Essay: Vaccines – Doing what we ought …

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This essay was first published on Sunday 14 February 2021. I have updated this Essay to include responses to some of the questions raised in Section 2 by email from the COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health as cited in the following.

1 The Burden of Disease

I have never thought too much about **not** getting an appropriate vaccine or medical treatment as recommended by my own medical practitioner. Many, if not all of us, have had vaccinations against diseases like measles, mumps and rubella (MMR), chicken pox, diphtheria, tetanus, and pertussis (Triple Antigen), tuberculosis, and more recently our teenagers have been able to be vaccinated against various meningitis strains, and human papilloma virus.[1] A full schedule of the Australian National Immunisation Program is at footnote 1 below. People over the age of 70 years, or those with chronic respiratory conditions, can be vaccinated against pneumonia, the vaccination program entry age level being increased to 70 years in mid 2020. Some diseases, such as smallpox and measles, have seen occasions where the disease has been eradicated as a human illness. Recent missteps, where vaccination rates have dwindled or vaccination has been foregone, has seen measles again wreaking havoc in some communities.[2] Such missteps remind us that no matter how good our health care systems are, we must all be vigilant to our personal and community health care needs.

Certainly in more recent years working as an aged care provider, the annual influenza vaccine has been provided free of charge to staff working in aged care, with a strong encouragement of staff to join in the employer sponsored annual influenza vaccination program. More recently in Australia, and prior to the COVID-19 ("COVID") outbreak, there had been at least one annual influenza season where the Commonwealth Department of Health and Ageing – the majority funder of public aged care programs in Australia – used its regulatory powers to assess how aged care providers implemented and managed their own, yet mandated, influenza vaccination program.[3] In March 2020 the Australian Health Protection Principal Committee recommended to Australia's national Cabinet that effective from 1 May 2020, entry to residential aged care services be restricted to prohibit staff (and visitors) from entering a

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1 Australian Government Department of Health, *National Immunisation Program Schedule* Australian Government Department of Health <https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule#what-is-the-nip-schedule>. Accessed 13 February 2021.

2 Hannah Martin, "Multiple missteps' in measles response, issues with preparedness and messaging' (2020) *stuff* <https://www.stuff.co.nz/national/health/300108695/multiple-missteps-in-measles-response-issues-with-preparedness-and-messaging>. Accessed 12 February 2021.

3 Magali De Castro, Alan Leeb and Paul Van Buynder, 'Seasonal influenza immunisation for older adults in Australia: Vaccine options for 2019' *Australian Nursing & Midwifery Journal* <https://anmj.org.au/seasonal-influenza-immunisation-for-older-adults-in-australia-vaccine-options-for-2019/>. Accessed 12 February 2021.

residential aged care facility if, among other things, they have not been vaccinated against influenza.[4] For staff that effectively meant no jab, no job.[5]

Even prior to COVID such use of vaccines was considered essential due to the burden of disease, particularly for influenza as a hugely costly global disease. Prior to 2020, it is estimated that worldwide our regular annual seasonal influenza epidemics cause three to five million severe cases of influenza, resulting in 300,000 to 650,000 deaths.[6] Rates of hospitalisation arising from influenza disease are highest in young children and older adults.[7] In industrialised nations though it is predominately in older adults that deaths from influenza and its complications has its greatest impact. In the 2017 influenza season in Australia, more than 90% of all influenza-related mortalities occurred in people aged 65 years and over.[8]

This burden of disease has been highlighted during the past thirteen months. The first anniversary of the first confirmed death worldwide due to what we now know as COVID occurred on 9 January 2020.[9] COVID has shocked and shaken the world. Along with this major pandemic disease, we have seen failure of businesses, the struggles of economies, and the missteps of many government and political responses, has come a huge loss of life, inconceivable damage to otherwise healthy lives, and health care systems brought to the brink of failure due to relentless demand on their scarce resources – including the lack of personal protective equipment.[10]

As at midnight 11 February 2021 (GMT) there is estimated to have been in excess of 108 million COVID cases, of which in excess of 2.37 million people have died.[11] (These estimates are likely understated due to lack of reporting in some jurisdictions.)

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4 Australian Government Aged Care Quality and Safety Commission, *Additional information for providers on requirements for influenza and infection control* Australian Government Aged Care Quality and Safety Commission <https://www.agedcarequality.gov.au/resources/guidelines-influenza-outbreaks-in-residential-care>. Accessed 12 February 2021.

