

GRAYM

When 73-year-old Nick Glumac died, nobody poisoning him. Was this an isolated case—

Nick Glumac took his last breath at LaPorte Hospital at 11:07 A.M. on June 19, 1999. Everyone, including his doctors, assumed the cancer had taken him, that his faltering organs had finally given out. The 73-year-old widower's body had been on the ropes for years. Along with cancer, he suffered from diabetes and partial paralysis brought on by a mild stroke. Before his death he'd been popping a battery of life-sustaining pills—Darvocet and Skelaxin for the constant pain in his back, Lasix to fight off water retention caused by the sputter of his one remaining kidney, Verapamil to settle off-the-charts blood pressure, and Singulair to steady the wheezing breath rushing in and out of his single lung.

His medications were supervised by his live-in caretaker, Heather Shaw, 25, who occupied a room in his tiny white house in Kingsford Heights, Indiana. Beginning in the fall of 1998, she bathed and fed him and every week organized his multicolored meds in a long green plastic organizer. Sometimes Nick's hands shook so much that he couldn't get the pills into his mouth. On those occasions, the nurse's aide would place them on his tongue and give him an ice cold glass of cranberry juice so he could wash them down.

For all his ailments, Nick's mind was as sharp as ever. And so was his tongue. "He never thought twice about telling someone what to do," says Nichole, the youngest of his three children. Ever since his conversion to Jehovah's Witness in 1974, he'd also devoted himself to spreading the word. "He tried to convert everybody," says Nichole.

Nick was not a wealthy man. He'd been an inventor and an entrepreneur whose last business, a trucking com-



MURDER

suspected his caregiver had been slowly or the symptom of a hidden epidemic?

pany, had gone belly-up. But despite his financial position he refused to move in with any of his three children when his health failed. And he also refused to surrender to a nursing home. He'd watched his wife die slowly and miserably in one. "No nursing homes," he insisted. "This is my home."

When Nick fell gravely ill in the summer of 1999, it was Heather who phoned for the ambulance. She accompanied him to the hospital, then stayed by his side for nearly a week as he slipped away. When Nick finally passed, it seemed to all the world that this willful, sometimes cantankerous man had at least managed to die with dignity.

Nick's body was cremated and his ashes scattered. Heather mourned alongside his family. In return for her warmth and compassion, Nick's daughters offered to let her stay on in his house until she found her own place. They even took up a collection to help her get on her feet. Not for a moment did they consider that the woman they'd entrusted with their father's life might have taken it from him. "I remember the last time she came to the hospital and brought me shampoo and a hair dryer and clothes," Nick's eldest daughter, Lynda, said later in court. "I thought that was so nice of her. I told Heather then as we laughed and cried together that this was probably the last time we would have him with us."

But Heather Shaw turned out not to be what she seemed. She was the most egregious of predators, camouflaged in a caregiver's cloak. Enlisted to coddle bodies

enfeebled by old age, she gained trust and then robbed and planned murder. Which raises a question of serious concern: How many Heather Shaws are out there? Millions of elderly Americans have put their lives in the hands of health care professionals. It's impossible to know how frequently they are abused, neglected, and deceived, or as Nick was, snuffed out by those responsible for their care.

Some experts in law enforcement and forensic medicine warn that these "gray murders"—the killing of some of our most defenseless citizens—might be considered among the most overlooked violent crimes. For when death claims someone over 65, without blood or bruises or sure signs of trauma, it's rare that a police investigation is conducted. "You see an old guy like me lying dead on the floor," says retired detective Joe Soos, 57. "As long as I don't have any bullet holes in me, as long as I haven't been beaten, the television is there, the door is secure, I don't have a rope around my neck—what is the cause? Natural death."

