Aborted Human Fetal Tissue in Vaccines

A Summary of Medical Science to Inform Pro-Life Moral Reasoning

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Outline

I. How Are Vaccines Made?

The following outline of seven stages has been adapted, with some modifications for the sake of simplicity for a lay audience, from a summary prepared by Leonard Hayflick, who played a central role in using the WI-38 fetal tissue to develop the MMR vaccine, among others.[1]

1. **Identification:** Which virus is the cause of this disease? For example, in the case of measles (the typical symptoms of which are a fever and rash that last for several days), the "measles virus" has been identified as the cause.
2. **Isolation:** The virus must be separated from any other virus, impurities, etc.
3. **Attenuation:** The virus must be weakened so that it can be used in a vaccine in such a way as to prompt the body's immune response for the development of antibodies that match the virus, but without overpowering the body's immunity, since that overpowering would result in the person getting sick with the disease.
4. **Propagation:** The virus, now weakened, must be propagated so that a large enough supply is available for making enough doses of the vaccine to serve the target population—hundreds of millions of people, eventually even billions of people.
5. **Manufacturing and Testing:** The virus, now weakened and propagated, must be combined with other ingredients that serve to preserve the virus, to convey the virus into the recipient's bloodstream, to awaken an immune response in the recipient, to hold the ingredients together, etc.[2] Before being administered large-scale, it is tested first on animals and then on human subjects.
6. **Distribution:** Government guidelines and government mandates encourage or require people to receive vaccines, as does the advice of most healthcare providers. Doctor's offices, pharmacy clinics, workplace clinics, and other stations administer vaccines to the public.
7. **Reception:** Federal law requires that patients have informed consent, a two-step requirement involving both information concerning risks and benefits (such as provided on CDC fact sheets and FDA product inserts) and consent (which must be voluntary, never coerced).

1 S. J. Olshansky and L. Hayflick, "The Role of the WI-38 Cell Strain in Saving Lives and Reducing Morbidity," *AIMS Public Health* 4, no. 2 (2017): 127–38, esp. at 130.

2 Some of those "excipients," or non-viral ingredients, include potential toxins (such as mercury and aluminum) and allergenic food (such as peanuts and eggs), but these controversies are distinct from the controversy over aborted human fetal tissue. For a list of typical excipients, see: CDC, "Vaccine Excipient & Media Summary," rev. Feb. 2015, www.cdc.gov.

II. What Is the Connection between Vaccination and Aborted Human Fetal Tissue?

A consortium of 31 scientific societies representing over 130,000 researchers asserted in 2017 that "Fetal tissue remains a critical resource to further researchers' understanding of how human tissues develop and are effected by disease. Critical scientific advances—such as the development of vaccines against polio, rubella, measles, chickenpox, adenovirus, and rabies, and treatments for debilitating diseases such as rheumatoid arthritis, cystic fibrosis, and hemophilia—depend upon research using fetal tissue."[3]

The following relationships between aborted human fetal tissue and vaccines have been identified chiefly from peer-reviewed articles published in scientific and medical journals, including those authored by the principal investigators who developed the bulk of mainstream vaccines that are administered both in the United States and worldwide.

Many of the sources cited in this section are from the 1950s and 1960s, when the foundational research for the modern vaccine industry was conducted. However, as section III (below) will show, similar practices continue in the manufacturing of vaccines today.

The same 7-step process identified in Part I will serve as the outline here.

1. **Identification:** Fetal tissue is generally not involved.
2. **Isolation:** Some viruses were isolated by harvesting human fetal tissue through the abortion of babies thought to be infected.
    1. "The **[human] fetus** was surgically aborted 17 days after the maternal illness [rubella] and dissected immediately. Explants from several organs were cultured and successful cell growth was achieved from lung, skin, and kidney. All cell strains were found to be carrying rubella virus."[4]
    2. In an attempt to isolate the rubella virus, **16 out of 40 aborted fetuses** subjected to dissection (or vivisection) ultimately yielded tissue that **tested negative for the disease**, and thus their abortion was not helpful to scientific research after all. Had each mother realized that **her child-in-the-womb was healthy**, perhaps she would not have elected to have a "therapeutic abortion" in the first place.[5]
3. **Attenuation:** The virus is cultured in human fetal cell strains, while cooling the temperature below normal human body temperature. The virus adapts to the lower temperature and loses its adaptation to the normal body temperature. Hence, the virus will be weak when introduced later to a recipient whose body temperature is normal, since that will be too warm for the virus's new comfort zone. This will give the recipient's immune system a comparative advantage in making antibodies that thwart the weakened, or attenuated, virus before the virus can result in a full infection.

