

# Vaccination

## Research Paper for Western Australia



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### Introduction

Vaccination has become a topic of discussion in recent years. Two issues, in particular, have brought it into focus and have led to a more open airing of anti-vaccination viewpoints.

Firstly, in early 2019 Western Australia's Government introduced 'no jab, no play' legislation. As a result, WA schools may not enrol children in kindergarten unless they have up to date immunisation records. Although under-vaccinated children may be enrolled in the subsequent compulsory years of schooling (pre-primary and above), schools are required to collect immunisation information and report children who are not immunised against certain infectious diseases to health authorities if requested to do so.<sup>1</sup> This issue forms the backdrop against which the majority of this paper was written.

Secondly, the COVID-19 epidemic which unfolded in late 2019 and throughout 2020 has also put a lot of emphasis on the search for a vaccine, raising further questions in the wider community about vaccine ingredients and the merits of compulsory vaccination.

Vaccines aim to provide immunity to a disease by stimulating the human body to produce disease-fighting substances, known as antibodies, in a way that is powerful enough to trigger antibody production but not cause the disease.<sup>2</sup> In simple terms, vaccines 'train' the body's immune system with a dead or weakened version of a disease so that the immune system can effectively and rapidly suppress the real disease if it is encountered at a future time. Overall, vaccines have been the second-most effective public health strategy after clean drinking water for reducing the spread of many serious and infectious diseases.<sup>3</sup>

For immunisation to be effective, health authorities claim that 95% of the population requires coverage, a concept known as 'herd immunity.' Five-year-old children in Western Australia have the lowest immunisation rate in Australia for their age group (93.4%), which is the reason why the government is taking a more assertive approach on this issue than it has in the past.<sup>4</sup>

The WA Government's 'no jab, no play' laws have the potential to become contentious for some parents who have, for a variety of reasons, decided not to vaccinate their children, creating the possibility that these parents may decide not to enrol their children in reformed schools. In 2020, rules associated with COVID-19 have meant that a person's vaccination history also had implications for the permissibility of attendance at facilities such as aged-care homes.

Vaccination is a difficult topic to provide guidance on because there are scientific, medical, political and religious aspects to it. The debate can quickly move from the practical ('are vaccines safe?') to the

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<sup>1</sup> 'Immunisation Requirements for Child Care Services, Kindergarten and Schools' <<https://www2.health.wa.gov.au/immunisation/enrolment>> [accessed 1 November 2019].

<sup>2</sup> 'Immunization | Article | World Book Advanced' <<https://worldbookonline.com/advanced/article?id=ar273250&st=vaccination#tab=homepage>> [accessed 15 November 2019].

<sup>3</sup> 'WHO | Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide', *WHO* <<https://www.who.int/bulletin/volumes/86/2/07-040089/en/>> [accessed 15 November 2019].

<sup>4</sup> Nicolas Perpetch, 'New Laws Will Exclude Unvaccinated Children from Childcare and Kindergarten from This Week', *ABC News*, 2019 <<https://www.abc.net.au/news/2019-07-23/what-wa-no-jab-no-play-rule-for-children-means-for-you/11331796>> [accessed 1 November 2019].

philosophical ('even if they are safe, should governments mandate them?'). Complicating matters further is the fact that a decision regarding whether or not to vaccinate has consequences which go beyond the life of the person making the decision. The decision impacts the lives of others. A parent's decision about the vaccination of a child has consequences not only for the child(ren) they are deciding for but also for other children and adults outside of their own immediate family.

This discussion paper considers the arguments for and against vaccination and, overall, concludes that vaccination is a safe and effective public health measure which Christians can utilise, particularly if there are no ethical concerns regarding the ingredients or the development of the vaccine in question. However, the paper acknowledges that there are legitimate questions to be asked regarding the issue of compulsion and discusses in particular detail the involvement of historical abortions and the use of cells from aborted tissue in the development of some vaccines. As there is no simple Reformed confessional perspective on the ethical dilemmas resulting from the involvement of historical abortions in the production of some vaccines, the paper attempts to apply principles of Christian ethics to these questions. These principles lead to the conclusion that these vaccines can be reluctantly utilised if there is no viable alternative, but that such use can perpetuate ongoing demand for these products. As a result, it is incumbent on Reformed Christians to advocate strongly for ethically untainted vaccines.