Soos, a big bear of a man with thinning red hair, a few years ago launched the "gray murders project," a one-man crusade to change the way law enforcement thinks about elder homicide. The field is barely in its infancy, with only a handful of researchers digging through death certificates looking for signs of foul play. "Work in this area is really just beginning," says Lori Steigel, associate director of the American Bar Association's Commission on Legal Problems of the Elderly. "We expect old people

BY JAY CHESHES ILLUSTRATIONS BY STAN FELLOWS

to die. When it happens we don't think much about why."

In fact, looked at a certain way, federal crime statistics appear to paint a pretty rosy picture for Americans over 65. For 1997, the most recent year for which these figures are available, less than one-tenth of 1 percent of all deaths in this age group were reported as homicides. By comparison, 3 percent of deaths among children under 14 were reported as homicides. But to Soos, the scarcity of foul play in deaths of older Americans only arouses suspicion. "Either the elderly must be extraordinarily safe or we're missing something," he says. "I'm inclined to believe the latter."

He points out that not so long ago there was rarely an investigation when unbruised young children turned up dead in their beds. Today, thanks to publicity about child abuse, we all know that caretakers and even parents are not above taking the lives of the small and vulnerable. And deaths among the young are scrutinized as never before.

Soos continues to shell out thousands of dollars of his own money compiling case studies to document murders of the elderly. Toting PowerPoint presentations filled with gruesome images of battered corpses, he travels the country lecturing to detectives, social workers, coroners, and medical examiners, trying to counter the kind of ageism that helped Heather Shaw come awfully close to getting away with murder.

As killers go, this plump local girl, who looked sweet and mousy when she wore glasses and combed her hair straight, could scarcely have seemed more harmless. But there were glimmers of trouble beneath her soft-spoken exterior, hints of a wild child who liked to frizz up her hair with bright blonde streaks, dabble in cocaine, and sometimes blow her salary on tickets to pro wrestling matches.

The daughter of divorced parents, she'd shown signs of instability at an early age, lashing out at her own father by one time trying to poison his dog and another time slipping rubbing alcohol into his new wife's contact lens case. After high school, Heather, who'd become pregnant when she

was a teenager, struggled to raise a child on her own. By that time she'd landed a low-paying job at a nursing home where, taking advantage of free classes, she completed the two weeks' training needed for promotion to certified nursing assistant. State certification later helped her land more lucrative work in home health care.

A few years before moving in with Nick Glumac, she went to work for Superior Home Health Care in Michigan City, Indiana, where she befriended the office manager, Patti Grabiak, an attractive young woman whose son had just been diagnosed with brain cancer. Heather told

Patti she understood what she was going through, that her own son had been sick with leukemia but that, thankfully, the disease was in remission.

None of this was true, but the stories cemented their friendship. To help Patti deal with the emotional strain of her son's condition, Heather sometimes gave her a few of Nick's painkillers. After work the two women often threw back tequila shots at a neighborhood bar down the road from the office. Heather would tell Patti the problems she was having with Nick, how much he meddled in her business, how much she sometimes wished she could be rid of him. "She told me that he was just terrible," says Patti. "She said that he had gone through her personal belongings and that she had to get a separate phone line because he was telling people she wasn't home."

By all accounts, Nick probably was a difficult man to share a home with. He would question every aspect of Heather's life—where she was going, who she was spending time with,

how she was spending her money. He often told her he thought her lifestyle was unhealthy for her six-year-old son, who lived with Heather's mother. Beside Nick's bed was a doorbell buzzer so that he could call Heather at night if he was having trouble breathing or needed a drink or help getting to the bathroom. He used the buzzer all the time—constantly, incessantly—for the smallest of reasons. It drove Heather crazy. "They were like an old married couple," Shea Collins, Heather's best friend of 13

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years, later told police. "The two of them would get into some pretty big arguments."

Bickering and frustration are one thing—even his children acknowledged that Nick was a stubborn and demanding handful—but does it constitute a motive for murder? At the trial it would come out that shortly before Nick died, Heather swiped a few hundred dollars from his checking account and a slew of painkillers from his medicine cabinet. But it wasn't about the money or the drugs. Heather attacked Nick for all the accumulated petty slights and frustrations she'd had to endure as his caretaker and housemate. To put it another way, she simply got sick of him.

