

Moral & Ethical Considerations on COVID-10 Vaccines

Fr. Charles Rowe & Dr. John Morris

Bishop James Johnston, Jr.: Welcome! We're gathered here today to discuss some of the recent developments with regard to some of the vaccines that have recently come out to combat the coronavirus pandemic. Several different pharmaceutical companies have been releasing these vaccines, some of the most well known are Pfizer, Moderna; also there is the Astra Zeneca company, Johnson & Johnson. A lot of these vaccines are bringing great hope to many because of their effectiveness, but they're also raising a lot of questions on some of them are medical and some of them are moral and ethical questions. So we're taking this opportunity to talk to local experts in the Kansas City area, and part of that will focus on the medical aspect—there's one video segment on that—there's also the segment that we're going to do today, which centers on the moral and ethical aspects of the vaccines. And so, here at the Catholic Center we've already got a lot of questions from some of the faithful around the vaccines, and we thought we would take an opportunity to ask those questions so that it could be helpful for those who might be wondering about them. So these video segments can be found on our social media, especially our diocesan website; and later on, I'll mention again that if your question isn't asked at one of these video segments, you still have the opportunity to do that.

So how will this work? Well today, I'm joined by two of the people that are experts and who assist me and assist our Catholic health care workers in the area:

Fr. Charles Rowe, vicar general for pastoral affairs for the Diocese of Kansas City-Saint Joseph. Fr. Charles has a doctorate in sacred theology in the field of medical ethics from the Pontifical Lateran University in Rome; he was formerly pastor of Holy Trinity parish in Weston and 12 apostles parish in Platte City. He currently serves on the Ethics Committee at Saint Joseph Medical Center here in Kansas City, and Saint Mary's Medical Center in Blue Springs. So welcome Fr. Charles!

We also have with us Dr. John Morris. Dr. Morris is director of Catholic healthcare for the Diocese of Kansas City-Saint Joseph. He has a PhD in philosophy with an emphasis in medical and bioethics; he serves as a liaison with St. Joseph Medical Center and St. Mary's Medical Center here in Kansas City, where he is the chair of the joint Ethics Committee; and he works to help ensure the Catholic identity and its adherence to Catholic moral teaching at these hospitals within our diocese. He also serves on the governing board for St. Joseph hospital. Dr. Morris advises me as well as Fr. Rowe on matters related to Catholic healthcare and bioethics. And finally, Dr. Morris is also a professor of philosophy here in Kansas City at Rockhurst University.

So let's get right to it! We have a lot of really good questions for Fr. Rowe and Dr. Morris. Fr. Charles, this first question is I think one that you are best suited to respond to: how should a Catholic form their conscience in making decisions about vaccination? Now, conscience formation is something we're all obligated to do, and how would you advise someone about forming their conscience regarding the decision to be vaccinated?

Fr. Charles Rowe: Thank you, Bishop. I would say first of all, that conscience is where God speaks to our hearts. Now for us to hear God's voice, we have to listen, prayerfully, carefully to his word. And the word of God is articulated in a most helpful way by the teaching office of the Church, for Jesus has counseled us that the Holy Spirit guides us into all truth. In recent years, the church has issued several

documents on this timely topic of vaccines and vaccinations. Now while safe vaccines that prevent diseases are generally a good thing, a wonderful achievement of modern medical science, tragically several vaccines have been created utilizing cells derived from aborted children. This very tragic fact has created pains of conscience for lots of faithful Catholics who do not want to be associated in any way, shape or form with abortion. Weighing all the considerations in play, the Church is taught that the COVID-19 vaccines are morally permissible even when they have some association with abortion, as some of them do, when there are no comparably effective vaccines free of an abortion association readily available. Individual Catholics should give prayerful attention to these teachings of our Church, prayerfully review the benefits and drawbacks of taking these vaccines in light of their particular state in life and the special duties they have to others, and then trust the Holy Spirit to guide them in making the right choice. I'd add that the advice of a good spiritual guide, like a wise and holy priest or religious, may prove helpful in this process of discernment as well.

