

SHOULD THESE VACCINES BE USED? THE MORAL & ETHICAL CONSIDERATIONS

The ethical quandary created by the tainting of these vaccines is vexing.

For those in support of using these vaccines, parents are justified in wanting to protect their children from potentially life-threatening diseases. It can be legitimately argued that parents have an obligation to do so. Likewise, as a society, we must take into consideration the morality and cost of failing to prevent widespread outbreaks of disease.

The moral perspective of those opposed to the use of these vaccines is equally justifiable. If these vaccines were merely tested on patients without their consent—similar to the Tuskegee syphilis experiments—there would be widespread outrage and those responsible would face serious consequences. Yet the researchers in this case not only failed to receive consent from the research subjects, but purposefully took their lives.

When dealing with difficult ethical issues, one of the main questions is how should individuals act in a moral way when they are acting in a world filled with immorality? 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 these children was immoral, all of the steps

involved with the development and use of the vaccines thereafter did not cooperate with the abortion.

Importantly, people are entirely justified in citing a “conscientious objection” to abortion-tainted vaccines being used to immunize themselves or their children, particularly when the vaccine is not for a substantially threatening illness (chickenpox, for example). Another legitimate concern is that ongoing use of abortion-tainted vaccines encourages researchers to develop new cell lines from aborted babies.

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.⁷ Others like Jack Willke, M.D., former National Right to Life Committee president and the late Bernard Nathanson, M.D., prolife activist and creator of “The Silent Scream,” have opined that using the vaccines is morally allowable.^{8,9} The Vatican’s Pontifical Academy for Life has studied the issue in detail and concluded that using the vaccines is morally permissible, but people have an obligation to seek alternatives and make their ethical objections known.

What is clear is that everyone ought to know the facts surrounding these vaccines. Prolife citizens should make an effort to persuade—even pressure—vaccine producers to eliminate their tainted products in favor of ethically acceptable products.

REFERENCES:

- ¹ L. Hayflick et al., “The Limited In Vitro Lifetime of Human Diploid Cell Strains,” *Experimental Cell Research* 37, (1965): 615.
- ² “Gamma Globulin Prophylaxis; Inactivated Rubella Virus; Production and Biological Control of Live Attenuated Rubella Virus Vaccines,” *American Journal of Diseases of Childhood* 118, no. 2 (1969): 378.
- ³ J.P. Jacobs et al., “Characteristics of a Human Diploid Cell Designated MRC-5,” *Nature* 227 (1970): 168.
- ⁴ *Ibid.*, 170.
- ⁵ Transcript of the Vaccines and Related Biological Products Advisory Committee of the U.S. Food and Drug Administration, hearing date 16 May 2001, 91.
- ⁶ *Ibid.*, 81.
- ⁷ Judie Brown, “The Means of Vaccines,” *National Catholic Register*, April 30-May 6, 2000.
- ⁸ J.C. Wilke, M.D., “Vaccines, Today’s Controversy,” *Life Issues Connector*, Life Issues Institute, July 2001.
- ⁹ Bernard Nathanson, M.D., “Vaccines OK’d Despite Dark Past,” *National Catholic Register*, June 18-24, 2000.

LifeNotes

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Vaccines, Abortion, & Fetal Tissue

Most people expect medical research to be done using the highest standard of ethics, with volunteers given full informed consent and willingly participating free of coercion. Yet in a nation that accepts legalized abortion-on-demand, tissue taken from aborted babies has become a standard in research. That includes the research and development of vaccines. The connection between vaccines and fetal tissue raises some complicated ethical issues. In sorting through these issues, this LifeNotes will address the basic science involved, the documentation of the abortion-vaccine connection, the moral and ethical questions about using abortion-tainted vaccines, and information about available alternative vaccines.

BASIC VACCINE AND CELL LINE SCIENCE

The basic process for creating most vaccines involves collecting samples of a pathogen and then growing or altering the pathogen in the laboratory to produce a weakened strain of the pathogen or components of the pathogen. These weakened strains or components are put into a serum and administered into the body, usually by injection. The body’s immune system can more easily attack and destroy the weakened pathogen or its components, and thus becomes more effective in fighting off the actual disease—should the person ever be exposed to it. The advent of vaccines was a major milestone in medicine that has saved millions of lives, eradicated smallpox, and saved many other lives from the devastating effects of diseases like polio and diphtheria.

