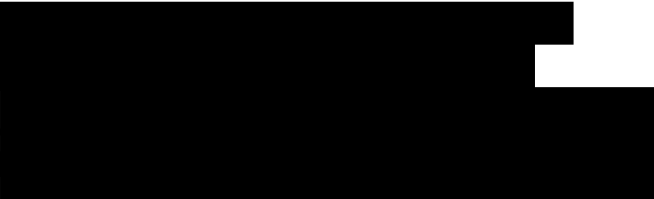




AUSTRALIAN
CATHOLIC
MEDICAL
ASSOCIATION

21 July 2020



Your Excellency,

Re: Concerns of Catholic Doctors Regarding the Development of COVID-19 Vaccines

The Catholic Medical Association is a national body created to provide support and a voice for Catholic doctors. We write to express our concern to you about two issues pertaining to the development of COVID-19 vaccines:

1. Opposition in principle to the development of vaccines utilizing aborted fetal cell lines; and
2. The need for the community to have confidence in the process of 'fast-tracked' vaccine development.

The purpose of this letter is to provide you with some medical facts about these issues, seek your assistance in making these concerns known to the government, and provide you with some recommendations on the next steps.

The issue is urgent. There are many persons and families across Christian denominations who would not access vaccines developed with the use of aborted fetal cell lines. This will be problematic if the vaccine becomes mandatory, as issues of mediate, material, co-operation with evil will arise. If there is no ethically derived COVID-19 vaccine, we expect a portion of the community will yield and access the unethically derived vaccine, but there will also be a portion who do not, and this could lead to reduced population vaccine coverage at a time when coverage is critical.

To be clear, we do not oppose the development of a vaccine, nor are we suggesting that you should tell the faithful that they may not undergo mandatory vaccination with an unethically derived vaccine. We simply believe that the issue is important both medically and morally, and needs to be raised now and in a responsible way.

We are available to meet with you to clarify any of the issues raised, and indeed we would welcome the opportunity to have an in-depth discussion with you about how we can help.

Vaccines derived from aborted fetal cell lines

The present viral pandemic caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) has stimulated a surge in vaccine research to curb the COVID 19 toll on human life and on the health systems of the world. The World Health Organization has prepared ‘landscape documents’ regarding potential vaccine candidate research for information purposes only. This snapshot is regularly updated.¹

For a vaccine to be effective in a given community a level of population coverage must be reached. This varies slightly from disease to disease. The speed of pandemic spread and the haste to find a safe and effective vaccine that is acceptable to as many persons as possible has understandably led to fast tracking of the usual processes.

What is apparent from these WHO documents is that of over 120 vaccine candidates in development, just over 20 have progressed to clinical trials. Out of those, eight vaccines including four frontrunners use aborted fetal cell lines. As noted above, within our Australian community, many people may find a vaccine derived from aborted fetuses to be morally unacceptable. Certainly, the Catholic Church Instruction ‘Dignitatis Personae’ holds that the use of fetal cell lines ‘gives rise to various ethical problems with regard to cooperation in evil and with regard to scandal’. In 2008, the Congregation for the Doctrine of the Faith imposed a duty on the faithful ‘to make known their disagreement and to ask that their healthcare system make other types of vaccines available’.

Unfortunately, candidate vaccines using fetal cell lines are heavily funded and have progressed more quickly than others to reach Phase 2 and Phase 2b/3 stages of clinical trial. The details of the four leading candidate vaccines using aborted fetal cell lines are set out below:

- i. AstraZenica/Oxford University, using a non-replicating viral vector; and derived aborted girl’s kidney cell line HEK-293.
- ii. CanSino Biological Inc./Beijing Institute of Biotechnology, using a non-replicating viral vector; derived from same baby girl’s cell line HEK-293
- iii. Moderna/NIAID, using mRNA and fetal cell line HEK- 293.
- iv. Inovio Pharmaceuticals, using DNA and fetal cell line HEK-293.

It is important to note that vaccine cell lines derived from aborted fetuses are not ‘eternal’ and will eventually undergo senescence over time. This means that new cell lines must be developed from more recently aborted fetuses. For example, three potential vaccines being progressed by President Trump’s Administration are derived from the kidney of a female fetus aborted in 1972, and the retina of an 18-week male fetus aborted in 1985 and converted to a cell line in 1995.

