

"MISSING FOETUS" CASE SOLVED

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CASE OF MRS VAN KLAUSEN

On the 28th of June 1991, an event unique in the UFO field to date occurred when full medical documentation, including a personal interview with the physician involved, was obtained in what seemed to be a genuine "missing foetus" situation. The case amounts to a possible breakthrough in the UFO research field; Ann Druffel and Georgeanne Cifarelli researched the case together.

A "missing foetus" case, as the term is currently in use, can be defined as a report by a UFO close encounter witness—either pregnant at the time or who becomes pregnant shortly after a suspected UFO abduction—who claims that the foetus later mysteriously disappears from the womb.

Numerous such reports have surfaced in recent years, and have sparked the interest of some researchers, beginning with a "missing foetus" described in Budd Hopkins' book, *The Intruders*⁽¹⁾

Speculations as to the cause of these reports range from:

1. the possibility that UFO entities are actually taking human foetuses;
2. the possibility that the foetuses themselves were human-alien hybrids, recovered by the entities; or
3. some other unknown effect resulting from UFO close encounters.

The difficulty of obtaining documentation/verification on such cases became a source of frustration to physicians such as Richard M. Neal, Jr., M.D.⁽²⁾ and other researchers who have tried diligently to confirm various witnesses' statements by obtaining medical documentation/physician verification. As intriguing as these reports are to researchers, and as tragic as they are to the witnesses who report them, certification and proof of the events have eluded the field.

Researchers who had tried and failed to obtain such documentation over the past three or four years surmise that at least two elements prevent it: that doctors involved in such cases might be reluctant to talk about them, because of the strangeness of the situations or because they might fear being sued for malpractice; or that the witnesses are reluctant to ask for confirmation because of embarrassment or fear of offending their physicians by asking for verification.

Enter Morgana Van Klausen, a female witness who resides in Southern California, who had repeated UFO entity experiences from December 1987 through May 1991. The case is exceedingly complex, with rich detail, but the witness herself is a wholly rational, productive individual. Briefly, the events include:

1. a bright beam of light which was seen to move around outside the home, followed by a time lapse of about 2 hours in December 1987 involving herself and four-year-old son;
2. invasion of her home by a short, white-skinned entity who awakened her from sleep and reportedly performed some type of invasive gynaecological procedure in January 1988;
3. the discovery by the Van Klausens of a 13-foot diameter circle of burned grass in their back yard the day after the appearance of the intrusive creature⁽³⁾;
4. two unidentified "persons" who entered the home during the night, and were perceived by Mr. Van Klausen who felt totally paralysed and incapable of confronting them;
5. their four-year-old son's perception of "white figures" who entered his bedroom and also looked through the windows, leaving him with conscious memories of "trips on spacecraft";
6. a visit by two short entities who were perceived by Morgana as they leaned over her son's bed;
7. a visit by a similar type entity in May 1991, whom Morgana succeeded in pushing away, after which the creature abruptly disappeared.

Shortly after the second visitation, the witness began to feel what she described as "an unexplained desire" to have another baby—this in spite of the fact that the couple had agreed that, because of their ages, they would limit their family to one child. In late January 1989, she unexpectedly became pregnant. On February 28th, 1989, her obstetrician, Dr. Levine⁽⁴⁾, a physician in good standing at a large Southern California hospital, performed an ultrasound scan of the developing foetus. She remembers Dr. Levine reassuring her on this date that "everything was fine."

One month later, on March 24, 1989, Dr. Levine did a second ultrasound scan. This time, he

told Morgana he could not detect any cardiovascular activity in the foetus and sent her for a consultation with a perinatologist, Dr. Holland⁽⁵⁾. This specialist had more powerful equipment and performed a scan with a vaginal transducer. Morgana recalls that Dr. Holland told her that "the foetus had grown to about six or seven weeks and then had died."

THE WEIRD LITTLE "NURSE"

Dr. Levine performed a D & C on that same afternoon, March 24, 1989, which was Good Friday. Mr. Van Klausen accompanied his wife to the hospital, and she was taken by a hospital volunteer up to the second floor to await surgery. The floor was deserted, due to the fact that no elective surgery had been scheduled for the Easter holiday and, as she later learned, she should not have been taken there, but instead taken directly to the surgical floor. Left alone in a private room in the isolated ward, Morgana felt depressed and afraid. Presently a small-statured person whom Morgana assumed to be a nurse, entered the room. This person spoke a few sympathetic words to her and patted her head. She came and left at intervals, staying only a few minutes at a time, as if checking up on her; this went on for two hours before Morgana was taken down to surgery.

