

Aborted Fetal Cell Line Vaccines And The Catholic Family
A Moral and Historical Perspective

Original Appeal Filed With The National Catholic Bioethics Center
And The US Conference of Catholic Bishops

Issued September 2003
(Updated October 2005)

Endorsements and Editorial Contributions By:

Most Revered Robert F. Vasa, Bishop of the Diocese of Baker

Fr. Thomas Euteneuer, President Human Life International

Fr. Benjamin Reese, Pastor St. Mark Parish, Peoria , IL

Fr. Philip Wolfe, St. Philippine Duchesne, Shawnee , KS

Fr. Anthony Zimmerman, Retired Professor Moral Theology, Divine Word Seminary,
Nagoya , Japan

Written By

Debra L. Vinnedge, Executive Director

Children of God for Life

TABLE OF CONTENTS

Note: For easy navigation click on any of the sections below to jump to that area directly.
Click on the "Return To Table of Contents" Button at the beginning of each chapter to
return here.

Introduction

The Abortions and Intention of Creating Vaccines

The Need for Further Fetal Tissue

False Notion of Immortality

New Aborted Fetal Cell Lines

Encouraging Further Abortions & Research

Hunt for Fresh Fetuses

Re-asserting Roe - Incentive to Abort

Perceived Public Acceptance

Crystal Clear Complicity

Moral Obligations

The Disease and the Vaccine – Rubella

The Disease and the Vaccine – Chickenpox

The Cell Lines Themselves

The Good of Society?

The Problem with Remote Material Cooperation

Catholic Persecution

Parents & Physicians Speak Out

Striving for Holiness

Moral Conscience

Proper Formation of Conscience

Right of Conscience Must Be Protected

Summary

Introduction

“Moral assessment follows an understanding of the facts of a case; moral principles follow.”

The following information has been prepared to address the concerns of Catholic parents, physicians and clergy regarding the use of aborted fetal cell lines in vaccines. It will also expose the truth that has been intentionally kept hidden from Catholic ethicists, theologians and the general public far too long.

Our Purpose Is:

To bridge the gap between ethicists, clergy and moral theologians who hold opposing opinions on the morality of using these vaccines

To protect the rights of parents, physicians and individuals abstaining from these vaccines

To promote the clear guidelines established by the recent Vatican directive in obtaining ethical alternatives

To discourage further production of medical products that utilize aborted fetal tissue or embryonic stem cells through legislative action

To uphold the Moral Conscience teachings of the Magisterium and protect her interests in related matters of health care

Many opposing viewpoints have been raised on the morality of using vaccines, which are cultivated on aborted fetal cell lines. While this document does not intend to charge that one side or the other holds the morally correct opinion, it does introduce new evidence that deserves consideration when assessing the matter. It is our hope that upon review of this information all members of our Catholic clergy and institutions will:

Support the rights of parents to refuse aborted fetal cell line vaccines and obtain information on ethical alternatives

Support the efforts to bring ethical alternatives to the public

Unite in a cohesive manner with other faiths to effectively end this injustice

After the September 11th terrorist attacks, our Campaign succeeded in obtaining ethical smallpox vaccines and currently, negotiations are underway to bring an ethical alternative for the abortion-tainted rubella vaccine into the United States. But part of that process is demonstrating that we have a solid market, which can only happen if the public is given the opportunity to make informed choices.

In light of this, Children of God for Life introduced the Fair Labeling and Informed Consent Act to Congress in January 2005. This legislation requires that the pharmaceuticals provide full disclosure in the labeling of all products that use aborted fetal or embryonic cell lines, cloned or produced otherwise. The industry knows this will immediately provide a distinctive competitive edge to those who are using ethical sources. And had this sort of information been available years ago when vaccine development using aborted babies began, the practice would have come to a grinding halt through public outrage.

In June 2005, Children of God for Life received an official Vatican letter and eight-page document that overwhelmingly supports these efforts. Under the direction of the Sacred Congregation for the Doctrine of the Faith and Cardinal Joseph Ratzinger, (now Pope Benedict XVI) the Pontifical Academy for Life clearly defined medical and parental obligations to use ethical alternatives. They further instructed that physicians and families “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 foetal origin. Equally, they should oppose by all means (in writing, through the various associations, mass media, etc.) 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 foetus, and requesting rigorous legal control of the pharmaceutical industry producers.”[1]

With this in mind, we call upon our Catholic institutions and medical professionals to assist in this effort by demanding new ethical alternatives and using those listed in the charts at the end of this book. In light of the evidence you are about to read, we believe these measures are not only reasonable, but they are necessary in order to effectively end the exploitation of the unborn, to preserve the integrity of the Holy Catholic Church and to defend the legal, moral and religious rights of the her members.

The Abortions and Intention of Creating Vaccines

“Take no part in the unfruitful works of darkness, but instead expose them.” (Eph 5:11)

Perhaps one of the most highly misunderstood notions among moral theologians and ethicists is that the abortions involved were not done with the intention of creating vaccines. In fact, in response to President Bush’s decision on federal funding for embryonic stem cell research (ESCR), the USCCB highlights this point as follows:

“In the present case, human lives were taken in order to provide cells for research and, in some cases, precisely to qualify for federal grants; in the case of vaccines, tissues were taken following abortions performed for unrelated reasons.” [2]

While one might agree that the mothers who had the abortions did not do so because they wanted to help create a vaccine specifically, then one must also realize that the parents of those embryos created through in-vitro fertilization (IVF) did not do so with the intention of creating a future medical product either. The fact of the matter is that in ascertaining moral culpability, it is not just the mother’s intentions that must be considered. There are three parties involved: the mother, the abortionist and the researcher, all of whom share equally in an intrinsically evil act. We know it is the intention of scientists to destroy embryos for research purposes. And likewise, it was the full intention of both the attending abortionist and the researcher present at the foot of the abortion table to destroy those babies specifically to create vaccines. This document will prove this intent with undisputable facts recorded by those who conducted and reported on the research. Not only are all equally guilty of assisting in premeditated homicide, but it may very well have been the action of the attending researcher who actually brought about the final demise of the babies. In fact, if the mother was distraught and coerced, one could easily conclude she might very well have been a victim herself.

The evidence supporting the direct link between the abortions and the production of ensuing vaccines are unmistakable. But to fully appreciate the level of formal material cooperation involved, it is important to understand the scientific facts regarding tissue and cell viability. In aborted fetal tissue research as in any type of human tissue or organ transplant or research, it is essential that the samples collected are still living. Dead tissue is worthless. It is not possible to simply perform an abortion and then after the fact, decide one wants to use the discarded fetus for cell research. Nor is it desirable to do so, according to the University of Pennsylvania's bioethics guidelines, which state that after the abortion, "It is not quite the appropriate time, given the emotional stress that this procedure entails. Based on this premise, consent elicited at this time may be regarded as invalid." [3]

And from a clinical standpoint, according to Dr. C. Ward Kischer, PhD one of the leading authorities in the nation on human embryology, the abortion must be pre-arranged in order to have researchers available to immediately preserve the tissue.

"In order to sustain 95% of the cells, the live tissue would need to be preserved within 5 minutes of the abortion", stated Dr. Kischer. "Within an hour the cells would continue to deteriorate, rendering the specimens useless." [4]

In a more easily recognizable situation, it is no different than prearranging the donation of one's organs after death. Steps must be taken immediately to safeguard the life of the tissue or organs.

To fully understand the magnitude of intention by not only the abortionist and the researcher, but the pharmaceutical industry as well, one needs to look at the history of how these cell lines were obtained, by whom they were obtained and who ultimately profited.

The Abortions

The research for this report will take us back to 1961 when Leonard Hayflick, who was employed by the Wistar Institute, the research facility of the University of Pennsylvania, recorded the work he had been conducting with aborted fetal cell lines, WI-1 through WI-25 (Wistar Institute, fetal samples numbered 1-25). The cell strains were derived from the lung, skin, muscle, kidney, heart, thyroid, thymus and liver of 21 separate, elective abortions.[5] In fact, the entire research conducted and reported on by Hayflick was done solely for the development of viral vaccine cultivation:

“The isolation and characterization of human diploid cell strains from fetal tissue make this type of cell available as a substrate for the production of live virus vaccines. Other than the economic advantages, such strains in contrast to heteropoloid cell lines exhibit those characteristics usually reserved for normal or primary cells and therefore make the consideration of their use in the production of human virus vaccines a distinct possibility.” [6]

By 1961, success had not yet been achieved but Hayflick concluded fetal cell lines looked promising for vaccine production. The existing cell lines had been kept alive in serial cultivation, but were near the finite lifespan of sub cultivations. More fetal tissue would be needed. In concluding his research thesis, Hayflick credits grateful acknowledgement to three key players in what would soon become the first commercial cell substrate to be used in our present day vaccines:

Dr. Sven Gard of the Karolinska Institute of Stockholm Sweden who supplied the fetuses

Dr Stanley Plotkin, who is credited for developing the rubella vaccine for Wistar Institute

Dr. Anthony Girardi of the Merck Research Institute, who assisted in the research and as the sole manufacturer of the only rubella vaccine available in the US, Merck had a vested interest in the results.

In 1964 Hayflick would again report on his findings with the newest aborted fetal cell line, WI-38. [7] A bit of history is in order on this abortion, whose tissue would be collected from the lungs of a female baby at 3 months gestation The reporting by Stanley Plotkin on the abortion when he was asked about the inherent dangers of using human cell lines in vaccine production due to the possibility of viral agents and human genetic material passed over into the recipient of the vaccine is as follows:

“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.” [8]

It is important to understand that whether the mother aborted her child for this reason or not is really inconsequential to this discussion, since as we have noted, she is only one of three players involved in an evil act. It was most certainly the intention of the abortionist and researchers to secure additional fetal tissue needed for vaccine cultivation and Dr. Sven Gard accomplished that. And as we read above, the fetus was actually chosen for this specific purpose. For the record, it should be noted that Dr. Gard already had intimate ties to the Wistar Institute having taken his sabbatical there in 1959, the exact time of Hayflick’s initial research on the first 19 aborted fetal cell lines. It is documented that Gard arranged for a supply of the aborted fetuses on which Hayflick’s work was to be based, as recorded by Erling Norrby, the intern working under Sven Gard at Lederle Labs:.

"One of my duties as a young student in the laboratory in Stockholm was to dissect human fetuses from legal abortions and send organs to the Wistar Institute. Such material was the source of many important studies of cell lines at the Institute, such as Leonard Hayflick's study of WI-38 cells. When we collected the organs, this was done immediately after the legal abortion. We were on duty to immediately perform the sampling and to arrange for an as rapid transport as possible over the Atlantic Ocean. The fetal material arrived by car from the nearby hospital to our laboratory enwrapped in a green surgical cloth. Maximal sterility was critical to allow an outgrowth of fetal cells without any contamination after the transport." [9]

And why would Sven Gard of Sweden be interested in assisting Wistar in the United States? His good friend, Dr. Hilary Koprowski, of Lederle Labs in Sweden was appointed the new director of Wistar in 1957, and wanted to test his OPV (oral polio vaccine) on human tissue. It seemed harmless enough. Hayflick initially obliged by creating his own fetal cell line, taken from the amniotic sac of his own daughter’s birth. But when WISH (Wistar Institute Susan Hayflick) failed to produce the desired results, more fetal sources were needed. And so began the voracious acquisition of aborted fetuses from Sweden that would become known as WI-1 through WI-38. [10]

And while WI-38 was being prepared for vaccine production, the rubella epidemic of 1964 that same year would provide the excuse to put the cell line to commercial use. While rubella is considered a harmless childhood disease, it can be dangerous for women who contract the disease in their first trimester of pregnancy. The New England Journal of Medicine describes the disease as follows:

“In children and adults, rubella is usually mild and may even go unnoticed. Children generally have few symptoms, but adults may experience fever, headache, malaise, and a runny nose before the rash appears. A person can transmit the disease from 1 week before the onset of the rash, until 1-2 weeks after the rash disappears. Lifelong immunity to the disease follows infection.” [11]

However, according to the Centers for Disease Control, an estimated 20%-25% of women who contract rubella during the first trimester of pregnancy could pass on Congenital Rubella Syndrome (CRS) to their unborn child. CRS can cause birth defects including deafness, cataracts, heart defects, mental retardation, and liver and spleen damage.[12] Preying on this fear during the 1964 epidemic, some doctors in Pennsylvania began advising pregnant women who contracted the disease to abort their child. In a controlled study group, the Wistar Institute worked directly with the abortionists to collect and dissect the fetuses. It was from the 27th fetus that researchers extracted the live virus in the kidney of the baby to be used in the rubella vaccine.

“Explant cultures were made of the dissected organs of a particular fetus aborted because of rubella, the 27th in our series [emphasis added] of fetuses aborted. This fetus was from a 25-year-old mother exposed to rubella 8 days after her last menstrual period. 16 days later she developed rubella. The fetus was surgically aborted 17 days after maternal illness and dissected immediately. Explants from several organs were cultured and successful cell growth was achieved from lung, skin, and kidney. It was then grown on WI-38. The new vaccine was tested on orphans in Philadelphia.” [13]

The rubella virus clinically named RA273 (R=Rubella, A=Abortus, 27=27th fetus, 3=3rd tissue explant) was then cultivated on the WI-38 aborted fetal cell line. A later research paper by Stanley Plotkin would reveal that 40 separate fetuses were aborted, with virus strains taken from 34 of them.[13A] This means a total of over 80 separate, elective abortions recorded were involved in the research and final production of the present day rubella vaccine: 21 from the original WI-1 through WI-26 fetal cell lines that failed, plus WI-38 itself, plus 61 from the attempts to isolate the rubella virus. As one can clearly see Wistar not only directly managed the controlled abortions used to collect the rubella

virus, but they also provided the cell substrate for cultivating it from the fetuses obtained by Sven Gard.

In the 1970's a second aborted fetal cell line would be introduced in Great Britain by the Medical Research Council, named MRC-5. The cell line is derived from the lung tissue of a 14-week gestation male aborted for "psychiatric reasons".[14] Two interesting points will be made here. The first, in an interview with Father Anthony Cornforth, of the UK, February, 2003: He related the story of how laws in England in the 1960's - 1970's timeframe were supposedly designed to limit the number of abortions, allowing only for "health of the mother", which included mental health. He stated that the law was more of a "wink and a nod" and that, "psychiatric reasons were commonly noted on the records whenever no medical evidence of health problems could be legally accounted for, and certainly when there were other more sinister motives."

The second point of interest comes from Leonard Hayflick himself, who boasted, "I have not only worked with WI-38 but I am the developer of that strain. MRC-5 is a copycat strain made by the Brits almost ten years after I showed them how." [15]

Since neither the WI-38 nor the MRC-5 abortions were done in the United States, where at least one could speculate that even minimal informed consent laws might have prevented mischief, there is good reason to question the validity of the recorded reasons for the abortions.

