

## EPILOGUE

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MICHAEL SWANGO, after six months at a federal prison in Colorado, entered the Sheridan Federal Correctional Institution in Oregon, on February 10, 1999. Sheridan is a medium-security prison fifty miles southwest of Portland. There is no parole in the federal system. But with credit for the months he had already spent in prison, including the time he was held in Brooklyn, and additional credit for good behavior. Swango was scheduled for release in July 2000, just under a year and a half after his arrival at Sheridan. He could be released to a halfway house as soon as January. He would be forty-six years old, with the possibility of a long medical career ahead of him.

Not long after Swango entered Sheridan, I wrote him to request an interview for this book. Scott Holencik, a prison spokesman, called to tell me that Swango had emphatically declined my request, and that it would be a waste of my time to pursue the matter.

"What did he say?" I asked.

"You don't want to know," Holencik replied. I said that, on the contrary, I did want to know;

"Trust me, you don't want to know," he insisted.

As is often the case with suspected serial killers, it is impossible to say with any certainty how many victims Swango has claimed. He began working as a paramedic even before he entered SIU medical school in 1979, and except for the time he was in prison in Illinois, had access to potential victims in an emergency or hospital setting almost continuously until his arrest at O'Hare airport in 1997. My own investigation has found circumstantial evidence that links him to the deaths of five patients at SIU, five at Ohio State, and five at the VA hospital in Northport, Long Island, for a total of fifteen in the United States. In Africa, he became either more prolific or more reckless or both. The evidence suggests that in the three years he spent there he killed five people at Mnene and fifteen at Mpilo, for a total of twenty in Africa, or thirty-five in total. At least four of his intended victims survived. Given my limited access to patient records, and the efforts of the hospitals involved to minimize the possibility of murder on their premises, it seems highly probable that the actual total is higher. For example, I included no deaths from hospitals in Sioux Falls, although some patients died there while in Swango's care. The FBI may well suspect sixty murders, as an agent told Judge Cashman in 1995.

If proven, these numbers alone would make Swango one of the top serial killers in American history; possibly the most prolific. The only person for whom reliable data suggest a larger number is Donald Harvey; the Ohio nurse's aide, who confessed to fifty-two. The next highest total belongs to John Wayne Gacy, who is believed to have killed thirty-three young men. Swango's hero, Ted Bundy, is estimated to have killed nineteen.

Swango also poisoned people nonfatally. In addition to the five victims in Quincy, evidence links him to three poisonings at Ohio State, three at the placement office in Virginia and two at Aticoal, to his landlady Lynette O'Hare, and to his girlfriends Joanna Daly and Kristin Kinney, for a total of sixteen poisoning victims.

If, indeed, Swango was responsible for so many deaths, then, given the evidence of his psychopathology, it is all but certain that

such a pattern of killing and poisoning will resume if he is released from prison. At Swango's sentencing, Judge Mishler ordered that he remain under supervision for three years after his release, and that he receive psychiatric counseling, but Mishler noted that "if the patient doesn't want it, it won't do any good." In any event, there is no known effective treatment for the severe psychopath. To deter Swango from manufacturing or harboring poisons or weapons, the judge also provided for periodic, random searches of Swango's living quarters during his supervised release. Ominously, Swango protested this aspect of his sentence, and appealed on the ground that it is unconstitutional.

The FBI fears that Swango will flee the country immediately after release, rendering all efforts to monitor or control him futile. Only conviction on a murder charge would secure the minimum sentence likely to protect the public: life imprisonment. (The federal code specifically cites murder by poison as a crime punishable by "death or imprisonment for life.")

With encouraging test results from Dominic Buffalino in hand, FBI agents, other federal investigators, and pathologists traveled to Zimbabwe in late 1998. They exhumed the bodies of four of Swango's victims at Mnene: Mahlamvana, Chipoko, Ngwenya, and Shava. They returned to the United States with tissue and hair samples, as well as samples from Margaret Zhou that had been saved by Zimbabwean authorities.

While the critical physical evidence that had so long eluded investigators appears to be falling in place, proving murder beyond a reasonable doubt still seems less than certain. The FBI investigation was plagued by early false starts. The Bureau repeatedly lost track of Swango in Florida through what seems sheer disorganization and allowed him to elude prosecution for years. By the time it occurred to Cecilia Gardner to pursue him on lesser fraud charges, Swango had fled the country. Nor was a thorough investigation of suspicious deaths at the Northport VA hospital undertaken until after Swango's arrest at O'Hare, when evidence had had four more years to disappear or grow stale. The FBI no doubt deserves credit for its recent work on Long Island and, under difficult conditions, in Zimbabwe, as well as for its sophisticated lab work.