5 Sabine Phillips, 'No Jab, No Job' <https://hwlebsworth.com.au/no-jab-no-job/>. Accessed 12 February 2021.

6 Centers for Disease Control and Prevention, 'Seasonal flu death estimate increases worldwide' *CDC Newsroom* <https://www.cdc.gov/media/releases/2017/p1213-flu-death-estimate.html>. Accessed 14 February 2021.

7 Jean Li-Kim-Moy et al, 'Australian vaccine preventable disease epidemiology review series: Influenza 2006 - 2015' 40(4) *Communicable Diseases Intelligence* <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi4004-pdf-cnt.htm/$FILE/cdi4004f.pdf>. Accessed 12 February 2021.

8 Australian Government Department of Health, *Australian Influenza Surveillance Report and Activity Updates – 2017* Australian Government Department of Health <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-ozflu-2017.htm>. Accessed 12 February 2021.

9 Amy Qin and Javier C Hernández, 'China Reports First Death From New Virus' *The New York Times* <https://www.nytimes.com/2020/01/10/world/asia/china-virus-wuhan-death.html>. Accessed 14 February 2021.

10 Uday Jain, 'Risk of COVID-19 due to Shortage of Personal Protective Equipment' 12(6) *Cureus* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7386059/>. Accessed 14 February 2021.

11 worldometer, *COVID-19 Coronavirus Pandemic* worldometer <https://www.worldometers.info/coronavirus/>. Accessed 12 February 2021.

The extent of the burden of the COVID disease was simply unimaginable twelve months ago. For example, the World Bank reports that unlike worldwide crises before it – including the 2007-2008 Global Financial Crisis and even World War II – the COVID pandemic has had wide ranging impact on nearly every aspect of development, the full scale of the impact of which the pandemic will only be known for years to come.[12] But we do know already that during 2020 at least 88 million people have been forced into extreme poverty – less than $1.90 income per day – directly attributable to COVID and not being able to work.[13] This is a sad reversal of the work of numerous international aid and development organisations over recent decades, including our own Baptist World Aid Australia, to reduce global poverty. If a vaccination program cannot be successfully sustained, or is ineffective due to poor take-up, the very livelihoods and lives of these people is at grave risk, and the entire world is likely to continue to suffer from this disease.

I likely do not need to remind any reader that COVID is an incredibly infectious, often fatal, virus that was new to humanity when first diagnosed. It is not the purpose of this essay to describe COVID, but rather to address some of the reasons why people may be hesitant about receiving one or other of the vaccines that have been and continue to be developed to combat this disease. It is worth noting that any vaccine would be made to:

- Reduce the risk of contracting certain illnesses;[14]
- Protect vulnerable people – young children, the elderly, or those who are perhaps too frail themselves to be immunised;[15]
- Reduce the burden of disease on scarce and (very) expensive healthcare resources; and as an outcome of successful vaccination strategies,
- Build a level of community immunity (herd immunity) that effectively ends community transmission and impact from major disease illness.

It is a modern medical research miracle that, within twelve months of the first fatality due to COVID, any vaccine has been developed, tested, and delivered. In this respect medical science has itself moved at pandemic speed and should rightly be congratulated. That effort underpins the devastating nature of COVID itself. At the time of writing, the New York Times Corona Virus Tracker advises that there are currently 69 vaccine candidates in clinical trials, of which twenty have reached final stages of testing.[16] A further 89 preclinical vaccine candidates are in investigatory stages.

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12 World Bank Blogs, '2020 Year in Review: The impact of COVID-19 in 12 charts' *Voices* <https://blogs.worldbank.org/voices/2020-year-review-impact-covid-19-12-charts>. Accessed 12 February 2021.

13 ibid.

14 Victoria State Government Better Health Channel, *Vaccines* Victoria State Government Better Health Channel <https://www.betterhealth.vic.gov.au/health/healthyliving/vaccines>. Accessed 12 February 2021.

15 ibid.

16 Carl Zimmer, Jonathan Corum and Sui-Lee Wee, 'Coronavirus Vaccine Tracker' *The New York Times* <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>. Accessed 12 February 2021.

From an Australian perspective, and whilst others continue to be under consideration, the four COVID vaccines that many will likely be aware of are:

- Pfizer/BioNTech (Pfizer);
- Moderna;
- University of Oxford/AstraZeneca; and
- Novavax.

It is the bio-ethical challenges raised by the vaccine development and testing on which this essay now focusses.

