

Faith-Healing Investigation Project

A Case of Immaculate Abortion?

Gary P. Posner, M.D.

In May 1986, a reader brought to FREE INQUIRY's attention a miraculous claim made by Marvin E. Eastlund, M.D., a board-certified obstetrician/gynecologist in Fort Wayne, Indiana. The claim was contained in a lengthy letter Eastlund wrote to Dr. James C. Dobson, whose radio ministry—"Focus on the Family"—is carried on Christian stations all across the country. Dr. Dobson reprinted Eastlund's letter in his mailing of April 4, 1986, to his listeners of record, at least one of whom also subscribes to FREE INQUIRY and shares our skeptical approach toward such claims.

In his letter, Dr. Eastlund discusses his deep religious faith and his opposition to abortion. But, "faced with the choice of saving one life over another" for the first time in his career, Eastlund found himself in a dilemma that apparently had no solution. His patient was diagnosed as having a "hydatidiform mole pregnancy," a potentially malignant condition of the placenta. Failure to treat the mother would leave her with a high risk of developing choriocarcinoma, a virulent malignancy usually fatal within a year. As Eastlund states in his letter, "To allow the pregnancy to continue would . . . [give] the mother a certainty of death in a few months. To treat the cancer would possibly abort the pregnancy and most certainly cause gross deformities if the baby survived. To abort the pregnancy would allow further treatment but also kill the baby. We did not know what to do. She felt, as I did, that abortion was wrong."

The patient, Eastlund, and Eastlund's expert consultants agreed, after struggling with the options, that the pregnancy had to be terminated. And, because his loyal, long-time patient did not wish to be operated on by anyone else, Eastlund agreed to perform the abortion himself. His anguish is evident in his letter, as he describes how he "prayed and received the peace of mind that this was the proper step." He then relates how "I scheduled the procedure and remember vividly standing at the scrub sink just before the surgery, agonizing over this decision. *Just a few hours before, I had obtained an ultrasound of the pregnancy showing a live fetus with a beating heart and what appeared to be a normal pregnancy in progress*" (emphasis added).

Immediately prior to the procedure, Eastlund writes, "I asked once again for guidance from God." He then proceeded to dilate the cervix and explore the uterine cavity. "To my relief and, I must admit, surprise, the uterus was empty! *Just*

hours before there was undeniable proof of a live pregnancy there. Now there was nothing! . . . After a careful exploration of the uterus, I was still dumbfounded" (emphasis added). He called one of his partners. "We agreed to stop the procedure at this point and obtain *another* ultrasound. That ultrasound showed an empty uterus! The pathology report confirmed that the tissue I removed was degenerating, 'burned-out' placental tissue" (emphasis added).

Concludes Dr. Eastlund: "I witnessed a miracle! God heard my prayers and intervened and took that baby home with Him, thus freeing me from the act of destroying that baby. There was no other explanation for that finding. Even some of the nonbelieving physicians who were familiar with the case agreed with me. . . . The patient then underwent the remainder of her chemotherapy and experienced a very successful recovery from her cancer."

FREE INQUIRY editor Paul Kurtz started to correspond with Dr. Eastlund on June 4, 1986. Kurtz asked two crucial questions: Could Eastlund confirm that the original ultrasound study had been performed "just a few hours before" the abortion? And was it possible that some other natural process had already destroyed the fetus?

Eastlund answered Kurtz's letter on October 6, 1986, and provided many details not included in his letter to Dr. Dobson. Upon his initial diagnosis of the molar pregnancy, he wrote, he "performed a D&C and emptied the uterus." He then followed established protocol for monitoring HCG [hormone] titers, and placed the patient on oral contraceptives, which he says she continued to take "during the entire time I was treating her." The patient's HCG level fell, but not to zero as expected. "Approximately six months" later, "the titers began to rise again [with] the uterus beginning to enlarge. . . . I [performed] another D&C finding more [benign] molar tissue." But again, the HCG level only partially resolved, which indicated the continued presence of potentially malignant tissue.

After seeking advice from national experts, Eastlund consulted the hospital's oncologist, who administered two rounds of chemotherapy. "After the second round the HCG titer began to rise again. Her uterus was enlarging . . . [and] plans were to proceed with a third D&C. She was still faithfully taking the birth control pill. . . . In the work-up prior to the D&C an ultrasound was obtained . . . [which] showed a live pregnancy . . . consistent with nine weeks gestation. Fetal heart motion was seen on the real-time ultrasound. . . . The uterus, however, measured about fourteen weeks size on exam." The D&C was thus postponed, pending resolution of this moral dilemma.

The patient was ultimately readmitted for the abortion. As

Gary P. Posner is a medical doctor and a member of CSER's Faith-healing Investigation Project.

recounted in his letter to Kurtz, "In the *two weeks of time from the ultrasound showing a live pregnancy to the procedure*, I had examined my patient several times . . . [and there was no] evidence of passing tissue . . . [no] cervical dilatation . . . no bleeding. Her uterus continued to be enlarged as expected with a developing pregnancy. *The evening before surgery an ultrasonic doppler was used to detect the fetal heart*. The next morning I proceeded with the surgery. . . . I had one partner who . . . had witnessed the ultrasound done *two weeks before*. He and a radiologist both saw the fetus and the beating heart" (emphasis added). A post-operation "ultrasound showed an empty uterus. The uterus still was very soft and about fourteen weeks size at the time of the D&C."

