

Court File 05/17

**SUPERIOR COURT OF JUSTICE**  
(Southwest Region at Woodstock)

BETWEEN:

**HER MAJESTY THE QUEEN**

AND

**ELIZABETH TRACY MAE WETTLAUFER**

**AGREED STATEMENT OF FACTS ON GUILTY PLEA**

**Overview**

1. Elizabeth Tracy Mae Wettlaufer is charged on a fourteen-count indictment. She is charged with eight counts of first degree murder, four counts of attempted murder and two counts of aggravated assault. She pleads guilty to all counts. The counts are summarized in this chart.

Count #	Charge	Victim name	Dates alleged	Venue
1	Agg asslt	Clotilde Adriano	2007 (June 25 to Dec 31)	Woodstock (Caressant Care)
2	Agg asslt	Albina DeMedeiros	2007 (June 25 to Dec 31)	As above
3	1 <sup>st</sup> d. murder	James Silcox	2007 (Aug 11)	As above
4	1 <sup>st</sup> d. murder	Maurice Grant	2007 (Dec 22-23)	As above
5	Att. murder	Wayne Hedges	2008 (Sept 1 to Dec 31)	As above
6	Att. murder	Michael Priddle	2008-2009 (Jan. 1, 2008 to Dec. 31, 2009)	As above
7	1 <sup>st</sup> d. murder	Helen Matheson	2011 (Oct 25-26)	As above
8	1 <sup>st</sup> d. murder	Gladys Millard	2011 (Oct 13-14)	As above
9	1 <sup>st</sup> d. murder	Mary Zurawinski	2011 (Nov. 6-7)	As above
10	1 <sup>st</sup> d. murder	Helen Young	2013 (July 13-14)	As above
11	1 <sup>st</sup> d. murder	Maureen Pickering	2014 (March 22-28)	As above
12	1 <sup>st</sup> d. murder	Arpad Horvath	2014 (August 23-31)	London (Meadow Park)
13	Att. murder	Sandra Towler	2015 (Sept 1-30)	Paris (Telfer Place)
14	Att. murder	Beverly Bertram	2016 (Aug 1-30)	Ingersoll (in a private home)

2. The facts in this document are admitted by the parties and form the basis for the plea. This document is to be tendered as evidence and, subject to the direction of the Court, will then be public. Victim Impact Statements will be filed in on sentencing.

3. It is understood there are no agreements outside those set out in this document.

4. Of the counts involving fatalities, there were no autopsies except upon the two deceased who were disinterred in 2017 (Helen Matheson and Arpad Horvath). All other deceased had been cremated so disinterment was not possible.

## **Background**

5. The accused, Elizabeth "Bethe" Tracy Mae Wettlaufer, was born June 10th, 1967. She has one sibling and both her parents are still alive. Wettlaufer was raised in the Woodstock area where she attended school and church.

6. Following secondary school, Ms. Wettlaufer enrolled in various schools, including Conestoga College where she obtained her diploma as a Registered Nurse in 1995. She completed the 3 year course in nursing which involved palliative and seniors care, medication administration and client health care.

7. From 1995 until 2007, Ms. Wettlaufer was employed by a number of institutions and agencies in the health care field - eventually as a registered nurse. She married in 1997, but the marriage dissolved in 2007. She does not have children. She is divorced. Ms. Wettlaufer later explained that she eventually found herself feeling immense pressure.

## **Caressant Care**

8. On June 25, 2007 Ms. Wettlaufer began her employment as a registered nurse (RN) with the Caressant Care Nursing Home located at 81 Fyfe Avenue, in the City of Woodstock. This establishment included both rehabilitation/physiotherapy facilities as well as end of life palliative care.

9. As an RN, Ms. Wettlaufer was responsible for assessments, care planning, scheduling and charting various nursing treatments such as skin and wound care and medication administration. Her duties included supervising the registered practical nurses (RPNs) as well as the personal support workers (PSWs). Ms. Wettlaufer had access to prescription medicine and medical supplies, and she knew that the insulin stored at the facility was neither secured nor strictly accounted for. Ms. Wettlaufer often worked nights with minimal supervision and had ready and immediate access to insulin.

#### Insulin and Hypoglycemia

10. All of the matters before this court involve the injection of insulin. It is essential, therefore, to understand certain basic facts about insulin, glucose and how insulin can impact health. Glucose, sometimes called *blood sugar*, is a simple sugar which our bodies need for fuel. Normally, we get glucose from the foods we eat and some fluids. Our bodies function best when glucose levels stay within a normal range.

11. Humans naturally produce two substances that stabilize glucose levels – glucagon and insulin. Should glucose levels get too low, a condition called *hypoglycemia*, glucagon is secreted to elevate blood sugar level. Should one's glucose level get too high, a condition called *hyperglycemia*, naturally-produced insulin is secreted to lower blood sugar level. Normally, the body is able to keep glucose levels within the normal range.



12. Diabetics do not stabilize their blood sugar levels properly so they take measures to ensure blood sugar remains within the normal range. To that end, some diabetics take synthetic insulin by injection. Some diabetics control blood sugar by a hypoglycaemic agent in a pill form which is not it is not insulin. (It is a different drug, the specifics of which are unimportant in this case). Insulin, again, lowers blood sugar levels. Many elderly people have diabetes to varying degrees so synthetic insulin is commonly administered in facilities that care for the elderly. Synthetic insulin has various brand names but there are two broad classes that matter in this case. There is "long acting" and "short acting" insulin which, as the names suggest, are intended to be effective in lowering blood sugar levels more immediately or more slowly over a longer period of time. Both are commonly available in long term care facilities that tend to the needs of the elderly. How synthetic insulin is used - its form, its timing and its quantity - is individualized to a patient's needs and metabolism. Injection of insulin is normally accomplished by inserting cartridges of insulin inside an insulin "pen" - a simple pen-like device with a needle on one end and a dial and button on the other. Models vary somewhat but they work the same way more or less. They allow users to turn a dial (or "dial up") to set the desired amount of insulin to be injected from the cartridge then to use the needle end to inject the set amount of insulin into the person who needs it.

13. Insulin injected into a person with high blood sugar helps to lower their blood sugar to a normal range. Insulin can save the lives of those who need it. If injected into a person who does not need it, insulin will still have an impact. Depending on quantity, it may drop their blood sugar levels below the normal range. If blood sugar level drops too low, they will suffer from hypoglycemia, or become hypoglycemic.

14. Hypoglycemia, low blood sugar, can be mild or quite serious. The spectrum of symptoms is wide and non-specific. That is, the observable symptoms of hypoglycemia are the same symptoms one might observe in relation to many other medical conditions. Persons suffering hypoglycemia may experience confusion, paleness, diaphoresis (the medical term for *sweating*), shakiness, irritability, hunger, anxiety, tachycardia (the medical term for an abnormally rapid heart rate), dizziness, headache and/or weakness. Again, it is noteworthy that many of these symptoms are commonly observed and experienced in relation to many other medical conditions, not merely hypoglycemia. When hypoglycemia becomes severe enough, a person may experience a reduced level of consciousness, coma or death. The full impact of injected insulin often takes hours. It is not usually an "instant" killer. When it is severe enough, hypoglycemia can damage brain tissue in a particular way. For that reason, even after blood chemistry has deteriorated, it may be possible to find evidence corroborating hypoglycemia by examining the tissue of the brain.

15. As will be explained later, Ms. Wettlaufer gave a number of lengthy statements in which she provided significant detail about her criminal activities. In relation to some of the counts before this court, medical records obtained after she confessed, revealed some symptoms associated with hypoglycemia and confirmed that Ms. Wettlaufer was on duty overseeing the care of certain victims at the relevant times (thereby providing some circumstantial confirmation of her actions). The medical records do not show precisely what she was injecting into victims because Ms. Wettlaufer was not making notes about injecting victims with insulin beyond the medically prescribed amount. She

deliberately refrained from recording her criminal actions to avoid raising suspicions. Ms. Wettlaufer explained to police, however, that as a registered nurse she knew "if your blood sugar goes low enough, you can die." She explained that she never knew how much insulin was required to cause death. She believed there was "no set amount" – "it was kinda hit and miss."

## **Specific Counts**

### **Count 1: Clotilde Adriano**

16. Clotilde Adriano passed away in 2008. Ms. Wettlaufer admits committing aggravated assault by injecting Mrs. Adriano with insulin in 2007 thereby endangering her life.

17. Clotilde Adriano was born October 25, 1920 and resided in the Woodstock area where she married and raised her family. Clotilda Adriano and her husband, (deceased in 1997) had two children. Mrs. Adriano had many siblings, including a sister-in-law, Albina DeMedeiros, who was also a resident of Caressant Care and is the alleged victim in the next count.





18. On March 5, 2007, Mrs. Adriano moved into Caressant Care and had a number of ailments including diabetes which was controlled with injected insulin. She also had dementia. In the initial months of moving into the facility, Adriano's insulin medication required adjustment.