2 Questions on the Ethical and Moral Use of (COVID) Vaccines

Practiced in Asia for hundreds of years are the stories of Buddhist monks drinking snake venom to have immunity against snake bite. There is some evidence that in the 17th Century – well ahead of Edward Jenner's findings – these same monks may have smeared skin tears with cowpox to confer immunity to smallpox. However, history tells us that the first "contemporary" vaccine inoculation in western medicine in 1796 by Dr Edward Jenner who treated a boy with vaccinia virus (cowpox) and demonstrated immunity to smallpox.[17] The first smallpox vaccine was developed in 1798, and smallpox was finally globally eradicated in 1979. In human history then, vaccination is a relatively recent phenomenon, and has not always been welcomed. Pasteur's experiments led to both a cholera and anthrax vaccine (1897 and 1904 respectively). The BCG (Bacillus-Calmette-Guerin) vaccine still in use today was one of several bacterial vaccines developed between 1890 and 1950. Viral tissue culture methods were developed between 1950 and 1985 and led to both the Salk and Sabin polio vaccines – a disease now largely eradicated.

Moral theology has been with us as a discipline of faith in the Church since the 16th Century. It is defined as "that portion of the theological enterprise which attempts to discern the implications of revelation for human behavior, to answer the question 'How ought we, who have been gifted by God, to live'",[18] and incorporates various sources of moral knowledge including Scripture, tradition, reason, experience, and Church teaching. We have moved a long way since 1829, the same year that the Swan River Colony (Perth, Western Australia) was founded, when then Pope Leo XII rejected vaccination against smallpox, saying "Whoever allows himself to be vaccinated ceases to be a child of God. Smallpox is a judgment of God, the vaccination is a challenge towards heaven."[19]

The rise of resistance against the evidence of health gains from vaccines is counterproductive to good health outcomes. Resistance has been there at least since Jenner developed his first smallpox vaccine. Resistance seems to have increased since the 1970s and 1980s to a point where so called anti-vaxxers play a significant part in social media agitation against new

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17 The Immunisation Advisory Centre, *A brief history of vaccination* The Immunisation Advisory Centre <https://www.immune.org.nz/vaccines/vaccine-development/brief-history-vaccination>. Accessed 12 February 2021.

18 Timothy E O'Connell, *Principles for a Catholic Morality* (Harper Collins, Revised ed), 7.

19 Ulrich L Lehner, 'An Anti-vaxx Pope?' <https://www.firstthings.com/blogs/firstthoughts/2015/02/an-anti-vaxx-pope>. Accessed 14 February 2021.

vaccine development and distribution. Hussein et al have written that "the rise of anti-vaccination movements poses a dire threat to people's health and the collective herd immunity."[20] However, perhaps the most effective way in which to respond to concerns about, and resistance to, the development and use of vaccines is to answer questions raised and be prepared to discuss the issues together, in community.

Early in February 2021 some questions and concerns about the ethical use of COVID related vaccines, particularly as they apply to Christians, were raised in email conversation. The concerns/questions can likely be summarised as follows, and largely arise from the proposed roll out of the AstraZeneca vaccine:

2.1 If I opt in to be vaccinated, can I, as an individual, choose the specific vaccine I will receive;
2.2 Why has the AstraZeneca vaccine been developed on aborted human foetal tissue;
2.3 Can I make a conscientious objection to vaccination based on my personal moral and ethical values;
2.4 If I can legitimately conscientiously object, how will I be able to navigate through life without a vaccine passport;
2.5 Is there going to be adequate information provided around the vaccines and vaccination program roll out so that I can give adequately informed consent to vaccination; and
2.6 Will an alternative to the AstraZeneca vaccine be provided to me upon my request based on my conscientious objection to the AstraZeneca vaccine?

Before briefly discussing these questions, I propose to add four questions to the list above:

2.7 Does receiving a vaccine developed using cells from an aborted foetus violate my pro-life convictions;
2.8 Is the mRNA vaccine technology safe and ethical to receive;
2.9 Do I, as a believer and follower of Christ, have an obligation to receive a COVID vaccine; and
2.10 What Scriptural motifs might best summarise an appropriate Christian perspective on the worldview response to COVID vaccines?

2.1 If I opt in to be vaccinated, can I, as an individual, choose the specific vaccine I will receive?

It is unclear whether your ability to choose a specific vaccine based on a values preference will be an option provided as part of the vaccine roll out program.

The COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health in response to this question have advised:

> "The Australian Technical Advisory Committee on Immunisation is using all available information and epidemiology data to determine which vaccines are most suitable for different cohorts of the population. Based on the information currently available, priority populations will

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[20] Azhar Hussain et al, 'The Anti-vaccination Movement: A Regression in Modern Medicine' 10(7) *Cureus* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6122668/>. Accessed 12 February 2021.