Bishop: Well thanks, Fr. Charles. We may get into it a little bit later—but there are...many people are aware of what you would call the proximity to the use of cells that were derived from abortions, so maybe we can get into that a little bit later. There's are specific terms that are used in moral theology related to this and so maybe we'll do a follow up question on that, 'cause I think it relates to what you just said in terms of conscience formation—how closely proximate you are to the evil of abortion, and the further and further away you get, that sort of thing. So maybe we can do a follow up on that particular piece. Thank you for that initial reflection on conscience.

The next three questions are for both of you, here's the first one: what does the Church have to say about who should have access to the vaccines? So Fr. Charles, do you want to begin with that response?

Fr. Rowe: Happily. In a word everyone, everyone should have access to the vaccines. Now, priority should be given to those who are most at risk, like frontline health care workers and people who are vulnerable because of their medical conditions or external factors, like residing in nursing home or other congregate setting. But it's a basic human right that we have to healthcare and to protect our health and so everyone should have access to the vaccines.

Bishop: Dr. Morris, your thoughts?

Dr. John Morris: Well, building upon what Fr. Charles just said, clearly fair and equitable distribution of the vaccine must be a national priority. Given the fact that it takes time to make and distribute individual doses of the vaccine, the reality is that everyone cannot get vaccinated at once, so there has to be some plan of rolling out and distributing the vaccine. And from the Catholic perspective, this plan needs to maximize the common good as its implemented. And in particular that means avoiding arbitrary decisions, such as basing distribution solely on age or quality of life judgments. And instead we need to focus on those most at risk of exposure to the virus given their life and work situations—as Fr. Charles mentioned, frontline health care workers or EMS personnel—balanced against those populations who are most at risk if they did contract the virus, such as nursing home residents or people with multiple serious health problems. However, it should be noted that this distribution plan is going to require breaking across social, ethnic, racial, and economic barriers that exist that cause problems with vulnerable members of our population getting access to healthcare, and there's going to need to be an intentional plan to reach out to vulnerable people in our society to make sure that they get access to the vaccine, and really to address trust issues that exist between these populations and the health care system in general.

Bishop: Thank you. This second question also is related to both of you as well: what freedom do Catholics have to take, or not to take, any particular vaccine? Do we have a moral obligation to take or not take one of these COVID-19 vaccines?

Fr. Rowe: Ok. Well thank you Bishop, very good question. In general, everyone is permitted to take the vaccine but not necessarily obligated. Now for some, I think there are stronger reasons for them to take the vaccine because of the risk to others if they were to contract the virus, like frontline health care workers. Conversely, those who are at smaller risk to themselves and others can more readily be excused from taking these vaccines. As long as vaccine supplies are limited, I would add that those who are at less risk should let others at higher risk have priority in obtaining the vaccination.

Bishop: Dr. Morris, your thoughts on this.

Dr. Morris: So there clearly is a moral responsibility for all members of society to promote the public health of our community, and an important aspect of this in contemporary healthcare is getting vaccinated against communicable diseases. Vaccines obviously protect the individual and promote their health, but the more important goal in the eyes of Catholic social teaching is promoting the common good, and this is especially important in light of the fact that some people are unable to get vaccinated for medical reasons. Therefore, in order to protect those vulnerable members of society, others need to get vaccinated to build up what is referred to as 'herd immunity', which Fr. Charles mentioned. When enough members of a group receive a vaccine and become protected from the threat of a particular virus, that provides protection to the whole group since the virus has more difficulty infiltrating the group and spreading. It's not perfect, but it's the best way we have to protect people who themselves cannot get vaccinated.

However, in contemporary healthcare this moral responsibility is mitigated by the fact that manufacturers sometimes use unethical means in the development, testing or production of vaccines; and today this primarily involves remote connections to the use of fetal cells that have been derived from abortions performed in the past. Since the Church views abortion as such a serious moral evil, that connection to abortion leaves open the possibility of a conscientious refusal to get one of these vaccines. Now that must not be done lightly, as we discussed and will continue to discuss, one has to really inform their conscience in making that decision, but the possibility is certainly there. And for many decades, the Church has thought carefully about the connection to abortion with the production of modern vaccines and other pharmaceutical products, and has offered moral guidance to help in that formation of conscience for the faithful.

