

The Dane Heggem Case: Day care operator is accused of drugging day care children, killing one

Calista Heggem dropped her son Dane off at a Tiny Tots day-care center one January morning for the last time. By late afternoon, the 1-year-old Dane, asleep in a crib in a back bedroom, had stopped breathing. Tiny Tots' co-owner Sabine Bieber later told investigators that when she tried to arouse Dane, he was unresponsive, his skin was blue, and he had traces of vomit on the right side of his face. He was rushed by ambulance and then helicopter to an emergency room in Billings, Mont., but it was too late. Hospital officials pronounced the child dead at 3:47 p.m. on Jan. 31, 2003. The medical examiner cited a heart abnormality as the likely cause of death.

Calista and her husband Travis were devastated. They had celebrated Dane's first birthday just a week earlier. He seemed perfectly healthy. And then they received more bad news. Dane's toxicology report came back from the Montana state crime lab showing an elevated level of diphenhydramine, the generic form of Benadryl, in his blood and urine. The Heggems told police they had given Dane diphenhydramine only twice in his life, most recently on Dec. 14 or 15, 2002, for an allergic reaction to peanut butter. A second opinion from the Armed Forces Institute of Pathology in Washington, D.C., indicated that, although congenital heart failure could not be excluded, Dane's heart appeared normal. What followed was a full-scale investigation into Tiny Tots and interviews with the distraught parents whose children attended the 12-child capacity day-care center.

Forensic examiners dug through dirty diaper pails and found traces of antihistamines in the diapers of other Tiny Tots charges. A subpoena of purchasing records at the local Costco revealed that Bieber had been buying diphenhydramine in bulk, about three bottles per month, amounting to roughly 11 doses per day. A 4-year old boy, referred to in court documents as "M.P.," said he was regularly fed a charcoal-colored liquid. "We get medicine in a little cup. It's black. Everyone gets it. We get it when we eat," M.P. told his mother. On March 19, the medical examiner revised Dane's cause of death to homicide by diphenhydramine overdose.



Dane Heggem turned 1 year old a week before his death.

Sabine Bieber will stand trial this week for Dane Heggem's death. Prosecutors say she was dosing the toddlers at lunchtime to manage their nap times. (Charges against Tiny Tots' co-owner Denise Smith were dropped in March 2004 for lack of evidence.) Bieber is charged with one count of negligent homicide; three counts of criminal endangerment of an 8-month-old, 2-year-old and 4-year-old child; and one count of tampering with evidence. She faces up to 60 years in prison if convicted of all counts. Bieber initially entered a guilty plea at an August 2004 hearing, but then withdrew her plea weeks later. While she admits that she occasionally gave the children over-the-counter medications, she claims it was always with parental consent. Bieber says she never give Dane diphenhydramine on Jan 31. "She has consistently denied administering it to Dane on the day of his death," Bieber's defense attorney Rob Stephens told Courttv.com. Jurors in Bieber's trial will hear Stephens argue Wednesday that Dane did not die from Benadryl poisoning.



Police investigating the Tiny Tots day-care center say they found traces of antihistamines in diapers.

charge and didn't want to be a burden to her family." Prosecutors, who declined to comment, initially offered to drop most of the charges and recommend 20 years in prison, with 15 years suspended, for Dane's death. Bieber changed her tune when she realized she was facing prison. She fired her attorney, hired Stephens and decided to fight the charges. "She's devastated by the death of the child," Stephens insists. "She genuinely loved those kids that came to her day care. She never would have done anything intentionally to hurt those kids."

A tragedy's aftermath

Jan. 31 began as a normal day at day care for Dane Heggem. At about 10:30 a.m., he ate a lunch of pizza, corn and pears. He became fussy an hour later, so Bieber gave him baby formula, changed his diapers and put him back to bed sometime before 11:45 a.m., according to court documents citing witness interviews. As Dane lay in his crib clutching his blanket, Bieber said she told him it was "night night time." Key to the defense's case will be the amended autopsy report of medical examiner. Dr. Kenneth Mueller, who initially noted that Dane had an "abnormal heart" including mitral valve abnormality and "left ventricular hypertrophy," or thickening of his left ventricle. Prosecutors will likely call investigators, parents and the Heggem family to testify about Dane's last days. Travis Heggem, a government and social studies high school teacher, was not content to let his son's tragic death fade into memory. With the help of state Rep. Joan Anderson, (R-Fromberg), he drafted legislation enforcing stiff penalties against day-care providers who administer medications without parental consent.

House Bill 68, unofficially dubbed "Dane's Bill," was recently signed into law by the governor of Montana and will become effective Oct. 1.

"When we were working on this bill, we found there had been similar laws enacted in other states," Anderson, a former day-care operator, told Courttv.com.

Anderson cited laws in Alabama, Florida and North Carolina as models. "It seemed like the reason for enacting those laws was the same reason for this one — a child had died. In the cases I was aware of, it was always Benadryl."

Diphenhydramine, the antihistamine most commonly found in Benadryl, is used to treat colds, coughs, allergies, and to induce sleep. According to the American Association of Poison Control Centers, cough and cold preparations like Benadryl account for about 27 deaths per year in children under 6.

On March 18, 2003, the Heggems filed suit against Bieber and Tiny Tots. They are appealing a lower court's \$300,000 payment order, and are asking for \$1.2 million, which they claim is provided for in the day care's insurance policy.

More than two years have passed since Dane's death. Anderson, who championed Dane's Bill, says she is pleased with the law's passing.

"I hope that it never has to be used," she said.

Stephens expects to call expert witnesses, who will say that the level of diphenhydramine in Dane's blood was artificially high because of where it was drawn, and that his symptoms were not consistent with the seizures, high temperature and other indicators of a fatal overdose.

"Undetected viral infections, congenital or inherited heart defects could cause death," Stephens said. "The only way you could rule these out is to do DNA sampling, which was not done." Stephens began representing Bieber shortly after she entered her initial guilty plea — a mistaken plea, he claims, which she gave at first, "because she felt guilty." "She was an absolute wreck. She's been ostracized by the community. Her day-care center was shut down," Stephens said. "She was apprehensive about the extraordinary cost of defending this

Poisoned Firefighter

PERRY, Ga. — Although firefighter Randy Thompson showed up at an emergency room in January 2001 complaining of flu-like symptoms, he had actually been poisoned, prosecutors say.

But it was a second dose of the toxin ethylene glycol ingested within 24 hours of his emergency room visit that probably killed him, according to a medical examiner who testified Wednesday in the murder trial of Thompson's girlfriend, Julia Lynn Turner.

Turner, 35, is a suspect in Thompson's death, but is only charged with killing her husband, 31-year-old police officer Glenn Turner, in 1995 by feeding him antifreeze — a product that contains 95 percent ethylene glycol. Both men checked into the ER complaining of flu-like symptoms in the days before their deaths, and both deaths were later ruled homicides.

A judge ruled that, because of the similarities in the two cases, prosecutors could present evidence regarding Thompson's death.

Dr. Kris Sperry, the chief medical examiner at the Georgia Bureau of Investigation, told jurors that, based on the typical stages of ethylene glycol poisoning, it appeared that Thompson had first ingested antifreeze sometime in the previous two days before he went to the emergency room, on Jan. 20, 2001.

Because Thompson left the hospital feeling better, Sperry stated that the firefighter likely ingested more antifreeze shortly thereafter, based on the levels of ethylene glycol they found in his blood and urine samples upon death.

"You could die from cumulative doses?" Prosecutor Patrick Head asked. "Yes. Over a relatively short period of time, the damage accumulates to where it could cause death."

Sperry could not indicate exactly how much Thompson may have ingested, but stated that "for most adults, a dose of about 100 milliliters," or three ounces, "is enough to kill you."

"There are adult deaths where as little as an ounce or so can kill you," Sperry added later. "If someone gets medical care quickly, they have a better chance of survival."

