

## **MANDATING THE COVID-19 VACCINE**

**By**

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On Friday December 11, the Food and Drug Administration authorized the Pfizer COVID-19 vaccine for emergency use in the United States. The vaccine was shipped on Sunday morning, December 13 and some vaccinations began during this week. Pfizer's Phase 3 trials found this vaccine to be 95% effective when given in two shots, three weeks apart. For months, polling has shown that a significant portion of Americans are skeptical about getting this (or any other) vaccine.

Currently there are 108,000 people in American hospitals with COVID-19. During the week of December 14, there were more than 210,000 new cases in the U.S., and about 2,376 deaths attributable to the virus. It is against this background that widespread vaccinations are critical. Experts maintain that 70-80% of Americans need to be immunized before the virus will be basically eradicated. This can happen by June 2021 for almost the 330 million Americans if they get the vaccine and maintain face masks and social distancing.

It is therefore necessary that conspiracy theories be discarded, and reasonable people say: I want this vaccination for my family, myself, for the safety of the nation. On *Meet the Press* on December 13, Dr. Francis Collins, the director of the National Institutes of Health, made a direct appeal to Americans to "hit the reset button" on skepticism of approved COVID-19 vaccines, stressing that the independent nature of the approval process and the strong safety measures should give Americans public confidence. He stressed that mistrust of vaccines continues to be a source of great concern to public health officials.

What are the moral concerns regarding mandating the COVID-19 vaccine?

Two general aspects are important: first, a local mandate means an immunization is required for services for employment, insisting, for example, that children be vaccinated prior to admission to a local school; or workers in a hospital system be compliant with Centers of Disease Control immunization protocols.

Second, a universal mandate demands that all residents of a geographical area be immunized, for example, a county, state, or country.

As a rule, vaccinations in high-risk situations such as COVID-19 should be given what is called a “soft universal mandate”. This level of mandate allows for three exceptions: a conscience exception (an individual believes that it is immoral to be vaccinated), a religious exception (if the faith of the individual teaches that vaccines are immoral and contrary to God’s will), or a medical exception (the vaccine would be detrimental to the health of the recipient as certified by a physician). These exceptions allow for “opt outs” to occur and for basic human freedoms to be duly safeguarded.

There is no Catholic teaching that the reception of vaccines, including those that rely on fetal cell lines from abortion that happened long ago, is sinful. Catholics cannot claim a religious exception from the requirement of immunization (see: *Moral Reflections on Vaccines Produced from Cells Derived from Aborted Human Fetuses*, Pontifical Academy for Life, 2005, <https://www.Immunize.org/talking-about-vaccines/vaticandocument.htm>).

Catholic teaching safeguards the sanctity of one’s conscience by upholding that a person might refuse a vaccination on the grounds that one’s informed conscience (conscience exception) honestly believes that the risks of being inoculated outweigh the potential benefits, even if the informed conscience of the Catholic is in error. However, as a rule, this conscience exception should not be equated with a religious exception.