There is certainly no way of knowing whether the mothers volunteered their babies as research projects or not, but one could muse that especially in the case of MRC-5, even if the mother really had psychiatric problems, she could have been easily coerced. It may be speculation, but it deserves consideration in light of the absolute truth the abortions had been pre-arranged to have researchers present whose intention was extracting the tissue for vaccine production. That fact is undeniable.

The Need for Further Fetal Tissue

“Science without conscience is the death of the soul.” (Rabelais 1537)

Another key debate that has been used by some theologians and ethicists in determining the moral complicity of using these vaccines has been based on a misconceived idea that the aborted fetal cell lines are “immortal” and hence, no further fetal tissue would be needed to create new vaccines. The term “immortal” is deceptively misleading and was deliberately presented to the public by the pharmaceutical industry as a means of covering up the fact that from the time these cell lines were first used, they knew fully well that one day further fetal tissue would be required to continue producing these vaccines.

The False Notion of Immortality – A Brief History

Surprisingly, experiments in this area of biomedical research began in the early 1900’s with considerable documentation as early as the 1930’s. During that time, scientists thought they had discovered a virtual “fountain of youth” in chicken cell line experiments. Alexis Carrel, Nobel Laureate and cell biologist cultivated cells derived from chick heart tissue, which lived for 34 years, well beyond the oldest age ever recorded for a chicken (12 years). Scientists theorized if they could achieve immortality at the cell level, they might be able to defeat the aging process altogether. The research quickly migrated to human subjects and at first, like Carrel’s experiments, some, but not all cell cultures seemed to replicate indefinitely.[16]

In 1964 Hayflick and Moorhead would prove these “immortal” theories wrong, demonstrating that all normal cell strains – animal or human have a finite lifespan and that lifespan is directly proportionate to the age of the cell donor. For example, experiments on aborted fetuses demonstrated that these cells would live much longer than the cells donated by a fully matured adult. Why? Because all normal cells go through a natural aging process called senescence – just as human beings do. And in the years that

followed Carrel's work, every experiment conducted worldwide, failed to produce the same results - except, as Hayflick discovered, when the cells were cancerous. The human cell lines used at this point called HeLa had been derived from female cervical cancer tissue. Two theories emerged from this: that Carrel's chick cells were either cancerous or the cells had been fed or "seeded" with fresh chick embryo extract daily.[17]

And in 1964 Hayflick proved the undisputed fact that this very same aborted fetal cell WI-38 which has been reported to be immortal, in fact, has a limited capacity to replicate, and will eventually die. Hayflick openly states in his dissertation:

"The cellular theory of aging must be reconsidered since it has been shown that normal human diploid cell strains in vitro are in fact mortal. To our knowledge, no one has thus far reported that cells having the karotype of the tissue of origin have been able to multiply in vitro longer than the lifespan of the species from which tissue was obtained." [18]

After over 30 years of research on these and hundreds of other aborted fetal cell lines, Hayflick concluded in another 1997 report that the effort to achieve immortality was "futile". [19]

New Aborted Fetal Cell Lines Underway

So, what happens when the current cell lines expire? One might assume that the logical step would be to use an ethical source to replace them; however, that is not the case. Realizing that WI-38 was rapidly approaching its finite lifespan, the Coriell Institute for Medical Research signed an agreement with the National Institute on Aging to establish and bank new fetal cell lines for future replacement of existing fetal cell lines. It was the implicit intention of the researchers to establish this new fetal cell line for future vaccine production. Writes Dr. Christine Beiswanger, PhD, Assistant Director and Associate Professor for Coriell:

"The cell line developed at Coriell, identified as IMR-90 was the first of several lines planned in support of NIA research programs...IMR-90 was developed and characterized in such a way as to parallel WI-38 as closely as possible to minimize the variables in

replacing WI-38 within ongoing laboratory programs ... The IMR-90 cell line, like WI-38 was derived from the lung tissue of a human female embryo following therapeutic abortion ... Since the goal of establishing this cell line was a replacement for WI-38 in vaccine production, virus yields were compared for IMR-90, WI-38 and MRC-5 for a number of different viruses including varicella zoster, herpes simplex, vesicular stomatitis virus and cytomegalovirus.” [20]

Details from the American Type Cell Culture repository list the gestation age at 16 weeks (slightly older than the 3 month gestation WI-38 baby) and reiterate that, “the cell line may be considered as an alternative for WI-38.” [21] The expected lifespan for this new cell line is 58 population doublings, enough to continuously supply sourcing for new vaccines for several years to come.

In fact, if the lifespan was not nearly at capacity for the present cell lines, one should question exactly why Merck and at least 50 other pharmaceutical companies would go to the trouble of buying licensing rights on an entirely new fetal cell line in the Spring and Summer of 2002, that is neither FDA approved, nor used in any other vaccine applications. At FDA hearings in May 2002, Dr. Van der Eb of Crucell, NV, the Dutch biomedical company that owns patented rights to the cell line, explained in great detail about this new martyr for the pharmaceutical industry:

“So I isolated retina from a fetus, from a healthy fetus as far as could be seen, of 18 weeks old. There was nothing special with a 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. The mother was completely normal... PER C6 was made just for pharmaceutical manufacturing of adenovirus vectors-and the pharmaceutical industry standard. I realize that this sounds a bit commercial, but PER C6 were made for that particular purpose. Also, as far as I know, more than 50 companies have taken license for PER C6.” [22]

While we have shown that the original reasons for the abortions are subject to speculation, the intent of the donor is actually not relevant in either embryonic stem cell research (ESCR) or vaccines that were derived from abortion. In both cases however, the intent of the researcher and abortionist is quite calculated and quite clear: Both were not only pre-meditated murder, but both were done with full intent of commercializing and profiting from the destruction of human life. And in the case of the abortions, every single one of them was performed with full knowledge in advance that the fetus would be

used not just for some sort of future research, but for the specific intent of creating vaccines.

More abhorrent than ESCR, is the “up-close and personal” state of the babies slaughtered for vaccine production. For it is quite possible these tiny, fully formed human beings could have been alive at the time of dissection and at may have had the capacity of feeling the pain of the surgeon’s knife. Consider the following, from immunologist, Dr Peter McCullough’s book, *The Fetus As Transplant Donor the Scientific, Social, and Ethical Perspectives*, as reported by Dr. Bernard Nathanson about the methods used in harvesting fetal tissue in Sweden where the WI-38 abortion and others were performed:

“For example, he talks about how in Sweden they have been puncturing the sac of a pregnant woman at let us say 14 to 16 weeks, and then they put a clamp on the head of the baby, pull the head down into the neck of the womb, drill a hole into the baby's head, and then put a suction machine into the brain and suck out the brain cells. And this is directly from his book. Healthy human fetuses from 7 to 21 weeks from legal abortions were used. This is in Sweden. The conception age was estimated from crown rump length and so on. Fetal liver and kidney were rapidly removed and weighed. Now at 21 weeks, what they were doing, or 18 weeks, or 16 weeks, was what is called prostaglandin abortions. They would inject a substance into the womb. The woman would then go into mini-labor and pass this baby. 50% of the time, the baby would be born alive, but that didn't stop them. They would just simply open up the abdomen of the baby with no anesthesia, and take out the liver and kidneys, etc.” [23]

Even more distressing is the fact that there was no need for any abortions to be done in order to create a rubella vaccine. There were already two licensed rubella vaccines on the US market: the Cendehill and Merck’s HPV-77, both of which use animal cell lines – and both of which are still licensed today and could be brought to market at any time. [24] The efficacy and safety of both vaccines is not an issue either as they rate pretty much the same as the present day rubella.[25]

Assuming then that a new vaccine was desired for some other unknown reason, again, it was not necessary to isolate the virus through abortion. There was an epidemic - scientists could have done exactly what the Japanese did: they swabbed the throat of an infected child! Nor was it necessary to cultivate the rubella virus on fetal cell lines, also evidenced by the Japanese who cultivated their vaccine on rabbit cells.[26]

In addition, during the development of the tainted rubella vaccine, Stanley Plotkin had the choice of using either a fetal cell line taken from a miscarriage or the aborted fetal cell line WI-38, both of which he concluded, were equally capable of sustaining the rubella virus for cultivating the vaccine. [27]

So why use aborted fetal cell lines at all? It is crystal clear that the method used was done solely to validate the benefits and to advance aborted fetal research, which in turn has advanced huge profits for the abortionists, researchers and the pharmaceutical industry.

And when one stops for a moment to consider the abortion procedures used, such as partial birth abortion or the Swedish method, it is obvious that the practical bottom line is no longer an attempt to end an unwanted pregnancy, but rather the unwanted pregnancy becomes the “economic bottom line.”

Encouraging Further Abortions and Research

“Killing humans and then reaping financial rewards for having done so is reprehensible. When we help provide those rewards, we risk becoming complicit in this moral wrong and even legitimizing it to others.” (USCCB Life Insight, Aug-Sept 2001)

There has been some skepticism among ethicists as to whether the use of vaccines derived from these aborted fetal cell lines might “encourage” more abortions.

“Neither does it seem that use of these vaccines will encourage future abortions. Regrettably, the cell lines that gave rise to MRC-5 and WI-38 began with tissue taken from aborted human beings, but these immoral actions were one-time events. Since their first beginnings, the cells used for these lines have continued to duplicate and grow

in culture. There is little incentive to begin new human cell lines when these are well established and their various scientific properties well understood.” [28]

While one might find it difficult to imagine that parents using these vaccines could be responsible for actually encouraging further abortions, there is a chain reaction of events that must be considered, because in effect, that is exactly what has happened.

The widespread use of the vaccines by an unknowing public has led to a general idea in the pharmaceutical industry that their practices are acceptable. This very statement is supported by at least four key events that have taken place in recent years:

1) The University of Nebraska used the article Vaccines From Aborted Fetus Cell Lines Judged Morally Acceptable, citing the opinions of the National Catholic Bioethics Center as justification to continue fetal tissue research on more than one occasion.[29] Stated Drew Miller, PhD, University of Nebraska Regent:

“I am “Pro-Life.” I agree with the Nebraska Catholic Bishops and others who consider abortion to be an evil act. But once that evil act is done, I don't want to see another evil act occur: that of destroying something that can contribute to saving lives. It is also important to note that National Catholic officials (including National Catholic Ethicists) have specifically studied this subject for the Catholic Church. The March 4, 2000 issue of the Catholic Church Weekly, America, reported on the St. Louis Archdiocesan Pro-Life Office: “... Using a hepatitis vaccine derived from cell lines developed from an aborted fetus is morally acceptable because it is the only available alternative to the spread of the disease. In making its determination, the Pro-Life Office cited research by the ethicist Edward Furton of the National Catholic Bishops [sic] Center in Boston, who concluded it is permissible for a Catholic to receive the vaccine since the individual is not in immoral cooperation with the evil of abortion. To the above, I say, "Amen!!!!" And this is exactly the argument that UNMC researchers and the Board of Regents have been using to help others understand how important it is to continue this research, to continue using this source of tissue until our alternative supply program is successful. Based on this Catholic Church pronouncement UNMC is not guilty of “Moral Complicity with abortion.”[30]

2) During the Senate sub-committee hearings on Embryonic Stem Cell Research, Senator Harry Reid compared the possible benefits of ESCR to the polio vaccine, which used aborted fetal tissue, stating the public had no moral problem with that[31]

3) President Bush justified his ESCR decision to provide federal funding for only those embryos that had already been destroyed, based on the precedent of the chickenpox vaccine, which is cultivated on aborted fetal cell lines. In an article written August 12th in the New York Times OP/ED section, he states,

"There is a precedent. The only licensed live chickenpox vaccine used in the United States was developed, in part, from cells derived from research involving human embryos. Researchers first grew the virus in embryonic lung cells, which were later cloned and grown in two previously existing cell lines. Many ethical and religious leaders agree that even if the history of this vaccine raises ethical questions, its current use does not."

4) In January 2001 123 Nobel laureates co-signed a letter to President Bush, urging him to provide federal funding for embryonic stem cell research. Leonard Hayflick was no doubt instrumental in the following paragraph noted in that letter:

"For the past 35 years many of the common human virus vaccines -- such as measles, rubella, hepatitis A, rabies and poliovirus -- have been produced in cells derived from a human fetus to the benefit of tens of millions of Americans. Thus precedent has been established for the use of fetal tissue that would otherwise be discarded." [32]

Leonard Hayflick now sits on the advisory board at Advanced Cell Technology, a biotech company conducting embryonic stem cell research and human cloning.

In each of the above cases, the proponents of ESCR and fetal tissue research have used the production of tainted vaccines to support their own agenda. Yet the fact remains that if there were no market for products and vaccines obtained in immoral manners, there would be no incentive for researchers, investors or politicians to support them. And just how bad is it becoming?

How about an international market for aborted babies?

The Hunt for Fresh Fetuses

In a CBS 60 Minutes, television expose in 1999 and subsequently reported by the Asheville NC Tribune, not only is there a growing market for baby body parts, but the abortionists now have published “sales lists”. Interested researchers can choose prices ranging from \$150.00 for a brain less than 8 weeks gestation to \$999.00 for one greater than 8 weeks.[33]

As though they were advertising used merchandise at a bargain thrift shop, the abortionists further callously listed “discounts” up to 30% if the brain material is “partially fragmented.”[34] Following those newscasts, World magazine reported that researchers are specifically looking for fetuses 18 to 24 weeks gestation, which is notably well within the range of viability and survival outside the womb. According to the same report researchers pay a “site fee” to abortion clinics in order to remove the organs and body parts on location.[35]

But the problem is not confined just to the United States. Australian researchers recently announced their intention to use aborted fetal tissue to cultivate new embryonic stem cell lines, marveling at the abundance of fetal tissue available. They cited the “need” was due to the current practice of using mouse tissue as “feeder cells”, which ultimately contaminates the cell lines, making them unsuitable for human treatments. It should be noted that if they simply used ethical adult stem cells, fetal tissue would not be necessary at all.

The quest for more and more sources for viable fetal tissue to create vaccines continues as is noted in the most recent news reported from New Zealand in May 2003:

“Aborted New Zealand foetuses have become a sought-after product in a controversial international biotechnology market. A Weekend Herald investigation has revealed that Wellington's district health board stood to make money out of providing tissue from aborted foetuses to a Dutch company, Crucell. Capital and Coast Health Board pulled out of the deal last week following Weekend Herald inquiries into its application to the Wellington Regional Ethics Committee to take the tissue for the production of vaccines

against HIV, Ebola and other viral diseases. This week it emerged Crucell was interested in New Zealand because it had been identified as one of only four countries that can provide a source of foetal tissue clean of mad cow disease contamination. In what would have been the first known case of New Zealand foetuses being used for commercial purposes, Capital and Coast Health would have profited by providing the tissue to Crucell, listed on New York's Nasdaq technology stock index.”[36]

Crucell’s new fetal cell line PER C6 is simply not enough! Now they propose to hunt down fresh sources to continue their research. And branching out into a new line of technology for Crucell is the desire to create therapeutic treatments for eye disease using new aborted fetal tissue for stem cell transplants.

