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Episode 231: The Nurse
Air Date: August 11, 2023

PHOEBE JUDGE: Tell me a little bit about what an ICU nurse does.

AMY So as an ICU nurse, we are really taking care of the most sick patients in the hospital. They could be there
LOUGHREN: because they had a heart attack. They could be there because they have problems with their lungs and breathing and they need to be on special machines and special drips. They can have so many different IV bags hanging. They can have different apparatuses attached to them that only ICU nurses know how to manage.

PHOEBE JUDGE: Amy Loughren had been working as a nurse for almost 15 years when, in 2001, she got a job at Somerset Medical Center in New Jersey, about four hours away from where she was living.

AMY And I made an arrangement with the hospital that I would come down, I would work only on weekends, and I
LOUGHREN: would stay in the hospital. For that, I was paid an exorbitant amount of money. And also, I needed that money because I was quite sick and I needed a procedure that my insurance was not going to cover completely.

PHOEBE JUDGE: Amy told us she'd had issues with her heart since getting into a car accident in 1993. She saw a lot of doctors, many of whom said her heart problems were stress-related. She worked night shifts. Finally, she got a diagnosis-- electrical cardiomyopathy.

AMY At that point, they were talking about putting me on the transplant list.
LOUGHREN:

PHOEBE JUDGE: Did you tell the hospital that you had this condition?

AMY No. The hospital had my contract through a travel nurse company. And they could end my contract at any time. If
LOUGHREN: they found out that I was that ill, they easily could have said that I was not appropriate to be working 12 and 16-hour shifts in the ICU.

PHOEBE JUDGE: So at this point, you're commuting a great distance. You're living in the hospital as you're working. I mean, what was life like for you? What was life like at home?

AMY I was pretty exhausted. And when I was home, I had my two daughters. They were 11 and 6, so they're five
LOUGHREN: years apart.

And I was also directing my oldest daughter's sixth grade play. So on Tuesdays and Wednesdays, I had play practice with her entire class. And the rest of the time, when the girls were in school, most of the time I just slept and tried very hard to take care of myself.

PHOEBE JUDGE: And then, about nine months after she'd started, a new nurse started working at the hospital.

AMY I met Charles Cullen when he was orienting to the intensive care unit. I saw him in the hallway. He was standing
LOUGHREN: with the nurse that was orienting him. And I knew this nurse to be perhaps not the best person to give him direction.

And so I gave him a look and went up to him and told him, if he had any questions, that I'd be happy to help. And we started talking from there and became fast friends. He was very shy. And he was also brilliant. I'm very drawn to introverted people.

He was also-- it seemed like he may be depressed. And I really wanted to know who he was outside of what we were doing inside the ICU. And so we talked a lot. We talked a lot about his personal life, my personal life. And he really took care of me emotionally at that time.

At that point, because everything seemed so hopeless for me, I was really frightened for my health. I was frightened to leave my daughters behind. I was frightened of being found out that I probably was not physically capable of doing my job and losing my contract, and then not just the fact that I would lose that contract. If I lost that contract, I would lose more than money.

I would lose my health insurance, which meant that I could not be cared for. And also, the way that the insurance worked at that time, I could have been denied insurance trying to get insurance after that, if I had lost my contract. And I really also was holding on to that secret. And when I was sick and when I was at the hospital and struggling physically, Charlie noticed those things. I was able to hide it from other people but not from Charlie.

PHOEBE JUDGE: Amy says that Charles Cullen first noticed she was sick on a night when she felt something going on with her heartbeat-- an arrhythmia.

AMY LOUGHREN: I became very weak. I started to pass out. And I took myself into a room and hooked myself up to one of the monitors to try and discover which particular arrhythmia I was in. And he saw me go into the room, and then the arrhythmia showed up on the monitor.

He initially thought that it was a patient that was in that room, but it was an empty room that I went into. He then came in, saw that I was in that dysrhythmia. I did not have my medication with me. And Charlie went to the medication-dispensing machine and pulled out a medication for me and helped me by giving me that medication.

PHOEBE JUDGE: And I assume that you're not really allowed to do that.

AMY LOUGHREN: No. It is quite frowned upon. And even at this time-- it was definitely frowned upon. And both of us could have been in really big trouble.

PHOEBE JUDGE: Amy says that after that night, Charlie was always around to help her get through a shift when she wasn't feeling well. They both worked on the night shift. And when the hospital was quiet, they talked about their lives. Charlie was divorced and had two daughters, just like Amy.

