

# LifeNOTES

## Vaccines, Abortion, & Fetal Tissue

For several years now, information has circulated among prolife groups and individuals regarding the development of very common vaccines through the use of tissue taken from aborted babies. While initially the reports and information were not conclusively documented, further detailed research by several prolife groups has provided direct proof of a connection between aborted fetal tissue and most vaccines. That connection, and its implications for whether prolife citizens should consider using the vaccines, raises some complicated issues. In sorting through those issues, this LifeNotes will address the basic science involved, the documentation of the abortion-vaccine connection, the moral/ethical questions about using abortion-tainted vaccines, and information about available alternative vaccines.

### **Basic Vaccine and Cell Line Science**

The vaccine process works by collecting samples of the actual virus, then growing and altering them in the laboratory to make a weakened strain of the disease. That weakened strain is put into a serum and administered into the body (usually by injection). The body's immune system is more capable of naturally attacking and destroying the weakened virus, and thus develops the ability to effectively fight off the actual disease should the person ever be exposed to it. The advent of vaccines was a major milestone in medicine, saving millions of lives and saving many others from the devastating effects of diseases like polio.

In order to develop the weakened viral strain, there must be a medium or "cell culture" to grow it in. The virus invades the culture cells, feeds off the cell, matures, and multiplies. The cell cultures are a single type of cell that multiplies itself in a predictable fashion and can be sustained in a laboratory setting for years, even decades. These long-lasting cell cultures are called "cell lines." The original cells that start these cell lines have been taken from a wide variety of sources, from monkey embryo and kidney cells, to chicken and rabbit embryos, and tragically, from aborted human babies. The issue of concern is that many common vaccines were developed using cell lines that originally were cells taken from electively aborted babies. The vaccines themselves do not contain fetal cells, but it is presumed that there is "residual" biological matter from the fetal cells that has been assimilated into the vaccine.

# Cell Lines Originating from Aborted Babies

There are two particular fetal cell lines that have been heavily used in vaccine development. They are named according to the laboratory facilities where they were developed. One cell line is known as WI-38, developed at the Wistar Institute in Philadelphia, PA. The other is MRC-5, developed for the Medical Research Council in England. WI-38 was developed by Dr. Leonard Hayflick in 1962, by taking lung cells from an aborted female baby at approximately the end of the third month of pregnancy. Dr. Hayflick's article published in the scientific journal, *Experimental Cell Research* states that three cell lines, WI-26, WI-38, WI-44 were all developed from aborted babies. "All embryos were obtained from surgical abortions and were of approximately three months' gestation<sup>1</sup>." In another journal article (*American Journal of Diseases of Childhood*) from an international conference on Rubella, Dr. Stanley Plotkin who developed a Rubella vaccine using WI-38, addressed a question as to the origin of WI-38. Dr. Plotkin stated, "This fetus was chosen by Dr. Sven Gard, specifically for this purpose. Both parents are known, and unfortunately for the story, they are married to each other, still alive and well, and living in Stockholm, presumably. The abortion was done because they felt they had too many children. There were no familial diseases in the history of either parent, and no history of cancer specifically in the families<sup>2</sup>."

The origin of the MRC-5 cell line, created in 1966, is documented in an article in the journal *Nature* by three British researchers working at the National Institute for Medical Research. J.P. Jacobs, et. al. write, "We have developed another strain of cells, also derived from foetal lung tissue, taken from a 14-week male foetus removed for psychiatric reasons from a 27 year old woman with a genetically normal family history and no sign of neoplastic disease both at abortion and for at least three years afterward<sup>3</sup>." Noting that their research parallels that of Dr. Hayflick's development of the WI-38 cell line, the researchers conclude, "Our studies indicate that by presently accepted criteria, MRC-5 cells - in common with WI-38 cells of similar origin - have normal characteristics and so could be used for the same purposes as WI-38 cells<sup>4</sup>."

In both of these cell lines it is quite clear that the aborted children were presumed to be healthy, and that there was no life-threatening condition or other medically indicated reason for the abortion of these two babies.