Bad math

Jurors also heard from a Georgia Bureau of Investigation crime lab analyst on Wednesday, who explained why he was in error when he initially determined that Thompson did not test positive for a "significant amount" of ethylene glycol.

Forensic toxicologist Chris Tilson said that on Jan. 23, 2001, the lab received three test tubes of blood and two test tubes of urine that came from the body of Randy Thompson. Tilson tested the blood on April 6, using gas chromatography mass spectrometry, and found that the quantity of ethylene glycol present was 38 milligrams per liter, a level too low to be considered a positive result.

But this finding did not sit well with the medical examiner, Dr. Mark Koponen, who testified Tuesday that he saw calcium oxalate crystals — a hallmark of ethylene glycol poisoning — in Thompson's kidney tissues during a



Chief Medical Examiner Kris Sperry: A second dose of poison likely killed Randy Thompson.

postmortem autopsy, and that he had no knowledge of any way such crystals would be present other than from ethylene glycol.



Toxicologist Chris Tilson described his analysis of ethylene glycol in the victim's blood.

As a result of the inconsistency, one tube of blood and one tube of urine were sent on April 11, 2001, to a private Pennsylvania lab, National Medical Services, for additional testing. In the meantime, Tilson said, Thompson's urine specimen was tested, and the result positive for a "fairly large amount" of ethylene glycol confounded him. He decided to retest Thompson's blood, and after several tries, he found a mean level of 380 milligrams per liter now, a significant amount, if still somewhat low.

"I had made a mathematical calculation error," Tilson said. "I took full responsibility for the error." Based on his 10-fold miscalculation, Tilson said the lab has since instituted greater quality-control measures.

Tests conducted subsequently by NMS revealed that Turner had ethylene glycol in his kidney tissues. The level of ethylene glycol in Thompson's blood, however, was on the low end for the range generally found in fatal cases. But NMS forensic toxicologist William Dunn previously testified that any amount of ethylene glycol in a healthy adult would be considered abnormal.

Although a jury is only deciding Lynn Turner's guilt or innocence in her husband's death, a court ruling allows the prosecution to introduce "similar transaction evidence" surrounding Thompson's death.

Physician on Trial

Recently a doctor was convicted in two separate cases of murdering his patients. Three in a Veterans Hospital in New York and one young woman when he was an intern in Ohio State University Hospital.

A press release issued by Swango's alma mater, SIU, states, "If Swango (is) legally connected to all the suspicious deaths of patients under his care since he began his residency with Ohio State University's medical program in 1983, it would make him the most prolific serial killer in history." The numbers of suspected deaths differ according to various publications, but estimates range from 35-60.

Following is a story of the alleged intercontinental murder spree of Michael Swango that stretches from 1983 to 1997.

But...that is still only a part of the story. Pulitzer Prize winner James B. Stewart's recent book, {Blind Eye - The Terrifying Story of a Doctor Who Got Away With Murder}, tirelessly follows Swango's career through interviews with his professional peers and tomes of documentia. He points a finger at the nation's hospital administration system as being part of the cause of Swango's ability to elude charges for so long. Nurses and patients alike saw forewarnings, but, according to Stewart, the departmental doctors scoffed and did nothing. As Swango moved from institution to institution, neither personnel nor hiring directors checked his past history, and when they did, they accepted his own testimony over anything incriminating on record.

After Swango's arrest, Stewart told the *New York Times*, "(His) case shows that the medical establishment will blindly trust the word of a fellow doctor over the word of other witnesses, and that the medical profession cannot adequately police itself."

That Swango demonstrated a charm and sincerity cannot be denied. Good looking, blonde, blue eyed and affable, openly supportive of his authorities, he was often well liked and appreciated by fellow professionals. He was aware of his charisma and used it to cover his suspicious maneuvers and his chronic lies.

Loretta Lynch, U.S. District Attorney for the Eastern District of New York, exclaimed that, "Instead of using his medical license to become a healer, Swango inveigled his way into the confidence of hospital administrators (and), once in their trust and in their employ, he searched for victims and took their lives."

While reading this story, keep in mind that the naivete of the industry that hired Swango has not gone unlearned. In the wake of the Swango case, the Federation of State Medical Boards has announced proposals to tighten the governance of medical practitioners. In the highly respected *Observer*, which is published by the American College of Physicians-American Society of Internal Medicine (ACP-ASIM), staff writer Jodi Knapp states that among these recommendations are that "residents would have to register for a special permit to practice from their local state medical board (and) would have to renew the permit each year." (More details on the Federation's proposals appear in the final chapter.)

While U.S. District Attorney Lynch has called Swango "exactly the kind of doctor you would want to avoid," ex-FBI Agent Jason Themason says that that's easier said than done. Serial killers often wear masks. Themason, formerly with the FBI's Child Abduction and Serial Killer units, told SIU's newsletter, *The Daily Egyptian*, that Swango displays characteristics associated with "organizational murderers". They have, says he, "above-average intelligence, sexual and social competence and a controlled mood during the crime."

Chances are that if you asked any one of Michael Swango's seventy-one fellow medical students at Southern Illinois University what they thought of him they would reply, "He's nuts!"

The university, which sits 350 miles south of Chicago and is one of the state's more esteemed places of higher learning, expects much of its students. In fact, SIU's School of Medicine was the first in the nation to create a written set of criteria to aptly prepare students for an inclusive knowledge of practical medicine while still in their freshman year. The curriculum is tough, and often the light levity formed by bonding between students is the one factor that eases the demanding load of expectations. So, when there is a black sheep in its midst, the organization of students spots him immediately.

Michael Swango was different than the rest of the would-be hopeful doctors. He kept to himself and drew resentment from his peers by spending more time working as a local ambulance attendant than attending his classes and laboratory sessions. That he had the brains to accomplish his studies and extracurricular activities simultaneously might have gained admiration had it not been for an obvious lack of discipline at school, a conceited air, a sloppy skills-regimen during dissections and a noticeable buttering-up to certain professors.

Classmates recall an incident that took place one day that told them their intuitions were correct – that Swango might not be cut out for the noble profession. Despite his high marks earned on written exams, Swango could not identify the position of the human heart in an x-ray, something that even a novice could do. The episode made a lasting impression on many.

During an early anatomy class, Swango's dissection of a cadaver was so botched that the specimen, which was put on display for all to see, became a school joke. Swango hardly seemed to recognize his blunders and took no notice of the others' ridicule.

Swango had one particularly odd trait that left many professors stunned. If upbraided for making an error during technique, he would drop immediately to the floor to perform a series of self-chastising push-ups, a form of punishment practiced by the military – but not by civilian pre-meds!

A major part of any medical student's training is the education that comes with working hands-on at hospitals with actual patients. Under direct supervision of a trained physician, students are graded on their ability to conduct the history and physicals of patients – this process is called H&P. Students are expected to accurately summarize a patient's health background and assess a proper physical schedule for the patient while under the hospital's care. It is a very important phase of a medical education, for it 1) hones a student's perception of various illnesses and the effects of required treatments while 2) teaching them a professional and caring bedside manner.

But, in the eyes of his classmates, Swango washed out of H&P.

Particularly enlightening to them was his attitude toward death. He demonstrated a morbid interest in critical patients, almost as if waiting for them to succumb. And when they did, he adapted a habit of scratching DIED across their charts in huge red letters. When one pupil asked him how he could be so cold, he answered, "Hey, death happens." And it happened so often to those patients who Swango oversaw that the students – half-jokingly, half-suspiciously – said he was acting as if he had a license to kill. As a parody of James Bond 007, they began calling him "Double-O Swango" behind his back.