### **Vaccination is a new topic in Australian Reformed Churches.**

Questions about whether to vaccinate children are relatively new in Australian Free Reformed circles, where most parents do tend to vaccinate their children. Historically it has been debated across some "orthodox protestant" denominations in the Netherlands, but virtually nothing substantial has been written about it in Australian Free Reformed journals.<sup>5</sup>

In 2017, however, Rev Wes Bredenhof (Minister of the Free Reformed Church of Launceston) did address the topic in a 'Pastoral Q&A' on his blog. While he acknowledged that "there is no single 'Reformed' position," he did apply three Biblical principles to the question:

- 1) We may not recklessly endanger lives (Heidelberg Catechism QA 105). Vaccinations are proven to prevent life-threatening diseases, although some people can experience life-threatening side effects from them.
- 2) God entrusts children to parents (Psalm 127:3). Parents have ultimate responsibility in caring for their children but are accountable to God for the decisions they make, including if a child dies because of a preventable cause.
- 3) The government has a legitimate responsibility to protect the public from harm (Romans 13:1- 4). "At the very least," writes Bredenhof, "civil governments have the responsibility to educate the public on the value of vaccinations. Going beyond that, one is faced with an inevitable conflict between the rights of parents and the responsibility of the government to protect the public from harm." Romans 13 makes it clear that the Government is God's servant to promote and reward

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<sup>5</sup> For an English-language summary of how some denominations in the Netherlands have approached vaccination see Wilhelmina L. M. Ruijs and others, 'How Orthodox Protestant Parents Decide on the Vaccination of Their Children: A Qualitative Study', *BMC Public Health*, 12.1 (2012), 408 <<https://doi.org/10.1186/1471-2458-12-408>>.

good and to restrain and punish evil. Only when laws are enacted which contradict God's law is civil disobedience a Christian duty.<sup>6</sup>

Rev Bredenhof, in later sections of his article, also touches on the issue of God's providence. He writes that the doctrine of God's providence cannot be used to evade human responsibility if we have the means to preserve human life. He writes that a belief in God's providence does not mean that we don't put our seatbelt on and that it is "foolish" to use God's sovereignty as a way of evading human responsibility. "If there's a means to preserve the life of you or your child, you're required to use it."<sup>7</sup>

Bredenhof observed that the vast majority of medical associations are behind vaccination and that doctors themselves lead the way in having their own children vaccinated. He acknowledged the ethical matter surrounding the involvement of historical abortions in producing some vaccines but concludes that vaccination overall is a responsible choice, except for vaccines for diseases which may be prevented by living a godly lifestyle (e.g. HPV).<sup>8</sup>

### **Vaccination has been controversial amongst Reformed believers in Canada**

In the last few years, vaccination has been more topical in Canada. In 2014, ARPA Canada reported that a controversy between two Reformed ministers in British Columbia caught the attention of the *Vancouver Sun*.<sup>9</sup> In that year an outbreak of measles in Chilliwack was linked to a Christian school with low rates of vaccination. A Reformed Church of North America pastor defended his community's low vaccination rates by referring to God's providence.<sup>10</sup> Rev A. C Pol, at that time minister of the Canadian Reformed Church of Chilliwack, opposed this pastor and defended vaccination by stating that placing medical means against God's providence was a "false dichotomy," providing a reference to Lord's Day 10.<sup>11</sup>

ARPA Canada at that time wrote, "Although there are differing perspectives on the issue, we should be able to agree that it is a parent's responsibility to make decisions about what is best for their child and that authority can only be interfered with in exceptional circumstances. It is good for Christians to respectfully challenge each other's moral conclusions, as iron sharpens iron. There are huge consequences – including for our neighbours. But this is fundamentally a discussion for parents, families, friends, and churches – not the legal system."<sup>12</sup>

In August 2019, ARPA Canada released a statement in response to the New Brunswick provincial government's attempt to mandate proof of immunisation for enrolment in public schools and child care facilities. ARPA Canada did not take a position on vaccination as such, stating that "well-meaning, faithful Christians can have opposite views on this issue." However, ARPA Canada did say it was primarily a parental rights issue. "Should parents have no right to object to the vaccination of their children, even when they have strong conscientious reasons to do so? We believe that, on Biblical principle, parents should have the

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<sup>6</sup> John Stott, *The Message of Romans*, The Bible Speaks Today (Inter-Varsity Press), p. 342.

<sup>7</sup> Wes Bredenhof, 'Pastoral Q & A: Vaccinations', *YINKAHDINAY*, 2017 <<https://yinkahdinay.wordpress.com/2017/06/12/pastoral-q-a-vaccinations/>> [accessed 15 November 2019].

<sup>8</sup> Bredenhof.

<sup>9</sup> 'Vaccine Controversy: Reformed Churches Speak Out', *ARPA Canada*, 2014 <<https://arpacanada.ca/news/2014/03/17/vaccine-controversy-reformed-churches-speak-out/>> [accessed 1 November 2019].

<sup>10</sup> Tara Carman, 'Chilliwack Pastor Tells Congregation Vaccines Interfere with God's Care', *Www.VancouverSun.Com* <<http://www.vancouver.sun.com/health/Chilliwack+pastor+tells+congregation+vaccines+interfere+with+care/9620133/story.html>> [accessed 1 November 2019].

<sup>11</sup> 'Abel C. Pol, Minister of the Word, Chilliwack Canadian Reformed Church, Responds to Vaccination Debate', *Www.VancouverSun.Com* <<http://www.vancouver.sun.com/news/metro/response+from+abel+minister+word+chilliwack+canadian+reformed/9619860/story.html>> [accessed 1 November 2019].