    The rubella virus, **isolated** in the **Wistar RA 27/3 human fetal strain**, was **attenuated** in the **WI-38 human fetal strain** in 1969; leading vaccine producer Merck uses the resulting cell line as the basis for the MMR vaccine today.[6]

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3 Letter from the Federation of American Societies for Experimental Biology to U.S. House Committee on Appropriations, September 5, 2017, www.faseb.org.

4 Stanley A. Plotkin, David Cornfeld, and Theodore H. Ingalls, "Studies of Immunization With Living Rubella Virus," *American Journal of Diseases of Children* 110, no. 4 (1965), 381–89, at 382.

5 T.H. Chang, et al., "Chromosome Studies of Human Cells Infected *In Utero* and *In Vitro* With Rubella Virus," *Proceedings of the Society for Experimental Biology and Medicine* 122, no. 1 (1966): 236–43, at 238.

6 Stanley A. Plotkin, "Attenuation of RA 27/3 Rubella Virus in WI-38 Human Diploid Cells," *American Journal of Diseases of Children*, 118 (1969): 178–85; Merck, MMR Product Insert, rev. May 2017, www.fda.gov.

4. **Propagation:** Whether before or after attenuation, the virus is cultured in human fetal cell strains for mass-production. Unlike alternatives (monkey tissue, chicken tissue, etc.), human fetal tissue was discovered in the 1960s to have a lower risk of pollution with viruses other than the target virus for which the vaccine is being developed and a lower risk of the formation of tumors, while also having the ability to propagate for 50 or so "passages" (each "passage" is roughly equivalent to one cell population doubling), and to be frozen and thawed as needed in order to stretch the useful life of the culture from the 1960s into the 2000s.
    1. "Since the early 1960s, **the vast majority of human virus vaccines have been grown in WI-38** [cell cultures from aborted human fetal tissue] or its derivatives, making its discovery and continued use a critical innovation in the historical chain of events required for vaccine development."[7]
    2. Researchers have compared "primary cell populations," "cell strains," and "cell lines" from both human fetuses and non-human organisms in search for the "ideal" tissue: rapid and long-term propagation, with minimal risk of extraneous viruses or tumors. Scientists assert that human fetal cell strains have proven to be by far the best candidate.[8]
    3. The researchers "demonstrate the efficacy of an attenuated poliovirus vaccine produced in an entirely different in vitro system. This system involves the use of **human fetal diploid cell strains** as a substrate for virus multiplication. … All **human fetal diploid cell strains** were originally obtained from **fetal organs** by fragmentation of tissue with paired forceps in a Petri dish. … One of the most **attractive features of the human diploid cell strains** is the fact that, theoretically, literally tons of cells can be raised or stored [frozen] as viable seed stock at low temperatures from a single tissue source. … This total potential cell yield is equal to 2×10^7 metric tons of cells."[9]
    4. "This **harvest** [from aborted human fetal tissue containing rubella virus] was inoculated on stationary **WI-38 diploid lung fibroblasts** [i.e., tissue from another aborted human fetus], to initiate infection in these cells."[10]
    5. "Three types of **human embryonic brain tissues** from **embryos of 2 1/2 to 4 1/2 months** as well as from **a premature infant of 7 months' gestation** were used. … Subcultures of **fresh tissue** were prepared. … Cultures of intestinal tissue were prepared with fragments from the entire intestine of **human embryos**, except in one experiment in which jejunum of a **premature infant** was used."[11]
    6. "**Human embryos** of **two and one-half to five months gestation** were obtained from the gynaecological department. … No macerated specimens were used, and **in many of the embryos the heart was still beating** at the time of receipt in the virus laboratory. … It would appear that viral proliferation definitely occurred in these organs [human fetal lung tissue]. … There is no doubt that virus proliferated [in human fetal kidney tissue]. … One of our interests in this field lies in investigating the possibilities of preparing large quantities of virus suitable for use as a vaccine."[12]
    7. "We obtained **9 fetuses**. [The one from which we developed Walvax-2] was obtained from a **3-month old female fetus aborted** because of the presence of a uterine scar from a

7 Olshansky and Hayflick, "The Role of the WI-38 Cell Strain," 130. Here and elsewhere, boldfacing has been added.

8 L. Hayflick, S. Plotkin, and R. E. Stevenson, "History of the Acceptance of Human Diploid Cell Strains as Substrates for Human Virus Vaccine Manufacture," *Developments in Biological Standardization* 68 (1987): 9–17.