“He [Professor Peter Stone] has talked to fellow New Zealand clinicians about whether they could take advantage of what stem cell research has to offer, but it was not until he was approached by an Australian group that he had to give the technology serious thought. The Australians, who are a subsidiary of Dutch biotechnology company Crucell, approached Stone last year asking his department to contribute to work that could lead to breakthrough treatments.” [37]

The plan was to obtain some 30,000 aborted babies annually from hospitals and doctors who would be “paid an hourly rate” for their time. Crucell offered an “upfront fee” to the hospital, for “overheads” and a substantial “success fee” if the researchers were able to produce a viable fetal cell line.

And when New Zealand decided to table the idea for future discussion on the moral and ethical concerns, Crucell took their cannibalistic human trading to Australia, as reported June 10, 2003:

“A Sydney company is involved in a secret plan to collect tissue from aborted babies and export it for medical experiments. The sensitive proposal, to harvest some of the 90,000 foetuses aborted in Australia each year has been condemned by pro-life groups for fostering an international trade in human body parts. The Daily Telegraph has established that a Dutch bio-tech company, Crucell, working through a Sydney contract research organisation, Parexel International, has applied to the ethics committee of Queen Elizabeth Hospital in Adelaide for access to foetal material. It is believed to be the first proposed commercial collection of foetuses in Australia, but those behind the project were hoping to carry it out without the public knowing. The tissue would be sent to

Crucell's laboratories in the Netherlands and used to grow cell lines for research into vaccines for infectious diseases such as HIV and Ebola. The abortion doctors who collect the tissue stand to make money out of the project – they would be paid an "hourly rate" for their time.”[38]

This callous and horrific exploitation of aborted babies was again recently evidenced when researchers in Israel announced that they had removed ovarian tissue, from aborted fetuses, which could mature into eggs that could then be used in in-vitro fertilization (IVF) treatments. These matured eggs could also be used for human cloning therapies and experiments. Noted Dr Tal Biron-Shental, of the Meir Hospital-Sapir Medical Center in Kfar Saba in Israel, “I am fully aware of the controversy about this, but most probably in some places it would be ethically acceptable.” [39]

Crucell has seen the market explode with the advent of their PER C6 fetal cell line and further outrageous research on the innocent unborn is growing at an alarming rate, which never would have occurred if the pharmaceutical industry did not already have a market for fetal cell line based products.

The use of these tainted vaccines does indeed lend itself to furthering the market for fetal tissue and ESC research. But how can such an action actually encourage further abortions? Let’s examine those facts more closely.

Fact I – Reasserting Roe - The Right To Choose

In recent hearings on the legalization of fetal tissue research in the State of Arizona, the 9th Circuit Court of Appeals’ ruled that to deny the research would interfere with a woman’s “right to choose.” The court cited the polio vaccine as a benevolent reason to strike down the ban and further stated that banning such research would violate the spirit of Roe v. Wade:

“Other physicians and expert witnesses explain that many established treatments for illness have developed from fetal research and experimentation, including the polio vaccine... Roe v. Wade held that the constitutional right to personal privacy encompasses a woman's decision whether or not to terminate her pregnancy. Roe and its progeny

established that the pregnant woman has a right to be free from state interference with her choice to have an abortion. A prohibition on aborted fetal tissue research could burden the rights of women and couples to make both present and future reproductive choices. ...Experimentation on aborted fetal tissue may foster the development of reproductive technology that is related to reproductive decisions. Governmental restrictions on reproductive decisions are only justifiable given compelling state interests." [40]

Fact II – An Incentive to Abort

Women considering abortion are more likely to do so if they believe they can donate the fetus for research. As presented by the Nebraska Catholic Conference at the State Capitol Rotunda, March 21, 2001, numerous studies and polls conducted over the years show the following: [41]

A study in the Canadian Medical Association Journal 1995, 153: 545-552 reported that "of the 122 [women] who indicated that they would consider an abortion if they were pregnant, (17.2%) stated that they would be more likely to have an abortion if they could donate tissue for fetal tissue transplants and 24 (19.7%) were uncertain.

L. Gillam from the Centre for Human Bioethics, Monash University, Clayton, Vic, Australia said that "although it cannot be definitively established" it is "at least factually plausible" that "if it were to become a standard form of treatment, [fetal tissue transplantation] would encourage or entrench the practice of abortion." (J Med Philos 1998 Aug; 23(4): 411-27

Redbook magazine conducted a poll of its readers in September 1990, gathering opinions about fetal tissue research. Nearly 1300 readers responded and the results were printed in the December 1990 issue. Fifty-eight percent felt that "some women who are ambivalent about abortion would be swayed to do so if they knew that they could donate the tissue." Seventy-three percent believed that "publicizing the benefits of fetal tissue research would lead to a black market in aborted fetuses."

Glamour magazine ran the same type of poll and reported the results in the June 1989 issue. Twenty-three percent indicated that using fetal tissue in medical research will lead to more abortions. The poll also asked "If you were undecided about having an abortion,

would the opportunity to donate the fetal tissue to useful medical research make you more likely to have the procedure". Eighteen percent responded "don't know" and 8% said "yes".

The June 17, 1991 issue of Time magazine included a story by L. Morrow entitled "When One Body Can Save Another". The story included a Yankelovich poll revealing public attitudes on the morality of fetal tissue transplantation. According to the poll, 18% thought it acceptable to "conceive and intentionally abort a fetus so the tissue can be used to save another life."

And while the Nebraska Catholic Conference has painstakingly attempted to prove that fetal tissue research does increase the odds that a woman will abort her child if she feels some benefit may come to society as a result, they also note that:

"It is important to point out that the use of aborted baby tissue in research need not be shown to increase abortions to be morally wrong. Even if it could be proved that such research would never increase abortions, it is still immoral because of its complicity with the practice of abortion and an absence of a legitimate surrogate from which to obtain consent to use the tissue." [42]

Even the 1988 National Institutes of Health advisory acknowledged that: "The possibility for using fetal tissue in research and transplantation might constitute motivation, reason, or incentive for a pregnant woman to have an abortion." [43]

Perceived Public Acceptance

The public's complicity in encouraging further abortions by using vaccines from aborted fetal tissue is due to a chain reaction of events that actually works itself backward from the use of the vaccines:

The vaccines created a need for aborted fetal tissue

More fetal tissue research is being done to create more vaccines

Aborted fetal tissue research creates a need for more abortion

More abortions are done when donating the fetus is an option

While certainly it is not the parent's desire to encourage abortion by using the vaccines, the effect is a result of their action, albeit unintended, but nonetheless a direct effect. And this assumed acceptance by the pharmaceutical industry of using aborted fetal tissue in vaccine production also contributes to the development of new vaccines using existing and new fetal sources.

Thus it would appear that the use of the vaccines could be considered by some to be morally wrong and in fact, in light of this new evidence, Dr. Edward Furton himself supports this theory:

“Most troubling, however, is the possibility that the present use of these vaccines might encourage future abortions. If that were true, then one might expect vaccination to constitute immoral cooperation with abortion.” [44]

Further, the perceived “moral permissibility” of using these vaccines has led to a denial by the pharmaceutical industry for ethical alternatives. Merck Public Affairs Executive Director Isabel Claxton has already stated as much in a letter to Children of God for Life in response to the Campaign for Ethical Vaccines, November 2000:

“No new fetal tissue is needed to produce cell lines to make vaccines, now or in the future. A number of thoughtful briefings have been published regarding the moral implications of vaccination against rubella and varicella, including a paper by John J. (sic) Grabenstein in Volume 2, Number 2 of the Official Journal of the Christian Pharmacists Fellowship International in 1999 and an article from America Liturgy in March 2000. I have enclosed these articles for your review.”

Obviously their response was completely disingenuous. When Merck announced in May 2002 that it had acquired the new fetal cell line PER C6 for further vaccine development,

Children of God for Life again wrote their offices to advise against their decision to use yet another unethical cell line for vaccine production. The letter further reminded them of their own promise that “no further fetal tissue would be needed to create vaccines, now or in the future.” Merck’s response was:

“A number of thoughtful briefings have been published regarding the moral implications of vaccination against rubella and varicella, including a paper by Bishop Budd in 1994 and John J. (sic) Grabenstein in Volume 4 of the Catholic Pharmacist. Both authors underscore that vaccines work in preventing disease, disability and death, but only when children and adults in a community are adequately vaccinated.”

Merck ignored the fact that Bishop Budd’s paper also stated that in defense of parents, who felt that the use of the vaccine would be a source of scandal by obscuring the evil of abortion,

“The only prudent course of action is to refuse consent to vaccinationThe health service should be required to develop vaccines and treatments that are in no way associated with abortion.” [45]

But even setting that aside for a moment, John D. Grabenstein’s opinion on the morality of vaccinations is simply not credible. The Glaxo SmithKline Executive Management Program touts John D. Grabenstein, PhD, a Lieutenant Colonel in the United States Army and a Catholic, as “an expert in medical ethics”. Their program states that, “For seven days each year, 40 pharmacists from around the nation are competitively selected to study financial, managerial and leadership approaches to organizational development essential to the pharmacy leader’s role.” Grabenstein is listed on the faculty and staff of the Glaxo SmithKline Wharton Pharmacy Management team.

According to Glaxo SmithKline, their “Industry-academic cooperation is a win-win proposition for both parties involved. A unique program called The Wharton Partnership brings together member organizations, corporations and foundations, in order to create long-term, mutually beneficial relationships.”[46] It just so happens that Glaxo SmithKline is one of the manufacturers of the tainted Hepatitis-A vaccine. Merck is the other.

And what is Grabenstein's relationship to Merck? He has co-authored publications with Merck,[47] conducted training seminars for Merck[48] and even assisted with the development of a website for the ASHP Research Foundation, which was funded by an unrestricted grant program by Merck.[49] Grabenstein also chaired a recent symposium by the ASHP in which they described him as "a passionate advocate for pharmacist-based immunization efforts, (who) challenged attendees to become more aggressive in their efforts". The Foundation announced the availability of up to \$50,000 in research grant funds dedicated to pharmacist-based immunization advocacy studies. The entire program is financed by the Merck Vaccine Division.[50]

Grabenstein has no Bioethics or Theology degree, but he has published more than 250 articles and 6 books, primarily on vaccine advocacy. He is a fellow of the Royal Society of Health, the American Pharmaceutical Association, and the American Society of Health-system Pharmacists. He is the principal author of "Pharmacy-Based Immunization Delivery," a CDC-recognized curriculum of the American Pharmaceutical Association. He is also Deputy Director of the Anthrax Vaccine Immunization Program Agency, within the U.S. Army Surgeon General's Office. To say that John Grabenstein has no ulterior motives in asserting that the use of vaccines derived from aborted fetal tissue is morally acceptable is simply ludicrous.

Crystal Clear Complicity

Proponents of aborted fetal tissue research argue that their work is morally separate from the abortion itself and that one's personal view should not affect the ethical considerations in the good that may result from such research. However, when we examine the impact fetal tissue research has on institutionalizing abortion, coupled with the direct complicity of all parties involved there is unquestionable proof that one cannot be separated from the other.

When one performs an act that is intended to bring about a benefit for the greater good of society, if an innocent person is harmed, it is not a moral act. It is in fact, utilitarianism, a modern Hedonistic theory that promotes the greatest good for the greatest number of people.[51]

One argument often presented is that since the mother is going to abort her child anyway, shouldn't some good come from this tragedy? After all, isn't this very much like donating the organs of a murdered child to help save another human being's life? This line of reasoning quickly fails under both the moral principle above and a misconceived notion of parental rights. The consent for non-therapeutic procedures on a child, unborn or otherwise, is not licitly obtained when the parent's action brings about the death of their child.

Interestingly, proponents for Embryonic Stem Cell Research (ESCR) make a similar argument: since left over embryos from in-vitro fertilization (IVF) clinics are going to be destroyed anyway, shouldn't they be used to benefit another? Yet such thinking violates the principles found in the Nuremberg Code and the United Nations Declaration of Human Rights. Accordingly, "members of the human species who cannot give informed consent for research should not be the subjects of an experiment unless they may benefit from it or the experiment carries no significant risk of harming them."

The premeditated intent to hunt down, seek out and use aborted fetuses in order to create vaccines and other new medical treatments is crystal clear. We know that Wistar researchers were present at the 27 rubella abortions and as noted, performed the dissections "immediately".

Dr. Sven Gard and Dr. Van Der Eb specifically selected the fetuses for WI-38 and PER C6 respectively and we know Van Der Eb did the dissection himself. Merck itself assisted in the fetal research for its own rubella vaccine. And Dr. Hayflick of Wistar used his expertise and experience to further immoral research in the UK. The existing cell lines are nearing capacity for production and new ones are emerging. More abortions and more research are being conducted. Crucell's activity with New Zealand and Australia is a perfect example of the current search today for new aborted fetal sources. And as long as the pharmaceutical industry receives the benefit of public acceptance of the vaccines, the situation will only worsen. History has proven that.

While Dr. Edward Furton of the NCBC has noted that parents have a responsibility to vaccinate their children, he also notes that, "The development of widespread public opposition to tainted vaccines might lead to an eradication of the present dilemma for future generations." [52]

Without a doubt, is this not a serious Catholic responsibility too?

From fetal tissue to stem cell research, pharmaceutical companies would not be investing billions of dollars into these new cell lines unless they felt sure they would have a market. In fact, if parents did NOT use the vaccines obtained from aborted fetal cell lines at all, such action would have effectively ended the practice years ago. It would not be a fair or accurate statement to say that people who use the vaccines do not contribute to an immoral act, because in fact, they are providing financial motivation and incentive plus actual funding to the pharmaceutical industry to continue this immoral practice. The Vatican agrees:

“Furthermore, on a cultural level, the use of such vaccines contributes in the creation of a generalized social consensus to the operation of the pharmaceutical industries which produce them in an immoral way.”[53]

Certainly, any person wishing to abstain from their use in order to avoid scandal or to discourage further immoral vaccine production should be encouraged and lauded for doing so. Instead, parents are being unlawfully grilled about their faith by public health officials and are frequently denied the right to follow their properly formed, Moral Conscience in both public and Catholic schools when filing for State-allowed religious exemptions. The following sections will address these and other serious problems parents encounter when faced with the decision of whether or not to immunize their children with these vaccines.

Moral Obligations

“Parents have the most grave obligation and the primary right to do all in their power to ensure their children's physical, social, cultural, moral and religious upbringing.” CCL 1136

There have been several discussions on whether parents should vaccinate their children based on a moral obligation to protect them and society from serious disease. One might find this to be a stronger argument if the diseases that the objectionable vaccines are used to prevent were actually serious or life threatening to society, but that is not the case. Even given that notion, one must ask if a “need” somehow makes an act of evil morally permissible.