Bishop: So here's another question that I think I'd like to have both of your input on: What guidance from the Church do we already have on the ethics of the use of vaccines created or tested using fetal stem cells? Why is there a moral dilemma, and how can it be solved? So, Fr. Charles would you begin that, and then we'll hear from Dr. Morris?

Fr. Rowe: Certainly, Bishop. I would say the most authoritative guidance has come from the Congregation for the Doctrine of the Faith, in its instruction 'Dignitas Personae'. Most recently, this same Congregation issued an instruction specifically on the topic of COVID-19 vaccines; and closer to home, the US Bishops Conference and the National Catholic Bioethics Center have both issued statements on the COVID-19 vaccines as well. The moral dilemma arises because the noble purpose of promoting public health by vaccination has been facilitated by means of the grave evil of abortion. As

noted, many of these vaccines have utilized cells from aborted children in the process of their design, testing and/or production. The moral dilemma would be eliminated if vaccines were developed that did not rely on material from aborted children in any way, shape, or form.

Dr. Morris: In addition to the theological guidance that Fr. Charles just discussed, there's a long tradition of ethical reasoning that supports Church teaching known as natural law ethics. And according to natural law, all people are called to do good and avoid evil. In the case of getting a vaccine, one clearly does good by helping to stop the spread of communicable diseases and promoting the health and well being of all members of society. Further, since the one receiving the vaccine does not actually do the evil action here, that person is not causing evil. However, when we are aware that we are doing something with another person who has done evil, then we need to ask the question of how much we are cooperating in the evil action they have done. And once again the Church has developed a deep and thoughtful understanding of the issue of cooperation, and based on that thinking has determined that receiving vaccines today is morally permissible given the very limited connection to the actual abortions that were performed several decades ago to acquire the cells that are used today. In short Catholic teaching acknowledges the connection to abortion, it is not ignorant of that, it's not pretending like it doesn't exist—however it affirms that the use of vaccines like those developed for COVID-19 does not condone the abortions done in the past nor does it represent an approval of abortion in general today. In fact, this is why the Church emphasizes in its teachings that the use of such vaccines, vaccines developed in cooperation with abortion, is only permissible when there is no other viable alternative, and that is the reality today with many vaccines, including all of the current ones in development for COVID-19 that are at the approval stage. Further, all members of the Church, as part of acknowledging this cooperation with evil, are asked to voice their objections regarding the connection to abortion to manufacturers, to political leaders, and so forth, and ask them, really call them to develop products that do not use aborted fetal tissue and therefore do not present us with these moral dilemmas. However the Church also respects each individual person's conscience and recognizes that some members of the faithful may decide that they do not want to cooperate with abortion even in these very remote ways and so may choose not to receive these vaccines at all.

Bishop: Thank you. In my mind this is for getting to the crux of the matter with a lot of people, in terms of these vaccines. We know that some of them have a connection, some more remote than others. Some of the vaccines were developed with the stem cells—I think maybe the Johnson & Johnson one, I may be wrong on that—Pfizer and Moderna used different technology that maybe have the association with abortion that was only limited to maybe some of the testing that they did and not the making of the vaccine itself. So there are varying ways that these vaccines are connected to these cell lines there were derived from abortion. And so I think this is the key question for many people is, you know, this remoteness—and the more remote it is, I guess, the more...I should say maybe acceptable it is, but... This is why in Catholic moral teaching it is permissible to receive these, because, as you put it, there was no direct cooperation the abortion itself. And there are probably other things in our lives that we do every day in which there is some remote cooperation with something that was done that was wrong when I buy a product. Someone said we probably can't buy a Big Mac today without someone somewhere down the line doing something that is probably maybe unethical. That's I think maybe the key for many people, is just this this question about discerning how far away the actual evil is and so that's a key part of this right?