Morgana was disquieted by the woman's appearance. She had bony arms and hands, with long fingers; her features likewise were pointed and sharp. Her manner of dress was odd; she wore a pinafore instead of a regulation nurse's uniform. When Mr. Van Klausen re-joined his wife for a while, the "nurse" did not speak or look at him directly. She averted her head deliberately, immediately left the room and did not return as long as he was there. Morgana was not given any pre-surgery medication, as she should have been, and this had to be administered in surgery, instead.

Mr. Van Klausen had had trouble finding out where his wife was, and even Dr. Levine assumed she had been taken to the fifth floor. The appearance of the nurse was so strange to both Mr. and Mrs. Van Klausen that they attempted in every way they could to track down the nurse on duty that day, but the hospital couldn't produce any record of her.

Dr. Levine had planned to perform the surgical procedure by suction; the hospital had two new machines of the latest type for this purpose. Mrs. Van Klausen was under general anaesthetic, but learned later from her husband and doctor that both machines failed to function, and the surgery had to be performed by hand, using the older D & C method (dilation and curettage.)

While still in the recovery room, Morgana asked her doctor what sex the child had been. Dr.

Levine seemed unwilling to talk and told her that he would answer all her questions at an office visit, set for two weeks later. At this office visit, Dr. Levine told her about the suction machines failing to function, and Morgana speculated that perhaps it was "her energy" which had caused this, explaining that she had been greatly disturbed over the loss of the baby and perhaps had psychokinetically affected the machines. Dr. Levine replied that he did not believe in "psychic things". His reaction caused Morgana to be doubly glad she had not told Dr. Levine about her experiences with the strange entities which had intruded into her house.

THE PATHOLOGIST'S REPORT

Dr. Levine then showed her the pathologist's report. In referring to the material recovered by the D & C, it read, "Decidua chorionic villi, no foetal parts." The phrase "decidua chorionic villi", Dr. Levine interpreted, meant that it was a confirmed pregnancy. Morgana was puzzled about the phrase, "no foetal parts", because she had not bled sufficiently to pass the foetus spontaneously before surgery, and both doctors had referred to "the foetus" who had died. Morgana remembers Dr. Levine saying that "it was something he couldn't explain."

Morgana tried to talk more in depth with Dr. Levine but, in her opinion, he evaded her questions. He advised her to forget about this pregnancy, and if she wished to have another child, to "try again". Although he and his wife were on a friendly basis with the Van Klausens, often socialising with them, he told her that he would prefer to withdraw from close social contact for a while. She got the impression that he was very disturbed and mystified by the incident, and that he did not wish to be pressured into discussing it further.

BUDD HOPKINS CONSULTED

Because of her close encounters, Morgana had, early in 1988, contacted Budd Hopkins and was referred by him to Cheryl Fernandes, D.C. and Dr. Richard Neal, both of Los Angeles, who were interested in the complexities of her case. The writer was called in later, originally to investigate the burned circle. Morgana joined a local abductee support group and succeeded in overcoming her trauma caused by the early encounters. By the time her 1989 pregnancy terminated in what seemed, to her, a totally mysterious fashion, she had read several books on the subject and was aware of other "abductees" who had reported "missing foetuses". Logically, she wondered if this might be what had happened to her.

As stated above, she had no conscious memory of any encounter with bedroom entities occurring at or around the time she became preg-

nant in January 1989. However, since the entity visits had been monthly from December 1987 through May 1988, with one exception, and afterwards a series of unusual psychokinetic events — typical poltergeist manifestations — had occurred in the home, she wondered if perhaps an entity encounter might have occurred of which she was not consciously aware. Added to this was the strange little “nurse” who had attended her prior to the D & C. She began to wonder if it could have been an entity disguised as a nurse, who might have removed the foetus.

