

COMECE: COVID-19 vaccins voor iedereen

COMECE, 23 februari 2021

The Commission of the Bishops' Conferences of the European Union (COMECE) and [Caritas Europa](#) are urging the EU institutions to ensure vaccine access for all, promoting a *"widescale vaccination not only for Europe's own safety and protection, but also for global public health as a public good"*.

With the COVID-19 pandemic having already entered into its second year, COMECE and Caritas Europa praised the swift action of the EU Member States to mobilise economic resources to support the scientific community in developing COVID-19 vaccines, under the leadership of the EU institutions.

The European Union is called upon to quickly define in detail its Vaccine Strategy and to implement mass vaccinations campaigns *"not only for Europe's own safety and protection, but also for [...] people living in poorer nations"*.

COMECE and Caritas Europa welcome the [global COVAX facility](#), aiming to ensure equitable access to COVID-19 vaccines also in economically weaker regions. The Catholic Church in the EU also stresses the crucial role the European Union should play in emphasizing the moral urgency to make vaccines available and affordable for all according to the principles of solidarity, social justice and inclusiveness upon which the European Union is built.

While different tools to combat the pandemic are now available, *"organisational and logistical capabilities - reads the statement - must be developed to meet the demand for mass vaccination,"* and the new [HERA incubator](#) mechanism should identify and eliminate bottlenecks in vaccine production and adjust output to respond to the emergence of new virus variants.

In this historic moment, the EU institutions are called to *"offset the devastating impact of the crisis in terms of anxiety, emerging social inequalities, and the impoverishment of large segments of the world's population"*, as well as to *"support its Member States to promote mass information and advocacy campaigns to overcome fears of vaccination and misinformation"*.



[Statement COMECE-Caritas Europa - Vaccine strategy](#)Download

Minister wijst keuzevrijheid vaccin bij gewetensbezwaar af

Rijksoverheid, 16 februari 2021

Minister Hugo de Jonge wil niet dat sommige mensen mogen kiezen welk type coronavaccin zij krijgen. Dat stelt hij in antwoorden op Kamervragen van de ChristenUnie en SGP over het gebruik van foetaal weefsel in de ontwikkelings-, productie- of testfase van coronavaccins. Het argument van de minister is dat de vaccins schaars zijn en zo veel mogelijk Nederlanders snel worden gevaccineerd. Het aanbieden van een keuze voor een bepaald type vaccin behoort dan niet tot de mogelijkheden.



[Kamerbrief keuze vaccin_PDC19-217186Download](#)

Vaccinatie tegen SARS-CoV-2

door mgr. Jacques Suaudeau, priester van het bisdom Grenoble, voormalig wetenschappelijk directeur van de Pauselijke Academie voor het Leven, kerkelijk assistent van FIAMC en arts

Sinds de Wereldgezondheidsorganisatie de wereld voor het eerst waarschuwde voor het bestaan van een mysterieuze aantal gevallen van longontsteking in Wuhan, China, hebben onderzoekers al meer dan tweehonderd vaccinkandidaten ontwikkeld om de uitbreiding van het coronavirus SARS-CoV-2 tegen te gaan. Na tien maanden van snelle ontwikkeling heeft de competitie tussen de verschillende laboratoria voor het produceren van een effectief en veilig vaccin tegen het nieuwe coronavirus een beslissende wending genomen en geresulteerd in een veelbelovend resultaat.



[Vaccines against SARS-Cov-2Download](#)

Eerlijke en rechtvaardige vaccinatiestrategie als stap in de heling van de wereld

A Fair and Just Vaccines Approach as Step Towards Healing the World

Vatican COVID-19 Commission and Pontifical Academy for Life, december 29th, 2020

Vatican COVID-19 Commission and Pontifical Academy for Life Calls for Fair and Just Vaccines Approach as Step Towards Healing the World

Vatican lays out principles and values for vaccine adoption, providing a clear moral roadmap for world leaders and everyday citizens

The Vatican COVID-19 Commission and Pontifical Academy for Life issue 20-point joint paper confirming moral responsibility of taking COVID-19 vaccines, building off guidance from the Congregation for the Doctrine of the Faith issued 21 December.

The paper states there is a moral responsibility to accept the vaccine, not just for individual personal health but to protect the health of all. The Vatican Commission and Pontifical Academy of Life reminds world leaders that vaccines were developed as a public good and must be provided to all fairly and equitably, prioritizing those most in need.

It calls on world leaders to resist the temptation to participate in “vaccine nationalism”, urging nation states and companies to cooperate – not compete – with each other.

Cardinal Turkson, head of the Dicastery for Promoting Integral Human Development (DPIHD), who leads the Commission said, “we are grateful to the scientific community for developing the vaccine in record time; it is now up to us to ensure it becomes available for all, especially the most vulnerable. It is a matter of justice. We need to show once and for all that we are one human family.”

