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## The Facts Speak Louder than “The Silent Scream”

In the mid-1980s, leaders of the anti-abortion movement produced a video called *The Silent Scream*. The video, epitomizing the anti-abortion agenda and strategy, tried to shift the focus of the abortion debate away from compassion for the health and needs of the woman to an exaggerated concern for the fetus.

Although riddled with scientific, medical, and legal inaccuracies as well as misleading statements and exaggerations, *The Silent Scream* is still wildly popular with anti-abortion zealots. And it continues to be a key tool in their propaganda efforts.

Originally designed to frighten American women away from choosing abortion, the video is now shown worldwide to troubled women who turn to so-called “crisis pregnancy centers” for assistance with their problem pregnancies. Clips from the film even run continuously on the World Wide Web.

As soon as it was released, Planned Parenthood<sup>®</sup> recognized that *The Silent Scream* would be used to propagate harmful myths that could endanger women’s health and the constitutional right to choose abortion and jeopardize the lives and careers of abortion providers. To expose these distortions and deceptions, Planned Parenthood convened a panel of medical experts to review and critique the video. Panel members were:

**Sally Faith Dorfman, MD**

Assistant Professor, Albert Einstein College of Medicine,  
Assistant Clinical Professor, Mount Sinai

**Hart Peterson, MD**

Chief of Pediatric Neurology, New York Hospital,  
Clinical Professor of Neurology in Pediatrics, Cornell University Medical Center

**William Rashbaum, MD**

Assistant Clinical Professor, Albert Einstein College of Medicine

**Seymour L. Romney, MD**

Professor, Ob/Gyn, Director, Gynecological Cancer Research, and former Chairman, Department of Obstetrics and Gynecology, Albert Einstein College of Medicine

**Allan Rosenfield, MD**

Professor, Ob/Gyn and Public Health, Acting Chairman, Department of Obstetrics and Gynecology, Director, Center for Population and Family Health, College of Physicians and Surgeons, Columbia University

**Herbert G. Vaughan, Jr. MD**

Professor of Neuroscience, Neurology and Pediatrics, Director, Rose F. Kennedy Center for Research in Mental Retardation and Human Development, Albert Einstein College of Medicine

### **Ming-Neng Yeh, MD**

Associate Clinical Professor, Dept. of Ob/Gyn  
Ultrasound Laboratory, Columbia Presbyterian  
Medical Center.

Here is their critique, *The Facts Speak Louder*, as it was first published in 1985:

### **The Facts Speak Louder The Planned Parenthood Critique of *The Silent Scream***

#### **Introduction**

Those who seek to restrict or eliminate access to safe, legal abortion in this country have launched another attack in their desperate attempt to win the hearts and minds of the American public. This approach consists of a "documentary" film titled *The Silent Scream*, which allegedly portrays the performance of an abortion done under ultrasonography.

The film represents an attempt to shift the focus in the abortion debate to the fetus and away from any concern or compassion for women in need of abortion services. It is an attempt to deny the desperation that once forced American women into the life-threatening, humiliating experiences of the unsafe and often lethal abortions.

*The Silent Scream*, which was hailed by President Reagan, sent to every member of Congress, shown in part or *in total* on television news and other programs across the country, and whose text was read into the *Congressional Record*, has been treated as factual, when the opposite is true.

From its title, to the description of a fetus as a "person," through the descriptive narration provided by Dr. Bernard Nathanson, the documentary aspects of this film are flawed and biased. The film is riddled with scientific, medical, and legal inaccuracies, misleading statements, and exaggerations. And through innuendo, the film attempts to denigrate the efforts of Planned Parenthood and other reproductive health and rights organizations to provide safe, legal, inexpensive reproductive health care services, including abortion, for women who want and need these services.

Planned Parenthood Federation of America, in an effort to increase public awareness about the film's

flaws and biases, convened a panel of internationally known and respected physicians who are expert in various disciplines to review and critique *The Silent Scream*. The panel's findings are incorporated in this booklet.

**Planned Parenthood Federation of America is committed to assuring that all individuals have the freedom to make their own decisions about whether or when to have a child. To help individuals make and implement those decisions, Planned Parenthood is committed to expanding access to all of the information and services needed to prevent unintended pregnancies. Likewise, for all women who are faced with unwanted pregnancies, Planned Parenthood is committed to preserving the constitutionally protected right to obtain medically safe, legal abortions.**

#### **Medical Inaccuracies in *The Silent Scream***

- **CLAIM:** The 12-week fetus experiences pain.
- **FACTS:** At this stage of the pregnancy, the brain and nervous system are still in a very early stage of development. The beginnings of the brain stem, which includes a rudimentary thalamus and spinal cord, is being formed. Most brain cells are not developed. **Without a cerebral cortex (gray matter covering the brain), pain impulses cannot be received or perceived.** Additionally, experts find that newborns at 26-27 weeks' gestation (24-25 weeks' fetal age) who survive have significantly less response to pain than do full term newborns.

#### The American College of Obstetricians and Gynecologists **Statement on Pain of the Fetus**

We know of no legitimate scientific information that supports the statement that a fetus experiences pain early in pregnancy.