<sup>12</sup> 'Vaccine Controversy'.

final say about what medical procedures can be performed on their children, absent imminent life-threatening harm (e.g. refusing a blood transfusion for a child who will die very soon without it). The state also has an authority given it by God to rule over us, but this authority is limited in scope.”<sup>13</sup> ARPA Canada has not taken a firm stance for or against vaccination, only going so far as to question the involvement of the state in making vaccines mandatory and suggesting that governments should leave final decisions on this issue to parents.

### **Reasons behind decisions not to vaccinate**

What prompts people to adopt an anti-vaccination stance? The University of South Australia has compiled data from studies about the underlying goals and influences in decisions about vaccination. The data showed that lack of trust in institutions and governments, a desire to protect children and no experience of loved ones getting ill from or dying from preventable diseases targeted by vaccines were the highest factors in a decision not to vaccinate.<sup>14</sup>

Many Christians certainly tick the first two of these boxes. Furthermore, Christians who believe in six-day creation know what it's like to take a position against “mainstream” science. There is pre-existing opposition in the Christian community to some pharmaceutical practices and products; for example, moral objection to embryonic stem-cell research or the abortion-inducing drug RU-486, both of which involve the killing of the unborn. Suspicion of government is also increasing, with the legalisation of same-sex marriage and euthanasia, as well as increasingly humanistic and anti-family school curricula hardly endearing governments to their Christian constituents. History also teaches us that government can do immense evil and that even public health programs can turn sinister. For example, the Nazi government's data collection program in 1939, which gathered data about newborns and children with signs of disability, was a precursor to its euthanasia program which murdered children with disabilities.<sup>15</sup> It is thus understandable that some may view mandatory vaccination programs with apprehension.

### **Are Vaccines Safe?**

The main debate surrounding vaccination is primarily scientific and quickly becomes very technical. People who are opposed to vaccination claim that certain vaccine ingredients are harmful, that vaccines are not properly tested, that vaccines are linked with adverse side-effects and that pharmaceutical companies have a disproportionate role in funding studies to produce favourable outcomes and lobbying governments to use their products. Vaccines are seen by some people to be the next political public health scandal after smoking.

On the other side of the spectrum, supporters of vaccination accuse ‘anti-vaxxers’ of using the good health conditions caused by widespread vaccination to spread misinformation. They also accuse them of underestimating the historical impact of contagious diseases. They claim anti-vaxxers oversimplify matters by using data selectively, confusing correlation with causation and ignoring studies proving vaccine safety. They also claim that some vaccine opponents gain financially by selling alternative therapies. One of the most significant allegations is that vaccines are linked to increasing rates of autism. Despite the original study which suggested this link being withdrawn because it was based on fraudulent data, and the

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<sup>13</sup> ‘NB: Should Vaccines Be Mandatory? Have Your Say!’, *ARPA Canada*, 2019 <<https://arpacanada.ca/news/2019/08/23/nb-should-vaccines-be-mandatory-have-your-say/>> [accessed 30 August 2019].

<sup>14</sup> University of South Australia, ‘Understanding the Anti-Vaxxer Movement’ <<https://unisa.edu.au/Research/institute-for-choice/Our-Research/Understanding-the-Anti-Vaxxer-Movement/>> [accessed 22 November 2019].

<sup>15</sup> ‘Euthanasia Program’ <<https://encyclopedia.ushmm.org/content/en/article/euthanasia-program>> [accessed 15 November 2019].

revelation that the study's author was paid by lawyers involved in court cases against vaccine manufacturers, the autism debate still rages fiercely.<sup>16</sup>

### How does one come to a position?

Firstly, there needs to be a recognition that the concept of vaccination, which builds and trains the body's immunity through exposure to a controlled dose of a disease, is not sinister in and of itself. Vaccination is a medical development which began in 1798 when an English physician, Edward Jenner, observed that milkmaids who frequently caught cowpox disease from the cows they were milking ended up being protected from smallpox, which was a much more severe disease. The method of vaccination for smallpox was initially very rudimentary, involving an incision and the use of pus from a cowpox-infected cow. By 1853 the technique was more refined, and the British government even made the vaccine mandatory.<sup>17</sup> Later, Louis Pasteur (himself a believer in God's creation of the world) discovered that the use of dead microbes could improve vaccination methods, and he successfully administered a rabies vaccine to a nine-year-old boy who had been severely bitten by a rabid dog. Were it not for the vaccine the boy would have developed the rabies disease and would have almost certainly died.<sup>18</sup> Thus there is nothing inherently sinister or wrong with vaccination as a medical technology relative to many other medical procedures and advances, and it is noteworthy that there is a historical precedent in England for mandatory vaccinations already in the mid-1800s.

