like sardines when we had external resources that weren't being utilized. So why? And that goes up to the administration and just really poor management of the entire system. Maybe it was the financial incentive, part of the reason. I think it was. And that's just people just not caring. And putting profit over these people.

Dr. Mercola:

Sure. So you were there for a month and I'm sure you established some good friendships and relationships in that time. And it's been four months since you left Elmhurst. And I'm wondering what the feedback you received from the nurses who are still there, if things have changed significantly as a result of your exposé?

Erin Marie Olszewski:

There was a few nurses who took my side when my video came out. A few of them are staffers from Elmhurst. And then there were a couple travel nurses who were essentially my moles inside during all this happening. And they, I don't know, chewed me and up spit me out. Most of the nurses were pretty upset. And that was difficult because I knew that everyone felt the same but at the end of the day a lot of them are protecting their jobs. If they agreed with me, they would also be fired. The population outside of the nursing community, I would say, 90% is appreciative and the other 10% are not so much. But I personally think that this has had an impact on the deaths in New York because after that video went out and they were essentially kind of outed on their treatment protocols, the death rate plummeted.

Dr. Mercola:

Really? So can you summarize how the treatment protocols have changed from this gross medical negligence that was occurring to what's happening now?

Erin Marie Olszewski:

I think that they're a lot more cautious about who they're admitting to these hospitals and how many people are being put on the ventilators. Because even in early April when I got there, I questioned a doctor, who I also recorded, and he admitted that absolutely not one patient has been successfully extubated. So by the time I got there, every single patient on a ventilator died. And they refused to try any alternative treatments even though we know a lot of alternative treatments existed. But their excuse was that they didn't work. And my question was, "Listen, if you know the ventilators aren't working, then why not try?"

Dr. Mercola:

Well it's a \$40,000 difference.

Erin Marie Olszewski:

Yeah, exactly. And that's sad. This should never have happened and it should never even happen on a good day. And we know that happens even on good days.

Dr. Mercola:

Yeah. The tragedy is that hydroxychloroquine (HCQ) most likely would have made a difference. It clearly was helpful in your circumstances in Florida. But there are even better strategies and some that work like hydroxychloroquine that have a similar mechanism of action that are not even a prescription. They're just a natural supplement like quercetin which drives the zinc into the cell and like HCQ, it has to be used very early in the course of the illness and with zinc, otherwise it doesn't work. But still. So your hands are tied, you can't use it in the case of in New York where I think it's still outlawed too, isn't it? In Florida, they're still using it, I think though. It's not been outlawed even though the FDA has stopped some type of approval rating for it. Some exemption they were giving it I think has been pulled. So are they using it in Florida still, HCQ?

Erin Marie Olszewski:

Yeah. It's not been outlawed. And I think that every patient has a right to try multiple, different alternatives. Even the high-dose IV (intravenous) vitamin C that's been successfully been treating patients in Asia and some people in even New York when this first started. So why are these alternative treatments being frowned upon? Has this caused even more deaths? And honestly, government shouldn't ever get involved in the doctor-patient relationship. People should be able to have a choice and the freedom to be able to have these alternative treatments available to them if they can save their life. It's just the autonomy and patient rights are just gone.

Dr. Mercola:

Yeah, vitamin C, Dr. Merrick established that protocol. And I think it's more recently described as the MATH+ protocol because there's other add drugs to it which is methylprednisolone or a

steroid, thiamine or vitamin B1. The vitamin C intravenous of course and heparin, I think, is the H because clotting can cause quite a bit of complications in the microvasculature. So it seems to be very effective though. And so are the patients in your hospital in Tampa, they're receiving that?

Erin Marie Olszewski:

Yeah. The hospital that I work at was doing – is still doing the hydroxychloroquine and zinc protocol successfully. Early, early treatment. That was another problem. They had everybody locked in their homes like terrified to go to the doctor and a lot of these people, the reason that we're seeing a lot of higher numbers right now, is everybody's going back to get the help that they needed very early on and not from COVID, they're getting treatment for everyday things that people are sick from. And they just got sicker and sicker at home and obviously now we see higher admissions in our hospitals but it's not because of COVID.

Dr. Mercola:

No, yeah, that's crazy. So I guess maybe highlight some of the experiences, the most significant reactions to your video that was launched since then, the last four months? I mean, what are some of the most extreme responses and both positive and negative?

Erin Marie Olszewski:

Positive, I'll start because it's always more happy to talk about. From what I'm gathering, it's calmed a lot of people's nerves. And a lot of people message me like, "I knew it. Something didn't seem off." And usually your gut is right and I think that helped a lot of people just kind of be able to get through this. And understand it and take better control of their health because it's really sad that a lot of this media isn't telling people how to prevent getting sick and making sure that your immune system is strong and I think it's waking a lot of people up to that which is great. We've been working on that for years, you a lot longer than I have.