9 Leonard Hayflick, et al., "Preparation of Poliovirus Vaccines in a Human Fetal Diploid Cell Strain," *American Journal of Hygiene [Epidemiology]* 75, no. 2 (1962): 240–58, at 240, 242, 256.

10 Plotkin, Cornfeld, and Ingalls, "Studies of Immunization," 382.

11 John F. Enders, Thomas H. Weller, and Frederick C. Robbins, "Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissues," *Science* 109 (1949): 85–87, at 86.

12 Joan C. Thicke, "Cultivation of Poliomyelitis Virus in Tissue Culture, Pt. I: Growth of the Lansing Strain in Human Embryonic Tissues," *Canadian Journal of Science and Medicine* 30, no. 3 (1952): 231–45, at 232, 237, 239, 243.

previous caesarean birth by a 27-year old healthy woman."[13] (Contrast this with a pro-life standard of care: a scheduled C-section about 2–3 weeks prior to full-term, to avoid the dangers of labor contractions rupturing a previously compromised uterus.)

8. Walvax-2 is promising because it is able to be propagated more rapidly, more times, and with fewer incidents of tumor production than other human fetal tissues that have been used for vaccine production. "The **fetal tissue** was provided … by **induction of labor with the water bag method**."[14] (This method involves an injection of water into the uterus immediately prior to induction of labor; the water pressure facilitates the expulsion of the amniotic sac, preserving the premature fetus for vivisection.[15]) "The tissues from the **freshly aborted fetus** were immediately sent to the laboratory for the preparation of the cells."[16]

5. **Manufacturing and Testing:** Culmination of steps #2, #3, #4.
"Rubella virus isolated from an **aborted human fetus** and grown in human diploid lung cells [from **another aborted fetus**] (WI-38) was used to induce infection in children. … The clinical illness induced was mild in all children. [That is, they were able to recover readily, suggesting that in the process they gained antibodies to become immune from future infections, just as one intends with a vaccine.]"[17]
6. **Distribution:** Human DNA traces are detectable in vaccines.
    1. The FDA's vaccine excipient summary identifies "trace quantities" of the following aborted human fetal tissue cell strains in the following mainstream vaccines administered in the United States[18]:
        1. **WI-38 (female aborted at 12 weeks):** Adenovirus, MMR (MMR–II), MMRV (ProQuad, i.e., MMR plus Chickenpox), Varicella/Chickenpox (Varivax)
        2. **MRC-5 (male aborted at 14 weeks):** DTaP-IPV/Hib (Pentacel), DTPP (Quadracel), Hep A (Vaqta), Hep A/Hep B (Twinrix), MMRV (ProQuad), Rabies (Imovax), Varicella/ Chickenpox (Varivax), Shingles (Zostavax)
        Note: The U.S. presently has no approved alternatives for the above-mentioned abortion-entangled vaccines against Adenovirus, Chickenpox, Hepatitis A, or MMR, although some of these are available in more ethical forms in other nations.
    2. "HAVRIX [Hepatitis A Vaccine] also contains residual MRC-5 cellular proteins."[19]
    3. At least one vaccine lot has mutant human DNA, traceable to the original fetal cell strains: "The human reference genome was found to be matched by 99.76% reads from vaccine DNA. … The **human fetal DNA presented in this vaccine is a single entire genome**, that means the vaccine contains genomic DNA with all the chromosomes of a male individual **(in fact MRC-5 originates from a male fetus)**. … The human genomic DNA contained in the Priorix lot vaccine. n. A71CB256A is evidently anomalous, presenting important inconsistencies if compared to a typical human genome, i.e. the one of a healthy human being. There are several unknown variants (not noted in public databases) and some of them are located in genes involved in cancer."[20]

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13 Bo Ma, et al., "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 and Immunotherapeutics* 11, no. 4 (2015): 998–1009, at 999.