“The interconnectedness that binds humanity has been revealed by the COVID-19 pandemic,” said Archbishop Vincenzo Paglia, President of the Pontifical Academy of Life. “Together with the Commission, we are working with many partners to reveal lessons the human family can learn and to develop an ethics of risk and solidarity to protect the most vulnerable of society.”

“We are at a turning point in the COVID-19 pandemic and have an opportunity to start to define the world we want to see post-pandemic,” says Mons. Bruno-Marie Duffe, Secretary of the DPIHD. “The way in which vaccines are deployed – where, to whom, and for how much – is the first step for global leaders to take in committing to fairness and justice as the principles for building a better post- COVID world,” stresses Father Augusto Zampini, Adjunct Secretary of DPIHD.

About the Vatican Commission on COVID-19

- The Vatican’s COVID-19 Commission was established by Pope Francis in March 2020 to respond to the global devastation caused by the pandemic. As we respond and move through recovery, we must ensure the cures for the immediate crises are stepping-stones to a more just, inclusive and integrated set of systems, responding to global crises as a global family.
- Housed within the Dicastery for Promoting Integral Human Development (DPIHD) and led by Cardinal Peter Turkson, the Commission is a new model of working for the Vatican that places high priority on inter-dicasterial collaboration and deep engagement with external partners and local Church to inform global policy and practice toward a new model of global development that better serves the most vulnerable among people and planet.
- The work of the Commission is coordinated by a Directorate reporting directly to the Holy Father and includes the DPIHD’s Prefect, Cardinal Peter Turkson, Secretary, Msgr. Bruno-Marie Duffé, and Adjunct Secretary, Fr. Augusto Zampini.



[COVID-19 vaccination VC and PAVDownload](#)

COMECE on Covid-19 vaccines: “vulnerable people and health workers should come first”

COMECE, 22-10-2020

“Future Covid-19 vaccines should be available, affordable and accessible, especially for elderly people, ill persons and health workers”. This is one of the messages sent to the EU and its Member States by the Assembly of the COMECE Working Group on Ethics, which gathered in video conference on Thursday 1 October 2020 to exchange on the “Ethical challenges of Europe in times of the Covid-19 pandemic”.

The experts delegated by the EU Bishops’ Conferences to the Assembly of the COMECE Working Group on Ethics analysed the current EU Health Policy and its possible future developments.

The Assembly highlighted the importance to *“strengthen the cooperation between the EU and its Member States in the field of health, ensuring affordability, sustainability and security of medical and pharmaceutical supply, and building strategic resilience”*.

In this context, the COMECE Working Group supports the European Vaccine Strategy and the development of new potential Covid-19 vaccines, specifying that these should be *“ethically produced [and] available, affordable and accessible especially for elderly people, ill persons and health workers”*.

The current situation is impacting every aspect of our lives, also mentally, physically and spiritually. According to the experts, *“the pandemic has undoubtedly affected all of us, putting a strain on every sector of society and the economy”*. In this regard, the Working Group also underlined the right of spiritual care for patients and health workers.

Finally, the experts exchanged on the situation of elderly people in the European Union who are severely affected by the current circumstances, particularly due to a lack of sustainable policies. The experts also contributed to the drafting process of the upcoming COMECE reflection paper on *“Care for elderly people”*.

Geneesmiddelen en vaccins voor iedereen

Address of his Holiness Pope Francis to the members of the **“Banco Farmaceutico”** Foundation

19 September 2020

Dear brothers and sisters, good morning!

Welcome! I would like to thank the president of the Banco Farmaceutico for his kind words. As he reminded me, this year marks the twentieth anniversary of the birth of Banco Farmaceutico: best wishes! From that initial intuition, we have come a long way. As well as being present in Italy, you also operate in other countries.

Those who live in poverty are poor in everything, even medicines, and therefore their health is more vulnerable. Sometimes they run the risk of not being able to obtain treatment because of lack of money, or because some people in the world do not have access to certain medicines. There is also a “pharmaceutical marginality”, and this must be said. This creates a further gap between nations and between peoples. On an ethical level, if there is the possibility of curing a disease with a drug, it should be available to everyone, otherwise it creates injustice. Too many people, too many children are still dying in the world because they are denied access to a drug that is available in other regions, or a vaccine. We know the danger of the globalisation of indifference. Instead, I propose to globalise treatment, that is, the possibility of access to those drugs that could save so many lives for all populations. And to do this takes a joint effort, a convergence that involves everyone. And you are the example of this joint effort.

I hope that scientific research can make progress in seeking new solutions to problems old and new. The work of many researchers is valuable and represents a magnificent example of how human study and intelligence are able to develop, as far as possible, new paths of healing and cure.

