

## Discernment and COVID Vaccines

What a time to be a Catholic bioethicist. People are focused more than ever before on the medical situation of the world and the ethical ramifications of international and individual decisions. I frequently think of [the wise words of the United States Conference of Catholic Bishops](#) early in the pandemic response: “Every crisis produces fear, and the COVID-19 pandemic is no exception. However, this is not a time to sideline our ethical and moral principles. It is a time to uphold them ever more strongly, for they will critically assist us in steering through these trying times.” We should keep this in mind when politicians and others urge us, in effect, to not ask questions, to just accept vaccination with whatever is offered to us and be grateful we get anything at all. No, our principles and plain common sense show we should not be making important decisions in a rush or panic.

I have also seen a kind of resentment directed against Americans, particularly US Catholics, in various places. It is pointed out that the United States has three vaccines being offered to its population, and [poor countries are last in line to get vaccines](#). This general narrative of health resource disparity is real. I saw the situation on the ground in Africa and in many poor countries during my travels to eighty-one nations on pro-life missions, but it does not quite fit the COVID-19 pandemic. In the United States, [more than 525,000 people were infected with the coronavirus when they died](#). Conversely, [there have been fewer than 100,000 COVID-related deaths in the entire continent of Africa](#). I know that testing and hospital resources vary dramatically, and political considerations affect the reporting of statistics, but the general picture is clear. The United States is by far the country with the largest number of infections and fatalities. In a hypothetically just and objective allocation plan for global COVID-19 health

resources, the United States would top the list of priority areas, followed by the United Kingdom, Italy, and so on.

We at The National Catholic Bioethics Center (NCBC) issued a [press statement on vaccines](#) after the Janssen-Johnson & Johnson (J&J) COVID-19 vaccine was granted Emergency Use Authorization by the US Food and Drug Administration. Faithful Catholics had a flood of questions as to the efficacy and ethical profile of this latest vaccine becoming available for use. It is with sadness that we had to report that this vaccine candidate not only was tested using an abortion-derived cell line—as was the case with Pfizer’s and Moderna’s vaccines—but is actually grown in one of these ethically problematic cell lines. This vaccine used both the [HEK-293 and PER.C.6 abortion-derived cell lines](#).

Furthermore, [the Janssen-J&J vaccine seems to be only 66.1 percent effective](#) at preventing infection with the coronavirus globally, while Pfizer’s and Moderna’s vaccines are 95 percent and 94.1 percent effective, respectively. It is fairly pointed out that the Janssen-J&J immunization has shown 86 percent effectiveness at preventing severe COVID-19 cases, but that is still lower than the others. Janssen-J&J does not include polyethylene glycol, a substance that can cause severe allergic reactions in some people and is included in the Pfizer and Moderna vaccines. On the other hand, Janssen-J&J, includes polysorbate 80 in its vaccine, which makes it contraindicated for those with polysorbate allergies, and this is not in the Pfizer or Moderna vaccines. See much more information in this long [US Centers for Disease Control and Prevention document](#), especially under “Contraindications and Precautions.”

My main point is that each person’s situation is different, and each vaccine is different. It is also worth pointing out that all these vaccines are so new that it is not yet possible to know their long-term safety profiles. Before undergoing any medical intervention, it is part of our

general duty to preserve our lives and health to obtain a reasonable amount of pertinent factual information to aid our decision making. Bioethics became a discipline in large part because of modern human rights abuses in which people were the subjects of medical and scientific experiments without their informed consent. The ethical profile of a vaccine includes the morality of how it is produced or tested; its safety, effectiveness, and other considerations.

Some people, it seems to me, are more concerned with avoiding saying anything that might make people hesitate to get vaccinated than with urging people to discern in conscience what they should do. Catholic Church authorities have made it clear that the COVID vaccination question is important and difficult. The [Congregation for the Doctrine of the Faith](#) affirmed that when ethically irreproachable vaccines are not available, other vaccines are morally acceptable. But this is a starting point, not the end of the discussion. There is no absolute moral prohibition against taking these vaccines, despite deep ethical concerns and a duty to protest this unjust situation. But there is no general moral obligation to take them either, as the congregation also pointed out. The decision requires a judgment of informed conscience.

As a Catholic bioethicist, I am keenly aware that the individual COVID vaccination question is not one where I can give an unequivocal yes or no answer as I could regarding direct abortion or contraception. It requires prayer, discernment, knowledge of relevant facts, and evaluation of the unique circumstances of each person. It is my hope and prayer that I and the NCBC can help people make the right choice for themselves, with proper consideration and not driven by fear or a blind rush to action.