14 Bo Ma, et al., "Characteristics and Viral Propagation Properties of a New Human Diploid Cell Line, Walvax-2," 1006.

15 Pia-chao Chen, "China's Population Program at the Grass-Roots Level," *Studies in Family Planning* 4, no. 8 (1973): 219–27, at 227n.

16 Bo Ma, et al., "Characteristics and Viral Propagation Properties of a New Human Diploid Cell Line, Walvax-2," 1006.

17 Plotkin, Cornfeld, and Ingalls, "Studies of Immunization," 389.

18 Chiefly extracted from: CDC, "Vaccine Excipient & Media Summary," rev. Feb. 2015, www.cdc.gov. Starting with the Jan. 2019 revision, the CDC has omitted "substances used in the manufacture of a vaccine but not listed as contained in the final product (e.g., culture media)," such as WI-38 and MRC-5. Ibid., rev. Jan. 2019.

19 FDA, Highlights of Prescribing Information: HAVRIX (Hepatitis A Vaccine), rev. March 2012, www.fda.org.

4. In summary, routine compliance with the CDC's recommended childhood vaccination schedule means **injecting children with traces of aborted human fetal tissue 9 times in the first year of life**.[21]

7. **Reception:** Standards for informed consent are compromised when the "information" provided does not fully and accurately disclose the relevant facts, as when ingredient lists are revised to omit excipients (see the footnoted source in section 6.1 under 6. Distribution, above).

III. Do Scientists Intend to Discontinue Using Abortion for Vaccine Development?

No. Abortion-for-vaccines is not just a "thing of the past." Industry-leading scientists have based their careers upon prior abortions-for-vaccine-development and have made their intentions clear to continue to harvest tissue from new abortions:

1. "**Demand for his [Hayflick's] human fetal cells soared** when the landmark paper was published."[22]
2. "Beating the competition to a rubella vaccine would mean **a big new market** for a product that would be much in demand … 3.6 million children born annually in the mid-1960s or the roughly 39 million girls and women then of childbearing age—amounted to a **huge number of customers**."[23]
3. "Due to the **diminishing supply** of WI-38 cells, the MRC-5 line has become the most widely used cell strain. … [But, as of the year 2015] MRC-5 cells [are] in the 32nd and 33rd passages, which have therefore already reached the limit required … (the 33rd passage is the last cell doubling that could be used in the production). …. Therefore the intention of this study [Walvax-2] is to **develop a completely new HDCS [human diploid cell strain]** … that could be used in the manufacturing of viral vaccines."[24]
4. Several contenders in the "race" to develop a **COVID-19 vaccine** involve **human fetal tissue cell lines**:
    1. human embryonic kidney cells (HEK-293T), explored as a replication tissue;[25]
    2. human embryonic kidney cells (HEK-293), in development by three distinct programs in China, Britain, and the United States; and,[26]
    3. human embryonic retinal cells (PER.C6), in development by two programs in the United States.[27]
5. Some politicians and scientists are critical of current federal policy, which limits the use of public funding for research involving human fetal tissue:

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20 Corvelva, "Vaccinegate: MRC-5 contained in Priorix Tetra–Complete Genome Sequencing," 2019, pp. 2, 6, www.corvelva.it.

21 CDC, "Table 1. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020," www.cdc.gov, comparing those vaccines to the WI-38 and MRC-5 incipient lists noted earlier.

22 Meredith Wadman, *The Vaccine Race: Science, Politics, and the Human Costs of Defeating Disease* (New York: Viking, 2017), 83, referring to Hayflick, "The Serial Cultivation of Human Diploid Cell Strains," *Experimental Cell Research* 25 (1961): 585–621, which describes the use of human "fetal" and "embryonic" tissue in the WI-1 series and beyond.

23 Wadman, *The Vaccine Race*, 189, in reference to Merck's quest for the rubella vaccine in the 1960s.

24 Bo Ma, et al., "Characteristics and Viral Propagation Properties of a New Human Diploid Cell Line, Walvax-2," 999.

25 Jennifer Harcourt, "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States," *Emerging Infectious Diseases* 26, no. 6 (June 2020): 1266–1273,at 1269.