AMY LOUGHREN: And we also had this unspoken language. We could look across the hallway at each other and just make a facial expression and be able to know what was on the mind of the other. Yeah, we ended up working most of our shifts together so that we could support each other.

We would do our care together. We would bathe our patients together. If one of us wanted to go on break, we always helped each other by taking care of the other's patients. We definitely relied on each other every shift.

PHOEBE JUDGE: Charles Cullen kept Amy's secret. But she didn't know that he was keeping his own secret, too. I'm Phoebe Judge. This is *Criminal*.

[MUSIC PLAYING]

When did you notice that something odd was happening at the hospital?

AMY LOUGHREN: I noticed that our lab results were coming back skewed. In the mornings, we would draw labs on our patients, send them off, and then we would get the results, computerized results. If those results were completely in critical zones, then we would receive a phone call from the lab itself. We were receiving a lot of those phone calls, mainly phone calls saying that our patients' blood sugars were extremely low and dangerously low, where our patients could seize or our patients could die.

PHOEBE JUDGE: Amy thought there must be a lab error.

AMY LOUGHREN: There was no possible way that all of our patients' labs would be off to the point that they were. Some of us were getting blood sugars of 3 or 12. Anything under 60 is something that we would treat. And these were patients that were not diabetics, were not on an insulin drip, and were not receiving insulin from us.

So we knew that there was something going on. The insulin then started to be locked up and put in the narcotics drawers. And my direct manager had told us that we had to start signing for the insulin. And the way that they had it set up in the dispensing system, we needed to account for the amount of units that was left in the bottle once we drew out our own dosages for our patients.

And to me, there was no possible way to know how many units were left in the bottle. And they were going to tell us that we had to sign, saying that we knew exactly how many units were in that bottle. And I said, this was completely illogical.

And I was refusing to do that. And Charlie was very concerned that I was making such a big deal about it. He pulled me aside and said, just sign for it. Just stop. And I wouldn't.

PHOEBE JUDGE: Did you notice that any patients were having different outcomes than you might expect? Apart from the labs, the lab numbers are skewed, but were you also seeing patients having major problems?

AMY LOUGHREN: We had so many codes. We had sometimes multiple codes a night. I saw that as we had quite a few very critical patients.

PHOEBE JUDGE: What is a code?

AMY LOUGHREN: So a code is when someone's heart stops or when they stop breathing, or their oxygen level is so low that we need to adjust something. Usually, what it means is that someone is in the process of dying and we need to save their life. There were surprises in some of the outcomes-- people that I did not expect to go downhill so quickly, although it's a critical care.

And it's never something that you can predict. I definitely did not feel that it was completely out of the ordinary. I just remember we were going through many, many codes quite often.

PHOEBE JUDGE: In the middle of all this, Amy found out that Charlie had been fired.

AMY LOUGHREN: Being fired was scary to me, to think that the best nurse that I worked with had just been fired. And it sent shockwaves through the entire ICU. Because for us, it meant if Charlie could be fired, all of us could be fired. And it was a very, very dark time.

PHOEBE JUDGE: I mean, did you immediately think about yourself hiding this medical condition, him giving you the drugs that one time to help? Did you think, oh, gosh, what are they going to find out about me or they're trying to figure something out?

AMY Absolutely, I thought about that. And I was scared for myself in the sense that I no longer had my partner to work
LOUGHREN: with, and wondering what that meant for me. I was also very scared for Charlie. He had so many bills, and I was really scared for him.

PHOEBE JUDGE: At work, everyone was talking about Charlie.

AMY And everyone there was very curious to find out what had happened. And when I called, he explained to me he
LOUGHREN: had been fired because he hadn't been honest on his application. This didn't really make sense to me.

PHOEBE JUDGE: Charlie had been working at Somerset for more than a year. And he was respected by his colleagues. He'd been featured in a nurse recruitment pamphlet. It had his photograph and said, "Charles appreciates the technology."

Amy wondered why the hospital would be looking back at his application now. Charlie said that someone he used to work with must have seen the recruitment pamphlet and called Somerset to talk about him. Amy asked Charlie about it.

AMY He explained to me that there were some medications that were not disposed of properly and he was a
LOUGHREN: scapegoat for those medications.

PHOEBE JUDGE: And I assume there are so many rightfully so regulations and safety checks within a hospital, an ICU, that someone could make a mistake like that and you could see how that could happen. It doesn't mean they're a terrible person or a bad medical practitioner. There are ways in which we can screw up in this profession.

