

27 April 2022

To whom it concerns within xxxx,

I am a well-formed, baptized and practicing Catholic. As an undergraduate student in the xxxx, I write with a request for a religious exemption to the xxxx mandate regarding the COVID 19 vaccination. Following is a fulsome and sincere explanation of the religious basis for my request.

Background on Catholic Social Teaching and the Dignity of the Human Person

Catholic social teaching is rooted in the recognition of the dignity of every human being, as each person shares in the dignity of God, our creator. The teaching from the Catechism of the Catholic Church is:

“The human body shares in the dignity of "the image of God": it is a human body precisely because it is animated by a spiritual soul, and it is the whole human person that is intended to become, in the body of Christ, a temple of the Spirit.” (CCC 364)¹

As it has a share in the dignity of my Savior, the dignity of my body must be respected. Central to upholding this dignity is the necessity of allowing individuals to freely follow their moral conscience.

“Man has the right to act in conscience and in freedom so as personally to make moral decisions. 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.” (CCC 1782)²

Of course, my Church’s teachings also require a person to appropriately form and inform his or her conscience, and to prudentially make decisions in accordance with it.

“To this purpose [making moral choices in accordance with a well-informed conscience], man strives to interpret the data of experience and the signs of the of the time assisted by the virtue of prudence, by the advice of competent people, and by the help of the Holy Spirit and his gifts.” (CCC 1788)³

Catholic Church Teaching in Regard to Vaccinations

The Catholic Church teaches that a person may be required to refuse a medical intervention, including a vaccination, if his or her informed conscience comes to this sure judgment. While the Church does not prohibit the use of any vaccine, and generally encourages the use of safe and effective vaccines as a way of safeguarding personal and public health, the following authoritative Church teachings demonstrate the principled religious basis on which a Catholic may conclude that he or she ought to refuse certain vaccines:

- 1) “Vaccination is not morally obligatory in principle and so must be voluntary”⁴
- 2) There is a general moral duty to refuse the use of medical products, including certain vaccines, that are produced using human cells lines derived from direct abortions. It is permissible to use such vaccines only under certain case-specific conditions, based on a judgment of conscience.”⁵

¹ [Catechism of the Catholic Church - Paragraph # 364 \(scborromeo.org\)](https://www.scborromeo.org/ccc/3-hr-catechism/catechism-paragraphs/paragraph-364/)

² [Catechism of the Catholic Church - Paragraph # 1782 \(scborromeo.org\)](https://www.scborromeo.org/ccc/3-hr-catechism/catechism-paragraphs/paragraph-1782/)

³ [Catechism of the Catholic Church - Paragraph # 1788 \(scborromeo.org\)](https://www.scborromeo.org/ccc/3-hr-catechism/catechism-paragraphs/paragraph-1788/)

⁴ [Note on the morality of using some anti-Covid-19 vaccines \(21 December 2020\) \(vatican.va\)](https://www.vatican.va/roman_curia/procurator/2020/12/20201221_moralita_vaccini.html)

⁵ [Pontifical Academy for Life Statement: Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses \(nih.gov\)](https://www.nih.gov/news-events/statement/2020/12/21/pontifical-academy-for-life-statement-moral-reflections-vaccines-prepared-cells-derived-aborted-human-fetuses); [Instruction Dignitas Personae on Certain Bioethical Questions, Congregation for the Doctrine of the Faith \(vatican.va\)](https://www.vatican.va/roman_curia/procurator/2020/12/20201221_moralita_vaccini.html); [Note on the morality of using some anti-Covid-19 vaccines \(21 December 2020\) \(vatican.va\)](https://www.vatican.va/roman_curia/procurator/2020/12/20201221_moralita_vaccini.html)

- 3) A person's informed judgments about the proportionality of medical interventions are to be respected unless they contradict authoritative Catholic moral teachings"⁶
- 4) A person is morally required to obey his or her sure conscience or risk condemning himself.⁷

A Catholic may judge it wrong to receive certain vaccines for a variety of reasons consistent with these teachings, and there is no authoritative Church teaching universally obliging Catholics to receive any vaccine. An individual Catholic may faithfully observe Church teaching by refusing to take a vaccine developed or produced using abortion-derived cell lines. This is a specific matter in which the Church recognizes there can be legitimate and faithful differences in position between Catholics (prudential judgement). Some Catholics can feel morally justified in receiving a vaccine, and the conscience of other Catholics requires them to refuse one. At the core of this moral issue lies the conscience of the individual, given authority by his participation in the divine image of God.