It is to Morgana Van Klausen’s credit that she recognised the necessity of *proving* that a “missing foetus” situation had actually occurred. She began a time-consuming process of collecting medical documentation to verify it. In the spring of 1991, she obtained a copy of the pathologist’s report and persuaded Dr. Levine to write a report for her, describing the incident. Later, she obtained a copy of the perinatologist’s report. To our knowledge, this is the first time complete documentation has been obtained in a “missing foetus” case.

The pathologist’s report seemingly verified Mrs. Van Klausen’s statement that the foetus had disappeared. It stated that material removed by surgery was “decidua chorionic villi, no foetal parts”. The report from Dr. Levine covered Mrs. Van Klausen’s obstetrical history since 1982 but seemed, in one paragraph pertaining to her 1989 pregnancy, to confirm the witness’ suspicions. He wrote, “Had consultative scan again done which revealed foetus but no cardiac activity, consistent with missed abortion...Path report revealed decidua chorionic villi, no foetal parts.” In other words, Morgana had been pregnant with a “foetus”, but even though no miscarriage or spontaneous abortion had occurred, no foetal parts were recovered in surgery which was performed only a few hours after a vaginal ultrasound had revealed a “dead foetus”. The situation did, indeed, seem mysterious and well-deserving of full investigation. A personal interview with Dr. Levine was the next logical step.

Mrs. Van Klausen told Dr. Levine that she had an interest in UFO research in general, and had become acquainted with local researchers who were interested in “missing foetus” cases. She did not share, and to present still has not shared, with him the fact of her own entity encounters or her suspicion that her “missing foetus” might have been the result of UFO activity. She put her request on the basis that a qualified researcher wished to gather medical information which might throw light on “missing foetus” reports, and that the researchers were objectively interested in such reports but open to the possibility that they could be explained in conventional terms. She provided written permission for Dr. Levine to discuss aspects of her own case as it might apply to other reported

cases. An hour’s consultation fee was agreed upon.

Because this situation seemed to promise verification of an actual “missing foetus” report the Fund for UFO Research granted the funds necessary to explore the case. On 28 July 1991, this writer (Druffel) held an hour interview with Dr. Levine and with his permission, recorded it on audiotape. He was open and forthcoming to all questions put to him; no reference was made at any time to Mrs. Van Klausen’s personal entity encounters. The consultation had two main purposes:

1. to verify whether or not Mrs. V.K.’s foetus had disappeared under mysterious circumstances; and
2. to learn of any conventional, medical reasons why a foetus would seem to disappear abruptly.

Dr. Levine confirmed that he had left Mrs. Van Klausen with the impression initially that the 1989 pregnancy was proceeding well, even though she had some abdominal pain and spotting, and even though he detected no cardiovascular activity in the foetus at the time of the first ultrasound, 28 February 1991. Although he suspected at the time that it was a non-viable foetal pole (i.e., gestational tissue which was not developing into a normal foetus) he gave it the benefit of the doubt. Ordinarily, his office ultrasound equipment can pick up cardiovascular activity as early as five weeks’ gestation, provided the foetus is positioned favourably toward the machine. The foetus was only about 5 weeks’ gestation at the 28 February 1989 visit, and Dr. Levine hoped that it was viable but too small or positioned in such a way that cardiovascular activity could not be detected. This type of reassurance is common practice among obstetricians, who prefer to wait and see if foetal viability can be detected a few weeks later, rather than to worry the patient.

A month later, however, at Mrs. Van Klausen’s next visit, a second ultrasound scan again failed to detect cardiac activity. He informed Morgana of this fact and sent her that same day to Dr. Holland⁽⁴⁾, a perinatologist, for a consultative scan. This specialist had a more powerful ultrasound machine; by means of a vaginal transducer, he confirmed non-viability. Morgana remembers Dr. Holland telling her that “her baby had developed normally until about six or seven weeks gestation and then had died”. She was given a choice: to go home and wait for nature to miscarry (spontaneously abort) the foetus, or to have surgical intervention. She chose the quicker route, and the surgery was scheduled for that same afternoon.

