

THE GOOD NURSE

A True Story of Medicine,
Madness, and Murder



CHARLES GRAEBER

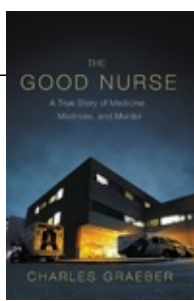
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NEW YORK BOSTON



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AUTHOR'S NOTE

This is a true story built upon over six years of research and interviews with dozens of sources, including Charles Cullen.

Charlie is a proud and complicated man who, aside from our conversations, never issued a public statement or granted a single media interview. Our communication spanned several years, beginning with his attempt to donate a kidney from prison. He sees no reason to talk further.

His perspective appears throughout the book, but he is not the final arbiter of the facts herein.

Many other previously silent sources came forward to make this book possible. All risked their privacy, several risked careers or reputations. Some risked their freedom as well. Names and personal details have been altered when requested in order to protect their privacy and to shield those lives already altered by the events told here.

Every effort has been made to present this story accurately, through a relaying of the facts collected through police investigation reports, witness statements, transcripts, recorded wiretaps, surveillance tapes, court documents and legal depositions, and personal interviews. Some transcripts have been edited slightly for space and clarity, and some dialogue has been by necessity reconstructed based on corroborating documentation as above.

But as is true in any story of murder, the ultimate witnesses are voiceless. This book is dedicated to them, and to the good nurses everywhere who spend their lives caring for ours.

PART I

October 3, 2003

Charlie considered himself lucky. The career had found him, by accident or fate he couldn't say. After sixteen years on the job, Charles Cullen was an accomplished veteran, a registered nurse with a GED and bachelor of science in nursing. His Advanced Cardiac Life Support (ACLS), Intra-Aortic Balloon Pump, and Critical Care Unit certifications earned him a healthy \$27.50 an hour in hospitals across New Jersey and Pennsylvania. There was always work. Even within the rotted cores of Allentown or Newark, medical centers were still expanding profit centers, each proliferating with new specialties and services, and each locked in desperate competition to attract experienced RNs.

By 4:40 p.m., Charles Cullen was in his car, shaved, gelled, and dressed in his whites—white top and bottom with a soft yellow cardigan and a stethoscope draped across his neck, such that anybody might guess the handsome young man was a hospital professional, possibly even a doctor, despite his baby-blue Ford Escort station wagon, ten years old and freckled with rust. After a decade living in a basement apartment in New Jersey, Charlie's commute now started from across the border, in Bethlehem, Pennsylvania. His new girlfriend, Catherine, had a cozy little Cape there, which she'd dress up with little card-shop knickknacks—red paper hearts or singing jack-o'-lanterns or accordion turkeys, depending on the season—and though Charlie was growing bored with Catherine and her two teenage sons, he still liked being at her place okay, especially the little plot out back where he could putter on warm days, pinching deadheads or staking tomato plants. He also appreciated the five easy minutes it took to cross the Lehigh River to the familiar slipstream of I-78 East, the aortal artery pumping thousands of workers to shifts at labor-starved hospitals across the Garden State, only five or six of which were, unofficially, closed off to hiring him.

Over the course of his sixteen years, Charles Cullen had been the subject of dozens of complaints and disciplinary citations, and had endured four police investigations, two lie detector tests, perhaps twenty suicide attempts, and a lock-up, but none had blemished his professional record. He'd jumped from job to job at nine different hospitals and a nursing home, and been "let go," "terminated," or "asked to resign" at many of them. But both his Pennsylvania and New Jersey nursing licenses remained intact, and each time he filled out a new application, Nurse Cullen appeared to be an ideal hire. His attendance was perfect, his uniform pristine. He had experience in intensive care, critical care, cardiac care, ventilation, and burns. He medicated the living, was the first code responder when machines screamed over the dying, and exhibited origamilike artistry when plastic-wrapping the dead. He had no scheduling conflicts, didn't seem to attend movies or watch sports, and was willing, even eager, to work nights, weekends, and holidays. He no longer had the responsibilities of a wife nor custody of his two children, and his downtime was spent primarily on Cathy's couch flicking through channels; a last-second sick call or an unexpected patient transfer could have him dressed and on the highway before the commercial break. His fellow nurses considered him a gift from the scheduling gods, a hire almost too good to be true.

His new job at Somerset Medical Center took forty-five minutes each way, but Charlie didn't mind the drive. In fact, he required it. Charlie considered himself a talker, and he was quick to share

cringingly intimate details of his showdowns with Cathy or his comically crumbling home life, but there were some privacies he could never talk about—secret scenes that looped through his head, replayed for him alone. Between shifts, only the commute allowed Charlie to ruminate.

His little Ford hiccupped as it crossed from the cheap Pennsylvania asphalt to the smooth New Jersey tar. Charlie stayed in the left lane until the signs for exit 18, a fierce little one-way toward US 22 Somerville and Rehill Avenue. This was the nice New Jersey, wealthiest state of the union, the Jersey nobody ever joked about—suburban streets, lined with grand trees, well-tended yards uncramped by abandoned bass boats or broken trampolines, pristine driveways featuring leased Saturns rather than old Escorts. He killed the engine in the parking garage, early as usual, and hurried toward the hospital's back entrance.

Beyond the double doors lay a thrumming twenty-four-hour city lit by humming overhead fluorescents, the only place Charlie ever truly knew he belonged. He felt a thrill of excitement as he stepped onto the shining linoleum, a wave of familiarity as he breathed in the scents of home: sweat and gauze and Betadine, the zing of astringent and antibacterial detergent and, behind it all, the florid note of human decay. He took the back stairs two at a time. There was work to do.

The nursing profession had welcomed Charlie as few other aspects of life ever had, starting with childhood. Charlie described it as “miserable.” He'd been a late-life mistake¹ that his working-class Irish-Catholic parents could hardly afford,² arriving soon before his father died and long after most of his eight siblings had grown up and moved out. Their wooden row house in West Orange³ was a dark unhappy, place haunted by drug-addicted brothers, adult sisters who drifted in and out on tides of pregnancy or need, and strange, rough men who came at all hours to visit them both. Only Charlie's mother shielded him from the chaos of those upstairs rooms. He fed desperately on her affections, but there were never enough to go around. When she was killed in a car crash during his senior year in high school, Charlie was truly alone. He was furious with the hospital that had taken her body, and beyond consolation. He tried suicide, then the Navy, failing at both. Finally, he returned to the very same hospital at which his mother had died, and discovered his life's true calling.

