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Saturday of Our Lady
2nd January 2021

Dear Parishioners,

A good number of you have asked questions regarding the moral liceity of receiving the recently approved Coronavirus vaccines. Here are a few thoughts of my own on the subject; while we may well say more on the matter in due course, after further prayer and reflection.

Given the very grave nature of the sin of abortion, the justifying reason for any cooperation touching upon it likewise needs to be very grave. On 21st December, the Congregation for the Doctrine of the Faith [CDF] promulgated a [“Note on the morality of using some anti-Covid vaccines”](#), for which “... research and production, employed cell lines drawn from tissue obtained from two abortions that occurred in the last century.” In the case of the vaccines now being rolled out in England, the Oxford vaccine was indeed produced using one of those cell lines, while the Pfizer vaccine made use of one in post-production testing.

In countries such as ours, where non-morally tainted vaccines options are not readily available, the Note affirms “...it is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted foetuses in their research and production process.” The reason given for the acceptability, is that the cooperation with moral evil would in this case be “remote.” The Note states: “The moral duty to avoid such passive material cooperation is not obligatory if there is a grave danger, such as the otherwise uncontainable spread of a serious pathological agent--in this case, the pandemic spread of the SARS-CoV-2 virus that causes Covid-19. It must therefore be considered that, in such a case, all vaccinations recognised as clinically safe and effective can be used in good conscience with *the certain knowledge that the use of such vaccines does not constitute formal cooperation with the abortion* from which the cells used in production of the vaccines derive.”

Classical moral theology indeed teaches that remote material cooperation in evil (in this case, for vaccination with abortion-connected vaccines) could be justified: 1) If there is no realistic alternative (as currently there is not in England); 2) If one's moral objections are expressed; 3) If there is a sufficiently grave, proportionate reason. Regarding point 3: The gravity of the situation regarding the spread of infection of Coronavirus is a much-debated matter, particular within traditionally-minded Catholic circles, but also within society at large. Here in the UK, our government reports that the number of cases is on the increase and that there are parts of the UK where medical staff as now severely stretched and resources such as hospital oxygen supplies are running very low. Then, with a new more transmittable strain of the virus, we are told that the NHS is preparing for large surge in cases. It is proposed that these vaccines are the primary means to combat the virus and prevent further infection, in order to save lives.

However, to one extent or another, some are not convinced by the official line. Those who are more sceptical will often point to the fact that numbers of deaths due to Covid-19 do not compare to the pandemics of times gone by, but look more like those of a year when there has been a bad strain of flu. For instance, there have been [74,125 Covid-related deaths](#) – that is, deaths of everyone who tested positive for the virus within 28 days of death, no matter their general health condition. However, in the winter of 2017-18, when there was a particularly virulent strain of flu, the government notes an [excess death rate of 50,100](#) while there is/ was not the same level of reporting on flu as there is for Coronavirus. Also, the Office for National Statistics gives the mean average age of death “due to Covid-19” as [78.7 for men and 82.5 for women](#), while the mean average age of death across the UK in the last report period (2016 to 2018), was apparently much the same, namely [79.3 for men and 82.9 for women](#). As can be witnessed by the signatories of the [Great Barrington Declaration](#), there is also debate among epidemiologists and public health professionals regarding the approach to controlling the virus. It is legitimate to consider and debate how serious the situation is within our country and how much a vaccine is needed, while recognising that the CDF's Note considers the spread of Covid-19 to be sufficiently grave to warrant receiving such morally tainted vaccines.

The CDF's Note does not “... intend to judge the safety and efficacy of these vaccines.” The UK's government and medical establishment are clear in their assertion that these vaccines have been rigorously tested and are safe. However, given the speed of their development, concerns are expressed regarding safety, as longer-term side effects are less likely to be known, due to their lack of time in use. The notes on the UK government's [webpage regarding the Pfizer vaccine](#), under the title “Rare side effects: may affect up to 1 in 1,000 people” states the following 3

things: (1) “temporary one sided facial drooping” (2) “Not known (cannot be estimated from the available data)” and (3) “severe allergic reaction.” [On its page regarding the Oxford/ AstraZeneca vaccine](#), no data is given on rare side effects, but it states: “No data are currently available in individuals with a weakened immune system or who are taking chronic treatment that suppresses or prevents immune responses... No data are currently available on the use of COVID 19 Vaccine AstraZeneca in children and adolescents younger than 18 years of age.... [and]... [t]here are limited data on the use of COVID-19 Vaccine AstraZeneca in pregnant or breastfeeding women.” If considering the potential benefit of these vaccines, it would certainly be right and fitting to also consider these notes and the other lesser side effects mentioned on those webpages.

As the CDF’s Note states: “In any case, from the ethical point of view, *the morality of vaccination depends not only on the duty to protect one’s own health, but also on the duty to pursue the common good.*” On this point of pursuing the common good, it can be noted that the UK’s government has stated that it is not known [whether these vaccines prevent onward transmission of the virus](#) [please scroll down to 17:52].

The bottom line is that, as the CDF’s Note states, “... vaccination is not, as a rule, a moral obligation and... therefore, it must be voluntary.” If, after prayer and reflection, you decide to take one of the vaccines available in the UK, it would be preferable to take the Pfizer vaccine, which is less morally problematic than the Oxford vaccine.

We may well write more on this subject in due course, but in the meantime, I hope that these notes are of help in making informed decisions regarding the vaccines.

Sincerely in Christ,

Fr Matthew Goddard, FSSP