Born Joseph Michael Swango, the boy cancelled out his first name at an early age and let his Quincy, Illinois, friends call him Mike. His parents Muriel and Virgil experienced little trouble with him, as he practiced good manners, wore suit coats and white shirts throughout the bead-and-bandana culture of the 1960s, and brought in high grades throughout elementary and high schools. In high school, he topped the honor roll each semester, outshining less-scholastic efforts of two brothers, Bob and John, and a half-brother, Richard. A clarinetist with the Christian Brothers H.S. Marching Band, he won an Outstanding Merit Award for this talent. After graduating valedictorian in 1972, he decided to attend nearby Millikin University College to pursue a degree in music.

Then, in sophomore year, he changed.

The suit coats vanished to be replaced by military fatigues; he painted his up-till-then immaculate automobile an army green; and became preoccupied in things tragic and violent. He started a scrapbook of clippings from newspapers referring to car and plane crashes, bloody military coups, savage sex crimes, arsons and riots. Losing interest in school, he left after his second year to join the U.S. Marine Corps.

Swango, USMC (Swango family collection)

This spontaneous move alarmed his friends, but more so his mother. Recently divorced, her marriage had been an on-and-off-again affair with a man more interested in his military career than his family; for many years she was the lonely housewife left alone to raise four sons while husband Virgil served two duties in Vietnam. Before the divorce, the family endured sixteen relocations as military transfers took Colonel Swango across the country during the Fifties and Sixties, but after he left for Saigon a second time, his departure had been too much for Muriel. She turned to her favorite son, Michael, to uplift the Swango name into something more than the derivation of ramrods and mortar shells. Hard-studying, clean-cut, talented, well-behaved, good son Michael. But now, he too had tired of textbooks and bandstands and the wheatlands of Illinois, and flew to other parts of the world.

Muriel prayed he would not take up an army career, as had her wayward Virgil. As it turned out, her worries were needless. One stint with the Marines was all Michael could handle. Honorably discharged from Camp Lejeune, North Carolina, in 1976, he returned home to resume his college education. No longer interested in music, he told his happy mother that he wanted to study medicine.

Now attending Quincy College, he majored in both Biology and Chemistry, prerequisites for pre-med schools, and worked after classes as an ambulance attendant at a local medical center. Throughout, he maintained just below an A average. His senior-year thesis, which gained laudits for its exhausting research and meticulousness, also raised some professorial eyebrows: It detailed the true-life chemical-poison murder of a well-known writer in London.

Passing the Medical College Administration Test with flying colors, winning the coveted American Chemical Society Award and graduating summa cum laude, Swango's name was placed at the top of Southern Illinois University's long waiting list of prospective pre-med students in 1979.

The reason that Swango worked for the American Ambulance Service while at SIU, even though it meant losing valuable study time, was simple: He was fascinated by the front-row scenes of gore and violence the job afforded. Chaos excited him, the sight of blood tingled his loins. A tableaux of street curbs dense with ogling crowds, in the street a pile of twisted metal once a pair of cars, and somewhere amid the fusion parts of two human beings that needed to be pried loose – this, to Swango, was ecstasy. And it cost nothing; in fact, the ambulance corps paid him to enjoy the scenery!

In 1982, while Swango was in his last year at SIU, his father died. Never close to Virgil, barely knowing the man, Swango nevertheless did the honorable thing and turned out to show respect alongside his family at the funeral. After graveside services, his mother presented her favorite boy with something she had found among the colonel's personal effects. It was a scrapbook, very similar to the one her son had already started on his own, but more complete; it bulged with columns and photos cut from magazines and newspapers, a virtual dictionary of general mayhem, of the world's worst disasters, of everything from assassinations to mass killings. Swango's reaction when he saw it: "Hell, I guess Dad wasn't such a bad guy after all."

Inspired by his father's creativity, Swango searched local and Chicago papers for any such testimony to bloodletting to thicken his own scrapbook. One evening an associate asked him why the odd fixation. Swango's answer scared the other. "If I'm ever accused of murder," he responded, "this will prove I'm mentally unstable."

Michael Swango would have graduated with the rest of his class in June, 1982, had he not failed a major phase of the curriculum in the semester's final weeks. Assigned to rotation in the Obstetrics/Gynecology ward, he often disappeared or showed up late. Chief Resident Dr. Kathleen O'Connor discovered that he would sneak off to the ambulance service instead of applying himself to important H&Ps on the floor. Taking mental notes, she observed his behavior one day as he moved from room to room and noticed that he seemed to be performing patient visits in an unrealistically quick time. After he left the room of one particular female patient, O'Connor checked with her to learn that Swango had not examined her at all – had not even conducted a simple IV check or blood pressure reading. Yet, he had completed a report on the woman as if he had. More so, his report was so well detailed that the chief resident figured Swango was doing one of two things: fabricating his findings or plagiarizing them from a report done earlier.

Because such conduct jeopardized patients, the board found Swango's deceit unforgivable. Swango knew the committee would act harshly and hastened to hire a lawyer to prevent action. At stake was an offered internship with the University of Iowa's neurosurgery department. Both sides eventually compromised: Swango would not be expelled providing he agreed to repeat the OB/GYN rotations. He consented and Iowa withdrew its invitation.

By the time Swango received his diploma in the mail in early April, 1983, he had left behind a sorry reputation. Southern Illinois University Dean Richard Moy had already strongly indicated in his "dean's letter," which accompanies every graduating student's profile, that Swango was, to put it mildly, inept. Moy clearly pointed to not only Swango's scholastic blunders, but also to an increasing array of attitudinal and professional problems.

Yet, somehow, even before the diploma arrived with the postman, the Ohio State University Medical Center turned down a number of competitive candidates to offer Swango a year-long internship in general surgery to be followed by a residency position in its department of neurosurgery.

The medical center belonging to Ohio State University (OSU) was and is considered top-drawer among the profession. Its educational agenda and attention to professionalism are unequalled and, because of this, only the best pre-med graduates are permitted through its doors in Columbus, Ohio.

"Given such competition, it didn't take long for some of (Swango's) shortcomings to surface," writes James B. Stewart in his book on Swango. "The doctor in charge of transplant surgery, who oversaw Swango's work from mid-October until mid-November (threatened to) fail Swango...(He) didn't believe he was competent to practice medicine." This doctor also complained that Swango had a "brusque and indifferent manner with patients."

Not only his bedside manner was at question. Fellow interns and residents alike perceived an aura about him that was inexplicably strange. He seemed to be often lost in space when conducting H&Ps. When he talked, it was not about anything related to the rest of the conversation. One doctor recorded in his files that the young intern was preoccupied with Nazi history and genocide of Jews.

Then, just after Christmas of 1983, Swango was assigned to the ninth floor of the Rhodes Hall wing and there was more to talk about than merely his odd-duck personality.

On the morning of January 31, 1984, Swango entered the room of a neurosurgery patient named Ruth Barrick, supposedly to check on her intravenous (IV) hook-up. The attending nurse, Deborah Kennedy, thought it was strange as it was now nearly 10 a.m. and routine checks are usually performed much earlier, and by doctors, not interns. Still, Kennedy left the room as ordered. Some twenty minutes later, she returned to find Swango gone and the patient turning blue, writhing, suffocating. Doctors rushed to her bedside on Kennedy's alert and were able to resuscitate Barrick. She recovered in the Intensive Care Unit. Hospital physicians were puzzled at what had caused an obvious respiratory failure.

A week later, February 6, Nurse Anne Ritchie observed a lower than usual reading on the central venous pressure gauge that supplied medicine to Barrick's IV tube. She summoned a doctor to check it. According to Ritchie, Swango answered the call. But, when Swango seemed to be taking a longer-than-expected time in the room, she peeked in to ask if there was a problem. The intern told her no, and seemed annoyed that she was interrupting him.