In March 1984,⁴ Charles Cullen was the only male student⁵ at the Mountainside Hospital School of Nursing in Montclair, New Jersey. He was bright and did well. The coursework suited him, as did the uniform, and the sisterly dynamic was familiar and comfortable. When the honorary class president dropped out two weeks into the first semester, one of Charlie's classmates insisted he run in her place.⁶ He was a natural choice for leadership, she told him: Charlie was bright, handsome, and, most important, male. Charlie was flattered, but running for president didn't sound much like him. The more he demurred, the more adamant she became. He wouldn't have to risk anything, she told him—she'd do it all. Charlie found himself surprisingly happy in the passive role of grudging candidate, and even happier when he won. It was only a symbolic position, but it seemed to signal the arrival of a new Charlie. Six years after losing his mother to the Mountainside hospital morgue, Charlie was Mountainside's chosen son, crowned and confirmed by a white-uniformed navy of professional nurturers. For the first time in his life, he was special. It was as close to love as Charlie could imagine.

Charlie paid for his schooling with anonymous franchise shift work, racking up hours pushing powdered donuts or shoveling piles of shaved meat. He restocked boxes or filled condiment bars and mopped floors in between—there was always mopping to be done. He found it ironic that, just as the recruiter had promised, his military experience so neatly translated into civilian skills. And just like

the Navy, each of his civilian jobs required a uniform. For Dunkin' Donuts, it was the orange-and-brown shirt and a visor. For Caldor, the uniform was also orange and brown but the stripes were different. Charlie had to be careful to grab the right one from the pile from the floor. Roy Rogers required a rust-colored shirt seemingly designed to hide barbeque sauce the way casino carpets hide gum. It was a hideous garment, except when Charlie's manager, Adrienne, wore it. He especially liked the way her name tag hung.

Adrienne Baum⁷ was a different class of girl from the ones Charlie had known in West Orange, an ambitious, newly minted college grad with a business degree and student loans to pay. Charlie watched her, mooning over his mop handle as he worked cleanup in her West Orange Roy's location. But Adrienne had a boyfriend and was scheduled to be transferred. Charlie quit, and doubled his hours at the Caldor next door, but he still took his lunch breaks at Roy's, just in case. When Adrienne was transferred back a month later without the boyfriend, Charlie was there, waiting.

The relationship moved as quickly as Charlie could accelerate it. He needed her attentions and pushed for it every way he could, showering her with gifts and playing the model boyfriend for her family. Adrienne was surprised to discover that hidden inside the shy, wide-eyed boy she'd watched wiping the sauce station was a surprisingly confident man. Charlie obsessed on gaining her affection, and he kindled its flame with constant gifts, flowers, or candy, little things from the mall. Any little thing Adrienne mentioned liking, Charlie needed to get her, until Adrienne finally had to tell him to stop. She pretended to be annoyed—but really, how could she be? She was aware how many girls would have killed to take her place. The boy was a catch. That Charlie seemed to be constantly quitting or getting fired could be chalked up to his high standards and busy schedule. Adrienne told her girlfriends, wow, here was a guy working three jobs, president of his nursing school class, as serious about his career as she was about hers. Yes, so, he was a goy—he wasn't perfect. But he was close enough.

Soon, whatever spare time the young couple could winnow between their respective shifts and Charlie's schooling was spent together. They were a unit, complete but closed. They called it love, and six months after their first date⁸ they were engaged. They married the week after Charlie graduated nursing school. They rented a hall in Livingston, the tuxedos, the honeymoon trip to Niagara Falls—it was like a fairy tale to Adrienne. They returned a day early so her prince⁹ could start on his new job in the Burn Unit at Saint Barnabas Medical Center in Livingston, New Jersey. The hospital was willing to allow him extra time, but Charlie was adamant. It had to be that day; he didn't want to be late. Adrienne waved good-bye, and she felt the future rolling out before her like a strange red carpet.

June 1987¹

Saint Barnabas Medical Center had the only certified burn unit in the State of New Jersey, so it took everyone—the horrible husks of humans, people burned in car accidents, house fires, industrial spills, men and women and most often children, burned to stubs, without hair or eyelids, their body surfaces cooked beyond repair. Charlie’s job was to clean these burn victims on a metal gurney—to scrape and wash away the charred, necrotic skin with antibacterial soap. Even within the field of critical care medicine, this is an almost unimaginably gruesome procedure; as a first job straight out of nursing school, it’s something close to hell.

All burns start with a story. A mother in a nightgown reaching for the teakettle,² a paraplegic with a dropped cigarette, a drunk feeding a flagging campfire, the punctured gas tank of the crumpled car. Fire is the punch line. The body reacts predictably to the trauma. Third-degree burns are more deadly—complex layers of the skin, nerves, veins, arteries, and muscle cooked and dead—but second-degree burns are more painful because the nerves are still alive. Even in the 1980s, burn wards were scream wards. The drug of consolation was morphine.

Some patients will recover; others are kept on the ward only to suffer and die. The nurses know which is which. Fate in the burn unit is a statistic written on skin. Sooner or later, all nurses can read it. It’s always the same drawing on the burn sheet: a human figure, bald and naked, ageless, sexless, hairless. Its toes point toward an unseen ground. Its arms stretch palms up in the universal expression of supplication and surrender. The figure’s eyes are open and lidless, its lips full but without expression. You can tally the figure precisely, marking the drawing for pieces of thigh, a half a leg, a piece of the head. One point for the genitals, 1.25 for each palm. But there is an easier way.

It’s called the rule of 9s. Each big piece—a leg, the back, the head—counts as 9. Add up the total, then add that to the patient’s age; the sum is the mortality rate. By this rule, a fifty-year-old patient burned over half his body is 100 percent dead. If not now, soon. The rule helps soften the blow of the inevitable, indicate where on the burn ward the meager rations of hope are best invested. Every burn nurse knows there’s no point talking about it; you use the formula, then try to forget it. The impending death is like a black car you see in the rearview mirror, always there if you look. So why look?