26 James L. Sherley and David Prentice, "An Ethics Assessment of COVID-19 Vaccine Programs," May 6, 2020, www.lozierinstitute.org, revised June 19, 2020.

27 Sherley and Prentice, "An Ethics Assessment of COVID-19 Vaccine Programs."

1. In 2019, the Trump administration ended funding for human fetal tissue research within federal agencies and imposed a stricter ethical review process before allowing federal funds to support such research conducted by other institutions.[28]
2. Some lawmakers have urged that Trump would federal support for human fetal tissue research again, especially for the development of a COVID vaccine.[29]
3. The attorneys general of fifteen states wrote to President Trump on March 26, 2020, urging him to allow federal funding for human fetal tissue research in order to develop a COVID vaccine. Their letter, couched in utilitarian rhetoric, claimed that "science," the AMA Code of Ethics, and the necessities of the current pandemic emergency all support human fetal tissue research and that only something as petty as "politics" would oppose this.[30]

6. Human fetal tissue is used for many other medical projects, aside from vaccine development.[31]
7. Mainstream medical researchers follow the **fallacious Olshansky-Hayflick syllogism**:

Premise 1: The health of the world's population depends (?) upon vaccines.

Premise 2: Vaccine research and mass-production depends (?) upon human fetal tissue, **including new sources from new abortions.**

Conclusion: Therefore, the health of the world's population depends (?) upon the continuation of abortion and human fetal tissue research.[32]

1. Note that **premise 1 is false** insofar as alternatives to vaccines exist, such as preventing and/or treating illness through[33]:
    1. clean water supplies (e.g. for diarrhea-inducing illness[34]; for cholera[35])
    2. adequate intake of Vitamins A (e.g., measles[36]), C (e.g. pertussis[37]), and D (e.g. influenza[38]);

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28 Alexandra Desanctis, "The Ethics of Vaccine Research Using Tissue from Aborted Fetuses," *National Review*, April 23, 2020.

29 Christina Marcos, "House Democrats Call on Trump Administration to Lift Restrictions on Fetal Tissue for Coronavirus Research," *The Hill*, April 6, 2020, www.thehill.com.

30 California Attorney General Xavier Becerra, et al., to President Donald J. Trump, et al., March 26, 2020.

31 Brief of Amici Curiae Fetal Tissue Researchers, Scientists, Physicians, Medical and Legal Ethicists and Academics in Support of Plaintiff-Appellee, *National Abortion Federation v. Center for Medical Progress, Biomax Procurement Services LLC, David Daleiden, aka Robert Daoud Sarkis, and Troy Newman*, Case No. 16-15360, U.S. Ct. of Appeals for the Ninth Circuit, filed June 7, 2016. This brief contains a 450-page appendix of scientific studies and science news articles detailing the myriad uses of human fetuses for medical research.

32 Olshansky and Hayflick, "The Role of the WI-38 Cell Strain."

33 As the phrase "such as" implies, the following examples and the research articles cited for their support are but a sampling of the alternatives represented in the medical literature.

34 Ahmad Komarulzaman, et al. "Clean Water, Sanitation and Diarrhea in Indonesia: Effects of Household and Community Factors," *Global Public Health*. 12, no. 9 (2017): 1141–1155.

35 "Our model found that efforts to distribute clean water may avert 105,000 cases and 1,600 deaths, more than the individual impacts of antibiotics or vaccines." Jason R. Andrews and Sanjay Basu, "The Transmission Dynamics and Control of Cholera in Haiti: An Epidemic Model," *Lancet* 377 (April 9, 2011): 1248–1255.

36 Gregory D. Hussey, "A Randomized, Controlled Trial of Vitamin A in Children with Severe Measles," New England Journal of Medicine, 323 (1990): 160–4. More recent studies reveal that a double dose may be necessary for the intended effect, and that no adverse effects result. For example, Christopher R. Sudfeld, "Effectiveness of Measles Vaccination and Vitamin A treatment," *International Journal of Epidemiology* 39, sup. 1 (2010): 48–55.

37 Suzanne Humphries, MD, "Sodium Ascorbate Treatment of Whooping Cough," *Orthomolecular Medicine News Service*, April 6, 2018, www.orthomolecular.org. (This is a peer-reviewed publication, with numerous MDs serving on the editorial board, but beyond the mainstream of conventional modern medicine.)