Despite this recent success, the FBI has no potential U.S. case in which an eyewitness saw Swango give an injection to a patient who died and in whom subsequent tests found physical evidence of poisoning. No one saw Swango inject Buffalino or any of the other suspected victims on Long Island apart from Barron Harris. Though the Buffalino family has been told that Dominic's body had elevated levels of nicotine, they haven't yet been shown any official autopsy results. It may turn out that a drug other than nicotine was the immediate cause of his death. (An FBI spokesman declined comment.) Though Elsie Harris saw Swango give an injection to her husband, Barron Harris lingered in a coma for thirty-seven days, making it extremely difficult to prove that the injection she saw was the immediate cause of his death. Only in Africa may there be eyewitnesses and positive test results for the same victim. Thus, any future case against Swango may turn heavily on the admissibility of evidence from Zimbabwe to show an ongoing pattern of murder. Still, given the overwhelming amount of consistent, circumstantial evidence from numerous possible victims, from multiple hospitals and locations, failure to prosecute Swango before he is released would seem a serious dereliction by federal authorities. While the FBI said it is severely restricted in what it can say

about a pending investigation, it is obviously aware of the gravity and scope of the allegations that have surfaced. Asked to comment, George D. Gabriel, supervisory special agent with the FBI in New York, made this statement: "Pursuant to our jurisdiction over crime at a U.S. government facility, the FBI has been looking into several mysterious deaths at the V:A. Hospital [in Northport]. A common denominator in these deaths and several others occurring elsewhere is Dr. Michael Swango. ...Our investigation continues."

MURIEL SWANGO, Michael's mother, who had set such store by her bright, talented third-born child, knows nothing of his fate. Now seventy-eight years old, she remains in a nursing home in Palmyra, Missouri, a hamlet across the Mississippi River from Quincy. There's no evidence Michael has ever visited her. She didn't recognize the last relative who did, one of Michael's cousins. Muriel lies in the fetal position; she cannot feed herself, and cannot, or does not, speak.

Of family members, only Michael's half brother, Richard Kerker, has visited him in prison. Swango asked to be assigned to a prison in Oregon so he could be near Richard, who retired from his accounting practice in Florida and now lives in the Portland area. Swango's brother Bob has read avidly on the subject of the psychopathic mind and serial killers. He and their brother John have spoken on the phone about Michael, and agreed that Michael is fully capable of murder.

AT Ohio State University in Columbus, Dr. Manuel Tzagournis remains vice president for health services. Tzagournis, through both a spokesman and his secretary, repeatedly declined comment on aspects of this book.

Michael Whitcomb, the hospital medical director and the doctor put in charge of the Swango investigation, took a leave of absence and then left Ohio State. He became dean of the University of Missouri school of medicine in Columbia in 1986 and then, in 1988, became dean of the medical school at the University of Washington in Seattle.

In 1990 Dr. Whitcomb resigned after an employee claimed he plied her with liquor, left with her in his car, and, after suffering a flat tire, sexually assaulted her, first on the ground outside the car and later in a public park. She filed a criminal complaint, but evidence suggested that the sexual activity was consensual, and the King County prosecutor declined to file charges. At the time of his resignation, Whitcomb said the charges were "false and unfair" but conceded, "This is conduct I consider unbecoming for anyone." He acknowledged he had had a drinking problem for several years, but said he had stopped drinking and was undergoing counseling. Despite the controversy in Seattle, and despite the problems that had surfaced while Whitcomb was still at Ohio State, Tzagournis rehired Whitcomb as director of the Institute of Health Policy Studies; he returned to Ohio State in 1992. He resigned two years later.

After working briefly for the AMA in Chicago, Whitcomb is now senior vice president for medical education at the Association of American Medical Colleges in Washington, D.C. Reached there in 1998, Whitcomb said, "I have no interest in talking to anyone about this [Swango]. It's been poorly reported and there have been many inaccuracies."

Dr. Joseph Goodman, who initially handled the hospital's investigation of Swango, was promoted from assistant to associate professor of surgery and remains on the faculty, specializing in neurosurgery. Goodman did not respond to repeated phone calls.

