

VACCINES: AN ACT OF LOVE

The Catholic position on vaccination is carefully nuanced; the Church’s “default” position is vaccine acceptance—especially in the context of a pandemic. This is so for two reasons. **First, as Catholics, we have the moral duty to preserve our own health.** While no vaccine is perfect, these vaccines are safe and effective; they are not “experimental.” The Pfizer vaccine has full FDA approval for those 16 and older; the other vaccines (and Pfizer for those 12-15) are being used under an Emergency Use Authorization.¹

These vaccines are effective.² Initial research that took place before the Delta variant came on the scene showed that the vaccines were over 90% effective at preventing symptomatic infection. With the Delta variant, that number may be dropping. Still, the latest data in the US still puts effectiveness at preventing infection at around 80% and at preventing hospitalization at 85-95%.³ In other words, the percent of people who are vaccinated who then go on to get infected and end up in the hospital or die is *very small*, reducing one’s risk 25-fold. In Virginia, for example, for every 1 *million* vaccinated persons only 2000 have fallen ill, 90 have required hospitalization, and 17 have died (as of August 21); unvaccinated people developed COVID at a rate over 13 times higher than those vaccinated.⁴ A recent study showed that infection and hospitalization rates among unvaccinated persons were 4.9 and 29.2 times, respectively, those in fully vaccinated persons.⁵ Vaccinating those who’ve had COVID before cuts their risk of re-infection in half.⁶ Vaccination is a key way to keep new variants from developing.

On August 25, one epidemiologist⁷ summarized the research to date this way:

Vaccines continue to help on the individual-level: they keep you out of the hospital. They also continue to help on a population-level: You play less of a role in the transmission chain than unvaccinated. If and when a vaccinated person is contagious, it’s for less amount of time compared to unvaccinated (6 days vs. 18 days). This will no doubt help end the pandemic. But, even given this, we all still need to wear our masks to stop transmission at every corner.

¹ See: <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>; <https://www.fda.gov/consumers/consumer-updates/understanding-regulatory-terminology-potential-preventions-and-treatments-covid-19>; <https://theconversation.com/what-does-full-fda-approval-of-a-vaccine-do-if-its-already-authorized-for-emergency-use-165654>

² <https://yourlocalepidemiologist.substack.com/p/latest-and-greatest-on-delta-among>; <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859>; and <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7034e5-H.pdf>

³ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e1.htm>; <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e2.htm>. Two studies show lower numbers in terms of overall effectiveness in nursing homes (53%; <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm>) and among frontline workers (66%; <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e4.htm>). The issue of waning immunity us an area of active research. Time since vaccination, aging immune systems, and the highly infectious nature of the delta variant may all be playing a role. So far, it does not seem that delta is in and of itself more resistant to vaccines—though this is a rapidly evolving virus. There is good evidence from Israel that a booster makes a big difference (<https://yourlocalepidemiologist.substack.com/p/state-of-affairs-august-23-2021>).

⁴ <https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/covid-19-cases-by-vaccination-status/>

⁵ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e5.htm>

⁶ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm>

⁷ <https://yourlocalepidemiologist.substack.com/p/role-in-the-transmission-chain-vaccinated>

VACCINES: AN ACT OF LOVE

These vaccines are safe.⁸ Research carried out during development and after deployment has shown that these vaccines are well-tolerated. Almost all side effect are local and mild. According to the CDC⁹, “Rare serious adverse events have been reported after COVID-19 vaccination, including Guillain-Barré syndrome (GBS) and thrombosis with thrombocytopenia syndrome (TTS) after Janssen COVID-19 vaccination and myocarditis after mRNA (Pfizer-BioNTech and Moderna) COVID-19 vaccination.” By “rare” we are talking at best a few dozen complications for every million vaccine series completed. For every one *million* doses of the Johnson and Johnson vaccine, it is estimated that around 60 persons might develop GBS and around 25 TTS. At the same time, over 3100 deaths, 4500 ICU admissions, and 17,700 hospitalizations would be prevented. For every one *million* completed series of the mRNA vaccines, we’d expect to see up to 33 cases of myocarditis (the majority mild); but 3300 lives would be saved and 4800 ICU admissions and 18,700 hospitalizations prevented. Therefore, after carefully reviewing the data, the CDC concluded that “Continued COVID-19 vaccination will prevent COVID-19 morbidity and mortality far exceeding GBS, TTS, and myocarditis cases expected.” In other words, the benefits of vaccination far outweigh the risks. In addition, on-going surveillance tracks side-effects and updates recommendations accordingly.¹⁰ That’s how science works.