19. In June 2007, Ms. Wettlaufer had started working at Caressant Care. In July 2007 Mrs. Adriano was experiencing hypoglycemic incidents which tend to occur in the evening. Ms. Wettlaufer eventually told police that she had little interaction with Mrs. Adriano and felt no ill-will towards her, however, Ms. Wettlaufer said, she felt overwhelmingly angry about her career, responsibilities, and her life in general.

20. Ms. Wettlaufer told police that she recalled working a night shift when she attended Mrs. Adriano's room. Ms. Wettlaufer deliberately injected Mrs. Adriano with an *additional* dose of insulin (additional to the prescribed amount). The insulin was part of Mrs. Adriano's own supply of long-acting insulin. Ms. Wettlaufer said she believed it was anywhere from 30 to 40 units. Ms. Wettlaufer told police that she thought to herself, "I didn't really want her to die I just I don't know I was just angry and um had this sense inside me that she might be a person that God wanted back with him. I honestly felt that God wanted to use me." When asked, Ms. Wettlaufer explained that she did not feel like she was doing the right thing for any of the victims.

21. Ms. Wettlaufer told police that she selected Mrs. Adriano simply because Mrs. Adriano was already diabetic and insulin-dependent so insulin was readily available.



Ms. Wettlaufer admitted that she gave Mrs. Adriano additional insulin on more than one occasion, the first time being prior to the time when her third victim, Mr. Silcox, died.

22. Ms. Wettlaufer told police that when Mrs. Adriano experienced low blood sugar due to "extra" insulin injections, she was successfully treated by other nursing staff.

**Count 2: Albina DeMedeiros**

23. Albina DeMedeiros passed away in 2010. Ms. Wettlaufer admits committing aggravated assault by injecting Mrs. DeMedeiros with insulin in 2007 thereby endangering her life.

24. Albina DeMedeiros was born February 25, 1919 in Portugal and moved to Canada to join her brothers and family. She married and worked alongside her husband growing tobacco in the Woodstock area. Although they did not have any children of their own, her husband had children from a previous marriage.



25. When the DeMedeiros' were living in the Woodstock area, Mrs. DeMedeiros' cognition declined so home safety became a real concern. On April 12, 2006 she was admitted to Caressant Care where she was placed in a room beside her sister-in-law, Clotilda Adriano, where Ms. Wettlaufer worked. Mrs. DeMedeiros medical history included diabetes which required insulin injections.

26. Between June 25, 2007 (the day Ms. Wettlaufer started working at Caressant Care) and December 31, 2007, Ms. Wettlaufer, gave Mrs. DeMedeiros a non-medically prescribed dose of 30 to 40 units of long lasting insulin.

27. Ms. Wettlaufer told police that she overdosed Mrs. DeMedeiros on more than one occasion and opted not to offer any medical assistance to help Mrs. DeMedeiros following the injections. Ms. Wettlaufer explained that other nurses found her with low blood sugar and treated Mrs. DeMedeiros to elevate and stabilize her blood sugar levels.

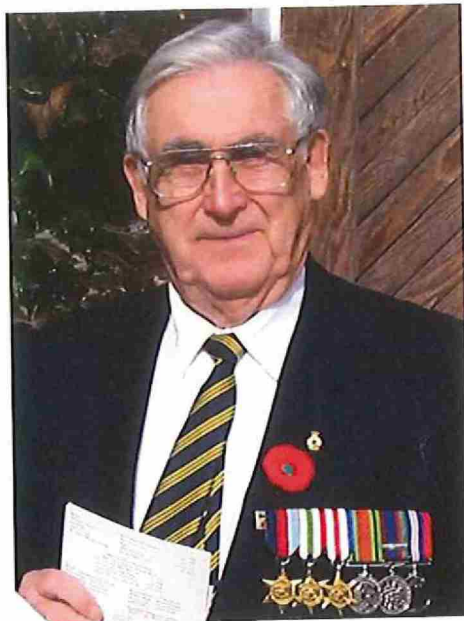
28. Ms. Wettlaufer maintains the first time she injected Mrs. DeMedeiros was prior to injecting her third victim, James Silcox. Ms. Wettlaufer added that Mrs. DeMedeiros had not done anything wrong nor had she provoked Ms. Wettlaufer but she was selected because she was diabetic and that made easier to use her own available insulin. Ms. Wettlaufer also estimated to police that she overdosed Mrs. DeMedeiros in October, 2007.

29. Medical records in October and November 2007 show that Ms. Wettlaufer attended to Mrs. DeMedeiros and that Mrs. DeMedeiros had a number of events that resulted in symptoms consistent with low blood sugar. Ms. Wettlaufer told police that she survived because her low blood sugar was always successfully treated by other nursing staff.

**Count 3: James Silcox**

30. Ms. Wettlaufer admits fatally injecting James Silcox with insulin in August 2007. She admits the injections were made unlawfully with intent to end his life after she considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

31. James Lancing Silcox was born on February 17<sup>th</sup>, 1923 and settled for most of his life in the City of Woodstock. He was a World War II veteran and had been married for 63 years. He was the father of six children, a grandfather and a great grandfather. He had worked in the Woodstock area at Standard Tube Inc. for over thirty years.



32. In the spring of 2007 Mr. Silcox had a stroke which resulted in a four and a half month stay in hospital. The stroke affected his right side and this left him prone to falling which he did while in the hospital resulting in a broken pelvis. On July 25<sup>th</sup>, 2007, Mr. Silcox was first admitted to the Caressant Care Nursing Home with many diagnoses including Alzheimer's disease and diabetes controlled with insulin injection. [In her

police statement, Ms. Wettlaufer told police that Mr. Silcox was not diabetic. Medical records make clear that on this issue, she was mistaken].

33. On August 4, 2007 Mr. Silcox had surgery on his right hip at Woodstock General Hospital. The surgery reportedly went well allowing Mr. Silcox to return to Caressant Care on August 10<sup>th</sup>, 2007.

34. Mr. Silcox was often confused while at Caressant Care, and frequently called out for his wife Agnes, particularly at night. Nursing notes (not merely those made by Ms. Wettlaufer) show that nurses occasionally experienced inappropriate behaviour and heard inappropriate comments from Mr. Silcox when assessing and treating him.

35. On August 11, 2007 Mr. Silcox was notably confused and could not recall his whereabouts, recognize himself or family in photographs in his room. At 4:00 p.m. a nurse documented his status noting that his incision from his surgery appeared well. On August 11, 2007 Ms. Wettlaufer began her "double shift" which included caring for Mr. Silcox.

36. Ms. Wettlaufer explained to police that anger and pressure was building inside her at this time. It related generally to her job, life and relationship. She said she was particularly "angry at him" this evening due to Mr. Silcox's conduct and described her feelings as an "urge to kill him" and "wanted him to die". Ms. Wettlaufer said she felt it was "his time to go" because of the way he acted.



37. At approximately 9:30 p.m. Ms. Wettlaufer attended the medical storage room and located a spare insulin needle that she prepared with a dose of 50 units of short acting insulin which was kept in the medical storage fridge. At approximately 10:30 p.m. Ms. Wettlaufer attended Mr. Silcox's room and injected him "hoping he would die". To police she explained that she gave Mr. Silcox more insulin than the previous two victims because they did not die. Further, while she could not be sure of the exact site of the injection, it would have been "somewhere I'd hoped wouldn't show". She said she knew that the amount injected "would harm him".<sup>1</sup>

38. Ms. Wettlaufer's written statement explained that after he was overdosed, Mr. Silcox called out "I'm sorry" and "I love you". Ms. Wettlaufer told police she felt "absolutely awful"; and "so ashamed" about this and felt even worse when his family came in after he died and praised her for being a good nurse. She also told police that after overdosing Mr. Silcox "it felt like a pressure had been relieved from me just over all....like a pressure lifted from my emotions."<sup>2</sup>

39. At approximately 3:00 a.m., now August 12, 2007, a Personal Support Worker (PSW) found Mr. Silcox without vital signs. Being the supervisor, Ms. Wettlaufer attended the room to confirm he was without vital signs and subsequently contacted the attending physician as well as Mr. Silcox's family.

40. He was pronounced dead with a listed cause being complications from his hip surgery.

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<sup>1</sup> September 29, 2016 statement to Metropolitan Toronto Police Service

<sup>2</sup> September 29, 2016 statement to Metropolitan Toronto Police Service

**Count 4: Maurice Granat**

41. Ms. Wettlaufer admits fatally injecting Maurice Granat with insulin in December 2007. She admits the injections were made unlawfully with intent to end his life after she considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

42. Maurice Granat was born February 7th, 1923 and lived the majority of his life in the Town of Tillsonburg. He was a tinsmith by trade and ran a small shop in Tillsonburg where he would fix devices. He had extensive family and friends in the Tillsonburg area.



43. On December 4, 2006, Mr. Granat was admitted into the Caressant Care Nursing Home. While there, he was battling cancer, had a number of other physical ailments and by late 2007, he had become frail. By late 2007, his eating was irregular and he was not particularly energetic some days choosing to stay in bed. He was not however diabetic and had no medical need for synthetic insulin. While he was noted to be confused on just a few days, he was not diagnosed with dementia or any similar illness.