38 Johan Moan, et al. "Influenza, Solar Radiation and Vitamin D," Dermato-Endocrinology 1, no. 6 (2009): 307–309.

3. homeoprophylaxis (for a broad array of illnesses[39]); and,
4. natural immunity:
    1. Low-level infection from drinking surface-derived water (rather than modern city water) during childhood may confer immunity advantages against enteric infections (such as *Cryptosporidium parvum*) later in life.[40]
    2. Natural recovery from diseases typically produces life-long or at least long-term immunity, whereas immunity induced by vaccination typically requires a booster shot.
    3. About 80% of COVID cases are either asymptomatic or mild.[41]
    4. About 60% of the residents in a hard-hit Italian province now have COVID antibodies.[42]

2. Moreover, **premise 2 is false**, insofar as at least some vaccines have been developed without any direct dependency upon abortion:
    1. A minority of childhood vaccines currently administered in the United States are not derived from human fetal tissue.[43]
    2. Several of the American vaccines that are derived from human fetal tissue are available in other nations in forms that are not derived from human fetal tissue.[44]
    3. Some contenders in the COVID-19 research pipeline similarly avoid the abortion connection.[45]

8. In summary:
    1. Although immunity does not require vaccination, and vaccination does not require abortion, the leading scientists in the vaccine industry tend to promote abortion-dependent vaccination as if that is the only means of saving (postnatal) lives.
    2. Sound reasoning, by contrast, requires that we bring their fallacies to the surface, scrutinize their assumptions, and then seek an alternative, and moral, means toward the end of promoting human health.
9. Anticipated roadblocks to challenging the abortion-dependent vaccine monopoly include:
    1. **Fear:** Widespread belief holds that nothing but vaccines stand between us and a myriad of deadly diseases. (*Sola vaccinatio*. "Nothing but vaccines can save us.")

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39 Anupriya Chaudhary and Anil Khurana, "A Review on the Role of Homoeopathy in Epidemics with Some Reflections on COVID-19 (SARS-CoV-2)," *Indian Journal of Research in Homeopathy* 14 (2020): 100–9; Isaac Golden, "Large Scale Homœoprophylaxis: Results of Brief and Long-Term Interventions," *American Journal of Homeopathic Medicine* 112, no. 1 (Spring 2019): 31–36. For an insightful comparison between vaccination and homeoprophylaxis, see Carol-Ann Galego, "Immunizing Communities: The Biopolitics of Vaccination and Its Historical Alternative," Ph.D. diss., Memorial University of Newfoundland, 2017. "In the case of immunizing communities, the observation that we may actually need continual exposure to pathogens in order to build robust immunity is a humbling one. It points to the hubris of the modern quest for immunity, which denies the essential symbiotic relationships through which we acquire our strength." P. 254. She was alluding to the contrasting assumptions behind natural immunity acquired through strong nutrition and supplemented by homeoprophylaxis, versus artificial immunity acquired through vaccination while aiming to avoid as many naturally occurring pathogens as possible and considering nutrition less relevant.

40 Floyd J. Frost, et al., "How Clean Must Our Drinking Water Be: The Importance of Protective Immunity," *The Journal of Infectious Diseases*, 191, no. 5 (2005): 809–14.

41 World Health Organization, "Coronavirus Disease 2019 (COVID-19) Situation Report–46," March 6, 2020, www.who.int.

42 Kashmira Gander, "Coronavirus Antibodies Found in Almost 60 Percent of People Tested in Italian Province Hit Hard by COVID-19," *Newsweek*, June 9, 2020.

43 Michigan Right to Life (see "V. Resources," at the end of this guide) provides a concise summary, based on pertinent fact sheets from the CDC and FDA.