The Inextricable Link Between Abortion and the Available COVID-19 Vaccines

There are three vaccines authorized for use in the United States: Pfizer-BioNTech (full approval), Moderna (Emergency Use Authorization) and Janssen (Emergency Use Authorization). I recognize that none of the currently-available vaccines use cells derived from abortion in the final formulation of the vaccine. However, each of the companies involved in the during the research to design, create and test these life-saving vaccines used cell lines that are the descendants of cells obtained from aborted fetal tissue:

- Pfizer used the HEK293T/17 cell line⁸
- Moderna used the HEK293T/17 cell line⁹
- Janssen used the PER.C6.TetR cell line¹⁰

Both the HEK293 and PER.C6 cell lines are the result of an abortion. HEK293 comes from the kidney cells of an aborted fetus (a person) that was killed sometime in the 1970s.¹¹ PER.C6 comes from the retinal cells from a human person who was intentionally killed in an abortion in 1985, at 18 weeks gestation. At 18 weeks, the fetus is very much a person. The Cleveland Clinic writes this of fetal development around this time of life:

“Month 4 (weeks 13 through 16)

The fetal heartbeat may now be audible through an instrument called a doppler. The fingers and toes are well-defined. Eyelids, eyebrows, eyelashes, nails and hair are formed. Teeth and bones become denser. The fetus can even suck his or her thumb, yawn, stretch and make faces.

The nervous system is starting to function. The reproductive organs and genitalia are now fully developed, and your doctor can see on ultrasound if the fetus will be designated male or female at birth. By the end of the fourth month, the fetus is about 6 inches long and weighs about 4 ounces.

Month 5 (weeks 17 through 20)

At this stage, you may begin to feel the fetus moving around. The fetus is developing muscles and exercising them. This first movement is called quickening and can feel like a flutter. Hair begins to grow on the head. The shoulders, back and temples are covered by a soft fine hair

⁶ [ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf \(usccb.org\)](#)

⁷ [Catechism of the Catholic Church - Paragraph # 1790 \(scborromeo.org\)](#)

⁸ [A prefusion SARS-CoV-2 spike RNA vaccine is highly immunogenic and prevents lung infection in non-human primates | bioRxiv](#)

⁹ [SARS-CoV-2 mRNA vaccine design enabled by prototype pathogen preparedness | Nature](#)

¹⁰ [Single-shot Ad26 vaccine protects against SARS-CoV-2 in rhesus macaques | Nature](#)

¹¹ [A guide to human fetal cell lines from aborted children used in vaccine development \(liveaction.org\)](#)

called lanugo. This hair protects the fetus and is usually shed at the end of your baby's first week of life.”¹²

The Catholic church is authoritative and definitive in its teaching that abortion is an inherent moral evil:

“Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law: You shall not kill the embryo by abortion and shall not cause the newborn to perish. 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. Life must be protected with the utmost care from the moment of conception: abortion and infanticide are abominable crimes.” (CCC 2271)¹³

To understand why taking a vaccine which involved the use of cells derived from an elective abortion in its research and development is morally illicit, it is necessary for me to review the principle of cooperation in evil. The Pontifical Academy for Life, commissioned by the Congregation for the Doctrine of the Faith, in a report entitled *Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses*, writes the following:

“The first fundamental distinction to be made is that between *formal* and *material cooperation*. *Formal cooperation* is carried out when the moral agent cooperates with the immoral action of another person, sharing in the latter’s evil intention. On the other hand, when a moral agent cooperates with the immoral action of another person, without sharing his/her evil intention, it is a case of *material cooperation*.

Material cooperation can be further divided into categories of *immediate* (direct) and *mediate* (indirect), depending on whether the cooperation is in the execution of the sinful action per se, or whether the agent acts by fulfilling the conditions—either by providing instruments or products—which make it possible to commit the immoral act. Furthermore, forms of *proximate cooperation* and *remote cooperation* can be distinguished, in relation to the “distance” (be it in terms of *temporal* space or *material* connection) between the act of cooperation and the sinful act committed by someone else. *Immediate material cooperation* is always *proximate*, while *mediate material cooperation* can be either *proximate* or *remote*. *Formal cooperation* is always morally illicit because it represents a form of direct and intentional participation in the sinful action of another person. *Material cooperation* can sometimes be illicit (depending on the conditions of the “double effect” or “indirect voluntary” action), but when *immediate material cooperation* concerns grave attacks on human life, it is always to be considered illicit, given the precious nature of the value in question.

A further distinction made in classical morality is that between *active* (or positive) cooperation in evil and *passive* (or negative) cooperation in evil, the former referring to the performance of an act of cooperation in a sinful action that is carried out by another person, while the latter refers to the omission of an act of denunciation or impediment of a sinful action carried out by another person, inasmuch as there was a moral duty to do that which was omitted.