44. On December 22, 2007 Ms. Wettlaufer was working the night shift, from 11:00 p.m. until the following morning at 7:00 a.m., in Mr. Granat's area. He was under Ms. Wettlaufer's care. For example, at 2:05 a.m. Ms. Wettlaufer noted that he had been scratching himself and she applied cream.

45. Ms. Wettlaufer told police that Mr. Granat had grabbed her breast on one occasion and when she ordered him to stop he removed his hand and laughed.<sup>3</sup> Ms. Wettlaufer told police that she again felt an overall sense of anger and pressure on December 23, 2007 and that she felt the strong urge to end Mr. Granat's life to relieve these emotions. She explained that she was "just angry in general...at my job...at my life...at my partner". She attended the medical storage room and retrieved an insulin pen from the allocated drawer and insulin from the medical refrigerator before attending Mr. Granat's room.

46. Ms. Wettlaufer advised Mr. Granat that she needed to give him a vitamin shot and recalls needing to inject the insulin into his leg since he had very little body fat at that time. Insulin is normally injected into fatty tissue. Ms. Wettlaufer injected between 40 units – 60 units of short acting insulin into Mr. Granat knowing he was not a diabetic. This injection of insulin was not documented.

47. At 3:55 a.m. he was noted by a PSW to be very confused. At 7:08 a.m. Ms. Wettlaufer notated in her reports - "At 05:00, resident was found diaphoretic and

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<sup>3</sup> This may be true. Documentation from a number medical staff (not Ms. Wettlaufer) noted Mr. Granat sometimes inappropriately touched nursing staff.



struggling to breathe. Pulse was 120, resps were 16 and labored. Family was called at this time. At this writing, family is bedside. Resident is unconscious but rouses to sound. Resident appears comfortable." Indeed, police confirmed Ms. Wettlaufer did phone two close friends of Mr. Granat who attended immediately.

48. Ms. Wettlaufer made no attempts to save Mr. Granat, but instead completed her shift then went home. Shortly thereafter, Mr. Granat was reportedly unresponsive.

49. At 11:45 a.m. that day, Mr. Granat passed away.

#### **Count 5: Wayne Hedges**

50. Wayne Hedges passed away in January 2009. Ms. Wettlaufer admits unlawfully injecting Mr. Hedges with insulin in the fall of 2008 intending to end his life.

51. Wayne Douglas Hedges was born April 23, 1951. His parents, sisters and family were largely based in Western Ontario. Mr. Hedges had lived in Caressant Care since 2000. He had diabetes, schizophrenia and mental disabilities. Mr. Hedges' diabetes was normally treated with insulin injections.



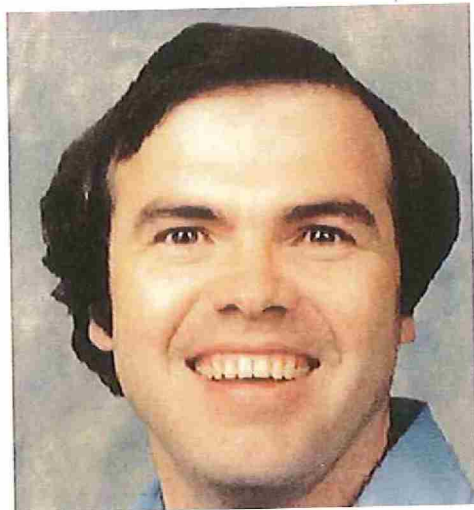
52. Ms. Wettlaufer told police Mr. Hedges was "developmentally challenged, diabetic and a handful", adding that he could be "uncooperative" at times.



53. Ms. Wettlaufer told police she intentionally overdosed Mr. Hedges with insulin in October 2008 with a "large overdose" because she believed "it was his turn to go". Ms. Wettlaufer reached this conclusion because, she said, he would occasionally say that he wanted to die. Other nursing notes document that Mr. Hedges made his wants known with some regularity, sometimes quite strongly, but there are no nursing notes about him stating that he wanted to die. Ms. Wettlaufer said to police that on one particular night, she felt a "surge" and injected him with additional insulin; however, in her words "He didn't die". Medical records in October 2008 confirm he had a hypoglycemic event while under Ms. Wettlaufer's care. Records indicate that after Mr. Hedges became hypoglycemic, Ms. Wettlaufer administered medication to restore his glucose levels. She has no recollection of doing so or what prompted her to do this.

**Count 6: Michael Priddle**

54. Michael Priddle passed away in January 2012. Ms. Wettlaufer admits unlawfully injecting Mr. Priddle with insulin in 2008 or 2009 intending to end his life.



55. Michael Stephen Priddle was born June 1, 1949. He grew up in Ingersoll where he met his wife. Married in 1971, they had one

son. He was a butcher by trade and worked until his diagnosis with Huntington's disease (an inherited brain disorder that causes parts of the brain to die). He was an ardent hockey fan. His Huntington's diagnosis eventually resulted in him needing 24 hour care and he was admitted into Caressant Care on October 20, 2006.

56. Mr. Priddle, due to his conditions, was unable to voice the presence of pain, but was placed on a pain management regime. He was at a high risk for injuries and falls which required staff to check on him every half hour, even throughout the night. Mr. Priddle was also at constant risk for choking, as he had great difficulty swallowing. To police Ms. Wettlaufer described Mr. Priddle's disease as one that "robs you of your body and you still have your mind". She referred to it as a "horrible disease".

57. Ms. Wettlaufer explained to police that one night in 2009 she decided to intentionally overdose Mr. Priddle with insulin. She explained that Mr. Priddle had never done anything to harm her. He was not a diabetic and had no medical need for synthetic insulin. She described feeling a "surging" and thought "now this must be God because this man is not enjoying his life at all". Ms. Wettlaufer remembers giving him what she considered a "large amount of insulin" and believed it was 90 units total.

58. Medical records confirmed that in July 2008 Ms. Wettlaufer was attending to Mr. Priddle and he experienced an incident that appeared to be hypoglycemic in nature. Ms. Wettlaufer advised police that Mr. Priddle "just survived" the overdose without any staff interjection or treatment.

**Count 7: Gladys Millard**

59. Ms. Wettlaufer admits fatally injecting Gladys Millard with insulin in October 2011. She admits the injections were made unlawfully with intent to end Mrs. Millard's life after Ms. Wettlaufer considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

60. Gladys Jean Millard was born October 11, 1924 in New Glasgow, Nova Scotia then settled in the City of Woodstock along with her husband (deceased in 1997). She was the mother of two children and was active in her church, charities and service clubs.



61. On September 11, 2006 Mrs. Millard was admitted to the Caressant Care Nursing Home with diagnoses of Alzheimer's disease and other conditions. She was not diabetic and had no medical need for synthetic insulin.

62. To police Ms. Wettlaufer described Mrs. Millard as spunky and spirited when she first cared for her but later, with worsening dementia, she became very stubborn and difficult to administer medication to. Medical records confirm that Mrs. Millard had some aggression issues while at Caressant Care.



63. On October 13, 2011 Ms. Wettlaufer was working the night shift from 11:00 p.m. to the following morning at 7:00 a.m. She oversaw Mrs. Millard's care during that shift. Ms. Wettlaufer explained that Mrs. Millard's stubbornness may have played a part of why she was targeted. Ms. Wettlaufer explained that she got that "red surging feeling that she was going to be the one" and that the red surge is what Ms. Wettlaufer identified as God telling me "*this is the one*". Ms. Wettlaufer decided Mrs. Millard was the next one she would overdose with insulin intending to cause death.

64. At approximately 5:00 a.m. Ms. Wettlaufer attended the medical room where Ms. Wettlaufer took both long and short acting insulin from the medical refrigerator. Ms. Wettlaufer's accounts of the quantity of insulin given are inconsistent. In her handwritten statement she said she injected Mrs. Millard with 40 units of long acting and 60 units of short acting insulin. In her police statement she noted with some hesitation "I think" it was 80/60. Ms. Wettlaufer told police Mrs. Millard "fought a little bit"; she "struggled" with Ms. Wettlaufer. Ms. Wettlaufer found a spot to successfully inject her on a location that Ms. Millard could not reach or grab her.

65. On October 14, 2011 by 7:00 a.m. (the end of Ms. Wettlaufer's shift) medical records showed that Mrs. Millard was unresponsive and diaphoretic (sweaty).

66. At the end of her shift, Ms. Wettlaufer notated in Mrs. Millard's patient notes "...Gladys had been awake all night, was crying out and had a very tense look on her face. She fell asleep and is currently still sleeping. Staff instructed to leave her in bed asleep...".

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67. Wettlaufer recalled to police that she had to help move Mrs. Millard into the palliative care room with the day shift nurse at the end of her shift because day shift staff noted that Mrs. Millard was red, sweating and incoherent with vital signs low. Ms. Wettlaufer told police that she was terrified that someone might conclude that Mrs. Millard's decline was due to something Ms. Wettlaufer had done. That fear was not realized.

68. At 09:45 a.m. Mrs. Millard was found to be diaphoretic, cold, clammy, foaming at the mouth, very pale and her body and extremities were twitching. Over the course of the day various medications were given in an attempt to assist Mrs. Millard. By 4:05 p.m. she had passed away.