Second, as Catholics, we also have a duty to care for the common good, for our neighbors, especially the most vulnerable. These vaccines help curb the spread of infection in the community, thus allowing for a quicker and safer return to usual activities, and decrease the chances that further variants might develop. The Congregation for the Doctrine of the Faith¹¹ put it this way:

At the same time, practical reason makes evident that vaccination is not, as a rule, a moral obligation and that, therefore, it must be voluntary. **In any case, from the ethical point of view, the morality of vaccination depends not only on the duty to protect one's own health, but also on the duty to pursue the common good.** In the absence of other means to stop or even prevent the epidemic, **the common good may recommend vaccination, especially to protect the weakest and most exposed.** Those who, however, for reasons of conscience, refuse vaccines produced with cell lines from aborted fetuses, **must do their utmost to avoid, by other prophylactic means and appropriate behavior, becoming vehicles for the transmission** of the infectious agent. In particular, they must avoid any risk to the health of those who cannot be vaccinated for medical or other reasons, and who are the most vulnerable.

If the use of “cell lines from aborted fetuses” is an issue in general, then we need to understand exactly what cell line is being used in the production and/or testing of vaccines against SARS-CoV-2. The cell line used in the testing of the mRNA vaccines, is called HEK293. The Johnson & Johnson vaccine was developed and produced using a cell line known as PER.C6.

⁸ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/is-the-covid19-vaccine-safe> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>

⁹ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e4.htm>; see also:

<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2110475>;

<https://www.nejm.org/doi/pdf/10.1056/NEJMe2112543> and <https://www.bmj.com/content/374/bmj.n1931>

¹⁰ <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html> and

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>

¹¹ https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20201221_nota-vaccini-anticovid_en.html

VACCINES: AN ACT OF LOVE

The PER.C6 cell line came from retinal cells obtained from an elective abortion in 1985. The abortion was *not* performed for the purpose of obtaining these cells or for the development of vaccines or other products. The origins of the HEK293 cell line is more uncertain; it is possible that an elective abortion was not even involved in its production. As summarized by a group of pro-life Catholic ethicists:¹²

The name “HEK” stands for “human embryonic kidney,” and “293” refers to the 293rd experiment conducted by the scientist who produced the cell line. The embryonic kidney cells were originally obtained from the remains of a deceased unborn child following what appears to be¹³ an elective abortion that took place in the Netherlands during the early 1970s. The exact circumstances of the abortion are not known, but the scientists producing the cell line were not directly involved and, crucially, the abortion was not performed for the sake of providing biological materials to researchers.

Why is the origin of these cell lines an issue? First, some may be concerned that the vaccines themselves are made with or contain fetal cells (“body parts”). This is not the case. As the ethicists¹² referenced above noted, “The immortal cell lines are artifacts—biological products that have been modified and reproduced many times over, and they do not retain the natural function of the tissue from which they were derived. They are not ‘body parts’ in any meaningful or morally relevant sense.”

Second, some may be concerned that by accepting the vaccine they are promoting future abortions. Again, this is not the case. The HEK256 and PER.C6 cell lines are immortal. Therefore, because these cell lines are used, there is no “need” for further abortions in order to obtain fetal cells.