Passive cooperation can also be formal or material, immediate or mediate, proximate or remote. Obviously, every type of formal passive cooperation is to be considered illicit, but even passive material cooperation should generally be avoided...”¹⁴

¹² [Fetal development: Month-By-Month Stages of Pregnancy \(clevelandclinic.org\)](http://clevelandclinic.org)

¹³ [Catechism of the Catholic Church - Paragraph # 2271 \(scborromeo.org\)](http://scborromeo.org)

¹⁴ [Pontifical Academy for Life Statement: Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses \(nih.gov\)](http://nih.gov)

To take a vaccine inextricably linked to the inherent moral evil that is abortion constitutes remote material passive cooperation in that evil. Taking the vaccine itself a sinful action. By taking such a vaccine, I would be legitimizing the moral evils committed in the abortions performed in the 1970s and 1985. In a society where the “culture of death” is dominant, as a Catholic I have an even greater moral responsibility not to cooperate, legitimize or pass over the evil that is performed in abortion.¹⁵ Taking a COVID-19 vaccination constitutes participation in evil and thereby puts my soul at risk of eternal damnation. Such an action would violate my sincere moral conscience and mandate by my Church and God to follow it.

In order to follow my moral conscience, specifically as it relates to the authoritative teaching of my religion on abortion, I regularly modify my daily activities. There are specific stores and restaurants that I will not patronize who openly, publicly and persistently support (vocally or monetarily) organizations whose expressed goal is to provide a service which intentionally kills an innocent human life (an abortion). I withhold my business from these organization even as there are sometimes no other, legitimate options for obtaining the good or service provided by the company which is participating in evil. My religious obligation to abstain from cooperation in evil is not selectively applied in my decision to obtain a COVID-19 vaccine: By following my conscience in this matter I am being morally consistent with the way in which I live the Christian life.

Does the Principle of Double Effect Apply to COVID-19 Vaccinations?

Can taking a COVID-19 vaccine be justified in spite of its illicit creation described above? One of the religious and ethical principles I considered to this end is that of *double effect*. The principle of double effect is an exercise in which an action with both good and evil effects may be licit if such an action meets certain criteria. There are 5 generally-accepted tenets of the principle of double effect:

- 1) The action is either morally neutral or morally good. The action itself cannot be a moral evil
- 2) The bad effect can not be the means for achieving the good effect of the action
- 3) The purpose and intent of the action must be the good effect and not the evil effect
- 4) The good effect must outweigh the bad effect.
- 5) Agents involved in the action must work to minimize the foreseen harm of the action¹⁶

I will now explain how getting a COVID-19 vaccine does not satisfy the principle of double effect in my situation:

1) The action is either morally neutral or morally good

The act of getting a vaccine to protect oneself or others from a virus is a moral good. In a situation where the vaccine in question provides a substantial material benefit to the common good of society, it can be strongly argued that getting the vaccine is a moral good. This tenet is satisfied, though I qualify by adding that vaccination is not a moral obligation even if it is a moral good. The Congregation for the Doctrine of the Faith writes, “practical reason makes evident that vaccination is not, as a rule, a moral obligation and that, therefore, it must be voluntary.”¹⁷

2) The bad effect can not be the means for achieving the good effect of the action

The evil of the abortions performed, and the involvement of the material effects of those evil acts in the research and development of the COVID-19 vaccines is indisputable. This itself is a preceding evil which cannot be undone. The further bad effect of taking a COVID-19 vaccine is that it requires me to become a

¹⁵ [Why Do We Call It a "Culture of Death"? | National Catholic Register \(ncregister.com\)](#)

¹⁶ [Doctrine of Double Effect \(Stanford Encyclopedia of Philosophy\)](#)

¹⁷ [Note on the morality of using some anti-Covid-19 vaccines \(21 December 2020\) \(vatican.va\)](#)

materially cooperative party to the sin of abortion. This effect is not the means by which the positive effect of vaccination, namely protection against the disease, is obtained.

3) The purpose and intent of the action must be the good effect and not the evil effect

In obtaining a COVID-19 vaccine, my purpose and intent would not be to materially participate in or further the evil of abortion in society (though this is a *de facto* effect of the action). The purpose of getting the vaccine would be to protect myself and others from COVID-19.

4) The good effect must outweigh the bad effect

The heart of the matter of vaccination is the conflict between the material cooperation in abortion and the conscience violation it would cause me to endure and the arguable benefit it may have on the public health. I will demonstrate later that after prayerful consideration, I find that this tenet is *not* satisfied.

5) Agents involved in the action must work to minimize the foreseen harm of the action

For me, it is impossible to lessen the moral sin which I would be committing by taking a COVID-19 vaccine. The spiritual and mental damage done to me by forcing me to get the vaccine is significant. The pharmaceutical industry continues to demonstrate that it has no intention of stopping the use of cell lines derived from elective abortions in its work. Concerns over these cell lines have continued on for decades, and the companies that make the available COVID-19 vaccines still use them in assays. This is unacceptable and serves to increase the harm done by those original abortions by literally and symbolically indicating that the abortions were acceptable. There is no remorse from these organizations. By taking a vaccine, I legitimize the perverse societal view that abortion is a moral good.