#### **Count 8: Helen Matheson**

69. Ms. Wettlaufer admits fatally injecting Helen Matheson with insulin in October 2011. She admits the injections were made unlawfully with intent to end Helen Matheson's life after Ms. Wettlaufer considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

70. Helen Muriel Matheson was born June 4, 1916



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and settled in the Village of Innerkip. Her husband passed away in 1998. They had two sons, grand-children and great grandchildren. She had been active in her church for many years.

71. On January 20th, 2010, Helen Matheson was admitted into Caressant Care Nursing Home from the adjoining Caressant Care Retirement Home at 93 years of age. Her diagnoses included dementia but not diabetes. Helen Matheson had no medical need for synthetic insulin.

72. On October 25th, 2011, Ms. Wettlaufer was working the afternoon shift from 3:00 p.m. to 11:00 p.m. Helen Matheson's double room was in Ms. Wettlaufer's area near the nurse's station. Ms. Wettlaufer recalled "making a bit of a fuss about her that night" because she was very lucid at that time. They discussed Helen Matheson's fondness of blueberry pie and ice cream, and how Helen Matheson used to bake such pies.

73. Ms. Wettlaufer's nursing notes indicated that "*a staff member went on their break and got blueberry pie for Helen.*" Ms. Wettlaufer returned to Helen Matheson's room where she gave Helen Matheson some pie and ice cream. Her nursing notes read:

*She ate 4 bites with ice cream then smiled and said "That's enough dear, but the crust is lovely."*

74. Ms. Wettlaufer explained to police that she then felt that Helen Matheson was to be the next person to go, that it was her time. Ms. Wettlaufer told police Helen Matheson was "very quiet, very determined and just seemed to be waiting to die".

75. The evening of October 25, 2011 Ms. Wettlaufer attended the medical supply room once again, located a spare insulin needle from the allocated drawer, as well as insulin from the medical refrigerator. Ms. Wettlaufer "dialed up" a dose of *approximately* 50 to 60 units of short acting insulin. Ms. Wettlaufer injected Helen Matheson with the insulin. There was no struggle or resistance. Helen Matheson was not a diabetic. Ms. Wettlaufer explained to police that she got a feeling "in my chest area and after I did it, I got that laughter" while injecting insulin and thereafter.

76. On October 26, 2011, Ms. Wettlaufer was again working the afternoon shift in Section B, which included overseeing Helen Matheson's deteriorating condition. Ms. Wettlaufer recalls Helen Matheson ceased to eat or drink after she gave the insulin injection.

77. At 8:15 p.m. Ms. Wettlaufer recorded in Helen Matheson's patient notes the following: "Helen appears very pale and listless. She responds to voice occasionally. The inside of her mouth appears dry and sticky and her skin is displaying tenting. At 8:00 p.m. she appeared to be in pain and was given 10 mg of morphine. She has been moved to room 15 and her son has been called."

78. Helen Matheson was moved to palliative care. On October 26, 2011 at 10:28 p.m. Ms. Wettlaufer wrote her last notation for Helen Matheson where she requested morphine every two hours or as needed and the following: "Helen was flinching and appeared uncomfortable so 10 mg was given. She now appears to be resting comfortably".



79. On October 27, 2011 at 1:00 a.m. Helen Matheson's son Jon notified staff that his mother had stopped breathing while he had been sitting at her bedside.

80. In January 2017, Helen Matheson's body was exhumed by search warrant for an autopsy. The scientific results were inconclusive. Due to the state of decomposition pathologists were unable to corroborate or negate Ms. Wettlaufer's description of events. There is no dispute, however, that based on *all* the evidence (including but not limited to scientific evidence), Ms. Wettlaufer's actions were a significant contributing cause of Helen Matheson's death.

**Count 9: Mary Zurawinski**

81. Ms. Wettlaufer admits fatally injecting Mary Zurawinski with insulin in November 2011. She admits the injections were made unlawfully with intent to end Mary Zurawinski's life after Ms. Wettlaufer considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.



82. Mary Zurawinski was born in April 7, 1915 and spent much of her youth in Sudbury. She had worked as a waitress, was married and had four sons. Her husband and three of her sons pre-deceased her. Prior to her admission to Caressant Care on May 6, 2011, she was described as a very independent woman.



83. Mary Zurawinski had a number of conditions including dementia but not diabetes. She had no medical need for synthetic insulin.

84. On November 6, 2011, Ms. Wettlaufer was scheduled to work the afternoon shift from 3:00 to 11:00 p.m. It was Ms. Wettlaufer's last shift before scheduled holidays.

85. Ms. Wettlaufer told police that she was tending to Mary Zurawinski when she asked Ms. Wettlaufer to place her into the "deathbed" as Mary Zurawinski believed she was going to die. Mary Zurawinski's health had been declining and she assured Ms. Wettlaufer she believed she was going to die and requested a palliative care room.

86. Ms. Wettlaufer with help from another staff member moved Mary Zurawinski into the palliative care room. Ms. Wettlaufer decided Mary Zurawinski was the next one that needed to die, however, according to Ms. Wettlaufer; there were no signs she was going to die that day. Ms. Wettlaufer again turned to overdose with insulin.

87. At approximately 4:30 p.m., Ms. Wettlaufer retrieved an insulin pen and medication from the medication room, once again both short acting and long acting insulin. Ms. Wettlaufer once again felt angry in general, not particularly with Mary Zurawinski, although Ms. Wettlaufer described her as being feisty, outspoken and "she was fun".

88. Ms. Wettlaufer told Mary Zurawinski the needles were for pain as she injected Mary Zurawinski in the arm with 50 units of short acting insulin and 30 units of long acting insulin. Upon doing so Ms. Wettlaufer told police that she got "that feeling inside and the laughter."

89. At 5:23 p.m. Ms. Wettlaufer entered an "End of Life Care Note" into Mary Zurawinski's medical chart. It read:

*Mary was sitting at the dining room table at 16:55 and was very pale. She started breathing in soft gasps, 30 per minute. She asked staff to put her back to bed "so I can die there". She was taken to the palliative room and put to bed. She then asked for someone to pray with her. PSW O.R. said "Hail Mary" with her and Mary visibly relaxed. Son has been called.*

90. On November 7, 2011 at 2:15 a.m. Mary Zurawinski was found by staff without vital signs and family was notified.

#### **Count 10: Helen Young**

91. Ms. Wettlaufer admits fatally injecting Helen Young with insulin in July 2013. She admits the injections were made unlawfully with intent to end Mrs. Young's life after Ms. Wettlaufer considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

92. Helen Whitelaw Marshall Young was born on June 29, 1923 in Edinburgh, Scotland. She served in World War II in several locations which is how she met her husband. Together they moved to Canada in 1948 settling in the Woodstock area in 1971. Her husband passed away in 1988 and they had no children. Always outspoken, she loved animals and travelling.



93. On December 12, 2009, Helen Young was admitted to Caressant Care. She had a number of medical issues including dementia but not diabetes. She had no medical need for synthetic insulin. [In her police statement Ms. Wettlaufer says she recalled that Helen had type 2 diabetes. Medical records confirm that Ms. Wettlaufer's recollection on this issue is mistaken.]

94. Nursing notes confirm that Helen Young had an initial aversion to Caressant Care but, over time, grew more accepting of her new living situation. To police Ms. Wettlaufer described Helen Young as feisty, outspoken, miserable, and unhappy with her life. Ms. Wettlaufer was annoyed by Helen Young constantly crying out "help me nurse." From Ms. Wettlaufer's perspective, she was "very difficult to deal with". Ms. Wettlaufer told police that she frequently stated "I want to die." Nursing notes, not merely those made by Ms. Wettlaufer, confirmed this kind of behavior had occurred before.

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95. On July 13, 2013, Ms. Wettlaufer was working the afternoon shift from 3:00 to 11:00 p.m. That afternoon, after 3:00 p.m., Ms. Wettlaufer told police that Young was again asking for help and repeating that she wanted to die. Ms. Wettlaufer told police it was like something "snapped inside" and the "red surge" came back and she thought to herself, "Okay, you *will* die."

96. Just prior to dinner, Ms. Wettlaufer prepared two insulin injections and attended Helen Young's single room. Ms. Wettlaufer injected Helen Young with one shot 60 units of short acting insulin. Just after dinner, Ms. Wettlaufer injected Helen Young a further 60 units of long acting insulin. Ms. Wettlaufer mislead Young by saying that the insulin injections were needles were to help with pain.

97. At 7:27 p.m. Ms. Wettlaufer recorded in the patients Vital Signs Assessment the following: "Helen was diaphoretic after supper and was slurring her words..."

98. Records show that at approximately 9:00 p.m. Ms. Wettlaufer was summoned to Helen Young's room by a PSW because Helen Young's face was red, her arms and legs were bent inward, her eyes were bulging and she was moaning loudly. Helen Young was having an apparent seizure as a result of the insulin.

99. At the end of Ms. Wettlaufer's shift, she noted the incident in nursing notes and added "When writer asked if she was in pain, she nodded".