Finally seeing Swango leave the room, Ritchie returned to Barrick to check the dressing that she had just applied. The patient had turned a ghastly blue. Despite emergency treatment, Barrick died gasping for air. Ritchie noted that Swango stood at the foot of the bed throughout the procedure, unaffected and idle. His one comment referred to the nurse's attempts at mouth-to-mouth resuscitation. "That's so disgusting," he glowered.

A little more than 24 hours later, at 9 p.m. on the evening of February 7, student nurse Karolyn Beery checked in to see if a patient on her rounds, elderly Rena Cooper, was showing satisfactory signs of recovery after that morning's back operation. When she looked in, she saw Swango in the woman's room, injecting something into Mrs. Cooper's IV with a syringe. Beery figured he was freeing a blockage, which sometimes occurred. Swango, spotting the nurse eyeing him from aside, said nothing to her but left immediately.

Moments later, it happened. Cooper began shaking violently, choking for oxygen as her complexion turned a vein-popping blue. A league of doctors and nurses responded to Beery's emergency code. Within 15 minutes, resuscitation efforts fortunately took effect; the medics noticed her body easing up and her natural color returning. Though still unable to speak, Cooper motioned for a notebook and a pencil, which one nurse provided. A former nurse herself, Cooper dashed off: "Someone gave me some med in my IV and paralyzed all of me, lungs, heart, speech."

As she later told *20/20* television show host Connie Chung in 1999, "There was no feeling in my arms or body. A voice said, 'When it reaches your other elbow, you'll die.' And I shook the bed rail with my right hand..."

After Cooper was able to talk the following morning, a resident doctor asked her to describe the mysterious person with the syringe. Her description fit Swango: "Tall, blonde." However, when confronted – and despite Nurse Beery's persistence – Swango sanctimoniously denied having ever been anywhere near Cooper's room.

But, the nurses on the floor were unconvinced. One of their own, a male nurse named Joe Riskey, had witnessed Swango darting out of the lavatory in an unoccupied room down the hall immediately following the trauma. Swango bore an eerie expression, according to Riskey, and rushed by as if trying to escape from something. In the lavatory, Riskey found a syringe, just washed out, still wet. Wrapping it in tissue, he turned it over to the night manager, Nurse Lily Jordan. With the needle in their possession and with Beery sticking to her story that it was Swango she saw in Cooper's room, the body of nurses in Rhodes Hall began comparing notes.

Since Swango's appointment to this area of the hospital, there had been an unusual increase in the number of deaths – more in those few weeks than there had been for an entire year. In each case, the patient had been doing well and had not been diagnosed with a life-threatening illness. Besides Ruth Barrick, there had been six others, including 19-year-old Cynthia Ann McGee who was found dead in her bed on January 14, 21-year-old Richard DeLong who succumbed unexpectedly on January 21, and 47-year-old Rein Walker who passed away without warning.

Swango had been the floor intern at the time that every one of them died.

Assistant Director of Nursing Jan Dickson, recognizing the earnestness of her staff members, knew the time had come to present their suspicions to Neurosurgery Professor Joseph Goodman. After relaying her concerns about Swango, as

well as typed statements from some of her employees, Dickson was startled to find Dr. Goodman reserved and unsympathetic. He hinted that the nurses should stick more to their business and stop feeding a rumor mill. He promised to investigate, but Dickson, as did the rest of the nursing staff, felt that nothing would come of it. They knew why. As with any institution trying to survive, bad publicity, coupled with a lawsuit, could ruin it.

"The issue of potential legal liability was especially sensitive at Ohio State because, as a large state-financed and taxpayer-supported institution, the university was largely self-insured," explains author Stewart. "Judgements against the hospitals, the medical school or the university itself were paid by the university."

Doctor Goodman's investigation on February 9 was less than inclusive. He interviewed Cooper, read the results of her blood test and reviewed the files of the seven patients whose deaths were suspect. But, he never interviewed any doctors or nurses who responded to the emergency calls, never spoke to nurses Kennedy, Beery or Ritchie, and didn't care to examine the syringe found in the washroom. After conferring with hospital attorneys and other institutional brass – among them Dr. Michael Tzagournis, Dean of the College of Medicine, and Medical Director Michael Whitcomb, Goodman concluded that Swango had been a victim of bad press. (As an aside, and to their credit, Tzagournis and Whitcomb proposed to monitor Swango's future activities.)

Swango, who had been put on probation, was reinstated with full intern privileges.

Near victim Rena Cooper, who survived her ordeal, left the hospital confounded and very disturbed by the light judgement passed on Swango. As she told {20/20}, somehow – she doesn't know how – investigators concluded that her description of the individual who entered her room did *not* match Swango at all. Overnight, her account of the syringe-brandishing ghost had become a metamorphosis. It went down on paper not as a "tall, blonde" male, but as a *short female!*

"I think at that time words were trying to be put in my mouth," Cooper expressed.

Gossip barely subsided in Rhodes Hall when unexplainable deaths began to occur in neighboring Doan Hall – immediately following Swango's transfer there to work surgery rotation.

February 19, 1984: Charlotte Warner, 72 years old, was found dead in her room. Only hours earlier, her doctor had told her she was doing well after a recent surgery, well enough to go home in a day. Something...someone...had caused her blood to clot in several organs.

February 19: Patient Evelyn Pereney began bleeding profusely from body orifices, even through her eyes, after being examined by Michael Swango. Resident physician Dr. Birkin had no explanation for the hemorrhaging.

February 20: Anna Mae Popko, 22, recovering from a simple intestinal operation, rolled up her sleeve to permit Swango to give her a shot to (as he claimed) increase her blood pressure. The girl's mother did not understand why the doctor wanted to shoo her from the room, but after a brief argument the woman relented. Not long afterwards, Swango confronted Mrs. Popko with an attitude that seemed almost victorious. "She's dead now," Swango droned. "You can go look at her."

Back in Quincy, Swango got a job as a paramedic with the Adams County Ambulance Corps. He did not try to reapply with his old employer, American Ambulance, because he had left them in bad favor. Actually, he had been fired for making a coronary victim *walk* to the ambulance. Not having told Adams his past history, the new company thought they had a gem on their hands with all his medical expertise.

Members of the ambulance corps worked in 24-hour shifts and shared the same suite of rooms in Blessing Hospital. Thrown together like they were, they were a fraternity of people who got to know each other's habits, personalities and,

sometimes, secrets. More than anything, they were a dedicated group – dedicated to their job and to each other. Except for Swango. From the start, he was considered the group's official loonytoon.

Free to express himself now that he was unfettered from the stodgy cubicles of porcelain white that was Ohio State, Swango admitted to the crew that violence turned him on. And even though he did not carry the sentiment further, the others gathered that that was probably why he became a paramedic: to surround himself in the blood-and-guts and every-second-counts scenario of an ambulance corps.

Fellow corpsmen Mark Krzystofczyk, Jim Daniels, Brent Unmisig and the others, including Lonnie Long, who captained the group, regarded Swango's singularity as harmless; they sometimes looked forward to his black humor to break the monotony of long idle periods. Notwithstanding, Swango was a good technician; he had more practical medicine experience than the rest of them put together; and that was justifiable reason to let much of his bizarre dialogue pass. But – sometimes he got just a little too creepy – like when he professed poison as the best murder tool, or the time he told a fellow paramedic that he loved being a doctor because, "It gives me an opportunity to come out of the emergency room with a hard-on to tell some parents that their kid has just died."

As the crew sat around the cafeteria one evening, Swango described his total fantasy. While he confessed it, the others shuddered. "It's like this," he began. "Picture a school bus crammed with kids smashing head-on with a trailer truck loaded down with gasoline. We're summoned. We get there in a jiffy just as another gasoline truck rams the bus. Up in flames it goes! Kids are hurled through the air, everywhere, on telephone poles, on the street, especially along an old barbed wire fence along the road. All burning."

Gruesome fabrications aside, everyone considered Swango nothing but talk and imagination. Until the doughnut incident. After that, he was viewed by his comrades more ambiguously – and with much more of a cautious eye.

