Ethics & Medics

April 2021 Volume 46, Number 4

A Commentary of The National Catholic Bioethics Center on Health Care and the Life Sciences

Also in this issue: "Vaccine Credentials in the Developing World," by Rev. Nicanor Pier Giorgio Austriaco, OP; and "Response to Austriaco on Vaccine Passports," by Joseph Meaney

The Ethics of COVID-19 Vaccine Passports

Joseph Meaney

As president of The National Catholic Bioethics Center (NCBC) and a longtime international pro-life advocate, I have some considerations regarding serious ethical problems related to proposed COVID-19 vaccine passports and how such certificates of immunity could be misused. Clearly, immunizations should be documented in one's medical records. For my pro-life trips to many less developed tropical countries, I needed the International Certificate of Vaccination or Prophylaxis, or Yellow Card, with my vaccinations listed. Currently, the International Health Regulations created by the World Health Organization (WHO) allow certain countries to mandate that visitors provide proof of vaccination for only one disease: yellow fever.

Israel has the highest percentage of its population vaccinated against COVID-19. Approximately 80 percent of adults are fully vaccinated. The Israeli Ministry of Health created an electronic document it calls a Green Pass, certifying immunization by vaccination or previous infection. Those with this document are allowed to socialize at events like plays or concerts and go to public restaurants. Those without a Green Pass are barred from travel to certain vacation destinations and many social and work activities, creating the specter of a society divided into a favored class of people and an underclass suffering discrimination based on immunization status.[1]

The most obvious practical objection to plans for a required COVID-19 vaccine passport is that the vast majority of the world's population has no access to the newly created vaccines. Putting such a measure in place now would be grossly discriminatory against the poor and those with least access in the United States and globally. The WHO has come out against proof of COVID-19 vaccination for international travel for these and other reasons.[2] This means that nations attempting to require travelers to give proof of vaccination for anything except yellow fever will be in breach of binding international public health regulations.

Lack of scientific data on the efficacy of vaccines in preventing transmission of SARS-CoV-2 and its variants is a big problem. Also, determining how long before travelling these vaccines should be taken is a key concern. Before any WHO-sanctioned COVID-19 immunization document can even be considered, we need more information on the duration of protection provided by the various vaccines, further analysis of specific contraindications, and processes for exempting people who already have antibodies against the virus thanks to catching the disease.

I am pleased to note that the Biden administration opposses a federal vaccine credential because of concerns about how it could be used to violate privacy rights and to treat people unfairly. The American Civil Liberties Union is also quite concerned about the risks posed by these proposed digital COVID-19 immunization documents. The ACLU points out the danger of becoming a "checkpoint society" where people's private medical information could be coercively required. This could extend beyond COVID-19 vaccination status to other sensitive data. Finally, conservative Republican governors in Texas, Florida, and elsewhere have expressed strong opposition to these new vaccine passports.[3] That is a remarkable level of ethical consensus in our ideologically divided society.

The Catholic perspective on the problems with requiring a COVID-19 vaccine passport looks first at the fundamental liberties of persons. The Church calls people to make a careful discernment in conscience regarding taking a COVID-19 vaccine. Individuals have a strong right to be free of coercion to take a COVID-19 vaccine. They should also not be prevented from getting vaccinated if they qualify for ethically distributed vaccines and have made a well-considered decision to go forward with it. The proposals for the use of new vaccine passports that would involve discrimination against persons who choose not to accept the COVID-19 vaccines must be opposed by Catholics.

A more difficult ethical question is the problem of requiring the holders of certain jobs to be vaccinated. There are certain frontline occupations where COVID-19 vaccination could have a disproportionately strong positive effect on the common good. It remains true, however, that other effective means of preventing viral infection and transmission exist. Health workers were able to remain safe and protect their patients before the availability of these new vaccines thanks to personal protective equipment and safety protocols. I do not see how one can ethically justify coercive measures regarding a question where people have no moral obligation one way or the other. Accommodating individual conscientious and prudential judgments is possible here without undue difficulties or increased danger.

A *New England Journal of Medicine* article points out that history is full of examples where social privileges or restrictions based on "fitness" of one kind or another led to terrible injustices.[4] The Excelsior Pass in New York and the Green Pass raise many red flags. Public safety measures aimed at mitigating the COVID-19 pandemic have already placed large, unprecedented burdens on societies and individuals for long periods of time. We should be very leery of further coercion and invasion of private medical decisions.

Free and informed consent is a pillar of medical ethics. We erode that fundamental human right at our peril.

Joseph Meaney, PhD, KM, is the president of The National Catholic Bioethics Center.

Notes

Originally published in a slightly different form as "The Ethics of COVID-19 Vaccine Passports," National Catholic Bioethics Center, April 9, 2021, https://www.ncbcenter.org/messages-from-presidents/covidpassports.