100. At 8:40 a.m. the following morning Helen Young passed away and her family was notified. Ms. Wettlaufer was not working at that time. Ms. Wettlaufer was working later



however, when Mrs. Young's niece attended to retrieve her belongings. Ms. Wettlaufer hugged Mrs. Young's niece as she cried on her shoulder. Ms. Wettlaufer expressed how sorry she was over the loss.

**Count 11: Maureen Pickering**

101. Ms. Wettlaufer admits fatally injecting Maureen Pickering with insulin in March 2014. She admits the injections were made unlawfully with intent to put Mrs. Pickering into a coma and to cause permanent brain damage – bodily harm that she knew was so serious that it would likely kill Maureen Pickering and proceeded to inject her despite knowing Ms. Pickering would likely die as a result of that grievous bodily harm. The injection was administered only after Ms. Wettlaufer considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

102. Maureen (O'Neil) Pickering was born on June 9, 1935 and resided in the town of Tillsonburg. She resided with her husband in the Greater Toronto area in the 1980's before moving to the Tillsonburg area. They did not have children. After her husband passed away, Mrs. Pickering regularly spent time in Florida before her health declined.



103. On September 9, 2013, Mrs. Pickering was admitted to Caressant Care from Tillsonburg Hospital where she had been since August 21, 2013.

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104. Her diagnoses included dementia and Alzheimer's disease but not diabetes. She had no medical need for synthetic insulin. Medical records reveal that, over time, Mrs. Pickering's cognitive health began to further deteriorate, often rendering her confused and aggressive. Due to the wandering and aggressive tendencies, Mrs. Pickering often needed 1 to 1 care which was not always possible due to staff shortage and other duties. As a result, a privately paid Personal Support Worker was arranged for to supplement the nursing staff as well as to keep her company. When no PSW was available, Ms. Pickering's care was the duty of the charge nurse – like Ms. Wettlaufer – who often had other duties. Ms. Wettlaufer explained that Mrs. Pickering could be "a handful".

105. On March 22, 2014, Ms. Wettlaufer was working the afternoon shift from 3:00 to 11:00 p.m. At 3:32 p.m. shortly after Ms. Wettlaufer began her shift, she recorded on Mrs. Pickering's behavior notes: "Received Maureen in a highly agitated state. She has been pacing in and out of her room and back and forth in front of the nurses station. She also went into room 108 and yelled at that resident. She has been stating she will go home and is complaining of feeling nervous and scared"

106. Ms. Wettlaufer notes were that Mrs. Pickering had been given a Haldol at 1:40 p.m. by the previous nurse, however, Ms. Wettlaufer gave her an additional Haldol shot in an attempt to calm her down.

107. Ms. Wettlaufer explained to police that she was irritated that she had to focus so much time on Mrs. Pickering while also being responsible for 32 other residents' medication, paper work, and treatments. Ms. Wettlaufer described feeling frustrated and angry as Mrs. Pickering continued her disruptive behavior.

108. Ms. Wettlaufer told police that she once again felt that "urge" but told herself, "No, I don't want her to die but if I could somehow give her enough of a dose to give her a coma, something to change her brainwaves maybe make her less mobile and less hard to handle." And that she "really wanted to make sure that she, her mind would change a bit before she came back". At approximately 8:00 p.m. Ms. Wettlaufer attended the unit's medical storage room and located an insulin pen and the insulin itself from the medical refrigerator, then prepared two insulin needles intended for Mrs. Pickering.

109. Ms. Wettlaufer gave Mrs. Pickering two insulin injections about 2 1/2 hours apart - first 80 units of long acting insulin followed by 60 units of short-acting insulin. Ms. Wettlaufer made clear it was "a lot" because she "really wanted to make sure that she, her mind would change". Initially, Ms. Wettlaufer gave her a sedative to calm her down before giving the first insulin injection which was misrepresented as a vitamin injection.

110. At 11:27 p.m. Ms. Wettlaufer noted:

*Maureen started to settle down at 16:30 Hrs. She stopped complaining and feeling nervous. She requested to go to bed at 19:00 but got back up again. Staff had her assist with folding towels and she resettled to bed at 19:30 and has been asleep each time she was checked on. Maureen has called out "help help" twice since 22:00 but both times she was asleep.*



111. The following morning March 23, 2014, another nurse noted that Mrs. Pickering was drowsy and did not want to come down for breakfast at 8:00 a.m. That nurse then checked on Mrs. Pickering every half hour.

112. At 10:50 a.m. Mrs. Pickering was found unresponsive, diaphoretic, cold, and clammy with deep snoring sounding respirations and mucous. An ambulance was immediately called and Mrs. Pickering was transferred to Woodstock General Hospital.

113. On March 23, 2014, Ms. Wettlaufer was again working the afternoon shift from 3:00 to 11:00 p.m. At 5:00 p.m. Ms. Wettlaufer received a phone call from a doctor at Woodstock General Hospital with an update on Mrs. Pickering. Ms. Wettlaufer made notes of that call. She learned that Mrs. Pickering had suffered a stroke, was unresponsive and was to be returned to Caressant Care in a palliative state.

114. Once returned, for the first 24 hours, Mrs. Pickering was described in nursing notes as being responsive to voice and touch by moaning and moving her eyes. Thereafter, for the next four days, she was documented as completely unresponsive. On March 28, 2014 at 9:23 a.m., another nurse, not Ms. Wettlaufer found Mrs. Pickering had passed away. By then, Wettlaufer was no longer at Caressant Care. She had been terminated as a result of a non-criminal medicine administration error.



### Count 12: Arpad Horvath

115. In April 2014, Ms. Wettlaufer was hired as an RN at the Meadow Park Nursing Home located in the City of London. It is at Meadow Park that she had dealings with Arpad Horvath.

116. Ms. Wettlaufer admits fatally injecting Arpad Horvath with insulin in August 2014. She admits the injections were made unlawfully with intent to end Mr. Horvath's life after Ms. Wettlaufer considered the consequences of giving the injections and after weighing the advantages and disadvantages of giving them.

117. Arpad Alajos Horvath was born November 14, 1938. He had resided most of his life in Straffordville. He was married with two children and three grand-children. He was an avid hunter, proud of his Hungarian heritage and had run his own tool& die business for 50 years.



118. Mr. Horvath was admitted into Meadow Park Nursing Home on August 29, 2013. He had a number of conditions including dementia and diabetes.

119. Patient *Progress Notes* made by a number of staff (not merely Ms. Wettlaufer) show that Mr. Horvath was sometimes inappropriate and explicit with the staff.

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120. On August 21, 2014, Ms. Wettlaufer noted observations that Mr. Horvath had been hitting and kicking at staff. On August 23, 2014 Ms. Wettlaufer was working the afternoon shift. Mr. Horvath was one of the residents under her care.

121. On her shift Ms. Wettlaufer twice made nursing notes about Mr. Horvath yelling, spitting, and swinging his fist when she approached him for his required care.

122. Ms. Wettlaufer told police she felt angry, frustrated and vindictive. She decided "enough was enough" with Mr. Horvath. She attended Meadow Park's medical storage room in which she had access to insulin. Ms. Wettlaufer prepared two insulin pens to inject Mr. Horvath.

123. At approximately 8:00 p.m. Ms. Wettlaufer attended Mr. Horvath's room and injected him with 80 units of short acting insulin and 60 units of long acting insulin. He attempted to fight it but he was unsuccessful. She explained that "eventually I got it into him." There was no immediate effect. When Ms. Wettlaufer finished her shift, Mr. Horvath was fine but his condition changed thereafter.

124. Just over 8 hours later, a PSW found Mr. Horvath unresponsive, diaphoretic, cold and clammy and unconscious. An ambulance was called and transported him to London Health Science Centre. There, he was determined to be hypoglycemic upon admission. Testing to determine insulin levels was not done. Mr. Horvath was treated at the hospital but he remained there because he was comatose and was having seizures.

During his time at London Health Sciences, Ms. Wettlaufer contacted the hospital twice requesting an update on Mr. Horvath's condition. Ms. Wettlaufer made related notes as to his condition in his patient records.

125. Mr. Horvath passed away seven days later - on August 31, 2014. No autopsy was conducted at that time.

126. In January 2017, Mr. Horvath's body was exhumed by search warrant for autopsy. The scientific results are inconclusive relating to cause of death. The medical records are clear that that Mr. Horvath's condition started with hypoglycemia. Evidence of tissue damage in the brain was suggestive of the death caused by hypoglycemia but it is not definitive. There is no dispute, however, that based on all the evidence (including but not limited to scientific evidence), Ms. Wettlaufer's actions were a significant contributing cause of Arpad Horvath's death.

### **Count 13: Sandra Towler**

127. On October 1, 2014 Ms. Wettlaufer resigned from Meadow Park to get help with drug/alcohol dependency issues. Later Ms. Wettlaufer admitted to police she had been stealing and taking the medication.

128. Life Guard Homecare of Brantford, Ontario, is an assisted living company offering nursing assistance and services within patients' homes, as well as contracting

RN and PSW's out to facilities in the Brant, Oxford and Haldimond-Norfolk area. Life Guard employs 60 – 75 employees at any given time.