We do know that the cerebellum attains its final configuration in the seventh month and that myelination (or covering) of the spinal cord and the brain begins between the 20<sup>th</sup> and 40<sup>th</sup> weeks of pregnancy. These, as well as other neurological

developments, would have to be in place for the fetus to receive pain.

To feel pain, a fetus needs neurotransmitted hormones. In animals, these complex chemicals develop in the last third of gestation. We know of no evidence that humans are different.

- **CLAIM:** The 12-week fetus makes purposeful movements (*e.g.*, agitated movement in an attempt to avoid suction cannula).
- **FACTS: At this stage of pregnancy, all fetal movement is reflexive in nature** rather than purposeful, since the latter requires cognition, which is the ability to perceive and know. For cognition to occur, the cortex (gray matter covering the brain) must be present, as well as myelinization (covering sheath) of the spinal cord and attached nerves, which is not the case.

An example of the reflex withdrawal without pain occurs in an anencephalic (absent brain) newborn. Another known example of the reflex movement at this stage of human pregnancy is thumb sucking *in utero*.

What is termed “frantic activity” by the fetus is a reflex response of the fetus resulting from movement of the uterus and its contents induced by operator manipulation of the suction curette or the ultrasound transducer on the abdomen. This same type of response would likely occur with any external stimulus. A one-cell organism such as an amoeba will reflexively move or display a withdrawal reaction when touched.

In addition, experts in ultrasonography and film technology have concluded that the videotape of the abortion was deliberately slowed down and subsequently speeded up to create an impression of hyperactivity.

- **CLAIM:** Ultrasonogram depicts the open mouth of the fetus.
- **FACTS: The mouth of the fetus cannot be identified in the ultrasound image with certainty.** The statement that the screen identifies the open mouth of the fetus is a subjective and misleading interpretation by

Dr. Nathanson. His conclusion is not supportable.

- **CLAIM:** The fetus emits “the silent scream.”
- **FACTS: A scream cannot occur without air in the lungs.** Although primitive respiratory movements do occur in the later stages of gestation, crying or screaming cannot occur even then. In fact, a child born prematurely at 26-27 weeks’ gestation (24-25 weeks’ fetal age) cannot scream but occasionally emits weak cries.
- **CLAIM:** A fetus is indistinguishable from any of the rest of us.
- **FACTS: A fetus of 12 weeks cannot in any way be compared to a fully formed functioning person.** At this stage only rudiments of the organ systems are present. The fetus is unable to sustain life outside the woman’s womb, it is incapable of conscious thought; it is incapable of essential breathing. It is instead an *in utero* fetus with the potential of becoming a child.
- **CLAIM:** Fetal head at 12 weeks requires the use of “crushing instruments” for extraction.
- **FACTS: At 12 weeks’ gestation (10 weeks’ fetal age) and even 1-2 weeks beyond, instrumentation other than a suction cannula is not required when abortion is properly performed.** Cannulas for aspiration abortion come in varying sizes, and the larger sizes are adequate for withdrawing the contents of the uterus.

#### Misleading Statements, Exaggerations, and Innuendoes in *The Silent Scream*

- **CLAIM:** “Brain waves have existed for six weeks” in the fetus displayed on the screen.
- **EXPERT OPINION:** Although some electrical impulses have been recorded as early as 10 weeks’ gestation, these cannot be interpreted as or compared with brain waves. **Genuine brain waves do not occur until the third trimester.**

- **CLAIM:** Fetal heart rate rose from 140 to 200, which is abnormally high and reflective of fetal response to “imminent mortal danger.”
- **EXPERT OPINION:** The heart rate of the fetus portrayed in the film does not change significantly at any time. **Nevertheless, a fetal heart rate of 200 is within the normal range (normal 180-200 beats per minute) for this stage of pregnancy.** It is also unlikely that the fetus had a heart rate of 140 that rose to 200. A rate of 140 is generally noted in the latter half of pregnancy.
- **CLAIM:** The large, well-developed fetal model intermittently picked up and displayed during the narrative of the abortion procedure is representative of a 12-week fetus.
- **EXPERT OPINION: The fetal model displayed during the abortion procedure is much larger than a fetus of a 12 weeks’ gestation model visualized by ultrasonography.** The model compared in size to a fetus of 18 weeks’ gestation (about 14cm or 5½” in crown-rump length [CRL]) as opposed to a fetus of 12 weeks gestation (about 6cm or 2½” in CRL). Such an inaccurate comparison is invalid.
- **CLAIM:** Many women who have an abortion suffer severe and lasting psychological damage.
- **EXPERT OPINION: Serious emotional problems following abortion are uncommon.** Most women report a sense of relief, although some may experience temporary depression. Serious psychological disturbances after abortion occur less frequently than after childbirth.
- **CLAIM:** There were 100, 000 illegal abortions annually in the US in 1963.
- **EXPERT OPINION: 100,000 illegal abortions is considered by experts to be an underestimation.** Although there are no accurate data on the number of illegal abortions prior to its legal performance, Dr. Christopher Tietze, a demographer who was

known worldwide for the scientific quality of his work, estimated that in 1963, **the numbers ranged between 200,000 and 1,200,000.** It is generally believed that the figure was closer to the higher level, **and has risen little since abortion was legalized** (currently about 1,500,000). In 1963, only those botched abortions having serious complications requiring hospitalization could be counted. Without a legal requirement for reporting, there are no accurate estimations as to what percentage of the degrading, dangerous, illegal abortions was successful without such complications.

