

Literature Review:

Navigating Hesitancy and Resistance: Conscience Concerns Regarding the COVID-19 Vaccine

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BACKGROUND

The Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), “COVID-19 Dashboard,” <https://coronavirus.jhu.edu/map.html>; **Liz Hamel, et al. “KFF COVID-19 Vaccine Monitor: December 2020,”** Dec. 15, 2020. <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>.

In the wake of political discord and death tolls surpassing 400,000,¹ the United States is ramping up efforts to vaccinate the population and move closer towards herd immunity. People are raising concerns about whether or not they will actually get vaccinated when their turn arises. The Kaiser Family Foundation’s *COVID-19 Vaccine Monitor* reports: “About a quarter (27%) of the public remains vaccine hesitant, saying they probably or definitely would not get a COVID-19 vaccine even if it were available for free and deemed safe by scientists. Vaccine hesitancy is highest among Republicans (42%), those between ages 30-49 (36%), and rural residents (35%).” Respondents cite a number of reasons for their vaccine hesitancy. Principal among these are

concerns about side effects (59% cite this as a major reason). Other reasons include lack of trust in the government’s ability to ensure the safety of vaccines (55%), concerns regarding the newness of the vaccine and a desire to “wait and see” what happens to others who are vaccinated (53%), and other concerns regarding the role of politics in the vaccine’s development (51%). Only 34% of those interviewed want to get vaccinated “as soon as possible,” while 39% belong to the “wait and see” group. Nine percent of those interviewed said they would get vaccinated “only if required,” and 15% would “definitely not” get vaccinated. KFF did not gather data surrounding the religious convictions of its respondents.

SOME CHRISTIAN SENTIMENTS TOWARDS VACCINATION

Andrew L. Whitehead and Samuel L. Perry, “How Culture Wars Delay Herd Immunity: Christian Nationalism and Anti-vaccine Attitudes,” *Socius: Sociological Research for a Dynamic World* 6: 1-12.

Neither Kaiser nor the Pew Research Center has data on the religious affiliations of people associated with their willingness to be vaccinated. Other researchers have collected data on this information. The collection and dissemination of this information tends to be politicized, however, taking shape in articles with witty titles showcasing their author's agendas (e.g., "Religious Nationalism and the Coronavirus Pandemic: Soul-Sucking Evangelicals and Branch Covidians Make America Sick Again"²). Similarly, but less acerbically, Whitehead and Perry use a nationally representative sample that contains questions regarding people's views on vaccines. They connect religious/Christian nationalism—characterized as being typically white, native born, politically and religiously conservative—with the growing numbers of people who are vaccine hesitant or resistant. Authors, like Whitehead and Perry, have found that this group is united in their desire to not be vaccinated after controlling for race, education, political party, or religiosity.³ Many have reported that Christian nationalism is associated with mistrust of science, not following COVID-19 public health guidelines, and support for politicians who align with Christian nationalist views.

Reports like these, however, seem to miss the mark as far as many Christians are concerned—failing to acknowledge the *why* behind these nicely distilled characteristics. Preferring, instead, to report the information that is controversial, "newsworthy," and that easily feeds into partisan politics. Nevertheless, this research is growing in popularity, and has been cited by major news outlets, like *NBC*.

RESPONSE FROM THE CATHOLIC CHURCH

Holy See Press Office, "Note of the Congregation for the Doctrine of the Faith on the morality of using some anti-COVID-19 Vaccines, 21.12.2020," <https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2020/12/21/201221c.html>; **Chairmen of the Committee on Doctrine and the Committee on Pro-Life Activities United States Conference of Catholic Bishops, "Moral Considerations Regarding The New COVID-19 Vaccines," Dec. 11, 2020.** <https://www.usccb.org/resources/moral-considerations-covid-vaccines.pdf>.

Both the United States Conference of Catholic Bishops (USCCB) and the Congregation for the Doctrine of the Faith (CDF) have made statements regarding the liceity of the COVID-19 vaccine. There has been concern from ethicists due to the connection between some of the vaccines and morally tainted cell lines—those that have connections to aborted fetuses.