As was customary, members of the corps took turns bringing in treats for others to share – cookies, candy, biscuits, doughnuts. The latter were especially popular, for they went well with the general morning coffee habit. On a mid-September morning, Swango brought in an assortment of freshly baked doughnuts to the delight of the other four paramedics on duty. The crew fell on them with a hearty appetite, but over the next hour, one by one, the entire crew of paramedics were stricken with identical symptoms: stomach cramps, nausea, dizziness, then vomiting. They had to leave work, all of them.

Only later did it dawn on them that Swango had not partaken of his own box of treats. When angrily questioned later if he had pulled some kind of a stunt, he answered, "{Of course not!} I wouldn't do anything like that!"

The following evening, Swango and Unmisig were assigned to routine emergency detail at the local high school football game. Near halftime, Swango said he was thirsty and would like to buy himself and Unmisig a cola. The co-worker thanked him and promised to hold Swango's seat while he went off to fetch two Cokes. After sipping half the cup, Unmisig started to experience severe cramping. Swango drove him home where the fellow was forced to his bed with a headache, nausea and dizziness for three days.

No doubt, Swango became suspect. No one would drink a cup of anything or swallow a tidbit from the once-welcomed tray of snacks whenever Swango was about. One afternoon, the latter asked if anyone would care to join him for a soda in the recreation area. Paramedic Greg Meyers, who had been less informed than the rest of the personnel, agreed to go along. Besides, he knew that the soda Swango referred to would come in a can straight out of a pop dispenser. Tossing his co-worker loose change, he waited nearby. When Swango returned, Meyers noticed that the flip-top of his can was pulled back.

"Why did you open this?" he asked.

"Why not?" Swango smiled.

Against his better judgment, Meyers sipped the pop. Within minutes, he was met with stomach pains and the related various symptoms suffered by Unmisig earlier in the month. Once again, an Adams County paramedic had to be rushed home, compliments of an ailment that appeared out of thin air.

Following that latest upset, his fellow workers decided to check out Swango's duffel that he habitually carried to work. When he left quarters on a call, they opened his locker and retrieved the bag. Inside they found a box of Terro ant poison. According to the label, it was comprised of chiefly arsenic, which, when ingested, causes the exact symptoms each of them had had after downing Swango's snacks. They decided to spring a trap.

The men purposely left a freshly brewed pot of iced tea on the counter when they knew Swango would be alone. When they returned, and after Swango had gone out, they poured the tea into another container and washed out the pot. They then brought the liquid to the local coroner, an acquaintance, who in turn sent it to the nearest FBI lab for testing. Results indicated traces of toxin.

Before the week was up, the Adams County Sheriff searched Swango's apartment on Eighteenth Street. Amid the debris of an unkempt flat, police uncovered a mass of vials, bottles, syringes and other medical paraphernalia, all piled around a book entitled *The Poor Man's James Bond*, a tongue-in-cheek manual of weapons and do-it-yourself murder. As the police report reads, "An eerie mini-lab set-up was observed. Detectives found numerous chemicals, suspected poisons and poisonous compounds... Handwritten recipes for poisons...were (also) observed." As well, the police confiscated several models of handguns and a range of knives.

Swango was promptly arrested, charged with seven counts of aggravated battery.

His trial opened in the Quincy Courthouse on April 22, 1985. Proceedings moved quickly. Defense lawyer Dan Cook had very little to work with in Swango's behalf because prosecutors had unearthed the defendant's shady past history from Ohio State University (much to the university's chagrin) to throw in suspicion upon suspicion. Cook's main platform was that his client was being accused on largely circumstantial evidence.

Witnesses for the prosecution included Swango's co-workers who had become ill after sampling his devices, as well as the coroner to whom the poisoned tea was delivered, and the lab technician who tested it. Swango was found guilty, thumbs down.

Addressing the prisoner of the bar, Presiding Judge Dennis Cashman ascertained, "It's clearly obvious to me that every man, woman and child in this community or anywhere else that you might go is in jeopardy as long as you are a free person...You deserve the maximum under the law because there is no excuse for what you have done."

Following the sentence, Michael Swango was transported to the Centralia Correctional Center to begin a five-year sentence.

His application for a license to practice medicine in Illinois was revoked.

Judge Cashman always believed that Swango was using the Adams County paramedics as guinea pigs for some bigger poisoning efforts he had in mind. In a 1999 interview with ABC-TV reporter John Stossel, Cashman opined, "I think he wanted to take them to the edge of death. If he had wanted to kill these people he had plenty enough arsenic to do so."

The arrest of Michael Swango in Illinois prompted a media interrogation that reached national heights. In Columbus, Ohio State University honchos took the rap for unleashing a suspected poisoner into the world. James Meeks, OSU's Dean of Law, forced an investigation, then published results that pretty much bowed to the critics. What became known as the Meeks Report agreed that the school had indeed been negligent in its responsibility to the American community.

Reporter John Stossel, who became personally interested in the alleged crimes of Swango, sought an interview with him in prison for the television investigative program, 20/20. Swango agreed to talk and what resulted was rapid-fire dialogue. Stossel questioned Swango about the poisons in his Quincy apartment, about his shady internship in Ohio, and about his reaction to the mess he found himself in. Throughout, Swango insisted he was innocent, resenting the

monster figure the press had created. Said he, "I did not do these things. It is simply beyond my— well, beyond the sort of person I am to even think about doing something like that."

When Stossel told him that the public feared his release from confinement, Swango grimaced. "There's certainly no reason for anyone to be scared (of me)," he responded, "none whatsoever."

On August 21, 1987, Swango was released on good behavior from the correctional center after serving only two years of his five-year sentence. A year's probation would follow. By the time he walked out, the media furor had died down and his name had long lost front-page appeal. He was happy to be in the shadow. And to avoid local gossip, he left Illinois for other climes. He chose Newport News, Virginia, a city with an Atlantic flavor so unlike Quincy or Columbus.

Miles between him and the past, the past nevertheless was present. When he applied for a medical license in Virginia he was vigilantly turned down. Instead, he hired on as a job counselor at the state's Career Development Center. His tenure was brief, as the professionals with whom he worked cast a disapproving eye on his habit of working on his scrapbook of disasters at his desk during work time.

His next position, that of a lab technician at coal exporter Aticoal Services, lasted longer. Work was clinical and humdrum, but it paid well and the company's president thought well of Swango. That he had been the doughnut poisoner featured on 20/20 had been forgotten (after all, it had been a couple of years), for his co-workers showed no hesitation in accompanying him at lunchtime. And it seems he avoided the wagging finger when several Aticoal employees fell ill and almost died from food poisoning.

Kristin Kinney (Cooper family collection)

Kristin Kinney was beautiful, red-haired, 26 years old and newly divorced when she met Swango in 1991 at Newport News' Riverside Hospital. She was a nurse there and Swango was taking a refresher course. Engaged to a doctor at the facility, Kristin at first regarded her friendship with Swango as platonic, but as the months passed they clearly became an item. Her friends, who liked her and affectionately called her KK, fretted over the whirlwind romance. One even told her to beware, as it became common knowledge that Swango's attempts for employment at the hospital were rejected for some sort of past scandal. But, she laughed off any consternation.

Swango had been itching to get back into practice and had applied at a number of medical centers across the country. Between nurturing his relationship with KK, he continued to send resumes. In September, 1991, he received a phone call from the University of South Dakota in Sioux Falls. Dr. Anthony Salem, the director of the residency program there, was interested.

By phone, Salem congratulated him on an excellent resume, but asked him to further clarify certain past history episodes mentioned in Swango's cover letter – most importantly, a passage that referred to a conviction "of battery in Illinois". Swango fabricated. He explained that he had been involved in an unsightly barroom brawl in which several people were hurt; he was the fall guy who wound up taking all the blame. But, he quickly added, he now had all his practicing rights restored to him in Virginia where he now resided. Salem, who said he appreciated the other's frankness, acknowledged that accidents do happen. He invited him to come to Sioux Falls to be interviewed by several teaching doctors.