Whilst fetal cell lines are perceived to have advantages in growing viral vector vaccines because they are not contaminated by significant viruses and bacteria, many pharmaceutical companies with vaccine candidates in the pipeline do not use aborted fetal cells. Ethically acceptable vaccine candidates are being researched and trialed by Sanofi Pasteur, GlaxoSmithKline, Novavax, and Sinovac (ethically grown in monkey kidney cells), the latter two being among those which have progressed to the clinical trial stage. It is these vaccine

candidates which should be supported as they are *prima facie* acceptable to the faithful and those who respect human life from conception.

Vaccines developmental and reproductive safety

Notwithstanding that safe effective vaccines against COVID -19 are a clear and pressing need, pre-clinical vaccine studies must continue to observe normal research standards. These include adhering to toxicology guidelines² which require histological examination of animal organs including gonads; and appropriate fertility, fecundity and embryological observation.

This rigor and scrutiny in pre-clinical and clinical trials is particularly important since the COVID-19 candidate vaccine method of using DNA and mRNA is new, and no such vaccine methods have previously been approved for use. Of concern is that the fast tracking of vaccine development increases the chance of mistakes. Should these guidelines be bypassed or truncated, it could potentially undermine public vaccine confidence and reduce community uptake.

The recent scandal in the *Lancet* demonstrates that mistakes can be made. Despite peer review, editorial oversight and WHO involvement, the *Lancet* had to retract a published study of a COVID-19 drug which was later shown to have used poor and secretive methodology, false data, incorrect statistical analysis, incorrect dosaging, the absence of an ethics review, a failure to adjust for confounders, and the use of confidence intervals inconsistent with the data.

Whilst this is a separate issue to that of opposition to a vaccine derived from fetal cell lines, it is consistent with our call that there be transparency in the development of a vaccine that we may all be asked/required to receive. The community has a right to information about this important issue, notwithstanding that time is of the essence.

Recommendations

As seven billion persons worldwide may seek vaccination, manufacturing and production logistics support vaccine production by multiple companies. There is still time to make concerns known, and, for those with the appropriate skills, to enter into public discussion (and fulfil our obligation as Catholics in society).

Support by the Australian Catholic Bishops Conference ('ACBC') is vital to this goal in order to educate the faithful, unify those people of goodwill who share our moral concerns, and make representations on our behalf to the government.

Our three recommendations are as follows:

1. The ACBC draft a statement directed to the faithful and other faith leaders to educate them about non-ethically derived vaccines and our duty as Catholics to make our opposition known to the government (whilst at the same time making clear that the ACBC supports the development of a vaccine.) We would be pleased to assist with the medical wording of such a statement, if required, or even to submit a draft for its consideration.

2. The ACBC permit community groups such as Family Life International, the Catholic Women's League, and all others with shared concerns on this issue, to disseminate the ACBC's statement on the need for an ethically derived vaccine, and create petitions and collect signatures so as to show the government the level of community support for ethically derived vaccine choice.
3. The ACBC use its power and position to make known our desire for ethically derived vaccine choice to the government, supported by those petitions.

Conclusion

The selection, availability and acceptance of COVID-19 vaccines will require decisions of regulatory bodies who should be encouraged to be mindful of the need for public vaccine confidence. Accordingly, if discussion of these issues enters the mainstream, they will be aware that some of the community object to vaccines derived from aborted fetal cells and that the common good requires respect for the concerns for all members of our society, including people who respect life from the moment of conception.

Thank you for taking the time to read this letter and hear our concerns. We stand ready and able to assist the Church in whatever way we can, and we look forward to your early response.

Respectfully yours in Christ,



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This letter is endorsed by:

Ms Kate Matthai, National President, Catholic Women's League Australia Incorporated
Mr Paul Hanrahan, Executive Director, Family Life International Australia

References:

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2. Guidance for Industry: Considerations for Developmental Toxicity Studies for Prevention and Therapeutic Vaccines for Infectious Disease Indications. Center for Biologics Evaluation and Research February 2006.
3. Mehra MR, Desai SS, Ruschitzka F, Patel AN. RETRACTED: Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis. *Lancet (London, England)*. 2020.