Pharmaceutical companies, by supporting research and directing production, can generously contribute to a more equitable distribution of medicines.

Pharmacists are called upon to provide a service of care close to those most in need, and in science and

conscience they work for the integral good of those who turn to them.

Through their legislative and financial choices, governments are also called upon to build a fairer world in which the poor are not abandoned or, worse still, discarded.

The recent experience of the pandemic, in addition to a major health emergency in which almost one million people have already died, is turning into a serious economic crisis, which still results in poor people and families who do not know how to move forward. While charitable assistance is being provided, it is also a question of combating this pharmaceutical poverty, particularly with the widespread use of new vaccines in the world. I repeat that it would be sad if, in providing the vaccine, priority were given to the wealthiest, or if this vaccine became the property of this or that country, and was no longer for everyone. It must be universal, for all.

Dear friends, thank you very much for your service to the weakest. Thank you for what you do. The Medicine Collection Day is an important example of how generosity and the sharing of goods can improve our society and bear witness to that love in the neighbourliness that the Gospel requires of us (cf. Jn 13:34). I bless all of you present here, and your families. I bless and ask God to bless all of you who, as the president said, are of different religions. But God is the Father of all, and I ask: God, bless all of you, your families, your work, your generosity. And, because priests always ask, I ask you to pray for me. Thank you.

Kun je moreel verantwoord vaccineren tegen Covid-19?

Katholiek Nieuwsblad, 29 mei 2020

door Anton ten Klooster, universitair docent moraaltheologie aan Tilburg School of Catholic Theology

Er is een kans dat een vaccin tegen Covid-19 ontwikkeld zal zijn uit cellijnen, afkomstig uit een geaborteerde foetus. Mag je zo'n vaccin dan eigenlijk wel ontvangen?

We verlangen naar een samenleving waarin grootouders hun kleinkinderen omhelzen, je samen kunt zingen in de kerk en je met vrienden zij aan zij op het terras kunt zitten. Eén van de voorwaarden daarvoor is dat er een hoge mate van immuniteit tegen het coronavirus Covid-19 is. Immuniteit wordt het snelst verkregen door een vaccinatieprogramma, maar mogelijk worden voor een vaccin cellen gebruikt die afkomstig zijn van een geaborteerde foetus. Is het moreel aanvaardbaar zo'n vaccin te ontvangen?

Het is belangrijk op te merken dat de cellen die gebruikt worden voor het ontwikkelen van vaccins in de regel niet direct afkomstig zijn van geaborteerde foetussen. Zo werd na een abortus in 1973 een groep cellen verkregen en gebruikt in een Leids laboratorium. Sindsdien zijn die cellen verder gekweekt voor medisch onderzoek. De huidige cellen zijn dus niet specifiek cellen van de foetus, maar 'afstammelingen' daarvan. Dat verandert vanzelfsprekend niets aan de tragiek van dit verloren leven, vermoedelijk van een meisje. Niets maakt goed dat haar het recht op leven ontnomen werd.

In 2005 publiceerde de Pauselijke Academie voor het Leven een notitie over de vraag hoe we het respect voor de waardigheid van het leven kunnen bevorderen en tegelijk onze gezondheid beschermen. De principes daaruit keerden in 2008 terug in de instructie Dignitas Personae van de Congregatie voor de Geloofsleer. De afwegingen in deze documenten zijn bijzonder actueel. Wetenschappers gebruiken voor de ontwikkeling van vaccins celmateriaal met de juiste eigenschappen. Een aantal uit abortus verkregen cellijnen wordt daarom voor verschillende onderzoeken gebruikt. Wie betrokken is bij onderzoek met dit materiaal, staat relatief dicht bij de

abortus die eerder gepleegd werd en in zichzelf een groot kwaad is. Gebruik ervan suggereert instemming daarmee.

Onderzoekers en farmaceuten hebben daarom de morele verantwoordelijkheid om alternatieven te onderzoeken en toe te passen, zoals dierlijke cellen of cellen uit ander menselijk weefsel. Politici hebben de verantwoordelijkheid bij te dragen aan het ontwikkelen van alternatieven, door bijvoorbeeld financiering van stamcelonderzoek afhankelijk te maken van deze ethische randvoorwaarden. En wie wordt opgeroepen voor vaccinatie, heeft de plicht om alternatieve vaccins te vragen, waar dat redelijk is. Ook kan men druk op de politiek zetten om de ontwikkeling van alternatieven te faciliteren.

Maar wat als er nog geen veilig alternatief is voor een vaccin uit abortief weefsel? De Academie voor het Leven benadrukt dat we hier weer een aantal stappen verder zijn in de schakel van gebeurtenissen vanaf de abortus. We gebruiken die niet direct en hebben er ook niet zondermeer mee ingestemd.