Meanwhile the pain on the burn ward is unbearable, and the nurses have no options for treatment except to hit their patients with more and more morphine. When these patients die, it isn’t always clear whether they’ve overdosed or simply died of unsustainable wounds. All anyone knows is they aren’t in pain anymore.

They may arrive in surprising ways, on stretchers or walking, alone or in packs. Sometimes they are lucid, talking, worried about their watch or a missed hair appointment. That’s shock. Reality follows soon enough.

Burn victims are connected to machines, lines snaked into wrists and femoral arteries, plastic tubes shoehorned into holes top and bottom. Saline, electrolytes, pain meds, anxiety meds, liquefied food; the body swells with the fluids, sometimes doubling in size. The scrotum inflates like a beach ball, the eyes puff to slits, lips balloon and break like overcooked sausages. The body swells against the skin

until the patient is as hard as carved marble. The blood vessels are squeezed shut. The core begins to die. And so they cut. It is simple surgeon's work. A blade runs the length of the arms and legs, front and back. Even the hands, puffed fat as udders, get cut. The knife runs tendon deep, five whisker-flick beneath the knuckles like vents on a leather glove. The cuts³ allow space for the insides to expand, like pleats on pants, sighing open along a sudden fault line, canyon walls of yellow fat, a valley welling blood. The smell can be terrible, but the bleeding is a good thing. If it bleeds it is alive. But bleeding makes more work.

The pleated skin is loose, a greased shirtsleeve of leather. It takes time for nurses to acclimate to the point where they can effortlessly handle this tactile detail of damage. When these details become too much, they leave. Some nurses leave the burn Intensive Care Unit right away, switch to something—anything—less brutal.

Nearly a third of the patients on the unit are children. Sometimes their burns were delivered as punishments, for peeing on a mattress or forgetting a chore. Nurses recognize the signs of abuse. There are burns from radiators and cigarettes, lighters and stove tops, red-hot water scalds and blackened electrical scorches. Each has its unique signature of pain. Charlie saw them all.

Some pain blossomed across skin in crenulated carnations of tissue, some blistered or knifed in thin white stalks. The nurses did their best to hide the pain beneath gauze and tape, behind the mask of drugs. But Charlie knew that pain could be held in secret, a banked ember, burning from the inside, endured without expression. Especially by children. Unlike adults, children didn't scream when he cleaned them, they didn't whimper in their beds. Children tolerated the pain and held their secrets to avoid being punished again. Charlie's mother had never used a stove top or a hot pan to punish him, but he'd been punished, pushed around, hit by his sister's boyfriends, big guys with rings and Camaros and bulging jeans. He'd felt their adult power, and he had never forgotten what it was to be a child abnegated in its shadow. One of his sisters had a live-in boyfriend, who had beaten her ruthlessly through her pregnancy. She had run away, but the boyfriend would not leave, and Charlie had known that man's relentless attentions, too.

He'd known pain in the military, and punishment, too, for "damaging Navy property," as they put it, after he had woken up from a drunken shore leave with his bare feet sunburned red and as swollen as kickballs. They'd forced him into his dress shoes and gave him aspirin. As he worked, he reminded himself that, yeah, he knew a hurt far beyond what anyone could understand. Charlie dwelled on these kids in the ward in tremendous pain that no one could understand or properly address. At the time, nurses weren't allowed to give children any pain medications more powerful than Tylenol 3.⁴ It wasn't nearly enough. Many nurses wanted to give more. Some did.

The kids came in hot and rising, hurting and reminding Charlie of his own hurt, too. He would pick them up, these screaming, melted little people, knowing that later the surgeons would open each like a baked potato, a Y-cut to keep them from exploding, the first of many operations to come. In time, the melted skin would heal into scars, vinelike ropes that the surgeons would cut again and again to prevent the neck from locking into an unbendable trunk, to keep the arms flexible. Without these operations, the children would remain stunted within their baked bodies. Their hard scar casings were too inflexible to accommodate growth spurts and normal movements. Charlie knew that the children might live, they might age in years, but not in body; without a nurse's intervention, they would be forever trapped within the groaning cocoon of their childhood. Their only hope was the knife and the pressure suit, a wetsuitlike garment that squeezes a child in a painful hug. The suit presses against the scars, thinning them, like a constant rolling pin against the hard rising tissue. Maybe, with enough work, after time and pain and pressure, the scarred cocoon might thin enough to grow pliant. The chi-

might one day move and grow. One day, maybe, they might even forget their pain. Charlie considered it one of the neater equations in life: the world pushed, and the pressure suit pushed back.

Charlie liked the Saint Barnabas job. He knew he was helpful there, needed. He enjoyed caring for the infirm, bathing and feeding and dressing the dependent. He appreciated the one-on-one of the night shift and the professionalism of his veteran coworkers. He even liked the name of the hospital; raised Catholic, Charlie was familiar with Saint Barnabas, an apostle. He had a personal connection with this particular saint; the church celebrates Barnabas's feast day every year on June 11. It was the day Charlie Cullen started working at Saint Barnabas Medical Center.⁵

In church on Sunday, Saint Barnabas was suspended in the archway of the stained glass window—bearded Barnabas, the handsome young companion to Luke and Paul, the Aramis⁶ of the early Christian Three Musketeers. As a Jew he had been Joseph, a landowner who sold his fields and gave cash to the apostles;⁷ as a convert, Saint Barnabas was an inspiration: *Grant, O God, that we may follow the example of your faithful servant Barnabas, who, seeking not his own renown but the well-being of your church, gave generously of his life and substance...*

But Charlie had no use for those sorts of prayers. In preparing to marry Adrienne he had formally renounced the religion of his upbringing and converted to Judaism. Charlie felt like he was living the life of the saint in reverse.

It never ends well for saints, no matter how good they are. Castration, defenestration, hot pincers, prison—the saint is a scapegoat, a martyr, a patsy. Barnabas was stoned to death,⁸ but his story lived beyond him. Every Catholic knew his name. It was the paradox of the saints, one thing Charlie held on to from his childhood: remembered well, remembered forever, but only after being hated to death.

October 1987

Adrienne and Charlie Cullen took a mortgage on a small one-story in the steel suburbs of Phillipsburg, Pennsylvania. The house was cramped and dark and in need of paint. One side faced a billboardlike supporting wall, and the backyard bordered a weedy lot, but the price was within the range of their combined incomes. Adrienne had a new job as a computer programmer—entry level, but at least in a business office rather than a fast-food chain. Their reversed schedules, with her on long days and Charlie working long nights, surely contributed to Adrienne’s sense of isolation, but that was only a piece of it. Increasingly, she felt alone, with or without Charlie.