Dr. Morris—Yes, absolutely. You know, when we talk about it being remote, sometimes people think that means only in time, like it was done several decades ago, but it's also how closely associated with the intention of the action. So the researchers today did not pay for those abortions to be done, they didn't ask for them to be done; a different group of people did that, and they developed these cell lines that are useful for testing and research, and the researchers today used them. Now that doesn't wash them of all their responsibility, but their actions are separate from the actions of the abortion. That's what we mean by remote; and then if I receive a vaccine developed by them, that's even more removed from the action of abortion. And in fact I think it's worth noting that that the Church raises awareness of this, in a way that other groups in society don't. They simply accepted the use of these fetal cell lines as a standard part of medical research today, and the Church says you know we can do better and we should think about that. But that does not make it impermissible for me to use these vaccines that are so helpful and important, especially in fighting these very lethal viruses like COVID-19 that we're faced with.

Bishop: Thanks for opening that up, again because I think that this is a key part of the concern that many people have.

Dr. Morris, I'd like to know your thoughts on this next one, so this one is specifically for you: what is the moral difference between the Pfizer and Moderna vaccines—which I believe have been developed with this new technology called M-RNA, I think that stands for messenger RNA—and the Astra Zeneca vaccine, which has been developed with I guess DNA. I mean there are so many of these vaccines that are coming out, they've been developed with different technologies. So could you give us, I guess, some perspective on the differences there?

Dr. Morris: Yes Bishop, and it is an important question. There's a lot of confusion over the different types and so I'll do my best to add some clarity.

So traditional vaccines typically use the virus in a limited or weakened state and introduce it into a person so that their immune system builds up antibodies to fight off the virus if exposed again in the future, and this is the traditional way that we have developed vaccines. M-RNA approaches and DNA approaches are different, in that they do not introduce the whole virus into the person. And these are relatively new approaches; now saying that their new does not mean that they're untested. They weren't just invented last summer, there's been a lot of good clinical scientific, empirical research being done with these over the last decade. But they seek the same goal to induce an immune response in a patient, but they do it in different ways.

So DNA, that approach which is what Astra Zeneca uses and the Johnson & Johnson one which is close to getting approval and may be approved very soon, and what they do is instead of introducing the whole virus, they take a gene from the virus, so part of the virus' DNA, and it's a particular gene that will trigger your immune system to build up the antibodies. And so that's the way that it gets the immune response in the patient.

M-RNA is completely different. That stands for messenger RNA, and that's what RNA does in the body: it sends messages from cell to cell. And so instead of using anything from the virus, they just figure out what message to send to the cell by using RNA to get that immune response for a targeted virus. So they send this information into your body through the vaccine, you build up the antibodies, and then if

exposed to the virus in the future you will have the antibodies necessary to fight it off. And so that's the difference between the DNA in the M-RNA approach.

Now the reality is, since both of these are new they have not been successfully used in producing human vaccines yet. The COVID-19 research presents the first major human trial for these approaches. Now again, a lot of good clinical evidence behind it, but we are now going to learn a lot more as these go further throughout the population with widespread dosaging. And that means that there are things we don't know yet, such as what are the long term effects and what is the immune and benefit, how long will it last; there's some suspicion you may need boosters for these as well. But on those regards ethically, RNA in DNA are about the same approach. It's also worth noting that both approaches are much cheaper and more efficient to make doses of the vaccine, which is very important in fighting a pandemic because you should need so many doses as quickly as possible, and it actually in the future could bring down the cost of vaccination programs drastically. So that's an actual benefit of these newer approaches than the traditional approach.

There's also points people have been raising that the DNA vaccines are much more stable and therefore they can be shipped and distributed much more easily. People may be familiar with the discussions about the M-RNA ones are less stable, they have to be kept very cold temperatures. But again we've addressed those logistic problems; facilities have been put in place in various cities to store them and distribute them. Again, all things considered, those seem to be on par.