ROBERT HOLDER, the former Ohio assistant attorney general who handled the Swango investigation, remains an associate to Tzagourinis in charge of legal affairs. When I reached him at his office early in my research for this book, he defended the university's investigation of Swango and the decision to allow him to complete his internship. "Naturally, our review was criticized after the fact," he said. But "you don't come to a meeting thinking someone is a complicated psychopathic killer." He emphasized that at the time, no one knew of any blemish on Swango's character. "This complaint was taken very seriously and was considered by a distinguished group" that "did a more extensive review than my subsequent experience tells me that a lot of places would do." He added that "the concern of the group at the time was to be evenhanded," and he denied that concern over potential liability was a factor. Still, he acknowledged that with benefit of hindsight, "we could have done better-there's no doubt about that." He said the university and the hospital had heeded the recommendations in the Meeks report and that steps have since been taken to improve relations between the police force and the hospital.

But of the three most important recommendations in the Meeks report, none appears to have been implemented. Today, thirteen years after the report was issued, there is no security office that reports to a hospital administrator and is staffed "with persons trained as investigators and capable of handling medically-related investigations," as Meeks recommended. Nor has a "statement of principles" been formally implemented to govern police presence in the hospital in an effort to ease tensions between law enforcement and hospital personnel.

Meeks also recommended that Ohio State take steps to improve relations with the press. Initially, Ohio State's director of communications, Malcolm Baroway, who also dealt with the press during the original Swango affair, offered to help with my research and make others at OSU available. But little assistance was forthcoming, and I was later told that staff members had been discouraged from talking. I arranged all of my interviews independently of the OSU public relations office. After David Crawford, a spokesman for the hospital, demanded that all questions be in writing and then refused even to disclose the number of beds in the Ohio State Hospitals, I called Baroway to complain. "Frankly, we're just not very interested in helping you," Baroway replied.

It is one thing to try to thwart a journalist. But Cecilia Gardner, the former assistant U.S. attorney in charge of the Swango case, told me that her repeated calls to Holder went unreturned-the only instance she could think of in her career of another lawyer's failing to return a call from the U.S. Department of Justice.

Nor did Holder return my calls after our initial conversation. Baroway told me Holder was "tired" of talking about Swango and would not be calling me back.

UNLIKE some of those who exonerated Swango at Ohio State, Jan Dickson, the chief of nursing who brought Swango to top OSU hospital administrators' attention, left the university in 1985, shortly after the Swango investigation was concluded, after her po-

sition was eliminated in a reorganization. She became chief of nursing at Baptist Medical Center in Little Rock. "The doctors did not want to believe," she says today. "They were in denial."

Donald Boyanowski, the acting OSU hospital executive director who thought the police should have been called, was replaced in 1985 and joined a hospital in Newark, Ohio. He is more blunt than Dickson. "Jan and I were ostracized" at OSU for raising concerns about Swango, he says.

Boyanowski and Dickson were married in 1988. They now live on Dickson's family farm in northeast Missouri, not far from Quincy. Dickson, who was afraid to walk her dog alone in Columbus while Swango was there, still worries that when Swango is released, he will return to the Quincy area.

ED MORGAN remains an assistant prosecuting attorney in Columbus. After more than a decade, he is still bitter about his inability to prosecute Swango and the behavior he encountered at OSU. "I was frustrated," Morgan told me. "It was incredibly frustrating. If we had been contacted, there was a lot of evidence that would have been available. Instead, the evidence had disappeared. You have to have physical evidence. The circumstantial was not enough. It was shocking to me that this was not referred to me earlier."

The doctors and administrators at the university hospitals "greatly resented the intrusion of law enforcement in their affairs," Morgan said. "From day one they resented us. They never really cooperated, or it was grudging cooperation. They didn't trust us. They were petrified of lawsuits. When they realized they had an errant doctor, they [simply] didn't renew his contract and let him slip away." In short, he said, "They covered it up, that's what it was."

Every year, Morgan and Tzagournis attend a New Year's Day party at the home of a mutual friend. In the thirteen such occasions since he issued his report on Swango, Morgan says, Tzagournis has barely spoken to him.