Third, some may be concerned that by accepting the vaccine they are somehow cooperating with or participating in the evil of abortion. The highest levels of the Church’s magisterium have made it clear that no immoral cooperation with evil takes place if one receives these vaccines; these vaccines may be used with a clear conscience.¹⁴ The ethicists¹² note: “The attenuated and remote connection to abortions performed decades ago and the absence of any incentive for future abortions offer little if any moral reasons against accepting this welcome advance of science.”

¹² <https://eppc.org/news/statement-from-pro-life-catholic-scholars-on-the-moral-acceptability-of-receiving-covid-19-vaccines/>

¹³ “This cell line, which has long been assumed to have been derived from the tissue of an aborted child may, in fact, have been derived from the tissue of a miscarried, or ‘spontaneously aborted,’ child.... Frank Graham, the scientist who first derived the cell line, had always simply assumed that the tissue on which he worked had been derived from an elective abortion.... When priest-scientist Nicanor Pier Giorgio Austriaco, O.P. e-mailed Professor Graham to gain clarity on the matter, he learned that Graham did not, and could not, know for certain.” (<https://churchlifejournal.nd.edu/articles/does-the-origin-of-the-cell-lines-used-to-test-covid19-vaccines-make-any-difference/>).

¹⁴ See FN11; the CDF notes that the context of a pandemic and the lack of any alternatives figured into their reasoning. See also <https://youtu.be/KBvwOTAhgKQ>. In relation to childhood vaccines that also use (other) fetal cell lines in their production and testing, the Pontifical Council for Life stated in 2017: “Especially in consideration of the fact that the cell lines currently used are very distant from the original abortions and no longer imply that bond of moral cooperation indispensable for an ethically negative evaluation of their use.... The technical characteristics of the production of the vaccines most commonly used in childhood lead us to exclude that there is a morally relevant cooperation between those who use these vaccines today and the practice of voluntary abortion. Hence, we believe that all clinically recommended vaccinations can be used with a clear conscience and that the use of such vaccines does not signify some sort of cooperation with voluntary abortion.” (<http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>)

VACCINES: AN ACT OF LOVE

Finally, anyone objecting to the use of these vaccines because of the use of the HEK293 and PER.C6 cell lines needs to be aware that their use is extremely common. The HEK293 cell line in particular is widely used in the manufacture and testing of medications, cosmetics, and processed foods.¹⁵

[HEK293 cells] are commonly used for testing processed foods produced by companies such as Kraft, Nestlé, Cadbury and others. Indeed, the great majority of processed/packaged food products available for sale in the United States are likely to contain ingredients produced or tested in HEK293 cells. They are also used as an alternative to animal testing in the cosmetic and pharmaceutical industry. And their use in biomedical research is ubiquitous and has contributed to an enormous number of new medications and medical procedures developed over the last several decades. It thus seems fair to say that in addition to the use of HEK293 cells by the scientific community, nearly every person in the modern world has consumed food products, taken medications or used cosmetics/personal care products that were developed through the use of HEK293 cells in the food, biomedical and cosmetic industries.

Therefore, a strongly-held conscientious objection to the use of the vaccines on this ground should lead the individual to also avoiding a large number of contemporary products. The issues of the cells used in testing the current mRNA vaccines, and producing the Johnson & Johnson vaccine, as well as the question of cooperation, are reviewed in a number of helpful articles.¹⁶

As can be seen in the statement from the CDF and in the recent video from Pope Francis and a number of bishops from the Americas, the choice to be vaccinated or not requires consideration of the common good. There is much more at stake here than individual choice. In fact, the Catholic moral tradition does not absolutize the individual, but always treats the individual as part of a community, a network of relationships. In the case of a pandemic (as in the case of childhood illnesses with severe consequences, such as congenital rubella), the moral “default” is to accept vaccination for the sake of the common good, and to protect the weakest and most exposed. Vaccination, as the Holy Father has stated, is an act of love.