129. In January 2015 Ms. Wettlaufer commenced her employment with Life Guard where she attended individual residents, as well as long-term care facilities including Telfer Place Long Term Care Facility (Telfer Place), in the town of Paris. It is at Telfer Place that Ms. Wettlaufer came in contact with Sandra Towler.

130. Ms. Wettlaufer admits unlawfully injecting Sandra Towler with insulin in the September 2015 intending to end Sandra Towler's life.

131. Sandra Towler was born April 6, 1939 and resided in Brant County where she raised her daughter and son. Sandra Towler is still alive. She has dementia.

132. On February 12, 2014 Sandra Towler was admitted to Telfer Place. At the time of her admission she was diagnosed with a number of conditions including "dementia in Alzheimer's disease" and diabetes that was controlled by oral medication (which was not insulin). Accordingly, Sandra Towler did not normally receive insulin injections and had no medical need for them.

133. Ms. Wettlaufer told police she injected Sandra Towler with insulin sometime around September 6, 2015. Indeed, records confirm that on September 6, 2015 Ms. Wettlaufer was working and caring for Ms. Towler.



134. Ms. Wettlaufer told police that sometime during that shift, she attended Sandra Towler's room which she shared with three roommates. Ms. Wettlaufer told police that felt frustrated again with her job and "sensed" Sandra Towler did not want to be there anymore. As a result, Ms. Wettlaufer explained, she injected Sandra Towler with what Ms. Wettlaufer recalls to be 80 long acting insulin and 60 short acting. Sandra Towler had never had a hypoglycemic event before that date. Medical records confirm Ms. Towler became hypoglycemic beginning just after Ms. Wettlaufer's shift ended. It was significant enough that Sandra Towler was removed from Telfer Place and hospitalized (and successfully treated) thereafter. Ms. Wettlaufer explained to police that nobody raised any concerns or suspicions about Ms. Wettlaufer's care of Ms. Towler.

**Count 14: Beverly Bertram**

135. Saint Elizabeth is the largest health care provider in Ontario with more than 8,000 staff delivering approximately 5 million health care visits annually. RNs and RPNs attend to client's needs in their homes alone where they provide various types of nursing and home services.

136. Ms. Wettlaufer was offered employment with Saint Elizabeth Health Care starting in July 2016. She provided nursing care to patients at their homes within Oxford County. Through Saint Elizabeth, she cared for a woman by the name of Beverly Bertram.

137. Beverly Bertram is alive. Ms. Wettlaufer admits unlawfully injecting Beverly Bertram with insulin in August 2016 intending to end Beverly Bertram's life.

138. Beverly Bertram, age 68, resided in Ingersoll. Beverly Bertram has a number of health issues and suffers from diabetes which is controlled through injectable insulin. She does not suffer from dementia. In the summer of 2016, Beverly Bertram had surgery on her left leg. On August 19, 2016 Beverly Bertram returned home from the hospital. St Elizabeth Health Care nurses then attended periodically to assist with an infection. Specifically, part of the nurses' help was administering intravenous antibiotics to Beverly Bertram at her home through a tube inserted into a vein called a "picc line".

139. On August 20, 2016 Ms. Wettlaufer attended at the home of Beverly Bertram. On that date, Ms. Wettlaufer administered intravenous antibiotics to Beverly Bertram through the use of Beverly Bertram's picc line.

140. Uninvited and unexpected, later on August 20, Ms. Wettlaufer attended the residence of another St. Elizabeth home patient. Ms. Wettlaufer entered that residence unannounced while the patient was in the shower. The patient heard something and called out. There was no response. The patient ended her shower and found Ms. Wettlaufer going through that patient's medications on her table. Ms. Wettlaufer claimed to the patient that she was merely looking for an oxygen meter she had forgotten there previously. That patient's insulin was on that table along with her morphine. Ms. Wettlaufer confirmed to police and to staff at CAMH, that what she was actually doing was stealing insulin<sup>4</sup> from this home because she intended to use it to kill Bertram the next day. Ms. Bertram was a diabetic and had her own insulin. Still, Ms.

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<sup>4</sup> She also admitted stealing other medication for herself, namely, "hydromorphs".

Wettlaufer chose to steal insulin from a second patient for a specific reason. By obtaining insulin from another patient, should Beverly Bertram die as intended, a later examination of Ms. Bertram's own insulin supply would not appear unusually depleted.

141. The next day, August 21, 2016, Ms. Wettlaufer re-attended Beverly Bertram's residence and once again administered intravenous antibiotics to Beverly Bertram. Beverly Bertram recalled Ms. Wettlaufer taking a long time in the kitchen while obtaining her antibiotics from the fridge. After receiving what she thought were merely the antibiotics, Beverly Bertram described herself as feeling unusually nauseous and dizzy. Concerned, Beverly Bertram decided not to inject herself with her insulin that day and was able to recover from that state without medical help.

142. Ms. Wettlaufer told police about that day. She described herself as feeling frustrated and angry with her job and all the people she had to care for that weekend. Ms. Wettlaufer felt the same "surge" that evokes her urge to overdose people and that injecting Beverly Bertram with insulin with intent to kill her was pre-planned. Ms. Wettlaufer said she gave Beverly Bertram "a huge amount"- 180 units of insulin via the picc line. Ms. Wettlaufer further explained that she gave three separate doses of 60 units through her picc line.

143. On August 22, 2016 Ms. Wettlaufer said she accessed the patient records for Saint Elizabeth Health Care using her assigned tablet thereafter to check on the status of Beverly Bertram. Ms. Wettlaufer noticed that she had been seen by another nurses the following days and assumed she had survived and was fine.



144. Ms. Wettlaufer did not return to Beverly Bertram's home again.

### **Police Became Involved**

145. On August 29, 2016 Ms. Wettlaufer resigned from Saint Elizabeth Health Care after she was told she would be working with diabetic children within a school. Ms. Wettlaufer panicked. She later explained to police that she did not trust herself not to harm children so she resigned.

146. On September 16, 2016 Ms. Wettlaufer voluntarily admitted herself to the Centre for Addiction and Mental Health (CAMH) located on College Avenue, in Toronto for fear she would harm others or herself. She remained at CAMH for about three weeks – until October 5, 2016. Even though she walked in on her own Ms. Wettlaufer was held there by law as an involuntary patient on a Form 1 under the *Mental Health Act*.

147. At the time of her admission there was no ongoing criminal investigation relating to any victim or in relation to Ms. Wettlaufer. Once at CAMH, Ms. Wettlaufer disclosed that she intentionally overdosed patients which led to the death of eight patients. While CAMH came to consult legal counsel and professional bodies to determine their legal duties in these unusual circumstances, they took measures to be fair to Ms. Wettlaufer very early on. That is, CAMH invited Ms. Wettlaufer to discuss the matter with a lawyer before discussing her conduct further. She declined. CAMH told her that they may have a legal obligation to report what she was saying both to the College of Nurses and

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to police. It did not matter. Over the course of 20 days, she continued to confess to CAMH repeatedly and in detail even after CAMH told her that police and the college had been contacted. She insisted she wanted to be taken seriously.

148. Ms. Wettlaufer was treated by the Women's Inpatient Psychiatrist, Dr. Allan KAHN, who suggested she organize her thoughts and admissions *on paper* for therapeutic purposes. After considering that suggestion for a few days, on September 24 and 25th, 2016 Ms. Wettlaufer composed four pages of detailed notes outlining how she had murdered 8 patients under her care and administered insulin non-fatally to six others. She later told police that writing it out "was my decision, I was under no duress when I wrote them out" and that she was "very very careful when I wrote that". Still, she explained that she wrote it from memory without any other records available to her, that some of the dates and insulin dosages were approximated. A photocopy of the handwritten document is marked as **Appendix A**. Ms. Wettlaufer eventually consented to Dr. KAHN providing her hand-written admissions to police and furthermore to facilitate her speaking with police. It was arranged.

149. On September 29, 2016, Woodstock Police Criminal Investigations Branch was notified of the allegations because the majority of the offences occurred in Woodstock. It was agreed that detectives with Toronto Police Service would conduct an initial interview with Ms. Wettlaufer.

150. With her consent, Elizabeth Wettlaufer agreed to go with Toronto Police Service officers to be interviewed on September 29<sup>th</sup>, 2016. She was *temporarily* released from

CAMH for this purpose. She declined an opportunity to speak with counsel and spoke voluntarily for about 40 minutes before explaining that she had become fatigued and asked to return to CAMH. With that, police terminated the interview and returned her to CAMH. Woodstock police were advised as to the content of this interview.

151. On October 3, 2016, Woodstock Police commenced their own investigation which resulted in a joint investigation by Woodstock Police Service, the Ontario Provincial Police and London Police Service because the allegations involved multiple Ontario jurisdictions - Woodstock, London, Paris and Ingersoll.