Both the CDF and the USCCB offer lessons on cooperation in their statements, acknowledging that "there exist differing degrees of responsibility" between the concerned citizen seeking to do their part in working towards herd immunity, and those who decided to use these morally compromised cell lines in the development of the vaccine.⁴ The type of cooperation involved in being vaccinated with these compromised cells is identified as *remote passive material cooperation*. This means that the person being vaccinated does not morally

approve of the immoral action in question (abortion), but they participate in the result of that action (vaccination) for other reasons (herd immunity, love of neighbor, etc.). The person's decision to be vaccinated exists many degrees of separation apart from the original moral evil of abortion. The CDF is clear that "*it is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted fetuses in their research and production process,*" but cautions against complacency towards abortion that may come with the use of the HEK293, and similar, cell lines. The HEK293 cell line is derived from fetal kidney cells obtained through an abortion that occurred in the Netherlands in 1972; it is the second most commonly used cell line in cell biology and biotechnology only to the HeLa line. Both the USCCB and the CDF take time to speak about the gravity of the sin of abortion, and caution that the successful use of the HEK293 cell line in the various stages of the COVID-19 vaccine development should not be seen as license to further research of this kind. Both offer the rubella vaccine as an example. This vaccine was also derived from aborted fetal cells. However, it is the only known vaccine for the rubella virus in existence. By vaccinating oneself and one's children, one prevents the transmission of rubella to pregnant women and their unborn children, thus, preventing the harms of congenital rubella syndrome, which causes miscarriages and a variety of birth defects (many of which are severe). While the development of the rubella vaccine does not require more abortions to occur in order for it to continue to be produced, there is still proportionate reason to justify cooperation with the use of these morally compromised cell lines.

The USCCB offers a thorough analysis and goes one-by-one through some of the major vaccines in production, including those by Pfizer, Moderna, and AstraZeneca, and assesses the connection of each to compromised cell lines, and thus, to abortion. Moderna and Pfizer's vaccines both involve the use of the morally compromised cell line HEK293 to perform a confirmatory test on the vaccine to verify its efficacy (5). Whereas, the AstraZeneca vaccine uses the HEK293 cell line in the "the design, development, and production stages of that vaccine, as well as for confirmatory testing" (5). In light of this, the AstraZeneca vaccine should be avoided in the face of available alternatives; however, the bishops acknowledge that it might not be possible for someone to seek out an alternative for moral reasons.

RECOGNIZING LEGAL CLAIMS TO VACCINE EXEMPTION

Cameo C. Anders, "Individual and Institutional Religious Exemptions from Vaccines: Federal Law and Catholic Teaching," *National Catholic Bioethics Quarterly* 20, no. 3 (2020): 501-523.

In light of not only the concerns voiced by the general public and articulated by Church leaders, the issue of conscientious objection/religious exemption from vaccines must be addressed. A variety of Supreme Court cases has solidified the First Amendment right that provides for the free exercise of religion, which allows people to claim religious exemption when it comes to being vaccinated. Federal law holds that individual exemption from vaccination is valid "when it is based on subjective, sincere beliefs rooted in religion

but not dependent on the existence, veracity, or accurate understanding or application of denominational tenets or doctrines” (501). Like the state, institutions may override an otherwise valid application of the law if it has a compelling reason to do so, which entails an institutional religious exemption. These institutional religious exemptions are not dependent simply on matters of sincerely held beliefs, but “matters of church government as well as those of faith and doctrine.”⁵ Individual religious exemptions, if otherwise valid, that infringe on these matters of governance, faith or doctrine may prompt an institution to claim a religious exemption of its own. Both the institution and the individual rights to claim religious exemption have the same origin, the First Amendment. Anders is quick to emphasize that the institution’s failure to acknowledge the individual’s right to religious exemption causes its own ability to act similarly to be at risk. Therefore, the institution’s first concern should be to act to protect the individual’s right.