As Jason T. Eberl, PhD, Director of the Albert Gnaegi Center for Health Care Ethics at St. Louis University has written:¹⁷

¹⁵ <https://eppc.org/news/statement-from-pro-life-catholic-scholars-on-the-moral-acceptability-of-receiving-covid-19-vaccines/>; see also <https://churchlifejournal.nd.edu/articles/does-the-origin-of-the-cell-lines-used-to-test-covid19-vaccines-make-any-difference/>, where the specific example of Tylenol is mentioned. The use of PER.C6 cells in medical research and vaccine production is mentioned at:

<https://www.christiansandthevaccine.com/s/Pastors-Toolkit-FAQs-on-the-COVID-Vaccine.pdf>.

¹⁶ <https://churchlifejournal.nd.edu/articles/does-the-origin-of-the-cell-lines-used-to-test-covid19-vaccines-make-any-difference/>; <https://churchlifejournal.nd.edu/articles/how-to-vaccinate-like-a-catholic/>; <https://churchlifejournal.nd.edu/articles/a-priest-scientist-responds-to-concerns-raised-by-the-ramping-up-of-vaccination-campaigns/>; <https://www.firstthings.com/web-exclusives/2020/12/the-covid-vaccine-and-the-pro-life-movement>; <https://eppc.org/news/statement-from-pro-life-catholic-scholars-on-the-moral-acceptability-of-receiving-covid-19-vaccines/>; <https://www.christiansandthevaccine.com/s/Pastors-Toolkit-FAQs-on-the-COVID-Vaccine.pdf>; https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID-19_Vaccine_Fetal_Cell_Handout.pdf

¹⁷ <https://www.americamagazine.org/faith/2021/08/10/covid-vaccine-mandate-exemptions-voluntary-ignorance-241196>

VACCINES: AN ACT OF LOVE

Individuals who object to such a mandate and seek an exemption, due to moral qualms that have already been addressed by the church's highest magisterial authorities, are exhibiting scrupulosity: the unreasonable fear that they are committing a sin when they are not. While, according to Aquinas and as the church continues to teach, every individual should follow their conscience, even if their conscience is in error, doing so does not excuse one's subsequent behavior if one's conscience is misinformed by voluntary ignorance.... [V]oluntary ignorance concerning scientific facts about Covid-19 vaccines (which should allay any reasonable concerns about their safety and efficacy), or concerning the church's magisterial teaching regarding their moral liceity and the moral imperative to be vaccinated for the sake of the common good, does not excuse one's exercise of a misinformed conscience. Governmental and institutional authorities, exercising their rationally informed conscientious duty to safeguard the common good, are not obligated to respect the misinformed consciences of individuals who refuse a demonstrably beneficial vaccine when their refusal threatens to impose excessive risks and burdens on not only themselves but their community.

With Tobias Winright, a healthcare ethicist and theologian, he adds in another article:¹⁸

There is a concerning subjectivism inherent in such absolutist calls for conscience exemptions in the current circumstances. The present assertion of personal political rights is not all that different from the "expressive individualism" that Carter Snead rightly critiques as being at the heart of American public bioethics, underlying advocacy for abortion and physician-assisted suicide among other morally contested practices.

As also noted by the CDF, if a person does choose not to receive the vaccine – for whatever reason – they still have the duty to avoid being vehicles for transmission. Someone who refuses vaccination must also be willing to accept other restrictions (such as wearing a mask, distancing, not going to large public gatherings that put others at risk, handwashing, periodic testing, quarantines, etc.) to keep people safe.

In keeping with the statement from the CDF (see FN9), nothing stated here should be taken as a "legitimation, even indirect, of the practice of abortion, and necessarily assumes the opposition to this practice by those who make use of these vaccines;" nor does it imply a "moral endorsement of the use of cell lines proceeding from aborted fetuses." In keeping with the teaching of the Church, we encourage "[b]oth pharmaceutical companies and governmental health agencies... to produce, approve, distribute and offer" vaccines that are not dependent on the use of cell lines derived from an abortion and are "accessible to the poorest countries in a manner that is not costly for them."

The information here is up to date as of 8/30/21.

¹⁸ <https://www.ncronline.org/news/coronavirus/catholics-have-no-grounds-claim-exemption-covid-vaccine-mandates>