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Vaccine Credentials in the Developing World

Rev. Nicanor Pier Giorgio Austriaco, OP

For many residents of the developed world, requiring a vaccine passport is a novel proposition. For some it is a dangerous one. However, as a dual citizen of the Philippines and the United States, I have owned a vaccine passport—called an International Certificate of Vaccination or Prophylaxis, also known as a Carte Jaune or Yellow Card—since I first left the Philippines when I was four years old. Every Filipino traveling internationally needs one because a vaccine credential for yellow fever (YF) is required for entry into numerous countries, including my homeland, if a traveler is at heightened risk for infection.

Recently, Joseph Meaney has argued against any use of vaccine credentials for COVID-19.[1] However, if one accepts the liceity of vaccine credentials for YF in the developing world, as Meaney appears to do, then one has to do the same with similar credentials for COVID-19. In fact, vaccine credentials will be a necessary facet of post-pandemic international travel in the developing world because they protect the common good in impoverished and emerging economies whose health care systems are vulnerable to pandemic collapse. This applies especially to international travel in the long-term, that is, in 2022 and beyond.

Meaney raises five objections to any use of COVID-19 vaccine credentials for international travel.

First, there is a scarcity of COVID-19 vaccines. But this is even more true of the YF vaccines! Currently, eight COVID-19 vaccines are approved, and five are authorized for emergency use. We have only one YF vaccine derived from the attenuated 17D YF virus, and the global supply of these vaccines is very limited. In fact, the YF epidemic that began in central Africa in 2015 nearly exhausted the global stockpile. It forced the World Health Organization to recommend using one-fifth of the normal dose per person.[2] Until a few months ago, there was such a global shortage of YF vaccines, that only 260 sites in the United States had enough supply to administer them.[3] Most of these sites were distributing a YF vaccine that had not yet received formal authorization from the US Food and Drug Administration! In contrast, within a year, it is likely that the availability of the COVID-19 vaccines will exceed their YF counterparts for a significant number of individuals around the world.

Second, we know little about the effectiveness of the COVID-19 vaccines. This is true, but this will not be true for long. We already know three important things about these vaccines. First, robust, real-time pandemic data from Israel suggest that the Pfizer vaccine reduces asymptomatic infections by 90 percent.[4] This indicates that all intramuscularly injected COVID-19 vaccines will be able to mitigate transmission of the virus. We will know this definitively by the end of this year.

Next, we already know that immunity from a natural infection of COVID-19 lasts for at least six to eight months.[5] Since this is actually less protective against future infections of COVID-19 than are many of the vaccines, we can predict that at least some vaccines will provide at least this much protection.[6] It is likely that immunity against COVID-19 will last for a known and specific period of time, probably for at least a year. (Immunity against the other common coronaviruses can last this long.) We will know this definitively by the end of this year. And booster shots for emerging variants will become available in the next six months.

Finally, full immunity is achieved two weeks after either the first dose of a one-dose vaccine or the second dose of a two-dose schedule.[7] These three pieces of information soon will become the evidentiary basis for international regulatory policies for vaccine credentials for COVID-19, especially in the developing world, for years to come. A traveler will have to show that he or she was fully vaccinated in the past year and at least two weeks before arrival in the host country. As for exempting people with antibodies from a natural infection, this immunity, as noted above, is expected to be short-lived. In a couple of years, most people will be immune to COVID-19 after vaccination and not from natural infection.

Third, Meaney argues that we know little about the long-term safety of the COVID-19 vaccines. This is true, but we will know even less about the safety profile of the YF vaccine. By the third quarter of 2021, over a billion people are likely to be vaccinated against COVID-19. In contrast, we have vaccinated only around six hundred million individuals against YF in eighty-four years.[8] The more people we vaccinate, the more we understand the rare effects of a vaccine. Notably, some adverse side effects of the YF vaccine were identified only recently with the launch of the Vaccine Adverse Event Reporting System platform in the early 2000s.[9] In

contrast, countries throughout the world have already established extensive postvaccination surveillance for the COVID-19 vaccines. Within a year, we will have a more accurate safety profile for the COVID-19 vaccines than we do for their YF counterparts simply because billions of individuals will have been vaccinated.

Fourth, COVID-19 vaccine credentials put sensitive health information at risk. And the YF vaccine passport does not? Already in the global society, people's private medical information—their YF vaccine status—is coercively required for international travel to many developing countries. If this has not been a concern for Meaney regarding YF, then why is it is a concern regarding COVID-19? We can secure confidential passport information. We just need to add YF and COVID-19 vaccine status to that same database.

Fifth, Catholics should have a strong right to be free of coercion to take a COVID-19 vaccine. But should Catholics not also have a strong right to be free of coercion to take a YF vaccine? Yet we have no problems with the international requirement for YF vaccine credentials. Meaney writes, "The proposals for the use of new vaccine passports that would involve discrimination against persons who choose not to accept the COVID-19 vaccines must be opposed by Catholics" (1). Given his reasoning, should Filipino Catholics be opposed to YF vaccine passports too, since these actively discriminate against those who cannot or will not accept the YF vaccines?