AMONG other university medical personnel who dealt with Swango, Dr. John Murphy, the faculty member who defended Swango at SIU and saved him from dismissal, is a pathologist in Springfield and remains on the SIU faculty. Having taken Murphy's course that covered toxicology, Swango wrote him from prison after his conviction in Quincy asking Murphy to help him disprove the charges. But by then Murphy had changed his views about Swango, and realized he had made a terrible mistake in defending him. He didn't reply to Swango's letter.

"To be honest, I feel very bad," Murphy told me. Rosenthal and Swango's other critics, he now concedes, "were much more correct" about Swango. "I was wrong about him. I was duped."

Dr. Anthony Salem, who recommended Swango's admission to the University of South Dakota residency program, left Sioux Falls in 1998 for reasons unrelated to Swango and is now a physician at the Veterans Administration hospital in Las Vegas. "I bungled it, no question," he says now; "But I wasn't the only one who bungled it."

Dr. Robert Taller, who warned SUNY -Stony Brook that Swango might be among their residents, remains dean of the medical school at the University of South Dakota. He declined to comment on any aspect of this book.

Dr. Alan Miller, the former director of admissions for the resi-

dency program at SUNY-Stony Brook, remains on the faculty as a part-time professor of psychiatry. At the time he was asked to step down as director of the psychiatric residency program, residents protested that he was unfairly being made the fall guy; they wrote a letter of protest to the dean and asked Miller to speak at their graduation. Dr. Miller is also forthright about what happened. Admitting Swango was "a conspicuous oversight," he says, "and I take responsibility for it." Still, he says, it pains him to think that after a long and illustrious career, this is how he will be remembered. "In my professional life, this is the worst single episode," he told me.

After he resigned his post as dean at SUNY-Stony Brook, Jordan Cohen accepted a position as head of the Association of American Medical Colleges in Washington, D.C., the same organization that handles applications for residencies. Cohen said at the time that he saw the new position as a "once-in-a-lifetime opportunity to be of service, nationally, to academic medicine." Ironically, he now works there with Dr. Whitcomb, which means that two of the doctors involved in Swango's career now oversee the application process of all medical school residents in America.

AL and Sharon Cooper, Kristin's parents, live in an attractive new condominium development in Yorktown, Virginia, with their cat and dog. Al has fully recovered from his heart surgery. Sharon says that after Kristin's death, and especially after she learned of his past, she feared Swango, but now would be happy to confront him face-to-face. "I don't care if he tries to kill me," she told me when I visited their home. "He can't take anything more precious away from me than he already has." The Coopers have not been told the results of any lab tests on the lock of Kristin's hair.

Sharon Cooper still agonizes over the thought that if she had acted sooner to warn people about Swango, others might be alive today: After she learned of Barron Harris's death on Long Island, she called Elsie Harris, and both women wept. Harris tried to reassure her, saying that Sharon had done everything that could have been expected, probably more than most people would have done. "I was grateful to talk to Mrs. Harris," Cooper told me, but whatever happens to Swango now, "we feel we have been given a lifetime sentence. All I want from Michael is an admission of guilt for what he's done and his willingness to take the consequences. My main interest is to make sure, or to try to help, to see that he is not back in circulation."

RENA COOPER, the woman whose paralysis and brush with death at the Ohio State Hospitals in 1984 launched the first serious investigation of Swango, still lives in Columbus. She is eighty-five years old, lives alone on \$737 a month in Social Security, and complains that she subsists at the "poverty level." Her mind seems alert and she says she clearly remembers the terrifying events in the hospital sixteen years ago. "You know, they said we were crazy," she says with some indignation, referring to herself and her hospital roommate, Iwonia Utz. She says now that there is no doubt in her mind that Swango was the person who injected something into her IV tube. "It was Swango himself," she says emphatically. "I'd seen him before, on his rounds." She maintains that she never identified her attacker as a female, or as wearing a yellow pharmacy coat.

Cooper filed suit against the hospital in 1986. Advised by her lawyer that it was the best she could hope for, she settled the case in 1989 for a mere \$8,500, an outcome that prompted her to write a

letter to the judge. On lavender stationery adorned with small flowers and bees, she wrote:

I did not know that life was so cheap in the eyes of some people.

I have nothing against O.S.U. hospital, nor do I have any hatred for young Swango.

I do feel that he is asking for help but no one seems to hear him screaming. I hope before it goes too much further young Swango will get the help he is asking for and needs.

Sincerely,  
[signed] Mrs. Delbert Cooper, Sr.  
Rena E. Cooper