> receive the first available vaccine, which at this time is likely to be the Pfizer vaccine. As there are limited doses patients may be unable to choose which vaccine they are eligible to receive.
>
> Access to any vaccine approved for use in Australia has been prioritised, ensuring those at greatest risk are vaccinated first. Specific vaccines will be administered based on availability."[21]

We should assume that there is no malintent here – the roll out will likely commence with the already acquired Pfizer vaccine and thereafter be followed with the AstraZeneca as, it is presumed, the Pfizer supplies are administered, and exhausted. Indications are that the use of multiple other vaccine candidates will follow. Indeed, it is highly likely that vaccine candidates will be changed to meet the changing nature of the virus itself and the variants flowing from it. That is, at around twelve months into the life of COVID-19, we are already experiencing robust variants around the world, for example, the Brazil, South Africa, and United Kingdom variants. Whether or not vaccine variants will be developed and dispensed in a similar manner to annual influenza modified vaccines, or whether the early range of vaccines will have the desired effect to reduce the burden of disease on our personal well-being and COVID related impact on our health system remains to be seen. There is still much we do not know about the behaviour and likely course of this COVID pandemic.

2.2 Why has the AstraZeneca vaccine been developed on aborted human foetal tissue?

It is true that back in August 2020 there was a Facebook post that claimed ""aborted babies" are being used to develop a COVID-19 vaccine".[22] While that is largely a false claim, there remains some merit to the moral issue of having descendant cell lines from an aborted human foetus. The AstraZeneca vaccine was developed on cell lines (HEK-293) that were originally derived from an aborted human foetus from circa 1972,[23] however these cell lines are technically not contemporarily aborted human foetal tissue. Dr Petousis-Harris, a World Health organisation spokesperson, advised that "the cells used to develop vaccines are not the originally harvested cells but distant descendants of those cells. No cells of any kind are part of the final vaccine formulation."[24] The cell lines are derived from human embryonic kidney cells and also used in the development of other vaccines, for example for, Hepatitis A, Rubella, Chickenpox and Rabies. Dr Petousis-Harris added that "all vaccines will have benefited during some stage of development from the use of human cell lines because studying the virus and immune responses in the lab inevitably use these cell lines to ensure reliable results that are relevant to humans".[25] Dr Petousis-Harris went on to say that "the cells used to develop vaccines are not the originally harvested cells but distant descendants of those cells. No cells of any kind are part of the final vaccine formulation."[26]

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21 Email from COVID-19 Vaccine Enquiries Team, Australian Government Department of Health to Wayne L Belcher, 1 March 2021.

22 AAP FactCheck, 'Are 'aborted babies' being used for a COVID-19 vaccine?' *Factcheck Social Media October 22, 2020* <https://www.aap.com.au/are-aborted-babies-being-used-for-a-covid-19-vaccine/>. Accessed 12 February 2021.

23 ibid.

24 ibid.

25 ibid.

26 ibid.

Christianity Today notes that the vaccine development cell lines were grown in labs from aborted human foetal cells obtained years ago,[27] whilst Smietana notes that:

> "the good done by a vaccine in preventing the spread of a deadly disease can outweigh ethical concerns about the sourcing of cells used in research. In the case of HEK293 … a principle called "remote material cooperation" with evil applies. Those cell lines originally were produced from an abortion … which was wrong. That abortion, however, took place nearly 50 years ago, and there is no direct-line connection between the abortion and the current research."[28]

The COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health in response to this question have advised:

> "We are aware that the Oxford University COVID-19 vaccine candidate is produced from a cell line that was developed from foetal tissue in the 1970s. This cell line has been growing under laboratory conditions and there has been no new tissue taken since the 1970s.
>
> The best cell types for growing human viruses come originally from human tissue samples. It is very hard to grow some viruses that infect humans in any other type of cell. There are strong ethical regulations for the use of any human cell, particularly foetal human cells.
>
> Many vaccines available in Australia are manufactured using cell lines that originally came from foetal tissue, including vaccines for rubella, hepatitis A, chickenpox and rabies.
>
> Generally the world's major religions (Bahá'í Faith, Buddhism, the major denominations of Christianity, Confucianism, Daoism, Hinduism, Islam, Jainism, Judaism, Shinto and Sikhism) consider that the use of vaccines with remote foetal origins is permitted and ethical, when there are no alternative products available."[29]

But the question around morality of the use of such cell lines remains and ought to be discussed as it raises a peace of mind issue for our faith community, and consistency of approach issues with several other vaccine candidates. As well as AstraZeneca, the Chinese CANSinBio, Russian Gameleya, and Johnson & Johnson's viral vector vaccines also use this cell line in development.[30] An added complication is that whilst many mRNA developed COVID vaccines do not use such cell lines for development, they do use them for testing or confirmation of disease antibodies. The Moderna and Pfizer/BioNTech vaccines use the same cell lines for testing, and along with Novavax, a protein-based vaccine, they use these to confirm antibody production.[31]

We might best have this discussion in community.