Theology of Therapeutic Proportionality and A Discussion of Tenet 4¹⁸

A Catholic might refuse a vaccine based on the Church's teachings concerning therapeutic proportionality. Therapeutic proportionality is an assessment of whether the benefits of a medical intervention outweigh the undesirable side-effects and burdens in light of the integral good of the person, including spiritual, psychological, and bodily goods.¹⁹ It can also extend to the good of others and the common good, which likewise entail spiritual and moral dimensions and are not reducible to public health. The judgment of therapeutic proportionality must be made by the person who is the potential recipient of the intervention in the concrete circumstances, not by public health authorities or by other individuals who might judge differently in their own situations.²⁰

The Congregation for the Doctrine of the Faith (CDF, an official Church authority) wrote a letter in December 2020 addressing the use of COVID-19 vaccines by the faithful. The Church affirms that it does not prohibit the use of any vaccine.²¹ I myself have received many vaccines (discussed below). In the same letter, the CDF writes that vaccination is not morally obligatory.

I want to give some attention to the vaccines I have received. Firstly, I was not given a choice whether to receive a number of vaccines as a child, because I legally was not able to give or retain consent to them. It is likely that some of the vaccines that I received were produced with or developed using cells derived

¹⁸ I do not pretend to be fully knowledgeable about all the science of COVID-19 vaccines and all the data surrounding them. The data presented in the following sections are meant to demonstrate that I have genuinely considered all factors around vaccination in determining whether I am morally able to use the principle of double effect to justify taking a COVID-19 vaccine.

¹⁹ [ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf \(uscbb.org\)](#)

²⁰ *Ibid.*

²¹ [Note on the morality of using some anti-Covid-19 vaccines \(21 December 2020\) \(vatican.va\)](#)

from elective abortions.²² The decision to have me receive these vaccines was undertaken by my parents. In this process, they also had to consider the principle of double effect (even if not explicitly) to justify these vaccinations. In many situations, the diseases I was vaccinated against posed a serious risk to me and others if I did not receive them. My parents were faithfully able to morally justify giving me these vaccines, but this was done on a case-by-case basis. The COVID-19 vaccine is no different: It requires its own analysis and moral syllogism to determine whether I am able to take it. The decision to get the COVID-19 vaccine is mine to make, and I have considered all factors relevant to it. A large part of that analysis is included in this letter.

Pope Francis, the temporal leader of the Catholic Church, is in favor of COVID-19 vaccinations as a matter of personal prudential judgement (as is the archbishop of the archdiocese of Atlanta).^{23,24} His prudential judgement does not carry the moral weight of the Church, just as his preference for one liturgical style over another does not bind the faithful to worship exclusively in that form (it is a misconception that Catholics believe the Pope is “always right,” papal infallibility is a theological doctrine applied in vary narrow circumstances).²⁵ This is not a matter in which he is dictating a moral imperative to his flock or binding them to follow his teaching. A prudential judgement from the Pope is not binding over the faithful, but it should be taken seriously.²⁶ To reiterate, the prudential judgements of the Pope, his bishops or any other church authority in regard to COVID-19 vaccination are legitimate but not the exclusive faithful expression of Church teaching. While many faithful Catholics have legitimately received COVID-19 vaccinations, they do so because it does not violate their moral conscience. As noted in the background on Catholic Social Teaching, as Catholics we are required to form our moral conscience well and are obligated to follow it under caution of eternal damnation.

As a theological aside, prudential judgement does not mean subjective morality. As Catholics, we believe there is an *objective morality* and that the natural law that can be deduced through reason.^{27,28} So, when the Church makes an objective moral teaching that abortion is an inherent evil, this is not a matter up for debate concerning prudential judgement. Things which are examples of prudential judgement are the application of Catholic Social Teaching to politics. The faithful can come to the legitimate moral conclusion that one political party or another best applies the principles of Catholic Social Teaching so long as this is done in earnest.²⁹ As my references have made clear, the Catholic Church does not have any doctrinal, authoritative teaching that requires the faithful to be vaccinated against any disease. The decision to get a vaccine, then, is a matter left to prudential judgement of the moral situation. In the act of making a prudential judgement, a Catholic considers all the information available to him and the advice of his spiritual leaders.

As I prayerfully look to inform my conscience regarding COVID-19 vaccinations based on my own experiences and the advice and reporting of trustworthy, competent people, I consider two contexts: my moral obligation to protect the health of my own body, and the moral good that is protecting the health of others so far as I am able.

