

MORAL CONSIDERATIONS REGARDING THE NEW COVID-19 VACCINES  
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*United States Conference of Catholic Bishops*

I. MORAL CONCERNS ABOUT THE CREATION OF VACCINES<sup>1</sup>

As Pope Saint John Paul II never tired of proclaiming to the world, “the Church has always taught and continues to teach that the result of human procreation, from the first moment of its existence, must be guaranteed that unconditional respect which is morally due to the human being in his or her totality and unity as body and spirit.”<sup>2</sup> Recognizing that respect due each member of the human race, the Church does not now and has never accepted abortion: “Christian Tradition ... is clear and unanimous, from the beginning up to our own day, in describing abortion as a particularly grave moral disorder.”<sup>3</sup>

It is because of this respect for the human person that the USCCB, in collaboration with other organizations working to protect human life, has been engaged in a campaign advocating for the development of a vaccine for COVID-19 that has no link to abortion. For example, in April 2020, four USCCB bishops, the Chairman of the Committee on Doctrine, the Chairman of the Committee on Domestic Justice and Human Development, the Chairman of the Committee on Pro-Life Activities, and the Chairman of the Subcommittee on Health Care Issues, along with representatives of twenty other organizations, wrote to the Commissioner of the U.S. Food and Drug Administration asking it to help ensure “that Americans will have access to vaccines that are free from any connection to abortion.” The signatories pointed out that there is no need to use morally compromised cell lines to produce a COVID-19 vaccine, or any vaccine. Other cell lines or processes that do not involve cells from abortions are available and are regularly being used to produce other vaccines.

While some pharmaceutical companies have been working on a vaccine for COVID-19 without using morally compromised cell lines at all, others have been using such cell lines in either the design and development phase or the production phase or in both. Still others have been making use of a morally compromised cell line only for a confirmatory test of the vaccine’s efficacy. This leads many people who are concerned for the sanctity of human life to ask if it is ethical to accept any of the vaccines that have some connection to abortion.

The Holy See, through the Congregation for the Doctrine of the Faith and the Pontifical Academy for Life, has offered guidance on the question of whether it is morally acceptable to receive a vaccine that has been created with the use of morally compromised cell lines.<sup>4</sup> Both the Congregation for the Doctrine of the Faith and the Pontifical Academy for Life emphasize the positive moral obligation to do good and in so doing to distance oneself as much as possible from the immoral act of another party such as abortion in order to avoid cooperation with someone else’s evil actions and to avoid giving scandal, which could happen if one’s own actions were perceived by other people to ignore or to minimize the evil of the action. Our love of neighbor should lead us to avoid giving scandal, but we cannot omit fulfilling serious obligations such as the prevention of deadly infection and the spread of contagion among those who are vulnerable just to avoid the appearance of scandal.

The Holy See points out that there are different degrees of responsibility in cooperating with the evil actions of others. With regard to people involved in the development and production of vaccines, the Congregation for the Doctrine of the Faith explains that “in

organizations where cell lines of illicit origin are being utilized, the responsibility of those who make the decision to use them is not the same as that of those who have no voice in such a decision.”<sup>5</sup> As for the moral responsibility of those who are merely the recipients of the vaccines, the Congregation affirms that a serious health danger could justify use of “a vaccine which was developed using cell lines of illicit origin, while keeping in mind that everyone has the duty to make known their disagreement and to ask that their healthcare system make other types of vaccines available.”<sup>6</sup>

A specific example where the reasons for accepting vaccination are sufficiently serious to justify it, even though the vaccine has been developed with the help of cell lines derived from aborted fetal cells, is the case of rubella (German measles).<sup>7</sup> The most important danger posed by spread of rubella is that of congenital rubella syndrome, which affects unborn children when their mothers become infected while pregnant. Congenital rubella syndrome can cause miscarriages and a wide range of severe birth defects. The only available vaccine, however, has been developed with the help of aborted fetal cell lines. In such a situation, parents are justified in having their children vaccinated against rubella, not only to avoid the effects of rubella on their children, but, secondarily and just as importantly, to prevent their children from becoming carriers of rubella, as the spread of rubella can lead to the infection of vulnerable pregnant women, thereby endangering their lives and the lives of their unborn children.

