

To be vaccinated or not: Answering common questions for Catholics

If you are trying to decide whether or not to receive a COVID-19 vaccine, what follows may help you decide. Since faith in public health and medical authorities [has taken a beating](#) during the past year, I have assembled what I consider trustworthy points to consider.

What does the Church say about Catholics receiving COVID-19 vaccines?

In the [Dec. 21 note](#) on the morality of using some anti-COVID-19 vaccines, [the Congregation for the Doctrine of the Faith \(CDF\) made two things clear](#). First, no one is obligated to receive a COVID-19 vaccine, stating that “it must be voluntary.” Second, those who are vaccinated can do so “in good conscience with the certain knowledge that the use of such vaccines does not constitute formal cooperation with abortion.”

In his [urbi et orbi message on Christmas Day](#), Pope Francis referred to the “discovery of vaccines” as a “light of hope” that needs to be “available to all,” “especially the most vulnerable.”

How important is a vaccine to ending the pandemic?

If there was no public health response to the pandemic, it is estimated that [about 1.4 million Americans would die](#). [Over 340,000 Americans have died](#) of COVID, and only about 6% of the U.S. population has tested positive. That means that after almost 10 months, we are only 7-10% of the way to a herd immunity threshold of 80-85%.

There are a growing [number of deaths above historical averages](#) due not only to COVID-19, but also to unintended consequences of reduced access to medical care in the spring, business closures and the response to the loneliness and isolation of sheltering-in-place.

The rationale for those drastic government measures – and incursions on our freedoms – was to protect people until successful vaccines or medical treatments were in place. While medical treatments (such as [monoclonal antibody infusions](#)) are only starting to be available, we now have what appear to be [two successful vaccines](#) in the United States capable of ending the pandemic's effects on normal societal interaction.

[Vaccines are the fastest way to end the pandemic](#) and the governmental limits on our activities. In [a recent interview](#) I gave after receiving the first dose of the Pfizer vaccine, I commented that the release of that vaccine meant the beginning of the end of the pandemic.

How helpful are vaccines?

Vaccines are [victims of their own success](#). Most of us did not grow up with neighbors and family members disfigured or dying from smallpox, attacked and crippled by polio, or pregnant mothers losing babies because of rubella. Now, vaccines are poised to end the greatest worldwide health crisis of our lifetime.

Do the approved vaccines (Pfizer and Moderna) prevent COVID-19 infections?

Yes. The [Pfizer](#) and [Moderna](#) mRNA vaccines reduce symptomatic infections by 95% and 94%, respectively. The modern influenza vaccine [reduces infections by only 40-60%](#).

Do the approved vaccines prevent transmission of COVID-19 from those with an asymptomatic infection?

Yes. While Pfizer is studying that now, Moderna has released early results of an ongoing study showing that four weeks after one dose of vaccine there is a [63% reduction](#) in asymptomatic cases and an [80% reduction](#) in symptomatic cases. The results after a second dose will almost certainly be better.

Do the approved vaccines prevent severe cases of COVID-19?

Yes. Both the Pfizer and Moderna vaccines demonstrate [a reduction in severe COVID-19 cases](#). Ongoing studies by both companies will determine effectiveness in reducing hospitalization and death due to COVID-19.

How do vaccine side effects compare to other vaccines given to adults?

Earlier in the year of COVID, I received two doses of (ethically-produced) Shingrix vaccine to prevent herpes zoster (shingle). Each dose gave me sweats, chills and fatigue for 24 hours. More than 17 million 50- to 60-year-olds have received this vaccine to prevent a skin disease that has a small potential for years of unremitting, localized pain and rarely leads to death in people with severely weakened immune systems. Having seen patients with this unremitting pain, I considered the side effects worth enduring.

The side effects for the second, more reactive dose of [Pfizer](#) and [Moderna](#) vaccines (70%/90% injection site pain, 37%/61% muscle aches, 60%/68% fatigue, 35%/48% chills and 16%/17% fever, respectively) are less than those reported for [Shingrix](#), but somewhat more than those for [the U.S. flu vaccine](#), where about 50% complain of injection site pain, 25% have muscle aches and 11% develop fatigue.

What about delayed onset side effects of the vaccines?

No new vaccine side effects have been found to occur in a recipient of any vaccine more than six weeks after reception,

and only [exceedingly rare ones](#) occur more than [a few weeks after](#) vaccination.

How do the approved vaccines alter my genetic code?

They don't. The mRNA from the vaccines made by Pfizer and Moderna [do not enter the nucleus of our cells](#) where our genetic code (DNA) is stored. After using our cells' machinery to make spike protein, the mRNA is rapidly broken down.

Do the vaccines contain cells from aborted babies?

No. The Pfizer and Moderna vaccines [contain no cells and are not made in cells of any kind](#).

How were the cells of aborted babies involved in the development of the Pfizer and Moderna vaccines?

Both of the mRNA vaccines relied on the genetic sequence for the SARS-CoV-2 spike protein that was determined by another company that used HEK-293 (human embryonic kidney) cells ([from a baby that either was aborted or miscarried in the 1970s](#)). Also, some tests to prove that each vaccine stimulates cells to produce spike protein and express it on their surfaces were [done in HEK-293 cells](#).

Do the vaccines cause infertility?

Some are concerned that COVID vaccines may increase infertility or cause miscarriages because of a similarity between the spike protein targeted by the vaccines and a protein called syncytin-1 that is necessary for normal development of the placenta. Some suggest that antibodies against spike might attack syncytin-1 and prevent placentas from forming normally.