Consideration of conscience: moral obligation to self

In August 2020, I contracted COVID-19. I experienced mild to moderate symptoms including headaches, fatigue, brain fog and loss of taste and smell. I had a positive COVID-19 test to confirm this diagnosis. I

²² [Vaccines, Abortion & Fetal Tissue - Ohio Right to Life \(ohiolife.org\)](https://ohiolife.org/vaccines-abortion-fetal-tissue/)

²³ [Pope Francis and the Pope emeritus receive Covid-19 vaccine - Vatican News](https://www.vaticannews.va/en/vatican-news/news/pope-francis-and-pope-emeritus-receive-covid-19-vaccine-2021-01-18.html)

²⁴ [Archbishop of Atlanta clarifies stance on COVID-19 vaccines - Georgia Bulletin - Georgia Bulletin](https://www.georgiabulletin.com/atlanta-archbishop-clarifies-stance-on-covid-19-vaccines/)

²⁵ [Instruction on the ecclesial vocation of theologian \(vatican.va\)](https://www.vatican.va/press-releases/2020/08/20200818-instruction-on-the-ecclesial-vocation-of-theologian_en.html)

²⁶ [On Intrinsic Evil and Prudential Judgment: Clarifying Our Terms | Catholic Moral Theology](https://www.catholicmoraltheology.com/on-intrinsic-evil-and-prudential-judgment-clarifying-our-terms/)

²⁷ [Natural Rights | History of Western Civilization II \(lumenlearning.com\)](https://www.lumenlearning.com/natural-rights/history-of-western-civilization-ii/)

²⁸ [Morality Has to Be Objective | Catholic Answers](https://www.catholicanswers.com/question-answer/morality-has-to-be-objective/)

²⁹ [What is a Prudential Judgment? | Catholic Answers](https://www.catholicanswers.com/question-answer/what-is-a-prudential-judgment/)

did not feel sick enough to seek professional medical care, but instead quarantined and relied on over-the-counter medications and rest. All of my symptoms fully resolved within 7-8 days.

Several factors have led me to conclude that my moral obligation to self does not require me to get this particular vaccine. Specifically, the fourth tenet of the principle of double effect is not satisfied after my prayerful and systematic analysis. The good a vaccine would do me at this point given my health history is small enough that the aforementioned material cooperation in evil by taking a vaccine outweighs the benefit (tenet 4 of the principle of double effect). There are four factors I will discuss:

- 1) Risk of serious illness or death according to my age
- 2) Strength of natural immunity
- 3) Risk of side effects from taking the vaccine
- 4) The highly effective therapeutics and treatment protocols to treat me if I become re-infected.

1) Risk of Serious Illness of Death According to My Age

The risk that the COVID-19 disease poses to me personally is astonishingly low, even if it were the case that I had not been previously infected (which I have been). The National Center for Health Statistics (NCHS) database, hosted by the Centers for Disease Control and Prevention (CDC) keeps record of COVID-19 related deaths along with certain demographic factors. For the age 15–24 cohort, of which I am a part, there have been a total of 2,613 deaths related to COVID-19. For context, that is 0.264% (2613/991,198) of the total deaths.³⁰ Data from the census bureau from 2019 indicate that there are 20.8 million individuals in this age cohort of 15-24.³¹ The number of deaths associated with COVID-19 is 0.013% (2613/20849000) of the population of this age group.

The statistics quoted above are aggregated for the entire 15-24 age cohort, without respect to pre-existing conditions and overall health. It is well known that obesity is one of the biggest risk factors for serious illness from COVID-19.³² The CDC published a report which found that overweight or obese individuals constituted 78.0% of patients hospitalized with COVID-19 and 73.3% of hospitalized patients who died from the disease.³³ I am not obese, nor am I overweight. I exercise 4-5 times per week, eat a clean diet, have no pre-existing conditions and am in good overall health. My statistical risk for serious illness or death from COVID-19 is therefore less than the statistics quoted in the above paragraph, which on their own demonstrate that COVID-19 does not pose a substantial and outsized risk to my age cohort.

2) Strength of Natural Immunity

Unlike the commercially available vaccines which encode solely for the hallmark spike protein of SARS-CoV-2, my body encountered the full virus in its native form. As part of my immune response to the infection, more T and B cells were made that are activated by more parts of the virus than those with vaccine immunity. While it is known that antibody levels decline after several months (which is normal), a journal article from February 2021 in Science found immunological memory to COVID-19 assessed for 8 months after infection.³⁴ Another preprint study determined “spike-specific IgG+ memory B cells persist, which bodes well for a rapid antibody response upon virus re-exposure or vaccination.”³⁵ The same study also reported that “CD4+ T cell responses equally target several SARS-CoV-2 proteins, whereas the

³⁰ [Provisional COVID-19 Deaths by Sex and Age | Data | Centers for Disease Control and Prevention \(cdc.gov\)](https://www.cdc.gov/nchs/data/tables/provisional-deaths-by-sex-and-age-covid-19-2022-04-20.pdf). Data as of April 20, 2022.