Het vermijden ervan is nog steeds wenselijk, maar er kunnen zwaarwegende redenen zijn om dit vermijden niet als een morele plicht op te vatten. Bij de mazelen bijvoorbeeld, kan een niet-gevaccineerd kind zelf gezond blijven, maar wel de oorzaak zijn dat een zwangere vrouw een kind met ernstige afwijkingen krijgt. De Academie wijst erop dat de ouders van dit niet-gevaccineerde kind daar dan verantwoordelijkheid voor dragen. Bestaat er dan geen geschikt alternatief, dan mag je een vaccin met abortief weefsel te gebruiken, ter bescherming van de gezondheid. Uiteraard moet alles op alles gezet worden om wél zo snel mogelijk moreel verantwoorde alternatieven te ontwikkelen.

Toegepast op een toekomstige vaccinatie tegen Covid-19, betekent dit dat we ons nu al moeten laten horen naar de politiek, die door wetgeving en financiering controle uitoefent op farmaceutische bedrijven.

Verder wordt duidelijk dat we verantwoordelijkheid dragen voor onze eigen gezondheid én die van anderen. In onze afweging moeten we ons afvragen of niet-vaccinatie betekent dat we aan een groot risico. Daarbij veronderstellen we dat het virus, net als de andere ziekten waartegen we vaccineren, ongecontroleerd zal blijven rondgaan als we niets doen om immuniteit te verkrijgen en behouden.

Overgenomen met toestemming van [Katholiek Nieuwsblad](#).

Note on Italian vaccine issue

The Pontifical Academy for Life issued a [document commenting on the Italian vaccine issue](#), in collaboration with the “Ufficio per la Pastorale della Salute” of Italian Bishops’ Conference and the “Association of Italian Catholic Doctors”, on July 31, 2017.

Clarifications on the medical and scientific nature of vaccination

The lack of vaccinations of the population indicates a serious health risk of diffusing dangerous and often lethal diseases and infections that had been eradicated in the past, such as measles, rubella, and chickenpox. As noted by the Italian National Health Institute, since 2013 there has been a progressive trend in decreasing vaccination coverage. Vaccination coverage data for measles and rubella decreased from 90.4% in 2013 to 85.3% in 2015, contrary to WHO indications that recommend 95% vaccination coverage to eliminate virus circulation.

In the past, vaccines had been prepared using cells from aborted human fetuses, however currently used cell lines are very distant from the original abortions. The vaccines being referred to, the ones most commonly used in Italy, are those against rubella, chickenpox, polio, and hepatitis A. It should be noted that today it is no longer necessary to obtain cells from new voluntary abortions, and that the cell lines on which the vaccines are based in are derived solely from two fetuses originally aborted in the 1960's. From the clinical point of view, it should also be reiterated that treatment with vaccines, despite the very rare side effects (the events that occur most commonly are mild and due to an immune response to the vaccine itself), is safe and effective. No correlation exists between the administration of the vaccine and the onset of Autism.

Reflections on the ethical nature of vaccines:

In 2005 the Pontifical Academy for Life published a document entitled: "[Moral reflections about vaccines prepared from cells of aborted human fetuses](#)" which, in the light of medical advances and current conditions of vaccine preparation, could soon be revised and updated.

Especially in consideration of the fact that the cell lines currently used are very distant from the original abortions and no longer imply that bond of moral cooperation indispensable for an ethically negative evaluation of their use.

On the other hand, the moral obligation to guarantee the vaccination coverage necessary for the safety of others is no less urgent, especially the safety more vulnerable subjects such as pregnant women and those affected by immunodeficiency who cannot be vaccinated against these diseases.

As for the question of the vaccines that used or may have used cells coming from voluntarily aborted fetuses in their preparation, it must be specified that the "wrong" in the moral sense lies in the actions, not in the vaccines or the material itself.

The technical characteristics of the production of the vaccines most commonly used in childhood lead us to exclude that there is a morally relevant cooperation between those who use these vaccines today and the practice of voluntary abortion. Hence, we believe that all clinically recommended vaccinations can be used with a clear conscience and that the use of such vaccines does not signify some sort of cooperation with voluntary abortion. While the commitment to ensuring that every vaccine has no connection in its preparation to any material of originating from an abortion, the moral responsibility to vaccinate is reiterated in order to avoid serious health risks for children and the general population.