Dr. Levine explained why he had avoided Mrs. Van Klausen’s direct question about “the sex of the foetus”. She had had what is termed a “missed abortion”, that is, a medical abnormality which occurs when the foetal pole, having grown in size for several weeks within an expanding uterus, fails to develop into a viable foetus. A foetal pole is included, medically, under the general term, chorionic villi, i.e., “products of conception”, but is not a true foetus, that is, a developing, viable baby with arms, legs, head, etc. For this reason, the

pathologist wrote, "Decidua chorionic villa, no foetal parts."

Dr. Levine stated that what happened to Mrs. V.K. was not at all uncommon. He explained that when a woman becomes pregnant, the developing, fertilised ovum separates into an "animal pole" and a "vegetable pole". The animal pole becomes the potential foetus and, until viability is confirmed, is known as the foetal pole. The vegetable pole becomes the afterbirth, that is, placenta, sac, and other products of conception.

When Mrs. Van Klausen, immediately after awakening from the surgery, asked him what sex the baby had been, Dr. Levine had no answer. He thought it best to spare her feelings and said he would speak about it later when she came to his office. He explained, in the interview, that patients usually do not know the distinction between "foetal pole" and "foetus", and did not think it advisable to go into a long explanation in the recovery room.

Missed abortion, in Dr. Levine's words is a non-viable pregnancy which continues for more than twelve weeks. Before the era of ultrasound as a tool in obstetrics, physicians usually waited until nature miscarried the pregnancy spontaneously. Now, however, with improved technology to detect non-viability, physicians can intervene earlier. He states that he has never seen a case of "missed abortion" go more than five months.

When Mrs. Van Klausen came to his office two weeks later and asked him again what had happened, he showed her the pathologist's report — i.e., a confirmed pregnancy, no foetal parts recovered. When Morgana asked how that could happen, he replied that he could not explain it because medical science has no real answers as to why some fetuses develop into normal babies and some do not. He had no idea, at that time, that Morgana was thinking of the concept of "missing fetuses" as described in UFO literature. She never discussed her interest in UFOs with him until just before the research interview was planned. He was not aware that she thought there was anything otherworldly or mysterious about the event. This only added to the essential *misunderstanding of terms* which developed between them.

BETTER MEDICAL DEFINITIONS NEEDED

Dr. Levine emphasised that medical terms are not precise enough, as regards conversations between physicians and lay persons, and suggested that this situation should be rectified somehow, to avoid misunderstandings like this. "You can say that our terminology is not very good, qualifying the situation, and that doctors should straighten out their terminology. I wouldn't argue with that", he stated. He cited, for example, the interchangeable ways in which "foetal pole" and "foetus" were used on the pathologist's and perinatologist's re-

ports, as well as on his own report written for the patient. It was apparent that imprecise terminology had caused her to suspect that her unborn baby had mysteriously disappeared.

Dr. Levine had told her that he had no explanation for the loss of her foetus simply because cases of missed abortion, and other situations of non-viability in developing foetuses, are not well understood by the medical profession. "Something in Nature senses that something has gone wrong with the pregnancy and rejects it", he stated. "How the rejection mechanism works is not understood. But is it people in flying saucers, or visitors or extraterrestrial intelligence that is intervening in our lives? I would think that's a far-fetched answer."

The consultant, Dr. Holland, according to Dr. Levine's records, reported seeing a "gestational sac" (foetal pole) on March 24th, which had enlarged to the size of a seven-week foetus; this was referred to, alternately, as "foetal pole" and "foetus" on his written report. Since Morgana recalled that this consulting physician had described her pregnancy as viable up to six weeks and afterward had died, Dr. Levine advised that we consult with Dr. Holland personally on this.

When the pathology report revealed "decidua chorionic villi"—that is, vegetable products of conception, including an early placenta—but "no foetal parts", there was nothing mysterious here, Dr. Levine explained. It is actual foetal *parts*, that is parts or members of a *foetus' body* that pathologists look for. Pathologists, according to Dr. S, have no obligation to, or interest in, looking for and reporting on finding portions of a foetal pole. Since Mrs. V.K.'s medical history was consistent with "missed abortion" and *since no foetal parts were expected to be found in such a diagnosis*, the phrase "no foetal parts" is in no way suggestive of a disappeared or missing foetus. The misunderstanding occurred because most patients are not inclined to ask precise questions as to whether the products of their miscarriage are foetal poles or true foetuses.