- **CLAIM:** The crime syndicate is heavily involved in the abortion industry today.
- **EXPERT OPINION:** There is nothing to prove or even suggest that the crime syndicate is currently involved in the provision of abortion services. However, it is a well-known fact that organized crime was heavily involved with illegal abortion. The high cost of illegal abortion made it lucrative for underworld elements. In the 1960s, illegal abortions cost from \$750 to several thousand dollars. Considering inflation rates over the past 20 years, the cost of illegal abortions now would be more than triple that of the 1960s. Today [1985] the average cost for a first-trimester abortion is \$200.
- **CLAIM:** Quoting from Williams’ *Obstetrics*, the fetus is amenable to intrauterine therapy and is to be considered as a second patient.
- **EXPERT OPINION:** The statement in Williams’ *Obstetrics* text is true and intended to stimulate further interest and research in fetal and maternal relationships so as to improve the health of the mother and the autonomous newborn. However, in the film presentation, **Dr. Nathanson focuses only on the fetus, totally ignoring the pregnant woman, who is the first patient** and the thrust of the text. He misconstrues Williams’ statement and implies that Williams considers the fetus the primary patient—an unacceptable premise under any circumstances.

## Questions And Other Problems

- **QUESTION:** Does a first-trimester abortion take so long to perform? It seemed to go on for a very extended period of time.
- **ANSWER: No, an uncomplicated first-trimester abortion usually takes less than ten minutes to perform.**
- **QUESTION:** Is it appropriate to refer to a fetus as unborn child, with the same right as other human beings?
- **ANSWER: No. Constitutionally, a fetus has no rights of personhood.** Most legal precedent in English law attributes personhood to the live born.
- **QUESTION:** The film generates sympathy for the fetus. What about the woman who needs an abortion? She is conspicuously absent from the film.
- **ANSWER: The film ignores the plight of the woman seeking abortion** and instead tries to shift the focus to the fetus. It is essential that this defect of the film be placed in correct perspective by **reminding people of the horrors to which women were subjected when abortion was illegal, the fact that current contraceptive methods fail, as well as the critical situations that can occur in a women's life which lead her to seek and obtain an abortion.**
- It must be remembered that the US Supreme Court did not invent abortion when it legalized the procedure with its 1973 *Roe v. Wade* decision. Illegal, unsafe abortion existed for hundreds and probably thousands of years, and it still exists in some societies. Legislation to prohibit abortion will not work. Even if illegal, as in the pre-1973 era, women of means would continue to have access to abortion, whereas those who could not pay the price of safe abortion would be forced into the degrading, back-alley tragedies of the past.
- **QUESTION:** If Dr. Nathanson is so anti-abortion, how could he participate in the filming of an actual abortion procedure?
- **ANSWER:** By involving himself in the performance of an abortion, which he states in the film is, in his opinion, the murder of an unborn person, and by misrepresenting the medical facts that are widely known, **Nathanson fits the category of a zealot.** Zealots will stop at nothing in their attempts to win their cause. Such zeal encourages the kind of fanaticism that exists among those who [bomb and vandalize abortion clinics.]
- **QUESTION:** What about the dead fetuses in disposal containers that are flashed on the screen? Are they all products of late abortion?
- **ANSWER:** Most of these **fetuses are so large** and in such a state of deterioration that **they are actually stillborns** (fetuses spontaneously born dead) rather than aborted fetuses. It is possible that some of the smaller fetuses resulted from late saline abortion. Late abortions (after 22 weeks' gestation) constitute less than 1 percent of all abortions. Many late abortions are performed as a result of fetal abnormalities that can only be diagnosed later in pregnancy or other extreme hardship cases.
- **QUESTION:** What is our response to Dr. Nathanson's statement that Planned Parenthood does not obtain informed consent for abortion, and should show the film to all women requesting termination of pregnancy?
- **ANSWER: Planned Parenthood takes great care to advise and counsel women and their partners of the various options for managing an unwanted pregnancy.** These include continuing the pregnancy with the options of keeping the child or giving it up for adoption, or having an abortion. Those who elect abortion are advised, as with other surgical procedures, of the risks and benefits that may be associated with the procedure. They are given a written fact sheet detailing the potential complications that can occur with abortion. As part of an individual

counseling session, all questions are answered and an informed request form for the procedure is signed. For those who wish further information about the fetus and its developmental stages, this information is provided. To require that women receive such information or view the film when they do not wish it is punitive. The Supreme

Court has declared that such requirements go beyond the bounds of information required for informed consent and have struck down restrictive ordinances that would impose such requirements.

**Cited References**

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*The Silent Scream*. Produced by Donald S. Smith. 28 min. American Portrait Films, 1984. Digital Video Disk.

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