Erin Marie Olszewski:

So the negative, a lot of people said that I violated HIPAA (Health Insurance Portability and Accountability Act of 1996). That's a big thing. But under whistleblower protection, when you see gross negligence occurring and you've already attempted to go up the chain of command like I have, that is what I did, was completely ethical. And it is of no violation of HIPAA. And we need people to speak out when they see something wrong like that so history never repeats itself and things like this stop. And the truth of it is that we can do a lot better job in health care in general. And without people speaking up who are on the inside, that change will never happen.

Dr. Mercola:

Yeah. You could make the same argument for those who were implementing the orders in the Nazi regime where millions of humans were exterminated. They were only following orders and they couldn't possibly violate the HIPAA regulations by exposing this. Using the justification of rules against it as the excuse for not becoming more violently opposed to it.

Erin Marie Olszewski:

It just takes one person to speak up and since that video, there's been a lot more coming out and being brave and speaking up. And maybe this is what we need, this is the catalyst of change that we've been fighting for so long. And patients deserve to be treated like humans. And politics and profit and all that should never be placed above human life ever.

Dr. Mercola:

An ideal world. Unfortunately, that reality is quite the contrast frequently. Well you were able to be a significant catalyst to this change, a desperate change that's needed in exposing the deception and the gross medical negligence that occurred in Elmhurst Hospital and apparently has been toned down quite a bit since your exposé. So I wanted to congratulate you for your courageous behavior and bravery in exposing this problem, this gross negligence that was occurring and medical mismanagement because there's really no excuse for this. It's just sad that the physicians who were most responsible for implementing these orders that resulted in patients' deaths unnecessarily are not going to be held liable for this because that's just inexcusable.

Erin Marie Olszewski:

Yeah. Maybe, possibly they will be. There are some clauses in that order that gross negligence is liable. So these families are coming forward and there are a lot of them who are very upset and so maybe and hopefully there will be a federal investigation and there will be accountability for these actions and I feel that there should be.

Dr. Mercola:

Yeah, there's no question there should be. The sad reality is that we are not over this yet and life is not going to return to normal anytime soon if ever. I really doubt that we will ever experience life as it was in 2019. I believe it's permanently changed. Just like those of us who travel in the airport or used to at least once or twice a month and every time you go through TSA (Transportation Security Administration) you just grit your teeth like, "Why do I have to endure this unnecessary, ridiculous behavior?" But it's never going to change. I think that many of these mandates and guidelines that have been implemented are just never going to be removed. I'm not convinced that we'll never stop wearing masks or at least in most communities. Which is so insane to have to wear a mask outside, it just doesn't make any sense.

Erin Marie Olszewski:

No. It doesn't make any sense at all. And they're enforcing children now and that's what really gets me because I have three boys. And I do not want them growing up in this type of environment and how do you fight it? Because there are so many people who are complying with this and really not questioning things and it's going to get worse. It really is. Until people just really start saying, "No." And sticking up for themselves, especially their kids because it's hard. It's heart-wrenching to watch.

Dr. Mercola:

Yes. Well you've done the best you can for them. You're in Florida, which is one of the best states, and they have a mother who understands the truth and is not going to enforce any ridiculous requirements on them. And loving them and supporting them and helping them

understand the truth and to sort through the ridiculousness that's being thrown at them. So they'll survive. Sometimes hardships make you stronger. Like whatever doesn't kill you makes you stronger, is what Nietzsche said a few hundred years ago. So anyway, any last comments you'd like to share with us?

Erin Marie Olszewski:

No. Just thank you for everything that you do, Dr. Mercola. You're the pioneer, in my opinion, of change and I've been a big fan of yours for many years so-

Dr. Mercola:

Well thanks.

Erin Marie Olszewski:

Thank you for what you do and thank you for having me on to share my story. And thank you for the nice blurb that you have in my book.

Erin Marie Olszewski:

Yeah.

Dr. Mercola:

Oh, yeah, thanks for allowing me to do that. I'm grateful I was able to connect with you. We share a mutual friend. My girlfriend is a friend of yours, Erin Elizabeth. So it worked out really well. Okay. Well so your book "The Undercover Nurse." Is that the – that's it, isn't it? No.

Erin Marie Olszewski:

"The Undercover Epicenter Nurse."

Dr. Mercola:

Epicenter. I knew I was missing something. "The Undercover Epicenter Nurse." So we'll have a link to that here and I hope the book does well and it's an important story that needs to be shared and again, I want to extend my sincere, deep appreciation for your bravery and courage and engaging in this behavior because it's the rare person who will do this as your experience has shown you. I mean, even though you had the vast majority of the nursing staff agreeing with you, virtually no one was willing to step forward and do what you did and expose these crimes against humanity. So it's amazing what one person can do and you're a great example of what that one person can [\[crosstalk 00:53:13\]](#)-

Erin Marie Olszewski:

Well thank you.

Dr. Mercola:

So thanks for all your help.

Erin Marie Olszewski:

Thank you.