³¹ [Age and Sex Composition in the United States: 2019 \(census.gov\)](https://www.census.gov/data/tables/2019/ageandsex/total/more/2019-08-01-age-and-sex-composition-in-the-united-states-2019.html)

³² <https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/cob.12403>

³³ [Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/mmwr-reports/mmwr-reports-2020-12-18.html)

³⁴ [Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/34888888/)

³⁵ [Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/34888888/)

CD8+ T cell responses preferentially target the nucleoprotein, highlighting the potential importance of including the nucleoprotein in future vaccine.” This supports the hypothesis that natural immunity is more diverse than vaccine immunity (which, again, is quite effective on its own). Finally, a preprint literature review found in its results that “all of the included studies found at least statistical equivalence between the protection of full vaccination and natural immunity; and three studies found superiority of natural immunity... the net benefit [to vaccination after natural infection] is marginal on an absolute basis.”³⁶ This conclusion is further confirmed by a report on the CDC website from its weekly Morbidity and Mortality Weekly Report (MMWR) in August 2021. The report found the following:

“Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated.”³⁷

Given my prior COVID-19 infection, I can feel confident that my natural immunity persists today and that it is protective (to some degree) against reinfection. Exactly how this compares to vaccine immunity is unknown, but the available research indicates the two are comparable.

If my natural immunity is broken through and I become reinfected with SARS-CoV-2, I will have a secondary immune response which will be faster and more intense than during the initial infection (when I did not have pre-existing T and B cells to fight the virus). A study from the UK government in June 2021 found that viral loads are lower in the case of reinfection. The study says this of the PCR cycle threshold (Ct) values (which are correlative with viral load) for COVID-19 tests:

“(Ct values were lower) in initial episodes of COVID-19 infection (median Ct value: 24.5, interquartile range: 19.7 to 31.2) than for reinfection episodes (median Ct value: 32.8, interquartile range: 30.6 to 34.0) (accompanying dataset 1d).”³⁸

An April 2021 study in the Journal of Clinical Infectious Diseases found that not only were the reinfection rates lower for those previously infected, but their symptoms were milder, and likelihood of severe illness and death was significantly reduced.³⁹

Pfizer biochemist Nick Carl is recently reported on video saying that

“Your antibodies are probably better than the vaccination... When somebody is naturally immune, like, they got COVID, they probably have better, like, not better, but more antibodies against the virus.”⁴⁰

Individual scientists within the Pfizer corporation argue that natural immunity is stronger than vaccine immunity. Though they do not speak for their employer, these scientists are well-respected in their field and carry some *ethos* with their words.

This April 2022 peer reviewed study was released on the National Library of Medicine showing that “Naturally acquired immunity confers stronger protection against infection and symptomatic disease caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced

³⁶ <https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

³⁷ [Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination — Kentucky, May–June 2021 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/6808a1.htm)

³⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19infectionsurveytechnicalarticleanalysisofreinfectionsocovid19/june2021>

³⁹ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab345/6251701>

⁴⁰ https://www.realclearpolitics.com/video/2021/10/04/pfizer_scientists_to_project_veritas_your_antibodies_are_probably_better_than_the_vaccination.html

immunity.”⁴¹ [A recently published Israeli study](#) demonstrates that "*naturally acquired immunity affords longer-lasting and stronger protection against infection and symptomatic disease [...], compared to the BNT162b2 two-dose vaccine-induced immunity.*"

In detail, the scholars' data showed that "*those vaccinated are still at a 5.96-fold increased risk for breakthrough infection and a 7.13-fold increased risk for symptomatic disease compared to those previously infected.*" This encouraging finding offers hope that natural immunity will continue to be effective against derivative strains of SARS-CoV-2.

The sources in this section clearly demonstrate that 1) natural immunity is persistent for greater than the initially hypothesized 3 months, 2) that it protects against reinfection at a level at or above vaccine immunity, and 3) if I become reinfected, the risk to my health will be even smaller than during the initial infection, which was incredibly low in the first place as described above.

3) Risk of Side Effects from Taking the Vaccine

In early 2022 this study is one of several examples of studies identifying negative side effects from the vaccine: Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs “In this paper, we present evidence that vaccination induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health. Immune cells that have taken up the vaccine nanoparticles release into circulation large numbers of exosomes containing spike protein along with critical microRNAs that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. We show evidence from the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines questions them as positive contributors to public health.”

A study in the Journal of Infectious Diseases from September 2021 found that in a self-reported survey study, the incidence of adverse events following vaccination was higher in those who had previously been infected.⁴²

Sweden, for its part, has deemed the risk of cardiac side effects from vaccination using Moderna's formulation to be such that it has paused the use of the vaccine among young adults born in 1991 and after. Pfizer and Janssen vaccines are still in use in the country.⁴³

4) The Highly Effective Therapeutics and Treatment Protocols to Treat Me if I Become re-Infected.

Unlike at the start of the pandemic, when COVID-19 was a new illness without established treatment protocols, our ability to treat COVID-19 infection from a medical perspective has significantly improved.