Stated Fr. Stephen Torracco, Professor of Moral Theology at Assumption College regarding the need for these vaccines:

“Saying that something is morally justifiable because I need it as a means to an end, and indeed, a good end (preservation of one’s life) is absolutely identical with the Machiavellian principle that the end justifies the means (or, that evil may be done in order to accomplish good) and, thus, absolutely unacceptable and morally indefensible.... Secondly, precisely because this Machiavellian principle is morally indefensible, one needs to examine the very thing needed in this particular case $\frac{3}{4}$ cell lines from aborted fetuses. To say that one needs the cell lines of aborted fetuses to preserve one’s life is inseparable from saying that one needs the abortions $\frac{3}{4}$ intrinsically evil actions $\frac{3}{4}$ that make the cell lines available... If I need the vaccine (and it is a need that can be satisfied only by an aborted fetus) and if I defend my need, I will the abortion. The person receiving the vaccination may well be living long after the fetus was actually aborted, and had no involvement in and may even have no knowledge of the particular and actual fetus that was aborted. However, the remoteness in time is not sufficient for arguing that there is no act of the will on the part of the recipient of the vaccine[54]”

Keeping Fr. Torracco’s statements in mind, let’s examine this “need” theory and take a look at the diseases involved. There are two childhood vaccines in the United States for which there is no alternative other than the aborted fetal cell line vaccines: Chickenpox and Rubella. Measles and mumps offer ethical alternatives in single doses. The third tainted vaccine, which is not part of routine vaccination for children, is Hepatitis-A and therefore, is not included in a detailed discussion. But it should be noted that a moral alternative, immune-globulin is the CDC recommended prevention for the spread of Hepatitis-A in the event of an outbreak. Since the vaccine must be given at least 4 weeks prior to exposure in order to be effective, immune-globulin provides temporary immunity for 3-5 months and is frequently given in place of the vaccine.[55]

When we explore the facts of the two remaining diseases and the associated vaccines, one might be surprised to discover we may be doing far more damage than good by vaccinating for these specific maladies – not only to some of our children but to all of society.

The Disease and Vaccine – Rubella

As stated earlier, rubella, of the MMR vaccine is not considered a harmful childhood disease. In fact, the symptoms can be so mild that one may not even know their child has contracted it.

John D. Grabenstein, the so called expert on such matters by some ethicists admitted that rubella will cause only a “mild rash” for most people and that “men and boys immunized against rubella receive minimal personal benefit”, acknowledging the reason to vaccinate them is to protect pregnant women.[56] However, it should also be noted that before mass vaccination began 85% of all children developed a natural immunity to rubella by the sixth grade[57].

And as reported by the CDC, March 21, 2005:

“In 2001, for the first time in history, less than 100 cases were reported in the United States. In 2003, there were only eight rubella cases and one CRS case reported in the United States. In 2004, there were only nine rubella cases reported in the United States and no CRS cases,” according to Julie L. Gerberding, director of the Centers for Disease Control.

“Last fall, an independent panel including internationally recognized immunization experts from academia, the Council for State and Territorial Epidemiologists (CSTE), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the Pan American Health Organization (PAHO), Mexico and the CDC concluded that rubella virus is no longer endemic in the United States.” [58]

Such minimal risks hardly constitute a need for all children to be vaccinated against rubella, especially when the vaccine itself is not without possible serious side effects.

In his article *Vaccines Originating in Abortion*, Dr. Furton states in regard to rubella that encephalitis occurs in 1 in every 1000-2000 children and that a significant number will suffer permanent brain damage or death, however that is not correct.[59] It is extremely rare that encephalitis would ever occur in a child who contracts rubella and in fact, the US Public Health Service handbook states it could occur in 1 out of every 6000 cases. In any case, encephalitis is also one of the many dangerous side effects of the MMR vaccine, according to the Merck product insert, which states: "Measles inclusion body encephalitis (MIBE), pneumonitis and death as a direct consequence of disseminated measles vaccine virus infection has been reported in immunocompromised individuals inadvertently vaccinated with measles-containing vaccine."

The product insert also lists adverse reactions as panniculitis, vasculitis, pancreatitis; diarrhea; vomiting; parotitis, diabetes mellitus, thrombocytopenia, purpura, regional lymphadenopathy, leukocytosis, anaphylaxis and anaphylactoid reaction, angioneurotic edema, bronchial spasm (in individuals with or without an allergic history), arthralgia, myalgia, chronic arthritis, febrile convulsions, seizures, Guillain-Barré Syndrome, aseptic meningitis, pneumonitis, nerve deafness, otitis media and death. [60]

And while it has not yet been accepted as a causal effect by all researchers and physicians, there is a growing concern over a possible link between autism and vaccines such as the MMR. In January 2003, the Centers for Disease Control reported that autism rates range anywhere from one in 250 to one in 1000. [61] In a recently released report by the California Department of Developmental Services, the number of children diagnosed with full-syndrome autism between 1999 and 2002 nearly doubled from 10,360 to 20,377. The report states that, "Between Dec. 31, 1987 and Dec. 31, 2002, the population of persons with full-syndrome autism has increased by 634 percent". [62] And according to the U.S. Department of Education, the increased autism rate in California is in line with the increases other states are experiencing. For example, in 1992 Ohio reported 22 cases. A decade later the number had increased to 3,057. In Illinois the rate of autism cases climbed from just five in 1992 to 3,802. To blindly assume that parents must put their own child at risk against a disease that has a remote potential to protect a pregnant woman, who in fact would have had to refuse to protect herself, is morally unfounded.

A pregnant woman is tested at her first doctor visit for rubella immunity. If she is not immune, she has two options: She can take a rubella immune globulin (IGIM) shot which is a series of antibodies that help boost immunity to certain diseases. IGIM is taken from the blood of people recovering from the illness; for example, the immune globulin given

to help prevent rubella infection is taken from the blood of people who are recovering from the disease. There is no risk to the baby from this passive immunization and the protection lasts about 3-5 months, thereby putting the risk to an unborn child beyond the critical stage for CRS malformations.[63]

The second option, which is not recommended in practice but apparently poses no threat, is to receive the vaccine itself. In a study of over 600 women who were mistakenly vaccinated during pregnancy and chose not to abort their children, all gave birth to healthy babies. The reason is that while the rubella virus crosses the placenta and can cause birth defects in the first trimester, the rubella virus contained in the vaccine does not. Because of this study, the CDC announced that therapeutic abortion for pregnant women who had received the vaccine was no longer warranted. [64]

If a pregnant woman refuses to protect herself, it is she who poses a risk to her unborn child - not society. And what sort of risk does that present? As noted in the report by the CDC that rubella had been eliminated in the US, there were less than 10 cases per year over the past 3 years and only one case of Congenital Rubella Syndrome. Further, the cases reported were among Hispanic immigrants who did not infect others, meaning the disease was completely self-contained.[65]

Without question there are far more reported cases of adverse reactions to the vaccine than there are actual cases of congenital rubella syndrome. For example a 1994 study showed 560 reports of adverse reaction to the MMR vaccine. The same year showed 227 cases of rubella with 7 cases of CRS.[66] In any case if the safety of the vaccine is an issue, parents have no moral or social obligation whatsoever to put their own children at risk for the so called "good of society".

The Disease and Vaccine – Chickenpox

To most parents and a large number of physicians, the fact that many states mandate vaccination for chickenpox is absurd. Even Merck, the sole manufacturer of the chickenpox vaccine states in their product information that," it is generally a benign, self-limiting disease."

It is at best, a scratchy annoyance, but hardly considered life threatening. And while there have been deaths associated with the disease, it is not due to the virus itself, but

rather, that another immunodeficiency problem was aggravated by the onset of the disease.

Again, this vaccine itself is not without serious problems. According to the Journal of the American Medical Association, chickenpox vaccine failure occurred in over 1000 of 6,000 recipients. JAMA reports licensing label revisions for the chickenpox vaccine include warnings of seizures, face, arms and leg paralysis, brain and spinal cord inflammation.[67] According to the Illinois Vaccine Awareness Committee, “From the chickenpox vaccine license in 1995 to March 6, 2001, the federal government has received more than 12,000 adverse reaction reports including 600 serious ones and 31 deaths.”[68]

Further, according to Dr. Chris Kahlenborn, about 95% of U.S. born mothers have either been exposed to or have naturally contracted the varicella (chickenpox) virus and pass these antibodies on to their newborn babies giving them natural immunity for the first five and one-half months of life. Breastfeeding mothers enjoy even longer protection for their babies. This is important because infants cannot receive the vaccine and if they contract the virus without that maternal antibody protection, they are at a high risk of death. (31%)[69]

The mother who has been vaccinated as a child will not possess sufficient antibodies – if any at all in order to pass on the needed protection for her baby. This is because according to the New England Journal of Medicine, lifetime immunity is provided only by the disease itself and certainly not by the vaccine as recent studies have revealed.[70] In fact, such studies also revealed that even using a second dose of the vaccine did not provide any appreciable response in immunity. Many of these children who were tested post vaccination possessed absolutely no antibodies whatsoever to the varicella virus. In contrast, those who lived with siblings or others in their household who had contracted chickenpox had very high and sustained levels of antibodies. In adults the chickenpox virus carries 35 times the morbidity and twenty times the mortality as compared to children, meaning the vaccination of children could lead to deadly problems among adults in the future who will no longer have the benefit of exposure to the disease. Any sort of extended protection against varicella requires exposure to natural infection.

And although clinical studies showed that antibodies remained high even twenty years after vaccination, this is due to a booster effect from “sub-clinical re-infection” – exposure to naturally occurring chickenpox occurring after vaccination. That is, one gets

the vaccine, and then is later exposed to a child who actually has the disease which serves to "booster" the child who originally received the vaccine.[71]

For example, a study of more than 2,200 fourth-graders revealed that 63% of those without a definite history of chickenpox, and who also had never been vaccinated, already had natural antibodies against the varicella virus. The study, which was led by Bernard Duval of Laval University in Quebec and published in a 2001 fall issue of the *Pediatric Infectious Disease Journal* recommends pre-vaccination testing for varicella immunity before immunizing older children against the infection to avoid unnecessary vaccination.[72]

In a recent study on an outbreak of chickenpox among children who had already been vaccinated at a New Hampshire day care center, only those children who actually had already contracted the disease naturally were protected against re-infection - from those who were vaccinated! In fact, the study showed the outbreak was actually ignited by a toddler who contracted the chickenpox after being vaccinated and then passed it on to his vaccinated sibling, who in turn infected the other vaccinated children at the center.[73]

Not only will children immunized against chickenpox have to worry about avoiding the disease as adults, another recent study concludes children who have been injected with the vaccine are much more likely to contract shingles when they grow older. Researchers from England's Public Health Laboratory Service reported in May 2002 that children vaccinated for chickenpox have a higher risk of contracting shingles as adults, which is caused by the same virus that manifests itself as chickenpox and can be especially dangerous for the elderly and those with impaired immune systems. According to the report,

“Marc Brisson and his team say their research shows that adults living with children have more exposure to the virus that causes chickenpox and enjoy high levels of protection against shingles. Being close to children means that adults are exposed to the virus, which acts like a booster vaccine against shingles, they believe. But if all children were vaccinated, adults who have had chickenpox would no longer be protected against developing shingles.” [74]

In addition, the 2003 Physicians Desk Reference notes:

“Post-marketing experience suggests that transmission of vaccine virus may occur rarely between healthy vaccinees who develop a varicella-like rash and healthy susceptible contacts. Transmission of vaccine virus from vaccinees without a varicella-like rash has been reported but has not been confirmed. Therefore, vaccine recipients should attempt to avoid, whenever possible, close association with susceptible high-risk individuals for up to six weeks. In circumstances where contact with high-risk individuals is unavoidable, the potential risk of transmission of vaccine virus should be weighed against the risk of acquiring and transmitting natural varicella virus. Susceptible high-risk individuals include: immuno-compromised individuals, pregnant women without documented history of chickenpox or laboratory evidence of prior infection, newborn infants of mothers without documented history of chickenpox or laboratory evidence of prior infection”.[75]

And just how many children developed varicella lesions after vaccination? According to Merck, nearly 4%. And how many suffered rash reactions without the visible lesions? Again, according to Merck’s own product insert, that figure is at 19%!

In light of the expected long-term negative effects of the vaccine on society as a whole it would not seem prudent or even ethical to arbitrarily vaccinate children for chickenpox. It should also be noted that Merck’s product insert also states that, “Varivax has not been evaluated for its carcinogenic or mutagenic potential or its potential to impair fertility”. Given that statement alone, parents have every right to strongly object to this vaccine for their children.

The Cell Lines Themselves

While lab culturing may indicate that so called “immortal” cells are not immediately changing to overt tumor cells, it is now well known in the scientific community that after these cells have been repeatedly cultured a certain number of times, something causes them to convert to a cancerous state. “Normal embryo cells presumably represent a state in development which is genetically unstable, rendering them considerably more susceptible to malignant transformation.”[76]

When new vaccine batches are needed, the virus is cultivated on the existing fetal cell lines, which in turn have been sub-cultured numerous times over the years. We have already discussed the absolute finite lifespan of these cell lines and we know the end of that timeline is rapidly approaching. According to the “Hayflick Limit”, the population

can only double a limited number of times (around 50) before the cells senesce and are unable to grow any more. [77]

And what of the new fetal cell line, PER C6 recently introduced to the US last year and described in our previous section? PER C6 is a “designer” cell altered by introducing into the culture an E1 cellular gene transformed by an adenovirus type 5 (AD 5). This transformation process turns a normal cell into an immortal neoplastic cell. In other words, PER C6 is a normal cell that has been modified to resist cell senescence. And in doing so, it introduces the potential for cancer to form in the vaccine recipient.

“However, a feature of regulatory importance associated with Ad5-transformed cells is their capacity to form tumors in immunodeficient animals such as nude mice. This framework is intended to examine, and wherever possible, to quantify the potential risk of "transmitting" the tumorigenic components of the cell substrate used for vaccine production, and determine whether that "transmission" might pose a risk, particularly an oncogenic risk, to vaccinees. Factors that could influence the risk associated with the use of Designer Cell Substrates include (1) the known mechanism of cell transformation leading to the development of tumorigenic cells; (2) residual cell substrate DNA; and (3) the presence of adventitious agents, especially oncogenic viruses.” [78]

As new vaccines are manufactured on these and MRC-5 and WI-38 cell lines, how many will be contaminated with the inevitable carcinogenic material and how long will the production continue before the problem is discovered? How many innocent children will be infected? While one may speculate this should never happen given the caution used in preparing vaccines, it is a distinct possibility. And given that the cancerous damage may take years to manifest itself, how is one going to make the proper association to a contaminated vaccine cell line?