After receiving Eastlund's response, Kurtz asked me to investigate this fascinating report of a medical/religious miracle. Although I am a practicing physician, my specialty is not obstetrics and gynecology, so I enlisted the aid of a board-certified OB/GYN colleague.

Our analysis of Eastlund's letters leads us to conclude that the pre-abortion "ultrasound" described in the earlier letter to Dobson had actually been performed *two weeks prior* to the abortion, not "just a few hours before." His wording to Dobson about having "obtained an ultrasound . . . showing a live fetus with a beating heart and what appeared to be a normal pregnancy" and another ultrasound that "showed an empty uterus" describes the *visual* images of a fetus and uterus, images given by "real-time ultrasounds" or "sonograms" obtained from a hospital's radiology department. It also corresponds to Eastlund's descriptions of the real-time ultrasounds in his letter to Kurtz. In stark contrast to these visually descriptive phrases, we learn in the letter to Kurtz that the evening before surgery Eastlund merely used an ultrasonic doppler listening device (in essence an electronic stethoscope) to listen for the fetal heart-beat. My consultant strongly affirms this to be a much more subjective exercise, open to possible misinterpretation, and one which is not "obtained," but rather is performed by oneself.

Thus, the answer to Kurtz's first question—could Dr. Eastlund confirm that the ultrasound had been performed just a few hours before the abortion?—appears to be "No." With regard to Kurtz's second question, Eastlund can offer no alternative, "natural" explanation. He does *not* believe that the fetus could have been miscarried in the intervening two weeks, based upon his examinations of the patient. As for some other natural explanation for the fetus's disappearance, Eastlund states, "I have never seen . . . [a] known abortion . . . [in which] the patient absorbed the tissue with nothing being passed. At eight to nine weeks the tissue . . . is of large enough volume that complete absorption is most unlikely. I have never seen degeneration to such an extent where the fetus and almost all the placental tissue has disappeared. . . . There was a question that the chemotherapy had destroyed the pregnancy. If more time had elapsed that would be a viable argument. However, we had evidence of a viable pregnancy after two rounds of chemotherapy. . . . I would say it is very doubtful that the cancer, chemotherapy, or other natural cause would have already destroyed the fetus." (Question: Why even explore these possibilities if "undeniable proof" of a living fetus had been established only "a few hours before" surgery?)

Dr. Eastlund concludes his letter by pointing out that "I am a scientist as well as you. I approach my medical practice from the scientific viewpoint. I believe in God and believe He is in control of life. This world He created is one of immense order and structure. . . . Medicine is much the same. I have tried to explain this case from every other scientific viewpoint and argument. I have no way to explain my findings except by a miraculous event. My consultants likewise have termed it as such." He asks Kurtz, "Can you explain this event in any other way besides a miracle? . . . I appreciate your interest and would appreciate your thoughts."

Before my consultant and I could hope to offer Eastlund any persuasive alternative explanation, we first needed access to the available documentary evidence. We had questions concerning the ultrasounds; the presence of a live nine-week fetus in a woman who had been "faithfully" taking oral contraceptives since her first D&C more than six months earlier, and who more recently had undergone a second D&C followed by two rounds of toxic chemotherapy; the exact time-frames and dosages of the chemotherapy; the significance (if any) of a fourteen-week-size uterus both at the time of the ultrasound showing a nine-week-size fetus and again two weeks later; the type of abortion performed (forceps or suction); the quantity of tissue recovered (Was all of it sent to pathology?); the ability of Eastlund's consultants to confirm their reported agreement with the "miraculous event" conclusion; and the pathologist's unusual terminology—to describe placental tissue as "burned out" is odd, in the opinion of my consultant.

I submitted to FREE INQUIRY a list of material needed for our review: copies of the official reports from the ultrasounds, the chemotherapy, the surgery, and the pathology lab, as well as the names and mailing addresses of those consultants who purportedly agreed with Eastlund's "miracle" conclusion. Kurtz wrote to Eastlund on November 26, 1986, to request these items, and sent a reminder note on January 6, 1987. In his reply of January 12, Eastlund states "I will try to answer all your questions in the very near future"—but he also expressed concern for the first time about the nature of CSER ("Is this for publication? What is the purpose of your organization? What will you do with the information that I send to you?"). Months passed without any further correspondence.

I was asked by Kurtz to revive the dialogue; and, in a letter to Eastlund dated June 18, I addressed all of his questions, once again requesting his promised further assistance in our investigation. Having received no response after many weeks, I submitted a rough draft for an article on the case. FREE INQUIRY executive editor Robert Basil then wrote to Eastlund on September 21, enclosing a copy of my draft.