AMY Yes, there were ways that any of us could make a mistake at any time. And it is one of the reasons why,
LOUGHREN: specifically, critical care nurses are so precise in delivering care, because it's so easy to overlook something.

PHOEBE JUDGE: A few days later, Amy heard that detectives were asking to talk to some of the nurses. Rumors started going around that all of this had something to do with Charlie.

AMY The only reason in my mind detectives would be in the hospital investigating anything, it had to have been
LOUGHREN: narcotics. That was the only thing that I could imagine. So to me, there was no possible way that Charlie had been taking drugs. There had been no time in my interactions with him that I would have thought that he had been taking drugs. So I thought that it was a witch hunt.

PHOEBE JUDGE: And then, Amy heard that the detectives were especially interested in talking to her.

AMY I was really scared. And knowing that Charlie had already been fired, and they were asking about him
LOUGHREN: specifically, everyone knew that Charlie and I worked together and we were best friends, so I was really frightened.

PHOEBE JUDGE: Amy avoided her interview with the detectives as long as she could. She even called in sick every time they made an appointment. But after a couple of weeks, her manager sent her in. She met with Detective Danny Baldwin from the Somerset County Prosecutor's Office. The hospital's risk manager was also in the room.

AMY LOUGHREN: When I first went in the room to speak with the lead detective, Danny Baldwin, I told him what I thought. I said this is absolute bullshit and this is a witch hunt. And if he thought that I was going to be throwing Charlie under the bus, he was barking up the wrong tree.

Then the risk manager got pulled out of the room for some reason, and we were in the room alone, me and Danny Baldwin. And he said he wanted me to look at something. He pushed some papers across the desk.

And it was the Pyxis printouts, which is our medication-dispensing records, and it was the history of Charlie's interactions with that machine. And when I saw some of the medications that he had been taking out, also not hiding that he was taking out some medications that were lethal, I also saw very quickly that there was a pattern of canceling medications and a pattern of taking out a couple of things that seemed completely innocent, like toothpaste, mouthwash, A&D ointment.

Those types of interactions with the Pyxis, no one would know unless they saw the drawer. But next to those very innocent items, there were deadly medications. Digoxin. There was potassium, phenylephrine, nitroprusside, things that could kill people.

PHOEBE JUDGE: So in this system, you input what you're taking out from the bank of all of the supplies and drugs, but it's easy to open the doors, say you're taking some toothpaste but actually take potassium.

AMY That's correct.

LOUGHREN:

[MUSIC PLAYING]

PHOEBE JUDGE: We'll be right back.

[MUSIC PLAYING]

Amy agreed to see Detective Danny Baldwin and his partner, Tim Braun, at her house the next day.

AMY LOUGHREN: They drove the three and a half, almost four hours up to my home in upstate New York. And they did not realize that I lived so far from the hospital. So when they asked if they could come to my home to talk to me, they did not know that it was going to be hours getting to my house, in the middle of nowhere.

And when they did arrive, they brought a lot of paperwork with them that they had received from the hospital. And they decided to just put it all out there for me. And I started to point out things that I noticed in Charlie's Pyxis printouts in some of the documentation that they brought with them. And there were definitely signs that were so obvious, that he had been doing something sinister, that I couldn't speak. I just couldn't speak.

PHOEBE JUDGE: Did you recognize any of the patients in the documents that they were sharing with you?

AMY I did. I recognized many of the patients that I had taken care of and the patients who died in my care and on my watch. Yes.

PHOEBE JUDGE: Once you started to place people, patients with these docs-- did you start to go back in your mind thinking, well, that night I was there at 10:52 and Charlie-- what did you start to remember?

AMY LOUGHREN: I started to really drive myself crazy, trying to find a time when I had overlooked something or that maybe my intuition had been kicked in. And there just wasn't. I had so much guilt that I could not think of a single moment where my intuition said something is wrong. There was one particular code that Charlie and I had done together.

And I had walked in on him, injecting a patient. And I do recall that that particular medication was not the medication that we should have been using to treat that particular dysrhythmia. And I eventually had covered up for him. I had said that it was me who ordered that particular medication.

And later, I found out that that patient had been allergic to that medication. And probably it was that medication that killed her, and that I had walked in on him. Being the code leader, I was responsible for everything that happened in that code. And I wondered in that code why he chose that particular medication. I assumed, because of who he was, that he was making an executive decision or perhaps he didn't have the correct medication.