Anders points to the important fact that institutions need to note is not whether they should hold as valid individuals’ claims to religious exemptions under the law, but rather whether there is a basis for overriding individual exemptions “within the institution’s government, faith, or doctrine” (509). For example, Anders offers the case of *Flynn v. Estevez* (2017). Here, a father, Patrick Flynn appealed that since a Catholic school received federal funding, it was required to acknowledge his appeal to a religious exemption from vaccination; thus, admitting his son to the school without being vaccinated. However, Flynn’s state-based right was overridden by the school’s federally granted right to deny such

individual exemptions based on governance and the doctrine of the common good.

Besides *Flynn*, there are a number of cases that undergird a person’s right to refuse vaccination. These include cases that address individual and institutional right to free exercise, and the state’s compelling interest to mandate vaccination. Using these cases, Anders proposes policy guidelines. He concludes:

A policy would not be legally sound if it required more than merely subjective, sincere religious beliefs when following state law; if it did not apply the policy uniformly; if it required proof of the religious belief via clergy or another third party; and if it did not employ the least restrictive means possible. A policy would not be doctrinally sound if it asserted the common good without respecting the right of the individual to object on the basis of a well-formed conscience; if it did not assert the sacred duty of all to protect the well-being, including the health, of the group; and if it did not harmonize the rights and duties of individuals and society in a morally acceptable and least restrictive manner. (523)

Crucial to this policy recommendation is the harmonization of the legal and theological obligations that religious organizations have to their group members.

SUPPORTING CONSCIENCE DEVELOPMENT

Many people have voiced concerns about the COVID-19 vaccine, be they Christians or not. Unfortunately, there has been a great deal of misinformation surrounding the vaccine, which public health officials have had to combat. In order to best support people who might have concerns about the vaccine, whether it be about issues of cooperation with the issue of abortion, or others. Institutions, like the Mayo and Cleveland Clinics, have put together resources dispelling what they think are other common myths surrounding the vaccine (these are not specifically tailored to a Christian audience). They address concerns about whether it will change a person's DNA; involve a microchip or some other surveillance device; is safe because of the speed with which it was developed; has severe side effects (perhaps worse than if one were to contract the virus itself); causes infertility, and among others.⁶ Catholic health care should parallel these efforts to address misinformation surrounding the vaccine. Likewise, it should be concerned with matters of conscience and help people to form their consciences so that they can make decisions about vaccination. Catholic theology and the law concur that people should follow their consciences, even when they are in error.⁷ Still, continued efforts—such as CHA's "Love Thy Neighbor" wear a mask campaign—can help spark consciences and should be encouraged.



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ENDNOTES

1. Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), "COVID-19 Dashboard," <https://coronavirus.jhu.edu/map.html>.
2. Peter McLaren, "Religious Nationalism and the Coronavirus Pandemic: Soul-Sucking Evangelicals and Branch Covidians Make America Sick Again," *Postdigital Science and Education* 2 (2020):700–721.
3. Andrew L. Whitehead, "Christian Nationalism's Covid Vaccine Doubt Threatens America's Herd Immunity," *NBC News*, January 2, 2021. <https://www.nbcnews.com/think/opinion/christian-nationalism-s-covid-vaccine-doubt-threatens-america-s-herd-ncna1252515>.
4. Here, the CDF is quoting *Dignitas Personae* (n. 35).
5. *Kedroff v. St. Nicholas Cathedral*, 344 U.S. 94 (1952) at 116. Cf. Anders, 509.
6. COVID-19 Vaccine Myths Debunked," *Mayo Clinic Health System*. <https://www.mayoclinichealthsystem.org/hometown-health/featured-topic/covid-19-vaccine-myths-debunked>; "9 Common COVID-19 Vaccine Myths Explained," *Cleveland Clinic*, December 23, 2020. <https://health.clevelandclinic.org/8-common-covid-19-vaccine-myths-explained/>.
7. St. Thomas Aquinas in the *Summa* writes, "In like manner if a man were to know that human reason was dictating something contrary to God's commandment, he would not be bound to abide by reason: but then reason would not be entirely erroneous. But when erring reason proposes something as being commanded by God, then to scorn the dictate of reason is to scorn the commandment of God" (ST I-II 19, 5); cf. *Farina v. The Board of Education* (2000).