Secondly, the harm which vaccines seek to prevent should not be downplayed too quickly. For instance, before the introduction of a vaccine for measles in 1963, it is estimated that regular outbreaks of measles alone were responsible for 2.3 million deaths around the world annually.<sup>19</sup> When the United States had an outbreak of German measles in 1964 the infection was passed from mothers to 20,000 infants, resulting in 11,250 abortions (both spontaneous and deliberate), 2,100 newborn deaths, 11,600 cases of deafness, 3,500 cases of blindness and 1,800 cases of intellectual disability.<sup>20</sup> Polio, which from the 1930s to the 1960s paralysed between 20,000 and 40,000 people (and infected 200-times as many) in Australia alone has been practically eliminated in Australia today because of vaccines.<sup>21</sup> The desire to prevent mass death and injury by both individuals and governments through the use of vaccines is not wrong and should be commended by those who value human life.

Thirdly, vaccines are overwhelmingly safe. Despite claims circulating on the internet, adverse reaction rates are very low. A review of United States death reports linked to the MMR vaccine found that many involved children with "serious pre-existing medical condition" and included many deaths unrelated to the vaccination, e.g. accidents. A person has a far higher likelihood of being seriously or fatally injured by the disease itself than by the vaccine for that disease.<sup>22</sup> Babies are more likely to experience a (highly-unlikely) technical malfunction with the administration of the vaccine (e.g. breaking of the needle) than an adverse reaction to the vaccine itself.<sup>23</sup>

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<sup>16</sup> Laura Eggertson, 'Lancet Retracts 12-Year-Old Article Linking Autism to MMR Vaccines', *CMAJ : Canadian Medical Association Journal*, 182.4 (2010), E199–200 <<https://doi.org/10.1503/cmaj.109-3179>>; Joey Watson and Keri Philips for Rear Vision, 'The Anti-Vaccination Movement Has a 200-Year-Old History. It All Began with Cow Pus', *ABC News*, 2019 <<https://www.abc.net.au/news/2019-05-31/anti-vaccination-movement-history-dates-back-to-first-vaccine/11153102>> [accessed 29 November 2019].

<sup>17</sup> Watson and Vision.

<sup>18</sup> 'Should Christians Vaccinate? - Creation.Com' <<https://creation.com/cmi-vaccination>> [accessed 8 May 2020].

<sup>19</sup> 'Measles' <<https://www.who.int/news-room/fact-sheets/detail/measles>> [accessed 29 November 2019].

<sup>20</sup> Pontifical Academy for Life, 'Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses', *The National Catholic Bioethics Quarterly*, 6.3 (2006).

<sup>21</sup> 'Polio Epidemics', *Polio Australia - Polio Health*, 2014 <<https://www.poliohealth.org.au/polio-epidemics/>> [accessed 3 July 2020].

<sup>22</sup> Elaine R. Miller and others, 'Deaths Following Vaccination: What Does the Evidence Show?', *Vaccine*, 33.29 (2015), 3288–92 <<https://doi.org/10.1016/j.vaccine.2015.05.023>>.

<sup>23</sup> 'Should Christians Vaccinate?'

With regards to more specific questions about the development and safety of vaccines, as well as their ingredients, readers are directed towards an extended article by Creation Ministries International which can be found at <https://creation.com/cmi-vaccination>. Although it is not possible to summarise the whole paper, the following points are particularly noteworthy because they clarify three common objections to vaccination:

- The claim that vaccines contain deadly poisons misrepresents basic toxicology, where it is the *dose* of an ingredient rather than its *presence* which causes something to be a toxin. Although it was not unsafe even when it was present, most vaccines no longer contain mercury in any form, and those that do (e.g. some tetanus, meningococcal and influenza vaccines) contain such small amounts that a 50kg-person would require over a thousand doses to achieve toxic levels. With regards to formaldehyde, a 200g pear contains 100 times as much formaldehyde as the entire (American) infant vaccination schedule, and formaldehyde already circulates in the bloodstream in higher amounts than is present in vaccines.
- Babies do not get 'too many vaccines at once.' A child's immune system fights several thousand new antigens each day, including ones present in otherwise-safe food. All vaccines together comprise approximately 150 antigens, when even a thousand antigens would only use about 1% of a baby's immune system.
- Arguments that advances in health and drops in the contraction rate of diseases were not due to vaccinations but were caused by sanitation improvements are false. Diseases decreased at different times in different countries in direct correlation with the introduction of vaccines in those countries.<sup>24</sup>

Parents who are considering not vaccinating their children because they believe vaccines are unsafe should, in their research, not limit themselves only to websites advocating that position. In addition to the Creation Ministries site mentioned above, they are encouraged to review sites such as the University of Oxford's Vaccine Knowledge Project (<http://vk.ovg.ox.ac.uk/>), and the Australian Government's Immunisation Facts webpage ([www.immunisationfacts.gov.au](http://www.immunisationfacts.gov.au)). Due diligence through background research into the financial and business dealings of some prominent anti-vaccination campaigners is also encouraged. Some have doctorates in non-medical fields or have a financial incentive to promote an anti-vaccination position because they receive profits (which can run into the millions of dollars) from the sale of their alternative treatments.

Discernment should also be exercised with 'Big Pharma' conspiracy theories. Profit-oriented companies are not perfect, but they do have a financial incentive to make safe products and are subject to strict regulation. Generally, alternative therapy and natural supplement producers are subject to far less regulation. Specifically, they are not required to engage in clinical trials to prove any of the health benefit claims they make about their products, whereas pharmaceutical companies are required to conduct clinical trials.