Kristin kissed Swango good luck and he flew to the meeting, which was set for October 3. As the first-step of what would be a long selection process, he was interviewed by an assembly of internists who centered their questions on his background in internal medicine. "Incredibly, no one asked any other questions about his conviction on battery charges," Blind Eye author James B. Stewart awes. "It never occurred to (them) to contact police or judicial authorities in Quincy."

Just past the new year, 1992, a long list of candidates for twelve open positions was sliced to less than twenty. Even though he hadn't fared well with all interviewers, his name remained afloat. More banter, more shearing. Then, in March, Swango was given official notice of his residency to begin in June.

Royal C. Johnson VA Hospital (J.R. Romanka)

He followed up the good news by proposing to KK. She accepted and together they made plans to move to Sioux Falls. They opted to live together until each was settled in his or her own respective job. Kristin had been hired as an RN at the Royal C. Johnson Veterans Memorial Hospital, one of the university's franchises, and looked forward to her new job where she planned to make a difference.

Kristin's mother and stepfather, Sharon and Al Cooper, were skeptical. Like Kristin's friends, they were bothered by the blank spots in Swango's background, years he ignored. But, as Sharon was to tell an interviewer years later, she dismissed her worries by telling herself that it "was the answer for Kristin". Husband Al adds, "Kristin had gone through one marriage that hadn't worked out. She wanted desperately to be married and have children."

The Coopers' concerns seemed to be all for nothing. In Sioux Falls, Swango and KK became achievers. He proved to be better than the university had hoped, carving a reputation for himself as one of the best emergency-situation doctors it ever had. Kristin, at the VA hospital, brought a sparkling personality and intensity to the nurses' station that it needed. She became very well liked and respected by both nurses and doctors. Together, KK and Swango turned many a head and generated much envy.

By October, 1992, Swango had gotten too cocky. Even though he was an unlicensed doctor who had obtained an internship under false pretenses, hiding his past, he dared to apply for membership in the American Medical Association (AMA). Only one logical reason supports this gutsy move: He must have counted on them not checking his credentials. He was wrong.

Conducting its usual background checks, the AMA inadvertently discovered that Swango's conviction in Quincy was not due to a barroom brawl. When Judge Cashman, the jurist who tried Swango for the poisonings in 1985, heard that a call had come in from the AMA concerning Swango working as a doctor again, he unraveled. Immediately, he returned the call and told AMA official Nancy Watson the true story. Watson related it to her superior and he relayed it to Dr. Robert Talley, Dean of the University of South Dakota.

Good things may come in pairs, but the old cliché had a mirror effect in this case. Just about the time Talley was hearing the bad news about his prized doctor in emergency, 20/20 re-broadcast John Stossel's 1986 interview with Michael Swango from the Centralia Correctional Center. The nurses and doctors – and patients – who knew Swango now saw that man's face on TV while a voiceover suggested that he might have purposely needled doughnuts with ant poison. The effect was devastating.

Kristin saw the program, too, and fell apart. Swango, having been dismissed, was in no mood to comfort her or to answer any questions. Once again, his world had shaken. He ranted and shouted defamation and did everything he could to show he was being railroaded – everything but hug Kristin. Feeling deserted, KK waited in humiliation, ducking reporters who badgered her about her berserk boyfriend. Almost more hurtful than the truth of his crimes were the chuckles and giggles that many were having at her expense. One popular radio station played a song, sung to the tune of "Rudolph, the Red-Nosed Reindeer," part of which goes:

"Swango the troubled doctor
USD says out he goes
And if you saw his rap sheet
All of us would say "Oh no!"

When Kristin's friends at the hospital tried to show their support by inviting her and Swango to a Christmas party, KK noticed that the host's husband followed Swango from room to room and hovered whenever Swango neared the punchbowl and sandwich platters.

Headaches began. Pounding, dizzying headaches. Always troubled by migraines, KK had never experienced anything as miserable as these. For a while she attributed them to tension – but deep down inside she wondered if Swango was dropping chemicals in her food. She was a nurse, a good one, and she most likely feared the worst.

Finally, she couldn't take it anymore and rushed back to her mother's house in Virginia. Away from Swango, the headaches abruptly ended.

Gone from him, she continued to love him. Perhaps she continued to believe, meekly, that Swango was innocent and all would be right in the end. But, she couldn't, just couldn't, explain why those headaches vanished the day she left.

She weighed her emotions, separated her hopes from the obvious, until the obvious became too unbearable. And then she committed suicide.

At her apartment police found a note left behind, addressed to her mom and Al Cooper:

"I love you both so much. I just didn't want to be here anymore. Just found day-to-day living a constant struggle with my thoughts. I'd say I'm sorry, but I'm not. I feel that sense of peace, 'peace of mind,' I've been looking for. It's nice."

Kristin Kinney was in her grave. By the end of June, 1993, Swango was off to New York State. He had his own ass to worry about. He had successfully acquired yet another position in a favored hospital.

Swango, during one of many practice -suspension hearings (Argus Leader, Sioux Falls, SD) Having had the ability so far to pick and choose his fields of endeavor, as a child pretends to be a cowboy one minute and a Martian the next, this time it was with a psychiatric residency program offered by the State University of New York through its Stony Brook Medical School. He had been interviewed in the spring. When the issue of his conviction in Illinois arose, Swango again used the barroom brawl alibi, and again displayed the forged Virginia pardon. Sufficiently dazzling Dr. Alan Miller, Director of the Psychiatric Department, as well as other professorial types, no one checked with the administration that convicted him or on the standing of his credentials. Had they done so, they would have realized he was a doctor in search of practice without a license. Instead, they hired him and slated his first tour of duty to commence July 1.

His first assignment was with Internal Medicine at the Veterans Administration complex on picturesque Northport, Long Island. The hospital, one of the institutions that made up Stony Brook, sat in the midst of the pleasant community, which enjoyed having a medical establishment of such good merit in its fold.

But, reverberations of oncoming trouble began the first evening of Swango's duty. His first patient, Dominic Buffalino, mysteriously died that night within hours after Swango taking charge of his case. Wife Teresa Buffalino could not understand how her husband, a man who entered the hospital with a mild case of pneumonia and who had been sitting up teasing her and the nurses that very afternoon, could suddenly succumb to paralysis of the heart and other organs.

A rare case as it was, Mrs. Buffalino's query was matched by other startled relatives of patients over the next couple of months. Aldo Serinei died suddenly. As did Thomas Sammarco. As did George Siano. All died of heart failure after paralysis struck in the night. As they lay breathing their last, Swango had placed a DNR order on every one of them. DNR, or in its entirety "Do Not Resuscitate," meant that a patient's condition was fatal and inoperable.

The case of Barron Harris is one of the more dramatic because his wife, Elsie, proved later to be one of Swango's more vocal detractors. Elderly Harris had been admitted into the hospital after contracting pneumonia in September. At first, the wife approved of the resident doctor put in his charge, the tall, congenial Swango. But her attitude of him soon soured. He grew distant and silent towards her. One night when she came to visit Barron, she found the doctor in the room, lights off, injecting something into his patient's neck. When she asked what the shot was for, Swango answered unemotionally, "Vitamins," then shuffled off with no further explanation.

Mrs. Harris must have sensed his response amiss, for later she asked the nurse on duty about the shot she saw Swango administer. The nurse stared back incredulously. "Doctors don't give shots," she reported. "That's what we're supposed to do."

Within days, Harris' condition faltered. He was forced to a respirator, then slipped into a coma. When she heard that Swango assigned a DNR to be placed across Barron Harris' chart, Elsie demanded to know why. "Because," Swango groaned as if annoyed, "his brain is virtually dead."