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27 Rebecca Randall, '3 Bioethical Questions About COVID-19 Vaccines' *Christianity Today* <https://www.christianitytoday.com/ct/2021/january-web-only/covid-19-vaccine-christian-ethical-questions-fetal-cells.html>. Accessed 12 February 2021.

28 Bob Smietana, 'Ethicists say COVID vaccines are moral to use' *Baptist Standard* <https://www.baptiststandard.com/news/faith-culture/ethicists-say-covid-vaccines-are-moral-to-use/>. Accessed 12 February 2021.

29 COVID-19 Vaccine Enquiries Team, above n 21.

30 Heather Zeiger and The Center for Bioethics & Human Dignity, 'Coronavirus Vaccine Ethics' <https://cbhd.org/content/coronavirus-vaccine-ethics>. Accessed 12 February 2021.

31 ibid.

2.3 Can I make a conscientious objection to vaccination based on my personal moral and ethical values?

The Australian Government has previously advised that whilst "Australians have a great record in being immunised. The COVID-19 vaccine will be voluntary, universal and free. The Government aims to have as many Australians as possible choose to be vaccinated for COVID-19."[32] The COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health in response to this question have advised that "Access to any vaccine approved for use in Australia has been prioritised, ensuring those at greatest risk are vaccinated first. Specific vaccines will be administered based on availability."[33]

What if the above 'voluntary, universal, and free' advice changes, that is, whether a COVID vaccine becomes mandated, or if not mandated, pressure rises on every person to feel that they are morally obligated to get the COVID-19 vaccine? Ultimately such a change is likely to depend on how contagious the disease becomes, how much more deadly it becomes, and how long antibodies last in a previously infected person. Given where we currently are in Australia with our successful and so far quite measured response to the pandemic, I think little change is likely in the short term, and we will have ample advice about any change requirements. However, this is a novel (new) virus, and researchers are still uncovering the behaviour of this virus and we will continue to learn about it and how successful we are in mitigating its effect over the next year or so.

2.4 If I can legitimately conscientiously object, how will I be able to navigate through life without a vaccine passport

With a right to conscientiously object comes the responsibilities associated with that decision. They may not sit together comfortably. As followers of Christ we are instructed to honour those placed in leadership over us and render to them that we rightfully owe in service. This may be difficult to hear but one response to the question is that in seeking exemption we might be advised to distance ourselves from any outside activity unless appropriately gloved, masked, socially and vocally distanced, etc. At this time it is unclear how such an objection might play out until herd immunity arrives – if it actually does.

Does this mean then that isolation from community is a requirement? Surely this is for further clarification and discussion.

The COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health in response to this question have advised:

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[32] Australian Government Department of Health, *About the Pfizer/BioNTech COVID-19 vaccine* Australian Government Department of Health <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/learn-about-covid-19-vaccines/about-the-pfizerbiontech-covid-19-vaccine>. Accessed 12 February 2021.

[33] COVID-19 Vaccine Enquiries Team, above n 21.

> "We are confident, given Australia's high vaccination coverage rates, Australians will take up a safe and effective COVID-19 vaccine in equally high numbers. The Department of Health is working with other agencies across the Australian Government to understand how best to support strong immunisation rates.
>
> States and territories are able to issue public health directions requiring individuals to be vaccinated, as is the case where individuals entering aged care facilities must be vaccinated against influenza, except if vaccination is not available to the person or they have a medical contraindication. Similarly, workplace occupational health and safety is a matter for individual employers and providers, and, under model work health safety laws, employers are required to manage risks of viral exposure and infection, and persons at a workplace are required to comply, so far as they are reasonably able, with any reasonable instruction in that regard."[34]

2.5 Is there going to be adequate information provided around the vaccines and vaccination program roll out so that I can give adequately informed consent to vaccination

As I understand the original email correspondence there was concern around attending a vaccination clinic, rolling up one's sleeve and accepting the vaccine injection in the upper arm, only to have concerns raised post acceptance about the likely vaccine administered. One needs to do their preparatory homework prior to rolling up the sleeve in the clinic. In my view, and based on that presentation, and there being no undue duress or coercion, a reasonable person is likely be say that at least inferred consent has been given for the vaccine by the recipient.