### **Specific Comments about the Australian Vaccination-Risks Network**

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<sup>24</sup> 'Should Christians Vaccinate?'

In Australia, one of the main anti-vaccination websites referenced by parents against vaccines is the Australian Vaccination-risks Network (AVN). This site has large quantities of information about vaccine ingredients, adverse side effects and challenges the concept of herd immunity. Tasha David, the president of the site from 2012 to 2018, claims that she “has six vaccine-injured children and two healthy vaccine-free children. Her six vaccine-injured children have diagnoses of Autism, ADHD, severe mood swings, severe language disorders, gastrointestinal issues, eczema, chronic ear infections, asthma, chemical sensitivities, and many other health issues. However, she states that her “vaccine free” children are very healthy and disorder free.”<sup>25</sup>

Although the site looks professional and has copious amounts of information, it is important to acknowledge that in 2010 the Federal Health Care Complaints Commission released a 27-page report detailing serious inaccuracies with claims made on the AVN website. These include inaccurate referencing and selective use of data, with the AVN sometimes quoting selectively from peer-reviewed studies “in contradiction to the findings of the studies themselves.” While it is true that the Health Care Complaints Commission was found in 2012 to have gone outside the scope of its jurisdiction in investigating the AVN (the complainants did not meet the definition required in legislation), the substantive allegations against AVN themselves have not been challenged.<sup>26</sup>

It is also noteworthy that the complaint against the AVN which started the investigation was lodged by two parents who lost an infant daughter to whooping cough at the age of four weeks. Although the infant was too young to be immunised herself, she contracted the disease from someone who could have been vaccinated but was not.<sup>27</sup>

### **The role of abortions in the history of vaccine development.**

One of the most serious ethical issues associated with vaccination is the fact that abortions have played a role in the historical development of some vaccines. While it is not the case that there are ongoing abortions to provide vaccine material, it is a fact that in the 1960s and '70s tissue from several aborted babies was used to provide ‘cell lines’ on which to grow the live viruses needed to produce vaccines. These cell lines are still used today.

In Australia, these cell lines are still used to produce vaccine material for Rubella (German measles), Hepatitis A, Varicella (Chickenpox) and Rabies. These vaccines use cell culture lines MRC-5 or WI-38 which were grown initially from foetal tissue. This fact is not covered up and is acknowledged in government documents such as the National Immunisation Program’s ‘Questions About Vaccination.’<sup>28</sup>

Roman Catholic bioethicists, motivated by their staunchly pro-life position, have done extensive research into the circumstances of these abortions and have produced some extensive material on the origins of vaccine cell lines.<sup>29</sup> Because abortion was illegal in the United States in the 1960s, researchers obtained foetal tissue from Sweden. WI-38 originates from a three-month-old female foetus aborted in 1964 from two Swedish parents who were married to each other and felt they had too many children. MRC-5

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<sup>25</sup> ‘About Tasha Dāvid’, *Australian Vaccination-Risks Network Inc.* <<https://avn.org.au/about-av/about-tasha-david/>> [accessed 22 November 2019].

<sup>26</sup> ‘Health Watchdog Cannot Warn Public about Anti-Jab Group: Court’ <<https://www.smh.com.au/national/nsw/health-watchdog-cannot-warn-public-about-anti-jab-group-court-20120224-1ts6a.html>> [accessed 22 November 2019].

<sup>27</sup> Kate Benson, ‘Anti-Vaccine Group a Threat’, *The Sydney Morning Herald*, 2010 <<https://www.smh.com.au/national/antivaccine-group-a-threat-20100726-10smn.html>> [accessed 15 November 2019].

<sup>28</sup> Commonwealth of Australia, *Questions about Vaccination*, p. 71 <<https://www.health.gov.au/resources/publications/questions-about-vaccination>>.

<sup>29</sup> Rene Leiva, ‘A Brief History Of Human Diploid Cell Strains’, *The National Catholic Bioethics Quarterly*, 6.3 (2006), 443–53.

originates from a fourteen-week-old male foetus aborted in 1970 for 'psychiatric reasons' from an otherwise-healthy 27-year-old mother in the United Kingdom. Although these babies were not aborted by their mothers to provide vaccine cell lines, the testimony of original participants, as well as the fact that the foetuses were destined for laboratories (and thus would have required more sterile conditions and in some cases trans-Atlantic travel), indicates that advance preparations were made. As such, the medical practitioners involved, although possibly not the mothers, knew very well what the abortion would lead to.<sup>30</sup>

It is less well known, but almost certain, that numerous other aborted foetuses were involved in the research process which led to these cell lines. In the case of MRC-5, there is a "strong indication" that there were more abortions, and in the process leading to WI-38 there were approximately 40 abortions. The rubella virus strain for the RA 27/3 Rubella vaccine, which was grown onto the WI-38 strain, was obtained from one of an estimated total of at least 80 abortions which were performed during a rubella epidemic in 1964.<sup>31</sup> As with many people in that time, the woman whose abortion was used to provide the cell line lines which became WI-38 was not told about the intent, nor was she given consent, saying in 2013 that she was still angry that the foetus was taken overseas for research without her permission. She has not sought compensation despite the multi-billion-dollar profits made from the vaccines cultured using WI-38 cells.<sup>32</sup>