Murderers of the elderly are like any other killers, explains Soos, with motives as diverse as the weapons they use. They are driven to kill out of anger, hatred, psychosis, desire, jealousy, and, of course, greed. Soos tells the story of old Mrs. Didrickson, whose son drove thousands of miles from Wisconsin to south Florida to smother her in a hospital bed. His plan was to collect his inheritance ahead of schedule, but he was caught in the act when a nurse walked in just as he'd finished squeezing the breath from his mother's lungs. The bounty he sought? A mere \$2,000.

Then there's the case of "Texas Tim" Scoggin, an affable young man trained as a mortician but with a greater affinity for check forgery. He arrived one day in San Angelo, Texas, and started hanging around the local senior center eagerly making friends. Tim became the trusted confidant of Olgie and Leita Nobles. He ran errands for them, took care of them, sometimes prepared their meals. Not long after he started coming by, Olgie turned up dead, apparently of natural causes. Leita would have followed her husband to the grave if a doctor examining her in the hospital hadn't stumbled on the poison in her system and then tipped off the Texas Rangers. Even after Olgie's cremation, which was ordered by Tim, the arsenic he had slipped into Olgie's food showed up in the ashes. Further investigation revealed two more victims in a neighboring county: A pair of elderly sisters had died within 24 hours of each other. Their new friend Tim Scoggin had ordered their bodies cremated without raising a single law enforcement eyebrow.

Unlike Scoggin, not all perpetrators of eldercide, as some law enforcement officials call it, start out with malicious intent. Heather Shaw didn't embark on a career in health care with murder in mind. In fact, caring for the elderly was initially quite fulfilling, a simple means for winning the external approval she seemed so desperately to crave. It all began to unravel as this already unstable young woman was pushed to the brink by an irritating old man. Caregiver stress is not uncommon. Although it rarely leads to murder, it has driven children to neglect

Life Savers

Cases of eldercide are rare, but it is important for family and friends to remain alert. If you are responsible for someone who needs frequent unsupervised care, here are some precautions to keep him or her safe from harm.

Set some limits Arrange for a reputable accountant to conduct irregularly scheduled audits of the patient's assets at least once a year. Establish a red-flag system that'll alert you and the accountant if an unusual pattern occurs. For example, limit ATM transactions to \$300 and checks made to individuals or to cash to \$400.

Make a list Compile a detailed inventory of the patient's valuables, ranging from jewelry to electronics. Keep a copy and make one for the patient's attorney, close family members or trusted friends, and perhaps a member of the clergy. Provide instructions that law enforcement be called immediately if anything is missing. Optional: If the patient agrees, remove all valuables from the house and place them in a secure location, such as a bank vault.

Use the buddy system Set up an independent mutual-alert mechanism by asking a neighbor to check in regularly with your loved one if you don't live nearby yourself. Some people use a prearranged signal, such as the lighting of a porch light, to indicate "I'm fine." Another option: Set up a buddy-on-the-phone system through a civic organization such as a local VFW chapter.

Sound the alarm Consider purchasing emergency alert devices, alarms that send a signal to local police or medical personnel. These can be worn as a pendant or wristwatch or installed in convenient locations, such as by a person's bedside.

Do a safety check Request a home inspection by your local law enforcement agency and fire service. They'll look at everything from lighting to handrails to alarm systems. This safety check is usually free of charge. Should you need work done, they will often refer you to trustworthy local contractors. **JOSEPH SOOS**

Joseph Soos, a retired homicide detective, recently signed a contract with CRC Press to write a book on "gray crimes." For more information and tips for safeguarding your loved ones, contact The National Center on Elder Abuse (NCEA) at <http://www.elderabusecenter.org/>

their own parents, nursing home workers to bruise and batter, and spouses to poison their partners.