Rome, 31 July 2017

Pontifical Academy for Life - National Office for Health Pastoral Care (CEI) - Association of Italian Catholic Doctors

Morele reflectie op vaccins geproduceerd op cellijnen van geaborteerde menselijke foetussen

Moral reflections on vaccines prepared from cells derived from aborted human fetuses

Pontifical Academy for Life

The matter in question regards the lawfulness of production, distribution and use of certain vaccines whose

production is connected with acts of procured abortion. It concerns vaccines containing live viruses which have been prepared from human cell lines of foetal origin, using tissues from aborted human foetuses as a source of such cells. The best known, and perhaps the most important due to its vast distribution and its use on an almost universal level, is the vaccine against Rubella (German measles).

Rubella and its vaccine

Rubella (German measles)¹ is a viral illness caused by a Togavirus of the genus Rubivirus and is characterized by a maculopapular rash. It consists of an infection which is common in infancy and has no clinical manifestations in one case out of two, is self-limiting and usually benign. Nonetheless, the German measles virus is one of the most pathological infective agents for the embryo and foetus. When a woman catches the infection during pregnancy, especially during the first trimester, the risk of foetal infection is very high (approximately 95%). The virus replicates itself in the placenta and infects the foetus, causing the constellation of abnormalities denoted by the name of Congenital Rubella Syndrome. For example, the severe epidemic of German measles which affected a huge part of the United States in 1964 thus caused 20,000 cases of congenital rubella², resulting in 11,250 abortions (spontaneous or surgical), 2,100 neonatal deaths, 11,600 cases of deafness, 3,580 cases of blindness, 1,800 cases of mental retardation. It was this epidemic that pushed for the development and introduction on the market of an effective vaccine against rubella, thus permitting an effective prophylaxis against this infection.

The severity of congenital rubella and the handicaps which it causes justify systematic vaccination against such a sickness. It is very difficult, perhaps even impossible, to avoid the infection of a pregnant woman, even if the rubella infection of a person in contact with this woman is diagnosed from the first day of the eruption of the rash. Therefore, one tries to prevent transmission by suppressing the reservoir of infection among children who have not been vaccinated, by means of early immunization of all children (universal vaccination). Universal vaccination has resulted in a considerable fall in the incidence of congenital rubella, with a general incidence reduced to less than 5 cases per 100,000 livebirths. Nevertheless, this progress remains fragile. In the United States, for example, after an overwhelming reduction in the number of cases of congenital rubella to only a few cases annually, i.e. less than 0.1 per 100,000 live births, a new epidemic wave came on in 1991, with an incidence that rose to 0.8/100,000. Such waves of resurgence of German measles were also seen in 1997 and in the year 2000. These periodic episodes of resurgence make it evident that there is a persistent circulation of the virus among young adults, which is the consequence of insufficient vaccination coverage. The latter situation allows a significant proportion of vulnerable subjects to persist, who are a source of periodic epidemics which put women in the fertile age group who have not been immunized at risk. Therefore, the reduction to the point of eliminating congenital rubella is considered a priority in public health care.

Vaccines currently produced using human cell lines that come from aborted foetuses

To date, there are two human diploid cell lines which were originally prepared from tissues of aborted foetuses (in 1964 and 1970) and are used for the preparation of vaccines based on live attenuated virus: the first one is the WI-38 line (Winstar Institute 38), with human diploid lung fibroblasts, coming from a female foetus that was aborted because the family felt they had too many children (G. Sven et al., 1969). It was prepared and developed by Leonard Hayflick in 1964 (L. Hayflick, 1965; G. Sven et al., 1969)³ and bears the ATCC number CCL-75. WI-38 has been used for the preparation of the historical vaccine RA 27/3 against rubella (S.A. Plotkin et al, 1965)⁴. The second human cell line is MRC-5 (Medical Research Council 5) (human, lung, embryonic) (ATCC number CCL-171), with human lung fibroblasts coming from a 14 week male foetus aborted for "psychiatric reasons" from a 27 year old woman in the UK. MRC-5 was prepared and developed by J.P. Jacobs in 1966 (J.P. Jacobs et al, 1970)⁵. Other human cell lines have been developed for pharmaceutical needs, but are not involved

in the vaccines actually available⁶.

The vaccines that are incriminated today as using human cell lines from aborted foetuses, WI-38 and MRC-5, are the following:⁷

A) *Live vaccines against rubella*⁸:

- the monovalent vaccines against rubella Meruvax®!! (Merck) (U.S.), Rudivax® (Sanofi Pasteur, Fr.), and Ervevax® (RA 27/3) (GlaxoSmithKline, Belgium);
- the combined vaccine MR against rubella and measles, commercialized with the name of M-R-VAX® (Merck, US) and Rudi-Rouvax® (AVP, France);
- the combined vaccine against rubella and mumps marketed under the name of Biavax®!! (Merck, U.S.),
- the combined vaccine MMR (measles, mumps, rubella) against rubella, mumps and measles, marketed under the name of M-M-R® II (Merck, US), R.O.R.®, Trimovax® (Sanofi Pasteur, Fr.), and Priorix® (GlaxoSmithKline UK).