There is a more recent cell line, PER C6, developed in 1985, which is being used currently in research to develop vaccines to treat Ebola and HIV. The origin of PER C6 is clearly documented. In direct testimony before the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee, Dr. Alex Van Der Eb, the scientist who developed PER C6, stated:

"So I isolated retina [cells] from a fetus, from a healthy fetus as far as could be seen, of 18 weeks old. There was nothing special in the family history, or the pregnancy was completely normal up to the 18 weeks, and it turned out to be a socially indicated abortus, abortus provocatus, and that was simply because the woman wanted to get rid of the fetus<sup>5</sup>."

To date, no vaccines have been successfully marketed using the PER C6 cell line, but undoubtedly the cells used to establish PER C6 came from a healthy baby, aborted from a healthy mother for social convenience reasons. While most of the common childhood vaccines used today were developed using the WI-38 and MRC-5 fetal cell lines, there are some vaccines available that were developed using animal cell lines. The tables on the following page indicate the abortion-tainted vaccines, and the available alternatives.

## U.S. Produced Vaccines from Aborted Cell Lines

<b>Disease</b>	<b>Vaccine Name</b>	<b>Manufacturer</b>	<b>Cell line (fetal)</b>
Polio	Poliovax	Aventis-Pasteur	MRC-5
Rabies	Imovax	Aventis-Pasteur	MRC-5
Hepatitis A	Havrix	Merck & Co.	MRC-5
	Vaqta	Glaxo/SmithKline	MRC-5
Hepatitis A-B Combo	Twinrix	Glaxo/SmithKline	MRC-5
Smallpox	Acambis 1000	Acambis	MRC-5
Chickenpox	Varivax	Merck & Co.	MRC-5/WI-38
Measles, Mumps, Rubella	MMR II	Merck & Co.	WI-38
Mumps-Rubella	Biavax II		
Measles-Rubella	MR-VAX		
Rubella only	Meruvax II		

### U.S. Produced Alternative Vaccines

(There are no U.S. alternatives for Chickenpox, Rubella, Hepatitis-A)

<b>Disease</b>	<b>Vaccine Name</b>	<b>Manufacturer</b>	<b>Cell line</b>
Polio	IPOL	Aventis-Pasteur	Monkey kidney
Mumps	Mumpsvox	Merck & Co.	Chick embryo
Measles	Attenuvax	Merck & Co.	Chick embryo
Rabies	RabAvert	Chiron Therapeutics	Chick embryo
Smallpox	Acambis 2000	Acambis-Baxter	Monkey kidney
Hepatitis B	Engerix, Comvax	Glaxo/Smith/Kline, Merck	Yeast

There are Japanese produced alternative vaccines for Rubella and Hepatitis-A, developed from cell lines of rabbit and monkey kidney. These vaccines are available in the U.K., but have not yet been given FDA approval for use in the U.S. If these two alternatives were to become available in the U.S., then Chickenpox would be the only abortion-tainted vaccine without an acceptable alternative.

## Should These Vaccines Be Used? The Moral & Ethical Considerations

The ethical quandary created by the tainting of these otherwise beneficial vaccines is obvious and vexing. Parents are more than justified in wanting to protect their children from these potentially life-threatening diseases. It can be legitimately argued that parents have an obligation to take reasonable steps to protect their children. Likewise, as a society, we must take into consideration the morality and cost of failing to prevent widespread outbreaks of disease. Thus, there is a civic responsibility associated with vaccines and controlling diseases.

The moral perspective of those who are utterly opposed to the use of these vaccines is straightforward and equally justifiable. If these vaccines were developed from cell lines taken from Jews murdered in Nazi concentration camps, it is not difficult to imagine that there would be widespread, if not universal rejection of those vaccines. Since many proliferators see no difference between the moral magnitude of abortion and the Holocaust, their passionate refusal to use these vaccines is completely understandable.