Eastlund responded three days later. He complained about CSER's attitude of "skepticism and denial" toward the "very fact" of God's existence, my own tendency to "ridicule," my lack of a "totally unbiased position," and the failure in my initial draft to sufficiently detail Eastlund's rationale for reaching his conclusion. Eastlund wrote, "I certainly made every attempt to explain this case from every parameter of scientific investigation. . . . I had to arrive at a final diagnosis for the hospital chart . . . [which] certainly had to have adequate explanation and proof in order to be accepted by the medical

reviewers. I feel Dr. Posner was unfair in not telling the entire story. He conveniently left out much important data . . . so that his conclusions would not be challenged." (Actually, I offered no firm "conclusions." I ended the draft this way: "the documentation of the precise chronology of events is crucial to objective inquiry. Until Dr. Eastlund is forthcoming with this documentation, labelling this case a proven "miracle" would seem to be a leap of faith rather than a scientific exercise.")

Dr. Eastlund also addressed "the apparent discrepancy of the ultrasound performed hours before the D&C procedure. [Posner's] comments and emphasis added suggest that I changed my story and was lying about this case. He further suggests that listening with a Doppler instrument is not scientific and thus the conclusions from this exercise is [*sic*] open to doubt. He fails to add to his article for the reader's sake that the Doppler instrument is indeed an ultrasonic instrument." (Note: I referred to it as an "ultrasonic doppler," just as I do in this final draft.)

Yet, despite his obvious displeasure, Dr. Eastlund once again professed willingness to cooperate further. In the same letter to Basil he makes the following pledge: "If you desire the actual reports of the documents . . . I will be willing to submit these reports with the name removed from the document [to ensure confidentiality]. If you cannot accept this proposal then we are at an impasse." On October 13, I wrote to Eastlund and accepted his offer, once again requesting the names and addresses of his corroborating consultants. I also attempted to allay some of his concerns with the following pledge of my own: "I shall be scientifically objective and led by the weight of the evidence. We will gladly consider any suggestions that you may have to improve the article, and Bob Basil assures me that you will be afforded an opportunity to respond [to the article for publication], should you so desire." I received no reply.

Perhaps the securing of Dr. Eastlund's good will and full

cooperation in an investigation that he grew to perceive (correctly) as a highly skeptical one was, in retrospect, an unrealistic expectation. Indeed, his emotional and religious investment in this "miraculous event" is of such magnitude that it can fairly be conveyed only in his own words. I quote from Eastlund's original letter to Dr. Dobson: While scrubbing just moments before the surgery, "I probably prayed more earnestly than I ever have before . . . to forgive me of this sin I was committing. I asked Him to stop me if this was not His will. I offered my life for the baby's. I told God to take my life right at that moment and not let me take the life of that baby. Nothing happened and I finished scrubbing." And, following the procedure, "I had never felt so close to God before. He answered the petitions of my patient and me and saved us both tremendous guilt by doing the abortion [Himself]. He led us along the path to the point where we could only receive the guidance from Him after we fully submitted to Him. He then took control and performed in such a way that no human could obtain any glory from what He did. . . . We both grew immeasurably in our faith through this whole experience."

Although Eastlund's narrative to Dr. Dobson was primarily a religious one, his letter to Kurtz was not. In fact, he requested that we offer a *scientific* alternative. Within the context of science, the burden of proof required to substantiate Dr. Eastlund's extraordinary hypothesis would have been met, in the opinion of myself and my consultant, had a real-time ultrasound actually been performed just a few hours before surgery, providing undeniable proof of a fetus within the uterus. Without such objective, independently verifiable proof, and given my lack of access to the medical records and consultants, I can offer only speculation as possible alternative scenarios to account for the pregnancy's demise. However, neither I nor my OB/GYN consultant can find any compelling reason to conclude that God must have performed an "immaculate abortion" on this patient, or that any other paranormal explanation need be invoked. ●

Another Physician Fails to Cooperate

One of my patients, Joppa Wiese . . . in my opinion experienced a 'miracle' in that he was literally at death's door and following [an] event at church the state of his health was improved to an extent that was unexplainable by the laws of modern medicine. . . . When he was initially seen by me his congestive heart failure was as severe as any patient that I have seen in twenty years and nothing short of a heart transplant would have kept him alive. . . . Mr. Wiese will return to work on the twentieth of July and without a doubt could

never have survived his heart failure without the Lord's intervention. It was indeed an act of God."

The above testimonial by Wayne Stubblefield, a medical doctor from Chattanooga, Tennessee, was contained in a letter from him dated July 14, 1987. This letter was presented to Paul Kurtz by Charles and Frances Hunter, a faith-healing couple known as the "Happy Hunters," during a September 9, 1987, debate with Kurtz on WKBW-TV in Western New York, in response to Kurtz's complaint that the couple

had not documented any of their so-called healing miracles.

A discussion of this "verifiable miracle" also appears in a recent issue of the Hunters' Ministries newspaper. According to the article, Wiese, age sixty, suffered from "congestive heart failure . . . severe diabetes and emphysema." Dr. Stubblefield reportedly had told Mrs. Wiese: "Your husband is dying. His heart has enlarged to eighteen centimeters across—and it is leaking. It is too late for a transplant. What you need is a miracle from God." His blood pressure

(Continued on page 61)