To make matters worse, these abortions were not even essential to produce vaccines but were conducted because it was easier and more reliable to work with cells from aborted foetuses than cells from monkeys. Dr Leonard Hayflick, who developed the WI-38 strain, was worried about the continual capture of wild monkeys because one of the previous versions of the vaccines used kidney cells from African green monkeys, which were an endangered species.<sup>33</sup> In the 1960s, strains of the Rubella virus had been made from non-aborted material, including some from miscarriages. Although it is more difficult, non-human cell cultures, including monkey and hamster cells, can be used to develop vaccines.<sup>34</sup> The historical use of abortions was not necessary but was done for reasons of convenience.

These circumstances give rise to the most serious moral objections regarding vaccination, and the questions they pose are challenging. By participating and benefiting from these past sins, are we in some way condoning them or complicit in them, especially if we know about them? Who bears the guilt for the termination of these unborn lives? Is it only those who performed the abortions, or also those who researched, developed, manufactured, and used the product of these abortions? Even if our use today does not make us complicit in the evil acts of 40 years ago, does our use perpetuate or give at least tacit approval for similar practices in the future?

Sadly, these abortions did set a precedent for the later destruction of human life for research purposes. In 2001, Hayflick himself argued in a letter to US President George W. Bush that the use of tissue from aborted foetuses created the precedent which allowed the destruction of human embryos in embryonic stem cell research, saying "precedent has been established for the use of fetal tissue that would otherwise be discarded."<sup>35</sup>

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<sup>30</sup> Rene Leiva, p. 446.

<sup>31</sup> Rene Leiva, p. 447.

<sup>32</sup> Meredith Wadman, 'Henrietta Lacks Wasn't the Only Woman Who Unknowingly Contributed to Medical History', *Slate Magazine*, 2017 <<https://slate.com/technology/2017/03/the-woman-whose-aborted-fetus-helped-create-the-rubella-vaccine.html>> [accessed 7 August 2020].

<sup>33</sup> Rene Leiva, p. 446.

<sup>34</sup> Rene Leiva, p. 451.

<sup>35</sup> Rene Leiva, p. 446.

In 2015 Scientists from Wuhan University and the Yunnan Walvax Biotechnology Company in China announced that they had developed a new human diploid cell line, Walvax-2, for use in developing vaccines.<sup>36</sup> According to the paper explaining their findings, their research was motivated by concerns of a dwindling supply of MRC-5 and WI-38 cell lines in the Chinese market and “the policies of the countries from which the cells are imported.” Nine fetuses were obtained, and the Walvax-2 cell line was derived from lung tissue of a three-month-old female fetus whose 27-year-old mother aborted her because of a uterine scar caused by a previous caesarean. While it appears that the mother decided to have the abortion before being given the option to donate the fetus for research, there are concerns about possible complicity between the doctors performing the abortion and the researchers because the method used for the abortion was not normal for a fetus of three months gestation.<sup>37</sup> According to the researchers, the cell line Walvax-2 is superior to MRC-5 in its ability to replicate. At the time of writing, there is no public evidence explaining if Walvax-2 is being used in trials or vaccines.

### **What is a faithful Christian response to this ethical dilemma?**

In coming to a Christian response to this dilemma there are several considerations further to those mentioned by Rev W. Bredenhof earlier in this paper.

Firstly, it is disappointing that generally very little attention is given to God’s hand in the spread of viruses and diseases in general. We should not only focus on the specifics of the moral dilemma about whether to use vaccines that involve historical abortions, but we must consider in faith the whole issue of why the world experiences viruses and diseases in the first place. In Revelation 9 and 16 we are told of the plagues God sends upon mankind and about how mankind does not repent. We know that any disaster, including a pandemic, is a call not primarily for a cure but for serious self-examination and, where necessary, repentance. We recognise in our society today that there many practices worthy of God’s anger: denial of God, blasphemy of His name etc. Sadly, our world shows little evidence of humble repentance before God’s majesty, very little recognition that sickness and disease is a consequence of the fall into sin, and very little thankfulness to God when He does grant His blessing over efforts to bring diseases under control.

Secondly, in making any discoveries (including cures for diseases) great care must be taken for human life. In the sixth commandment, God teaches us not to murder, and it is this commandment which is at the core of the moral dilemma about vaccines where abortion has played a role in development. Abortion is the murder of unborn children, a terrible practice reminiscent of how heathen nations in the Old Testament sacrificed their infants. We do well to instruct the ungodly not to commit this terrible crime and to remind the civil authorities that they have a task to prevent murder. However, we do not take over the task of the civil government in this regard. We leave the wicked for God to judge.