Along with the citations used in this essay there seems to be quite a body of research and balanced commentary on the issues raised. Specific to the roll out of the COVID vaccine program in Australia, one should be regularly checking in with Australian Government Department of Health's web site found here.[35] The COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health in response to this question have advised that you "can keep up-to-date on vaccine developments, including the COVID-19 vaccine roll out to priority populations and more widely, at the Australian Department of Health website."[36]

2.6 Will an alternative to the AstraZeneca vaccine be provided to me upon my request based on my conscientious objection to the AstraZeneca vaccine?

Whilst I am unable to respond to this question, the COVID-19 Vaccine Enquiries Team of the Australian Government's Department of Health in response to this question have advised:

> "While the Government supports immunisation, COVID-19 vaccines will be voluntary. The Government aims to have as many Australians as possible choose to be vaccinated for COVID-19, however

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34 ibid.

35 Australian Government Department of Health, *COVID-19 vaccines* Australian Government Department of Health <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines?gclid=Cj0KCQiAyJOBBhDCARIsAJG2h5duyZ9_dnHiT7bauXcApSrsr0ryOazW3bR4N1vbGT06sNveSMGrnToaAi8PEALw_wcB>. Accessed 12 February 2021.

36 COVID-19 Vaccine Enquiries Team, above n 21.

> individuals maintain the option to choose not to vaccinate. We understand that some people in the community may be hesitant about vaccination, especially in these unprecedented times. We are listening to the concerns of Australians and will encourage uptake by communicating about the safety, science and benefits of immunisation.
>
> Comprehensive information on each of the vaccines that are approved by the TGA can be found on the TGA website here and here."[37]

2.7 Does receiving a vaccine developed using cells from an aborted foetus violate my pro-life convictions

Vaccines are generally permissible in the major Christian traditions (Catholic, Protestant, and Orthodox)permissible. Christians differ on how they consider it morally acceptable to use vaccines made from cells that originally, even decades ago, came from an aborted foetus. The Vatican has provided a statement that permits the use of vaccines being developed from the cell lines from aborted human foetuses provided that no other alternative exists The Vatican encourages vying for alternatives that come from more ethical sources.[38]

But we might step back for a moment and ask ourselves, "What most honours the memory of the aborted human foetus?" Clearly there are some who will never be satisfied that there can be any ethical or moral gain from even descendant cells from the tragedy of killing of an innocent. There are others who support the development of life saving technologies, treatments, and vaccines that give meaning to a human tragic situation.[39] For example, would I refuse an organ donation from a murder victim simply because I believe that murder is wrong? Would it not be honouring of the lost innocent to save lives and communities based on the post-mortem offering of cells and tissues in spite of the tragic sacrifice they unknowingly made?

2.8 Is the mRNA vaccine technology safe and ethical to receive

Although new, and not ever before approved for clinical use, the (m)RNA vaccines are holding up in their development, testing, and efficacy so far. RNA vaccine research and development started with SARS almost twenty years ago (SARS-CoV – remember that COVID is SARS-CoV-2). Like all vaccines, mRNA candidate vaccines insert some genetic material into cells to produce an immune response.[40]

mRNA vaccine does not enter the nucleus of the cell and therefore cannot insert itself into our DNA code. It specifically targets the cell protein outside the nucleus.

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37 ibid.

38 Pontifical Academy for Life, 'Moral reflections on vaccines prepared from cells derived from aborted human fetuses' 6(3) *National Catholic Bioethics Quarterly* 541. Accessed 14 February 2021.

39 Michael Jensen and ABC Religion & Ethics, 'Good from evil? Wrestling with the moral tragedy of vaccines' *Opinion* <https://www.abc.net.au/religion/christianity-and-the-moral-tragedy-of-vaccines/12605762>. Accessed 14 February 2021.

40 Jennifer Abbasi, 'COVID-19 and mRNA Vaccines—First Large Test for a New Approach' 324(12) *Journal of the American Medical Association* . Accessed 14 February 2021.

The major concern with mRNA vaccines is the unknown long term effects. Because they are so new, there is no understanding of how well they will work in the longer term. Such research simply has not been done. A secondary concern is distribution, storage, and logistical movement of the vaccine. mRNA vaccines require freezing and use within five days once thawed, as opposed to the more traditional form of vaccine which can be stored in a refrigerator for up to six months.