Could we set up a testing system as an alternative to vaccinating against YF? In principle we could, but for developing countries, building the infrastructure for YF testing would be prohibitively expensive with minimal marginal return on the investment. Emerging economies would rather invest in hospitals and schools for their citizens. The reasoning is straightforward for the Filipino: If a guest wishes to enter a home, then he should make sure that he is not infesting his impoverished host's house with contagion. If he cannot guarantee this, then he should not enter her home. He should stay away rather than burden her to accommodate his risk, something she should not be expected to do because she is poor. This is what charity demands in response to hospitality.

Given Meaney's arguments against COVID-19 vaccine credentials, he should be urging Catholics to reject the YF vaccine passports. Because of the global shortage, they "would be grossly discriminatory against the poor and those with least access in the United States and globally" and "would involve discrimination against persons who choose not to accept the [YF] vaccines" (1).

But he probably will not do this. Probably no one will do this, because YF passports are essential components of a global public health campaign in some of the poorest countries of the world. YF vaccine credentials serve and protect the common good. Similarly, COVID-19 vaccine credentials will help developing countries reopen their economies to international travelers while mitigating the risk of outbreaks in their vulnerable populations. It will help them to heal.

Many developing countries rely on foreign investment and tourists for their economic survival. Many of these developing countries—because of vaccine hoarding in the developed world—will not be able to achieve herd immunity against COVID-19 for years. Long before then, they will need to reopen their borders to investors and tourists, many of whom will come from countries that have attained herd immunity. Countries will need vaccine credentials to ensure that these visitors will not import the virus.

Furthermore, herd immunity against COVID-19 will be transient. Unless citizens are vaccinated regularly, it will wane. The potential for outbreaks will linger indefinitely. When an outbreak occurs somewhere on the globe, countries that have not achieved, or are struggling to maintain, herd immunity will have to ensure that travelers do not import the virus. Vaccine credentials will be an essential component of any strategy that strives to do this.

What about building and maintaining an infrastructure to prevent the entry of COVID-19 using just PCR testing? This would be even more expensive than a similar system for YF because the false negative rate of COVID-19 PCR tests is too high to secure national borders. The CDC cites data indicating that PCR tests have a 10 percent false negative rate.[10] A PCR testing–only protocol allowed the UK and South African variants to infiltrate the Philippines and trigger the ongoing second surge of the pandemic in the capital. Leak-proof quarantines need to be at least ten days long with testing done throughout the quarantine period. Hong Kong imposed twenty-one-day quarantines on travelers, even those who test negative upon arrival. But quarantine requirements are repulsive to the vast majority of international travelers. No investor would come. No tourist would visit. In lieu of quarantine and testing requirements, which are oppressively burdensome on developing countries, the only realistic alternative is vaccine credentials. Poverty limits choice.

The Catholic Church is a global church. As Catholic bioethicists, we need to consider the concerns and societal contexts of the developing world, where the majority of Catholics live. A COVID-19 vaccine credential will allow developing countries to reopen their borders and economies long before they can attain herd immunity. It will be a lifeline for economies that have been ravaged by the global pandemic. It will be part of the global common good.

For these reasons, COVID-19 credentials, like YF passports, will be instrumental in creating safe international travel and commerce. This will be especially important for the billions of people in the developing world who rely on these for their lives and livelihoods.

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Notes

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APRIL 2021

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Response to Austriaco on Vaccine Passports

Joseph Meaney

Rev. Nicanor Austriaco responded with several observations to my essay on ethical considerations regarding proposed COVID-19 vaccine passports. He focused on the reasons why he thinks COVID-19 vaccination should be globally required in the future for international travel, similar to the current yellow fever vaccination obligation for those going to or from certain countries in the tropics where it can be transmitted by mosquitoes. My ethical objections to the new digital COVID-19 vaccine credentials centered on discriminatory practices based on vaccine status for domestic social and work activities, but I also agreed with the World Health Organization that these credentials should not be required for international travel.

Austriaco points out that although there is an even greater shortage of yellow fever vaccine doses than there is of COVID-19 vaccines, the yellow fever vaccine requirement for travel is a widely accepted public health measure. I was not aware of the extent of the problem. I agree there is a clear ethical issue of lack of access to yellow fever vaccination that discriminates against the poor—the worst-affected places for yellow fever are the Sub-Saharan African nations. Every effort must be made to vaccinate populations at risk of yellow fever. Requiring proof of yellow fever vaccination for travelers from countries where it is not easily available represents unjust discrimination that must be remedied. The problem is all the more urgent since the case fatality rate for yellow fever is much higher than for COVID-19.[1]

Besides the greater knowledge we currently have of the long-term safety and efficacy of the yellow fever vaccine, all currently available COVID-19 vaccines in the United States and in many other places were produced or tested using abortion-derived cell lines against which an ethically acceptable conscientious objection can be made. The yellow fever vaccine is much less ethically problematic. It is grown in chicken or mouse embryo cells with the final preparation in eggs and thus has no connection to human abortions.[2] Catholics and pro-lifers should insist on this very significant difference between currently available COVID-19 and yellow fever vaccinations. This situation could change with the approval of new COVID-19 vaccines without links to abortion-derived cell lines.

Notes

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