Mr. Harris lived for some time after the incident, but never awoke from the coma. When his wife later sued the hospital for negligence, the case was tossed out of court for lack of evidence that Swango had committed a crime.

Since then, things have changed.

Mr. and Mrs. Cooper, Kristin Kinney's parents, could not accept her suicide. They knew she had been driven to it by a very evil man. And they wanted answers. They wanted to know why this fellow was still practicing medicine, maybe hurting more good people like their beloved KK. In communicating with one of Kristin's nursing friends in South Dakota, Sharon Cooper relayed her wariness over the elusive Swango. She knew he had left to take a residency in Stony Brook and, after what she had found about him through the 20/20 program and subsequent newspaper exposes, she felt that there had been a gross error committed somewhere.

Kristin's friend was aghast – she hadn't known Swango was working again – and pledged to elevate Mrs. Cooper's concerns. She followed through with her promise. The next day she sought audience with Dean Robert Talley.

Horrified, Dr. Talley directly phoned Dr. Jordan Cohen, Dean of Stony Brook. An emergency meeting ensued, to which Dr. Miller and Swango were summoned. When Miller insisted to hear the real reason for Swango's prison time in Illinois, the latter shrugged, then admitted it had not been for a barroom brawl, but for suspicion of poisoning fellow paramedics.

Swango was terminated, but not before the media got ahold of the incident. Local and national press rallied at the threshold of Stony Brook. People who lost loved ones under Swango's care sent out a war cry, among them Barron Harris' wife, Elsie. The University of New York, gun shy, shook the hierarchy trellis and before the year was out both Drs. Miller and Cohen resigned. Looking back, Cohen later told AP reporter Larry McShane, "(Swango was) a charming, pathological liar."

According to ABC News, Dr. Cohen resigned gracefully, taking a step no other of his profession had done before. "He sent a letter to every medical school in the country, warning them about Swango."

The Justice Department now moved in quietly to investigate. However, Swango had left New York for parts unknown. Agents checked for his whereabouts in several locations that he was known to have visited; they followed leads from friends and associates, including the Coopers, who thought he might have gone here or there. But, months passed without results. In mid-1994, they finally traced him to friend Bert Gee's home near Atlanta, Georgia. Gee, an acquaintance for years, was unaware of Swango's crimes and unaware that the FBI had put his house under surveillance.

No order had yet come down from headquarters to arrest the runaway doctor-who-wasn't, so agents bided their time shadowing Swango's movements. They panicked when they discovered he was working at a wastewater treatment facility, which connected to Atlanta's water supply! Before they could confront the local authorities, warning them of the dangers inherent, their suspect suddenly left Atlanta.

Within weeks, the long-awaited arrest warrant arrived, charging Michael Swango with falsifying documents in order to enter the service of the federally granted Veterans Administration hospital at Stony Brook.

But, this time, Swango had vanished, not to be found. Federal Bureau of Investigation agents predicted he had either killed himself or left the country. Having dealt with the likes of Swango many times in its history, the FBI laid its money on the second.

Banana-colored skies, crooked eucalyptus trees and a veldt that stretched outward until it fell over the horizon. This was Swango's newest home, Zimbabwe, southern Africa. A place where he thought he would be safe from a democracy that didn't like cyanide in its IV tubes or homemade botulism glazed on its jellyrolls.

But had he thought Africa too backward to notice that healthy patients don't just keel over without cause, he was about to learn a desperate lesson.

Looking to get out of the country, Swango applied with an agency that serves as a conduit for English-speaking doctors seeking employment in other nations. He submitted a parcel of forged and totally fabricated documentia, the curriculum vitae attesting to his outstanding work across the United States. A cover letter bespoke a desire to practice medicine in a far-off village somewhere, all for the sake of Mankind. The Lutheran mission hospital at remote Mnene received his package and thought that this Dr. Michael Swango would be an excellent catch. American doctors were hard to come by and here was one almost pleading to be selected.

Swango arrived in Africa just before the end of the year 1994. Church deacon Mpofu picked him up at the tiny airport at Bulawayo and transported him back to the mission station at Mnene to meet its director, Dr. Christopher Zshiri. Not one to mince words, Zshiri asked why such a dynamic metropolitan physician would want to come to a depressed atmosphere such as Mnene to earn only a pittance of what he was used to. The American said he loved Africa and wanted to give what he could to help the black people who just didn't get the breaks he had been given.

Zshiri somewhat bought it. But he made a point to survey Swango during his orientation days in the small, one-story, dry-bricked cottage cum hospital. The newcomer showed enthusiasm and a willingness to adapt to foreign cultures but, strangely, seemed somewhat lacking in the simple basics that the people here required – attending to childbirth, removing cysts, cleaning abscesses. Zshiri attributed the gap to Swango's specialization in neurosurgery. In America, he knew, specialists don't bother with ailments and prognoses outside their realm.

Swango agreed to take a five-month internship at Mpilo Hospital in Bulawayo to familiarize himself with the fundamentals of doctoring the local populace, to learn the bioethical nuances as well as the mechanical techniques of the operating room. He learned quickly, seeming to grasp the sensitive nature of an ancient and proud race who still didn't quite trust blonde, blue-eyed doctors from a mythical land called Illinois. His initiatives and hard work pleased Mpilo's superintendent, Dr. Chaibva, and the head of Obstetrics, Dr. King. But, his personal friend became Dr. Ian Lorimer, a tall, likeable surgeon/teacher who was struck with Swango's coolness under emergencies.

Mnene, Lutheran Mission Hospital (James B. Stewart)

In May, 1995, a more skilled Swango returned to the outpost hospital at Mnene. Quite often, he worked late into the evening and effected improvements in procedures that decreased waiting periods endured by the sick of Mnene Parish. But Dr. Zashiri's earlier cynicism about this Yankee doctor gradually took form as he noticed Swango's attitude sink, a little at a time, and his nature turn sour. First, his work took on a sloppy disregard. Then, the Lutheran nuns with whom he worked began complaining that he was treating them with disdain, as if to taunt the respect he had been told to show them. Sometimes, Zashiri would awaken to find that "Dr. Mike" had taken an unauthorized holiday when there was no one else on duty to tend to patients.

But, Dr. Zshiri was a professional man, a capable leader; internal squabbles and sloven employees were not beyond his ability to fix. However, there was more to Swango than that.

Rhoda Mahlamvana had entered Mnene Lutheran Hospital with burns received in an accident at her home. She was doing well and was scheduled to leave the hospital in a few days. After Swango took over her case, her condition deteriorated. She died shortly thereafter. Swango could not explain.

There were others, too, young and old, who collapsed in the midst of recovery, never to awaken again. Cause of death: heart failure brought about by...well, that was the mystery. Dr. Jan Larsson, who helped out at the mission, admitted to Zshiri that he believed this Swango was playing foul.

Patient Keneas Mzezewa awoke one night from a shallow slumber to sense Swango's needle in his arm. Before the doctor stepped away from his cot, he waved goodbye, an act which Mzezewa could not comprehend – until a bit later

when he began to feel scalding hot all over, then nauseated, then feel his frame begin to paralyze. He could barely speak, but somehow managed to find the power for one scream. Resuscitation efforts by the nuns revived him, and when he was able to speak he told them to keep Swango away from him. "That man, he's no good!" he cried. "He tried to kill me!"

Swango told Zshiri that Mzezewa must have hallucinated. "No one injected him!" Swango cried, not knowing that the nuns had found a needle cap lying on the floor beside his cot.

Within a few weeks, Katazo Shava died. He had been talking with friends who had come to see him after his leg operation when Swango interrupted them. He asked the party to leave, saying Shava needed to rest. Respectfully, the visitors filed out, leaving the doctor alone with his patient. Suddenly, they heard Shava scream. When they ran back to his cot, they found him frenzied, yelling that Swango had given him something bad in a needle. Swango denied it, but Shava died that afternoon. Paralysis due to heart failure.