The current vaccine products state there is residual DNA from these aborted humans present in the vaccines, a fact that is in itself not without both moral and medical concern. We have already seen this problem with the SV40 contaminants suspected of causing cancer in polio vaccine recipients from the 1950's. That issue is still open for debate among scientists to this date and may never be resolved, but the hard evidence supports their findings.[79]

The Good of Society?

"A system that subordinates the basic rights of individuals and of groups to the collective organization of production is contrary to human dignity."(GS 65.2)

Could something that is clearly evil in its origin ever be justified based on what might appear to be for overall "good of society"? When we explore the hard facts, little doubt should be left in anyone's mind as to what sort of damage we are truly inflicting.

If one accepts that the unborn child is a human being, it follows then that this tiny person also has human rights, and therefore the practice of removing organs and tissues without consent and against their will violates every moral principle known to man. Further, if there were no ethical alternative, then the practice of such research would depend solely upon the continuing practice of abortion. And when we examine not only how many abortions were done in the past to create vaccines, but what is projected for future fetal tissue treatments, the numbers are both heart wrenching and staggering.

Notes Dr. Bernard Nathanson: "There are 1.4 million insulin dependent people in the United States and 30,000 new cases every year. To treat them, eight fetal pancreases are needed per person, harvested at 14 to 20 weeks and the prostaglandin abortion method must be used to preserve the pancreas. That equates to roughly 12 million fetuses at 14 to 20 weeks. With a total of 1.6 million abortions done annually in the US, where are all these babies, in that specific gestational age going to come from? Additionally there are four million people in the United States with Alzheimer's Disease and 250,000 new cases every year. It takes five fetuses at 9-12 weeks to supply enough tissue to treat a central nervous system disease for one person, but there are also paraplegics, cerebral palsy sufferers and stroke victims. We would need 2.5 million fetuses at 9 to 12 weeks per year at least. Currently there are 800,000 babies a year killed in this 9 to 12 week window. Where are the other 1.7 million going to come from?" [80]

Indeed, where are all these aborted babies going to come from? If lawmakers have their way, they may very well come through human cloning. Recent legislation passed in the State of New Jersey allows for the cloning of human embryos that may be implanted into a woman's womb as long as there is no live birth. This means that scientists can allow the baby to grow to the desired stage and then abort the child in order to harvest the tissues and organs at the proper time. And what happens if the surrogate mother changes her mind and wants to keep the growing child within her womb? By law, she would be forced to abort her child.

Forced abortion is right out of China's population control textbook and is now part of a US State law as well. Is the "good of society" served when the once noble profession of medical research has now evolved to the point where human life is nothing more than a mere commodity that can be ripped from the womb, repackaged, patented, bought and sold based on a perceived notion that scientific research must be advanced at all costs? Rather than progressing it seems we are reverting to a morally depraved, Neanderthal philosophy of survival of the fittest.

To say that one can somehow separate the moral evil of abortion from the ensuing research or benefits that may result is simply not credible. Nor can one say that the passage of time will somehow lessen the evil once an established fetal or embryonic cell line is created. To do so would mean that families who received the first fresh batches of aborted fetal vaccines were morally culpable, but those receiving them years later are not. Since when does the passage of time lessen a sinful act?

A primary example is easily recognized in the Original Sin of Adam and Eve, passed down through thousands of years to the present time. Does one suppose that God looks down on mankind today and decides enough time has passed and our inborn sin is now forgiven? Yet certainly no one in our modern time was involved in or even desired that the first parents should disobey God. Or if the passage of time could simply erase a sinful act then why bother going to Confession? After all, if we wait long enough, won't the sin just disappear? Both Catholics and non-Catholics alike recognize that a sinful act can only be atoned for by seeking God's forgiveness, making restitution and avoiding further sin in the future. And the right to not participate in sin, no matter how remote someone else may think it to be, is a fundamental right of every human being.

When one considers the legal rights of abstaining from vaccines it should be noted that even our State Legislatures have appropriately allowed religious exemptions for parents, with 48 of 50 states providing such relief. Interestingly, according to the Centers for Disease Control surveys, such exemption statutes have been in place for decades without posing any major risk to public health, and states allowing these exemptions do not have higher rates of vaccine preventable illnesses.[81]

Given the obvious medical concerns it should be noted that while there are times one can obtain a medical exemption from vaccination, this cannot occur until after an adverse reaction has already been suffered by the patient. Even if a sibling should suffer one of these many serious side effects presented here, this is not considered sufficient reason by the American Medical Association to have other family members exempted from vaccinations for medical reasons. Yet what parent is going to take the risk of endangering another child if they already have one who has been permanently damaged or died as a result of vaccination?

Certainly parents should have the right to decide whether or not they should risk the well-being of their own child and the only other recourse they may have is to seek the protection of their Church. The moral implications we have already discussed in the previous sections demonstrate sufficient reasoning, but the medical concerns presented here also offer sound and rational objections – objections that warrant the recognition of parental rights and duties to protect their children first and foremost.

Indeed, to subjectively say that there is a moral obligation to vaccinate children for “the good of society” without weighing the risks of serious and permanent disabilities caused by the vaccines is not ethically founded. Of course, an innocent person must agree to make some sacrifices for the common good such as paying his taxes. But the good of society need not be considered over the moral or physical good of one’s own child. To do so would indicate that some lives have lesser value than others.

Nor may a person ever sin or forsake his conscience for the benefit of the common good. We cannot simply blindly imply that the good of society must be protected at all costs, in all cases, especially when such action may bring both spiritual and physical harm.

As previously stated, the idea that we must do the “greatest good for the greatest number of people” simply does not always work especially in the case of these vaccines.

“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.”[82]

Clearly, as evidenced in the previous chapter, no such risk exists in the United States. Further, the Church supports the right of individuals to make such decisions:

“The natural law is written and engraved in the soul of each and every man, because it is human reason, ordaining him to do good and forbidding him to sin...But this command of human reason would not have the force of law if it were not the voice and interpreter of a higher reason to which our spirit and freedom must be submitted.” [83]

And lastly, we would contend that there is no moral obligation to either the child or to society to use these vaccines because such decisions cannot be arbitrarily made when there is uncertainty as to whether this action would bring about more harm than good.

In Dubio Libertas

If there is doubt about an obligation of law, a person is free to not follow the law. A person is bound by obligations that are certain, not by apparent obligations that remain doubtful even after one endeavors to learn the truth. God gives us this freedom to help us preserve our peace of mind when confronted with conflicting opinions, and to prevent others from imposing pseudo-obligations for reasons that are not certainly valid.

For example, if a child would certainly bleed to death if a doctor does not provide a blood transfusion, the parents are bound to consent to the procedure to save the life of the child by this ordinary means. That obligation is certain in almost every possible case.

In the case of vaccinations here under discussion, no such certain obligation exists to have every child vaccinated. The danger to the child by not vaccinating is usually slight and remote, if it exists at all. On the contrary, the danger that the vaccine will harm the child is neither slight nor remote.

An obligation to contribute to the common good and the safety of one's neighbor by receiving the vaccination is not present for every single child, because the neighbor can always protect himself by being vaccinated. The harm that may be done to the child by the vaccination must be measured against doubtful benefits to the common welfare.

It should also be noted that should an emergency outbreak arise, state laws would mandate that quarantines be used. But such is not the case for any of these fetal cell line vaccines today, and therefore an obligation toward the common good to receive the vaccination does not exist.

“Authority is exercised legitimately only when it seeks the common good of the group concerned and if it employs morally licit means to attain it. If rulers were to enact unjust laws or take measures contrary to the moral order, such arrangements would not be binding in conscience.” [84]

It is not morally licit to force vaccines obtained immorally when conscience is violated, when parents have a legitimate right to consider the risks of their own children’s safety before society as a whole and clearly, when society itself is not without considerable harm when mass vaccination policies are instituted for certain vaccines, as evidenced in the information presented.

The Problem With Remote Material Cooperation

“By his reason, man recognizes the voice of God which urges him to do what is right and avoid what is evil.” (CCC 1706, GS 16)

There has been much published material about whether the use of the vaccines derived from these fetal lines constitutes complicity in the evil of abortion. Some have argued the cooperation is slight, some have argued it is mediate, while still others have argued there is no cooperation at all. However, previous writings from most ethicists have concluded the use of the vaccines to be one of “remote material cooperation.” It is not our intention here to debate whether the use of these vaccines is indeed remote cooperation or perhaps a bit more intimate in light of the evidence already presented, but rather to address the problems created by these theories for Catholics.

To begin with, none of the ethicists using this argument have ever stated that remote material cooperation is not sinful. In fact, what the USCCB Pro-Life Secretariat office has stated is:

“If such collaboration with abortion has already taken place, and the only vaccine made available for serious diseases contains material that was cultured in fetal tissue from an abortion, may Catholics -- out of concern for their own health or that of their children or the community – submit to this vaccine without committing serious sin? Most Catholic moralists have replied in the affirmative.”[85]

Therein is the crux of the problem. For if it is not sinful at all to use the vaccines, why not just come right out and say so? Instead, the conclusion was that it is not “serious sin”, leaving one to draw the conclusion then that it may be somewhat sinful. If so, most faithful Catholics would most certainly want to avoid anything that was sinful in nature, even if it is only venial.

But defining various levels of cooperation can become quite complicated. In their June 2005 statement, the Vatican defined three categories of people who cooperate with evil to some degree on the tainted vaccines:

- 1) Those who prepare the vaccines
- 2) Those who participate in their mass marketing
- 3) Those who use the vaccines

They then laid down the varying levels of cooperation with evil by linking the above three types of persons with three ways cooperation is accomplished, each lessening in severity numerically:

- 1) The complicity with abortion
- 2) Complicity with marketing of cells from abortion
- 3) Complicity with marketing of the vaccines

Beginning with the least guilty parties, rightfully, the Vatican concluded that a patient or parent who uses the vaccines only cooperates slightly with the abortion. However the degree of cooperation is more intimate with the marketing of cells, tissues and ultimately even closer with the actual use of the tainted vaccines. Likewise, the Vatican concluded that authorities and health systems bear a “more intense” cooperation than did the vaccine users.

The pharmaceutical companies, however, that were directly involved and both market and utilize the aborted fetal cell lines are guilty of formal material cooperation, which is morally illicit. In fact, their level of complicity when they participate with full knowledge is equal to that of the abortionists.[86]

When examining the degrees of moral culpability in an act of evil on one end of the ethics spectrum is “formal cooperation” which is always serious, and therefore a mortal sin. On the other end is “complete disassociation” which would not be considered sinful at all. In that the parents and medical professionals fall somewhere between these two points in varying degrees, leads one to conclude there is some sort of sinfulness associated with using the vaccines. That in itself, is a serious problem for faithful Catholics.

As Fr. Stephen Torracco noted:

“For society, or even worse, for the Church, to argue that access to the vaccines is without moral problems is not only false, but also a failure on the part of both society and the Church to argue that society has the moral obligation to come up with alternatives to these vaccines.” [87]

And thankfully, just as the good priest hoped, the recent Vatican statement has spoken out fiercely against this injustice in no uncertain words!

Catholic Persecution

We have already discussed in Section C of this document how others who have a vested interest in fetal tissue and embryonic stem cell research have used the perceived notion of moral acceptability of the vaccines to further their own private agendas. But the problem goes well beyond the researchers, politicians and pharmaceutical companies. It has trickled down to health departments, schools, physicians, parents, and regrettably, even to their children.

In fact, the Centers for Disease Control now openly professes that the Catholic Church supports the method in which these vaccines were produced. In response to a recent inquiry from a Catholic parent on the use of aborted fetal cell lines in the vaccines, the CDC wrote:

“Back in the 1960's a single source of the disease came from a fetus aborted with rubella. Since then, the vaccine has been made in the laboratory in a process which is supported by the Catholic Church. ” [88]

Of course the Catholic Church does not support the manner in which the vaccines were produced especially as evidenced in their latest document, but this growing public perception of moral acceptability has created havoc for parents and has been nothing short of an embarrassment to the Church and the faithful.

In most states, both the tainted chickenpox and MMR vaccines are required for admission to school. In filing for religious exemption, as thousands of Catholics have already done, in many cases the officials have outwardly stated that Catholics are not entitled to an exemption: Lutherans, yes; Methodists, yes; Episcopalians, yes; Jews, yes; Muslim, yes; Catholics, no.

Their reason: the Catholic Church says the vaccines are permissible, citing previous articles written as proof. With no formal statement from the Church, parents have been literally “hung out to dry”.

How serious could it be? Consider the cases of Catholics who refused to use these vaccinations:

Children have been expelled from school

State health departments have used their own interpretation of Catholic teaching to force vaccinations

Parents have been threatened with child abuse

Children have been forcibly removed from their parents’ custody

Court action has been brought in New York, Nevada and Arkansas in defense of Catholic rights for religious exemptions

In Atlanta, Georgia a parent was refused all medical treatment for her child by her pediatrician unless she had the vaccinations or showed proof of Catholic teaching

Parents in Nebraska, Louisiana, Texas, Pennsylvania, Florida, Oregon, New Jersey and Alabama have been denied enrollment at Catholic schools

A Catholic University began formal proceedings to suspend a student and revoke her full scholarship unless she received the MMR vaccine

Parents have enrolled their children in other private Christian schools when exemptions have been refused at their Catholic schools

In nearly all of the above cases it has taken the intervention of priests, bishops and even Vatican officials in order to resolve the issue. But in one case where no such assistance was given involving a 12 year-old child, it meant the end of his Catholic faith.

The boy was old enough to understand and respect his parents’ pro-life convictions. What he did not understand was how the Catholic school of his dreams could refuse to

allow him to attend unless he caved into their demands for a chickenpox vaccine. When the school denied his admittance to the school without the tainted shot, he was crushed. He stopped going to Mass, despite the pleading of his parents and even refused to watch a movie on television when he found it was Catholic in nature. Now one could argue that the parents should have been able to convince their child it was an isolated incident; that the Church in fact, did respect their pro-life views; that their faith must have been very weak to start with. Yes, the parents could have done a much better job.

But conversely, one could also argue it never should have happened to begin with. A child has lost his faith over a chickenpox vaccine. Not a deadly, life-threatening medical treatment – a simple chickenpox shot, comprised of residual DNA of two murdered babies and the boy could not understand why no one could see the logic in his own convictions. Neither could his parents.