Self-deprecating vulnerability had been part of the charm package Charlie had presented as a suitor. He was so forthright and often funny about his personal problems—particularly his history of depression and alcoholism—that Adrienne had quickly come to believe that she knew this man and, more important, that he knew himself. His perspective on himself made him seem not so much damaged as experienced, mature even. It gave Adrienne the illusion that Charlie was in full control of his demons; in fact, he was only now coming to know them. Adrienne sensed that a strange new chill had set into her life, an early autumn in their emotional life together. She chalked it up to the heart-rending nature of her husband’s work and decided this was simply the lesson every medical spouse learns: love can’t compete with death. She didn’t imagine that her husband was drinking again.

Drinking was the one aspect of naval tradition at which Charlie excelled. He drank to get drunk. He liked red wine, or tropical drinks—even Listerine, in a pinch—which had landed him repeatedly in the military’s infirmary and psychiatric hospital, and introduced him to Antabuse and Alcoholics Anonymous. Adrienne had no experience with this side of her husband; she had never once seen him have a drink. When they were dating, he’d always said that he simply “couldn’t.” Adrienne considered his abstinence a sign of his conviction rather than a warning of his appetites. When Charlie had moved in to her apartment in Union, she even threw away the dusty bottle of Baileys Irish Cream she’d kept for fancy guests. But in Phillipsburg, Charlie kept his booze in his Navy footlocker, kept the footlocker in the boiler room, and kept a lock on the boiler room door. He drank alone in the basement, avoiding his wife. He liked it there. There was only one way in, nobody below, bedrock all around, always dark. The boiler room was a place to drink and think and watch the pilot light dance within its metal prison.

That first year of married life was a whirlwind. Charlie had been exceptionally busy—he’d received his New Jersey RN license a month after starting at Saint Barnabas, and a month later he started on another degree program at Kean College—and between school, work, and the commute, Charlie was seldom at home. Adrienne watched Dick Clark rock in the year 1988 alone with a minibottle of Chardonnay. By February she was pregnant. This was family life, the real thing, the point. But she felt her husband becoming increasingly cool with her, almost professional, as if she were one of his patients. Adrienne felt him cool down another click that fall when their daughter Shauna¹ was born. Now any attention Charlie had previously given his wife was shunted exclusively to the baby. Adrienne didn’t understand the reaction—it was as if her husband had to choose between his

wife and his child, as if he couldn't broaden the focus of his affections to cover them both. Charlie was overly enthusiastic about new things—their relationship, their house, their life—but as the novelty faded, so did his affect. She had seen him lose interest in a similar way with her dogs, first with her Yorkie, Lady. Adrienne adored Lady, and had believed at first that Charlie did, too. He petted her mechanically, groomed her little ears, watched intently as she gobbled her food. Then he seemed to change the channel, and the dog no longer interested him.

He was, however, interested in the new puppy—at least, Adrienne had thought so when they'd picked it out. This was her second Yorkie terrier, a companion for Lady. She had left for work Tuesday morning, leaving Charlie with the baby and the puppy, their usual changing of the guard on his day off. When Adrienne returned from work that evening, the puppy was gone. Charlie didn't seem to care, and he didn't want to help her look for it.

Charlie said that the puppy had run away. Or, that he assumed it ran away—he'd been out taking a walk while the baby was sleeping. Adrienne had to make him repeat that one—taking a walk, *without* the baby? Well, Charlie said, looking away. All he knew, he came back from his walk and the puppy was gone. He didn't seem worried about it. He didn't seem anything at all.

Adrienne didn't understand—Charlie had left their infant daughter alone? And with the front door open? It wasn't open, Charlie said, ajar, maybe, and anyway he knew the baby wouldn't wake up. Adrienne didn't like the way he said that. *Knew*. Had he given something to the baby? She'd had suspicions he gave their daughter cold medicine as a liquid babysitter; they'd had fights about it. He always denied it, and the discussion would go nowhere. Eventually, this argument went nowhere, too. Charlie simply stopped bothering trying to convince her of his side; he just let it drop and disappeared back into the basement. Adrienne was left feeling crazy. She didn't understand where the man she married had gone, or why he had lost interest in all but the most perfunctory duties of their relationship. Even when Charlie was physically home he was emotionally absent. She would catch his eye by the coffeemaker, study his expressionless morning face, and wonder if her husband was still somewhere in there, hiding like a child in a darkened room. He appeared to be permanently preoccupied, fixed upon some secret scene to which Adrienne's every syllable was merely noise and distraction. Her friends told her to be strong. Her parents advised her that marriage was a marathon, not a sprint. He's your husband, they reminded her. And so Adrienne chalked it up to the psychic demands of mediating life and death for an hourly wage. She went to work, paid the bills, took Shaun to day care, came home. Only the car in the driveway told her whether her husband was home. Charlie was spending most of his time in the basement. She'd tried going down there a few times. She was afraid to try again. Finding him in the half dark, she had seen something. Something disturbing about her husband's eyes. Adrienne didn't know quite how to describe it—a cool blankness, a look that belied any feelings of love she might have imagined her husband still harbored for her. Sometimes Charlie's eyes would drift apart, watching two separate directions, as if each eye belonged to a separate being. In those moments, Charlie was not Charlie. Adrienne told her friends, "You know? I think maybe there's something seriously wrong with Charlie." Then one afternoon, proof arrived.

Adrienne answered the doorbell to find her neighbor crying. Every few weeks the neighbor's sweet ancient beagle, Queenie, would get out and wander down the block, and for some reason she usually ended up in the Cullens' yard. Adrienne had brought old Queenie inside dozens of times. It got to be sort of running joke, and when Queenie went missing, the neighbor came straight to them. But this time Queenie's body was discovered in the alley next to their house. The vet said that she had been poisoned. Did Adrienne have any idea what might have happened?