⁴¹ Gazit S, Shlezinger R, Perez G, Lotan R, Peretz A, Ben-Tov A, Herzal E, Alapi H, Cohen D, Muhsen K, Chodick G, Patalon T. SARS-CoV-2 Naturally Acquired Immunity vs. Vaccine-induced Immunity, Reinfections versus Breakthrough Infections: a Retrospective Cohort Study. Clin Infect Dis. 2022 Apr 5:ciac262. doi: 10.1093/cid/ciac262. Epub ahead of print. PMID: 35380632. <https://pubmed.ncbi.nlm.nih.gov/35380632/>

⁴² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8164507/>

⁴³ <https://www.cbsnews.com/news/covid-vaccine-moderna-sweden-halts-use-in-under-30s/>

There are at least 84 therapeutic treatments in development or in use for treating COVID-19.⁴⁴ Some selected treatments are Regeneron (Casirivimab/imdevimab) and Molnupiravir. According to data from the company, Regeneron leads to a 70% reduction in hospitalizations when this treatment is used within 10 days of symptom onset. Molnupiravir is a drug currently being commercially developed by Merck, and was discovered by Emory DRIVE, a non-profit development company.^{45, 46}

The treatment protocols for COVID-19 have also greatly improved in the last year and a half. The NIH has an extensive set of guidelines for treatment.⁴⁷ Doctors now know what the disease course looks like and how we can best treat it with currently available knowledge and drugs.⁴⁸

A combination of the facts that I am unlikely to be reinfected, unlikely to have an illness more serious than my first infection, unlikely to be seriously ill or hospitalized, unlikely to die, and likely to have very good medical care should I need it, lead me to conclude that SARS-CoV-2 does not pose a threat great enough to me that the principle of double effect allows me to take a COVID-19 vaccine. Tenet 4 is clearly not satisfied in my prayerful analysis, and tenet 5 would be a serious hurdle to overcome as well.

Consideration of Conscience: Protecting Others is a Moral Good

In evaluating my conscience on receiving a COVID-19 using the principle of double effect, I must also consider that protecting others is a moral good. If by becoming vaccinated I can substantially protect others to such a degree that the good effect outweighs the bad effect, then tenet 4 could be satisfied. However, I have sincerely and prayerfully respected this matter, taking it with me into adoration and private prayer, and determined that tenet 4 is not satisfied. I can not morally justify taking a COVID-19 vaccine, and I am thus bound by my religion not to.

It is worth noting that as a matter of Christian principle, no individual can be obliged to charity. However, when we are able, it is a moral good for us to participate in charity. The factors to be considered in protecting others are:

- 1) Availability and efficacy of COVID-19 vaccines
- 2) The risk I pose to others
- 3) The mitigation factors I am involved in

1) Availability and efficacy of COVID-19 Vaccines

Because the vaccines encode the spike protein from the ancestral strain of SARS-CoV-2, they are less effective against descendant variants of the virus, but still generally effective against infection. Furthermore, available data demonstrates that in vaccinated individuals, the risk of serious illness and death is significantly decreased if a breakthrough infection occurs. This is due to the adaptive immune response created by the vaccine and the body's ability to thus create a secondary immune response if presented with a potential infection. According to the CDC as of October 12, 2021, there have been 7,178 deaths associated with COVID-19 in vaccinated individuals, a cohort which represents 188.7 million Americans (fully vaccinated as of October 15, 2021, 218.3 million have received at least one dose).⁴⁹ The

⁴⁴ <https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-therapeutics-tracker>

⁴⁵ https://news.emory.edu/stories/2021/03/coronavirus_DRIVE_molnupiravir/index.html?utm_source=ebulletin&utm_medium=email&utm_campaign=Emory_Report_EB_180321

⁴⁶ <https://pubmed.ncbi.nlm.nih.gov/34159342/>

⁴⁷ <https://www.covid19treatmentguidelines.nih.gov/about-the-guidelines/table-of-contents/>

⁴⁸ <https://www.usatoday.com/in-depth/news/health/2021/03/14/covid-treatments-have-improved-but-more-rigorous-study-trials-needed/4433230001/>

⁴⁹ <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>

number of deaths drops to 6,227 if you remove cases in which COVID-19 was not the cause of death (such as an auto accident where the individual dies of their injuries but tests positive for COVID-19. Deaths such as these make up 951 of the total 7,178 number). These deaths are primarily occurring (85%) in individuals ages 65 and up, a group with which I have minimal contact with in general. Those who are vaccinated are at a statistically insignificant threat (0.003%, 6227/188700000, aggregated for all age groups) of death from COVID-19. The COVID-19 vaccines have been available to everyone who wants to get them for months. Booster shots and third doses are also available for vulnerable populations for extra protection.