Parents and Physicians Speak Out

In order to better appreciate the depth of people's convictions in wanting to avoid any association with abortion we include the following samples from thousands of letters the Campaign for Ethical Vaccines has received from parents, doctors and even children themselves:

"Do not be deceived in thinking that since there are some women who will abort their babies anyway, we should use their bodies for good. The ends do not justify the means. Whether you want to admit it yourself or not, you know deep down in your conscience that this is a sin which can never be justified." Omaha, NE

"Most physicians are not aware of the source of the vaccines. I had to investigate the issue when one of my patients expressed concern. Only then did I learn this. Because such a high number of vaccines are mandatory in Massachusetts, I think it is compulsory that people have a choice of other sources that do not utilize morally repugnant Mengelesque (Joseph Mengele) cannibalization of human suffering." South Hadley, MA

“Children, all children, must be protected from exploitation, including the unborn children. It is morally wrong to use vaccines derived from children murdered in abortion.” St. Charles, LA

"Like physicians, pharmacists are supposed to work for the greater good. However, any good achieved through evil means is never acceptable. While the abortion-derived vaccines may have helped to save countless lives, this was done at the expense of aborted children from whose tissues the vaccines were fashioned and that is dead wrong!" Dallas, TX

"We understand that for those who consider abortion acceptable, there is no issue. However, you must understand that we feel about the issue of using tissue from aborted babies as the Jews would feel about using a vaccine derived from concentration camp victims." Sterling Heights, MI

"Our oldest daughter, Julia, was supposed to be aborted. Her birth mother accidentally called a pro-life clinic while calling Planned Parenthood to get a cheaper price. She then chose adoption for her child. Should Julia be vaccinated with a serum that came from a baby who wasn't as lucky as her?" Pelham, NY

"Knowing now that the MMR vaccinations have come from aborted babies, I can not in good moral conscience allow my children to have these vaccinations. This act is horrible!" Dripping Springs, TX

“I am dismayed to find that the vaccines I have trusted, received, and administered over the years were made from cell lines derived from aborted human fetuses. The use of these vaccines for my family, and my administration of them as a nurse, violates my religious beliefs as well as my personal sensibilities.” Shenandoah, VA

"Concerning the development and continuing use of vaccines obtained from aborted babies: the whole world now seems enmeshed in a vast structure of sin. There seems to be no aspect of life and the ordinary activities of daily living that are untouched. How sad for the human family." Round O, SC

"All life is precious -- to use murdered babies to further ones endeavors is a sick and very sad statement of U.S. morals and values. Bettering one's life at the cost of another is Nazism and completely immoral." Puyallup, WA

"We who are pro-life do not want to benefit, medically or otherwise, from these unjust deaths, no matter how few children were used to make the vaccines or how long ago they were killed. By making abortion-derived treatments and prophylaxis a part of everyday medical practice -- more and more people become implicated in the crime of abortion, even if only in a remote way. By involving average Americans in the injustice of abortion do they hope to inure us to the point that we will turn a blind eye to the victimization of the unborn -- so we will accept other lucrative "treatments" developed from the stolen lives of these children?" Niagara Falls, NY

"As a physician, I took the oath to do no harm. I feel that harm was done when the babies were aborted and therefore I feel that it is not right and shows a lack of respect for their lives to use their cells for the making of vaccines. I do not feel that the end justifies the means." Omaha, NE

"Use of aborted baby parts to manufacture drugs is wrong. Use of these ill produced drugs, even though the effects can be viewed as beneficial is also wrong. We have become cannibals consuming our own children." Sorrento, LA

"There are many of us who are against abortion and believe using the fetus made in the image of God to be sin. It is making the whole nation a part of the sin of murder and bringing down the wrath of God on all of us." Salem, OR

"It bothers me a lot to know that I was given a shot 13 years ago that was made from the lungs of babies that were aborted. I am pro-life but I was forced to use a product of the pro-choice movement against my choice and my parents' choice. This is wrong." Pfafftown, NC

“We are pro-life without exception. We will not vaccinate our children with vaccines derived from murdered children/aborted babies.” Duluth, MN

“We are a Catholic family and we’re shocked to find our deeply-held religious beliefs being so callously disregarded. Abortion is wrong. Profiting from abortion is wrong.” Tulsa, OK

“The ends do not justify the means. If the means to protecting our children are displeasing to Almighty God, we must avoid them. It’s infinitely more important to protect our eternal souls than our temporal bodies.” Warsaw, IN

“We are American who live in moral conscience as a Roman Catholic family of love and faith. We cannot, in good conscience, receive any vaccines or any other medical products derived from human embryos or from cell lines emanating from human embryos.” Westfield, MA

“Using vaccines manufactured from tissues of aborted babies is a crime against humanity. Our rights to religious freedom and to decide for ourselves whether to receive such vaccines or not have been violated.” Maynard, MA

“We and our children would rather die than to be protected from diseases by such Frankenstein vaccines you are producing.” Wasilla, AK

The point we are trying to demonstrate is that while degreed theologians, ethicists and moralists argue over theories such as “formal” cooperation, “proximate” cooperation and “remote” cooperation, the real world does not view their faith or convictions in philosophical terms. And while such studies may be useful when attempting to ascertain a degree of sinfulness, they do not fit into the mind or the heart of the average Catholic family. While focusing on what Catholics are permitted to do, we seem to have lost sight of what Catholics are trying to do, that is, to embrace and live their faith in full accord with what the Church has taught them.

The Good Bishop Speaks!

Long before the Vatican spoke out against this injustice, the most Reverend Bishop Robert Vasa, Diocese of Baker, Or. wisely addressed this anomaly as follows:

“If the Church has clear teaching, e.g. abortion is murder and may not be done, then there is no room for conscience to make a "personal judgment" about the rightness or wrongness of this abortion for me here and now. It is precisely where things are not clear that a well formed conscience can and must extrapolate from the principles to an application in a concrete case. If someone tells me to kick a dog I do not need a "Magisterial teaching" about the appropriateness of kicking a dog to be able to apply proper principles and determine that such a thing ought not be done by me or anyone else.

There is an abundance of respect life material (beginning with the Catechism of the Catholic Church) to support someone's 'conscientious' decision to avoid and preclude any semblance of cooperation with or benefit from abortion. Conscience does not decide that this behavior is evil and proscribed for all people for all time but only that this behavior (in the intimacy of my own conscience) is proscribed for me here and now.

The right to make this conscience decision and to have it respected is protected by the clear teaching of the Church and in some instances by the civil law as well. Sometimes clearly, consciences are so delicate or 'scrupulous' that the judgment is unsound but that is not the case here. Nor are we talking about a case where a person's conscience seems to dictate that they do something totally contrary to the clear teaching of the Church.

Some Catholic Americans may 'conscientiously object' to going to war and society needs to accept that conscientious objection despite the fact that there is no clear doctrinal prohibition forbidding a Catholic from participating in a just war! His conscience must decide the issue and his conscience must be respected. For their children, a parent's conscience must decide and that conscience needs to be respected. If there is clear and present danger to the child then other factors would come into play (e.g. seatbelt laws) but these have no opposing moral content.

For me it is a question between acknowledging some risk to children to develop diseases (I experienced chicken pox, mumps and measles as did many of my peers with little more than discomfort) and the moral risk of continuing down the slippery slope of more and more tolerance of abortion and its so-called 'related benefits'. Any 'benefit' of any type derived from abortion or abortion related industries should be taboo for conscientious Catholics. I do not believe we should penalize those Catholics who have chosen this higher ground, this stricter application of the principles. They should instead be lauded for their thorough understanding of the issue and for their willingness to take a minority

stand. How sad that conscientious parents - serious about life - are victimized by the very Catholic Church whose principles and tenets they uphold so solidly.” [89]

Striving for Holiness

“Whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is gracious, if there is any excellence, if there is anything worthy of praise, think about these things....The virtuous person tends toward the good with all of his sensory and spiritual powers; he pursues the good and chooses it in concrete actions.” (CCC 1803)

The Church has emphatically and unequivocally stated her position on the evil of abortion, embryonic and fetal tissue research. She has done a marvelous job of instructing the faithful in these matters, of encouraging all of us to defend human life and dignity. She instructs us at every opportunity to turn away from that which is evil and seek what is good.

Jesus himself invites us to be, “perfect as your heavenly Father is perfect.” (Mt 5:48) And while the Church does not demand full sainthood from each of her members, she has encouraged it, lauded it and held it in highest esteem for nearly 2000 years.

So when it comes to using vaccines that take their origin in murdered, innocent children, it is not surprising that those seeking a holier standard of living would adamantly oppose their use. The old theory of simple "remote material cooperation" becomes immediately problematic in that the very word "cooperation" intimates association, regardless of how "remote" it might be, and thus violates the inner conscience. Consider the actions of the faithful pro-life Catholic who:

Will not support pro-abortion candidates for public office

Will not donate to charities that support fetal tissue or embryonic stem cell research

Will not buy products from companies who support Planned Parenthood

Will not use doctors who also offer abortion

Will not do business with retailers who supply over-the counter abortifacients

Will not use medical treatments taken from fetal tissue transplants

Will not attend public events with pro-abortion guest speakers

In short, faithful pro-life Catholics will not even "remotely" support any organization or position that is connected with the abortion industry. They do so because their conscience directs them. For the strong pro-life Catholic or Christian, using vaccines that have been derived from abortion is in direct contradiction with the above pro-life practices – the very practices that our Holy Catholic Church espouses.

As one of the letter writers mentioned above, those who strive to do God's will place the greatest emphasis of their actions and decisions in accordance with their spiritual well being. They realize that the soul is immortal, the "flesh profits nothing". The idea of placing primary importance on our eternal salvation is expressed exquisitely in the Catechism, 363, which states:

"In Sacred Scripture the term 'soul' often refers to human life or the entire human person. But soul also refers to the innermost aspect of man, that which is of greatest value in him, that by which he is most especially in God's image: soul signifies the spiritual principle in man."

Is not our soul the very imprint of God living inside us? Is it not the soul that is the very Breath of God, inspiring our minds to seek Him out, because we are created in His own image and likeness? Is it not within our very soul where man's conscience finds instruction? Tugs at our hearts? Corrects our judgments?

And is not the very Grace of God a precious gift that implants such judgments and knowledge of what is good and evil into our hearts? Certainly we realize that not all persons are graced at the same level of spirituality, which is why many of our Catholics do not adhere to all of the Church's teaching. For example, many who attend Church on a regular basis and lead decent Christian lives also use contraceptives. We do not condemn them. Rather, we attempt to correct their action through truthful education and by holy example.

For the parent who chooses to use vaccines that take their origin in abortion, neither does the Church condemn such action, nor are we asking Her to do so. What we do ask however, what is of utmost importance – is that those parents who wish to abstain from these vaccines must be allowed to do so with the full support of our priests, bishops, ethicists and moral theologians. The very Church that has instilled such values through Her own teachings must protect faithful Catholics who are drawn to a higher standard of moral integrity. Such Catholics are paragons of virtue, holy examples to others and the very foundation and strength of the Church's future.

Man does not know what God has put into another man's heart and it is that uncertainty that needs to be respected and treated with utmost dignity in order to protect our faith and man's freedom.

“For its part, authentic freedom is an exceptional sign of the Divine image within man. For God has willed that man remain "under the control of his own decisions, [90] so that he can seek his Creator spontaneously, and come freely to utter and blissful perfection through loyalty to Him. Hence man's dignity demands that he act according to a knowing and free choice that is personally motivated and prompted from within, not under blind internal impulse nor by mere external pressure.” [91]

Moral Conscience

“When he listens to his conscience the prudent man can hear God speaking.” CCC 1777

One would assume that with the enormous amount of documentation from the Magisterium regarding the rights of conscience, there would be no question as to whether a parent should be allowed to refrain from using vaccines that violate their moral principles. Unfortunately, there seems to be a great divide between what the Church teaches and what is being done at a number of Catholic schools, where lay administrators who are generally in charge rely only on specific written procedures and in the case of the vaccines, no such guidelines exist. We hope that the latest Vatican statement will change that, but even without that evidence, as Bishop Vasa stated so perfectly, “If I kick a dog, I don’t need the Magisterium to tell me I ought not to do that!”

When parents or physicians make a decision not to use vaccines tainted by their origin in abortion, they do so only after giving the matter a great deal of thought and consideration of the potential risks. We begin by offering a “real life” situation on this dilemma from a good pro-life doctor who wrote to us:

“Although I am tempted not to prescribe the [tainted] vaccines, I have opted to give patients informed consent concerning the human stem cell origin of these vaccines. At least 50% of the patients are shocked to find out the source of these vaccines, and I have had patients opt not to vaccinate their children on that basis alone. It is a terrible moral dilemma. Although there is no direct cooperation with evil on the part of these parents in their attempt to help their children, I clearly sense that they believe that there is a compromise with evil and a cooperation with the “spirit of our times,” which has been described, for such reasons as this, as a ‘culture of death’.”

We have chosen his letter above as a good example of the working of one’s conscience in determining a specific course of action. The doctor says he is “tempted not to prescribe the vaccines”, which by analyzing such a statement, we would clearly see a man who is wrestling with a decision as to what he would feels he should do versus what he feels he must do. Interestingly, he solves his own dilemma by informing parents of the vaccine sources and then leaves it to their own discretion. It is this same humanitarian right we expect from our Catholic ethicists, theologians, institutions and clergy.

The Church has provided extensive and exhaustive documentation on this primordial and sacred right. She has fought for the right of conscience against unjust wars, religious persecution and most recently in Catholic healthcare directives and right of conscience clauses in State and federal laws. Therefore, it would seem only proper that this same right should be fully afforded to parents who wish to abstain from vaccines obtained in an immoral manner and in fact, by denying this right one would be in direct conflict with Magisterial teachings.

But in order to come to a decision on whether an action that is about to be performed is morally correct or not, one must take care to have a properly formed conscience. And so we will consider in regard to the vaccine issue, just how one might form either a correct or incorrect conscience, recognizing that ultimately, one's final recourse is to God:

“For man has in his heart a law inscribed by God...His conscience is man's most secret core and sanctuary. There he is alone with God whose voice echoes in his depths”. [92]

Proper Formation of Conscience

When considering matters of conscience, we cannot arbitrarily say that just because some people believe in their conscience that something is morally okay, it is in fact so. For example, if a Catholic believes that abortion is acceptable in his or her personal conscience, that would in fact, be an erroneous conscience because such thinking would conflict with the Natural Law, the teaching of the Magisterium and proper moral judgment.

“Man participates in the wisdom and goodness of the Creator who gives him mastery over his acts and the ability to govern himself with a view to the true and the good. The natural law expresses the original moral sense which enables man to discern by reason the good and the evil, the truth and the lie.... The ‘divine and natural’ law shows man the way to follow so as to practice the good and attain his end. The natural law states the first and essential precepts, which govern the moral life. It hinges upon the desire for God and submission to Him, who is the source and judge of all that is good...” [93]

When man either through laziness or indifference makes no attempt to conform his will to God's it is highly unlikely that his own lack of spiritual knowledge will afford him the opportunity to make a properly formed conscientious decision. Generally, such a person attunes himself more toward matters of logic, earthly or material affairs and self-centered motives, with little or no consideration given to divine matters.