And the medication that he gave really wasn't wrong. It was just a medication that we didn't necessarily use anymore. So I kept thinking that perhaps I was just making this all up in my head and I was seeing something that I was being told to see. I could not reconcile that my friend Charlie, this gentle and kind person, could have done these terrible things.

PHOEBE JUDGE: During the detectives' visit, Amy's phone rang. It was the hospital's risk manager calling.

AMY LOUGHREN: And essentially told me that I was not to be talking to the detectives without having some type of a hospital administrator or someone that was representing me, because it could be dangerous for me. She also wanted me to talk to her if the detectives did reach out. Now, during that phone call, Tim was on one side of me and Danny was on the other side.

And I was talking on one of those old school wall phones with the cord, and here are these two huge detectives were sitting on either side. So they heard everything that she said. And when I hung up the phone, I simply said to the detectives, "Let's get him." Because I knew at that moment that the hospital was going to do everything that they could to support themselves, and not to take care of those patients. And I was angry. I was really angry.

PHOEBE JUDGE: When the detectives asked Amy if she would agree to talk to Charlie on the phone while they listened in, she said yes.

So what would you talk to Charlie about when you would speak with him?

AMY LOUGHREN: I would talk to him mostly about what was happening at home. I would talk to him about whether he was looking for a job. I wanted to know if he was OK emotionally. And I just made it very clear that I was still his friend, and that we were still going to stay in touch, and that I wasn't going to lose him as a friend.

PHOEBE JUDGE: Was it hard to act normal?

AMY LOUGHREN: It was hard and yet it was also easy. Because I did miss him. I did want to hear his voice. I did want to know how he was doing. I wasn't afraid of him.

I wasn't angry with him. I was sad for him. And all of those things, those were not emotions that I would be able to, let's say, fake or play. Those were real. And so it was easy to talk to him.

PHOEBE JUDGE: What was he like on the phone?

AMY Quiet, funny, sad. Very, very sad. He was scared. He was scared that he wouldn't find another job. Mostly he was
LOUGHREN: pretty darn depressed.

PHOEBE JUDGE: And then, Amy found out that Charlie had found another nursing job.

AMY When we found out that Charlie had gotten a job, we decided we couldn't wait and we needed to keep him away
LOUGHREN: from patients. And at that point, the only way that we felt that we could get him behind bars and make it stick was to get a confession. My understanding was that it was up to me to get this confession or we could lose this entire case.

PHOEBE JUDGE: The detectives asked Amy if she would meet up with Charlie in person. And they asked her if she would wear a wire. Amy agreed and called Charlie and asked if they could have lunch. That must be terrifying to-- I mean, doing investigating on your own and looking at documents and helping behind the scenes. But to now put on a wire.

AMY Yeah. And yet, to me, I was trained as a code nurse. I was trained as a trauma nurse. I was trained to be
LOUGHREN: disassociated from my feelings during some of the worst times in anyone's life, and to stay calm and to really have my head around what I needed to do in the moment.

And that was the place that I went. When I agreed to wear the wire, when I agreed to meet with Charlie, I knew the place to go within myself in that dissociative place. And I knew how to talk to Charlie.

PHOEBE JUDGE: I mean, would this be the first time you'd be face-to-face with him since he'd been fired?

AMY Yes. It would be the first time.

LOUGHREN:

[MUSIC PLAYING]

PHOEBE JUDGE: We'll be right back.

[MUSIC PLAYING]

Take me through that day. Did you meet with the detectives early to put on the wire? Just take me through that day.

AMY So I met them at this technical facility, where we had recorded multiple conversations over the phone with
LOUGHREN: Charlie before. And a tech was there to put the wire on me. And so I had just a little tank top on.

And while he was wiring me up, he did notice that I had a fairly fresh scar on the left side of my chest. And he asked me what it was, because he didn't want to put the wire over it. And I said it was my pacemaker. And it was really at that time he talked to Tim and Danny, and they were adamant that we weren't going to do this.

They did not know that I was sick. They did not know that I was struggling. They did not know that I had had a pacemaker placed during this time. And I didn't share that with them, because I didn't want them to know. And I said we're going in. We're doing this.

So they wired me up. I had a wire, a microphone under this baggy shirt, and then I had another little apparatus for recording in my left pocket. And we went to this sports bar. And Charlie drove there.