Thirdly, in Lord’s Day 40 of the Heidelberg Catechism we confess that the sixth commandment includes both a prohibition on harming and recklessly endangering human life as well as a responsibility to protect our neighbour from harm as much as we can. Thus, the sixth commandment applies both to the process of manufacturing and testing cures for diseases, as well as to the matter of how we respond when we have access to a vaccine which has the potential to save our neighbour from serious harm.

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<sup>36</sup> Bo Ma and others, ‘Characteristics and Viral Propagation Properties of a New Human Diploid Cell Line, Walvax-2, and Its Suitability as a Candidate Cell Substrate for Vaccine Production’, *Human Vaccines & Immunotherapeutics*, 11.4 (2015), 998–1009 <<https://doi.org/10.1080/21645515.2015.1009811>>.

<sup>37</sup> ‘THE ETHICS OF THE WALVAX-2 CELL STRAIN’ <<http://ethicalresearch.net/positions/the-ethics-of-the-walvax-2-cell-strain/>> [accessed 7 August 2020].

Fourth, we must remember that while the Lord gives Scripture in a specific historic context, the precepts of scripture apply to all people at all times. In other words, while history may progress God himself does not change. C. Van Til in his *Christian Theistic Ethics* makes a point of this.<sup>38</sup> Bearing in mind the circumstances of Old Testament Israel, one could say there is a biblical precedent regarding whether God's people can benefit from the work of the ungodly. At various times, the Lord let His people benefit from what the ungodly and heathen nations had built. For example, the Lord gave the Old Testament nation of Israel vineyards and houses they did not build themselves. This does not in any way diminish the wickedness of what those nations did before Israel entered Canaan; however, it does show that the Lord's people have been allowed to benefit from what the wicked have obtained evilly.

Fifth, it must be recognised that there are situations where the level of complicity in sin is not easy to determine and where ethical principles need to be applied to come to a solution. Many Christians experience this issue regularly with regards to businesses that trade on Sunday in contravention of the fourth commandment. While shopping at such a business would usually be forbidden, an exception would be made if the shop sells something required for an essential act of mercy. Christians would not work at such a business on Sundays, but many would work there on the other days of the week. To what extent is that permissible, particularly if the job on Saturday involves preparation for the trading on Sunday or if the general viability of the business depends on Sunday trading? Furthermore, may Christians rent out premises to businesses that trade on Sunday? Own shares in these businesses? Buy products in the shop on Monday if they were transported into the shop on Sunday? In short, how far does a Christian's responsibility go to avoid benefit from sin against the fourth commandment? These are difficult questions to answer and not all Christians would answer them in the same way.

Prof. J Douma, in *Christian Morals and Ethics*, does not address vaccination specifically. However, he notes that a correct ethical analysis of any action should take into account not just the deed but also its intention and the consequences. Douma places emphasis not on the separation of responsibility and the level of distance from the initial sin, but instead on obedience to the two great commandments. In Matthew 22:37- Jesus said, *You shall love the Lord your God with all your heart, with all your soul, and with all your mind. This is the first and great commandment. And the second is like it: You shall love your neighbour as yourself. On these two commandments hang all the Law and the Prophets.*

Douma gives examples of how this applies to ethics, such as when Christians in German-occupied Europe hid Jewish people to protect them from certain death. These Christians needed to tell lies to the German authorities to protect the Jews, because they wanted to uphold the ninth commandment and not bear a false witness against their neighbour. Similarly, Douma refers to the choice to be made when a pregnancy threatens the life of a mother. Douma also recounts the story of the Dutch Reformed Chaplain Allard Pieron who, finding himself in an overburdened lifeboat during World War II, jumped overboard to certain death, in apparent contravention of the sixth commandment. Douma says *"It is also not possible to obey a command of God and at the same time come fragrantly into conflict with the great commandment of love towards God and one's neighbour"*<sup>39</sup> His conclusion seems to be that in perilous situations it is correct to use what would otherwise be a sinful method (the lie, suicide, killing) to save the lives of others or ourselves.

Additionally, Douma discusses the concept of compromise. Although the word has unfortunate connotations, and would better be described as a concession or case of conflicting interests, Douma

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<sup>38</sup> C van Til, *Christian Theistic Ethics* (Reformed and Presbyterian Press).

<sup>39</sup> Jochem Douma, *Christian Morals and Ethics* (Winnipeg: Premier Printing, 1986), p. 81.

defines it as, “the necessary acceptance of less than what one may and must strive for on the basis of God’s command.”<sup>40</sup> Compromise occurs where there are conflicting interests, and yet a decision must be made between the two.<sup>41</sup> He says that a Christian may compromise when rejecting the compromise causes greater injury than accepting it.

In this regard, the dilemma regarding vaccinations could be considered a situation requiring a compromise – abortion is wrong, yet vaccines were developed by them. However, God commands us to love our neighbour, and do all we can to prevent their harm as much as we can (LD 40, Q&A 107). So, what is a Christian to do? In this case, weighing the risks of vaccine injury (which affect only the immediate person) against the risks of preventable diseases (to the person and all they come into contact with), the Christian may be vaccinated (or have their children vaccinated) with a clear conscience. From this perspective, historical abortions remain sinful but it would also not be right for believers to let another person die by forbidding the use of a vaccine that the wicked have discovered. However, the element of compromise involved in coming to this decision drives the Christian to look forward to the return of the Lord, when there will be no more need for compromise.