2.9 Do I, as a believer and follower of Christ, have an obligation to receive a COVID vaccine

Rev Dr Rob McFarlane, a Uniting Church minister in New South Wales, writes with wisdom on this issue when he suggests:

> "There is a huge moral weight on Christians if we oppose the use of vaccines across society because of a belief about the ethics of legal elective abortion. Are we prepared to accept the deaths that will result from such opposition? We may or may not be prepared to accept a certain number of deaths, but we can't pretend that we do not have that responsibility. Perhaps accepting that wider pluralist, democratic society has a right to use such a vaccine, some Christians may say as an individual that one is not willing to receive such a vaccine. It is legitimate to refuse any medical treatment, but in the midst of a pandemic, would one who refused to receive such a vaccine accept voluntary quarantine until the end of the outbreak?"[41]

My inclination is that whilst I am not so much obligated to receive a COVID vaccine, providing I am getting relevant input from my own health care providers, I am compelled (by care for self and my love and service to Christ) to seek vaccination so that I can safely mingle in my family, my faith community and the community at large around me. Being vaccinated will permit me a level of immunity from infection and severe symptoms. Should I contract COVID, the vaccine I receive will also minimise the risk of any contagion that I may unwittingly shed to others.

2.10 What theological themes might best summarise an appropriate Christian perspective on COVID vaccines?

For brevity I have combined a thematic view of the love of life and the love of neighbour together, leaving us with (at least) three themes that we might consider when thinking and discussing through the matters surrounding the moral and bio-ethical issues of vaccine development for COVID, and how I as a Christian can know what I ought to do:

- Love of neighbour;
- Healing; and
- Global Justice.

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[41] Rob McFarlane, 'Viruses, Vaccines and Values: The Ethics of COVID-19 Vaccines and Aborted Foetuses' *Insight Magazine* <https://www.insights.uca.org.au/viruses-vaccines-and-values-the-ethics-of-covid-19-vaccines-and-aborted-foetuses/>. Accessed 12 February 2021.

2.10.1 LOVE OF NEIGHBOUR

Whilst there are some differences in application, both the Church and Judaism (and Jewish law) before it, overwhelmingly agree that life is a great and sacred value. Leviticus 19:16 instructs us "Do not do anything that endangers your neighbour's life." (NIV) In his 1995 Evangelium Vitae, Pope John Paul II affirmed that "In giving life to man, God demands that he love, respect, and promote life. The gift becomes a commandment."[42] Medieval physician and rabbi Moses Nahmanides wrote "Saving life is a great mitzvah [commandment]. Who approaches it with alacrity is praised … "[43] And again quoting Pope John Paul II who said "we are all committed to ensure to our neighbour, that his or her life may be always defended and promoted, especially when it is weak or threatened. It is not only a personal but a social concern which we must all foster: a concern to make unconditional respect for human life the foundation of a renewed society."[44] Certainly a far cry from the sentiments expressed by Pope Leo XII above.[45] But it is not just the Roman Catholic part of this great body called the Church that has a view about appropriate use of vaccinations. Despite some seeming ambivalence today to the prospect of a new series of vaccines, Christians have historically advocated for vaccination as an expression of love for neighbours, saying the benefits far outweigh the chance of harm. Before the first western vaccine was ever successfully developed, in the early 1700s Puritan preacher Cotton Mather urged his congregation to be inoculated from smallpox. Mather's father, also a Puritan minister, called the inoculation a "wonderful providence of God … the most successful and allowable method of preventing death."[46]

We understand that all that is created was created by God and was therefore good. But we experience life in a world that has changed, we believe, because of the sin of us and our forebears. Whilst we struggle to understand sometimes how God's planning and providence works out in our lives, we accept that we are to be stewards of all that God gives to us and neither squander nor abuse it (Genesis 1:26). Science and its continuing development is part of those wonderful resources from God and increases our understand of how God works in our bodies and lives. Health care is also part of this wonderfully advancing resource. Created in God's image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. Through science humanity comes to understand God's wonderful work; and through technology we conserve, protect, and perfect nature in harmony with God's purposes. Health care professionals pursue a special vocation to share in carrying forth God's life-giving and

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42 John Paul II, 'Evangelium Vitae' (25 March 1995) . Accessed 14 February 2021.

43 Torat haAdam Nahmanides, 'In Avram Israel Reisner Ed, 'A Halakhic Ethic of Care for the Terminally Ill'.' (The Committee on Jewish Law and Standards of the Rabbinical Assembly, <https://www.rabbinicalassembly.org/sites/default/files/assets/public/halakhah/teshuvot/19861990/reisner_care.pdf>

44 John Paul II, above n 36.

45 Ulrich L Lehner, above n 19.

46 Rebecca Randall, above n 26.

healing work.[47] The balance for us is preserving the wellbeing of our health care workers who take the brunt of new and infective viruses.