2) The risk I pose to others

As mentioned in section 2 from my moral obligation to self, natural immunity is likely to be stronger than vaccine immunity. Thus, I generally pose no more risk to others than a vaccinated individual. If I become re-infected, which is unlikely, I will probably have a lower viral load associated with my illness (also discussed above). Viral load is generally accepted to be positively correlated with risk of transmission.⁵⁰ Between the extremely high effectiveness of vaccines preventing serious illness and death and the advanced therapeutics and treatments available to the public, I do not pose a serious or deadly threat to others, any more than a vaccinated person does.

3) The Mitigation Factors I am Involved In

I am involved in myriad mitigation factors that reduce the likelihood I contract or spread COVID-19. These include: wearing a mask indoors when required, which helps prevent the spread of the virus, getting tested to confirm that I do not have a breakthrough re-infection that could affect me or others (even as my vaccinated peers, who are arguably more likely to get a breakthrough infection according to data presented above, do not get tested), reducing my close contacts with others and following the COVID-19 guidelines.

Because of the extensive precautions I take not to be a risk to others, just as my peers and individuals I interact with take to protect themselves and others, the chances that I would spread COVID-19 infection to someone who experiences a serious outcome from COVID-19 infection are vanishingly small and comparable to that of someone who is vaccinated.

I prayerfully conclude that it is a moral good to protect others. I do this by participating in mitigation techniques. I feel further confident that vaccination is an extremely effective prophylactic against serious COVID-19 infections among those I come in contact with who might otherwise be vulnerable to the disease. The absolute benefit a COVID-19 vaccine would do for my ability to protect others does not exceed the moral evil I would be participating in by taking a COVID-19 vaccine. Therefore, tenet 4 of the principle of double effect is not satisfied and I can not in good faith take the vaccine.

Conclusion

My Church teaches, and I affirm, that I have a duty to inform my conscience and an obligation to obey it when making decisions regarding my health and the health of others, which includes which vaccinations to put into my body. Herein, I have demonstrated that I have sincerely considered the available science and theology to inform my conscience on both accounts and concluded that for me to concede to a COVID-19 vaccine being injected into my body would be a violation of my moral conscience and mandate by my religion to follow it for the multiple reasons given. My church's teachings clearly convey that I am obligated and bound to obey my informed conscience:

⁵⁰ <https://pubmed.ncbi.nlm.nih.gov/33296437/>

“Man has the right to act in conscience and in freedom so as personally to make moral decisions. “He must not be forced to act contrary to his conscience. Nor must he be prevented from acting according to his conscience...” (CCC 1782)⁵¹

“Conscience is a judgment of reason whereby the human person recognizes the moral quality of a concrete act that he is going to perform, is in the process of performing, or has already completed. In all he says and does, man is obliged to follow faithfully what he knows to be just and right. It is by the judgment of his conscience that man perceives and recognizes the prescriptions of the divine law: Conscience is a law of the mind; yet [Christians] would not grant that it is nothing more; I mean that it was not a dictate, nor conveyed the notion of responsibility, of duty, of a threat and a promise. . . . [Conscience] is a messenger of him, who, both in nature and in grace, speaks to us behind a veil, and teaches and rules us by his representatives. Conscience is the aboriginal Vicar of Christ. (CCC 1778)⁵²

I have shown that my moral conscience prevents me from taking a COVID-19 vaccine whose development involved the use of cells derived from aborted fetuses killed during elective abortions. We will never know what this innocent children of God almighty will have grown up to be: What their aspirations were, their goals or the impact they could have had on their community. In the hands of the abortionist who murdered these innocent victims, their bodies were torn limb from limb in a manner abominable to God and creation. By taking a vaccine, I legitimize this abject evil and partake in it via remote passive cooperation in this terrible sin. You can not force me to do this.

I have faith that the committee reviewing this religious exemption application will prayerfully consider what they are tasked with doing, namely granting my request for a religious exemption to the COVID-19 immunization requirement. I trust that the right decision will be made and I will not be required to take a vaccine which directly violates the religious mandates of my Church and my God. I offer my participation in the celebration of the Holy Sacrifice of the Mass on May 1st, 2022, for the intention of having the Holy Spirit to come down on this committee and bless them.

I close this letter in prayer:

Lord, you are source and summit of our lives here on Earth. I pray that You guide this committee in their deliberations and that they grant this exemption which will allow me to glorify You with my life by living according to the moral conscience You have given me, guided by the Holy Spirit. Lord I pray for an end to abortion in our society. Let the mothers and all those who are involved the difficult decision to get an abortion feel Your love and mercy upon them. Let them be consoled and know that they are loved by You. In the name of the Father, and the Son and the Holy Spirit. Amen.

Signed sincerely in Christ,

Xxxx Xxxx

⁵¹ [Catechism of the Catholic Church - Paragraph # 1782 \(scborromeo.org\)](https://www.scborromeo.org/ccc/par_1782.html)

⁵² [Catechism of the Catholic Church - Paragraph # 1778 \(scborromeo.org\)](https://www.scborromeo.org/ccc/par_1778.html)