44 Again, Michigan Right to Life (see "V. Resources," at the end of this guide) provides a concise summary.

45 Sherley and Prentice, "An Ethics Assessment of COVID-19 Vaccine Programs."

2. **Reputation:** To even so much question the ingredients, effectiveness, or risks of any vaccine is to invite public shame for seeming insensitive to the plight of someone's loved ones who may become ill or die.
3. **Financial Interests:** The abortion-dependent status quo produces $35 billion in annual revenue, up six fold over the past twenty years.[46] The COVID vaccine alone is projected to generate at least $10 billion in annual sales.[47]
4. **Deficient Moral Reasoning:** People have difficulty recognizing that even the best of intentions cannot justify an evil means toward a good end. Vague notions of love for one neighbor tend to be manipulated at the expense of another neighbor.
5. **Flight from Guilt:** The denial of guilt concerning abortion has placated the consciences of those involved, leaving their hearts hard and their minds closed to a reasonable inquiry that would reveal the brutal reality that lurks beneath their superficially life-affirming work.

IV. How Should Christian Pro-Life Organizations Respond?

1. **Proclaim Gospel Comfort:** As important as the moral law is, both for the protection of the unborn and for guiding the hearts of those still living, Christians know that the Gospel, and not the Law, brings lasting change.
    1. Although well-reasoned arguments resting on the demonstrated facts of medical science can go a long way toward establishing the truth that some vaccines depend upon abortion and that moral alternatives can effectively protect against disease, the real trump card in the vaccine debate is not fact but faith—faith that God will forgive each person for any prior involvement in the wrongful killing of our preborn neighbors and faith that God will provide a moral means to preserve our health even while also at times allowing disease, and yes death itself, to come upon us according to His good and gracious will that calls us heavenward to eternal life in Christ Jesus.
    2. Many hearts will be convicted in learning that, unwittingly, they have used, encouraged, endorsed, or administered such vaccines that were developed from aborted fetal tissue. Many hearts will feel deceived, even victimized by those they trusted to behave morally and ethically. Hearts may feel anger and frustration that those who knew of the immoral origins of the vaccines did not make others aware. All of these hearts have something in common: they all need Christ to make them clean. Whether they feel shame or guilt, they hurt and need to be healed. They need to know that Christ covers over all sin, of commission and omission. They stand before God, declared clean and undefiled through Christ's redemption.
    3. Christ forgives the patients, the parents, the doctors, the scientists, the politicians, and the consumers who have participated—whether they did so wittingly or not—and He also forgives those who have remained silent when they should have spoken up.
    4. This same Gospel comfort that believers cherish is, ultimately, what will transform the "opponents" of pro-life medicine into partners. Remember, therefore, that a Christian's goal is not to "demolish the opposition" or even to win arguments, but to win over people—for this life and the next.

    In keeping with this Gospel, the Church of God would, to the best of her ability …
2. **Declare the Moral Truth:**
    1. Re-affirm that abortion is immoral and, by applying that position to this situation, declare that, therefore, the use of abortion to make vaccines (isolation, attenuation, propagation, etc.) or use in other inhumane experimentation is immoral.
    2. Educate the members of the Church and society of the abortive origins of those vaccines that contain or are derived from aborted fetal tissue.

46 Yun Li, "Coronavirus Highlights the $35 Billion Vaccine Market," Feb. 23, 2020, www.cnbc.com.
47 Bill Alpert, "A Covid-19 Vaccine Could Be Worth Billions for Moderna and Its Rivals," May 19, 2020, www.barrons.com.

3. Publish a **position statement** declaring abortion-dependent vaccine development to be immoral, thereby bolstering the **First Amendment legal defense** of pro-life individuals who will be expected to demonstrate in court that their sincerely held religious beliefs will not permit them to participate in abortion-involved compulsory vaccination.