B) *Other vaccines, also prepared using human cell lines from aborted foetuses:*

- two vaccines against hepatitis A, one produced by Merck (VAQTA), the other one produced by GlaxoSmithKline (HAVRIX), both of them being prepared using MRC-5;
- one vaccine against chicken pox, Varivax®, produced by Merck using WI-38 and MRC-5;
- one vaccine against poliomyelitis, the inactivated polio virus vaccine Poliovax® (Aventis-Pasteur, Fr.) using MRC-5;
- one vaccine against rabies, Imovax®, produced by Aventis Pasteur, harvested from infected human diploid cells, MRC-5 strain;
- one vaccine against smallpox, AC AM 1000, prepared by Acambis using MRC-5, still on trial.

The position of the ethical problem related to these vaccines

From the point of view of prevention of viral diseases such as German measles, mumps, measles, chicken pox and hepatitis A, it is clear that the making of effective vaccines against diseases such as these, as well as their use in the fight against these infections, up to the point of eradication, by means of an obligatory vaccination of all the population at risk, undoubtedly represents a “milestone” in the secular fight of man against infective and contagious diseases.

However, as the same vaccines are prepared from viruses taken from the tissues of foetuses that had been infected and voluntarily aborted, and the viruses were subsequently attenuated and cultivated from human cell lines which come likewise from procured abortions, they do not cease to pose ethical problems. The need to articulate a moral reflection on the matter in question arises mainly from the connection which exists between the vaccines mentioned above and the procured abortions from which biological material necessary for their preparation was obtained.

If someone rejects every form of voluntary abortion of human foetuses, would such a person not contradict himself/herself by allowing the use of these vaccines of live attenuated viruses on their children? Would it not be a matter of true (and illicit) cooperation in evil, even though this evil was carried out forty years ago?

Before proceeding to consider this specific case, we need to recall briefly the principles assumed in classical

moral doctrine with regard to the problem of *cooperation in evil*⁹, a problem which arises every time that a moral agent perceives the existence of a link between his own acts and a morally evil action carried out by others.

The principle of licit cooperation in evil

The first fundamental distinction to be made is that between *formal* and *material cooperation*. *Formal cooperation* is carried out when the moral agent cooperates with the immoral action of another person, sharing in the latter's evil intention. On the other hand, when a moral agent cooperates with the immoral action of another person, without sharing his/her evil intention, it is a case of *material cooperation*.

Material cooperation can be further divided into categories of *immediate* (direct) and *mediate* (indirect), depending on whether the cooperation is in the execution of the sinful action *per se*, or whether the agent acts by fulfilling the conditions – either by providing instruments or products – which make it possible to commit the immoral act. Furthermore, forms of *proximate cooperation* and *remote cooperation* can be distinguished, in relation to the “distance” (be it in terms of *temporal* space or *material* connection) between the act of cooperation and the sinful act committed by someone else. *Immediate material cooperation* is always *proximate*, while *mediate material cooperation* can be either *proximate* or *remote*.

Formal cooperation is always morally illicit because it represents a form of direct and intentional participation in the sinful action of another person.¹⁰ *Material cooperation* can sometimes be illicit (depending on the conditions of the “double effect” or “indirect voluntary” action), but when *immediate material cooperation* concerns grave attacks on human life, it is always to be considered illicit, given the precious nature of the value in question¹¹.

A further distinction made in classical morality is that between *active* (or positive) cooperation in evil and *passive* (or negative) cooperation in evil, the former referring to the performance of an act of cooperation in a sinful action that is carried out by another person, while the latter refers to the omission of an act of denunciation or impediment of a sinful action carried out by another person, inasmuch as there was a moral duty to do that which was omitted¹².

Passive cooperation can also be formal or material, immediate or mediate, proximate or remote. Obviously, every type of formal passive cooperation is to be considered illicit, but even passive material cooperation should generally be avoided, although it is admitted (by many authors) that there is not a rigorous obligation to avoid it in a case in which it would be greatly difficult to do so.

Application to the use of vaccines prepared from cells coming from embryos or foetuses aborted voluntarily

In the specific case under examination, there are three categories of people who are involved in the cooperation in evil, evil which is obviously represented by the action of a voluntary abortion performed by others: a) those who prepare the vaccines using human cell lines coming from voluntary abortions; b) those who participate in the mass marketing of such vaccines; c) those who need to use them for health reasons.

