Chat Room Discussion from the ITEST Webinar “Is it Moral to Take the COVID-19 Vaccine”
February 13, 2021

01:29:45 Dr. Mary Anne Urlakis:
First, I’d like to thank Dr. Moschella for the excellent presentation. I do have a specific question regarding the concept of proportionate reason. Dr. Moschella, you mention that there is perhaps a duty to be vaccinated to ensure the common good. My question relates to that definition of the common good, and with the vast number of unknowns that exist with these vaccines- esp. the mRNA biologicals. My question relates to the concept of truly informed consent. For example, we now have evidence of a significant number (double digits) of stillbirths and miscarriages that are related in proximity to receiving the mRNA injection. Yet, in the US there continues to be a push to vaccinate pregnant women. This particular instance is a dramatic inconsistency with decades of caution regarding the vulnerable population of pregnant women observed since the Belmont Report. Can we rightly make the statement that the common good is best achieved by mass vaccination when there are so many unknowns regarding these entities?

01:32:19 Ken:
Excellent question

01:48:58 Dcn. John Cantirino:
Can something immorally gotten or stolen ever be rightly used by those receiving it?

01:49:17 Dcn. John Cantirino:
Wouldn't proportionate reason depend upon the particular person's state of health? If one is young and in good health, there is limited risk.

01:50:40 Margaret W:
WHO has issued an advisory to NOT vaccinate pregnant women.

01:52:49 Margaret W:
WSJ Article, January 27, 2021

01:55:06 Francis:
Thank you Dr. Moschella. Since the origin of HEK-293 is unknown (a.k.a. illicit), why not suspend its use entirely? In moral choices, Aquinas cautions that in the presence of doubt, one should suspend action. Can't we as a human race pave another path with more moral purity and discard these morally compromised cell lines? There is concern that the mRNA has the possibility of interacting with/affecting the human DNA. Is this not a concern? These immortal cell lines (as they are called) may not result to direct need for more cell lines, but isn't their very use a signal to others that there are benefits from experimenting on fetus?
Melissa Moschella: Dignitas Personae, 35-36

Francis: Would you agree that the commonality of the fruits of evil does not reduce the evils and thus should not prevent us from fighting to eliminate the evil no matter how ubiquitous it is?

Mariette Baxendale: So other than researching the sources of our treatment and acceptance or refusal to undergo the treatment or in this case the vaccine, what is in our power to change the mindset of researchers, doctors, government officials to stop the use of fetal tissue? As a teacher and parent, I try to teach the importance of evaluating the means to the end rather focusing on only the good of the end, and this is messy. What is your suggestion that is in our power? OK you just answered my question!

St. Ann Melkite Danbury, CT: Is it true that the Pontifical Academy for Life does not possess magisterial teaching authority while the CDF does and that CDF has definitively stated that “It is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted fetuses in the research and production process.”

Margaret W: I don’t think use of the slave-built southern railroads is an apt analogy to use of fetal cell lines today. The railroad was built by slaves more than a century ago. Those slaves have nothing to do with the railroad today. This would not be the case if slaves were maintaining those railroads today. In such case, I would not use those railroads because they are using slave labor today.

Melissa Moschella: To Margaret W: the railroads wouldn't exist if the slaves hadn't built them. Likewise, HEK 293 wouldn't exist if it weren't for the aborted fetal tissue. But the continuing use of HEK 293 does not involve any additional abortions or any new fetal tissue. Just like the continuing use of the railroad does not rely on ongoing slave labor.

Melissa Moschella: Yes! Direct fetal tissue research is the real problem.

Ken: Agreed.

William: Can we get a list of companies that do NOT support Planned Parenthood, by industry? What bank should we use?

William: To change corporate behaviour in the future can we support labeling programs such as the NO FETUS TISSUE USED ...see www.noftu.com
Melissa Moschella: Not sure about that, but for investments I recommend Ave Maria Mutual Funds.

Dcn. John Cantirino: Can something immorally gotten or stolen ever be rightly used by those receiving it?

Ken: MY thought as well, Deacon.

Margaret W: Typically, the big national banks such as Wells Fargo, Chase, Bank of America are not good in this regard. If you deal with a “community bank” in your own town, you can ask the President of the bank about what they do. If they support bad things, you can try another community bank until you find one that meets proper moral standards. Many communities have one bank that is considered the “Catholic bank” because of its ownership and commitment to Catholic things.

Melissa Moschella: Good point, Stacy. But important to note that using a fetal cell line is not the same as fetal tissue research. Fetal tissue research requires ongoing use of new fetal tissue. Using an immortal cell line does not.

Michael: It’s not the same, but can it be said that one potentially influences the other?

Margaret W: A good end does not justify use of illicit means.

Michael: It seems that was Stacy’s claim.

Dr. Mary Anne Urlakis: As an FYI: The Peter Doshi piece I referenced from the British Medical Journal is available at this link: https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/.

Martha: Thanks for the link!

William: And how sure are we that the Covid vaccines are safe for or needed by kids?

Melissa Moschella: The vaccines have not been approved for children.
deborah:
I greatly appreciate this presentation, thank you. My frustration as a physician is that I DO walk with patients, parents, friends and family who are struggling with many of these issues (vaccines, medical procedures, therapies) and so many come with overwhelming fear and confusion. I know our US church leaders are trying to disseminate information, but there is so much disunity in our leaders, and those who have public forums. My advice to those out there is talk and listen and get good information. Please talk to your health care provider and share your concerns. Keep praying for those of us in medicine too please.

Dr. Sebastian Mahfood, OP:
"Happy families are alike. Unhappy families are unhappy in their own way." - Tolstoy, Anna Karenina

William:
So many schools will not reopen!

Ken:
Thank you Doctors for your talks!

Michael:
Thank you both so much! Melissa and Stacy, y’all are both so impressive! What a fruitful discussion!

Melissa Moschella:
The schools are not reopening because of concern for the teachers, not really because of concern for the children.

Martha:
Thank you!

Thank you for joining us for this webinar!

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