And the beat went on...Phillimon Chipoko succumbed in the middle of a foot amputation – a very rare occurrence. Again, heart failure.

Virginia Sibanda nearly died during the spasms of childbirth. Going into labor pains, the nurses wheeled her into the delivery room when Swango appeared to take over. He had been there only moments when the sisters heard the patient crying for help. Her body wracked with pain, she yelped for relief. The nurses stepped in to deliver the baby while the mother writhed. Luckily, a healthy child was born and Sibanda recovered.

That evening, she told a nun that, while the nurses were not looking, "Dr. Mike" bent over her to inject her with a needle that he withdrew from inside his lab coat; her excruciating pain followed within seconds. When confronted, Swango smirked and blamed the whole matter on the patient's delusions.

One more death was to follow, that of Margaret Zhou, a young woman facing a mild operation, who died in the still of the peaceful African night.

By this time, the nuns were threatening to go to the police if Zshiri did not. Zshiri called a meeting and it was decided to summon a police investigation. Superintendent of the Zimbabwe Republic Constabulary, P.C. Chakarisa, obtained a search warrant and went to Swango's cottage nearby. Inside, the police found, according to James B. Stewart's Blind Eye, "an extensive array of drugs and medical equipment". Syringes, some still filled with a liquid, lay about the room; so did bottles and tins of substances foreign to the Zimbabwe doctors.

Shortly after the raid, Swango hired one of the region's top lawyers, David Coltart, a man respected by authorities. Coltart's reputation was so high that Swango's friends from Mpilo Hospital firmly believed that Swango's defamation charges against Mnene had credence. While Swango awaited an upcoming hearing, they allowed him to practice medicine at Mpilo.

Meanwhile, Inspector Chakarisa's case was solidifying as he talked to surviving patients and relatives of those who had died, and to the good sisters at the mission hospital. The drugs found in Swango's residence were lethal. Intercontinental communications began to bring to the surface another Swango that Dr. Zshiri and the folks at Mnene had never known – one who had been in an American prison for poisoning co-workers and who was dismissed from one hospital after another for apparently suspicious reasons. When Chakarisa learned that Swango was practicing at Mpilo, he intervened. He contacted the republic's Minister of Health and Child Welfare who, in turn, ordered Swango barred from further duty.

As the evidence built, Attorney Coltart realized his client might be guilty, after all. And he was sure of it when the doctor failed to appear at a hearing in August, 1996. The main players knew he had gone on the lam.

Hiding out in Zambia, then Europe, for nearly a year, Swango returned to the United States. Immigration officials, checking all flights for many months, were ready for him when he stepped off an airplane in Chicago's O'Hare Airport

on June 27, 1997. Cuffed in the terminal, he was ushered to a back room, read his rights and told he was arrested for fraudulently entering Stony Brook and practicing medicine without a license in a VA hospital.

From Chicago, he was escorted to New York for trial.

At first glance, arresting Michael Swango on fraud charges seems as incomplete as nabbing Al Capone for income tax evasion. But, the federal government had a method in its madness.

By charging Swango – now in its possession – with even a minor infringement and giving him the maximum time allowable under the statute of the law, the government would have on its side the value of time to build the case it wanted. Even though Swango had eluded the FBI by traveling to Africa, the Bureau had not given up the chase. Agents worked with international law enforcement agencies to pinpoint his movements and build a dossier. At the same time, they were shaping a psychological profile, an important phase of their investigation and a vital tool that would be used to identify the nature of his criminality.

There is yet to be done a thorough, up-close psychological study of Michael Swango, but subject experts and forensic clinicians who have watched his case from afar tend to agree that the profile emerging is one of an individual with emphatic narcissistic tendencies. He is not insane; he can distinguish right from wrong.

Forensic Psychologist Dr. Jeffrey Smalldon (who has examined many serial killers, among them John Wayne Gacy) believes that Swango's drive is "a preoccupation with control and manipulation," including a feeling of control over life and death itself. Sans a formal examination, Smalldon says Swango displays the common threads of a narcissist. These include – but are not inclusive of – a dysfunctional family history (in Swango's case, an absentee father); violent fantasies and attention to disasters (starkly noted by his scrapbook); an overt reaction to criticism (remember his self-punishing push-ups?); a contempt for his victims (he cruelly waved goodbye to Mzezewa after injecting him); and a compulsion to deceive (examples of this being the foundation of Swango's career).

But, how does one fully *explain* a psychopath, especially a Swango whose deeds are so loathsome and continuous? Dr. Smalldon says it's impossible. More so, as author James B. Stewart recently told *20/20*, "One of the most chilling things about this kind of personality is that there is no known treatment...no psychiatric procedure...no drug...no way to stop him. If he is free he will find a means and a place to do it again."

A sign that the government had not forgotten the fugitive is that while he was still in Africa, an FBI agent visited Swango's old nemesis Judge Dennis Cashman in Springfield, Illinois, to garner information that would help prosecutors slot the type of killings Swango performed. It was at that time that Cashman learned the depth of the poisoner's crimes. The agent, John McAfee, admitted that the Federal Bureau of Investigation suspected that Swango could be responsible for as many as 60 deaths. Cashman was stunned.

At his hearing on charges of fraud July 12, 1998, Swango entered a plea of guilty and was given the maximum penalty for such a crime, to be served at the high-security Sheridan Correctional Facility in Florence, Colorado. Judge Jacob Mishler, in passing sentence, mandated that Swango, at no time during confinement, would fulfill any duties "that directly or indirectly require the preparation or delivery of food".

With Swango behind bars only temporarily, the FBI accelerated its search for hard evidence of murder. Africa had contacted them and was preparing an official warrant for his arrest. The FBI knew that an extradition order would follow once Zimbabwe officials fused their respective pieces of evidence into a murder rap. But, FBI agents had worked too many hours and months to lose their grasp on Swango. They wanted to see him in an American courtroom.

They interviewed relatives of patients who had died under mysterious causes at Stony Brook. From the many people interviewed, agents drew up a plea to disinter those patients whose deaths at Swango's hands seemed to be most

certain. These were Thomas Sammarco, Aldo Serinei and George Siano who, it appears, were given lethal injections of a drug that stopped their hearts. Swango was charged with the deaths of these three men in June, 2000.

Swango is also charged with battery on patient Barron Harris. Although it is believed that he had given him a shot that led to a coma, technically Harris' demise was the result of a larger ailment.

"In all," reads a CNN press release, "Swango is charged with three counts of murder, one count of assault, and three counts of making false statements, mail fraud, and a scheme to defraud by use of wires." After U.S. prosecutors recited his charges in court on June 17, Swango pleaded not guilty to each.

Just when it looked as though Swango would be released from prison, federal prosecutors charged him with murdering three patients at a VA hospital in Northport, Long Island. All three died during 1993. The government suspected, but could not prove, that a fourth person was also a victim. Also linked into the indictment was the murder of 19-year-old Cynthia McGee by an injection of potassium when Swango was an intern at Ohio State University Hospital. McGee was in the hospital after an auto accident.

Swango finally pleaded guilty of murdering the three patients in the New York veterans hospital and was sentenced to life in prison without parole. Later, Swango was again sentenced to life in prison in the murder of Cynthia McGee.

The most chilling evidence was Swango's own diary in which he said he killed for pleasure. He loved the "sweet, husky, close smell of indoor homicide." He claimed that these murders were "the only way I have of reminding myself that I'm still alive."

How does one explain a man going through the arduous path of getting a medical degree and then using it to launch a career of murder and assault on the people who entrusted their lives to him? One can almost understand the attributed motivation of serial killers of murdering to have complete power over an individual. But killing for pleasure?