152. The second interview, given on October 5, 2016, is more detailed than the first<sup>5</sup> and will be played in court. As edited (removing times when there is no discussion and some personal details of others etc.), this video recorded statement is about 2 ½ hours long but, in all, she was at Woodstock police station for about 3 hours 40 minutes. This edited video recorded statement and related transcript will be marked **Exhibits B and C** respectively to this agreed statement of fact. One part of the October 5<sup>th</sup>, 2016 interview requires clarification. In it, police confront Ms. Wettlaufer with a proposition that police had come across *other* "suspicious deaths" at that time. That was untrue. Police had not come across other suspicious deaths. It was said to gauge her reaction. She denied any further victims.

153. On October 5, 2016, Ms. Wettlaufer was discharged from CAMH and agreed to go with police to Woodstock for a second interview. At Woodstock Police

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<sup>5</sup> The substantive details that appear only in her first police interview are in this document. They are embedded into the description of the individual offences.



Headquarters, Ms. Wettlaufer provided a cautioned statement with D/Cst. HERGOTT where she confessed in detail.

154. On October 6, 2016, Ms. Wettlaufer appeared before a judge where she voluntarily entered into an 810.2 recognizance with numerous conditions while police conducted a more in-depth investigation.

155. On October 24, 2016, Ms. Wettlaufer turned herself in and police arrested her and formally charged her with eight counts of first degree murder. On January 13, 2017 Ms. Wettlaufer was then re-arrested and charged with a further two counts of aggravated assault and four further counts of attempt murder.

#### Computer Search

156. Police seized and examined Ms. Wettlaufer's personal computer by search warrant. On September 8<sup>th</sup>, 2016, a week before going to CAMH, Elizabeth Wettlaufer performed *google* searches for the names of five victims (Beverly Bertram, Sandra Towler, James Silcox, Helen Matheson and Helen Young) and reviewed the obituaries for three others (Gladys Millard, Maureen Pickering and Arpad Horvath). On September 14<sup>th</sup>, the day before attending CAMH, there was other computer activity noted:

- She searched a website "Yahoo answers" for answers to two questions: "*How long and how painful is insulin over dose death? What Happens to the person in this case?*"
- She viewed an article entitled "*5 Killer Nurses Who Preyed on Their Helpless Patients*".

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- She viewed another article entitled "*When Nurses Kill*", apparently published by Psychology Today.

### CAMH Records

157. Police obtained all Ms. Wettlaufer's psychiatric records, from CAMH and elsewhere.<sup>6</sup> There is no evidence she told any other mental health professionals about harming patients. The most detailed and meaningful records are from CAMH. The CAMH discharge data summary (9 pages) will be appended to this agreed statement of fact as **Appendix D**. There is no dispute as to its accuracy. In part, psychiatrists determined there was no evidence of psychosis; she did not suffer from hallucinations; she had full insight into her own actions and she was aware of consequences of her own actions. Her diagnosis included adult antisocial behavior, borderline personality disorder, mild alcohol and opiate use disorders, and major depressive disorder.

158. Criminal Responsibility and Intoxication. None of her mental health diagnoses are a defence under section 16 of the *Criminal Code* (not criminally responsible on account of mental disorder). Further, while Ms. Wettlaufer did use prescription drugs on occasion while working, she does not claim to have been intoxicated by drugs or alcohol while committing the crimes to which she has pleaded guilty.

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<sup>6</sup> Psychiatric records were seized by production orders sealed pending a claim of privilege or a consent to unseal and disclose. Ms. Wettlaufer was co-operative with this investigation. With her consent, privilege over these records was not claimed and the records were unsealed and disclosed to her.

### Confessions to others

159. In her October 5, 2016 video statement (and to CAMH), Elizabeth Wettlaufer explained that she had disclosed that she had harmed patients to others. Police investigated and were able to confirm much of what she said but none of the confessions to others were as detailed as what she said to police or to CAMH staff. Police interviews are summarized below. In some respects, Ms. Wettlaufer remembers some specifics differently than the witnesses disclosed but it is agreed that this is a fair summary of what occurred:

a. **Pastor and his wife.** On October 18, 2013 Ms. Wettlaufer met with her then pastor and his wife. During the meeting she told them, among other things, that she had killed some of her (unnamed) patients. The pastor's wife recalls Ms. Wettlaufer mentioning the use of a drug and she believes the drug that was mentioned was insulin. The couple told police they could not grasp what they were being told. The pastor told police he was unsure about whether to believe Ms. Wettlaufer. His wife told police that she did not believe it. Ms. Wettlaufer asked that they pray with her and that is what they did. There was no follow up. They decided to never speak to Ms. Wettlaufer about it again. The confession went unreported.

b. **Student nurse's aide.** Sometime in the period 2009 to 2011 a young woman worked as a nurse's aide at Caressant Care. She was between 16 and 18 years of age at the time. She befriended Ms. Wettlaufer and

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on either her 16th or 17th birthday Ms. Wettlaufer took this young woman out to dinner in Toronto. This young woman explained that she and Ms. Wettlaufer came to discuss a number of people dying during Ms. Wettlaufer's shifts. In the course of those discussions, Ms. Wettlaufer admitted harming some patients; she had overdosed them on insulin. The young woman told police that she thought Ms. Wettlaufer appeared remorseful. A couple of days later the young woman told Ms. Wettlaufer that she felt the need to report this to either staff or police. Ms. Wettlaufer told her that no one would believe her since there was no proof and Ms. Wettlaufer would simply deny it. Ms. Wettlaufer also told her that she had found God and He had directed Ms. Wettlaufer to do it and had forgiven her. The confession went unreported.

- c. **Former NA Sponsor.** Ms. Wettlaufer's former sponsor in Narcotics Anonymous explained to police that she recalls discussions with Ms. Wettlaufer in Step 4 of their work which deals with admissions. She approximated that these conversations occurred in 2014 but could not be certain of the year. Ms. Wettlaufer insinuated, but did not actually say, that she had committed murders by drawing circled letter "M"s. She indicated that 8 people were harmed though no names or specifics were used. Although this former sponsor believed that Ms. Wettlaufer was capable of such acts, she told police that she thought Ms. Wettlaufer was a pathological liar and was manipulative. She did not believe it. In

sessions Ms. Wettlaufer talked about power, control, obsession and rush when discussing her feelings including having homicidal thoughts. These admissions went unreported.

d. **Former boyfriend.** Ms. Wettlaufer had sporadic social media contact with a friend from bible college. Sometime in 2015 she confessed to him that she had killed two of her patients using insulin and told him that to the best of her knowledge there was no evidence. This person did not report the confession to police. He explained to police that he had no timeline and thought that the confession could be attributed to Ms. Wettlaufer having a psychiatric event of some sort. On August 26, 2016 she messaged him by text that on the past Sunday (August 21) she had tried to kill one of her patients. [We now know this was Beverly Bertram but no name was provided.] This admission went unreported. His last electronic (text) message from her indicated that she was in the back of a police car heading back to Woodstock.

e. **Former Roommate.** In the fall of 2014 Ms. Wettlaufer told her roommate/ girlfriend that she had stolen drugs from her employer and that she was going to get some help for her drug issues. She also said that while at work she "had been suicidal over the years and at times she sometimes feels like she wants to kill somebody" in the nursing homes. By then, Ms. Wettlaufer had been terminated at Caressant Care

so the roommate was "freaked out" but not "too concerned with it" assuming that she would get some help. The roommate did not tell anyone about this conversation until approached by police in October 2016.

- f. **Cousin.** In September of 2016, just prior to going to CAMH, Ms. Wettlaufer contacted a cousin. She told her cousin that she was checking herself in to a mental health facility. She said something was very wrong and she could be responsible for the deaths of some patients at work. When asked if these people could simply have passed away on her shift, Ms. Wettlaufer explained by text, that she felt that she had given them too much insulin and that she was responsible. The admissions to this cousin went unreported.
  
- g. **AA friend.** Ms. Wettlaufer and a former AA friend kept in touch over the years. In early September 2016, about a week prior to going to CAMH, Ms. Wettlaufer told this person that she had been overdosing patients on insulin since 2007 and that some patients died because of it. She also indicated that she quit her job because she was asked to work with diabetic children. This person told Ms. Wettlaufer that she was prepared to call the police if Ms. Wettlaufer had not followed through. This person later confirmed that Ms. Wettlaufer went to CAMH and spoke to police.



They stayed in touch by text message while Ms. Wettlaufer went to CAMH. While there, Ms. Wettlaufer identified this friend.