Still, one can't help asking, how could anyone take the life of a frail older person? The answer, says Soos, lies in part in the sheer vulnerability of the victims. In fact, America's most prolific serial killers aren't guys named Bundy or Dahmer, but health care professionals such as Michael Swango, a hospital physician who killed dozens of people in the late '80s and early '90s, most of them elderly men and women. He dispatched his targets with lethal injection, believing he was putting people out of their misery.

More recently, there was Kristen Gilbert, a nurse at a VA Hospital in Springfield, Massachusetts, who last year narrowly escaped the federal death penalty after she was found guilty of extinguishing elderly patients by inducing heart attacks with injections of a potent heart medicine. For years these trusted professionals killed and went undetected. Heather, too, might have gotten away scot free, if only she'd been able to keep her mouth shut.

Heather Shaw liked to talk about everything she did, and many things she never did. Among friends and close family she was known as a compulsive liar who made up stories to earn sympathy or admiration. Although her son, Michael, had always been healthy, she'd once shaved his head to further the masquerade that he had leukemia. From the moment she first tried to harm Nick, she kept her friend Shea informed of what she was planning. "She's lied for as long as I've known her," Shea later told police. "I never knew if she was really doing these things or just saying it to get attention."

Heather's first attempt on Nick's life happened in late May 1999. He had just returned from eight days in the hospital, where he'd been treated for a painful, scaly rash that had turned his legs and arms into swollen red baseball bats. When he got home he told Heather that doctors believed the rash had been

brought on by an allergic reaction, either to the laundry detergent she'd been using or to Cipro, an antibiotic he'd taken before his limbs started to itch so bad that he'd scratched himself until he bled.

The following day Heather and Shea went shopping at Wal-Mart. Heather bought a blue plastic pill crusher and that evening, as she prepared Nick's dinner, crushed the remaining dozen or so doses of Cipro into a fine white powder and dumped all of it into a 64-ounce bottle of cranberry juice. For three days, morning and night, Nick washed down his meds with the tainted purple liquid. Heather watched for a reaction, but nothing seemed to happen.

By that time she was fully determined to break free of Nick Glumac. Her next move was to swipe nitroglycerine pills from another client's home, hoping to swap them for Nick's kidney medication. On the morning of May 31, she began replacing his Lasix pills with nitro, which were pretty much the same color and size. Once again, nothing happened.

Heather took some time off from her fiendish plot to ponder her next move. Out for a drink one night with Patti Grabiak, the pair began comparing notes about abusive ex-boyfriends. Heather told Patti that during a fight she'd shot but not killed her son's father (a lie, according to police).

"You think that's something," Patti responded. "I can top that." She'd once read a mystery story about a woman who put small doses of antifreeze in her husband's coffee every morning until he eventually keeled over dead. Inspired by what she'd read, she'd decided "all right, I'm going to kill that bastard" and started putting "tiny, minute bits of antifreeze" in her boyfriend's morning brew. But the fluorescent green liquid, which tastes sticky-sweet, seemed to have no impact. "He didn't even get sick," she recalls. "It really made me mad. He knows about it now and he thinks it's hilarious."

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But there were
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trouble beneath
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exterior.**



It was with this story in mind that, bright and early on Monday, June 14, Heather decided to make her move.

She always kept a white plastic jug of All Weather antifreeze in the trunk of her car. She'd brought it inside the night before and stashed it under the sink in the kitchen. That morning as usual she walked into Nick's room and asked him what he wanted for breakfast. "Coffee ready yet?" he asked.