The real major ethical problem relates to the final issue: the current Astra Zeneca DNA vaccine and the ones proposed by Johnson & Johnson used fetal cells acquired from abortions—again these past abortions—in all three phases of their production: the design, they were used in the manufacturing, and ongoing testing for quality control. Both the Pfizer and Moderna M-RNA approaches only use fetal cells in a testing phase. Now this testing phase is ongoing; as you produce batches you will test it as part of ongoing quality control, quality assurance. So there's an ongoing use of the cells. But the cells are not in the vaccine and they were not used to develop the vaccine, and you don't receive them when you get a vaccine. Therefore when you look at the connection to abortion the cooperation involved here, it would be less problematic to use the ones from Pfizer and Moderna because they have less of an association.

However already the Church is made this clear that because of the way that vaccines are getting distributed you may not have a choice where you are of which vaccine you get; in fact, right now nobody has a choice. So if you were in a place where you could only get the Astra Zeneca vaccine, even though there's this stronger connection to abortion, given the serious threat posed by COVID-19—the death toll continues to rise—it is permissible to use this because it's still not that direct cooperation with the abortion. and again the church would ask that you voice your objections, but it would be morally permissible to receive those.

Bishop: That's very helpful, very helpful. I appreciate that ... you hear a lot on the news, watching the news about all these different vaccines that are coming out, one of the things that that has been mentioned is that these are 90 to 95% effective which is remarkable, because I didn't know until all this that the flu vaccine is only 50 to 60% effective, and that I guess is because it was made in the traditional way. But thanks for making the distinctions between these various vaccines; I hope, I think that's going to be helpful to a lot of people.

This next question is one I'm going to put to you Fr. Charles, but it really is also one that I ultimately have to answer. But I do want to allow you to speak to it and it relates really to our parishes and our schools within the diocese. The question that we're receiving from some: will there be a requirement to be vaccinated using one of these COVID-19 vaccines in order to attend Mass or one of our Catholic schools? That's a question that often comes up; like I said, ultimately I'm the one who has to make that decision but I'm interested therefore in hearing your input on this.

Fr. Rowe: Certainly, Bishop. I don't think that there will be a requirement, at least as long as we have only vaccines that have connection to abortion which unfortunately is the case right now. We respect the consciences of Catholics who feel they cannot have any association with abortion, and we remain hopeful that enough people will get the vaccine that a certain level of what they call 'herd immunity' will be achieved, such that a small number of unvaccinated people will not be a threat to everyone else. We'll continue to be very scrupulous about hygiene measures in our churches and schools so that mandating a vaccination will not be necessary.

Bishop: You mentioned again in your answer some of the misgivings some people would have about receiving any vaccine that has any association whatsoever with abortion. It's also good I think to again emphasize the Church's teaching on this matter. We permit someone to receive it as well, that it's morally acceptable to receive it, but every person has to make that decision in conscience. So, thank you.

This one also for you Dr. Morris: are there other vaccines that use fetal stem cells in research, production or testing? And here we're talking about other vaccines related to other diseases and other viruses, not just COVID. But now that we're all thinking about how vaccines are made, are there other vaccines that we typically would take, or our children might take, that are developed with some of the same processes?

Dr. Morris: Yes, Bishop. There are. Several current vaccines make use of aborted fetal cells today to varying degrees, such as those for chickenpox, hepatitis A, rabies, and the MMR vaccine for measles mumps and rubella, just to name a few. Some of these only use the fetal cells for those testing and quality control phases; others actually use the cells in the production of the vaccine itself. Fortunately for the Church, many pro-life organizations keep track of which vaccines use aborted fetal cells.

One particularly good resource I have found is the [Charlotte Lozier Institute](#), which is constantly reviewing vaccine development of all these different vaccines and posts comprehensive lists of which ones use aborted cells or not; how those cells are used, you know, to what degree, is it just testing or is it in the making of it; and so on. They currently have a specific list reviewing all of the COVID-19 vaccines, all of them worldwide that they're aware of under study right now.

As noted before, since the use of human fetal cells from direct abortions has unfortunately become a standard part—and it is, it's a standard part of medical research and vaccine development—the Church has developed that guidance on cooperation and the permissibility of using vaccines, even those I just mentioned. Once again, when no other alternative exists and while some of these vaccines in other parts of the world can be made, and are made without the use of aborted fetal cells, the ones we have access to in the United States right now don't; and so that cooperation exists and therefore it still permissible to use those under the teaching of the Church, due to the serious health threat posed by those viruses and diseases and the need to really promote the common good of the public health. But

once again the Church constantly reminds us to advocate for the development and access to those vaccines and pharmaceutical compounds that don't compromise our conscience and involve these unethical means of production.