Adrienne didn't know what to say. She went inside to the kitchen, where the photos from PhotoM

lay on the counter, photos Adrienne had taken at day care, cute shots of Shauna with her little friends. Adrienne had come home a few days before to find that Charlie had taken a pair of scissors to each one, carefully cutting out the little boys like paper dolls in negative space. The pictures had frightened her, but she tried not to think about them. Now she couldn't help it. The empty people shapes reminded her of her husband. She thought about the pictures and her puppy, about Queenie, and her neighbor crying at the front door. Then Adrienne started crying, too.

On February 11, 1991, pharmacy nurse Pam Allen had brought a suspicious IV bag to the desk of Saint Barnabas's risk manager, Karen Seiden.¹ The port on the bag looked used, but the bag itself was full to the point of leaking. It didn't look right to Seiden, either. Seiden got in touch with the hospital's assistant director of security, a former cop named Thomas Arnold. Arnold sent the IV bag to the pathology lab. The bag was supposed to contain only saline and heparin; the lab test found that it contained insulin as well.

Three days later, on Valentine's Day, a Saint Barnabas Critical Care Unit patient named Anna Byers was placed on an IV drip of heparin. Within a half hour she was in a cold sweat, confused, nauseous, and shakingly weak. A blood lab showed an insulin level off the charts. She was given orange juice—a simple remedy of sugar and one of the fastest ways to normalize a crash if you catch it early enough. It didn't work. The nurses were forced to give Byers an IV of dextrose, dripping sugar directly into her bloodstream. It kept Byers from dying, but she was so loaded with insulin that she crashed right through that as well. She stayed like that all morning, all afternoon, all night. Byers had a surgery scheduled for the next morning—a catheter was to be put in her heart. She was probably not too unstable to handle the procedure, but just in case, her physician ordered that her heparin IV drip be removed.² As soon as Byers's heparin drip was unplugged for surgery, her insulin issues abated, and she started to feel better.

By 2 p.m. she was back in her room, stable and well. Her blood sugar crash issues had vanished. Her surgical wounds were clotted. She was ready to be put back on the heparin drip. An IV was started. And soon after, Anna Byers was back on the same unstable ride again. By now her nurses were mainlining the sugar water, trying to outfeed the fire. She'd stabilize and crash, wooze in and out. By 11 p.m. there wasn't enough sugar left in her blood to even get a reading. Her body had burned it all, leaving nothing for her brain. She was ready to code.

The nurses unhooked her IV lines and rushed her down to the ICU. But within twenty minutes of being off the drip, Anna Byers was feeling better again.

Down the hall, a patient named Fred Belf was on the same ride. His heparin went in at 7 a.m. By noon he was throwing up onto his own chest, unable to keep the orange juice down, and the doctors ordered him dextrose, to be delivered intravenously with his heparin. The two drips ran a race, side by side, one unhinging the other, all day and all night, like a metabolic teeter totter.

By 7 p.m. the next night, the connection had been made between the bags of heparin and the side effects on the floor. Belf's nurses unhooked his heparin drip; Belf quickly began to feel better. Glove nurses removed his IV bag, placed it in sterile plastic, and sent it for testing.

The bag came back positive for insulin. A microscopic analysis of the exterior revealed a peculiar landscape studded by tiny needle sticks, including three on the edges of the bag. This was extremely unusual. Bags of saline sometimes get stuck by needles in the course of being connected to the stopcock and, in turn, the patient, but they never get stuck on the perimeter. It didn't look like an accident. It seemed possible that someone had been intentionally and repeatedly poisoning IV bags in the Saint Barnabas Hospital storage room. Arnold and Seiden had two bags as evidence, and the anecdotal examples of Byers and Belf. Now they dug back through the patient records in the CCU, to

see if anyone else had experienced similar unexplained insulin crashes recently.

Though they had no causality, they discovered that patients were in fact crashing with regularity. For months, codes had become so frequent that they overlapped; the CCU nurses would need to leave one to attend another. The information was anecdotal and confusing—the incidents weren't confined to any one unit, or any one shift. But across the intensive care, critical care, and cardiac units, Saint Barnabas patients were magically becoming instant diabetics.

Laboratory work³ showed that not only did all of the “magic diabetics” have exceptional and unprecedented levels of insulin in their bloodstream, but also that much of this insulin was “foreign”—it had not been produced by the body. The insulin had been given to them.

The first assumption was that a mistake had been made—a nurse misreading a doctor's order, for instance, or a mislabeled vial. Such mistakes happen in hospitals all the time. Arnold and Seiden studied the patients' charts but found neither a doctor's prescription for insulin nor a nurse's notation that it was given. This meant that either it was a double mistake—patients being given a nonprescribed drug, and the nurse then accidentally neglecting to complete the chart—or it wasn't a mistake at all. Either way, they had a problem. Arnold took his findings to his boss, the head of Saint Barnabas security and SMBC vice president, Joe Barry.

In his previous life, Joe Barry had been a decorated and much respected thirty-year police veteran and former major with the New Jersey State Police. Now as senior vice president in charge of security at Saint Barnabas, Barry was charged with the delicate investigation into the potential murder of patients. With their combined experience, Arnold and Barry were uniquely qualified to conduct a sophisticated investigation such as this. After ruling out the patients' own visitors, the only possible suspects left were the hospital staff. Arnold and Barry compared the nursing work schedules with the times and dates of the patient codes. Only three nurses were working every code. And of these, nurse Charles Cullen interested them the most.⁴

Arnold had already interviewed several Saint Barnabas staffers about the insulin incidents.⁵ Each nurse had seemed nervous, concerned for her job and reputation and the patients involved. Only nurse Charles Cullen didn't appear worried at all. In fact, he was pointedly *not* worried, about anything. To Arnold, it didn't seem to just be a “Who, me?” act. Cullen genuinely didn't seem to care. In fact, he was defiant. Arnold had tried several times to schedule Cullen for a sit-down meeting, but the nurse was employed by a staffing service, rather than the hospital. His shifts were erratic and varied, making Cullen difficult to pin down. When pressed, Cullen always made it clear that he was busy nursing, a responsibility “more important” than Arnold's crass intrigues. When Arnold and Barry finally got Cullen into a conference room for the sit-down,⁶ the nurse refused to answer any questions. He sat there in the rolling chair, arms crossed, studying the linoleum. The attitude alone was a red flag to the ex-cops, and Arnold told him so.