In order to develop the weakened pathogen or other components, there must be a medium to grow it in. The

pathogen invades the culture, feeds off of it, matures, and multiplies. In many cases, the growth medium is a “cell culture.” Cell cultures are a single type of cell that multiplies itself in a predictable fashion and can be sustained in a laboratory setting for decades. These long-lasting cultures are called “cell lines.” The original cells used to create cell lines have been taken from a wide variety of sources, from monkey embryo and kidney cells, to chicken and rabbit embryos, and tragically, also from aborted human babies.

The issue of concern is that many common vaccines are manufactured using cell lines that originally were cells taken from electively aborted babies. The vaccines themselves do not contain fetal cells, but there are significant “residual” biological components from the fetal cells that have been assimilated into the vaccine, including cell proteins and measurable portions of fetal DNA.

CELL LINES ORIGINATING FROM ABORTED BABIES

There are two particular fetal cell lines that are heavily used in vaccine production. 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 journal *Experimental Cell Research* states that WI-38 (and other cell lines) was developed from an aborted baby: "All embryos were obtained from surgical abortions and were of approximately three months' gestation."¹ Dr. Stanley Plotkin, who developed a Rubella vaccine using WI-38, addressed a question at an international conference 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."²

The origin of the MCR-5 cell line, created in 1966, is documented in the journal *Nature* by three British researchers working at the National Institute for Medical Research. They wrote, "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."³ Noting that their research parallels that of Dr. Hayflick's, 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."⁴

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.

A more recent cell line, PER.C6, developed in 1985, is also being used in vaccine production. The fetal cell line 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."⁵

Dr. Alex Van Der Eb was also responsible for development of the HEK-293 human embryonic kidney cell line, which is widely used in vaccine and other medical research. He stated:

"The kidney of the fetus was, with an unknown family history, was obtained in 1972 probably. The precise date is not known anymore. The fetus, as far as I can remember was completely normal. Nothing was wrong."⁶

U.S. APPROVED VACCINES USING ABORTED CELL LINES

Disease:	Vaccine Name:	Manufacturer:	Medium:
Adenovirus		Barr Labs	WI-38
Chickenpox	Varivax	Merck & Co.	MRC-5 & WI-38
COVID-19	"Johnson & Johnson vaccine"	Janssen Vaccines	PER.C6
Hepatitis A	Havrix Vaqta	GlaxoSmithKline Merck & Co.	MRC-5 MRC-5
Hepatitis A-B	Twinrix	GlaxoSmithKline	MRC-5
Measles, Mumps & Rubella	MMR II	Merck & Co.	WI-38
Measles, Mumps, Rubella & Chickenpox	ProQuad	Merck & Co.	MRC-5 & WI-38
Rabies	Imovax	Sanofi Pasteur	MRC-5
Shingles	Zostavax	Merck & Co.	MRC-5

The above list is comprehensive and obtained from the package inserts of FDA-approved vaccines. There are currently no U.S. approved alternatives for Adenovirus, Chickenpox, Hepatitis A, Measles, Mumps, and Rubella. The Adenovirus vaccine is currently only approved by the FDA for use in military personnel.

U.S. APPROVED ALTERNATIVE VACCINES

Disease:	Vaccine Name:	Manufacturer:	Medium:
COVID-19	Comirnaty* Spikevax*	Pfizer Moderna	N/A N/A
Hepatitis B	ENGERIX-B Recombivax HB HEPLISAV-B	GlaxoSmithKline Merck & Co. Dynavax	Yeast Yeast Yeast
Rabies	RabAvert	Novartis	Synthetic
Shingles	SHINGRIX	GlaxoSmithKline	Hamster ovary

*PRODUCTION VERSUS RESEARCH AND DEVELOPMENT

With the advent of the vaccines for COVID-19, many people became aware that vaccines are not only directly produced using cell lines from aborted babies, but these cell lines may have been used in the research and development process of vaccines that do not require an aborted baby's cell line for ongoing production. For example, the FDA-approved Comirnaty and Spikevax coronavirus vaccines require no use of fetal cell lines to create further doses, but the vaccines utilized the HEK-293 fetal cell line during initial research. Sadly, the use of fetal cell lines and other fetal tissue has become ubiquitous in medical research, seen as normal because of the legal acceptance of abortion, adding a new layer of ethical questions for patients.