Firstly, one must consider morally illicit every form of *formal* cooperation (sharing the evil intention) in the action of those who have performed a voluntary abortion, which in turn has allowed the retrieval of foetal tissues, required for the preparation of vaccines. Therefore, whoever – regardless of the category to which he belongs – cooperates in some way, sharing its intention, to the performance of a voluntary abortion with the aim of producing the above-mentioned vaccines, participates, in actuality, in the same moral evil as the person who has performed that abortion. Such participation would also take place in the case where someone, sharing the intention of the abortion, refrains from denouncing or criticizing this illicit action, although having the moral

duty to do so (*passive formal cooperation*).

In a case where there is no such formal sharing of the immoral intention of the person who has performed the abortion, any form of cooperation would be *material*, with the following specifications.

As regards the preparation, distribution and marketing of vaccines produced as a result of the use of biological material whose origin is connected with cells coming from fetuses voluntarily aborted, such a process is stated, as a matter of principle, morally illicit, because it could contribute in encouraging the performance of other voluntary abortions, with the purpose of the production of such vaccines. Nevertheless, it should be recognized that, within the chain of production-distribution-marketing, the various cooperating agents can have different moral responsibilities.

However, there is another aspect to be considered, and that is the form of *passive material cooperation* which would be carried out by the producers of these vaccines, if they do not denounce and reject publicly the original immoral act (the voluntary abortion), and if they do not dedicate themselves together to research and promote alternative ways, exempt from moral evil, for the production of vaccines for the same infections. Such *passive material cooperation*, if it should occur, is equally illicit.

As regards those who need to use such vaccines for reasons of health, it must be emphasized that, apart from every form of *formal cooperation*, in general, doctors or parents who resort to the use of these vaccines for their children, in spite of knowing their origin (voluntary abortion), carry out a form of *very remote mediate material cooperation*, and thus very mild, in the performance of the original act of abortion, and a *mediate material cooperation*, with regard to the marketing of cells coming from abortions, and *immediate*, with regard to the marketing of vaccines produced with such cells. The cooperation is therefore more intense on the part of the authorities and national health systems that accept the use of the vaccines.

However, in this situation, the aspect of *passive cooperation* is that which stands out most. It is up to the faithful and citizens of upright conscience (fathers of families, doctors, etc.) to oppose, even by making an objection of conscience, the ever more widespread attacks against life and the “culture of death” which underlies them. From this point of view, the use of vaccines whose production is connected with procured abortion constitutes at least a mediate remote passive material cooperation to the abortion, and an immediate passive material cooperation with regard to their marketing. Furthermore, on a cultural level, the use of such vaccines contributes in the creation of a generalized social consensus to the operation of the pharmaceutical industries which produce them in an immoral way.

Therefore, doctors and fathers of families have a duty to take recourse to alternative vaccines¹³ (if they exist), putting pressure on the political authorities and health systems so that other vaccines without moral problems become available. They should take recourse, if necessary, to the use of conscientious objection¹⁴ with regard to the use of vaccines produced by means of cell lines of aborted human foetal origin. Equally, they should 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, which are not connected with the abortion of a human foetus, and requesting rigorous legal control of the pharmaceutical industry producers.

As regards the diseases against which there are no alternative vaccines which are available and ethically acceptable, it is right to abstain from using these vaccines if it can be done without causing children, and indirectly the population as a whole, to undergo significant risks to their health. However, if the latter are exposed to considerable dangers to their health, vaccines with moral problems pertaining to them may also be used on a temporary basis. The moral reason is that the duty to avoid *passive material cooperation* is not

obligatory if there is grave inconvenience. Moreover, we find, in such a case, a *proportional reason*, in order to accept the use of these vaccines in the presence of the danger of favouring the spread of the pathological agent, due to the lack of vaccination of children. This is particularly true in the case of vaccination against German measles¹⁵.

In any case, there remains a moral duty to continue to fight and to employ every lawful means in order to make life difficult for the pharmaceutical industries which act unscrupulously and unethically. However, the burden of this important battle cannot and must not fall on innocent children and on the health situation of the population – especially with regard to pregnant women.

To summarize, it must be confirmed that:

- there is a grave responsibility to use alternative vaccines and to make a conscientious objection with regard to those which have moral problems;
- as regards the vaccines without an alternative, the need to contest so that others may be prepared must be reaffirmed, as should be the lawfulness of using the former in the meantime inasmuch as is necessary in order to avoid a serious risk not only for one's own children but also, and perhaps more specifically, for the health conditions of the population as a whole – especially for pregnant women;
- the lawfulness of the use of these vaccines should not be misinterpreted as a declaration of the lawfulness of their production, marketing and use, but is to be understood as being a passive material cooperation and, in its mildest and remotest sense, also active, morally justified as an *extrema ratio* due to the necessity to provide for the good of one's children and of the people who come in contact with the children (pregnant women);
- such cooperation occurs in a context of moral coercion of the conscience of parents, who are forced to choose to act against their conscience or otherwise, to put the health of their children and of the population as a whole at risk. This is an unjust alternative choice, which must be eliminated as soon as possible.