“Ignorance of Christ and his Gospel, bad example given by others, enslavement to one's passions, assertion of a mistaken notion of autonomy of conscience, rejection of the Church's authority and her teaching, lack of conversion and of charity: these can be at the source of errors of judgment in moral conduct.” [94]

On the contrary, those Catholics who have committed themselves to following a strong Christian principle, who seek God through prayer and are solidly grounded in faith will have a much clearer image of what their moral actions should be in most situations. Yet there are times, when even the most devout Catholic takes pause and the use of the tainted vaccines is a perfect example of when one must have a properly formed conscience in order to decide whether or not they wish to use them on their children or themselves.

Faced with this decision, a proper conscience must be formed through prayer, counsel and knowledge. Certainly most parents will not have at their disposal the enormous amount of information we are presenting here. They will instead rely on what they do know, on what the Church has taught them and what God reveals to them in their own hearts.

“Conscience must be informed and moral judgment enlightened. A well-formed conscience is upright and truthful. It formulates judgments according to reason, in conformity with the true good willed by the wisdom of the Creator.” [95]

So assuming the parents have already taken the matter to prayer, the first source of counsel parents seek would be the direct teachings of the Church. In the recent Vatican directive while noting that parents are not obligated to do so, they have a right to abstain:

“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.” [96]

The key word of course is “significant risk” – a situation that does not apply to the United States, nor to these diseases as we have already demonstrated.

The Magisterium has further provided extensive teachings on relative issues which should help those who are trying to properly decide their course of action. Certainly one of the most common resources used is the Catechism of the Catholic Church itself, which provides numerous citations on Abortion, Respect for the Person and Scientific Research, Respect for the Souls of Others, Scandal and forming a Life In Christ.[97]

In addition, Holy Scripture, the Didache (Apostolic tradition) and Vatican encyclicals such as *Humanae Vitae*, *Donum Vitae* and *Evangelium Vitae* provide ample teaching on respect for human life. All of these are treasured resources that form the faithful Catholic’s conscience and all of which uphold the inherent moral dignity of the human being from the moment of fertilization through natural death, while condemning any exploitation of human life.

The Church offers further guidance to assist Catholic in determining whether an act one is about to commit is morally sound. In order for an act to be morally good, all parts of that action must be good; if one part is bad, the entire act becomes bad.

“A morally good act requires the goodness of the object, of the end and of the circumstances together. It is therefore an error to judge the morality of human acts by considering only the intention that inspires them or the circumstances (environment, social pressure, duress or emergency, etc) which supply their context.” [98]

In the case of the vaccines, the origin of the vaccines was evil, the methods used to create the vaccines were evil and the actions of the pharmaceutical companies themselves were evil, as we have already clearly shown. By the above standards, a Catholic could

certainly decide that the use of vaccines derived from abortion might not be considered a morally good act.

And while as we stated earlier, many parents do not know these facts, they certainly have a right to know them and in fact, as Catholics we should be making every effort to reveal these truths so as to assist the faithful in making an educated moral decision. If the truth is purposely kept hidden, as the pharmaceutical industry has tried quite successfully to do over the past thirty years, we are in effect, morally culpable of denying the right of informed consent.

Such informed consent would provide parents with an opportunity to explore the pros and cons of illicit vaccinations thoroughly. For most, this would include considering the following risks in proper order:

- 1) The risk of offending God
- 2) The risk of the disease to their child
- 3) The risk of moral harm to their child
- 4) The risk of harm to their child from the vaccination itself
- 5) The risk of the disease upon society, morally, spiritually and physically
- 6) The risk of contributing to scandal
- 7) The risk of encouraging the abortion industry
- 8) The risk of encouraging the pharmaceutical industry to continue their illicit practices
- 9) The risk of further illicit research by scientists and developers

While all of the above are valid reasons in contemplating a decision as to whether or not the vaccines should be used, the only one necessary is the first: the fear of offending God. If a person believes in their heart that an action would be sinful, they must not do it. This was the strict advice given by Monsignor Charles Brown at the Sacred Congregation for the Doctrine of the Faith, when the Vatican was first consulted on this issue:

“In the absence of any formal guidelines from the Magisterium of the Church and while the Vatican reviews this matter of the vaccines, parents must be instructed to follow the Church teaching on Moral Conscience. To turn away from their properly formed conscience would be an error.” [99]

We would hold that the more a person opens himself to discern God’s will, the greater the graces that are bestowed on such a person - the closer he grows to God and the more he will strive for holiness and perfection in daily living. It is only natural that the effect of God's grace can cause a man to know without a doubt what he must do. If he tries to turn away from that knowledge, a conflict arises interiorly, where the Spirit is in conflict with the human will. If he continues to ignore the internal knowledge, guilt arises. The only way to alleviate that guilt is to either turn away from God or do His will. The man who ignores his properly formed conscience is really ignoring God, which is one reason why Msgr. Brown made the above statement and also why the Fourth Lateran Council condemned such action:

"The Divine Law," says Cardinal Gousset, "is the supreme rule of actions; our thoughts, desires, words, acts, all that man is, is subject to the domain of the law of God; and this law is the rule of our conduct by means of our conscience. Hence it is never lawful to go against our conscience; as the Fourth Lateran council says, 'Quidquid fit contra conscientiam, aedificat ad gehennam.' - whatever is done in opposition to conscience is conducive to damnation." [100]

For some parents this might also mean they would go through every necessary step in an attempt to form their conscience, armed with the best possible knowledge and still conclude that it would be a better decision to vaccinate their child. Even if one might not agree with another’s decision, we cannot say they would have made an immoral decision because every person is graced individually by God and will be judged by God alone for their actions.

And by the same right, neither can we say that erroneous judgment could be the case for parents who make a conscientious decision to refuse aborted fetal cell line or other immoral vaccines, because it is clearly not antithetical to the teachings of the Church, because the fear of committing sin is present, because the parents have obtained counsel from Church authority and because they have ultimately formed their conscience based on truth and moral goodness.

Such pious enlightenment is given freely by God to those who strive for holiness, and no man, no civil authority has the right to deny this precious gift:

“To anyone who has, more will be given and he will grow rich...” (Mt 13:12)

The Right of Conscience Must Be Protected

The Church recognizes and respects that there are times when people may not have a properly formed conscience and yet, erroneous or not, the right of conscience is respected as an inalienable right of every individual by our own federal government.

The US Constitution clearly defines the free exercise of religious beliefs and the moral rights of individuals to obey the judgment of their conscience in both the First and Ninth Amendment, which states:

“The enumeration of the Constitution of certain rights shall not be construed to deny or disparage others retained by the people. One of the rights retained by the people is the right of conscience.”

Our duty as Catholics is to respect that individuality while offering education and guidance. Further, it is also our duty to fight for the freedom to maintain this most sacred right. And today, more than ever that freedom is being threatened by the Culture of Death as pro-abortion advocates seek to put an end to these rights for our Catholic medical professionals and institutions.

In a January 2003 meeting, the Pro-Choice Resources Center hosted their annual meeting, which was co-chaired by the ACLU, Planned Parenthood and Catholics For a Free Choice. The central topic of discussion was strategies on how participants should work

to abolish the laws protecting the right of conscience. Consider some of the notes from that meeting...[101]

Ira Glasser encouraged participants to focus on what the law should be rather than what it is. Glasser provided a number of examples illustrating the parallels between conscientious exemptions in the reproductive rights context and civil rights cases involving discrimination based on gender, race, and sexual orientation.

"No one has the right to commit malpractice," said Crosby. "If we can establish that a standard of care is being violated, the public interest in patient health will clearly outweigh the sectarian hospitals' or insurers' right to limit care. Finding a better name than 'conscience clauses' should be a key part of that strategy", she added.

Much of the debate focused on strategy, with participants wondering whether it was better to work toward improving and narrowing conscience clauses or to fight to eliminate them altogether. According to Glasser, the answer was "both."

Frances Kissling of Catholics for a Free Choice noted that pro-choice advocates should join with activists working on church/state and religious freedom issues. She also raised questions about the basic assumption that religious groups should be granted exceptions and wondered whether the state should be defining who is "religious."

Ira Glasser agreed and suggested bringing in activists working in gay rights, disability rights, and similar movements as well. "A pharmacist refusing to provide certain services is no different from a landlord refusing to rent to certain people," he pointed out, adding that a broader coalition would help mitigate charges of being anti-religious.

"When all the movements are isolated and fighting by themselves, they stand a much bigger chance of losing", Nancy Yanofsky added.

The agenda of the pro-abortion advocates is clear: get rid of conscience rights and every doctor, nurse, pharmacist and hospital staff will be required to either leave their professions or violate their consciences. Shocking, you say? Unjust? Horrific? It is no worse than what is being done right now to the parents who wish to abstain from vaccines that violate their conscience. And while one might argue the degree of sin is different – one being direct cooperation and the other being remote, who are we to judge what is

sinful in a man's own heart? How dare any authority, Catholic or civil make such a decision, especially when the Magisterium herself does not support it?

“God alone is the judge and searcher of hearts; for that reason He forbids us to make judgments about the internal guilt of anyone.” [102]

We find it both scandalous and hypocritical that those who profess to fight for the rights and freedom to act in accord with their conscience are denying this same basic right to Catholic parents. We must not just quietly allow parents this right, but we must profess it loudly, defend it ferociously, laud those who use it – or most definitely, we will lose it. Most certainly, even an average attorney will use any instance of a Catholic institution, parish or diocese refusing to allow the rights of moral conscience to its members against other Catholic institutions fighting to maintain the same rights.

In summary, the right of conscience is an absolutely sacred and fundamental privilege for all Catholics, Christians and indeed to all who profess to know, love and serve God in accordance with His will. The Magisterium in her wonderful wisdom recognizes that in order to be truly free, in order to be at peace with God, in order to grow in holiness, man must never be denied this primordial right. It is sacred and irrevocable and it must be protected, for without it, all other religious rights lose their deepest significance: the right to know God.

“On his part, man perceives and acknowledges the imperatives of the divine law through the mediation of conscience. It is through his conscience that man sees and recognizes the demands of divine law. He is bound to follow this conscience faithfully in all his activity so that he may come to God, who is his last end. Therefore he must not be forced to act contrary to his conscience. Nor must he be prevented from acting according to his conscience, especially in religious matters. The reason is that the exercise of religion, of its very nature, consists before all else in those internal, voluntary and free acts whereby man sets the course of his life directly toward God. Acts of this kind cannot be commanded or forbidden by any merely human authority.” [103]

Pope John Paul II further exhorted his flock in this very manner:

“As bishops, you have to teach that freedom of conscience is never freedom from the truth but always and only freedom in the truth.” [104]

Summary

"God, the Lord of life, has entrusted to men the noble mission of safeguarding life, and men must carry it out

in a manner worthy of themselves". (GS 51.3)

To summarize, we have shown extensive documentation we believe has been kept hidden from the public and our Catholic ethicists, bishops and priests far too long.

We further contend that with the facts presented, we now have sufficient evidence that should warrant a thorough examination of the moral considerations of using these vaccines and the rights of parents and medical professionals who wish to refuse them.

Let us begin then by looking at some of these key points:

The original abortions were performed with specific intent to create vaccines

The abortionist and researchers share equal if not greater moral complicity with the mothers who aborted her children

The aborted fetal cell lines are not immortal and additional tissue from aborted babies is being used to create new vaccines and sustain the existing ones

The benefit of using the vaccines has been used to justify further immoral research

The use of the vaccines has created a reverse chain reaction that actually encourages further abortions

The tainted polio vaccine was used as an excuse to strike down laws banning aborted fetal research in order to protect a woman's right to choose

The use of the vaccines provides financial incentive and support for further research and vaccine development using aborted babies

The use of the vaccines has brought scandal and embarrassment upon the Church

We have a moral responsibility to bring about positive changes in the Culture of Death

And what will we do in the future? What shall we say of new products that are brought to market from deliberately destroyed human embryos through ESCR? Should the Church support these future products as well simply because there may be no other alternative? If not, what defense will we claim for not doing so?

Further, it is time we do a bit of Catholic "damage control". The Church has been mocked for her perceived current position that aborted fetal vaccines are morally acceptable, when in fact the Magisterium has never stated such a thing, and in fact, they have now made their position and the duty of Catholics perfectly clear.

While researchers and pharmaceutical companies will most likely try to ignore the Vatican directive to provide ethical alternatives, Catholic physicians, politicians, clergy and indeed, anyone calling themselves pro-life must not. It is our moral duty to demand an end to the exploitation of our unborn – and to fight against any attempt to deny pro-life families their legal right to refuse these vaccinations. These parents are models of Catholic excellence who deserve both our protection and support.

We have done a marvelous job of teaching a large majority of our own to be faithful to Christ, to be faithful to the Church and to be unequivocally pro-life and so, they are. We cannot turn our backs on them then in their time of need, especially when they are doing exactly what the Church has taught them.

Parental aversion toward having their children injected with vaccines that were obtained by murdering children is reasonable and laudable. In light of the recent Vatican statement, this aversion must be recognized by government and school administrations as a legitimate reason, in and of itself, to refuse these contaminated vaccines.

Make no mistake; God damns the act of murdering children to make a profit or to benefit the lives of others. Those of us with full knowledge of the disgrace and harm caused by these vaccines have a moral obligation to let the truth be known and to do something to stop it, otherwise the complicity, no matter how distant is shared by all.

Further, we have a duty to uphold the teachings of the Magisterium in every Catholic institution and the primary, inalienable right of conscience must be maintained for both the good of the individual and society at large. God bless those parents who did not wait for a formal statement from the Vatican to tell them what to do. They simply listened to what God had put in their hearts and adhered to what they had already been taught:

Message of His Holiness, Pope John Paul II
For the XXIV World Day of Peace

“If you want peace, respect the conscience of every person...No human authority has the right to interfere with a person's conscience. Conscience bears witness to the

transcendence of the person, also in regard to society at large, and, as such, is inviolable. Conscience, however, is not an absolute placed above truth and error. Rather, by its very nature, it implies a relation to objective truth, a truth which is universal, the same for all, which all can and must seek. It is in relation to objective truth that freedom of conscience finds its justification, inasmuch as it is a necessary condition for seeking truth worthy of man, and for adhering to that truth once it is sufficiently known.” (1991, n.)

"The upright conscience calls good and evil by their proper names: Whatever is opposed to life itself...whatever violates the integrity of the human person... whatever insults human dignity... where people are treated as mere tools for profit, rather than as free and responsible persons. All these things and others of their kind are infamous indeed. They poison human society and they do more harm to those who practice them, than to those who suffer injury from them. Moreover, they are a supreme dishonor to the Creator of us all." (GS, 27)

The aborted human being has been duly violated, his/her dignity insulted and his/her remains treated as tools for profit and the service of others by the pharmaceutical industry. Dare we dishonor our Creator any further by sharing in the evil, no matter how distant it might seem to be? Dare we interfere with the upright conscience of a person who makes a decision not to use these vaccines based on the physical and moral well being of their child and society?