When dealing with difficult ethical issues like vaccines grown on the tissue of aborted children, one of the main questions to answer is how do individuals act in a moral way when they are acting in a world that is filled with immorality. For example, should a person watch no television programming on a certain network because some of its programming is immoral? It is crucial to remember that the moral nature of any act depends first on the action itself. Secondly, the intention of the individual is also a crucial factor. The further away the current act (using a vaccine) and intent (protecting a child from a disease) of an individual are from a previous immoral act (aborting a child), the less that individual is restricted by the immorality of the previous act. While the act of aborting the child was certainly immoral, all of the steps involved with the development and use of the vaccines thereafter neither cooperated with the abortion, nor intended to promote more such practices, nor intended anything but the preservation of life and health.

The Vatican's Pontifical Academy for Life, and the U.S. and British bishops conferences have studied the issue in detail and concluded that using the vaccines is morally permissible. However, once a person learns that certain vaccines are morally tainted, there is an obligation to seek out ethical alternatives where possible and to make objections known to health care providers and vaccine manufacturers. In addition, parents are entirely justified in citing a "conscientious objection" to tainted vaccines being used to immunize their children, particularly when the vaccine is not for a substantially threatening illness (Chickenpox, flu). Parents have a right to demand ethical alternatives be used or reject the vaccine if an alternative is not available.

A number of noted prolife activists have weighed in on both sides of the issue. Some have encouraged parents to use and demand nothing less than vaccines obtained through morally acceptable means<sup>6</sup>. While others like Jack Wilke, M.D., former National Right to Life Committee president and Bernard Nathanson, M.D., prolife activist and creator of "The Silent Scream" have opined that using the vaccines is morally allowable<sup>7,8</sup>.

What is unanimous among all commentators on the subject is that everyone ought to know of the facts surrounding the vaccines, and prolife citizens should make an effort to persuade - even pressure - vaccine producers to eliminate their tainted products in favor of ethically acceptable products.

## Vaccines & Bioterrorism

An additional concern related to vaccine use is the post-September 11 concern about bioterrorist threats using agents such as Anthrax or Smallpox. President Bush has ordered the mass production of Smallpox vaccines, and vaccination for himself and most military personnel. In the event of an attack using Smallpox, large numbers of the public would be able to access a protective vaccination. As part of the initial order for millions of doses of Smallpox vaccine to be created, 50,000 doses of Acambis 1000 (abortion tainted) were secured. When the abortion connection was brought to HHS Secretary Tommy Thompson, he instructed that the additional millions of doses to be created should use either Acambis 2000 (abortion free) or possibly a European vaccine that is also abortion free. Thus, out of tens of millions of doses of Smallpox vaccine to be created, utilized, or stored, less than 1/10 of 1% will be the abortion tainted version.

### References

<sup>1</sup>Hayflick, L, et. al. "The Limited In Vitro Lifetime of Human Diploid Cell Strains," *Experimental Cell Research*, Vol 37, 1965, p. 615.

<sup>2</sup>Statement by Dr. Stanley Plotkin published in "Gamma Globulin Prophylaxis; Inactivated Rubella Virus; Production and Biological Control of Live Attenuated Rubella Virus Vaccines," *American Journal of Diseases of Childhood*, Vol. 118, No. 2, 1969, p. 378.

<sup>3</sup>Jacobs, J.P., et. al., "Characteristics of a Human Diploid Cell Designated MRC-5," *Nature*, Vol. 227, 1970, p. 168.

<sup>4</sup>Ibid, p. 170.

<sup>5</sup>Transcript of the Vaccines and Related Biological Products Advisory Committee of the U.S. Food and Drug Administration, hearing date May 16, 2001, Gaithersburg, MD, p.91.

<sup>6</sup>Brown, Judie, President, American Life League, in a letter to the *National Catholic Register*, April 30-May 6, 2000.

<sup>7</sup>Wilke, J.C., M.D., "Vaccines, Today's Controversy," *Life Issues Connector*, Life Issues Institute, Cincinnati, OH, July, 2001.

<sup>8</sup>Nathanson, Bernard, M.D., "Vaccines OK'd Despite Dark Past," *National Catholic Register*, June 18-24, 2000.