It is important to note that the making of the rubella vaccine (or that of the new COVID-19 vaccines)<sup>8</sup> does not involve cells taken directly from the body of an aborted child. Cells taken from two abortions in the 1960s were replicated in a laboratory to produce two cell lines that can be reproduced again and again, indefinitely. To make the rubella vaccine, cells from these cell lines are stimulated to produce the chemicals necessary for the vaccine. It is not as if the making of the vaccine required ever more cells from ever more abortions.

## II. THE LATEST COVID-19 VACCINES

The current COVID-19 pandemic has created a situation with circumstances similar to those posed by rubella. First, at least at present, there is no available alternative vaccine that has absolutely no connection to abortion. Second, the risk to public health is very serious, as evidenced by the millions of infections worldwide and hundreds of thousands of deaths in the United States of America alone. Third, in many cases the most important effect of vaccination may not be the protection it offers to the person who receives the vaccination, who may be of relatively robust health and unlikely to be seriously affected by the disease. Rather, the more important effect may be the protection it offers to those who are much more likely to be seriously stricken by the disease if they were to contract it through exposure to those infected.

There are currently three vaccines that have been presented to us as having demonstrated their effectiveness and that are likely to be made available in the coming months, those from Pfizer, Moderna, and AstraZeneca. The situation of the first two is essentially the same. Neither Pfizer nor Moderna used morally compromised cell lines in the design, development, or production of the vaccine. A confirmatory test, however, employing the commonly used, but morally compromised HEK293 cell line was performed on both vaccines. Thus, while neither vaccine is completely free from any connection to morally compromised cell lines, in this case the connection is very remote from the initial evil of the abortion.

In view of the gravity of the current pandemic and the lack of availability of alternative vaccines, the reasons to accept the new COVID-19 vaccines from Pfizer and Moderna are sufficiently serious to justify their use, despite their remote connection to morally compromised cell lines.<sup>9</sup> In addition, receiving the COVID-19 vaccine ought to be understood as an act of charity toward the other members of our community.<sup>10</sup> In this way, being vaccinated safely against COVID-19 should be considered an act of love of our neighbor and part of our moral responsibility for the common good.<sup>11</sup>

The AstraZeneca vaccine is more morally compromised. The HEK293 cell line was used in the design, development, and production stages of that vaccine, as well as for confirmatory testing. The current vaccine for rubella, though developed earlier, relies on morally compromised cell lines in much the same way as the newly developed AstraZeneca vaccine. The AstraZeneca vaccine should be avoided if there are alternatives available.<sup>12</sup>

It may turn out, however, that one does not really have a choice of vaccine, at least, not without a lengthy delay in immunization that may have serious consequences for one's health and the health of others. In such a case, just as accepting a vaccination for rubella with a morally compromised vaccine is morally permissible because of the lack of alternatives and the serious risk to the public health, so it would be permissible to accept the AstraZeneca vaccine.<sup>13</sup>

### III. A CAUTION AGAINST COMPLACENCY

While having ourselves and our families immunized against COVID-19 with the new vaccines is morally permissible and can be an act of self-love and of charity toward others, we must not allow the gravely immoral nature of abortion to be obscured. It is true that one can receive benefits from an evil action in the past without intending that action or approving of it. The association with the evil action that comes with receiving benefits from that evil action, however, can have a corrupting influence on one's perception of the evil action, making it more difficult to recognize it as evil. Experiencing the benefits that have resulted from the evil action, one might become desensitized to the gravely evil nature of that action. One might become complacent about that action and ignore the obligation to do what one can to oppose the evil action. Another consideration is the fact that one's receiving benefits from an evil action might affect how others perceive that original evil action, thereby giving scandal. Others might be less inclined to see that action as evil. They might interpret one's acceptance of benefits from an evil action as an indication that one does not consider the action to be truly evil, which in turn might diminish their sense of the urgency of opposing that evil. They also might miss opportunities to do what they can to oppose it. In both cases, a certain complacency about that evil action could be the result.