Each of us must ultimately answer to a Higher Authority and will be judged according to what we know, what we have done with that knowledge and what we have failed to do. Jesus instructs the heart thus:

“Strive to enter the narrow gate, for many I tell you will attempt to enter, but will not be strong enough.” (Lk 13:24-25)

And as our new Holy Father Pope Benedict XVI stated in his former role as Prefect for the Congregation for the Doctrine of the Faith it is time to awaken the sleeping conscience of our nation:

“We must lead society back to the eternal moral values, that is to say, open ears almost gone deaf, so that once again the promptings of God might be heard in human hearts...The silencing of conscience leads to the dehumanization of the world and to moral danger, if one does not work against it.” [105]

References

- [1] Moral Reflections on Vaccines Prepared from Cells Derived From Aborted Human Foetuses, *Medicina e Morale*, Centro de Bioethica della Universita Cattolica, June 9, 2005
- [2] The NCCB Secretariat for Pro-Life Activities, Vol. 12, No. 4 Aug-Sept 2001, The Human Embryo as Research Commodity Special Edition
- [3] <http://www.med.upenn.edu/bioethic/Museum/Parado/BIOETH~2.HTM> ; Univ of Pennsylvania website, Bioethics
- [4] Dr. C. Ward Kischer, Embryologist and Emeritus Professor of Anatomy; Specialist in Human Embryology, University of Arizona College of Medicine (Tucson, Arizona) Personal interview 7-02, ALL Conference
- [5] L. Hayflick and P.S.Moorhead, The Serial Cultivation of Human Diploid Cell Strains, *Experimental Cell Research*, 1961, 25, pg 591
- [6] L. Hayflick and P.S.Moorhead, The Serial Cultivation of Human Diploid Cell Strains, *Experimental Cell Research*, 1961, 25, pg 618
- [7] L. Hayflick, The Limited In Vitro Lifetime of Human Diploid Cell Strains, *Experimental Cell Research*, 37, 611-636, 1965
- [8] G. Sven, S. Plotkin, K. McCarthy, Gamma Globulin Prophylaxis; Inactivated Rubella Virus; Production and Biological Control of Live Attenuated Rubella Virus Vaccines; *Amer J Dis Child* Vol 118 Aug 1969
- [9] Norrby, Erling "Listen to the Music: The Life of Hilary Koprowski (review)", *Perspectives in Biology and Medicine* - Volume 44, Number 2, Spring 2001, pp. 304-306; and personal email, from Dr Norrby to Dr Rene Leiva, Human Diploid Cell Strains, A Brief History of their Origin, 2006
- [10] Origin of HIV and Emerging Persistent Viruses, Round Table Conference, The Accademia Nazionale dei Lincei, Edward Hooper, ISBN 88-218-0885-8
- [11] *New England Journal of Medicine*; Rubella in Children, *Pediatrics*, 1965, 1976, 1980 *American Journal Diseases of Children*, Vol. 110, Oct. 1965

[12] Centers for Disease Control, National Immunization Program,
<http://www.cdc.gov/nip/diseases/rubella>

[13] American Journal Diseases of Children; Virus Production and Biological Control of Live Attenuated Rubella Virus Vaccines, Vol. 118 Aug 1969; Attenuation Of RA273 Rubella Virus; Studies of Immunization With Living Rubella Virus; Arch J Dis Child vol 110 Oct 1965

[13A] 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 122.1 (May 1966), pg 237-238

[14] Jacobs, Nature 277:168 (1970), Characteristics of a human diploid cell designated MRC-5.

[15] Personal email from Leonard Hayflick to CoG for Life, Illinois Chapter, From: lenh38@netscape.net [mailto:lenh38@netscape.net] Sent: Tuesday, March 04, 2003 11:05 AM

[16] Parker, R.C., 1961, Methods of Tissue Culture, Harper and Roe, New York

[17] L. Hayflick, The Limited In Vitro Lifetime of Human Diploid Cell Strains, Experimental Cell Research, 37, pg 628, 1965

[18] L. Hayflick, The Limited In Vitro Lifetime of Human Diploid Cell Strains, Experimental Cell Research, 37, pg 629, 1965

[19] Hayflick, Mortality and Immortality at the Cellular Level: A review, University of California, San Francisco, August, 1997

[20] Coriell Institutes for Medical Research, Cell Collections, A Brief History of IMR-90, Christine Beiswanger, PhD, Associate Professor, 2003/2004 Edition

[21] ATCC catalogue, number ccl-186, Designation IMR-90

[22] http://www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1_01.pdf

[23] <http://www.vidahumana.org/english/family/harvesting.html>; Conference on Love, Life and the Family, Irvine, CA, April 6-10-1994

[24] Direct interview, Dr. William Egan, FDA, CBER

[25] Rev Infect Dis 1985 Mar-Apr; 7 Supp L 1:S91-4 Duration of immunity after rubella vaccination: a long-term study in Switzerland, (Cendehill vaccine) Just M, Just V, Berger R, Burkhardt F, Schilt U.

[26] Takashi Nagashima, Studies on the Live Attenuated Rubella Virus Vaccine, Kitasato Institute, Arch of Exp. Med. Vol. 46, No. 1-2, 51-55, 1973

[27] Hoskins J.M., Plotkin S.A., Behavior of Rubella Virus in Human Diploid Strains, Wistar Institute Philadelphia, PA. Jan 16, 1967

[28] [28] Ethics & Medics, March 1999, Vol.24, No.3, Vaccines Originating in Abortion, Dr. Edward Furton

[29] Robert M. Allen of Hastings, University of Nebraska Board of Regents, Fetal tissue research truly saves lives, April 4, 2000

[30] The 'Moral Complicity' Argument, www.drewmiller.com/complicity.html

[31] Senate subcommittee hearings, testimony, April 28, 2000, Washington, DC

[32] Bush Letter to The Editor, NY Times OP/Ed August 12, 2001; Nobel laureates' letter to President Bush. Washington Post. Feb 2001 <http://www.washingtonpost.com/ac2/wp-dyn?pagename=article&node=&contentId=A37117-2001Feb21¬Found=true>

[33] http://www.ashevilletribune.com/in_their_words.htm

[34] http://www.ashevilletribune.com/price_list.htm

[35] http://www.worldmag.com/world/issue/10-23-99/cover_1.asp

[36] Ethical problem raised by request for sale of NZ aborted foetus tissue- Dutch company wants tissue for research, Eugene Bingham, New Zealand Herald, 5-24-03, <http://www.nzherald.co.nz/storydisplay.cfm?storyID=3503775&thesection=news&thesubsection=general>

[37] Medicine's Holy Grail is no soft cell, New Zealand Herald, May 17, 2003, Eugene Bingham, <http://www.nzherald.co.nz/storydisplay.cfm?storyID=3502427&thesection=news&thesubsection=general>

[38] Herald Sun, Foetal tissue for overseas sale, Tony Wall June 10, 2003

http://www.heraldsun.news.com.au/common/story_page/0,5478,6570050%255E42100.html

[39] Aborted Fetuses Provide Source For Egg Shortage, Mon, June 30th 2003, Reuters Newswire, Madrid, Spain

[40] US Court of Appeals, Forbes v Napolitano No. 99-17372, CV-96-00288-WDB, April 11, 2001,

<http://www.ce9.uscourts.gov/web/newopinions.nsf/0/4a4de6d5427d33c288256a2b005eb49?OpenDocument>

[41] http://www.nebcathcon.org/fetal_tissue.htm#TalkPt

[42] http://www.nebcathcon.org/current_issues.htm

[43] Report of the Advisory Committee to the Director, National Institutes of Health," James Bopp, Jr. Esq., 12/14/1988, p. C13

[44] Ethics & Medics, March 1999, Vol.24, No.3, Vaccines Originating in Abortion, Dr. Edward Furton

[45] Consenting to vaccination for rubella, Briefing Paper, Catholic Bishops Conference of England and Wales, Briefing 3, November 1994

[46] <http://www.sbfellows.net> or www.rxfellows.net

[47] <http://www.aphanet.org/JAPhA/janfeb2001abstr.html>, People Vaccinated by Pharmacists: Descriptive Epidemiology, John D. Grabenstein, Harry A. Guess, and Abraham G. Hartzema (Merck Research Laboratories)

[48] 1-22-98 Immunizations: What's a Health-System Pharmacist to Do? Lt. Col. John D. Grabenstein, M.S. Pharm., Ed.M. Sponsored By: Merck-Vaccine Credits: 1 hr

[49] <http://www.metrognome.com/poc/>

[50] <http://www.ashpfoundation.org/news/nlspring99/immunprogram.htm>

[51] Healthcare Ethics, Norms of Christian Decision Making in Bioethics – Principles of Well Formed Conscience, Georgetown Univ. Press, 1997

[52] Ethics & Medics, March 1999, Vol.24, No.3, Vaccines Originating in Abortion, Dr. Edward Furton

[53] Moral Reflections on Vaccines Prepared from Cells Derived From Aborted Human Foetuses, Medicina e Morale, Centro di Bioetica della Universita Cattolica, June 9, 2005

[54] Fr. Stephen Torracco, PhD, The Subtle and Far Reaching Tentacles of the Culture of Death, Linacre Quarterly, Feb 2004

[55] <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4812a1.htm>

[56] Ethics & Medics, August 2000, Vol 25, No 8, The Social Benefits of Vaccination, John D. Grabenstein

- [57] Rubella in Children/Pediatrics, 65, 1980
- [58] Washington Post, Monday, March 21, 2005; Page A07, David Brown, Rubella Virus Eliminated in the US
- [59] Ethics & Medics, March 1999, Vol 24, No 3, Vaccines Originating in Abortion, Edward J. Furton, PhD
- [60] Merck Product Insert and Physicians Desk Reference, 2003
- [61] <http://www.nimh.nih.gov/autismiacc/autismreport2003.pdf>
- [62] Autistic Spectrum Disorders, Changes in the California Caseload: 1999-2002, <http://www.dds.ca.gov/Autism/pdf/AutismReport2003.pdf>
- [63] CIG, 1998, 2002
- [64] Pregnancy outcome following rubella vaccination : A prospective controlled study. Levichek Z et al. Teratology 63(6); June 2001
- [65] <http://www.cdc.gov/od/oc/media/transcripts/t050321.htm>
- [66] . CDC Summary of Notifiable Diseases, 1994, MMWR October 6, 1995 43(53);1
- [67] JAMA REPORT 9-13-00, Vol. 384, No. 10, Pgs 1271-1279
- [68] IVAC Press Release, October 23, 2001
- [69] A Medical Critique of the Varicella Vaccine, Chris Kahlenborn, MD, Polycarp Institute, Ref Preblud, Pediatrics, Supplement, 1986, pg.731
- [70] New England Journal of Medicine, 2002; 347:1909
- [71] Asano, Pediatrics 12/1977; Bogger, Journal of Infectious Diseases, 8/1982) and cell mediated immunity (CMI) [Gershon JID April, 1990
- [72] No Chickenpox by Age 10 May Mean Child Is Immune, Reuters Health Information Services (12/17/01)
- [73] Dr. Jane Seward et al; Centers for Disease Control and Prevention; 12-16-01; Report: NH chickenpox outbreak
- [74] Richard Woodman, Chickenpox vaccine may up shingles risk in elderly 2002-05-02 17:03:10 -0400 (Reuters Health)
- [75] Merck product insert, Physician's Desk Reference, Varivax, 2003 Edition

[76] Kopelovich L. Are all normal diploid human cell strains alike? Relevance to carcinogenic mechanisms in

vitro. *Exp Cell Biol* 1982;50(5):266-70. PMID 7141068

[77] Hayflick, Mortality and Immortality at the Cellular Level: A review, University of California, San Francisco, August, 1997

[78] FDA meeting notes; PER C6,
http://www.fda.gov/ohrms/dockets/ac/01/briefing/3750b1_01.htm

[79] Butel, J. and Lednicky J., Cell and molecular biology of simian virus 40: implications for human infections and disease. *J. National Cancer Inst.*, 91: 119-134, 1999; Carbone M, Pass H.I., Rizzo P et al. Simian virus 40-like DNA sequences in human pleural mesothelioma. *Oncogene* 1994; 9: 1781-1790

[80] Bernard Nathanson, M.D, Harvesting the Fetus, Human Life International's Conference on Love, Life and the Family, Irvine, California, April 6-10, 1994

[81] Summary of Notifiable Diseases, United States, 1997, November 20, 1998, *Morbidity and Mortality Weekly Report (MMWR)*

[82] Moral Reflections on Vaccines Prepared from Cells Derived From Aborted Human Foetuses, *Medicina e Morale*, Centro di Bioetica della Universita Cattolica, June 9, 2005

[83] Leo XIII *Libertas Praestantissimum*, 597 and CCC 1954

[84] CCC 1903

[85] Secretariat for Pro-Life Activities, FACT SHEET: Embryonic stem cell research and vaccines using fetal tissue, June 2003

[86] Moral Reflections on Vaccines Prepared from Cells Derived From Aborted Human Foetuses, *Medicina e Morale*, Centro di Bioetica della Universita Cattolica, June 9, 2005

[87] Fr. Stephen Torraco, PhD, Personal Interview, March 2002

[88] Direct response from the CDC via email from Judy Schmidt, RN, Ed.D, Public Health Educator, Education, Information, and Partnership Branch, ISD, National Immunization Program

[89] Invoking Moral Conscience - On The Issue of Using Vaccines Derived From Abortion, *Children of God for Life*; May 2003

[90] Cf. Sir. 15:14

[91] Guadium Et Spes, 17., Par. 1

[92] CCC 1776

[93] CCC 1954...1955

[94] CCC 1792

[95] CCC 1783

[96] Moral Reflections on Vaccines Prepared from Cells Derived From Aborted Human Foetuses, *Medicina e Morale*, Centro di Bioetica della Universita Cattolica, June 9, 2005

[97] CCC 2270-2296

[98] CCC 1755-1756

[99] Direct personal statement given April 2000 via telephone.

[100] Gousset, *Theology. Moral*, t. i. pp. 24; given by Cardinal John Henry Newman, *Catholic Teaching*, Volume 2

[101] <http://www.prochoiceresource.org> Conscientious Exemptions and Reproductive Rights: A Report of the National Meeting on "Conscience" Clauses

[102] Guadium Et Spes, 28

[103] The Declaration on Religious Freedom, *Dignitatis Humanae* - Pope Paul VI, December 7, 1965

[104] Consciences must be formed to discern the objective moral law, *L'Osservatore Romano*, 7/1/98, http://www.catholicculture.org/docs/doc_view.cfm?recnum=420)

[105] Conscience and Truth, Presented at the 10th Workshop for Bishops February 1991 Dallas, Texas