And the very first thing that he did when he saw me was hug me. And I was just terrified at that little black box that was attached to the small of my back, that he would notice. And luckily, he didn't. And we sat down and we talked for hours.

PHOEBE JUDGE: I mean, you must have been very conflicted to be sitting next to someone who you liked so much, who was clearly in trouble, but also have this knowledge that you had seen a lot of documents which showed pretty clearly that he had been murdering people.

AMY LOUGHREN: I went in with this knowledge that I would be able to talk him into talking to me about it. And knowing what I knew, I would be able to at least talk to him on a medical level about what had happened. And I really wanted to make that connection with him so that it would feel to him like we were in it together. And eventually, that's what I said to him, is that I did know that he had done those things.

I did know and that I was still there for him. I was still with him and that I wanted to go to the police station together. I would stay with him through everything. And he definitely became a different person.

His entire posture changed. His eyes changed. And he sat up straighter. He became more smug. His voice changed. And he said, "I want to go down fighting. I want to go down fighting."

PHOEBE JUDGE: Detectives Tim Braun and Danny Baldwin were listening the whole time from the parking lot. Charlie left the restaurant first and drove away. He was arrested by police waiting for him on the road, and taken in for questioning. When Amy came out, she went right to the detectives' unmarked car.

AMY LOUGHREN: I collapsed into Danny Baldwin and just kept saying, did we get him? Did we get him? Did we get him? Unfortunately, the recording did not pick up when he said that he wanted to go down fighting. The recording malfunctioned. I did not know that it had malfunctioned.

PHOEBE JUDGE: So they didn't have the confession?

AMY LOUGHREN: They did not have the confession.

PHOEBE JUDGE: The police had centered their investigation on the death of a priest named Florian Gall, who had come into the hospital with a very high fever. He'd also had an irregular heartbeat. The cardiologist on call was treating him, and he was getting better.

But then one morning, he suddenly went into cardiac arrest and died. Police believed he'd been injected with a lethal dose of a drug called digoxin. When Amy had looked over the records, she noticed that Charlie had ordered more digoxin in one month than she had in her entire time at the hospital. The police asked Amy if she would talk to him again.

AMY LOUGHREN: They said that we needed the smoking gun. We needed him to say the words. We needed him to actually say, "I did this. I injected him." And so I went back into the offices where I had been working with the detectives. And I met again with Charles Cullen.

When I met with him, I knew this was my last chance. This was the only chance I was going to have to ever get a confession out of him. And I needed him to understand that if he did not talk about it and tell us about it, then he was going to drag his daughters through a trial, and that it would traumatize them.

And so eventually, after another hour or so of talking to him, he finally decided to protect me. He decided that I could easily be implicated in those murders. And he started to talk. And he told me specifically how he murdered Florian Gall in the hospital.

And then he spoke and spoke and talked and talked for hours and hours and hours. And when I did finally find out everything that he had done, I can't explain the emotional guilt and shame that I had felt for caring for this human. And I had to reconcile that. I had to figure that out.

PHOEBE JUDGE: In April 2004, Charles Cullen pled guilty to killing 13 patients and attempting to kill two others while he was employed at Somerset Medical Center in New Jersey. He eventually pled guilty to killing more patients at hospitals he'd worked at before he arrived at Somerset. Some of those hospitals had not reported suspicious deaths that might have been linked to Charles Cullen, to oversight agencies, police, or other hospitals where he was applying to work.

In many cases, they weren't required to. As the New York Times put it, "Mr. Cullen was able to continue mostly because of systemic failures. And his career reveals gaping holes in hospital and government systems." Investigators believe he could have killed as many as 400 people. Charles Cullen claimed he did it to prevent patients who were already dying from suffering anymore.

AMY LOUGHREN: But I had seen the evidence. I knew that Charlie had used medications to literally torture people. He did not choose medications to very carefully and happily and gently put people to sleep.

He had access to those medications as well. He never chose those. He chose medications that harmed people, that were physically painful and emotionally painful. That's not mercy killing. That's not euthanasia. That's torture.

PHOEBE JUDGE: He's currently serving 18 life sentences. In 2005, the New Jersey legislature passed a law that requires hospitals to report information they have about health care worker misconduct that endangers patients. It's referred to as the Cullen Law.

At least 35 states have adopted similar requirements. Amy Loughren quit nursing. Today, she lives in Florida, near her daughters and grandchildren.

[MUSIC PLAYING]

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