Dr. Levine also described several other abnormalities which can cause miscarriage/spontaneous abortion, such as severe genetic abnormalities which amount to lethal chromosome combinations. Sometimes in these cases, the foetal pole develops cardiovascular activity and distorted limbs, etc. but later dies in the womb. In cases of blighted ovum, the embryo dies within a few days of conception, and the sac, when aborted spontaneously, is empty. Both of these situations, plus the condition termed "false pregnancy" might explain some "missing foetus" reports.

Dr. Levine stated that he knew of no case suggestive of a true "missing foetus". He stated that any doctor, coming upon such a situation, would be obliged to document it thoroughly—which nowa-

days, with the advent of ultrasound and other advances in technology, is easily done. He stated that, with documentation backing a doctor, medical journals would willingly print articles describing real incidents of "missing fetuses", yet to his knowledge no such case has been described in any medical journal. It is a common assumption in the UFO field, at least by non-medical researchers, that physicians encountering cases of "missing fetuses" would be extremely reluctant to discuss them. According to Dr. Levine, however, this is an inaccurate supposition. He maintained that a physician encountering such a mysterious occurrence would be anxious to talk about the case, because legally and medically he'd want to show that he did not do anything wrong.

As a followup to the interview above, Morgana obtained a copy of the letter sent to Dr. Levine by the consulting specialist, Dr. Holland. At first glance it seemed to confirm her impression that the foetus had been viable up to the seventh week but, in her words, "had died" by the time of the 24 March 1989 scan. The report stated, "Intrauterine pregnancy was seen in the gestational sac. Crown/rump length of the foetus measured 1.2 cm, consistent with 7 weeks and 4 days of gestation. Despite well-defined foetal pole and crown/rump length, no foetal cardiac activity was seen."

The advisability of consulting with Dr. Holland was considered by the investigators, but since he had seen Morgana only once, and since eighteen months had passed, it was not logical to suppose he would remember the case well enough to discuss it fully. Instead, his report was discussed with Richard M. Neal, Jr., M.D., himself an obstetrician/gynaecologist. In his opinion, the perinatologist, in using the term "foetus", was describing a foetal pole instead of a well-defined foetus, just as Dr. Levine had done in his report. Dr. Neal stated that at seven weeks the embryo/foetal pole is not as well-defined as a foetus even a few weeks older would be. A viable 7-week foetus would still be in the embryo stage, where the arms and legs are still buds instead of well-formed limbs, and the term "crown-rump" does not necessarily indicate measurement of a well-formed baby but rather means the length from the top of the foetal pole/embryo to the point where it curves naturally at the place where legs, etc. develop later in a viable foetus.

CONCLUSION

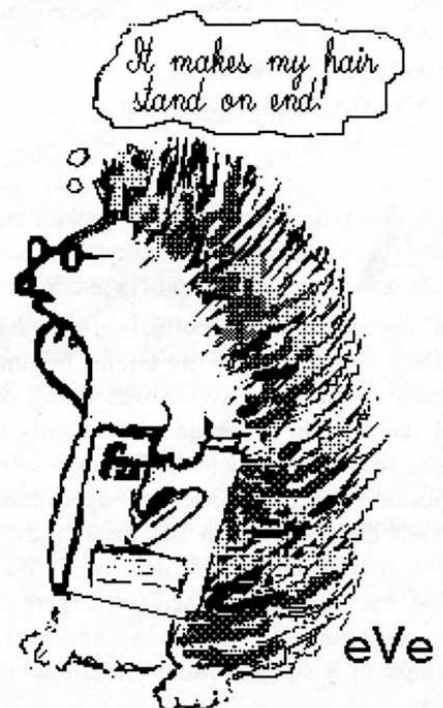
In conclusion, this case presents a breakthrough in the UFO research field; for the first time adequate medical documentation, plus personal verification, has been received from a physician involved in a "missing foetus" report. In-depth research into the situation has revealed that what

seemed to be an actual "missing foetus" case has turned out to be a conventional, medical event, according to the primary physician, Dr. Levine.