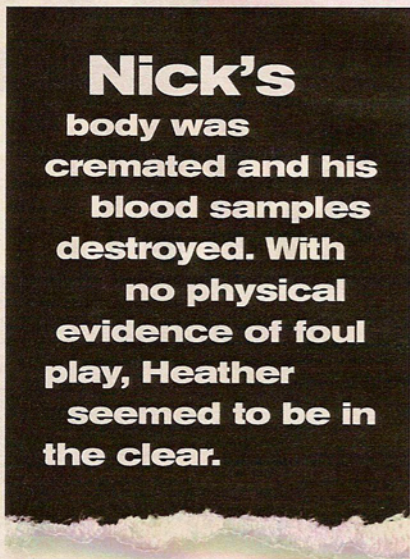
"It'll be ready in a minute," Heather responded briskly as she hurried back into the kitchen to prepare Nick Glumac's very last pot. Heather filled a clear glass mason mug three-quarters of the way full with coffee and then topped it off with several ounces of antifreeze. Nick drank it all down while Heather watched, and after he was done she eased him into his wheelchair, took him over to the shower, and scrubbed him clean. After his shower Nick settled into his hot tub to watch TV. "I was looking for any kind of sign that the antifreeze had had an effect on him," Heather later recalled. "I noticed no changes mentally or physically." She left for the day, scheduled to be back around 7 P.M. that evening.

She returned to find Nick barely conscious, mumbling something, but making no sense. She picked up the phone and calmly dialed 911. At the hospital Nick was unresponsive. Doctors said his remaining kidney had failed, that he might not make it. But by the second day he was starting to come around, and it looked as though he might recover.

Then, quite suddenly, early on the morning of June 19, everything shut down. His eldest daughter, Lynda, gave the go-ahead to pull the plug. Had doctors known about the antifreeze they might have been able to wash the toxic liquid from his system. Instead, as his body broke down the ethylene glycol, the active ingredient in antifreeze, the chemicals

would shred his kidney, causing massive neurological damage, renal failure, and ultimately death. Nick's body was cremated and, in keeping with hospital policy, his blood samples destroyed. With no physical evidence of foul play, Heather seemed to be in the clear.

Then one evening in late June everything began to unravel. A few days after the funeral, Kingsford Heights Town Marshal Dennis Frances was off-duty having a casual conversation with Shea,



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Heather's old friend, when she started volunteering startling information.

"You know Heather never really liked Nick," she said. "She told me she needed a break from him. She really wanted him out of the picture." Shea talked of how, on the day Nick died, Heather had bragged about how easy it would be to "make a lot of money" selling his meds. She told Frances about the detergent, the Cipro, the nitroglycerin, and the antifreeze.

On the strength of this information, Heather was arrested. She broke down under questioning on July 6, 1999. In a videotaped confession, she described everything she'd done to Nick—the dates and times, the poisons and the amounts. But, with no body, no hard evidence the antifreeze

had actually killed him, the police had only enough to charge Heather with attempted murder.

She was taken into custody and locked up in the county jail awaiting trial. There she ran into an old high school friend who was behind bars on a minor charge. They chatted briefly, and then the young man, who said he'd found God, handed her a Bible. Heather followed up by sending him a long letter. "Just seeing you Friday brought back many memories," she wrote. "I was partying with Ron, Brian, and Andrew, and we were talking and Ron said you died of a drug overdose. I'm very glad you are alive." Heather continued, acknowledging that yes, she'd screwed up. "As far as my incarceration, guilty as charged," she wrote. "What sucks is that the only real charge is my own confession."

Heather's friend took the letter to the LaPorte County Sheriff's Office, hoping to use it as leverage in his own case. The officers urged him to continue writing. The two inmates exchanged four more letters. "I want to change my plea to guilty," Heather confided in her fifth and final letter, reasoning that this would draw a 20-year sentence at most. "Ten [years] can be taken away for mitigated circumstances—my cooperation and no priors and whatever. So I end up doing five and [get] parole in two or three."

Fifteen months later Heather pled guilty. She was sentenced to 50 years in prison, the maximum for her crime. Nick's whole family had turned out for her sentencing hearing—lined up teary-eyed on behalf of their murdered brother, father, grandfather. Heather will be eligible for parole in 25 years. If she serves out her entire sentence, when she walks out of the Indiana Women's Prison in Indianapolis, she might need her own caregiver. She will be 76 years old.

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