



A Passionate Voice for Compassionate Care®

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Vaccine Equity and Catholic Principles for the Common Good

WASHINGTON, DC – As researchers race to create safe and effective vaccines for COVID-19, it is essential to thoughtfully consider how to ethically develop, and equitably distribute them.

Effectively addressing the global health crisis requires a coordinated response by business, government, community leaders and health care providers to ensure that vaccines and treatments are safe, effective and available to all. To accomplish that, we in Catholic health care believe that the principles of Catholic Social Teaching offer a just framework for an equitable solution. These principles, shared by many people of goodwill, are the Dignity of the Human Person, the Common Good, Solidarity, Subsidiarity and the Preferential Option for Vulnerable Persons.

COVID-19 has had a disproportionate impact on vulnerable populations, such as the elderly, low-income communities, persons with pre-existing health conditions, and racial and ethnic minorities. The virus has brought into sharp focus the glaring disparities and inequities many experience in accessing essential health care, adequate nutrition, safe housing, and living-wage employment, all of which are fundamental to life. These disparities also contribute to underlying health conditions that can make persons more susceptible to getting the virus and suffering worse outcomes than others.

We learned from the H1N1 influenza pandemic in 2009 that serious problems occur if no consensus is reached on the principles and structures for the just distribution of vaccines. Pharmaceutical companies cannot produce vaccines quickly enough to meet initial worldwide demand during a pandemic, resulting in global economic competition that favors wealthier nations over the developing world.¹ The result is that, initially, powerful nations control the distribution of limited supplies. While recognizing that financial investments are essential for the development of effective vaccines, any that are developed should be considered the inheritance of the entire human community, rather than a specific country or company.² It is unjust to perpetuate a system where persons who have the greatest need are denied vital, lifesaving resources by a privileged few.

With these experiences and the principles of Catholic Social Teaching in mind, we offer the following guidelines to address the obstacles to a fair and just distribution of vaccines.

- 1. Vaccines should be demonstrably safe and ethically tested**

The traditional medical admonition of *Primum non nocere*, or “First, do no harm,” should lead us. Broad public support requires vaccines that are shown to be safe. Additionally, the burden of testing should be borne by all, and not only some, such as those who are poor, or those living in developing countries.

2. Vaccines should be demonstrated to be scientifically effective

Governments and international decision makers should follow scientific evidence, rather than rushing to adopt vaccines for political or economic expediency. Maintaining public support and trust in vaccines’ effectiveness is critical for responding to COVID-19 and other public health crises.

3. Vaccine development must respect human dignity

The process of developing vaccines should respect the human dignity of all persons and protect the sanctity of human life at all stages. Deliberately destroying innocent human life in order to safeguard other lives is ethically wrong.³

4. Vaccines should be equitably distributed with priority to those at most risk

Once there is assurance that safe vaccines are available, distribution should first consider populations identified as most at risk for suffering negative health outcomes from COVID-19. At-risk populations will vary from place to place.

In many areas, we know that elderly, racial and ethnic minorities bear the greatest burdens. State and local officials, in conjunction with health care providers and community leaders, should identify which populations are most at risk in their jurisdictions, and they should act to protect them.

The Common Good requires the maintenance of essential services for the well-being of the community. Therefore, there may be a necessity for prioritization of front line health and essential service workers so that our health care system remains able to continue to provide treatments in the midst of this pandemic.⁴

5. Efforts to develop and distribute effective vaccines should emphasize the principle of Solidarity

The global pandemic requires working together, domestically and internationally, to achieve a common purpose. Through strengthening and supporting existing international organizations and frameworks for collective purchasing and distribution, we can help to ensure that all people have access to the vaccine while minimizing global and domestic competition which drives up prices for limited supplies.

6. Consistent with the principle of Subsidiarity, the distribution of effective vaccines should involve local communities

Local governmental entities, health care providers, non-profit organizations, religious and community leaders must work in partnership to build trust and ensure equitable distribution of vaccines. These partnerships are critical for meeting local needs, building vaccine awareness and protecting individuals and communities who are often neglected or forgotten.

We who serve in the health care ministry of the Catholic Church have an important responsibility to collaborate in forming policies for the equitable development and distribution of these critical lifesaving medicines, with particular attention to vulnerable persons who are most in need. As the entire human community looks with hope to vaccines to address COVID-19, it is essential that we continue to work for the just creation and distribution of these valuable, and limited, lifesaving resources.

¹ See Jeanne Whalen, “Rich Nations Lock in Flu Vaccine as Poor Ones Fret,” *Wall Street Journal* (May 16, 2009) <https://www.wsj.com/articles/SB124243015022925551> , and David Fidler, “Negotiating Equitable Access to Influenza Vaccines: Global Health Diplomacy and the Controversies Surrounding Avian Influenza H5N1 and Pandemic Influenza H1N1,” *PLoS Medicine* May 4, 2010, 7(5): e1000247. <https://doi.org/10.1371/journal.pmed.1000247>

² Although circumstances surrounding the development of the Salk polio vaccine were different than those today, the fundamental principle remains the same. A human discovery that mitigates the suffering of the entire human community should not be a commodity that is for sale to the highest bidder.

³ See Pontifical Academy for Life, “Moral Reflections on Vaccines Prepared from Cells from Aborted Human Foetuses,” June 5, 2015. <https://www.immunize.org/talking-about-vaccines/vaticandocument.htm> and Congregation for the Doctrine of the Faith, “Instruction *Dignitatus Personae* on Certain Bioethical Questions,” June 20, 2008, especially paragraphs 35 and 36 <https://www.immunize.org/talking-about-vaccines/vaticandocument.htm>

⁴ After the prioritized groups are served, randomization brings fairness and equity to the process. Randomization can also bring fairness if done within priority groups too. One suggested way to do this is a national lottery that randomly orders dates of the year. Those whose birthday is first, get first access, etc.



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