“I know you're putting something in those bags,” Arnold told him. He was shooting from the hip, he couldn't prove anything, but his gut told him, absolutely, this guy was dirty. “You can't prove anything” was Cullen's reply. That struck the investigators as the wrong response for an innocent man—and not very smart, either. As former cops, Arnold and Barry read it as a *fuck you*. His defiance pissed Arnold off, made it personal. But Cullen didn't seem to care about that, either. “I don't need to talk to you,” he said, and walked out of the interview.

Arnold and Barry had seen this type of behavior as cops on the street, but never at the hospital. Parking lot dings, gift-shop shoplifters, or unruly responses to the posted visiting hours—those were the norm. Sometimes they had a nurse on the hot seat, but usually it was a secret dooper pocketing

Percocet or Vicodin, then cheating the charts on the tabulation. Addicts were the same everywhere, their motives simple and direct. But something darker seemed to be at play here. There was no imaginable motivation for the randomly poisoned bags of saline in the storage closet or the misadministration of insulin. Nor could Arnold come up with a reasonable explanation for Cullen's reaction—the guy didn't seem at all rattled by the accusations. Or even surprised. He had a dead look in his eyes that Arnold recognized and didn't like. The most disturbing part was that Charlie was correct; he didn't need to talk to them. Arnold and Barry's investigation would need to do Cullen's talking for him.

Arnold and Barry tasked the staff with helping create time lines and mortality rates during the window of nurse Charles Cullen's employment as he floated between the ICU CCU and Cardiac Care units. It seemed like the deeper they dug, the more questionable cases they found.⁷ But what they didn't find was absolute, case-making certainty. The patients all had a complicated symphony of diseases and symptoms, and there was no way to connect their unexplained or spikes in insulin directly to one event, or to Charles Cullen, or, in several cases, to their eventual deaths. It was entirely possible the facts were coincidental. And because Cullen was a floater, and many of his shifts were unscheduled call-ins at the last moment, cross-indexing Cullen's actions with the problems on the unit was all the more difficult. If they were going to take the investigation to the next level, they'd need outside help. It was time to alert the police.

Arnold and Barry had a regular monthly sit-down with the Livingston chief of police, Don Jones. The meet-up was purely a matter of practicality; Saint Barnabas was the largest employer in Livingston, the bedrock of the township's tax base. It was unrealistic to separate the medical center's private corporate concerns from those of the municipality.

Chief Jones was a familiar character in Livingston, with a reputation for supplementing his salary with the sort of overtime hours usually doled out to low-wage rookies or cops expecting a new kid. With retirement on the horizon, crossing the line into the private sector for a lucrative security management position with the Saint Barnabas Corporation was a far more appealing opportunity. If Jones hoped to prove himself to the Saint Barnabas administration, one of the first chances to prove it came on March 5, 1991, when Barry and Arnold met Chief Jones at an Italian restaurant and presented their case over lunch.

They had all the fundamentals of a solid police investigation: a crime, victims, evidence, and a suspect.⁸ They had probable homicides on at least two units. They possessed physical evidence of criminal IV tampering involving deadly drug dosages, and their investigation had yielded a strong suspect in one of the Saint Barnabas staffers. To an ex-cop like Arnold, it seemed clear that Saint Barnabas Medical Center had a serious criminal issue on its hands. But Chief Jones didn't want to touch it. He told Barry and Arnold that he didn't think he could do anything with the evidence they had so far. It would be best for the hospital to handle the matter internally. Barry and Arnold didn't know whether Jones simply thought he was doing the hospital a favor, or if he truly felt incapable of attempting a complicated medical investigation with the evidence on hand. Arnold couldn't blame the man for that—they couldn't prove it themselves yet. Either way, the problem was still theirs.

Arnold and Barry threw every trick they had at catching Cullen in the act, even installing stop-motion cameras in the med storage room for a few weeks. They interviewed a cross-section of the physicians, staff, and even families who coursed through their patient wards, and initiated a new drug

sign-out protocol for the nurses, which treated the usually common stocks of insulin with the same stringent regulation given to dangerously addictive drugs like morphine. When two more patients were discovered crashing with inexplicable hypoglycemia in the Saint Barnabas CCU that October, and found connected to IV bags that had been tainted with insulin, they had their suspicions, and even more frustrations, but still nothing they could prove.⁹ They were still trying when, all of a sudden, Charles Cullen simply went away. The problems with the insulin spikes disappeared with him.

Charlie assumed his world would fall around him like a cardboard stage prop. He felt that the Saint Barnabas people knew what he had been doing there¹—the hospital investigators had left him little doubt of that during their interview. Whether he'd spiked one or one hundred, or even more, it didn't matter. They knew. They hadn't even looked at his time working the burn unit, but they still knew. For months they'd been focused on two patients, both of whom had crashed and coded. It was easy to get confused about the other patients, and hard to sort their unusual symptoms from the usual cacophony of ailments, but these two were clear-cut. Charlie was aware that they'd cross-indexed the nurses on duty for the evenings of those two incidents, and discovered that he was the only nurse working both shifts. And then there was the matter of the IV bags he'd been spiking with insulin in the storage closet—they'd found them, analyzed them, saved them as evidence. He'd been spiking the bags at random sometimes, sending them out like grenades. Charlie was certain that his fingerprints were all over the tainted IV bags—he hadn't bothered to wear gloves. He figured that if they wanted him, they had him.

He enjoyed the waiting, the little death of that caesura, the special tension it lent to the dark hours. It pulled everything into sharp focus, imbued every snap of a glove or sip of coffee with tragic portents and meaning. He waited all spring for a conclusion to the affair, then fall and winter, right into the New Year. When no conclusion came, he decided that either the hospital was stupid or afraid, maybe both. Charlie could only imagine the epic liability issues that rippled from his pinpricks—the big-money lawsuits like you see on TV, the sort that humble even corporate Goliaths. Whatever it was a hospital worried about, Charlie didn't think it was patients. They lied, the way they'd lied to him when he'd looked for his mother's body. They covered up. They hid. And nobody ever truly treated your pain; he'd learned of that hypocrisy, too, when no one had treated his. Professionally, he found the legalistic attitude utterly galling. As a lapsed Catholic, he found it ironic; Saint Barnabas, Son of Encouragement, patron saint of the bottom line. The hospital's failure to stop him seemed like a sort of absolution from blame. And so, when Saint Barnabas² finally stopped calling him in for shifts, Charlie couldn't help but feel genuinely surprised.