- h. **Acquaintance from NA.** The night before she went in to CAMH Ms. Wettlaufer reached out to an acquaintance from Narcotics Anonymous. She texted that person that she had been overdosing patients, that she was going to be sent to work with children and she couldn't do that. Ms. Wettlaufer told her that she was checking herself in to CAMH and continued to check in with that person during her stay there. This person explained that she was prepared to contact police if Ms. Wettlaufer did not seek help and explain what she had done to CAMH and police.
- i. **Acquaintance from drug counselling program.** In 2016, while in CAMH, Ms. Wettlaufer reached out by text to a former acquaintance she knew from a drug counselling group a couple years prior. In that text conversation Ms. Wettlaufer asked questions about jail. She went on to explain that she might be going to jail as soon as the upcoming weekend. When asked why, she admitted that it was regarding deaths for which she was responsible that had occurred between 2007 and 2016, and "Yes, I am guilty". In her last text message, Ms. Wettlaufer indicated that she was in a car with police driving back to Woodstock.

j. **Facebook Friend.** In late September 2016, while at CAMH Ms. Wettlaufer was online on Facebook Messenger. An old friend connected with her to see how she was doing since he knew she was in CAMH. She confided in him that she had been responsible for the deaths of several people while on duty in her professional capacity. She told him that these were not accidental, that she deliberately administered insulin overdoses to them. She acknowledged that she was currently an involuntary patient at CAMH and that she expected to be arrested upon her release. This person called police.

k. **College of Nurses.** On September 30, 2016, while at CAMH, Ms. Wettlaufer sent an email to the College of Nurses from CAMH. It read in its entirety: "I Elizabeth T. Wettlaufer am no longer fit to practice as a nurse. I have deliberately harmed patients in my care and am now being investigated by the police for same." She also telephoned an investigator from the College of Nurses from CAMH the same day. In that telephone call Ms. Wettlaufer explained that she had been giving insulin overdoses between 2007 and 2016, explaining she had done this about 14 times in all. Further, she described the various locations where these events occurred – essentially what she told police in an abbreviated form. In that call she told the College of Nurses she would have CAMH fax the four-page confession she had written [Appendix A]. CAMH provided it and many of their other records to the College of Nurses.

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l. **Bible College Friend.** On October 10, 2016, shortly after her release from CAMH, Ms. Wettlaufer contacted an old friend from bible college with whom she had stayed in contact. During the conversation she admitted that she had given insulin overdoses to patients who didn't need insulin. No detailed information was given. She also explained that police were gathering a case against her and asked if this friend had been contacted by them. This friend later told police that he/she was in shock, that Ms. Wettlaufer was capable of doing this, and that he/she could not see her fabricating it.

m. **Lawyer.** In her statement to police and to CAMH, Elizabeth Wettlaufer said she had consulted a lawyer (not Mr. Burgess) years earlier. Ms. Wettlaufer told them that the lawyer explained it would be in her interest to remain silent. To CAMH, Ms. Wettlaufer explained further that the lawyer urged her to pursue professional help from a mental health professional.

### **ADMISSION OF LIABILITY AND SIGNIFICANCE OF THIS DOCUMENT**

160. Elizabeth Wettlaufer has been in custody since she turned herself in for arrest on October 24, 2016. She has never applied for bail. She has no prior findings of guilt or convictions. There are no outstanding charges other than those before this court. She is currently not entitled to practice nursing having resigned on September 30, 2016. The

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College of Nurses is currently investigating this matter and in due course there will be a disciplinary hearing. While the parties do not speak for the College of Nurses, it can be reasonably assumed that this guilty plea will effectively ensure she loses her nursing status permanently.

161. Elizabeth Wettlaufer admits she committed first degree murder in relation to eight people – James Silcox, Maurice Granat, Gladys Millard, Helen Matheson, Mary Zurawinski, Helen Young, Maureen Pickering and Arpad Horvath. Specifically, she acknowledges and understands that:

- a. In the periods alleged she intentionally applied force to each of them by injecting each of them with insulin.
- b. When injecting insulin into each, she knew that she was not doing so for any real or perceived medical purpose or in conformity with a medical prescription or on doctor's orders.
- c. When injecting insulin into each of them, she knew she did not have consent to do so from any of them or from their powers of attorney.
- d. She intended to murder each of them. Specifically,
  - i. In relation to James Silcox, Maurice Granat, Gladys Millard, Helen Matheson, Mary Zurawinski, Helen Young, and Arpad Horvath, Elizabeth Wettlaufer intended to kill each of them, and
  - ii. In relation to Maureen Pickering, Elizabeth Wettlaufer intended to cause bodily harm that she knew was so serious that it would likely kill Maureen Pickering and proceeded to inject Maureen Pickering despite

knowing Maureen Pickering would likely die as a result of the bodily harm she intended to cause.

- e. The injections of insulin were significant contributing causes of each of their deaths;
- f. That before injecting each of them she considered the consequences of giving the injections. Further, before injecting each of them, she formulated a scheme or design after weighing the advantages and disadvantages of giving the insulin injections. Once the scheme or design was formed, she then executed each scheme or design immediately.

162. Elizabeth Wettlaufer admits she is guilty of four counts of attempted murder in relation to four people – Wayne Hedges, Michael Priddle Sandra Towler and Beverly Bertram. Specifically, she acknowledges and understands that:

- a. In the periods alleged she intentionally applied force to each of them by injecting each with insulin.
- b. When injecting insulin into each, she knew that she was not doing so for any real or perceived medical purpose or in conformity with a medical prescription or on doctor's orders.
- c. When injecting insulin into each of them, she knew she did not have consent to do so from any of them or from their powers of attorney.
- d. When she injected each of them, she intended to kill each of them.

163. Elizabeth Wettlaufer admits she is guilty of two counts of aggravated assault. Specifically, she understands and acknowledges that:

- a. In the periods alleged she intentionally applied force to each Clotilde Adriano and Albina DeMedeiros by injecting each with insulin.
- b. When injecting insulin into each Clotilde Adriano and Albina DeMedeiros, she knew that she was not doing so for any real or perceived medical purpose or in conformity with a medical prescription or on doctor's orders.
- c. When injecting insulin into each Clotilde Adriano and Albina DeMedeiros, she knew she did not have consent to do so from either of them or from their powers of attorney.
- d. When injecting insulin into each Clotilde Adriano and Albina DeMedeiros, she knew then that an overdose of insulin could be fatal.
- e. By injecting insulin into each Clotilde Adriano and Albina DeMedeiros, she endangered each of their lives.

164. Elizabeth Tracy May Wettlaufer confirms that she has received independent legal advice regarding the case against her, her available defences, the implication and significance of entering guilty pleas and her signing this document. By entering guilty pleas and signing this document, Elizabeth Wettlaufer acknowledges her understanding that she waives her right to a trial at which the Crown would be obliged to prove all essential elements of the charges before the Court beyond a reasonable doubt.



165. Elizabeth Wettlaufer understands that first degree murder involves a minimum sentence of life imprisonment without eligibility for parole for 25 years and section 745.6(2) of the *Criminal Code* bars an application for a reduction of parole. The Crown acknowledges that pursuant to section 746 of the *Criminal Code*, parole calculations are to be based on the date of arrest, October 24, 2016. Further, Elizabeth Wettlaufer acknowledges understanding that the Crown and her counsel will jointly propose a sentence as follows:

- a. On all counts of first degree murder (counts 3, 4, 7 to 12 inclusive), life imprisonment without eligibility for parole for 25 years, all sentences to run concurrently.
- b. On all counts of attempted murder (counts 5, 6, 13 and 14), 10 years to run concurrently to each other and to all other sentences.
- c. On all counts of aggravated assault (counts 1 and 2), 7 years concurrent to each other and concurrent to all other sentences.

166. Elizabeth Wettlaufer and the Crown agree that nothing in this document bars an appeal of the sentence imposed.

167. The Crown and Elizabeth Wettlaufer confirm that notwithstanding any submission made regarding the length of sentence to be imposed for the non-fatal charges, the final decision as to sentence remains with the Court.

168. It is agreed that the Court is obliged to make two mandatory ancillary orders as part of the sentence imposed<sup>7</sup>:

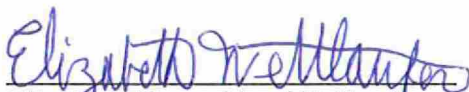
- (a) DNA databank order in Form 5.03
- (b) Weapons prohibition for life under section 109


169. Elizabeth Wettlaufer also confirms her understanding that, if this guilty plea is struck or later overturned on appeal, the Crown may seek to use this document as a voluntary confession in any resulting proceeding.

170. Elizabeth Wettlaufer confirms that she speaks and reads English, that she has read this document and that all the facts in this document are true and correct.

**ALL OF WHICH IS AGREED,**

SIGNED by Elizabeth Tracy Mae Wettlaufer and Brad Burgess at Woodstock  
Ontario on the 1<sup>st</sup> day of July, 2017.

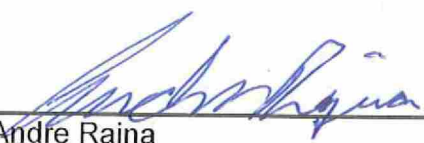
  
Elizabeth Tracy Mae Wettlaufer

  
Brad Burgess  
Counsel for Ms. Wettlaufer

<sup>7</sup>Murder, attempted murder and aggravated assault are all *primary designated offences* under section 487.04 of the *Criminal Code* and the DNA order is therefore mandatory pursuant to section 487.051(1). A ten-year weapons prohibition is mandatory pursuant to section 109(3).

SIGNED on behalf of the Ministry of the Attorney General, Province of Ontario at  
Woodstock, Ontario on the 1 day of JUNE, 2017.

  
\_\_\_\_\_  
Fraser M. Kelly  
General Crown Counsel

  
\_\_\_\_\_  
Andre Rajna  
Crown Attorney