With this in mind, we should be on guard so that the new COVID-19 vaccines do not desensitize us or weaken our determination to oppose the evil of abortion itself and the subsequent use of fetal cells in research.

### CONCLUSION

The world is currently facing a health crisis. The number of deaths from COVID-19 is now almost one and a half million worldwide. In the United States, the toll is approaching 300,000. Given the urgency of this crisis, the lack of available alternative vaccines, and the fact that the connection between an abortion that occurred decades ago and receiving a vaccine

produced today is remote, inoculation with the new COVID-19 vaccines in these circumstances can be morally justified.

For our part, we bishops and all Catholics and men and women of good will must continue to do what we can to ensure the development, production, and distribution of a COVID-19 vaccine without any connection to abortion and to help change what has become the standard practice in much medical research, a practice in which certain morally compromised cell lines are routinely used as a matter of course, with no consideration of the moral question concerning the origins of those cell lines.

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1. There are other moral concerns related to the creation of vaccines to stem the COVID-19 pandemic, such as access to vaccines and other treatments for the poor and for developing nations. This document, however, will be restricted to the question of the relationship between vaccines and abortion.
2. *Evangelium Vitae*, no. 60.
3. *Evangelium Vitae*, no. 61.
4. Congregation for the Doctrine of the Faith, Instruction on Certain Bioethical Questions (*Dignitas Humanae*) (2008), nos. 35-36; Pontifical Academy for Life, “Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses,” (9 June 2005) in *National Catholic Bioethics Quarterly* 6:3 (2006): 541-49, and Note on Italian Vaccine Issue (31 July 2017): <http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>.
5. Congregation for the Doctrine of the Faith, Instruction (*Dignitas Humanae*), no. 35.
6. Congregation for the Doctrine of the Faith, Instruction (*Dignitas Humanae*), no. 35.
7. Pontifical Academy for Life, “Moral Reflections on Vaccines,” 548, especially n. 16.
8. A specific example where the reasons for accepting vaccination are sufficiently serious to justify it, even though the vaccine has been developed with the help of cell lines derived from aborted fetal cells, is the case of rubella (German measles).  
The cell line involved in the three new COVID-19 vaccines, a cell line known as HEK293, has its origin in kidney cells taken from the body of a child aborted in the Netherlands in 1972.
9. Nothing in this document is intended to express any opinion as to the safety or efficacy of any vaccine in general or in any particular case.
10. We should keep in mind that some people cannot themselves be vaccinated; they must rely on the rest of the community’s becoming immune through vaccination so that the disease does not travel through the community and infect them.
11. Every person who becomes ill with COVID-19 places an additional burden on the health care systems, which in certain cities, states, and nations have been in danger of being overwhelmed.
12. The situation is unclear in terms of what vaccines are going to be available where. Various factors may affect which vaccines are available in a given region. For example, the Pfizer vaccine must be stored at extremely cold temperatures (around -80° Fahrenheit), which may make its distribution difficult where the temperatures are high and where the necessary infrastructure is lacking. There is also considerable uncertainty

as to how and by whom the vaccines will be distributed and administered. It seems reasonable to expect that there will be little or no consumer choice in the near future. The choice of vaccine may also be limited by considerations of safety and efficacy. Some vaccines may produce better results with certain age groups, such as children. Some may be more appropriate for those with certain health conditions.

13. If one were to refuse vaccination, one would have a moral responsibility to undertake all the precautions necessary to ensure that one does not become a carrier of the disease to others, precautions which may include some form of self-isolation.