Bishop: Here's another one I'd like to hear both of your thoughts on our final two questions. We have two more questions, and this would be both for you, Dr. Morris, as well as you, Fr. Charles. Fr. Charles, maybe we can hear from first: What can Catholics do to express their opposition to the use of fetal stem cells in the process of research, production, and the testing of vaccines? This is one of the points that is often made, that even while it is morally permissible to receive a vaccine that's been developed with some association, Catholics have a responsibility to make their opposition known to vaccine makers so that they will ultimately change this whole process eventually and not even go down this route, because there are other options to develop these vaccines. What are the ways that Catholics can express their opposition? When we say that, what do we mean concretely?

Fr. Rowe: Thank you very timely question. I think the lay faithful who are in positions of greater influence in healthcare, particularly pharmaceutical manufacturers and physicians, are in a stronger strategic position to advocate for vaccines which are not associated with abortion. At present, the two most likely vaccines are the ones from Moderna and Pfizer; both of which have minimal association with abortion, less so than the Astra Zeneca candidate. Insofar as patients and others have a choice, they should opt for the vaccine with the weakest association with abortion, provided it is of comparable efficacy to the other ones and there are no contraindications—for example the patient has an allergy to this type of the vaccine.

Now I think several weeks ago the Missouri Catholic Conference, our Missouri bishops' public policy arm, included a link in its weekly communique that allowed readers to contact their representatives and advocate for developing vaccines that did not have a link with abortion. It is a good time to remind our pastors too, to encourage the faithful to be active participants in these national debates, and alert them to tools like Missouri Catholic Conference that can assist them in making their voices heard.

Bishop: Dr. Morris, your thoughts?

Dr. Morris: To build on white Fr. Charles has said, there are various levels a person could think about as ways to voice their concern about the way COVID-19 and other vaccines or manufactured.

First, one could let their local health care provider, where they end up receiving the vaccine, know their views. Now I think it's important to keep in mind that that provider probably doesn't have any choice of what they're giving you right now; they're just getting sent doses and they're distributing them. However if you voice your concern as you're getting your shot and just ask, you know, respectfully that that be transmitted to the administrator of their facility, over time these administrators are going to hear that the people in their community want an alternative. So when an alternative does become available they might put forth stronger efforts to make that choice available, and even think about contracts they have with other distributors and vendors of pharmaceuticals and vaccines in the future. So that if done properly and respectfully could be of great value, even though in the immediate moment it won't make a difference and you might get a strange look. You could also just contact administrators at the facilities you go to regularly and make that same request directly to them.

I think it's important too to contact the drug manufacturers—for example, to contact Pfizer and Moderna—and thank them for the work that they did do, but respectfully ask that they find ways to avoid that final step and use cell lines that are not ethically compromised and don't cause these problems.

And of course one could call or write or email local and state officials; whether it's your state public health department or city public health department, your representatives in the local senate and house, or at the federal level. Ask them to put more money towards the development of cell lines that don't come from aborted fetal tissue; ask them to stop subsidizing and funding research that does make use of those compromised cells. So in a number of different ways a person could voice that opposition, and each of us just have to think very carefully in our own conscience and given our own life situation what would be the best way to let this be known, as I participate and cooperate in this action, that I still have moral objections to it.

Bishop: And so in other words, object certainly at the source—the manufacturer, the pharmaceutical company that's actually developing vaccine—writing them a letter encouraging them to use other means that are available. But also to make your opposition or your objection at the local level, where you're maybe actually receiving. There are several different stages where the vaccines sort of progresses in order, before it gets to you the patient. Respectfully but firmly write, or just communicate in some way at each of those levels, that's what you're saying.