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embryonic kidney cells transformed by sheared adenovirus type 5 (the fetal kidney material was obtained from an aborted fetus, in 1972 probably), and PER.C6, a fetal cell line created using retinal tissue from an 18 week gestation aborted baby, have been developed for the pharmaceutical manufacturing of adenovirus vectors (for gene therapy). They have not been involved in the making of any of the attenuated live viruses vaccines presently in use because of their capacity to develop tumorigenic cells in the recipient. However some vaccines, still at the developmental stage, against Ebola virus (Crucell,NV and the Vaccine Research Center of the National Institutes of Health's Allergy and Infectious Diseases, NIAID), HIV (Merck), influenza (MedImmune, Sanofi pasteur), Japanese encephalitis (Crucell N.V. and Rhein Biotech N.V.) are prepared using PER.C6® cell line (Crucell N.V., Leiden, The Netherlands).

7. Against these various infectious diseases, there are some alternative vaccines that are prepared using animals' cells or tissues, and are therefore ethically acceptable. Their availability depends on the country in question. Concerning the particular case of the United States, there are no options for the time being in that country for the vaccination against rubella, chickenpox and hepatitis A, other than the vaccines proposed by Merck, prepared using the human cell lines WI-38 and MRC-5. There is a vaccine against smallpox prepared with the Vero cell line (derived from the kidney of an African green monkey), ACAM2000 (Acambis-Baxter) (a second-generation smallpox vaccine, stockpiled, not approved in the US), which offers, therefore, an alternative to the Acambis 1000. There are alternative vaccines against mumps (Mumpsvox, Merck, measles (Attenuvax, Merck), rabies (RabAvert, Chiron therapeutics), prepared from chicken embryos. (However serious allergies have occurred with such vaccines), poliomyelitis (IPOL, Aventis-Pasteur, prepared with monkey kidney cells) and smallpox (a third-generation smallpox vaccine MVA, Modified Vaccinia Ankara, Acambis-Baxter). In Europe and in Japan, there are other vaccines available against rubella and hepatitis A, produced using non-human cell lines. The Kitasato Institute produce four vaccines against rubella, called Takahashi, TO-336 and Matuba, prepared with cells from rabbit kidney, and one (Matuura) prepared with cells from a quail embryo. The Chemo-sero-therapeutic Research Institute Kaketsuken produce one another vaccine against hepatitis A, called Ainmugen, prepared with cells from monkey kidney. The only remaining problem is with the vaccine Varivax® against chicken pox, for which there is no alternative.
8. The vaccine against rubella using the strain Wistar RA27/3 of live attenuated rubella virus, adapted and propagated in WI-38 human diploid lung fibroblasts is at the centre of present controversy regarding the morality of the use of vaccines prepared with the help of human cell lines coming from aborted foetuses.
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 13. The alternative vaccines in question are those that are prepared by means of cell lines which are not of human origin, for example, the Vero cell line (from monkeys) (D. Vinnedge), the kidney cells of rabbits or monkeys, or the cells of chicken embryos. However, it should be noted that grave forms of allergy have occurred with some of the vaccines prepared in this way. The use of recombinant DNA technology could lead to the development of new vaccines in the near future which will no longer require the use of cultures of human diploid cells for the attenuation of the virus and its growth, for such vaccines will not be prepared from a basis of attenuated virus, but from the genome of the virus and from the antigens thus developed (G. C. Woodrow, W.M. McDonnell and F.K. Askari). Some experimental studies have already been done using vaccines developed from DNA that has been derived from the genome of the German measles virus. Moreover, some Asiatic researchers are trying to use the Varicella virus as a vector for the insertion of genes which codify the viral antigens of Rubella. These studies are still at a preliminary phase and the refinement of vaccine preparations which can be used in clinical practice will require a lengthy period of time and will be at high costs.
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 14. Such a duty may lead, as a consequence, to taking recourse to "objection of conscience" when the action recognized as illicit is an act permitted or even encouraged by the laws of the country and poses a threat to human life. The Encyclical Letter *Evangelium Vitae* underlined this "obligation to oppose" the laws which permit abortion or euthanasia "by conscientious objection" (no.73)
 15. This is particularly true in the case of vaccination against German measles, because of the danger of Congenital Rubella Syndrome. This could occur, causing grave congenital malformations in the foetus, when a pregnant woman enters into contact, even if it is brief, with children who have not been immunized and are carriers of the virus. In this case, the parents who did not accept the vaccination of their own children become responsible for the malformations in question, and for the subsequent abortion of foetuses, when they have been discovered to be malformed.