

The Eyes Have It by Sheila Swartzman

She looked straight at me, shooting daggers of hatred and spite, which made me shiver involuntarily. I thought that Death had walked over my soul. Or perhaps my rods and cones interpreted that cold light as a shaft of murderous intent. I would not be the first person to read guilt in someone's eyes: the Italian police were convinced that Amanda Knox was guilty based on the gleam in her eyes. She spent several years in an Italian jail before she was released. But this was different, I had evidence, I had proof.

I don't think that she expected me to be on the witness stand or perhaps she had forgotten our previous encounters in the Pediatric Intensive Care Unit, when she was in charge of the post operative care of several cardiac patients. I had been their attending anesthesiologist. She was accused of killing several patients in the PICU of the University hospital, as well as several others in a doctor's office in Kerrville, about an hour away from San Antonio.

The children in Kerrville came in for routine inoculations, and were healthy, but suffered seizures in the office and could not be resuscitated.

Succinylcholine, a drug used by anesthesiologists to paralyze patients prior to intubation had been found at their autopsies. This drug is normally not used anywhere outside an operating or emergency room as there must be immediate access to resuscitative equipment. The average pediatricians' office does not have this. Those University patients in the PICU were thought to have died from too much heparin. They had bled to death post operatively. The nurse had been involved in the care of all those children.

The papers were full of all the details and what caught my notice is that she had sworn under oath that she had no knowledge about succinylcholine. However, I recalled quite clearly that she had asked me to give a talk about the drug to the nurses in the Pediatric ICU. I had handouts, slides and my presentation on file.

When I went to my boss, the chief of anesthesia at the school, with the evidence that she had lied under a sworn testimony, he said, abruptly: 'Never volunteer any information', and turned on his heel and walked away from me. I mulled over this for a day or so and then called the District Attorney, saying that she most definitely had familiarity with that particular drug. He seemed pleased and said that I would be called to give evidence and

that it would probably take only a few minutes or so of my time. My boss was none too happy with me; he thought that I had stuck my neck out unnecessarily and that somehow I could implicate the University in not having curtailed the nurse before she went to Kerrville. Maybe he was worried that there would be lawsuits from bereaved parents. Perhaps the University had known there was a serial killer loose and had not taken steps to stop her. Maybe he thought that the rate of death for pediatric cardiac patients wasn't that unusual for a training center with surgical and anesthesia residents and that there were only suspicions, but no concrete evidence against her. The bottom line was that although she had been dismissed from the school, she had been free to work in a pediatrician's office. The pediatrician knew her from her residency and was friendly with her. The nurse had also worked at a down town hospital. They had not renewed her contract, but again there was nothing in writing that would implicate her in any nefarious acts. She seemed to have an instinct for knowing which anesthesia resident was the weakest, and had little self confidence and skills, and that if things did go wrong, she could then guide the trembling resident in the care of a dying patient. The nurse could then be the savior. I had no reason when I worked with her in the ICU to believe that she was anything other than a competent nurse. When a pediatric patient died unexpectedly after a seemingly routine uncomplicated cardiac operation, I asked the cardiac surgeon whether there was anything suspicious going on. I had recently moved from Toronto where there had been a spate of unexpected deaths in the ICU from overdoses of digitalis, a cardiac drug. One of the Intensive Care nurses had been implicated. It was one of those throwaway questions that I really did not think would be answered.

When I was finally subpoenaed for the trial which was being held in Georgetown, a small college town an hour outside of Austin, my boss looked extremely annoyed and said that I would have to use my vacation time to attend the trial and that he would not grant me any free time for it.

I asked a friend to accompany me to Georgetown. I had never been involved in a trial, nor set foot in a court of law. My only knowledge came from TV movies about courtroom dramas or British periwigged judges speaking in plummy accents and Queen's Counsels saying 'Milord'. We waited in an anteroom for my deposition and exchanged idle gossip to while away the hours. At the end of the day, I still had not been called to the stand so I had to return the following day, this time on my own.

I had a vague sense of the jurors' presence and the judge behind an imposing wooden desk as I took the pledge to tell the whole truth and nothing but the truth. The two hours that I spent giving my testimony seemed like an eon; I thought that once I'd demonstrated her previous knowledge about succinylcholine and the lecture I'd given at her behest that would be the end of it. Instead, the prosecutor grilled me about using heparin in intravenous fluids and I felt that I was the one on trial. I tried to answer as succinctly as possible but I wasn't sure where he was going. I was not aware that the nurse was also suspected of injecting some patients with overdoses of heparin, causing them bleed to death. An astute hematologist had done tests that suggested this as their cause of death. As I left the courtroom there was a barrage of photographers and reporters following me to my car. I kept my head down and got in my car as quickly as possible. I drove home, feeling eviscerated.

The trial proceeded on and the nurse was given a sentence of 99 years. The pediatrician who employed her in Kerrville despite being warned that the nurse was not what she seemed, saw her career disappear, her marriage destroyed and innuendos about relationships with the nurse abounded. I mentioned to the Chief of Anesthesia that the cardiac surgeon whom I had worked with on numerous cases was going into private practice and had asked me to join him. I was thinking about that possibility. Within the hour, a letter of resignation written by the chief arrived on my desk. As I had tenure and thus couldn't be fired, it was an easy way to rid the University of an undesirable thorn in its side.

Years later, snippets would filter back to me that the powers that be, thought I had it in for the University, that I was not a team player and that they were well rid of me. The University had mysteriously lost many documents, papers had been shredded and much information about the nurse had been swept into hidden corners. Others felt that I was against nurses in general as I had testified against one, albeit a convicted child killer. A lawyer friend who worked in the DA's office filled me in on some of these details.

The nurse was convicted in another trial and given an additional 60 years. It's been postulated that she may have been responsible for 11-47 deaths of young infants and children. She has been denied parole six times but may be released in 2017 owing to a change in the law. I am hoping that the nurse will remain incarcerated for the rest of her life; what peace will it bring to those bereft parents to release her for good behavior whilst

in prison? So what does it matter if the prisons are overcrowded with drug addicts and petty thieves.

Did I really see that evil in her face when she looked at me in court? And can one detect that inhuman killer behind the eyes if one is forewarned by later events? At Wannsee, just outside Berlin, there is a rogue's gallery of the Final Solution instigators and perpetrators: Eichmann and Heydrich staring out with cold, cold eyes. Perhaps their evil minds are yet able to transmit their sense of inhumanity. An illumination of a deep, dark malevolent sort.

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