I guess a final question for both of you: what does the vaccine mean, in your thoughts on this, to our ability to regain some of the some of the freedoms and conveniences that we enjoyed before the pandemic, and I think maybe we took for granted before and appreciate even more now that we don't have them? Just your thoughts on some of those things. Fr. Charles, again with you and then hear from Dr. Morris on that.

Fr. Rowe: It means to me that we can go back to in-person worship and in-person attendance at school, and resume normal activities of parishes and schools. I hope that when we do so we'll have a greater appreciation for these freedoms, as well as a greater solicitude for the welfare of our whole community. Pope Francis pointed out that we should learn some important lessons from this pandemic, and most especially our interdependence on one another, our need for one another, and the duties to care for one another.

Dr. Morris: It's just incredible to think about how the experience of COVID-19 has so changed our world in such drastic ways, and shown us really how precious many of the simple things are in life to us that we've taken for granted; such as the freedom to go about as we choose, of being with family and friends, and even celebrating milestones in life and holidays, how much that has been curtailed. And I think underlying it, it shows us the value of those aren't the celebrations themselves but the connectedness that we have to each other. And you know, I think it's something that as human beings we constantly need to be reminded of, that we are connected to each other and we need each other.

Unfortunately, I know that history shows us how often us human beings forget even great lessons that come at great prices and through great trials and suffering, and how quickly we can return to our old patterns of behavior and go right back into taking things for granted. I certainly hope that does not happen. I think there is a lot to learn here about our world, our country, our local communities, our friends, our families and ourselves, and I hope we learn those lessons and make the world a better place

in the future, that we remember this connectedness and get past some of the things that divide us. Really this this pandemic should teach us that, so that as we get back to these things in life we just don't go back to enjoyment of life for me, but I see how life is something to be shared with others. That's the lesson I hope we learn from this, and I think the vaccines are going to give us the opportunity to now move into that post COVID-19 world and I hope we care that lesson with us.

Bishop: Thank you. I want to thank both Fr. Rowe and Dr. Morris for giving their insights today on this aspect of the vaccines as they become more available. As I was listening to both of them today, one of the takeaways that I noticed is that, you know, while the vaccines are wonderful and I think they are going to be a way for us to return to some normalcy, there is always the spiritual dimension. We're not just...as Christians, we realize we're not just concerned for our physical health; even more important is our spiritual health. And so that's why so many people of faith are asking questions with regard to the vaccines, that yes we do want to be healthy, we do want to return to normalcy, but we also, as much as anything else, we also want to always be aligned with the truth, with what's good. So we don't want to do something that would jeopardize our spiritual wellbeing, because ultimately that's the most important thing.

So what I hear you all saying is that with these vaccines, in choosing to receive a vaccine, we are not going against, according to the Church's teaching in its moral tradition, we're not going against the truth and the good or God's Law. Even though there is down the line in various ways, to varying degrees, there is a connection to moral evil; in this case, using stem cells from aborted fetuses from several decades ago. But that connection is not so close and we're not cooperating in it to the degree that you would be participating in evil. So in the Church's wisdom, in her very thorough and very rich moral tradition in this, that we were not participating in something sinful.

However, it's also permissible for a Catholic in conscience who doesn't want to be associated with that in any way whatsoever to say no. So those are the distinctions that I picked up on our conversation today. I hope that that's helpful for many people. Certainly if you have other questions though; if something we said or something our guest said today was unclear or you wanted to have a follow up, we want you to ask those questions through the form that is on our website, you can contact the Catholic Center, if you want to put one of those questions either to Fr. Charles or Dr. Morris or to me. Feel free to do that. We can't cover everything in these conversations, but we try to try to get to the main things. So I want to thank you all again. This video/conversation along with the other video that we're producing with regard to some of the medical questions is also gonna be available for you.

One maybe final wrap up: one of the things that is happening now, is that many people don't know where to get a vaccine. They're just not readily available and hopefully that'll change. I intend when it's available to receive a vaccine, and I don't know about you all—are you all planning on also receiving a vaccine when you're able to get one?

Well, I think that maybe wraps it up for this episode. So I want to again thank you, and please know my prayers for all of you. And again if you do have follow up questions, please submit those to us; I hope this has been helpful. May God bless you!