Ultimately, believers will have to answer such questions for themselves, and this is one area where some Christians will have a legitimate conscientious objection to vaccination. It is a biblical principle that good can come from evil, but Christians may legitimately disagree about the extent to which use of a product with unethical origins, even if it does not make one complicit in the initial act, in some way gives tacit approval to the original act.

What is clear, is that in order not to perpetuate any further research of this nature, we must advocate for the use of vaccines which use non-human cell lines. There is no doubt that more work could be done here, particularly in the advocacy for more ethical vaccines for Rubella and Varicella. It is an avenue which pro-life Christian political and advocacy organisations, including ARPA, could do more work on. Ephesians 5:11-13 commands us to “...have no fellowship with the unfruitful works of darkness, but rather expose them. For it is shameful even to speak of those things which are done by them in secret. But all things that are exposed are made manifest by the light, for whatever makes manifest is light.”

The COVID-19 crisis, which unfolded in the latter part of research on this paper, has caused many companies to race for a vaccine and here too there is a need to lobby for ethical practices. While many companies are using ethical sources, some are believed to be using a foetal kidney cell line (HEK-293), which originates from a baby girl aborted in the Netherlands in 1972, as well as PER.C6 which was developed from a baby boy aborted in the Netherlands in 1985.<sup>42</sup> It is pleasing that organisations such as the Coalition for the Defence of Human Life (CDHL) have written to the Prime Minister pleading for the Australian government to reject vaccines using material harvested from aborted fetuses and to fund vaccines “untainted” by abortions in the past. ARPA has written to the Prime Minister and Health Minister on this issue as well.<sup>43</sup>

## **Catholic Responses to this Dilemma**

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<sup>40</sup> Douma, p. 88.

<sup>41</sup> Douma, pp. 190–91.

<sup>42</sup> ‘Which Coronavirus Vaccines Are Being Developed Using Body Parts From Aborted Babies?’, *LifeNews.Com* <<https://www.lifenews.com/2020/06/05/which-coronavirus-vaccines-are-being-developed-using-body-parts-from-aborted-babies/>> [accessed 3 July 2020].

<sup>43</sup> Dwight A. Randall (Coalition for the Defence of Human Life), ‘Letter to the Prime Minister: Concern Regarding the Nature of the Vaccine Being Developed to Fight COVID-19.’, 21 May 2019.

For informational rather than instructional purposes it is noteworthy that Roman Catholics, who as a religion are strongly opposed to abortion, also make reluctant allowance for the use of vaccines developed through abortion, based on the notion that the level of complicity in the original act is remote. However, the Pontifical Academy For Life states:

*“...doctors and fathers of families have a duty to take recourse to alternative vaccines (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 objection with regard to the use of vaccines produced by means of cell lines of aborted human fetal origin. Equally, they should oppose by all means (in writing, through the various associations, mass media) 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 fetus, 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 favoring 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 measles.”<sup>44</sup>*

### **Conclusion:**

Vaccination is not inherently evil or sinister in and of itself. Vaccines operate by stimulating the immune system God gave the human body, a system which can be ‘trained’ using dead or weakened germs to produce immunity to a disease.<sup>45</sup> It is a medical development which has saved millions of lives.

Christians who desire truth should exercise discernment and be wary of adopting extreme and anti-establishment views too quickly without substantial evidence. Sources promoting anti-vaccination viewpoints, particularly activist web pages or groups which sell alternative products, should be treated with discernment and their claims should be tested. The Australian Vaccination-Risks Network, in particular, is not a credible source of information.

The historical use of aborted foetuses gives rise to the most serious concern about some vaccines. Although the use of these vaccines today does not make one directly complicit in the murders of unborn children half a century ago, use could be interpreted as tacit approval. At the very least there is a task for organisations to lobby for ethically-sound vaccines which have no link to abortion.

Although there is no hard and fast reformed position, there are some principles to consider, including that we bear responsibility not to endanger the lives of others, that parents are accountable to God for decisions they make in the care for their children, and that the government has a responsibility to protect

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<sup>44</sup> Pontifical Academy for Life, pp. 457–58.

<sup>45</sup> ‘Should Christians Vaccinate?’

the public from harm. Reformed writers on the subject lean towards vaccination based on these arguments.

Whether this can be used to justify mandatory vaccinations can be debated, and there are valid arguments on both sides of this issue. However, if vaccines are made mandatory, the question then shifts to whether this is an instruction so contrary to God's will that it can be legitimately resisted. If it comes to a situation where parents choose not to vaccinate, and as a consequence cannot send their children to Christian schools, parents also have to further consider how to balance their perspective on vaccination against the spiritual consequences of withholding their child(ren) from participating in education provided by the covenant community.

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