One of the more surprising results of the consultation was Dr. Levine's statement that if true cases of missing fetuses did occur, the doctors involved would be anxious to make them public, provided they could document them thoroughly. The fact that this has not happened to date seems to demonstrate that the term "missing foetus", as used in the UFO research field, might be a misnomer. If other reports of such are followed up in detail, they might also turn out to have non-mysterious explanations. It is suggested that every attempt possible be made to obtain full documentation on any such case before it is assumed that "disappearing foetus" cases actually occur, especially as related to unidentified entity encounters.

REFERENCES & NOTES

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2. Neal, Richard M. Neal, Jr., M.D., "Missing Embryo/Foetus Syndrome", *UFO Magazine*, Los Angeles, CA. Vol. 6, No. 4, 1991.
3. Druffel, Ann, "CE3—and CE2?", *IUR*, May/June 1989, Vol. 14, No.3, Chicago, IL, J. Allen Hynek Center for UFO Studies. Grass samples from the circle are still awaiting thermoluminescent studies.
4. The pseudonym, "Dr. Levine", is used not only to protect the doctor's anonymity but to assist in keeping Mrs. Van Klausen's identity confidential.
5. This physician is identified as "Dr. Holland" for the same reason as in 4. above. ■



THE TRAUMATIC ABDUCTION STORY OF ALVINA SCOTT (CANADA), AND ANOTHER FOETUS MYSTERY!

©By Lorne Goldfader, Director of UFORIC (UFO Research Institute of Canada), Vancouver, B.C.

[Last year I began to receive reports about this case from our Consultant in British Columbia, Graham Conway, and, later, Mr. Lorne Goldfader himself. Our decision to publish the story may surprise some of our readers, who will no doubt have noticed that we have lagged very much behind other editors in our willingness to give credence to all the extraordinary material that is now emerging about the programme of sexual and genetic tinkering with the human race which is allegedly being carried on by at least one species of "Alien".

The reason for this is, we must confess, that, most regrettably, we find the evidence to be more and more irrefutable. We therefore think it is time that we devote space to it. Personally I think it increasingly probable that in future we shall be paying very great attention indeed to this whole sexual-genetic question. In fact, once the picture as given below is proved to be accurate, I fear that other aspects of the so-called "UFO Problem" will fade into the background!

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Alvina Scott is a soft spoken and very modest Canadian lady in her thirties who resides in the coastal city of Vancouver. To the best of her conscious recollection she had a series of direct encounters with aliens beginning in 1985. During that year, Alvina was living on the outskirts of the city, in a populated area only a few hundred feet from a hydroelectric power substation on the ground floor of a three-level apartment building. A small craft landed in the back alley near her window, two hours before sunrise. Mass autosuggestion was apparently used on drivers in the area not to park their cars close by, and was used to keep others in a sleep-holding pattern so they would not

wake up. As she was taken out of the window, Alvina was told that she was being placed into a black limousine. However this automobile "took up two parking spaces and made a whooshing sound".

Alvina had a kidney problem at that time. The pain was so bad and the organ was in such poor shape that her own doctor wanted to remove it. The aliens removed eggs from Alvina, telling her that they merely wished to examine them. At a later date she discovered this was not entirely accurate. "They" also performed an operation on her kidney, cutting between the cells and leaving no scars. An implant was left inside to ease the pain, which later showed in ultrasound to the astonishment of the medical technician. It later flushed out through the urinary tract and was lost in the toilet. She was let to believe that the visitors were human-looking, but later discovered they were the so-called "GREYS" (large bald craniums, short, large wrap-around eyes) who were projecting a telepathic illusion. She was able to recall the events consciously, without hypnosis, as a result of a traumatic miscarriage.

On the craft Alvina was shown full adult bodies which were grown from a foetal state in four days, floating in tanks. She was told that they were cloned from the occupants for donor-compatibility, and used for organ-transplants. They contained no essence or spirit. Alvina did not feel comfortable with this information. She was told that the visitors were able to prolong their lives this way. During her first encounter she had a discussion with a female alien who did not understand why we "spill or waste seed and why we pollute our atmosphere". In the second encounter, which took place during my investigation, there were other abducted Earth-humans, both male and female, having their eggs and sperm removed. This took place in a much larger vessel in Space.

The abductee was shown the products of conception at a time between the two encounters, three children in all. One was human with "a badly misshapen mouth", and the other two appear to have been cloned GREY twins who asked her to teach them everything she knew in case some day