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Charlie explained it to Adrienne as an internal political issue at the hospital, some trouble that didn't really involve him, or shouldn't have. He was being targeted by the nursing administration, he said, a vendetta, out of spite. Charlie told Adrienne the reason was a pending nurses' strike. There had been talk of it on the unit, and Charlie had been one of the few voices against it. Patients would suffer, he said. It was a principled stand—Adrienne could see some of the old Charlie flaring back to life as he spoke. Charlie made it clear he'd prioritize patients over paychecks and break the picket lines if it came to that. It wasn't a popular opinion and, as a result, he became the target of a revenge campaign within the unit. They had made him the scapegoat.

Now Adrienne was really confused. Scapegoat? A scapegoat for what? Charlie perched high on his chair like a cat, attentive and regal. Well, Charlie said, it all revolved around some strange occurrences at Saint Barnabas. There had been incidents, and an investigation into them. The incident—well, someone had been spiking IV bags in the storerooms. Spiking them with insulin, which was dangerous, as Adrienne might imagine. It was a shocking story. Charlie laid it out calmly, in complete detail, explaining with great technical flourish how the IV ports on the saline bags are designed to be injected so you can add drugs into the mix, how it was impossible to tell an injected bag with the naked eye. Under the microscope, he said, you could see it; the plastic port punctured like a used cork. Some of them punctured dozens of times. There had been crashes and codes on his units, Charlie said—that's the only way the administration had finally figured it out. It was impossible to know exactly how many patients were affected, but possibly a great many, a truly impressive number.

It was a mystery as to who was behind it, Charlie explained, real spy stuff—the hospital had done a huge investigation but they couldn't figure it out. Charlie thought that the whole affair had made the Saint Barnabas bosses look stupid—that was why they needed a scapegoat, a martyr. Charlie had been crucified because he had done the right thing, with the nurses' strike. He had been made the focal point of the internal investigation at Saint Barnabas. That was why he had been let go. It wasn't fair, Charlie said, but that was his life, unfair.

Adrienne hadn't seen her husband so excited for a long time, and the spark in his affect somehow neutralized the horror of what he was describing. The whole story didn't make sense to Adrienne. She let it not.

Charlie waited for his world to fall, the crash and the hammer of air behind it, but the blast never came. Cause and effect: the cause was buried in the euphemism of “issues”; the effect was only movement and change. There were no policemen, nobody followed him, nobody called. Instead of being cast into the void, Charlie found himself two weeks later in Phillipsburg, New Jersey, sitting in a chair opposite the HR department desk at Warren Hospital,¹ filling out the application for another full-time position.²

Under “Work History” he listed his Navy nuclear submarine tech duties, three years cutting boxes

in the stockroom of the West Orange Caldor, and nearly six years nursing at Saint Barnabas. His indicated “dates of employment” from May 1987 to January 1992 were technically true: he’d been fired from Saint Barnabas in the first days of January. It was still January now.

Do we have permission to contact your current employer? Charlie circled Yes.³

Professional References: Charlie listed the Saint Barnabas phone number.

And when the lady recruiter asked why the young nurse wanted to leave his long-standing job, Charlie took a deep breath, and told her it was the commute. Warren Hospital was twenty minutes closer to his home and family. Changing jobs was a family decision, that was the sort of person he was. It just plain made sense.

Charlie wanted all the work he could get, nights, weekends, and holidays. Warren would pay \$14.84 an hour, \$18.30 if he stayed on Adrienne’s medical insurance, with an extra 23-cents-an-hour bump if they moved Charlie to the ICU. Charlie called Adrienne from the pay phone in the Warren Hospital main entrance, eager to tell his wife he had the job. If Charlie had done anything wrong, would he have been able to find a new job so easily? Adrienne put down the phone and silently thanked God. To be honest, with two kids and a mortgage, it didn’t really matter whether Charlie was right or wrong, just that he was working. And what her husband was saying finally made some sense. If you couldn’t trust a hospital, what could you trust?

Adrienne hoped for the best. Charlie's termination had seemed so damning that she'd at first considered it a validation of her personal concerns about her husband's character. But then, when he found new work so quickly, she doubted herself again. Charlie was a union member, had been educated and tested, received degrees that required regular recertification, and was governed by state nursing boards, hospital ethics boards, supervisors, and staffing departments. If there had been no repercussions from such serious accusations, if he had been fired and quickly rehired, then this must simply be the process. It was inconceivable that at an institution entrusted with human lives, the staff weren't at least as carefully regulated as the stocks of morphine. Adrienne didn't know the business of medicine, but she did know the business of business; all signs indicated that Charlie's termination and rehiring had no more moral undertone than any other corporate restructuring.

The change of jobs seemed to rejuvenate her husband. His career had a new direction and a higher rate of pay. He seemed excited by the new routine, the new technical systems to learn and new patients to master them on, and that excitement carried over into an attitude in his home life which was, if not positive, at least more animated. Charlie even agreed to start working days, so that their schedules weren't at such absolute odds. That put added pressure on their day-care needs, but seemed like a hopeful sign for the relationship. It was only a week before their troubles began again.

She didn't think Charlie had been a good husband for a long time, and soon after their second daughter, Saskia, was born in the middle of December 1991, she decided she didn't like him as a father, either. Charlie's secret drinking had finally become impossible for even Adrienne to ignore. There was no avoiding the topic. First he denied it. Then Adrienne broke into his footlocker while he was at work, and confronted him with the bottles. Charlie made her violation of his privacy the issue, or tried to—Adrienne didn't go for that one. Finally, he acknowledged his drinking but insisted it wasn't a problem. He was depressed, he said, but no, he didn't want to go on antidepressants. It was obvious to Adrienne that her depressed husband only became more depressed from his drinking, that he was caught in a spiral with her family in the center. Confronting Charlie while he was drunk was pointless. They'd fight and say things, and Adrienne would suffer a night that Charlie either didn't acknowledge or didn't remember the next day. Each time she tried confronting him when he was sober, Charlie would flee to the basement. Adrienne finally decided she needed outside help. The family health benefits from her employer would pay for five days in an alcohol treatment center. But Charlie didn't actually want to stop drinking. Adrienne tried leaving his old AA books out for him on the counter, hoping maybe he'd remember his former resolutions. But the books backfired. Charlie would get angry, or ignore them, or put them away as if straightening up. Then he'd sit and drink Colman's and eat potato chips until it was time for him to retreat to the basement.