The small portion of the similar protein sequence in syncytin-1 is buried beneath the surface of the protein, so anti-spike antibodies would not have access to bind to it. Animal studies looking for harm in developing fetuses have

found none according to reports from Pfizer and Moderna.

Finally, mothers infected with COVID-19 also develop antibodies to spike protein and would have a similar risk of attacking syncytin-1 as those vaccinated. In a [U.S. study of 598 pregnant women](#) hospitalized with COVID-19, only 2.2% miscarried, compared to an [expected rate of 10%](#). Therefore, this initial study does not suggest that an immune response to COVID-19 leads to increased miscarriage (one possible sign of faulty placental development).

What has the Church said about previous vaccines that relied on use of cells from aborted babies?

Other vaccines routinely received by American children have a similar or deeper connection to the use of cells of aborted babies. The only rubella, chicken pox and hepatitis A vaccines available in the United States today are produced using cell lines derived from babies aborted in the 1960s. Catholic concerns about reception of such vaccines led to this [2005 statement by the Pontifical Academy for Life](#) allowing for the reception of such vaccines with certain responsibilities placed on those receiving them.

What are the responsibilities of those who decide to receive an ethically tainted vaccine?

Recipients of such vaccines are called to “oppose by all means (in writing, through the various associations, mass media, etc.) the vaccines which do not yet have morally acceptable alternatives, creating pressure so that alternative vaccines are prepared.”

What are some principles the Church recommends using when making prudential decisions like whether or not to receive a vaccine?

Respect for human dignity, the common good and solidarity.

How does respect for human dignity affect the decision to be vaccinated?

Using cells derived from aborted babies to carry out research or manufacture any product is an affront to human dignity. Receiving the mRNA vaccines is a form of appropriation, deriving good from some past evil act. Cooperation with evil means that one's action contributes to continuing that act. A successful vaccine involving no appropriation from – or cooperation with – research and development with aborted cells is the goal.

At least [six of the eight Operation Warp Speed vaccines](#) used descendants of aborted fetal cells to perform tests (current Pfizer and Moderna vaccines) or to produce the vaccine itself (current Oxford/AstraZeneca vaccine not available in the U.S.).

The two vaccines with no apparent relationship with aborted fetal cells (produced by Sanofi-GSK and Merck IAVI) are both estimated to be available in late 2021.

While we are right to object to the use of aborted fetal cells in producing vaccines and should work for ethical alternatives, we should also realize – and work for a consistent ethic toward life – in other areas where our actions may contribute to abortion. While living in this valley of tears, our actions are tied into appropriating from – or contributing to – abortion when we do things that seem harmless like eating bananas, drinking coffee or buying goods made in China or by any company that contributes to Planned Parenthood.

What is the “common good,” and how does it affect a decision to receive a vaccine?

The Catechism of the Catholic Church states that the common good is “the sum total of social conditions which allow people, either as groups or as individuals, to reach their

fulfillment more fully and more easily” (No. 1906). [Overseeing the common good](#) is the primary “reason that the political authority exists” (Compendium of the Social Doctrine of the Church (CDS), No. 168). The Dec. 21 CDF document on COVID vaccines states, “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.”

What is solidarity?

Solidarity is the “firm and persevering determination to commit oneself to the common good ... because we are all really responsible for all” (CDS, No. 193). Solidarity is the way in which my individual acts can contribute to the common good.

How might concerns about the common good and solidarity lead to a decision to receive a vaccine?

People of goodwill want to reduce the risk of unwittingly infecting individuals at high risk for dying from COVID. Receiving a vaccine will not only protect me but also protect others with whom I share time and space. Mass vaccination is likely the fastest way to end pandemic-related limitations on human activity and reduce morbidity and mortality.

How might a desire to respect human dignity and live in solidarity lead to a decision not to receive a vaccine?

The human dignity of aborted babies must be defended in our culture. Some believe that because of the worldwide focus on vaccines, this is our best opportunity as a group to stand up and demand ethical alternatives to all vaccines. It has recently been suggested that those at very low risk of dying from COVID may elect to forego any vaccine that benefited from the use of aborted fetal cells in any way. In addition to forgoing reception, they are strongly encouraged to join a movement calling for ethical production of vaccines.

What are the responsibilities of those who decide not to receive a COVID-19 vaccine during the pandemic?

If some people choose for reasons of conscience not to receive a COVID-19 vaccine, [the CDF writes](#) that they “must do their utmost to avoid, by other prophylactic means and appropriate behavior, becoming vehicles for the transmission of the infectious agent.” The responsibility for solidarity with “those who are most vulnerable” remains whether by receiving a vaccine, or by practicing assiduously non-pharmaceutical interventions such as masking, distancing and limiting indoor gatherings.

What final thoughts might I consider?

I have discovered that asking myself the question, “What is the most loving response I can make in this situation?” helps me to clarify my actions.

Since I daily remove skin cancers from the faces of patients over 80 years of age (who have an COVID-19 [infection fatality rate of 8-10%](#)), thereby breathing within 12-18 inches of their unmasked faces (because that’s where their cancers are), I want to protect them as much as possible in case I contract COVID-19 and don’t realize it.

You may decide that the most loving thing you can do now is to forego a vaccine – when it is available to you – and make a principled and vocal stand for the ethical production of vaccines in solidarity with those humans who have been aborted.

Whatever decisions we make, doing so in solidarity out of a motive a charity will help clarify the decision-making process.

Thomas W. McGovern, MD, practices Mohs surgery and facial reconstruction in Fort Wayne, Indiana. He worked for two years at the US Army Medical Research Institute of Infectious

Disease before his dermatology training and serves on the national board of the Catholic Medical Association.