3. **Encourage Pro-Life Citizens to Seek Government Protection:**
   1. Recommend that concerned citizens would urge the government (federal, state, local) to respect the right of people (including parents on behalf of children) to conscientiously object to vaccine mandates, especially for those vaccines that involve abortion as an essential component to isolation, attenuation, or propagation.
   2. Even the secular world should acknowledge that the Nuremberg Code rightly rejected the utilitarian arguments of the Nazis. Christians, who learn in the Scriptures of God's loving disposition toward even the most vulnerable of persons, have even more reason to draw a firm line in this debate on the basis of the Fifth Commandment ("You shall not kill."), a commandment that Christians also may reinforce within the consciences of the unbelievers in their midst.
4. **Petition the Medical Community to Improve:**
   1. Ask scientists, doctors, pharmaceutical companies, and funding agencies (whether public or private) to seek to produce ethical alternatives to abortion-involved vaccines.
   2. Urge the government to withhold funding from immoral and inhumane research that superficially claims to seek medical benefits for some members of the human race while deliberately capitalizing on the intentional killing of other human persons.
5. **Offer Godly Counsel:**
   1. Both the church and the surrounding culture needs training in moral reasoning. For example:
      1. The **utilitarian argument** (abort several hundred babies to bring life-saving vaccines to millions of people) echoes the rationale of the Nazi researchers (experiment on a few Jews to discover medical insights beneficial to many Aryans). The Nuremberg Tribunal and Helsinki Declaration rightly identified this rationale as immoral.
      2. The **principle of double-effect** permits the use of a medication that yields both a benefit and a negative side-effect, so long as no superior means to the same beneficial end is available and also so long as the negative side-effect is merely an undesirable secondary end, not an evil means supposedly justified by the beneficial end.
         (In the case of abortion-derived vaccines, abortion is not a secondary effect justifiable by the principle of double-effect, but rather abortion is the integral, and evil, means. In other words, abortion-derived vaccines are not morally salvageable by the principle of double-effect, but instead they fall into the pitfall of utilitarian reasoning.[48])
      3. The **naturalistic fallacy** would hold that just because we can, we ought to. A "sanctified" version of this fallacy emphasizes that medical science is a gift from God, and then urges full use of that science. However, not all uses of God's gift of medical science are moral, since a gift also may be misused. The line between use and misuse is to be determined by ethical principles, not by scientific capabilities or medical opinions.
      4. The **definition of love** is objectively determined according to the fact that all persons are fully human regardless of their stage of life or current abilities. To sacrifice the life of the more vulnerable person in order to benefit the life of the less vulnerable person ultimately does injury to both persons, by virtue of the humanity they hold in common. Moreover, the notion that abortion-derived vaccines should be administered across the

48 René Balák, "Never-ending History of the Use of Vaccines Derived from Aborted Infants," 2 pts., Roczniki Teologiczne, 64, no. 3 (2017): 75–92; and ibid., 65, no. 3 (2018): 101–16. This pair of articles critiques the attempted justification for the use (although not the development) of abortion-derived vaccines issued by the Pontifical Academy for Life. "Note on Italian Vaccine Issue," July 31, 2017, www.academyforlife.va; cp., Congregation for the Doctrine of the Faith, *Dignitas Personae*, June 20, 2008, esp. at paras. 35ff., www.vatican.va.

population out of love for one's neighbor attempts to divorce the Second Table of the Law (love for neighbor) from the First Table (love for God—who created us and all our neighbors, including also our neighbors-in-the-womb).

2. Insofar as the continued use of those vaccines obtained by immoral means further encourages the killing of innocent lives, people should abstain from such vaccines; insofar as people have concerns about preventing infectious disease, let them earnestly pursue alternatives that are moral and life-affirming for all persons involved in the process.

V. Recommended Resources

1. Foster, Tanya. *Abortion, the Human Fetal Cell Industry, & Vaccines*. White Paper. 2019. www.avoicefortruth.org.
   24 pages, accessible to laypeople. Foster relies primarily upon peer-reviewed scientific and medical publications. She also cites occasionally to a few sources that may be less credible (e.g., pro-life websites that the mainstream scientific community might dismiss with prejudice). However, all of her essential points are established on the basis of credible sources.
2. Michigan Right-to-Life. "Vaccines, Abortion, & Fetal Tissue." *Life Notes*. Rev. 11/13/18. www.rtl.org.
   4 pages, accessible to laypeople. Michigan Right-to-Life cites three medical journal articles, one FDA transcript, FDA product inserts, and three Christian pro-life critiques. This brief document includes a helpful chart showing which human fetal cells strains have been used in which vaccines.
3. "The King of Vaccines Comes Clean." January 17, 2019. www.youtube.com/watch?v=NACBHtFMllA.
   5-minute video. Stanley Plotkin, M.D., testifies under oath, acknowledging his involvement in research that utilized about 70 human fetuses for vaccine-production, affirming that the fetuses had developed normally up until the point of abortion, and stating that he is an atheist who will gladly go to hell for these actions.
4. For additional resources, see: **www.intoyourhandsllc.com/research/vaccines**.

About the Author

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