Charlie saw no benefit to be gained from talking. He liked drinking. It lifted his spirits, at least initially. It drowned out the noise. It transformed slippery minutes into a constant Now. He felt at once more distant and more focused. That focus was dedicated primarily to himself. He felt wronged, and deeply misunderstood, and considered it criminal and tragic that his own wife didn't appreciate his frailty, the verity and intensity of his internal suffering. Because Charlie *was* suffering, deeply and daily. Adrienne never appreciated that—not that he didn't try to show her. He staged demonstrations

of his pain carefully, making sure that, for example, Adrienne would walk into the living room while he was on the phone with the local funeral parlor, inquiring about their burial rates.

Charlie's demonstrations did little more than further annoy his wife and confirm his own sense of futility. And so, he tried again. He waited until he heard Adrienne walking from the kitchen, then flopped dramatically off the couch onto the living room floor—tongue out, prescription pills spilled like blood spray from the amber bottle, suicide in flagrante. Surely, Charlie thought, this bit of stagecraft would demonstrate the sincerity of his pain. But Adrienne only heaved a great annoyed sigh, stepped over him, and grabbed a magazine from the coffee table, leaving Charlie lying there, unsure how long to hold the pose. Crouching on the rug, picking up the pills one by one and placing each carefully back in the bottle, he allotted himself an extra dose of sympathy, knowing how very wrong it was for his own wife to ignore the obvious agony that he had demonstrated. He'd hang on to that hurt for a few days, then devise some other way to elicit the proper sympathetic attention. But the more he tried to show Adrienne how he needed to be taken care of, the more Adrienne hated him for it.

Finally, in November 1992, Adrienne decided she'd had enough. She didn't tell Charlie, but she did tell a lawyer; she was worried that what happened to Queenie could happen to her kids. Afterward, driving home in the early dark, Adrienne felt fortified by her secret decision. The only problem was that Adrienne needed to go in for gallbladder surgery that coming January, and that surgery had been scheduled to take place at Warren, where Charlie worked. The lawyer said the paperwork wouldn't be ready, but Adrienne insisted. There was no way she was going into that hospital—Charlie's hospital—without a piece of paper declaring her intent to divorce and the reasons behind it. If Charlie was working, she said, something might happen to her, as it had with Queenie. She didn't articulate exactly why she felt this way and she didn't dare to. All she told the lawyer was that she needed it done. Adrienne's father escorted her to the surgery and waited for her to emerge from the recovery room. She told him not to allow any other visitors, especially not her soon-to-be ex-husband.

Charlie was working in the Warren ICU that afternoon when the legal paperwork for the divorce was delivered. The man had tricked him, it seemed, into identifying himself, then put the envelope directly into Charlie's hand, and in public. He was humiliated at having such a personal thing served to him there, in his hospital, but when he tried to find Adrienne in the post-op recovery ward, he found his father-in-law and a closed curtain. And when Adrienne was sent home from the hospital, her father went with her, and he stayed on the foldout couch like an implied threat. Charlie became indignant, then pathetic. And gradually, Adrienne began to feel some of the old sympathies for her husband. The man was suffering. He was the father of her children, after all. He was no longer fighting the fact that their lives would be separated—did she need to punish him as well? It was agreed: Charlie would move out as soon as he could afford it, but they would continue to live in the house together until they could figure out the details. Adrienne regretted the decision almost immediately.

January 1993

It was night when the police arrived, the two young patrolmen toting heavy Maglite flashlights, the cop car parked conspicuously outside. This was new for Adrienne, taking it beyond the house, putting it on paper.¹ She told the troopers that her soon-to-be ex-husband was a dangerous drunk, and accuse him, vaguely, of domestic violence. She'd found her husband loaded in front of the fireplace, staring dead-eyed at the AA books, poking the pages to fresh flame. She told them everything she could think of, including about the investigation at the hospital, and how Charlie had once bragged about poisoning his pregnant sister's abusive boyfriend's drink with lighter fluid as a child. She hadn't yet connected the dots herself, but she wanted to make an official statement linking those stories to his drinking and to her fears for her children and herself. Maybe bringing in the cops would force the issue. She was flexing a little, but it felt good.

Adrienne told the officer every odd thing about Charlie she could think of. The domestic abuse case quickly became a monologue about the strange occurrences surrounding the Cullens' pets. So much wasn't adding up—at the hospital, at home, in their marriage—but the animals were something she could put her finger on. It wasn't just the missing puppy—at various points there had been ferrets, hamsters, goldfish, and, of course, Lady, her maiden animal. She told the officer how Charlie used to keep the Yorkie chained to a pole in the yard while Adrienne was at work, how it barked and turned around its worn track until the animal cruelty people took it away. Adrienne had to drive to the ASPCA and beg for her back, a truly humiliating experience. After that, they kept the dog inside, and then the noises started coming from the basement. Sometimes the thumps and yelps would wake her up. Charlie maintained he was training the dog, but to her it sounded like punishment. Adrienne would pad over in her robe and slippers and crack the door, afraid to go further. She would yell down from the top of the stairs, "Leave her alone!" Charlie wouldn't answer, but the noises would stop. Adrienne would stand there, listening to the silence, waiting him out. She could tell he was down there, standing frozen like a child playing invisible under a blanket. Finally she'd close the basement door, pad back to bed, and put the pillow over her head.

Charlie was livid. It was simply inconceivable, not to mention totally unfair, that his wife would tell these stories to the police. There wasn't a good reason for her to have called them in the first place. Charlie was a lot of things, but he wasn't a wife beater. She was playing a game for the lawyer. She was making him out to be a bad guy, crazy even, creating a paper trail for the divorce settlement. Forget about the reason she had called the police, once they were there, *whammo*. She'd even told them about his feigned suicide attempts. Charlie replied by washing down twenty pills with a bottle of supermarket Cabernet. Showing her what it looked like, for real this time.

Charlie had often imagined his own death, even as a child in West Orange. In the dream, his hair was parted by a bullet. He was a war hero, a cop, a popular and important senator giving speeches that would ring forever in marble halls. And he was dead. Martyred. Heroic and noble. But it was always

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