2.10.2 HEALING

Our belief is that whilst we might wonder and struggle with comprehending God's direction and our experience versus the providence of God, we hold to an overwhelming conviction that God has entrusted people (us) with the power and responsibility to feed the hungry, clothe the needy, comfort the afflicted, and heal the sick. In Jewish tradition that mandate is supported in texts such as Exodus 21:19, Deuteronomy 22:2, and Leviticus 19:18. Simply stated, we accept and value health care as a responsible exercise of human stewardship that profoundly expresses love for our neighbour.

Wherever Jesus went He often healed. It was just the thing He did. He did not attempt to physically, mentally, or even emotionally heal everyone, but for the individuals he touched and prayed with, every one of them was healed. He even spat in a handful of roadside dirt for one blind man and rubbed that spittle filled pack of mud into the man's eyes. That was making use of the dirty, unclean of the world at His time and crafting a miraculous healing for the blind man.

Part of our healing stewardship – the being involved in the healing process of ourselves and others – is proactive enrolment into this pandemic vaccination program, irrespective of the specific vaccine we might have administered. The original abortion of the innocent foetus back in the 1970s, from which the COVID vaccines are developed and/or efficacy tested, was, many of us would agree, immoral. But it remains unclear, and somewhat unconvincing that medical advances in vaccine development upon the descendant cell lines should be rejected on the same grounds. This is because a fresh supply of such embryonic tissue is not required to sustain vaccine production as the cell structures are self-propagating. Accordingly, "accepting these vaccines does not endorse or encourage abortions being done today"[48] and frees us to proceed with wonder at the work of vaccines to reduce the burden of care during these pandemic times.

2.10.3 GLOBAL JUSTICE

While we wonder about the morality and efficacy of a choice of likely vaccines that we may be able to access freely and conveniently, there is a larger looming issue about how we can successfully advocate for just and equitable access to vaccines in developing nations. Some may say, well let's just have Australia take care of Australia. The difficulty with that approach is that we have a worldwide pandemic that may not

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47 United States Conference of Catholic Bishops, 'Ethical and Religious Directives for Catholic Health Care Services' (Paper presented at the United States Conference of Catholic Bishops, 2001). Accessed 14 February 2021.

48 Gene Rudd, 'Is Vaccination Complicit with Abortion?' *Christian Medical & Dental Associations* <https://cmda.org/article/is-vaccination-complicit-with-abortion/>. Accessed 13 February 2021.

dissipate until the world, or some proportion of each nation's respective population, achieves adequate herd immunity. Essentially we may need to vaccinate the world, but not everyone on this global container can afford for their populations to be vaccinated. As an outcome, left unvaccinated, "billions of vulnerable people living in poor countries will miss out, leading to further avoidable deaths and economic misery."[49]

Perhaps the final question is, in doing what I ought with respect to COVID vaccine programs, will I also advocate for global justice and generosity in vaccine distribution, fighting for the health care rights of widows, orphans and strangers who I will never meet, but like me have been created in the image of God?

Conclusion

I believe it is morally permissible to accept these vaccinations despite their historical link to abortion. That should not be misinterpreted however that I condone abortion and murder of innocents. To the contrary, I remain concerned about the use of cell cultures linked to abortion and am motivated to advocate against the pharmaceutical industry to find further morally acceptable alternatives. However, we need an urgent response to fight this pandemic virus on many fronts, with as many efficacious medications that we can muster in the shortest possible timeframe.

Some have described the fight against COVID as a war, requiring a military type response of great precision. For this time of great urgency, every weapon we can use, including those that have some past ethical and moral shame attached, should be in the arsenal to save the many. But governments should reinforce the development of new medication regimens that do not require innocent, human foetal cell lines, for their research, testing and proof of concept.

At a time when there is so much complexity of life surrounding the daily/weekly/monthly impact and change of the COVID virus pandemic itself, the minds of some are seared when they hear and see statement such as aborted human foetal cells are being used to make this new vaccine – as if the abortion practice is happening contemporaneously to the pandemic. It is perfectly reasonable that we consider these things, faithfully and robustly. We are all shaped by our background and experience. As we deal with issues that arise in our experiential walk through life, we sometimes encounter events to which we cannot give the automatic response. Our senses and sensitivities are raised with a level of question or concern about what we ought to be doing. In their own hearts and minds, our people of faith should feel free the opportunity to chat through matters with others to discern what really is happening in such pan-community life.

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[49] John Wyatt, 'Coronavirus vaccines and Christian ethics' <https://johnwyatt.com/2021/01/04/article-coronavirus-vaccines-and-christian-ethics/>. Accessed 13 February 2021.

I therefore commend this essay to your reading and encourage you to spend time in prayer and discussion with your faith community around the issues raised. And I wish you good health as you continue to minister in complex times.

WLB:WLB [2102]

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